

**Right Care.
Right Time.
Every Time.**

"Take 5 to Tune In"

Improving Patient Satisfaction with Talking Control

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Objectives

1. Review the background to the development of “Take 5 To Tune In” as a strategy for improvement
2. Define the guidelines for using talking control
3. Distinguish talking control conversations versus general conversations
4. Understand how to apply the talking control technique
5. Recognize appropriate professional boundaries
6. Identify the benefits of and best practices for implementation



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Background

- Network Grievance Quality Improvement Activity required by ESRD Network SOW (2014-2017)
 - Network Grievance Review: Consistently show staff/patient communication was a primary or secondary concern reported by the grievant
 - Strategy: Improve patient satisfaction with staff interactions- by providing opportunities for positive experiences
 - Goal: 5% increase in the percent of positive responses to questions related to patient satisfaction with staff interactions



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Defining Satisfaction

Merriam-Webster definition:

- a: fulfillment of a need or want
- b : the quality or state of being satisfied : contentment
- c : a source or means of enjoyment : gratification



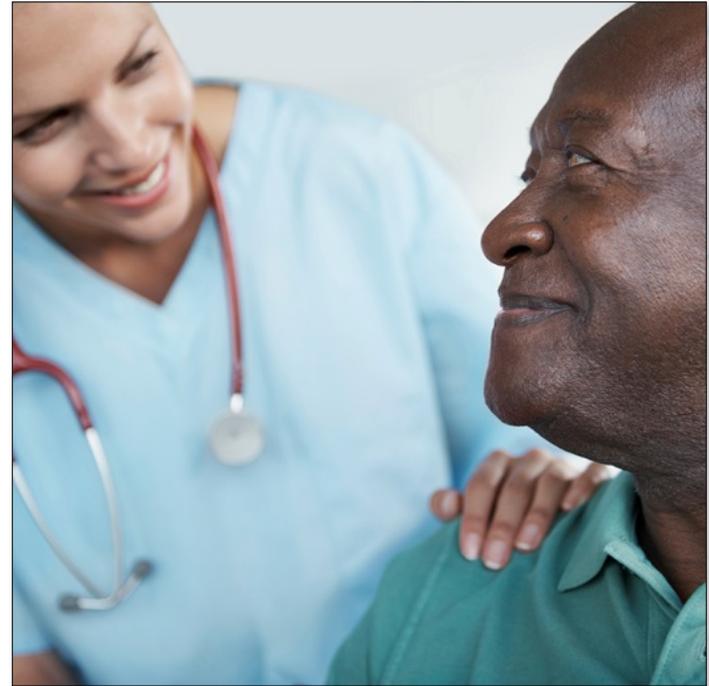
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Core Elements of Patient Satisfaction

Patient-related factors

- Age
- Ethnicity
- Gender
- Socioeconomic status
- Health status (Chronic illness)



Thiedke, CC. (January 2007) What do we really know about patient satisfaction? *Family Practice Management*, 33-36. pubmed



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Core Elements of Patient Satisfaction

(cont.)



Physician-related Factors

- Expectations
- Communication
- Control
- Decision-Making
- Time Spent
- Dignity
- Technical Skills
- Appearance

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Core Elements of Patient Satisfaction

(cont.)

System-related Factors

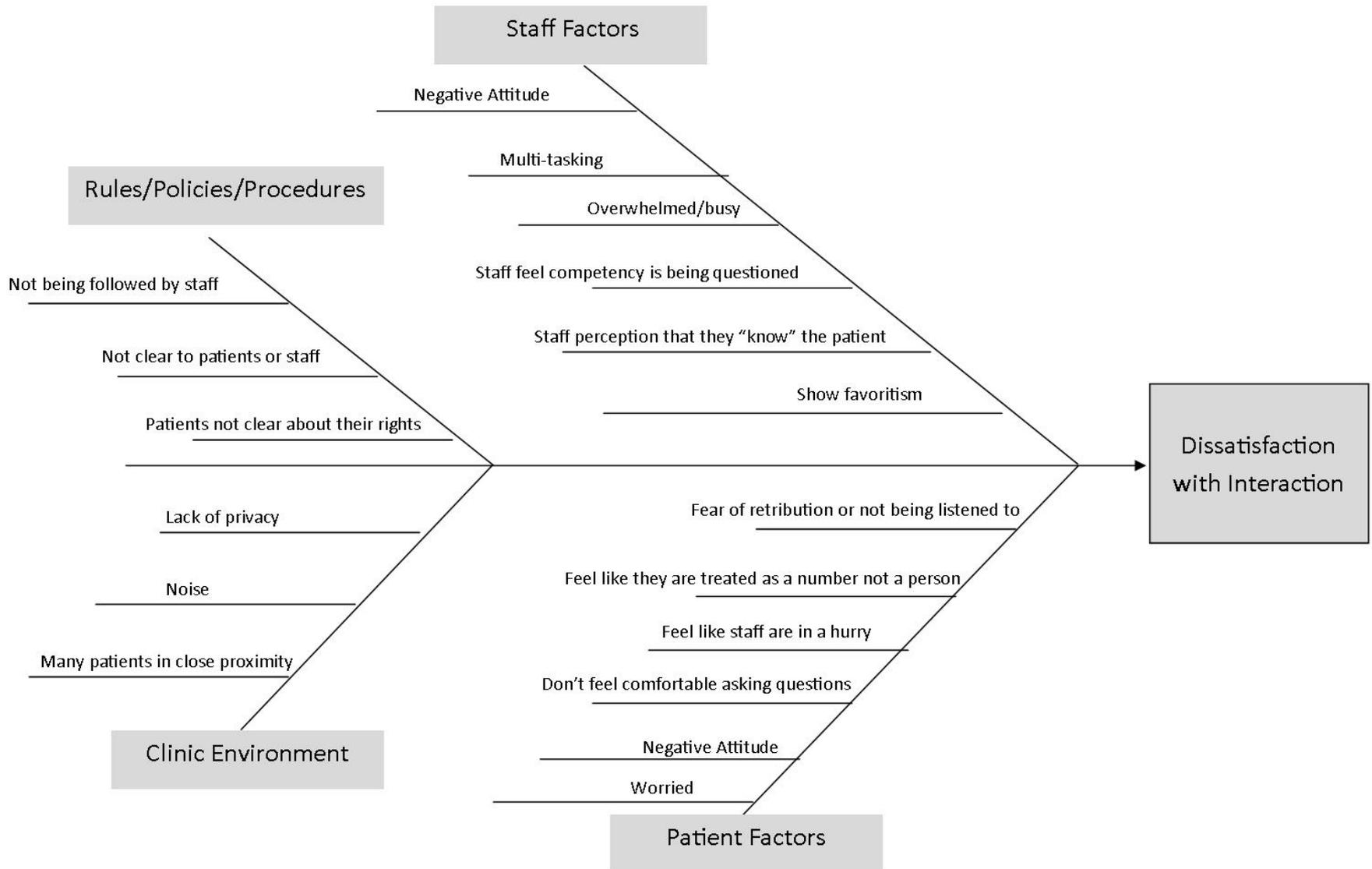
- Clinical Team
- Effective Referrals
- Continuity of Care



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Network RCA Results



Thinking outside the box...

- Patients want:
 - To feel like staff care about them as a person
 - To have staff take time
 - To have staff listen to them
- Facilities want:
 - To improve In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAPHS) scores



Think Outside the box by ProSymbols from the Noun Project



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“Getting Better” Health Awareness Patient Education Initiative:

- Judith Beto, PhD, RD, FAND, Loyola University Healthcare System- Dialysis Center
- The purpose of the study was to evaluate the effect of talking control in a single independent not-for-profit dialysis center setting on changes in the annual unit patient satisfaction survey
- 12% increase in patient satisfaction score (85% to 93% for the entire unit) from prior year
- Increased communication with patients
- Showed patients that staff valued their ideas and challenges
- Opened door to sharing rather than advising



What is talking control?

- TC was developed in a pilot study to evaluate effectiveness of Cognitive Behavioral Therapy (CBT) matching the common factors of therapy (instillation of hope, empathy, interpersonal effectiveness, professionalism, ventilation of feelings) to study it's effectiveness.*
- Similar to “befriending”
 - Provides companionship
 - Engaging them in patient-led “free-floating” conversations



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What is talking control? (cont.)

- Unlike befriending- there is no discussion of emotional issues, no advice given and no attempts at problem solving
- The “talk” is controlled by focusing on factual information, gently guiding patients away from talking about problems
- Provides unconditional positive regard, warmth and interest



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Take 5 Session:



One five-minute “talking control” session with each participating patient monthly during their dialysis treatment.



The purpose of the sessions is not to determine an action or intervention but to provide an opportunity for patients to feel that staff was interested in them as an individual.



The goal is for the patient to have a positive experience and is not focused on the content of the discussion

Guidelines: The Set Up

- Encounters will be random with staff randomly selecting the patient and time (notecards) This creates curiosity and allows flexibility.
- Topic idea cards will be used as conversation starters (topic selected by the patient).
- Staff are seated at eye level at the chairside during a dialysis treatment
- A time limit is set at the onset (five minute minimum)
- Fellow staff members will provide coverage to allow staff to be fully engaged and free from distraction while participating in a session



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Guidelines: Patient Focused

- Sessions are patient-led
- Staff shows enthusiasm and interest towards the patient
- Staff encourages the patient to talk about their family and friends
- Staff “lends a sympathetic ear” towards the patient allowing him/her to share their feelings but then **steers** the conversation away from more emotional topics (controls the talk)

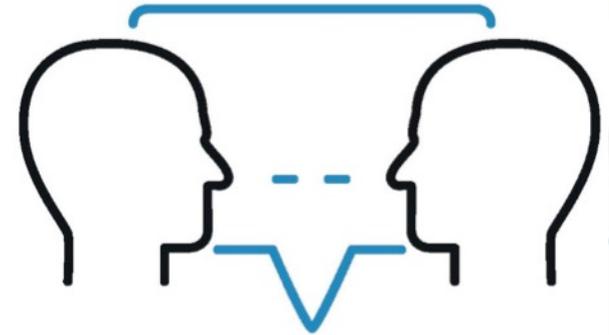


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Guidelines: Neutral

- Staff is non-judgmental
- Staff focuses on neutral topics
 - Hobbies
 - Weather
 - Sports teams
 - Holidays
- Staff uses neutral tone, words and body language
 - Eye level, not standing over
 - Good eye contact (if culturally appropriate)
 - Open body language, not sitting with arms crossed
- Staff uses self-disclosure in moderation
- Staff is completely focused on the patient (undistracted)



Talking control does not:

- Set an agenda for the session
- Have handouts or written materials
- Focus on a key problem to fix
- Apply specific techniques to change behavior
- Re-focus conversation to a specific (staff chosen) topic



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Talking control does not: (cont.)

- Give specific suggestions for change or advice
- Explore underlying belief systems
- Assign tasks for the patient to do later
- Provide specific plan of action for change
- Ask for feedback



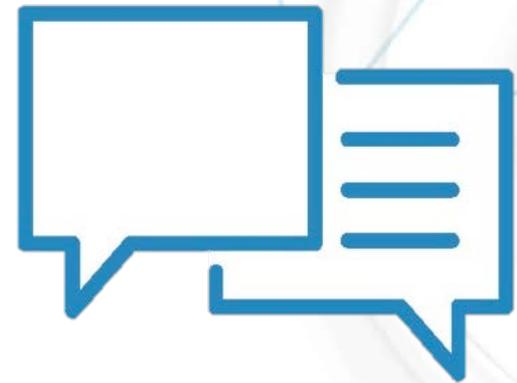
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Practice Scenario 1

“I went to a wedding this weekend.”

- **Replace:** “That’s why you were so heavy today, you must of have overdid it.”
- **TC response:** “This was a beautiful weekend for a wedding, was someone in your family or a friend that got married?”



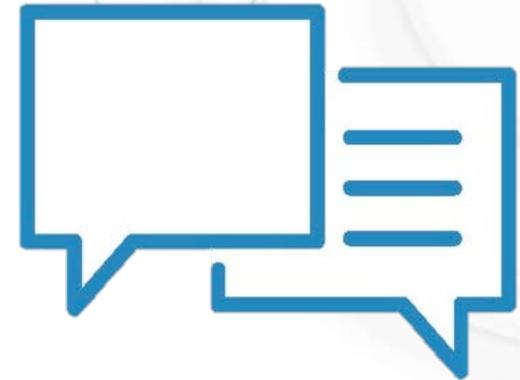
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Practice Scenario 2

You have just sat down for your "Take 5" session with Mrs. Ramirez. She selects the question: "If you could go anywhere in the world for vacation where would it be? While you are talking she then says I don't know why I picked it, I can't go anywhere anyway now."

- **Replace:** Immediately addressing the "problem" – patient thinks they can't travel with a "solution" by getting the social worker or a handout.
- **TC: With...** acknowledgement & re-focus on question
"First, I want you to know that there are ways you can travel, I can help get you information when we're done with our session. Right now, can you tell me more about why you would like to travel to...."



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5 Ways “Take 5 to Tune In” is Different

1. **Distraction Free Time-** other patients are being monitored by teammates
2. **Patient Directed-** the patient chooses what they want to talk about
3. **Staff is not in “teacher” mode-** listening but not judging or reacting to “teachable moments”
4. **Sharing rather than advising-** staff have no agenda
5. **Time limited-** helps staff stay focused and patient can expect full attention



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Patient. Centered.

Professional Boundaries



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Professional Boundaries

Professional boundaries define the effective and appropriate interaction between professionals and the public they serve.

Boundaries exist to protect **both** the professional and the client/patient.

Reference: Professional Boundaries in the Chronic Dialysis Setting, Lisa Hall, MSSW, LICSW presentation at the 2013 Heartland Kidney Conference



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How to tell if you are maintaining boundaries

UNDER INVOLVED

- Ignore health info
- Keep info from patient

Teach patients:

- About dialysis
- How to self-cannulate
- Machine set-up
- Tips to manage fluids
- About home options

OVER INVOLVED

- Drive patient to a store
- Hang out off dialysis
- Loans or gifts

**ZONE OF
HELPFULNESS**



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Challenging and Complex

- **Professional Boundaries** – a major challenge for dialysis facilities and staff because it is complex.
 - State and federal regulations vary
 - Professional ethics vary
 - Cultural beliefs vary
 - Can be emotionally challenging
 - Requires thinking about unintended consequences



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Challenging and Complex (cont.)

- The dialysis patient-provider relationship has an inherent imbalance of power.
- Challenging situations are often the delayed result of professional boundary violations.
(ie. Grievances & behaviors leading to IVDs)



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Why are boundaries important?

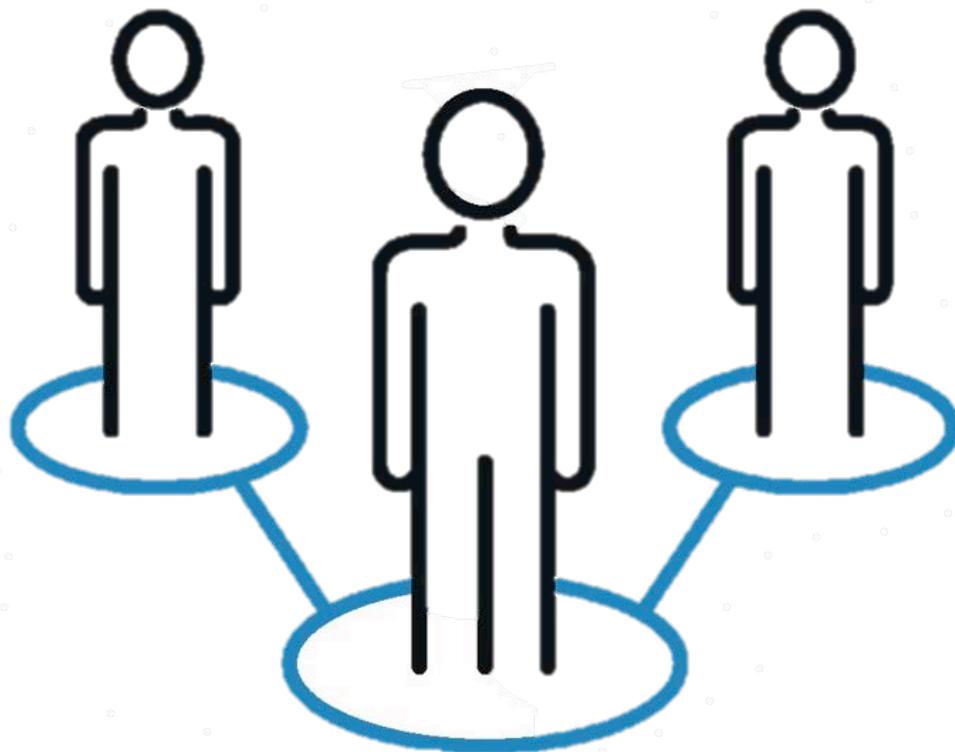
- Protects patients
- Protects YOU
- Defines the professional relationship



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5 Important Boundary Issues



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#1: Developing Friendships

- You know patients from a **PROFESSIONAL** setting
- Not mutual give & take
- Avoid spending time with patients outside the clinic



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#2: Gifts & Favors

- Patients may think you owe them something
- They may think you want a relationship
- It may look like you play favorites

- ASK YOURSELF:
 - Would I do this for *every* patient?
 - Would I feel comfortable telling a room of my peers what I did?



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#3: Self-Disclosure

- Should be rare
- No personal details
- If you feel an emotion, your sharing is too personal—
not in the patient's best interests

- **ASK YOURSELF:**
 - Why am I sharing this information with the patient?
 - Will it help him/her, or is it more about me?
 - Is this info more like something I would share with a friend?

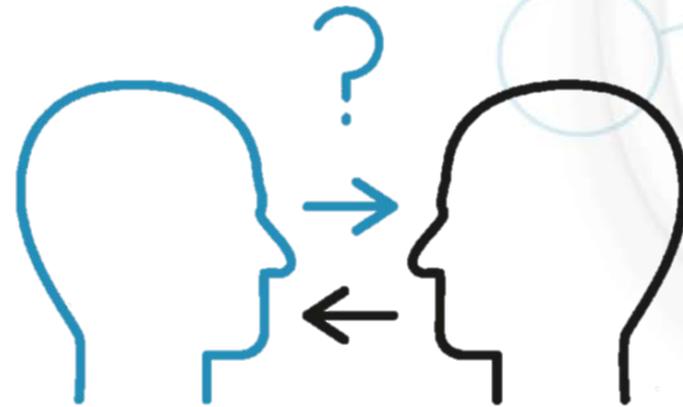


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#4: Dual Relationships

- You know patients from a setting outside of dialysis (school, church, friends...)
- Avoid these if you can
- **ASK YOURSELF:**
 - Am I taking advantage of the patient?

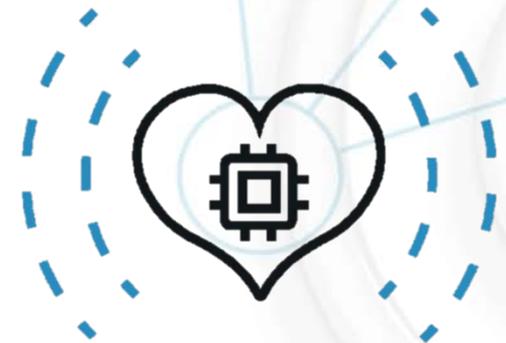


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#5: Intimate or Sexual Relationships

- Patients are vulnerable
- Even if a patient wants a relationship, it is not appropriate
- Could cost you your job/license
- ASK YOURSELF:
 - Am I taking advantage of the patient?



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Scenarios

- A patient has 2 tickets for a band you both enjoy. You know the patient pretty well. Is going along and using the extra ticket a boundary violation?
- You've been helping a new patient understand dialysis. The grateful family wants to thank you with a gift card. Since it's a small amount, is it okay to accept it?
- Your patient had a hip replacement and wants to hire you to help with laundry, light cleaning, and some personal care. Since this will be short-term, it's okay.
- A patient you know well lost his Social Security check. He hasn't been able to buy food for 2 weeks and wants to borrow \$25. It's not that much, so it's okay.
- Tools: MKK Working with My Care Team



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Responding to Questions while Maintaining Boundaries

- “How old are your kids?”

(If you don't feel comfortable sharing they are 2 and 14), then the general answer would be: *“I have a toddler & a high schooler... what was it like for your when your kids were that age”*

- “Where do you live?”

“I live in Kansas City.... How long have you lived here?” (Too much would be street, neighborhood.)

- **General rule:** If you would share it with someone you just met or an acquaintance then it is ok to share. When in doubt, don't disclose. Always redirect back to the patient.



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Let's practice:

“Good Morning, I’m _____ . Give a brief introduction (I have been working in dialysis for..., I have been working here since...). Today I’ll be meeting with you for your “Take 5 to Tune In” time. I’ll set the timer for 5 minutes and we can get started. What would you like to talk about or would you like to pick a question from the Take 5 Starters card?”

Starter Questions:

- If you had a time machine that would work only once, what point in the future or in history would you visit?
- If your house was burning down, what three objects would you try and save?
- What is your favorite family holiday tradition?



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Benefits

For Patients

- Improves trust
- Provides support
- Puts them at ease
- Feel invested and connected
- Feel valued
- Feel important
- Feel like staff care about me
- Feel heard

For Staff

- More enjoyable day
- Difficult conversations are easier
- More likely to listen to you
- Be more honest
- Fun
- Better understanding of patients and their lives outside of dialysis
- Break from being in “teacher mode”
- teamwork



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Network Results:

Question Number	ICH CAHPS Question
1	In the last 3 months, how often did dialysis center staff listen carefully to you?
2	In the last 3 months, how often did the dialysis center staff show respect for what you had to say?
3	In the last 3 months, how often did the dialysis center staff spend enough time with you?
4	In the last 3 months, how often did you feel the dialysis center staff really cared about you as a person?
5	In the last 3 months, how often did you feel comfortable asking the dialysis center staff everything you wanted about dialysis care?

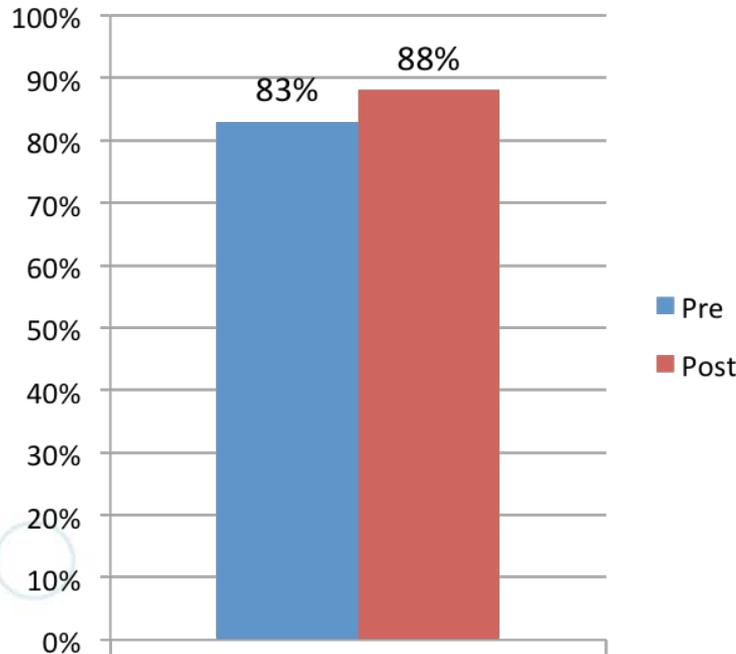


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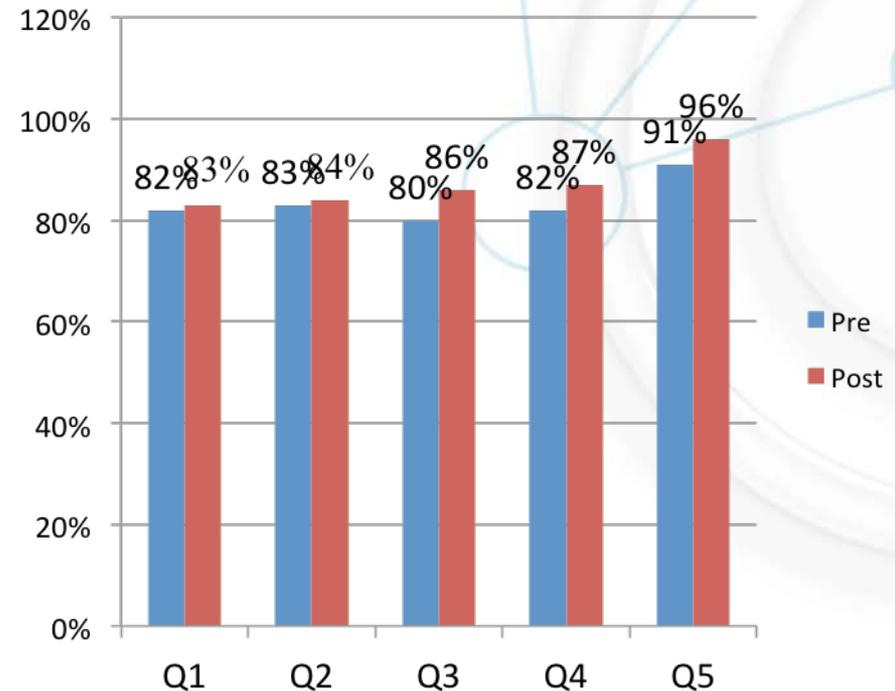


Network Results

Percentage of Positive Responses for 5 ICH CAHPS Questions Pre and Post Intervention



Aggregate Improvement for each of 5 ICH CAHPS Questions Pre and Post Intervention



Velasquez-Peralta, D., Ramirez, A., & Beto, J. (2016) "Talking Control" as a Method to Improve Patient Satisfaction with Staff Communication in the Dialysis Setting. *Journal of Nephrology Social Work*. 40 (2) 16-24.



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What patient's liked best

"I enjoyed being able to talk about things that interested me and my family."

"They all seem like family and seem to care about my life away from the dialysis center."

"Staff taking time out to ask me questions."

"I got to meet different team members."

"They listen very carefully to what I say and they even ask questions."

"Staff was more than willing to listen to things that were interesting to me."

"Being able to discuss issues beyond my health and being able to discuss what was going on in my life."

"The concern shown about what I had to say."



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Network Results- Staff Responses

- “Staff was heard to comment that it was really fun to talk about things other than meds or diet and that it made them feel like they knew the patients on a more personal level.”
- “Opened eyes of teammates, many thought they knew the patients as they talked with them daily but have found a difference in the conversations.”
- “Positive experience for new staff members to help them get to know their patients.”
- “Having a one-on-one conversation makes the patient feel important.”



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Network Results- Staff Responses

(cont.)

- “Patients opened up more and shared more information than the staff knew before.”
- “It was nice to not have to be in the role of teacher and just listen.”
- Teamwork improved



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Successful Implementation Strategies

- Leadership and staff buy-in: positive attitude and support
- Patient buy-in: positive introduction
 - Engage a Network Patient Representative
- Consistent tracking of sessions
 - Notecards



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Resources

- Talking Control guidelines and tips for success
- Staff Handout (Top 5 Ways Take 5 is Different)
- Patient Invitation
- “Sorry Missed you” cards
- “Session In Progress” cards
- Post-Assessment questionnaires
- Suggested: Session tracking note cards
 - 5 minute timers



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How to get started

- Invite patients (Set a goal for participation > 60%)
- Explain the Take 5 to Tune In to the patients (invite/flyer)
- Work with patient (NPR) to help select Take 5 Topics cards for the month
- Start sessions
 - Randomly select from participating patients each month (Project Lead will provide notecards with patient names)
 - Do at least one five minute session each month with participating patients
- Check-in with staff on progress and get feedback
- Collect & report data monthly in QAPI



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Questions?

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