

Renal Business

Your Practice Management Resource

Today™

Volume 2 Issue 5 May 2007

www.renalbusiness.com

Patient Comfort

Making a Business Case for Keeping Patients Happy

By Kathy Dix

Dialysis is hardly a pleasant process. Temporarily cycling blood outside the body to run it through a dialysis machine can cause a variety of disagreeable symptoms in the patient, including nausea, vomiting, headache or cramps. In addition, patients often feel cold, due to the reduced volume of blood actually in the body during treatment.

Clinics that make an effort to improve the patient's experience are doing themselves a favor—making patients happy enough with their care that they are willing to return to the center, thereby contributing to the bottom line on a regular basis.

Home dialysis has become an option in recent years. But for those who cannot perform this function at home, it is still necessary to trek to the dialysis center thrice weekly for care. Patients complain not only of the temperature, but also of ancient televisions as their only entertainment, no Internet access and a lack of privacy. Some dislike seeing the caregivers eating in front of them or speaking foreign languages amongst themselves.

Marvin "Mickey" Mikles, a dialysis patient in San Diego, has another issue—with the seating provided to the patients. "What I'd like to see are more comfortable chairs," he said. "Although they are reclining chairs, whenever I get up, my back hurts terribly. It's not giving me proper support." Lumbar pain is a result of sitting in one place for three to four hours, in combination with a chair that simply does not give the right support.

Manufacturers Offer Solutions

“Chairs seem to be the single biggest area where we can improve comfort for the patient,” said Michael A. Klein, vice president of sales for TSK Products Inc. “It’s the one area where essentially they’re trapped for four to six hours, unlike oncology, where they can get out of the chair. They’re tethered to that chair in dialysis.”

Klein added, “In the last year, we have been finding in our market studies that the patients are demanding clinical expertise, and they’re demanding a greater emphasis on their comfort level. We went to administrators and asked, ‘Are we reading this right?’ They said, ‘You’re about 12 months ahead of the market.’ They’re seeing the groundswell from their patients. These patients are mobile—if they go to the West Coast for a wedding or graduation, they may run into a new recliner in a dialysis center (that they use while on vacation), and tell the administrator (at their home clinic), ‘You should consider this recliner.’ There are enough of the older-style chairs dumped onto dialysis centers that are falling out of favor. Our approach is not to be a low-end recliner, but to provide a clinically sound and comfortable chair.”

And, he added, “Most chairs are designed in the back room by the engineering folks, who then bring the chairs to the field and decide what modifications are needed. But we first went to the nurses to see what they need for the clinical care. The nurses want clinical features—they need the option of Trendelenburg positioning, for blood pressure changes, etc., that can be applied quickly and easily. They need to be able to get to the patient—so swing-out side arms are helpful to get in close if there’s a medical necessity. In addition, it is easier and safer for the patient to get in and out of the chair with swing-away arms.”

Klein also asked what nurses needed for fabrics, to make them easy for cleaning, then asked biomed what part would break after frequent use. “The footrests break constantly. So we reinforced them and added an enhancing bar to the footrest. Some of the foam needs to be antimicrobial, or we add wear-point fabric swatches, and we have a fabric slipcover that is zippered and can be changed out.

“The other thing—biomed did not like wood frames, because they get weak, because they’re susceptible to moisture and infection control. We designed an all-steel frame. It was the same thing with the side tables—no wood or cellulose, because if they get a scratch and the fibers extend, they can hold on to bacteria, so we have a melamine type of table.”

Then Klein went to the patients to find out what features they wanted. “The patients responded, ‘We want to recline the chairs ourselves, not wait for the caregivers to recline us.’ So the recline mechanism is on the inside of the arm. Some patients are amputees, and they feel uncomfortable if the legs are extended and they want to lean back. So our chair allows the chair back to recline without having the foot extended, in deference to their sensitivity.”

That’s not to say that the modifications stopped there. “For example, we just had an oncology center order the chair, and they’re in tight quarters,” Klein said. “They said, ‘We don’t have room for the typical side table; we want a table that comes up and over, like in airplanes.’ They wanted a foot pull-out, so shorter patients can rest their feet on it. Another example is an ASC that does a lot of

transportation and wants swivel casters, which we are adding for them. It’s always market-driven.”

Lumbar support is a common problem with reclining chairs, so Klein addressed the issue by using a high-density foam material with a little better viscosity. “It has viscoelastic properties, which is almost like a sneaker—you have to break it in, and then it becomes very soft and comfortable.”

Improving dialysis chairs is gradually becoming common throughout the industry, whether it be at a large dialysis provider or a small independent center. And adding the look of comfort to them has proven to be a winning combination.

“Our chair looks like a home chair rather than a hospital chair,” said Monica Abeles, president of Diasol Inc., a manufacturer of dialysis chairs. “It has more padding. It has lumbar support. There are side tables and cupholders. We do offer the heat and the massage, which is the one most important feature.”

Like the other manufacturers, she added, “For the patients, one major complaint is of cold. On the other hand, the staff is running around and they are hot. So how do you achieve the balance? We include the heater in the chair, with two settings, high and low.” Heat is provided in three areas—the upper and lower back and the seat.

“I’ll never forget the first time we sold the heated chair,” she said. “We got a phone call from one of the facilities, asking us urgently for the same thing. We couldn’t figure out how they found out about our chair. The patient actually went on the waiting list for the facility that had the heated chair, because it was so important to him or her. It does increase the cost (of the chair), but how many times do you buy chairs? And you’re saving the cost of electricity to heat the unit, by heating the chair instead. You also save on the blankets, because you are not stacking four or five blankets on the patient.”

Abeles noted that an important element to remember about these patients is that they feel they have lost control. “Once they are in the chair, they lose control. Somebody else has full control over them. By having the remote control in their hands and being able to change out the speed of the massage, and the heat, they are gaining control. You take their minds off the concern, and you get them to focus on something else. And one of the hidden benefits is, it actually frees up a nurse’s time, because the patient doesn’t focus only on ‘I feel cold,’ or warm, or whatever, but has the means to spend the time with a different focus.”

One of Abeles’ upcoming developments is the option of fully reclining the chair, so it will be suitable for nocturnal dialysis. Patients will be able to comfortably sleep in the chair once it has reclined completely.

Some of the most popular features in chairs have been the heating and massage options, said Jeff Dale, MBA, director of project development for American Renal Associates. “Since the end of last year, we’ve been putting in dialysis chairs with the heat and massage option. The reason why that’s such a comfort—the heat is more important—is because there is always an environmental conflict between caregivers and patients, because caregivers are always too hot and patients are too cold. This chair helps the staff to keep the temperature down while keeping the patient comfortable.”

All of American Renal’s newly developed centers are

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— MICHAEL A. KLEIN, VICE PRESIDENT OF SALES FOR TSK PRODUCTS INC.



Photo courtesy of TSK Products.

This TSK dialysis chair features a slide-out footrest for shorter patients.

SOME PATIENTS WANT PRIVACY AND QUIET, WHILE OTHERS WOULD PREFER SOCIALIZING TO WHILE AWAY THE HOURS.

incorporating such chairs, but they are not yet standard amongst the existing 60 clinics across the country. To improve the patients' experience, the company has also been installing flat screen TVs and satellite radio. "We are also going back to some of the older clinics and slowly rolling it out across them. Eventually, the majority will have it, and all of the new clinics have it. We are doing wireless Internet in our clinics, and we have a wireless printer as well," he added.

The Patient Perspective

The center where Mikles receives care sometimes skimps on what might be considered basic items. For example, in the past, when needles were removed from him, caregivers would wrap the area with an elastic bandage. Because his skin is tender and bruises easily, the bandage helped with both bruising and discomfort. However, "When the center ran out of those bandages, they said, 'That's it; we're not ordering any more.' I have to buy my own," he added.

He brings his own blankets with him, as the center does not provide them. And, he says, he is always cold while at the dialysis center. The thermostat at the center reads the same as his thermostat at home, but there is a great difference in his comfort level. "I told them, 'Your thermostat must be way off, because why am I cold all the time?' I don't think anyone has come to adjust it. Isn't it their responsibility to see that the patient is comfortable? I notice other people with blankets on, but they

don't say a word about how cold they are."

Vents are located in the ceiling above his treatment station, and Mikles has asked the staff to close them so that the vents do not blow directly on him, but, he said, "They haven't been doing that, as much as we've complained. Whoever is taking care of the maintenance apparently just doesn't bother. The nurses are not going to do that; it's not up to them."

To counter the climate, Mikles always dresses warmly, and has jerry-rigged a flannel shirt for dialysis by cutting off the left sleeve, to provide access to his arm during dialysis.

One manufacturer offers an solution to that temperature conflict—warm clothing that has been made accessible for dialysis hookups. Created by two nurses in response to their patients' complaints of being cold during hemodialysis, the brand Access Wear was designed to minimize patient exposure and provide warmth and comfort. Zippers are strategically placed in heavyweight cotton and polyester sweatshirts, sweatpants and fleece jackets to offer ease of access to arteriovenous fistula, graft or permanent catheters. Zippers are positioned on either arm or leg or on the chest. Thus, the patient can stay bundled up during treatment and expose only the amount of skin that is absolutely necessary.

Some dialysis units and social workers organize clothing orders for the patients. Sometimes small grants come through from the National Kidney Foundation for low-income people. Physicians have even

contributed to the cost of the clothing occasionally.

Unlike Mikles, patient Richard Goodenbour of Elkhart, Ind., is generally comfortable with the temperature of the unit. He began dialysis 13 years ago in St. Cloud, Minn., at a nonprofit center, but is now receiving care at a for-profit dialysis center. "I have dialyzed at a number of units around the U.S., and I would have to say in every case, the non-profit unit has been more comfortable, both physically and in terms of the friendliness of the unit."

"At the unit I am currently at, on the first day you dialyze at the unit, you are given one set of cheap headphones and one purple blanket and a stack of papers to read and/or sign. I have seen changes at this unit in regards to patient comfort—they used to put a sheet on the dialysis chair, but to cut costs, they no longer do this. The unit is kept cool for the comfort of the workers. If you want to, you are allowed to bring in your own items to sit on. Some patients bring a sheet, some a blanket, and some multiple blankets, pillows, and other blankets to cover up with.

"Of course, there is more to patient comfort than just the physical," he continues. "I recently noticed that they have named the IV machines and taped these human names onto the machine."

Goodenbour likes this "human" touch—it makes the center seem more personable, and makes the patient feel less like a number. He does, however, have issues with social workers who rarely spend time with the patients. He prefers those who actually



This American Renal Associates' station features satellite radio as well as volume control.

get to know each patient, and go the extra mile to make the patient's experience more pleasant. Goodenbour also appreciates physicians who put in the extra effort to make each patient feel like a valued human being, not just a number or a source of revenue. Boredom is a common issue during dialysis.

Although some centers provide wireless Internet connections and satellite TV, others offer their customers only a few local television channels. "There are only six or eight stations, and two or three of them are Spanish," Mikles said. "But I've gone to visit my daughter in Washington, and they have a nonprofit thing with all the stations you want."

To while the hours away, since there are few television offerings, he reads, or brings in his own videos to watch, as well as a VCR.

At Goodenbour's center, there is a TV at every station. The speakers are disabled so the patient must use headphones. "The TVs have cable, but something is not right, since the screen is always somewhat static (they probably need to install a signal booster). The unit does not have wireless Internet—but that would be great! But then you have to address the issue of people accessing adult Web sites, so maybe you can't have wireless Internet—the adult might be next to a minor. Even if people bring in a personal computer with a broadband card—I guess this issue will need to be addressed," he said.

At one point, the unit used to have an exercise bike that some would use during treatment. "It may still be around, but I have not seen anyone using it. No other exercise options were provided," Goodenbour said.

Other Amenities

The design of the dialysis facility can contribute to the patient's satisfaction, or detract from it. Some patients want privacy and quiet, while others would prefer socializing while away the hours. But oftentimes, it just isn't possible because of the equipment that is necessary for each treatment. "We try to allow interaction for the patients with each other, but with machines and televisions and computer charting equipment needed in close proximity to the chairs, this makes it difficult to do. We do design clinics to allow the best access by the nurses and biomed teammates at all times, so

that patient care is maximized at all times," said Brian Olsen, director of project management at DaVita Inc.

For Goodenbour, the unit is set up in a manner that does not encourage socializing, with machines between patients. There is no line of sight to other patients. However, socializing is possible while in the waiting room. The unit does have large ground level windows and bird feeders outside, so some of the dialysis stations have a view outdoors.

Given the option, Goodenbour would like the opportunity to interact with other patients. "I do socialize with many of the people, when I get a chance to. Some patients stop by the treatment chair and say hello as they are arriving or leaving from treatment. It seems like as soon as two people start visiting while on dialysis, one of them will be assigned to a different chair, in a different part of the building so that you cannot socialize while on treatment. This happens numerous times, far too many for it to be just a coincidence," he pointed out.

The unit has a VCR in a central location, and the techs will come around and announce that a movie is playing on a certain channel if the patients would like to watch it. They will also put in a movie if patients bring them in. Goodenbour will sometimes bring in his laptop, but, he says, privacy is an issue—"The staff are always coming over and looking at the screen, so it is difficult to work on confidential information," he said.

DaVita said it makes a point of offering many amenities to patients, such as individual lighting. And, said Olsen, "Where lighting is available for the patients, they can control the light level and are able to turn the light on or off per their desire."

Some centers are adding ceiling designs, so when the patient looks up, it doesn't appear to be such a clinical setting. Wireless Internet and satellite radio are being included, and lockers are provided for the patients to store their belongings. Some centers even offer a specialty lounge outfitted with a fireplace.

"You obviously have to have a calming décor to the facilities, and we splash plenty of artwork around," Dale points out. "I can't tell you how dramatic a difference it makes, just adding artwork, which is a nice finishing touch. We stress the importance of the total comforting professional atmosphere in our facilities. We put in individual patient lighting, if they want extra light, or if they want to reduce the light at their station while they sleep, we'll make it dark. They can control that with a switch behind them on the metalwork."

Often, it's the little things that make the overall experience a good one. Genesis Worldwide, for example, provides patient headphones, including tiny earbuds and larger, traditional headphone sets. For years, the company has offered these products so that patients can listen to television and music programs privately, maintaining a volume that is comfortable for them without disturbing other patients or staff members.

Providing little extras like clothing, warm chairs and headphones is just good business. Although dialysis will never be an experience that patients look forward to, clinics may find that if they put forth just a little effort, they will achieve a significant result—making the treatment much more palatable to the customer base. And satisfied patients are much more likely to return on a regular basis, filling chairs and, in turn, filling the provider's coffers. **RBT**

