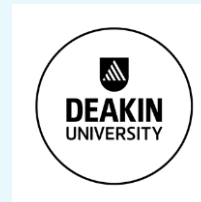


The **C**omfort **AL**ways **M**atters (CALM) framework

A quality improvement initiative for maximising
patient comfort in acute care settings

For SoN Research Showcase Nov 2022
Presented by Dr Cynthia Wensley PhD RN




Why comfort?

- Historically important

- Pickers Institute (1987) Principles of patient-centred care
- Planetree International (1980s)
- Gerteis (1993) Through the patient's eyes
- Mid Staffordshire NHS Foundation Trust Inquiry (2010)
- NICE Patient Experience Clinical Guidance (2012)
- Qualitative studies; associated with dignity, compassion, kindness
- Concepts central to most patient experience indicators
- Nursing Theories, including Kolcaba's Comfort Theory

- Contemporary healthcare?

- Patient experience has become a key focus of healthcare quality – everywhere
- Comfort is a crucial aspect of a good patient experience



What care matters?
How to consistently
provide that care?

Our research

Two stage process for exploring comfort and influencing factors

	Stage 1	Stage 2				
Methods	Integrative Review	Semi-structured Interviews				
Sample	62 studies* (14 theoretical, 48 qualitative)	25 purposively selected Māori, Pacific and NZ European patients in hospital after heart surgery, POD 4-5				
Outcomes	Definition of comfort Multidimensional framework [#]	<table border="1"> <thead> <tr> <th>Phase 1</th> <th>Phase 2</th> </tr> </thead> <tbody> <tr> <td>Definition of comfort</td> <td>Influencing factors - CALM framework for practice, quality improvement in specific populations</td> </tr> </tbody> </table>	Phase 1	Phase 2	Definition of comfort	Influencing factors - CALM framework for practice, quality improvement in specific populations
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* English language restriction [#]Wensley, C., Botti, M., McKillop, A., & Merry, A. F. (2017). Int J Qual Health Care, 29(2)



International Journal for Quality in Health Care, 2017, 29(2), 151-162
doi: 10.1093/intqhc/mzw158
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Article

Article

A framework of comfort for practice: An integrative review identifying the multiple influences on patients' experience of comfort in healthcare settings

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Open access

Original research

BMJ Open Maximising comfort: how do patients describe the care that matters? A two-stage qualitative descriptive study to develop a quality improvement framework for comfort-related care in inpatient settings

Cynthia Wensley , ¹Mari Botti, ²Ann McKillop, ¹Alan F Merry^{3,4}



What does comfort feel like?

Patients want to be as comfortable as they can be during healthcare interactions

Relief from emotional and physical distress

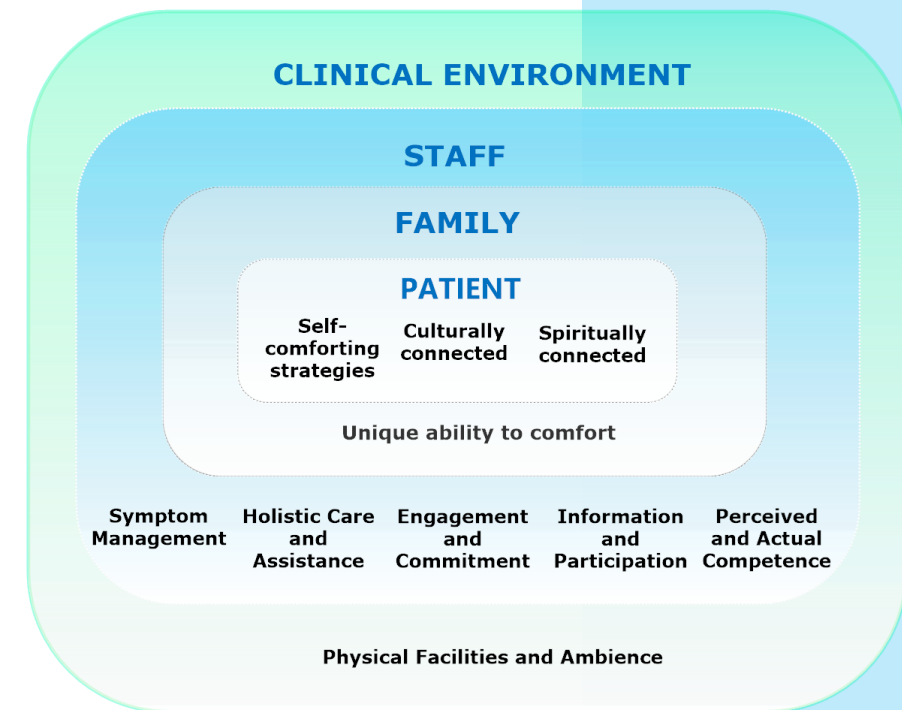
Positive, safe and stronger

Confident, in control, accepting treatment and care by choice

Cared for, valued; connecting positively to people and place

Influences on comfort

- ✓ **Self-comforting strategies**; positive thinking, seeking (and finding) signs of safety and normality, self-care routines, developing acceptance (getting informed, planning, learning to trust).
- ✓ **Culturally connected**; finding cultural familiarity, sensing that one's cultural norms and values are understood and respected.
- ✓ **Spiritually connected**; sustaining personally significant spiritual or religious practices.
- ✓ **Family**; family have a unique ability to comfort arising from a shared culture and understanding.
- ✓ **Symptom Management**; all symptoms (not just pain).
- ✓ **Holistic Care and Assistance**; non-pharmacological interventions to ease discomfort, help provided willingly.
- ✓ **Engaged and Committed staff**; staff presence, therapeutic comforting strategies tailored to individual needs.
- ✓ **Information and Participation**; accurate information that is sensitively provided so patients can prepare for what lies ahead. Opportunities to participate in and personalise care.
- ✓ **Competent staff**; perceived and actual.
- ✓ **Physical Facilities and Ambience**; clean, well-equipped and family-friendly. Patients can control their personal space (lights, noise). Staff project an ambience of positivity and caring, are seen to be working as a cohesive team and have time for ALL patients' needs.



Comfort Always Matters (CALM) framework

Implementation

- A systematic approach to guiding holistic, nuanced care that matters to patients
- Outcomes:
 - Improved patient experience, positive patient–staff relationships, willingness to disclose concerns, seek help
 - Participation in care and treatment vs disengaging, withdrawing, early (self) discharge
 - Improved individual and population health?
 - *“it was all a shock ... I didn’t know what I was getting myself into and was thinking about taking off, not going through with it”*



Research Programme

CALM4Nurses

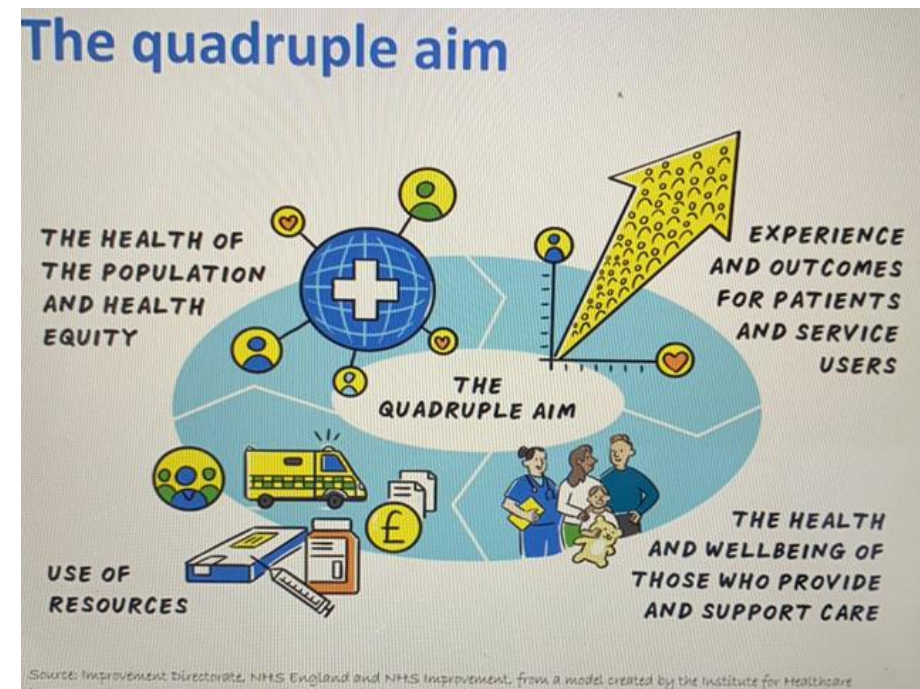
- Exploring nurses' perspectives on enablers and barriers (determinants) of comfort-related care
- 5 FG, one Te Whatu Ora district



Research Programme – what's next?

CALM4Practice

- How can we implement CALM?
- A multisite qualitative study in two Te Whatu Ora districts
- 10 FGs and 3 key informant interviews
- Framework Analysis



Patient comfort



References

Wensley, C., Botti, M., McKillop, A., & Merry, A. F. (2020). Maximising comfort: how do patients describe the care that matters? A two-stage qualitative descriptive study to develop a quality improvement framework for comfort-related care in inpatient settings. *BMJ Open*, 10(5), e033336. [10.1136/bmjopen-2019-033336](https://doi.org/10.1136/bmjopen-2019-033336)

Wensley, C., Botti, M., McKillop, A., & Merry, A. F. (2017). A framework of comfort for practice: An integrative review identifying the multiple influences on patients' experience of comfort in healthcare settings. *International Journal for Quality in Health Care*, 29(2), 151-162. doi: [10.1093/intqhc/mzw158](https://doi.org/10.1093/intqhc/mzw158)

Wensley C. A multidimensional framework of comfort for practice and quality improvement [Ph.D thesis]. Deakin University, 2018.

YouTube [The Comfort Always Matters \(CALM\) framework](#) **google Wensley Comfort video**

What questions do you have?

