



A decade of offering a Healing Enhancement Program at an academic medical center



Susanne M. Cutshall^a, Nancy J. Rodgers^a, Liza J. Dion^a, Nikol E. Dreyer^a, Barbara S. Thomley^a, Alexander Do^a, Christina Wood^b, Susan C. Pronk^c, Brent A. Bauer^{a,*}

^a Complementary and Integrative Medicine Program, Mayo Clinic, Rochester, MN, USA

^b Child Life Program, Mayo Clinic, Rochester, MN, USA

^c Volunteer Services, Mayo Clinic, Rochester, MN, USA

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ABSTRACT

An increased focus has been given to improving the patient experience in health care. This focus has included placing value in a patient-centric, holistic approach to patient care. In the past decade, the Healing Enhancement Program was developed at 1 large medical center to address this focus through implementation of such integrative medicine services as massage, acupuncture, and music therapy to holistically address the pain, anxiety, and tension that hospitalized patients often experience. We describe the development and growth of this program over the past decade.

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1. Background

Over the past decade, emphasis has been placed increasingly on improving the patient experience, especially with pain management. Increased emphasis is also on providing a more patient-centered, holistic approach to care. This focus on the patient experience, along with interest in a holistic approach to care, was the initial impetus to bringing an integrative medicine Healing Enhancement Program to the hospital bedside at our institution in early 2004. At the time, patients would often mention pain as being a concern for them, and even though overall patient satisfaction was good, there was room for improvement. The Division of Cardiovascular Surgery (CVS) team at this large Midwest medical center identified pain-free cardiac surgery as a key goal. Assessment of patient feedback and clinical data indicated that pain, anxiety, and tension were central aspects of the hospital experience but were not addressed adequately. A multidisciplinary collaboration directed to address this concern included surgeons,

anesthesiologists, pain specialists, pharmacists, nurses, and Complementary and Integrative Medicine Program (CIMP) leaders. Several pilot programs and changes (ie, novel anesthetic techniques, patient-controlled analgesia pumps, enhanced pain orders, and different types of chest tubes to facilitate easier removal) were incorporated, but some of the key concepts to emerge from the original discussions centered on various integrative medicine approaches, resulting largely from the advocacy of a clinical nurse specialist and other nursing leaders. From their extensive experience and daily contact with postsurgical patients, the nurses made many proposals for the potential use of such modalities as acupuncture, music therapy, guided imagery, animal-assisted therapy, massage therapy, aromatherapy, and acupressure [1].

A spirit of collaboration was fostered across the various disciplines, leading eventually to the willingness of CVS leaders to scientifically evaluate the various proposals from the nursing and integrative medicine proponents. The first tested proposal evaluated the integration of massage therapy for management of postoperative back, neck, and shoulder pain. This evaluation was based on patient feedback regarding pain in these specific areas and that seemed to be musculoskeletal in nature. In 2004, concern was still substantial about the potential risks associated with massage for postoperative patients. Older literature had raised concerns about the potential for blood clots or bleeding problems with massage

Abbreviations: CIMP, Complementary and Integrative Medicine Program; CVS, Division of Cardiovascular Surgery.

* Corresponding author. Division of General Internal Medicine, Mayo Clinic, 200 First St SW, Rochester, MN 55905, USA.

E-mail address: bauer.brent@mayo.edu (B.A. Bauer).

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therapy [2–5]. Fears also were present that massage could cause mishaps, such as chest tube displacement or inappropriate wound manipulation. Thus, a pilot study was proposed to evaluate massage therapy for a small number of patients. The primary outcomes focused on feasibility; effects on the flow of patient care; risks; and adverse events. The pilot study had 58 patients, with 30 in the massage group and 28 in the placebo group. Much thought was given to the intervention and how the study would be distinct from other massage studies. The team chose to allow the massage therapists to assess the patient individually and use all appropriate interventions and skills as applicable to the assessment. The therapists were free to use any skills for which they had received specific training. These areas included Swedish massage, reflexology, neuromuscular techniques, myofascial and connective tissue release techniques, trigger point release, acupressure, manual lymphatic drainage, and gentle stretching. The result, compared with previous studies, was a truer evaluation of the individualized practice of massage therapy in a hospital setting. Even though variability was introduced, the pilot study was thought to have greater validity than other, earlier studies because it more closely mimicked the actual massage therapy practice.

The results showed that massage was safe, and no adverse events were associated with massage [6]. Opinions were solicited from nurses and surgeons on whether the massage therapy had interfered with the flow of care. Their comments were universally favorable. Many nurses noted that massage therapy helped their workload through addressing symptoms they could not otherwise address adequately. They also felt that they had another resource to offer patients to address pain. In fact, instead of massage therapy impeding nursing care, most nurses thought that it had enhanced patient care overall and helped reduce their workload because the patients were less anxious and more comfortable. After reviewing these favorable effects, CVS leaders were intrigued, but they requested further validation. Therefore, a larger confirmatory trial involving 113 patients was initiated. That study also returned significantly positive results for decreasing pain, anxiety, and tension [7]. Patients were highly satisfied with the intervention, and no barriers to providing massage therapy were identified. As a result,

the CVS leaders hired massage therapists so massage therapy would be offered routinely for all CVS patients.

In rapid succession, other surgical practices (eg, colorectal surgery, thoracic surgery, breast surgery) became interested. Several of these practices also approached CIMP colleagues for assistance in creating similar research evaluations of massage therapy for their specific patient populations, to address common patient symptoms of pain and anxiety [8–10]. Each of these evaluations, in turn, yielded positive results and led to further expansion of the implementation of massage. At that time (in 2008), massage was widely available to most surgical patients at no charge, with the cost borne by the Department of Surgery.

As a part of the initial success with massage, the nursing leaders of CVS further collaborated with colleagues in the CIMP to evaluate the use of several other complementary and integrative medicine modalities, including acupuncture, music therapy, animal-assisted therapy, guided imagery, and aromatherapy. As each modality was reviewed for evidence base, was tested, and was found to be efficacious, they were quickly incorporated into the suite of approaches available to postoperative patients. Eventually, these approaches were organized into the Healing Enhancement Program. Brochures were distributed to patients pre- and postoperatively so they were aware of services available in addition to the excellent conventional care they already received. This suite of services expanded to other surgical and medical units. As requests for services grew, the program became hospital wide and included therapies offered through the CIMP and a partnership with volunteer services. These services are now available as another option for patients to consider and for health care providers to order for patients who are looking for options to manage common symptoms related to having surgery or distressing medical symptoms (Fig. 1).

2. Program essentials

While the research on complementary and integrative therapies continues to grow, information is needed on how to incorporate these treatments into busy medical practice. The most recent survey conducted by the American Hospital Association [11] indicated

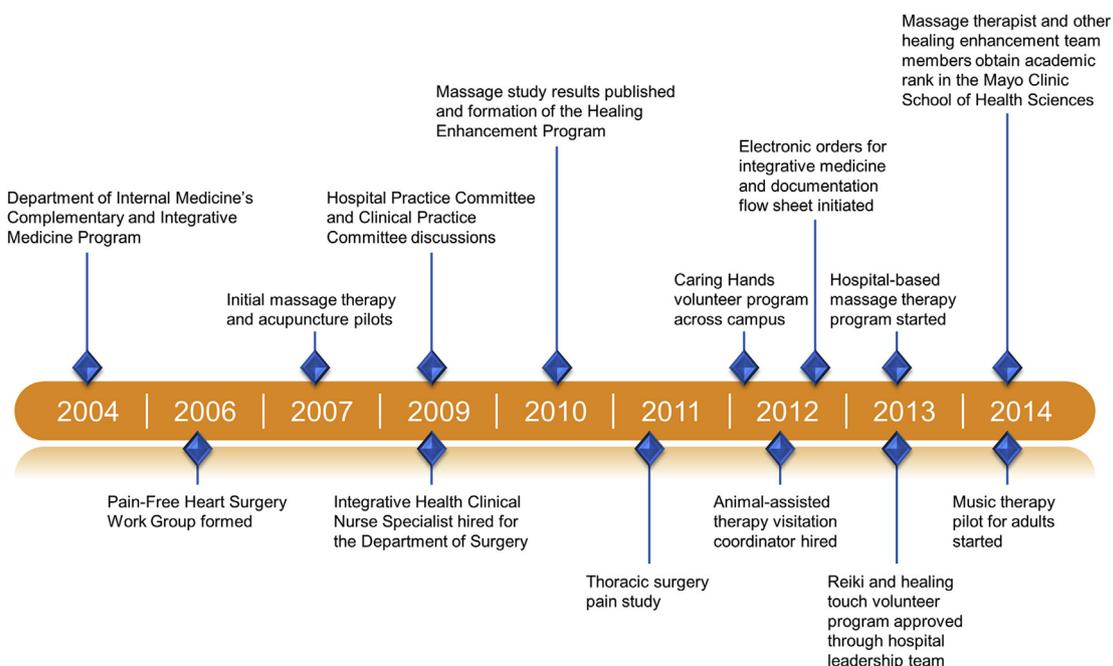


Fig. 1. Healing Enhancement Program Timeline.

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