

## IN BRIEF

### Service

Overall most patients and caregivers appear to be happy with the current service including how they get to the unit, the current building, how well they are looked after, and how well their cultural and spiritual views are respected.

They also suggested improvements that could be made in each of these areas.

### Closer to home

Most patients (77%) support moving services from the hospital to the community. They feel it would:

- be convenient;
- reduce travel time;
- reduce travel costs.

### Top three things to change

When asked if there was one thing they could change about the dialysis units, patients suggested changes to:

- Furniture 15%
- Dialysis times 14%
- Waiting times 7%

### Patient preferences

#### Beds or chairs:

- bed 59%
- chair 42%

#### Smaller or larger room:

- smaller room 67%
- larger room 33%

#### Unit at ground floor level:

- not very important 21%
- somewhat important 29%
- very important 50%

## Community Dialysis: Clinics closer to home

At ADHB, we are making plans to move some of our services from the hospital to the community. This will mean that:

- most of our haemodialysis patients in the wider Glen Innes and Onehunga areas will be closer to home for dialysis;
- kidney clinics will also be held at the new clinics.

Some haemodialysis units, such as the Acute Unit, will stay at the hospital. The plan is to open the first community clinic sometime in 2012/2013.

### Improving our services

We want to work with patients, caregivers and staff to design the *best possible services* that we can. As part of this process, we surveyed patients and caregivers in 2011 to find about their experiences with our service – in particular what they liked, what they didn't like and how they thought our services could be improved.

A total of 169 patients and caregivers responded. This report summarises the findings.

### Closer to home

Most respondents felt positive about dialysing in a unit closer to home.

Three-quarters (77%) indicated that they were happy with the move. They felt that it would:

- be more convenient
- reduce travel time
- reduce travel costs

Some, however, said that they felt worried (11%) and/or uncomfortable (9%) about moving. Their key concerns were:

- they would miss the existing friendships with staff and patients;
- they were happy with the current situation and felt settled;
- medical support and backup would not be there (emergency and ward).

### One change

Patients and their caregivers were asked: "if there was one thing you could change about the dialysis units, what would it be?" Of the 113 that commented, one-quarter indicated that they were satisfied and would not change things.

Others suggested changes to:

- **Furniture (15%)**  
More comfortable furniture including larger chairs, more beds, broken furniture fixed and improved seating;
- **Dialysis times (14%)**  
More flexible times, earlier start times in the morning and evening, and shortened waiting times before dialysis;
- **Waiting areas (7%)**  
Improved seating in the waiting areas and shelter outside the unit.

Other suggestions included: more regular doctors' visits and backup; more staff from other cultures; staff treating patients more respectfully; a higher staff to patient ratio; the provision of food; sound on the TV; grouping patients by age; separate areas for patients behaving poorly; cleaner, more spacious and spruced up facilities; more space for personal items; better security both within the unit and outside in the parking area; separate toilets for men and women and improvements to parking.

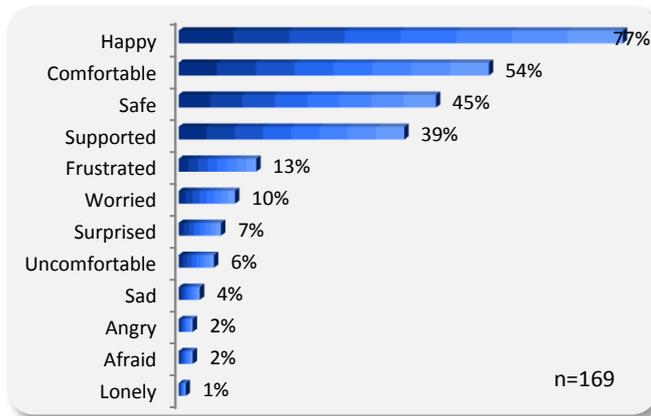
# Getting to the Dialysis Unit

Patients and caregivers were asked how they felt about getting to the dialysis unit, including transport, parking and entry into the unit.

Most said that they felt happy (77%), comfortable, (54%), safe (45%) and supported (39%).

Of the 132 who commented, 16% expressed general satisfaction.

How do you feel about getting to your dialysis unit (%)



Respondents commented on:

- **The taxi service**

One-third (36%) appreciated the taxi service, in particular that the taxis are on time, safe, comfortable and that the drivers are kind, courteous and helpful. Some (9%) were less happy with the service, noting that the taxis can be unreliable, often pick up late or keep patients waiting, they can be also be dirty, and take lengthy routes.

- **Parking**

Ten percent said that they appreciated that parking was convenient and free, however 8% had issues with parking, in particular the lack of available parking close to the unit, the cost, and the lack of shelter from the rain. There were issues with parking at all units.

- **Safety and security**

Seven percent mentioned safety and security, for example that there is a designated car park which is secure, and the need to feel safe. Three percent were concerned about issues such as cars being broken into.

They were also concerned about issues with traffic, the distance from home, a lack of shelter in waiting areas outside, the costs of transport including petrol and parking, and the prolonged wait times after dialysis while the unit rang for a taxi.

## Getting there by ethnicity and unit

Māori and Pasifika were more likely to feel worried about getting to the unit than those from other ethnic groups.

### Getting there by ethnicity %

### Getting there by unit %

Happy		Happy	
• NZ European	67%	• Greenlane	87%
• Māori	59%	• Carrington	80%
• Pasifika	91%	• Akld City Hospital	74%
• Other	81%	• Grafton Rd	71%
Frustrated		Frustrated	
• NZ European	19%	• Greenlane	22%
• Māori	24%	• Carrington	6%
• Pasifika	12%	• Akld City Hospital	16%
• Other	12%	• Grafton Rd	15%
Worried		Worried	
• NZ European	7%	• Greenlane	13%
• Maori	24%	• Carrington	12%
• Pasifika	12%	• Akld City Hospital	5%
• Other	0%	• Grafton Rd	9%

## Patients' voices

“The taxi and van drivers are very caring; they support me if I'm not feeling great, take my bag to put in the boot of the taxi, open the door of the taxi for me ... Always cracking jokes to get a conversation going. Making us feel special and important. Waiting till I open my gate and my front door. Making sure I'm safe inside my home.” *(Grafton Rd patient)*

“Occasionally the ... taxi company are neglectful in their responsibilities after overnight dialysis, and can arrive VERY late, or NOT AT ALL. I have tried to make formal complaints, and the service has inconsistently improved in recent weeks. I am considering resuming using the public bus system.” *(Akld City Hospital patient)*

“I don't mind taking the taxi, but I used to drive myself to (the unit), but parking costs at Auckland are too high so I went back to the taxis.” *(Grafton Rd patient)*

“Cars have been broken into outside the unit, which is unsafe for patients coming into the unit in their own vehicles. Need security watch/cameras and more and better lighting equipment.” *(Carrington patient)*

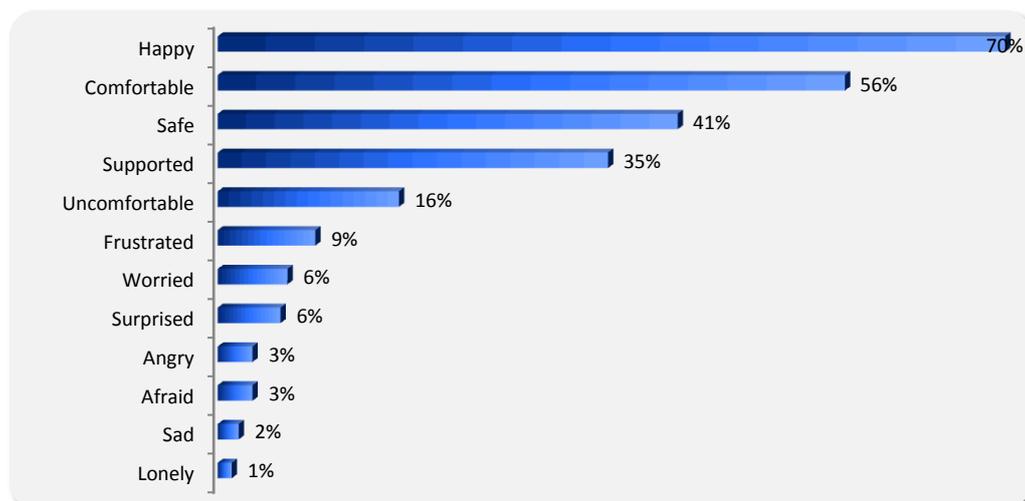
“When it's raining we have to wait outside in the cold in the winter. The technicians are never on time; they are always after 7am ... The outside is not much shelter - we have no waiting area outside.” *(Patient)*

## Present Dialysis Unit

Patients and caregivers were asked how they felt about the dialysis unit that they were currently using. They were asked to think about the outside of the building, the inside of the building, the waiting area room, the number of people that they have to dialyse with, the layout, cleanliness, noise and any other physical aspects of the building that might affect their comfort.

Again, most responded positively saying that they were happy (70%), comfortable, (56%), and felt safe (41%) and supported (35%). Sixteen percent said that they felt uncomfortable.

How do you feel about your present dialysis unit (%)



n=162

Of the 125 who commented, most indicated that they were generally happy with the building.

The main comments related to:

- **Layout (21%)**

Fourteen percent said the layout worked well. Eleven percent were less satisfied. Respondents mentioned that they preferred exits low to ground (no steps), feelings of spaciousness (enough room to place personal property and cope with changeovers), a fresh looking environment, modern reception area, fresh air, adequate working area, good lighting for reading, and space between patients. Patients also want the unit to be more accessible to the blind, have ramps and to have good security.

- **Cleanliness (18%)**

Cleanliness is important to patients. Twelve percent found the units clean; 6% did not. There were concerns that bins were not emptied and floors not kept clean, particularly under the beds.

- **The waiting area (17%)**

Carrington patients were concerned that there was no shelter outside or couch in the waiting room. Those at Grafton felt the waiting area is too small and cramped, particularly when there are people in wheel chairs, and that the couches and chairs are too low and hard to get out of.

- **Comfort (17%)**

Nine percent found the buildings comfortable, and 8% did not. Patients want comfortable chairs and beds. Some wanted windows and fresh air or air conditioning.

Some also commented on issues such as insufficient outside lighting at night, and noise from telephones and other patients. One noted that they would like technicians to have a good view of patients; others wanted TV (including sound).

## Patients' voices

"The cleaner does an excellent job. The unit sparkles and the cleaner is very cheerful, very pleasant to have around." (Grafton Rd Patient)

"The house is very untidy, smells; (they) never clean the floor underneath our chair. Sometimes never empty the yellow bins that cause the smells." (Patient)

"The waiting area is too small, especially when there's not enough seats for our elderly people. Cluttered when the wheelchairs all taking up the space. If someone collapsed it would be hard for medical staff to get to the patient." (Grafton Rd Patient)

"Chairs used by patients while on dialysis are worn out, unstable and broken and cause continuous back pain." (Akld City Hospital patient)

"The dialysis unit is at a higher level so the steps make me worried. Waiting room area – the chairs are too low and do not support us when we try to get up." (Grafton Rd Patient)

"The beds are too close to each other, nowhere to put your personal property and too much clutter. There is a lot of unwanted noise, such as radios being used without headphones etc." (Grafton Rd Patient)

## Care at the unit

Patients and their caregivers were asked how they felt about the way they are looked after at the dialysis unit. They were asked to think about doctors, nurses, technicians, bookings, communication with staff and the readiness of the unit when they arrive.

The majority of respondents indicated that they felt happy (82%), comfortable (58%), safe (57%) and supported (55%) when asked how they felt about their care. Nine percent said that they felt uncomfortable.

Of the 134 who commented, most expressed satisfaction with the care that they received. The main comments related to:

- **Staff (79%)**

Most of the respondents (76%) were positive about the care they received from staff. In particular they valued their competence, friendliness, helpfulness, professionalism, communication and work ethic. Others (3%) however are concerned with the high turnover of staff and that some staff can be rude, have poor punctuality and can be unprofessional.

- **Communication and support (28%)**

Over one-quarter of patients mentioned that they felt that the communication between staff and patients was open, staff were happy to answer questions and were supportive.

- **Frequency of doctors' visits (8%)**

Seven percent were concerned that they do not see a doctor as regularly as they need to and are not getting the best medical support, and that there is a high turnover of senior doctors. One per cent felt that nurses and doctors were at hand.

- **Preparedness of the unit (7%)**

Although some find the unit well organised, clean and well supplied, there was concern that the units are often not ready, the machines are not ready on arrival, the chairs are not covered, the needles and trays are not ready, lines tube and bi-bags are not stocked at the beginning of shifts, and these factors can result in lengthy treatment delays (up to an hour). One older patient struggled to clean the machine.

Overall most patients appeared to feel well looked after and cared for, and the support from staff appeared to contribute towards this. Many respondents named and thanked staff.

### Care by ethnicity and location of unit

Pasifika and those at Auckland City Hospital were most likely to say that they were happy with their care.

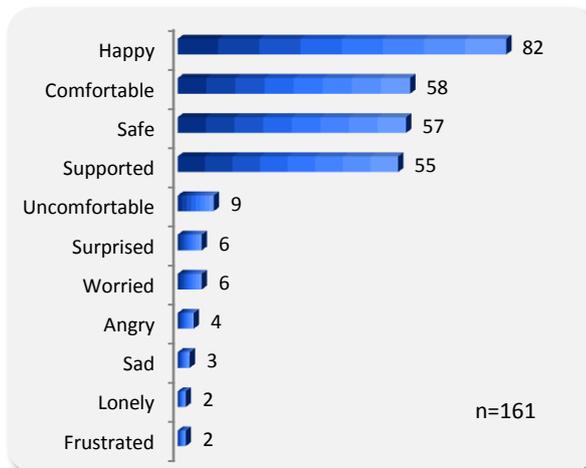
#### Looked after by ethnicity %

Happy	
• NZ European	78%
• Māori	63%
• Pasifika	91%
• Other	68%

#### Looked after by unit %

Happy	
• Greenlane	86%
• Carrington	84%
• Akld City Hospital	95%
• Grafton Rd	77%

How do you feel about your present dialysis unit (%)



## Patients' voices

"I am looked after with respect and very kindly. All the staff and support workers are very good to me." (Grafton Rd Patient)

"Happy (be)cause doctors and nurses communicate with me and explain about things I need to know and safe as well." (Grafton Rd Patient)

"I feel happy/safe/ supported and comfortable with the support of the staff here at Carrington. If I need help with anything they are there to help and support with a lot of things, whether it be personal or to do with dialysis." (Carrington patient)

"I would prefer to see my doctor on a regular basis, say every three or four months. It would be also very helpful to have email or phone access to my doctor for acute issues." (Greenlane patient)

"The only thing I'm not happy about is the nurses – if they want something from us like losing weight, they keep on pushing and pushing... make it slowly because it's not an easy thing to do inside our body." (Carrington patient)

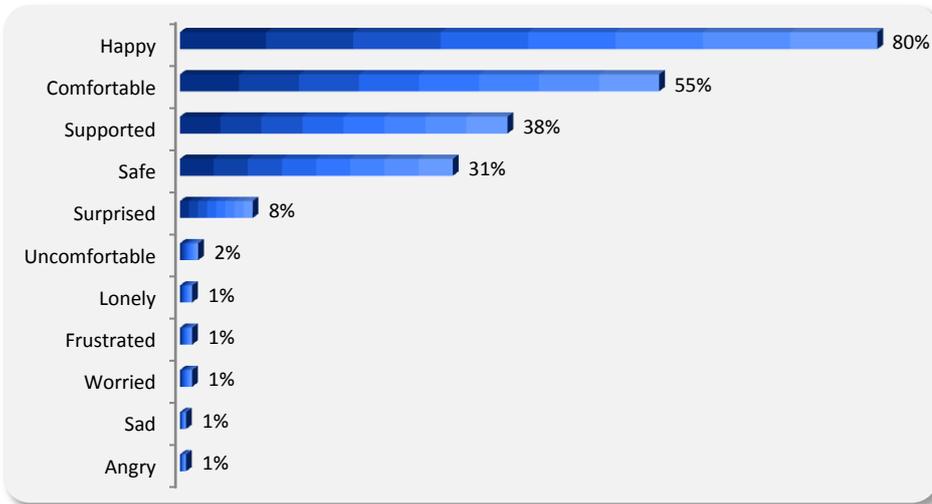
"On evening shifts there is no doctor in the unit. Among the nursing and technical staff there MUST be at least one specialist of higher qualifications to be able to help other staff in difficult situations (and this is often not available)." (Grafton Rd patient)

# Respect

Patients and their caregivers were asked how they felt about the way their cultural, spiritual and other beliefs were respected.

Most indicated that they felt happy (80%), comfortable (55%), safe (31%) and supported (38%). Few indicated that they felt uncomfortable or worried.

## How do you feel about the way your cultural, spiritual and other beliefs are respected (%)



n=134

Of the 90 that commented, most said that they felt their religious and cultural beliefs were respected. Although this appeared to be very important to some patients, others felt that it was not an issue for them.

The main comments related to:

- General respect (51%)**  
 Just under half of those that commented (49%) said that their cultural and spiritual views were respected and that they feel supported. A few respondents did not feel this to be the case. One (1%) felt that her culture was not well understood and that people from her culture felt too shy to raise issues important to them, such as sharing rooms with those of the opposite sex. Similarly another requested that the day s/he worshipped be respected “please”, and that Milo is provided for Mormons who drink neither tea nor coffee.
- Supportive (19%)**  
 One in five who commented gave examples of the ways in which staff supported them. This included staff learning welcomes, greetings, the language and about the culture of patients, including acknowledging significant cultural celebrations.

It is noted that patients with disabilities may not feel as if their circumstances are well respected and catered for. A patient with a sight impairment noted that staff members are not particularly well aware of their needs.

## Respect by ethnicity and location of unit

Pasifika were most likely to feel respected. One Pasifika patient noted, however, that they may be too shy to raise issues.

### Respected by ethnicity %

Happy	
• NZ European	73%
• Māori	80%
• Pasifika	83%
• Other	71%

### Respected by unit %

Happy	
• Greenlane	83%
• Carrington	80%
• Akld City Hospital	100%
• Grafton Rd	73%

## Patients’ voices

“I feel very appreciated and welcomed in the dialysis unit especially when we have our Indian festivals; the doctors and nurses come and celebrate it together with us and always make us a part of the team. The feeling is very pleasing.” (*Grafton Rd patient*)

“I'm happy because hearing other people and workers getting along and try[ing] to speak your language, it's marvellous” (*Carrington patient*)

“Our custom, even if the male is related, we do not share a room. I asked some of the other Pacific Islanders (women) if they are comfortable with sharing a room with males and is it the same as my culture. Most of them said yes but they are too shy to mention it to the coordinator and that they are not even asked whether or not they are comfortable with the situation.” (*Grafton Rd patient*)

“I don't believe ... disabilities – sight impairment and difficulty walking around – are considered specifically. The scales and trolleys are left around for me to bump into. If the area was well planned I would be able to move around safely and independently.” (*Patient*)

“I am unsure if the Chaplain is involved in the process...prayers are always uplifting and empowering.” (*Grafton Rd patient*)

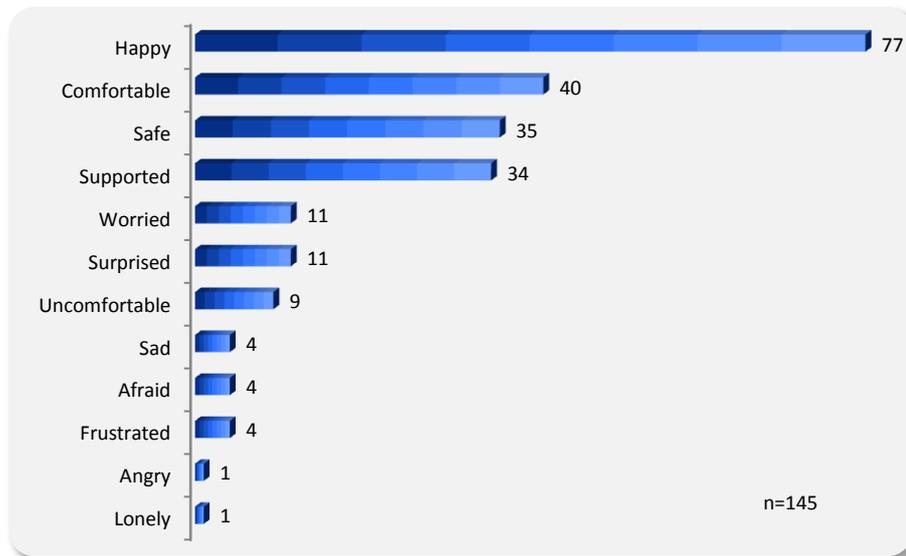
“My culture and spiritual beliefs are well respected by staff at the unit, why, there are different ethnic groups at dialysis. E.g. We got Samoan, Niuean, Rarotongan, Tongan and European, it's like one melting pot with different cultures.” (*Carrington patient*)

# Dialysing closer to home

Respondents were asked how they felt about dialysing in a new unit closer to home.

Respondents indicated that they felt happy (77%), comfortable (40%), safe (35%) and supported (34%). One in ten however felt worried (11%) or uncomfortable (9%) about the move.

How do you feel about dialysing at a new unit closer to home (%)



Half of the 135 who commented indicated that they felt positive about dialysing closer to home. The main comments related to:

- Support (50%)**  
 Those that supported having the clinic close to home felt that a closer clinic would be more convenient
- Travel time (31%)**  
 Specifically, one in three felt that being closer to home would reduce travel time, in particular as Auckland traffic can be congested. It was acknowledged that this would also reduce petrol costs.
- Familiarity (12%)**  
 Some were concerned that changes would mean that they would miss the relational aspects of existing relationships, such as dialysing with friends and the staff that they had come to know.
- No change (16%)**  
 One in six, however, did not want to move as they felt settled, they felt being away from their neighbourhood allowed them privacy, or that they were happy with existing arrangements. There was also concern that medical help might not be on hand if the units were moved into the community.

## Closer to home by ethnicity and location of unit

Māori (88%) and Pasifika (83%) patients and caregivers were more likely to be happy about the unit shifting closer to home than NZ Europeans or Asians.

### Closer to home by ethnicity %

### Closer to home by unit %

Happy		Happy	
• NZ European	67%	• Greenlane	67%
• Māori	88%	• Carrington	84%
• Pasifika	83%	• Akld City Hospital	57%
• Other	68%	• Grafton Rd	80%

## Patients' voices

I'm so happy because a new unit is closer to my home."  
*(Auckland City Hospital)*

"Sometimes we need to keep our personal illness as 'personal', not letting other people (neighbours) know it. So, not so close."  
*(Greenlane patient)*

"I would like to dialyse with the same people that I'm dialysing with right now."  
*(Greenlane patient)*

"Naturally I would prefer if I could dialyse closer to home, but then again, if everyone would like to dialyse closer to home, there would be a need for many new units, and I am not sure if that is feasible."  
*(Greenlane patient)*

"I'm just worried about the staff – are we going to have new staff or are our old staff going to be transferred? I'm a bit worried about the skills of the new staff."  
*(Carrington patient)*

"I would feel worried. Present situation suits me because I feel more secure being on the hospital grounds. I feel that, if I am in this unit here, and something happens to me, - I have all the medical help at hand, be it an ED or kidney ward."  
*(Grafton Rd patient)*

"Happy to be closer to home. Enough petrol to get around in. I hope I get a nurse that's very helpful to me. My English is not that great."  
*(Carrington patient)*

## Next Steps

The survey is part of a broader consultation on how to deliver the best possible services to clients.

### What is happening now?

- **The building design:**  
We are working on instructions to the architect for the new units, using the information you have given us. This covers things like shelter for patients who are dropped off early, easy access to the units, room for beds, single rooms for patients who need or want to dialyse alone, making sure that all patients can be seen from the staff station and that the waiting room is large enough.
- **Other building/equipment issues:**  
We are looking at how we can solve the waiting area and access problems at Building 56 and Carrington. We will look at upgrading the existing facilities and equipment in line with your feedback in priority order as part of our capital plan. As the first step – if this is approved – we will be able to commence planning the specific Carrington improvements in July 2012.
- **Improving the Renal Service for all patients:**  
The Renal Service has set up a new project called the **Renal Healthcare Excellence programme**. This is about improving the Renal Service for all patients, not just those who will be in the new units. This project will look at many of the issues you have raised, especially patient scheduling, the units not being ready when you arrive, taxis, televisions, communication and access to doctors.
- **Let's keep talking:**  
We have referred some of the specific problems you raised to Paul Santamaria and Suzanne Joynt. Please do keep talking to them, particularly if there continue to be unclean spaces, problems getting help from staff and/or taxis dropping you off early at Carrington, in bad weather, or before the unit has opened.

### What happens next?

Originally we were going to talk in detail to selected patients. However, due to the huge response to the surveys we have decided we want to continue to hear from everyone who wants to be involved. We are in the process of organising meetings for patients, family and whānau at Carrington, Greenlane and Auckland to discuss issues in each of these units.

Nora van der Schriek of the Kidney Society (278-1321 or 0800-235-711, [kidneysociety@adks.co.nz](mailto:kidneysociety@adks.co.nz)) is on our team and has offered to be the main patient contact, helping to ensure you are all heard. You can talk to her or to Beryl, Rachel or Brian at the Kidney Society.

You can also contact Lynette Hagenson, Project Manager (09 307 4949 ext 25372 or [lhagenson@adhb.govt.nz](mailto:lhagenson@adhb.govt.nz)) if you have other concerns or feedback.

### Māori patients

Māori patients are least likely of all ethnic groups to feel looked after.

Key concerns for Māori related to travel time and shelter outside units.

Most patients use MOH travel assistance to get to the units. Māori patients are more likely to use the scheme than those of other ethnicities:

- NZ European 70%
- Māori 94%
- Pasifika 74%
- Other 50%

They are unable, therefore, to wait in cars out of the weather for the unit to open, they tend to spend longer times in wait areas waiting for transport, and have to carry everything to each session as it can't be kept in the car.

*"Winter time is frustrating and it's cold and it's wet and you're not feeling well and trying to keep warm and you are all huddled together being sprayed by the rain, waiting for the technicians to arrive to open the door."*

They were also more likely to experience the delays and frustrations of using a transport service.

*"The only negative feelings (frustration) occur when I sometimes have to wait for long periods, occasionally up to an hour, to be picked up for the home journey ... I try to remain philosophical but of course I am eager to get home after a long day dialysing."*

Māori patients were most likely to be happy about the unit moving closer to home. Many commented that it would reduce travel time.

*"The most important thing is I don't have to travel far and when I arrive home after dialysis I won't feel so tired."*

Suggested improvements tend to relate to comfort, such as improved shelter from the weather, storage for personal blankets and pillows, more comfortable waiting areas, fans and air conditioning.

*"If there could be storage units made available for regular users such as me, I would appreciate the capacity to store personal blankets, pillows, night clothes, and perhaps a stronger fan. At present I carry what I need to every dialysis session."*

# About the Survey

## Method

Patients using dialysis services and their caregivers were invited to complete a survey.

Paper questionnaires were left at the clinics to complete or take away. The survey could also be completed online by visiting ADHB's Healthvoice website, [www.healthvoice.org.nz](http://www.healthvoice.org.nz) or by contacting ADHB directly.

The surveys could be answered anonymously; however respondents were invited to leave their contact details if they wanted to be contacted for a more in-depth interview about the services.

The survey asked patients and caregivers about:

- getting to the dialysis unit;
- the dialysis building;
- their care at the unit;
- how well their cultural, spiritual and other beliefs were respected;
- how they felt a new dialysing unit closer to home, and
- one thing that they would change about the dialysis units if they could.

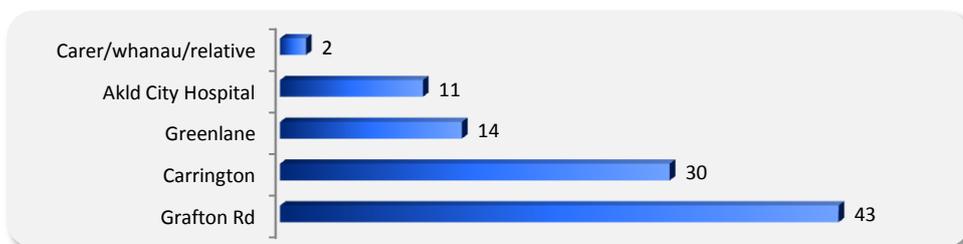
The data was analysed using SPSS (a statistical program) and the comments were thematically coded and counted.

## About the respondents

A total of 169 people completed the survey. Of these 156 were paper responses and 13 were online.

Most of the respondents (98%) were patients. Three (2%) were caregivers, whānau, or relatives of those receiving treatment. Respondents from each of the dialysis units participated. Most were from the Grafton Rd (43%) and Carrington (30%) units.

### Where respondents dialyse (%)

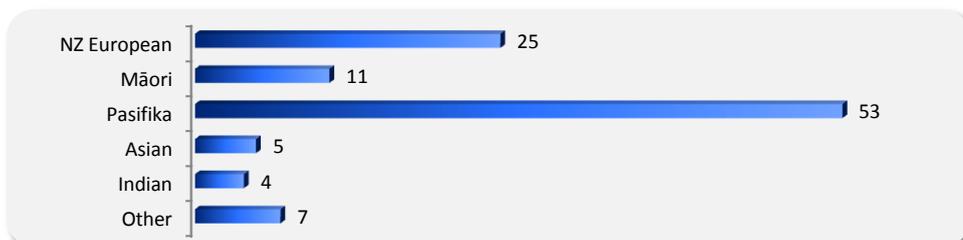


n=169

One-quarter (25%) of the respondents were European, 11% Māori and 5% Asian.

Over half of the respondents were Pasifika, including Cook Island Māori (15%), Samoan (15%), Tongan (12%), Niuean (8%) and Fijian (2%).

### Ethnicity (%)



n=169. Note that as people could select more than one ethnicity responses do not add up to 100 percent.

## Background information

Currently patients travel to the unit by:

- taxi 73%
- own car 27%

Half need a mobility car park:

- Yes 57%
- No 43%

If they could dialyse closer to home:

- 24% of patients who take a taxi said they would use their own car.
- 23% would who use a car or taxi said they would use public transport;

## Bed or chair

Patients were divided whether they preferred to dialyse in a bed or chair.

Just over half said that they preferred to dialyse in a bed (59%) rather than a chair (42%).

## Small or large room

Similarly, patients were divided over room size.

Two-thirds said that they preferred to dialyse in a smaller room (67%) with three to four people, than in a larger room with ten people (33%).

## How important is a ground floor unit

Half (50%) found it very important that that the unit is on the ground floor.

A further 29% said it was somewhat important.