



Facility Staff Information

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Tools/Resources

- Staff In-Service (suggested/optional format)*
- Staff Handout- Top 5 Ways Take 5 is Different*
- Session Tracking Form (optional)*
- Patient Invitation*
- Session in Progress card*
- Sorry We Missed You card*
- Pre Assessment Questionnaire*
- Post Assessment Questionnaire*
- Talking Control article*

Introduction

The 2016, “Take 5 to Tune In” project component has been included due to the success facilities have experienced in utilizing it to improve patient satisfaction with staff communication. “Take 5 to Tune In” creates opportunities in the dialysis facility for patients to experience positive staff interactions. In 2014, the average improvement in patient satisfaction with staff interactions for the participating facilities was 6%, exceeding the Network goal of a 5% improvement. Patients were more likely to be satisfied with their care when they believed staff:

- Listened carefully
- Showed respect for what they had to say
- Spent time with them
- Demonstrated that they cared about them as a person
- Made them feel comfortable asking questions about their care
- Explained things in a way they understood

The “Take 5 To Tune In” project has been recognized as a best practice by CMS due to the innovative approach used. The typical approach to addressing communication is providing a staff in-service on professionalism, communication, boundaries and listening. Although training is a part of the “Take 5 to Tune In” project, it builds in simple yet multiple opportunities for positive patient-staff interactions. This helps the staff build a positive relationship with patients and engenders trust. The approach is also innovative because typical staff-patient interactions are initiated by the staff with an agenda, whereas “Take 5 to Tune In” sessions provide patients with a voluntary, time limited opportunity to have a staff member’s undivided attention focused on a topic of their choosing. Previous facility participants in have shared that although they talk with their patients during each treatment, the sessions provided a unique opportunity because they were able to be completely focused on the patient. Participating patients reported it made them feel like staff wanted to get to know them as a person and not just about their medications, diet and treatment.

Talking Control

“Take 5 to Tune In” will utilize the strategy of talking control during staff interactions with patients to increase patient satisfaction with staff interactions. Taking control is a cognitive behavioral therapy technique focusing on moving towards patient-centered involvement in their care. Talking control is similar to “befriending” in that it provides companionship for participants by engaging them in patient-led “free-floating” conversations. The “talk” is controlled by staff by focusing on factual information while providing warmth and interest, but not focusing on underlying beliefs or emotional problems. The goal of each conversation is for the patient to have a positive experience rather than focusing on the content of the discussion itself. For example, if the patient shared that they had attended a wedding, the staff would not ask if that is why they had come in “heavier” than usual, but instead would ask about the couple or where the wedding was held.

Set Up

The following conditions will be established for each “Take 5 to Tune In” session:

- Encounters will be random with staff randomly selecting the patient and time
- 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

Key Points

- Increased communication with patients
- Interaction rather than reaction
- Sharing rather than advising
- Valuing their ideas and challenges
- Create curiosity (Let it be a surprise who will visit and when)
- Keep to 5-10 minute time frame (determine with the patient prior to getting started)

Guidelines

Guidelines for Using Talking Control in “Take 5 to Tune In” sessions:

Staff will follow these guidelines during talking control sessions:

- Sessions are patient-led
- Staff shows enthusiasm and interest towards the patient
- 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
- Staff is non-judgemental
- Staff uses neutral tone, words and body language
- Staff focuses on neutral topics such as hobbies, news, or holidays
- Staff encourages the patient to talk about their family and friends
- Staff encourages the patient to talk about history, youth, or past events
- Staff uses self-disclosure in moderation (maintaining appropriate professional boundaries)

Talking control does not (staff will avoid):

- Set an agenda for the session
- Focus on a key problem to fix
- Apply specific techniques to change behavior
- Re-focus conversation to a specific topic
- Ask for feedback
- Have handouts or written materials
- Give specific suggestions for change
- Explore underlying belief systems
- Assign tasks for the patient to do later
- Give specific advice
- Provide specific plan of action for change

Successful Strategies

Issue/Concern	Strategies
Session Tracking	The facility puts each participating patient’s name on a notecard and staff members randomly draw one to determine which patient they will be speaking with during their “Take 5 to Tune In” session. The staff member then uses the note card to document the date the “Take 5 to Tune In” session was completed and any other comments they have.
	Staff members randomly choose a patient (drawing from patient names) to speak with and then once the “Take 5 to Tune In” session is completed the staff member initials and dates the chart.
	The facility uses a grid system and reports that staff members are able to speak to 4-5 patients per month.
Patients not wanting to participate in a “project”	Facility staff will distribute an invitation to each patient to participate voluntarily. The invitation that has been developed is very simple and reinforces that the interaction is based on the patient’s agenda. It is also clear that they can decide not to participate at any time.
	Start with a few willing patients and then obtain “buy in” from other patients. Participating facilities reported increased interest from patients after they would see their peers participating in the project.
Our patients don’t want to talk	Facilities will be asked to determine if their patients are more likely to be turned off by a “formal” invitation. Facility staff can initiate a “Take 5 to Tune In” session randomly allowing the patient to choose to participate at that time or not. However, each patient who does participate must complete a pre-assessment form.
Staff buy-in	The Network will be available to assist with providing the in-service to staff. By providing the option for Network staff to facilitate the in-service, it will assist the facility leadership in gaining support from the team.
	Medical Directors have endorsed the project and engaged in it. Facilities reported physicians participating in “Take 5 to Tune In” sessions also.
Time constraints	The session time has specifically been set to address this concern. Participating facilities have shared that once the project was set up, completing the 5 minute sessions was easy to do and fit into the day.

Tools
