
NATIONAL KIDNEY FOUNDATION

2015 SPRING CLINICAL MEETINGS ABSTRACTS

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CKD-ESRD—Other

3. **“Talking Control” As a Method to Improve Patient Satisfaction with Staff Communication in the Dialysis Setting**
DeeDee Velasquez-Peralta, Anna Ramirez. Heartland Kidney Network, Kansas City, MO, USA

Other

1. **Symptom Targeted Intervention Decreased Missed Treatments in Hemodialysis Patients**
Shaun Boyd,¹ Duane Dunn,¹ Joseph Remington,¹ Melissa McCool,² Debbie Benner.¹ ¹DaVita HealthCare Partners, Inc, Denver, CO, USA; ²STI Innovations, Encinitas, CA, USA
2. **Peer-To-Peer Mentoring Programs in ESRD**
Jennifer St. Clair Russell. Mid-Atlantic Renal Coalition (ESRD Network 5), Richmond, VA, USA

1. SYMPTOM TARGETED INTERVENTION DECREASED MISSED TREATMENTS IN HEMODIALYSIS PATIENTS

Shaun Boyd,¹ Duane Dunn,¹ Joseph Remington,¹ Melissa McCool,² Debbie Benner.¹ ¹DaVita HealthCare Partners, Inc, Denver, CO, USA; ²STI Innovations, Encinitas, CA, USA

Previously, Symptom Targeted Interventions (STI) demonstrated that nephrology social workers could help improve quality of life scores and decrease depression scores with in-center hemodialysis patients. We report here implementation and outcomes of an expanded version of STI to decrease missed treatments within a large dialysis organization (LDO).

Within the LDO, social workers from select dialysis clinics were equipped through in-person training, resource materials, weekly training calls, and tracking tools to intervene with 1-4 dialysis patients at each selected clinic. Patients with the highest missed treatment rates were targeted for intervention.

For the 182 patients who graduated from the 90-day STI clinical program, approximately 3,300 intervention coaching sessions occurred, and the most frequently used interventions included coping thoughts (23.2%), behavior activation (19.7%), and deep breathing (10.7%). Three months post graduation from the STI program, the study cohort displayed a nearly 3.0% decrease in missed dialysis treatment rates (missed treatment rate: pre, 18.1%; post, 15.4%).

Results suggest that implementation of a social worker-based STI clinical program targeting improved quality of life for in-center hemodialysis patients, results in additional health improvements due to increased adherence to the prescribed dialysis treatment regimen assessed in the least compliant patients.

2. PEER-TO-PEER MENTORING PROGRAMS IN ESRD

Jennifer St. Clair Russell, Mid-Atlantic Renal Coalition (ESRD Network 5), Richmond, VA, USA

Self-management of ESRD is a challenge. Patients tend to have a number of comorbidities and high symptom burden, which can lead to hospitalization. Peer-to-peer (P2P) mentoring programs have been used in chronic disease to impact self-management and hospitalization.

Little has been published on ESRD-focused P2P programs. The Mid-Atlantic Renal Coalition conducted a national environmental scan in July 2014 to identify ESRD-focused P2P programs. Individuals, including patients and professionals, within the ESRD community were asked to submit information about P2P programs they knew about or with which they had experience.

Thirty-one formal peer-to-peer mentoring programs were isolated from 452 respondents. Staff/patients representing formal peer-to-peer mentoring programs submitted were contacted for interviews. Interviews were held with 23 individuals. The remaining 8 programs were not interviewed because of a lack of response. The interviews sought to elicit information about the program's structure, goals, audience, mentor training, and evaluation.

ESRD P2P programs vary in their format and goals. Few of the programs have conducted any formal evaluation to assess process or impact. An important component to program sustainability was the active involvement of patients or being patient-led. No particular theoretical foundation underpinning was reported by interviewees; however, program descriptions often focused on developing patients' self-efficacy or confidence managing self-management tasks.

It appears as though no one P2P format is best; the program must meet patients' needs, while working within the constraints of available resources and organizational policies.

As part of a CMS Special Innovation Project, Peer Support to Enhance Self-Management and Reduce Hospitalization Rates, these results have been used to inform the development of an ESRD P2P self-management program that will be implemented and evaluated in 2015.

3. "TALKING CONTROL" AS A METHOD TO IMPROVE PATIENT SATISFACTION WITH STAFF COMMUNICATION IN THE DIALYSIS SETTING.

DeeDee Velasquez-Peralta, Anna Ramirez. Heartland Kidney Network. Kansas City, MO, USA.

Heartland Kidney Network identified a grievance trend of poor staff communication throughout the Network and developed a Quality Improvement Activity (QIA) to address this trend. The QIA utilized the evidence based method of "talking control" to improve communication in the dialysis setting. The QIA was called "Take 5 to Tune In." 17 facilities encompassing approximately 1,500 patients were selected to participate in the project. Facility staff members conducted five minute face-to-face random encounters utilizing "talking control." Talking control can be defined as similar to "befriending" within a professional environment. Staff members "control the talk" and move the conversation to the patient sharing. Sessions are patient led with a focus on enthusiasm and interest toward the patient.

Facilities were provided training on the "talking control" method by "talking control" expert Dr. Judith Beto. Facility staff members then conducted 5 minute or more "talking control" sessions with patients monthly from July – September 2014. Facilities tracked the number of sessions held with patients.

"Take 5 to Tune In" project utilized the 2014 In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH-CAHPS) data as a pre-intervention baseline measure on 5 questions related to patient satisfaction with staff interactions. The goal of the project was a 5% improvement in the total % positive responses ("Always" or "Yes") to the 5 questions. In October 2014, a post assessment was conducted. At baseline, 64% of patients responded "Always" or "Yes" to the 5 ICH-CAHPS questions. Post-intervention, 70% of patients responded "Always" or "Yes" to the 5 ICH-CAHPS questions. Interventions resulted in a 6% improvement in positive responses to the ICH-CAHPS questions surpassing the Network goal of 5% improvement. "Talking control" is an effective means to improve dialysis provider communication and patient satisfaction with their care.