A Comfort Unit: Outcomes Associated with Addressing Holistic Comfort Needs of Hospitalized Patients

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OUTLINE FOR PROPOSAL

I. Basic Research Design
   A. After a 1-2 year implementation of Comfort Unit (CU) principles, outcomes on experimental unit are compared to a similar, but usual care, unit at Your Favorite Hospital (YFH).
   B. Random assignment of incoming patients, who meet inclusion criteria, to Comfort Unit or comparison unit.
   C. Independent data collectors (funded by study).
   D. Staff on CU not aware of which patients are being surveyed on selected outcomes.
   E. All patients on CU receive Comfort-focused Care.
   F. Basic CU Components
      a. Principles of Comfort-focused Care shared with all staff on selected unit and implemented with all patients (next two pages)
   G. Model of care delivery: Primary nursing
   H. CNS (hired by grant) conducts interdisciplinary team conferences every day (medicine, nursing, pharmacy, nutrition, OT, PT); team makes recommendations for care on each patient on unit.
      1. interdisciplinary comfort care plan – light green color- put in patients’ charts
   I. CNS conducts after care visits as necessary
   J. Optimum staffing on all shifts, as determined by staff nurses (additional staff funded by study)
   K. Some environmental modifications (funded by YFH to demonstrate support?)
L. Medical director “on board”

M. Frequent in-service programs about Comfort-focused Care to all staff on selected unit

**Most costs covered by Federal Funding. If selected unit houses predominately adults 65 yrs. or older, application could be made to NIH’s Institute on Aging.

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### WAYS TO ADDRESS PATIENTS’ COMFORT NEEDS ON COMFORT-FOCUSED UNIT

<table>
<thead>
<tr>
<th>Pt’s Comfort Needs</th>
<th>Modifications to Unit/Approach to Care</th>
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<tbody>
<tr>
<td><strong>Physical Comfort Needs</strong></td>
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<tr>
<td>Homestasis</td>
<td>Daily team conferences conferring on lab values, functional status, vital signs, recovery as expected, expected difficulties when discharged</td>
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<tr>
<td>Mobility</td>
<td>Remove tethers ASAP, lower bed rails except for one top one top rail for patient leverage; keep beds in low positions; Hand rails in halls, non slippery floors; walking aids including correct shoes</td>
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<tr>
<td>Elimination</td>
<td>Remove catheters ASAP, bedside commodes, PT every day; change door knobs to door handles; toilet q 2 hrs. Adequate fiber and fluid.</td>
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<tr>
<td>Pain Management</td>
<td>PCA pumps when possible; meds for breakthrough pain; pain mgt. consultant; implementation of <strong>intentional comfort measures</strong>; Coaching;</td>
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<tr>
<td>Sensory</td>
<td>Glasses, hearing aids, dentures in place – procedures for not losing them;</td>
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<tr>
<td>Medications</td>
<td>Responses/side effects to old and new meds, monitoring of therapeutic levels appropriate to age</td>
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<tr>
<td>Nutrition</td>
<td>Assessment caloric and fluid intake, implementation of nutrition recommendations</td>
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<tr>
<td>Hygiene</td>
<td>Oral care, bed bath</td>
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</table>
Rest/sleep Adequate pain medication; anxiety addressed

Position In and out of bed upon request; independence from tethers; comfortable wheelchairs, lounge chairs, chairs for eating
Correct position in bed; correct turning techniques

**Psychospiritual Comfort Needs**

Anxiety Assessment & discussion of intentional comfort measures; complementary therapies

Depression/dementia Depression screen; determine baseline for cognitive function (pre-hospitalization);

Spiritual Visits of clergy as indicated; spiritual assessment/care from all staff members;

Expectation Assessment of patient’s/family’s expectation for recovery;

Loss of control Choice, consultation with patient

**Sociocultural Comfort Needs**

Home issues Hardships/concerns at home

Family support Family visits (pets?) around the clock, favorite foods brought in or prepared;

Loneliness/fear Therapeutic use of self; empathy; unhurried interactions; whole-person interactions; Pet Therapy

Financial Financial paper work assistance; medication costs

Educational Teaching about meds, rehab and nutritional guidelines; Information about condition, diagnostic tests, options

Discharge Planning Discharge planning begins first day of admission; implementation of OT recommendations; home care as necessary;

After care Phone calls, visits by CNS as necessary

Cultural sensitivity Interpreters available; traditions facilitated whenever possible; consultation with spiritual/cultural leaders; Intentional comfort measures as indicated by family
### Environmental Comfort Needs

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Relocation</td>
<td>Environmental cues, personal belongings</td>
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<tr>
<td>Furniture</td>
<td>Comfortable furniture (especially for overnight situations) in room for patient and family;</td>
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<tr>
<td>Safety</td>
<td>Call light easy to use;</td>
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<tr>
<td>Ambience</td>
<td>No intercom noise; light, TV as desired; clutter removed;</td>
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<tr>
<td>Privacy</td>
<td>Curtains, draping, signs on BR doors</td>
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<tr>
<td>Function</td>
<td>Aids nearby; bed alarm instead of restraints; distances measured and marked in hall, implementation of PT recommendations</td>
</tr>
<tr>
<td>Meaningful Activities</td>
<td>OT prescribes therapeutic activities to do in unit</td>
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### Nurses’ Comfort Needs

- Ergonomic Safer Designs (equipment, furniture, syringes, gloves, etc.)
- Improved career ladders, opportunities to advance into management
- Increased autonomy for practice decisions
- Flexible (self) scheduling
- Increased recognition
- Breaks, lunch, leaving on time
- Less paper work, less non-nursing work
- Managerial support at unit level
EXAMPLES OF INTENTIONAL COMFORT MEASURES

Hand massage  
Staff nurses (after CE program)

Foot massage  
Staff nurses (after CE program)

Back massage  
Staff nurses (after CE program)

Full body massage  
Massotherapist (funded by study)

Guided imagery  
Staff nurses (after CE program)

Music/art therapy  
Certified therapists (funded by study)

Healing touch  
Staff nurses (after CE program)

EXAMPLES OF OUTCOMES TO BE MEASURED

Comfort  
General Comfort Questionnaire, Comfort Behaviors Checklist

Pain  
Comfort and Pain Visual Analog Scales

Functional Status

Peaceful Death  
(When most appropriate and agreed-upon outcome)

Adverse Events  
Med errors/toxic effects; new incontinence, nosocomial infections, falls, new decubiti, etc.

Decrease in analgesia, Anti-anxiety, HS sedation  
Chart Review

Length of Stay  
Records

Hospital readmission  
Records

Patient/Family Satisfaction  
Survey

Cost/Benefit Analysis

YFH priority outcomes?