

# Patient-Centered Plan of Care: Overcoming Patient Resistance to Care

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## The Problem

80% of nurses have at least one episode per month where patients refuse to comply with care and behave in an oppositional manner. Patient-Centered Care includes criteria about hospitals balancing patient needs with patient safety. Is it safe for this patient to refuse this care? (Frampton 2010)

### Our Case:

A 39yo patient admitted with bacteremia and uncontrolled pain who had capacity and was resistant to the minimum standard of care. The patient required 4-5 staff for an hour to provide basic care and was oppositional. Anxiety and pain control were an issue and the patient was frequently medicated with high doses of dilaudid and morphine without relief. The team was unable to obtain a CT scan to rule out a cause due to uncontrolled pain.

### Problem:

- An inability to provide minimum standard of care
- Care was time consuming and emotionally draining

## Aim/Goal

To develop a formal process to ensure that a minimum standard of care and patient-centered goals are achieved for patients who are resistant to care.

## The Team

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## The Interventions

- Educated nursing and medical staff about informed refusal and need to provide minimum standard of care
- Initiated using language "minimum standard of care" with patient and explained this was non-negotiable or we would need to discharge the patient. This resulted in improved patient compliance
- Implemented nurse coaching for patient care using stress tension and relaxation techniques
- Developed a plan of care with social work, palliative care, pain service, and the patient to develop short term goals to provide productive care and set limits
- Shared plan of care with all staff to ensure consistency in care
- Rotated patient care amongst staff to prevent burn out
- Solicited input from the patient, colleagues with weekly meetings to trouble shoot issues and continue patient progress

## The Results/Progress to Date

A patient-centered plan of care was developed by nursing and was negotiated with the patient.

Staff negotiated all care with patient and allowed patient to control times and format but patient committed to a schedule that we posted in the room.

Patient received standard and consistent care facilitating discharge to rehab facility which was the patient's identified goal

## Lessons Learned

Recognition of the need for a structured process for the provision of a minimum standard of care for complex patients

- Weekly multidisciplinary team meetings to redefine goals and assess progress.
- Multidisciplinary team rounding at the bedside to review goals of care
- Consultation to the legal team to support staff in providing care that was non-negotiable

## Next Steps/What Should Happen Next

- Communicate guidelines for the development of a patient-centered plan of care for patients who refuse to comply with care to other floors and the ICU. More specifically, share what worked with this patient for consistency of care.
- Presenting this information at NGR to inform other staff

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