



END STAGE RENAL DISEASE  
NETWORK OF TEXAS

# Home Therapies Discussion Group

Facilitator's Guide



**Be the Voice**



**Be the Change**

**Included:**

- Overview
- Suggested Agenda and Required Questions
- Documentation
- Timeline

## **Overview: Recruiting Patients and Structuring your Groups**

**Recruiting Patients:** Invite patients prior to meetings

- Tips for recruiting patients:
  - Post flyers—see toolkit
  - Personal invitations from staff
  - Referral from Facility Patient Representative (FPR)
  - Invite a patient who currently dialyzes through Peritoneal Dialysis or a patient who has had a positive experience with Home Therapies to speak

**Group size:** at least 3 to 5 patients

**Patient Co-facilitator:** Each group should have an FPR co-facilitator and bi-lingual, if necessary.

**Number of Groups:** See the Recommendations section

**Language:** See the Recommendations section

**Time:** Before treatment or on non-treatment day

**Length:** Approximately 30 to 45 minutes

**Location:** Private room at the clinic or a nearby restaurant or church; NOT on the clinic floor

**Food:** Provide light refreshments

**Incentives:** A gift of nominal value suggested

**Record Keeping:** Audio recording is a best practice

**Sign-in Sheet:** Signatures from all participants—see toolkit

**Documentation for Network:** Discussion Group Summary Form—see toolkit

## Recommendations for Structuring your Groups

**Group size:** Keep them small so that everyone has a chance to be heard.

**Number of Groups:** Depending on your census and the number of in-center hemodialysis patients, we recommend you offer one meeting per shift so that every patient has an opportunity to attend a group discussion.

**Language:** If your unit has a population of Spanish-speaking patients, the Network encourages you to offer/hold at least one meeting in Spanish for those who prefer to communicate in that language. Spanish language materials will be available upon request.

**Time:** Before treatment or on a non-treatment day may be the best time to engage patients.

**Length:** We suggest approximately 30 to 45 minutes.

**Location:** Meet in a private room at the clinic or a nearby restaurant or church; do NOT meet on the clinic floor. We recommend an atmosphere where your patients will feel free to share health information and express their opinions without concern for others overhearing.

**Food:** We recommend light refreshments to entice your patients to participate.

**Incentives:** We also recommend, if possible, offering small incentives of nominal value to encourage participation.

**Record Keeping:** To allow you to facilitate the discussion, we recommend a method of note-taking that won't distract you from the discussion. Audio recording is a best practice and allows you to replay the conversation(s) and summarize the important parts. If this is not a viable option for your group(s), we recommend asking another staff member to participate solely as a note-taker so that your concentration isn't split between two tasks. You may delete your recordings after you have completed the Summary Form.

**Sign-in Sheet:** Signatures from all participants are required.

**Documentation for Network:** The Summary Form will allow us to understand how your patients perceive Home Therapies as an option for renal replacement and any barriers that keep them from being aware of Home Therapies. This will allow us to better understand the issue as we spread Home Therapies awareness across the state of Texas.



## ICH CAHPS Warning

You have been informed that this project centers around ICH CAHPS question number 39, but under the rules of the survey furnished by CMS, **you are not allowed to forewarn patients about the questions or influence their answers.** Additionally, you and your staff ***may not*** do any of the following:

- Ask patients any additional survey questions that are the same as or similar to those included in the ICH CAHPS Survey questionnaire four weeks prior to and during the data collection period for each semiannual survey
- Help the patient answer the survey questions, even if the patient asks for a facility staff member's help
- Attempt to influence patients' answers to the ICH CAHPS Survey questions
- Provide a copy of the ICH CAHPS Survey questionnaire or cover letters to patients
- Include words or phrases verbatim from the ICH CAHPS Survey questionnaire in your marketing or promotional materials
- Tell the patients that the facility hopes or expects patients will give them the best or highest rating or will respond in a certain way to survey questions
- Offer incentives of any kind to patients for participating (or not) in the ICH CAHPS Survey
- Use the ICH CAHPS Survey to identify or ask about other patients who might need hemodialysis care
- Include any messages or materials promoting the facility or the services it provides in survey materials, including mail survey cover letters, questionnaires, and telephone interview scripts
- Ask patients if they would like to be included in the survey

### **ICH CAHPS Warning (cont.)**

Due to these restrictions, you should take precautions to make sure that you do not mention the survey—other than to inform patients that they may be asked to complete one—and do not mention the questions when conducting your discussions. Additionally, you should take precautions that you do not break any of CMS’ rules on page four of this guide when developing your facility-specific intervention.

Please note that your discussions might be held during an ICH CAHPS survey period. Staff are not allowed to help patients complete the survey. If patients ask facility personnel to help them complete the survey, facility staff should instruct them to ask a family member or friend for help. Additionally, if sample patients have any questions about the survey, facility staff should instruct them to call their ICH CAHPS survey vendor’s toll-free telephone number, which is included in the pre-notification and mail survey cover letters.

For more information on the facility restrictions regarding the ICH CAHPS survey, please see the ICH CAHPS Specifications manual posted on the ESRD Network 14 QIP page: <http://www.esrdnetwork.org/professionals/qip>.



## Suggested Agenda and Required Questions

### 1. Welcome and Introductions

- A. Welcome and thank your patients for taking the time to participate in the discussion. Introduce yourself and any other staff members that may be helping you. Have your patients introduce themselves.
- B. Restate the purpose of the group so that your patients understand the vital information they hold can be useful to our mutual goals:
  - “Due to the low percentage (9.9%) of patients who chose Home Therapies, such as peritoneal dialysis, in Texas as opposed to in-center hemodialysis (90.1%), we are participating in a Network project to understand cultural views about Home Therapies. We would like to understand why patients do not choose Home Therapies as a renal replacement option.”
- C. Establish ground rules so that your patients will feel comfortable expressing their personal opinions. For example:
  - “Let’s respect one another’s opinions.”
  - “There are no stupid questions or wrong answers.”

### 2. Exploratory Questions—Find out what your patients know and/or think about Home Therapies

Ask what members of the group think about Home Therapies:

1. Do you think that Home Hemodialysis and Peritoneal Dialysis are the same thing?
2. I would like to understand what you think about Home Therapies, such as Peritoneal Dialysis.
  - How do you think Peritoneal Dialysis occurs at home?
  - How do you think Home Hemodialysis occurs at home?
3. *(Optional question; use your judgment.)* Have you ever experienced dialysis done at home, such as: peritoneal dialysis? (Have the note-taker keep a tally of those who have.); home hemodialysis? (Have the note-taker keep a tally of those who have.)
4. What are some myths or stories you have heard about Home Therapies that you later learned were wrong?

*Remember that these questions are to help you understand how your patients perceive Home Therapies. Be sure to recognize that their beliefs may not reflect scientific or medical “fact,” but that these views should be given respectful and courteous consideration.*

## Suggested Agenda and Required Questions

### 3. Discussion Questions—Discover barriers to Home Therapies and find out your patients' learning styles

Discuss the following questions with your group members:

5. Not all patients are suitable for Home Therapies, but if a patient is eligible for Home Therapy and decides NOT to do it, what worries would you think they have about receiving dialysis at home?
6. If a patient HAS chosen Home Therapies, what do you think encouraged his or her decision (internet, friend, TV, physician, another ESRD patient)?
7. When you have questions about your health care options like different ways to receive dialysis, what books, websites, or other resources do you find helpful?
8. In your community, who do you trust to give you good advice? For example, who would you go to for advice about making healthcare decisions?
9. Pictures or drawings help some people understand new things. What helps you learn new things?

*Remember that these questions are to help you understand the barriers or opportunities to Home Therapies, as well as to understand how best to teach new and complicated information. The answers to these questions will help you and your staff members design effective interventions to assure your patients know about Home Therapies.*



## Documentation—all items available in the toolkit

### Informed Consent Form

The *Informed Consent Form* will inform your patients that their thoughts and opinions will help create interventions, such as a Home Therapies awareness campaign, and that the group discussion may be recorded. The form will stress that the recording will not be used outside of the facility or by anyone other than the staff members in the room. By signing the form, your patients agree to participate in the discussion and have their voices recorded. You should invite your patients to the group and have them sign the form before the meeting takes place.

### Sign-in Sheet

The *Sign-in Sheet* must be signed by all staff members and patients that attend the group discussion and must document the date, time, and the primary language in which the meeting is held. A sign-in sheet must be completed for each meeting held and returned to the ESRD Network 14 office by the deadline (see Timeline section). **DO NOT EMAIL.**

### Discussion Group Summary Form

The *Discussion Group Summary Form* should be filled out for each discussion group you hold. It will allow the Network to understand the barriers to Home Therapies. The form must be returned to the ESRD Network 14 office by the deadline (see Timeline section). Any recordings or notes you take during the meeting will help you complete the summary form and design the intervention, but recording and notes are not required to be submitted to ESRD Network 14; only the *Discussion Group Summary Form* is required to be submitted. **DO NOT EMAIL.**

### Facility Intervention Description Form

The *Facility Intervention Description Form* should describe the intervention implemented by the facility, how the intervention was implemented, any challenges or barriers experienced, and lessons learned. The form must be returned to the ESRD Network 14 office by the deadline (see Timeline section). **DO NOT EMAIL.**

## Home Therapies Discussion Group—Facilitator’s Guide

---



## Timeline

**June 1, 2016 to June 30, 2016**—Organize and hold Discussion Groups

**July 5, 2016**—Sign-in sheets and Discussion Group Summary Form due to the Network 14 office (DO NOT EMAIL)

**July 1, 2016—August 31, 2016**—Promote Home Therapies Awareness through an intervention developed by the facility via information learned from the Group Discussions and the facility's Root Cause Analysis:

**September 1, 2016**—Facility Intervention Description Form

The Home Therapies Discussion Group Toolkit is available on ESRD Network 14's Be the Voice, Be the Change ICH CAHPS QIA page: <http://www.esrdnetwork.org/be-voice-be-change>. If you need additional copies of this Facilitator's Guide, it is available on the same page.

All items required to be submitted to the ESRD Network 14 office can be mailed or faxed to the address and number on the back of this guide, attention Kelly Shipley. If you have any questions, you can reach her at [Kshipley@nw14.esrd.net](mailto:Kshipley@nw14.esrd.net) or 469-916-3803.

**DO NOT EMAIL PATIENT INFORMATION TO THE NETWORK OFFICE.**



ESRD Network of Texas, Inc.

---

Please see ESRD Network 14's Treatment Options page for the following and more resources that can assist you in holding your discussions and/or creating your interventions: <http://www.esrdnetwork.org/professionals/inclusive-care/treatment-options>.

- **5 Types of Home Dialysis Fact Sheet**
- **Network Patient Representative Letter to Facility Patients (English/Spanish)**
- **Lists of Patient and Professional Resources**

*Mission Statement:* To support equitable patient- and family-centered quality dialysis and kidney transplant health care through patient services, education, quality improvement, and information management.

4040 McEwen Road  
Suite 350

Phone: 972-503-3215  
Fax: 972-503-3219  
E-mail: [info@nw14.esrd.net](mailto:info@nw14.esrd.net)

**Be the Voice**



**Be the Change**



KIDNEY COLLABORATIVE