

Building Bridges

BETWEEN
Conventional & Complementary
MEDICINE

A simple and practical online book for developing an Integrative Medicine program in your institution

This step-by-step approach based on Hartford Hospital's well-known and successful inpatient program includes:

- Why develop an Integrative Medicine Program?
- Staff and organizational readiness assessment information
- Validation & credentialing processes
- Program development for the individual therapies



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Building Bridges Between Conventional and Complementary Medicine



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Foreword

It is with great pride that Hartford Hospital presents Building Bridges.

It is our hope that this book will provide you with a blueprint for spanning the not yet connected terrain of Conventional Medicine and Complementary and Alternative Medicine. Once these two practices are interconnected through the bridge of Integrative Medicine, the flow of traffic between them increases and the result is literally the best of both worlds.

The future of medicine is growing brighter because of the vision, hard work, dedication, and tenacity of pioneers who dare to venture into areas not yet popularized or embraced by the masses. As Hartford Hospital celebrates its 150th anniversary in 2004, we value ourselves as an outstanding hospital offering the most up to date modern technology alongside our Integrative Medicine therapies. Offering both is clearly beneficial to our patients. This book, in addition to offering suggestions for creating an Integrative Medicine Program, acknowledges the role of the human spirit in the healing of body and mind, as does Integrative Medicine. Much work has gone into the reflection, review, and writing necessary to share how our vision became reality. We hope this book supports you in "building your own bridges".

John Meehan
Former President and Chief Executive Officer
Hartford Hospital

Preface

The Department of Integrative Medicine at Hartford Hospital

The year was 1997, and as the saying goes, “timing is everything.” Although the concept of an inpatient complementary therapies program was still a novel concept, [Hartford Hospital’s](#) administration gave its blessing to a small group of focused individuals who wished to explore the integration of alternative medicine into the existing services offered at Hartford Hospital. These individuals were highly qualified professionals who held traditional positions in the hospital and who were also trained in a variety of complementary therapies. That same year, patients, family members, and hospital staff in the [Women’s Health Services Department](#) became the first to receive such services, including Reiki, Infant Massage, and Guided Imagery. From that initial, successful beginning, the Department of Integrative Medicine at Hartford Hospital was born.

In 1999, a series of pilot projects in the departments of Cardiology, Orthopedics, and Oncology offered Therapeutic Massage, Reiki, and Guided Imagery. The data collected from these projects measured overwhelmingly positive responses in pain reduction, anxiety relief, and patient satisfaction. In the year 2000, Integrative Medicine practitioners at Hartford Hospital saw 918 patients, and the Integrative Medicine Library Collection was established in the [Medical Library](#); by 2002 the number of patients seen increased by approximately 600% to more than 6,000. Today, the staff includes a Physician Director; a Program Coordinator; two Administrative Assistants; Reiki, Art, Acupuncture, and Tai Chi program coordinators; nine per diem Massage Therapists; 50 Reiki volunteers; and four Guided Imagery practitioners. With energy, enthusiasm, and focus, we have woven complementary therapies into the fabric of care at Hartford Hospital.

It is our hope that this book may guide you through the process of creating a viable inpatient integrative medicine program. What is needed today is different from what was needed yesterday because people, society, and diseases all change over time. The reality today is that consumers use both conventional and alternative treatment. Integrative Medicine bridges the two worlds, providing a flow of information, understanding, and respect between the philosophies and their related practices, as well as between the past, present, and future. For those of you who envision building such bridges, we offer you our insight and experience.

Acknowledgments

We accomplish little in this world alone.

So many people came together to energize the vision of implementing an Integrative Medicine Program at Hartford Hospital. Over time, the synergistic effort was the creation of a program that was truly greater than the sum of its parts.

We, the book authors and members of the original steering committee, are very grateful to the following who were the original supporters and contributors to the development of the Integrative Medicine Department:

Hartford Hospital Administration

- Kevin Kinsella, former VP, Government Affairs
- Rhonda Anderson, RN, former VP for Nursing
- Laura Caramanica, RN, former VP for Nursing
- John Meehan, former President and CEO

Women's Health Services (the originators of the first Complementary Therapies Program)

- Dr. Steven Curry, MD
- Dr. Ellen Robinson, MD
- Dr. Linda Taylor, MD
- Planning Committee

Medical Staff

- Linda Calli, former Manager, Medical Staff Office
- Dr. Joe Klimek, MD, VP, Medical Affairs

Health Science Libraries

- Shirley Gronholm, Director
- Janie Kaplan, former Director

Pilot Departments

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- Orthopedics/Rehab
 - Dr. Bruce Browner, MD
 - Patricia Kaehrle, RN, current Nurse Manager
 - Joanne Roy, RN, PhD, former Nurse Manager
- Oncology
 - Dr. Andrew Salner, MD, Radiation Oncology
 - Beth Lada-Morse, RN, Director, Cancer Nursing

Original Steering Committee

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- Jennifer Bell, Dietician, Nutrition Services
- Charles Crocini, VP, Facilities Development
- Kathleen Davis, former Director, Pastoral Services
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Original Massage Therapist Subspecialty Group Members

- James Bernier, LMT
- Bonnie Soulsby, LMT
- Lynn Truby, RN, LMT
- Brian Webster, LMT

Since the development of the Integrative Medicine Program, we continue to be grateful to those who participate in the ongoing success and expansion of the program:

- Reiki Volunteer Program Staff
- Massage Therapy Staff
- ART for Healing Program Staff
- Acupuncture Staff
- Guided Imagery Staff and Volunteers
- Hospital Staff, Patients, and Families
- Jerry Belanger, Web Manager, Hartford HealthCare
- Jill Harris, Editor

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- [Connecticut Commission on the Arts](#)
- [Hartford Foundation for Public Giving](#)
- [Hartford Hospital Auxiliary](#)
- [Johnson and Johnson](#)
- Medical Staff Fund
- Murphy Family
- [National Institutes of Health](#)
- [National Network of Libraries of Medicine](#)
- Olin Family
- [Society for the Arts in Healthcare](#)

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Chapter I

Overview of Conventional Medicine, Complementary and Alternative Medicine, and Integrative Medicine: Why Integrate?

The popularity of Complementary and Alternative Medicine (CAM) continues to surge as millions of Americans seek a more holistic approach to their healthcare. What began as a movement has become a major wave, almost a way of life. What was once alternative to traditional care became a complement to care. Fortunately, what was complementary is now becoming integrated into the fabric of care in more and more institutions around the country. Integrative medicine combines the best practices of complementary and traditional medicine to maximize the body's innate potential for self-healing, and ideally involves a partnership in which patient and practitioner together address healing on physical, emotional, and spiritual levels. This integrative medicine movement is transforming medicine.

Conventional Medicine

Conventional medicine seeks to eradicate disease and its symptoms, and it boasts some dramatic success stories. Examples of these successes are well known, including the polio vaccine, the discovery of penicillin, and the many surgical procedures that regularly save people's lives.

In recent history, many factors have affected the way conventional medicine is practiced in this country, and some of these factors contributed to the growth of the CAM movement. In the 1960's and 1970's medical costs escalated. As a result, private for-profit organizations - managed care - stepped in to manage medical costs. This shifted the pendulum of medical responsibility away from physicians and hospitals and toward rigid regulatory parameters. Physicians, pressured by a variety of changing economic forces, increased the volume of patient visits to between 20 and 30 per day. In this difficult climate, medicine slowly but surely became more mechanized and considerably less personalized. Patients wanted and needed more empathy, attention, caring, compassion, and touch. CAM, then, emerged within this

increasingly difficult medical climate as a means for patients to feel cared about, nurtured, empowered, and treated in a more natural and holistic manner.

CAM

The focus of CAM tends to be on health in addition to disease. While it does produce dramatic successes, the objective evidence for these successes is only now, in April of 2003, becoming available.

CAM began as a grass roots movement propelled by two segments of society: “alternative” health practitioners and the patients who sought them out. For the better part of the 1970’s and 1980’s there was a growing underground of “alternative” patients and practitioners. This “underground” of alternatively minded practitioners and alternatively-minded patients continued to grow until the beginning of the 1990’s when a landmark telephone survey by Dr. David Eisenberg of Harvard and Beth Israel in Boston was conducted. Dr. Eisenberg’s survey, which was first published in the New England Journal of Medicine, put “alternative medicine” on the map for the rest of society, especially the conventional medical establishment ([Eisenberg, et al, 1993](#)). It was at this point that the semantics began to change. Dr. Eisenberg’s study started the use of the term Complementary and Alternative Medicine or “CAM.” Dr. Eisenberg defined “alternative practices” as massage, chiropractic therapy, naturopathic medicine, osteopathic manipulation, homeopathic medicine, and the like. Essentially, alternative medicine was any health modality or therapy that was not considered to be conventionally accepted and was not taught in traditional medical schools.

Dr. Eisenberg stated that approximately one third of all Americans had used CAM therapies within that year (1990), and more money was spent out of pocket on CAM than had been spent out of pocket on conventional primary care practitioners. The survey indicated that the people utilizing these therapies were highly educated, middle-aged, of middle-high income brackets, and mainly female. These demographics suggested that this field was not being utilized by fringe, eclectic, socially or, economically challenged people, but rather quite the opposite.

Additionally, people were spending huge amounts of money on vitamins, supplements, and herbs, but not telling their MD's about this usage. They were also not revealing to their doctors that they had seen an alternative practitioner. This first landmark survey captured the attention of healthcare providers and organizations because of the numbers of people involved and the number of dollars that were being spent on these various CAM therapies.

In 1997 David Eisenberg and his team conducted a follow-up telephone survey to assess the progress of the CAM movement. The results were published in the prestigious *Journal of the American Medical Association* in November of 1998 ([Eisenberg, et al, 1998](#)). This survey essentially launched CAM into the arena of mainstream society. In it, now 42% of people surveyed admitted to using some form of complementary or alternative therapy in the previous year, and the dollars spent were now being estimated at between 12 and 15 billion dollars, with some estimates putting that number as high as 30-50 billion dollars. Most of this money was spent out of pocket. More money was being spent on CAM than was spent on total hospitalizations for that year! This number also far exceeded the amount of money spent out of pocket on visits to all physicians combined. These numbers now revealed an exploding trend in healthcare and could not be ignored nor considered a fad. These surveys and the many subsequent surveys that confirmed their results set the tone and the stage for the development of CAM centers and programs throughout the country. It was in this climate of change that Hartford Hospital began the initial conversations that subsequently led to the development of our unique hospital-based program.

Integrative Medicine

At Hartford Hospital we discussed different names for our progressive new hospital program. Most of the medical journals in 1997 were using the term “complementary and alternative medicine” or the acronym “CAM.” We strongly considered using this term, but after much consideration and review of our actual mission, which put forth the intention to establish “a model for the relationship between practitioners of complementary and alternative healing arts and the Medical Staff,” we decided to use the term “Integrative Medicine.” It was and continues to be our mission to weave or

integrate these various complementary disciplines into the very fabric or core of usual medical practice. If medicine itself is to truly transform, it will both be motivated by compassion and caring and be perceived as being compassionate and caring. Also, it will value the improvement of health as well as the curing of disease. We wanted to set this tone from the very beginning by actively seeking the integration of CAM into the infrastructure of the most conventional or standard of medical care. Hence in December of 1999 when our program was first launched, it was launched as Integrative Therapies.

The Bottom Line

Public Demand

By the early 1990's, patients at Hartford Hospital were expressing more interest in CAM therapies. Their reasons were similar to those cited in the work of Dr. Ron Chez ([Chez, 1997](#)):

- Prevention of illness and injury
- Health maintenance
- Resolution of chronic health problems
- Undesirable side effects of conventional medicines
- Desire for more control
- Condition not being resolved by conventional diagnostics and treatments
- Working more cooperatively with physician
- Problem not serious enough for conventional medical treatment
- Conventional medicine not meeting overall needs
- Holistic practitioners seem to have more time to listen and are more accepting
- Holistic practitioners treat the whole person – mind, body, and spirit – “the whole is greater than the sum of the parts”

The interest at Hartford Hospital was clearly a part of a larger trend. As previously mentioned, Dr. David Eisenberg's comparison of his 1990 and 1997 surveys published in the 1998 Journal of the American Medical Association revealed the enormous volume of patients seeking CAM therapies:

- Use of alternative therapies during the previous year increased from 33.8% in 1990 to 42.1% in 1997
- The probability of users visiting an alternative practitioner increased from 36.3% to 46.3%
- 629 million visits to alternative practitioners exceeded total visits to all US primary care physicians
- Therapies increasing the most included herbal medicine, megavitamins, self help groups, folk remedies, energy healing, and homeopathy
- Alternative therapies were used most frequently for chronic conditions, including back problems, anxiety, depression, and headaches
- Only 39.8% disclosed alternative therapy use to their traditional physician
- Approximately half of users paid entirely out-of-pocket
- Estimated \$27 billion spent on alternative therapies exceeded out of pocket expenditures on all US hospitalizations ([Eisenberg, 1998](#))
- Consumer Reports' 2000 survey of 46,000 subscribers found that 60% of those using alternative and complementary therapies now tell their physician. 55% of physicians approve, 40% were neutral, and 5% disapprove. Nearly 25% of patients tried an alternative therapy on the recommendation of a doctor or a nurse. ([Weil, 2000](#))
- The Annals of Internal Medicine's 2001 Harvard study of 2000 telephone interviews nationwide found that 68% of all Americans, regardless of gender, geography, education, or ethnicity, had used at least one CAM therapy at some time in their lives. Half of these people were still using it 11 to 20 years later. ([Kessler, et al, 2001](#))

Healthcare Trends

- The Joint Commission on Accreditation of Healthcare Organization ([JCAHO](#)) "has included CAM therapies in one of its 'examples of implementations.'" ([Weeks, 2002](#))
- Some insurance companies have been prompted to cover certain CAM therapies, or at least provide their members with a list of practitioners willing to offer discounted services (e.g. chiropractic, [acupuncture](#), Dean Ornish's program for lifestyle changes that reverse heart disease).
- More nursing and medical schools are now adding CAM therapies to their curriculum. "Around 80% of the nation's 125 medical schools have courses exploring alternative therapies, which is a historic turnaround," according to Dr. Larry Dossey. ([Tobias, 2003](#))
- The National Center for Complementary and Alternative Medicine ([NCCAM](#)), a branch of the National Institute of Health, supports research on these therapies.

- President Clinton established the White House Commission on Complementary and Alternative Medicine Policy in March of 2000. (www.whccamp.hhs.gov)
- Patients can and do use Medical Savings Plans to cover CAM therapies.

Patient Satisfaction

- Patients love being offered these healing options.
- Most patients rate the services as excellent and would want the service offered again.
- Patient satisfaction is improved.
- Patient satisfaction is easily documented in patient feedback questionnaires (see Outcome Measurements).

Staff Satisfaction

- Staff often find it easier to care for patients receiving these therapies since patients tend to have decreased anxiety and pain. This decrease is statistically significant (see Outcome Measurements).
- When staff are offered these options, there is a noticeable decrease in their own anxiety and pain as well as an increase in their energy level and a decrease in their fatigue (see Outcome Measurements).

Market Differentiation

Since offering integrative therapies in your organization will provide the type of care that consumers want, your organization will:

- Present an image of being committed to the changing needs of the community
- Present an image of being progressive or “cutting edge”
- Be differentiated from other healthcare organizations in that CAM services are offered, making the hospital more attractive to consumers (see Outcome Measurements)

Chapter II

Building Bridges: Creating Organizational Readiness

At Hartford Hospital, we began our project to integrate conventional medicine and CAM therapies with a leap of faith. We knew that it was the right thing for us to do, and as a group we had a clear intention, motivation, and the energy to see the project through to its successful implementation.

Individually, most of us had our own intentions and hopes for particular modalities – [Massage](#), [Reiki](#), and Homeopathy, for example. But as a group, we put those particular allegiances aside and held the clear intention to create an inpatient Integrative Medicine Program that would stand the test of time. We drew our motivation from personal experiences and the stories of patients who had benefited from complementary therapies. This motivation gave us the energy and enthusiasm we needed to move the project forward, often meeting before our regular shift early in the morning, or staying late to brainstorm with a colleague.

In hindsight, we better understand the importance of intention, motivation, and energy. They were the support towers of our bridge, the first things we put in place to steady our project in the face of tension, opposition, time and budget constraints, or simple inertia. We have also come to realize that for each individual or group wanting to undertake such a large, and at times, seemingly never-ending project, the motivation may be different. You will need to ask yourself and your group questions that help determine if everyone is committed for the long haul. What are people's expectations? Is the group willing to stay together and stay focused? Do the group members have the same goals and a willingness to move into action? The familiar phrase "the whole is greater than the sum of its parts" may best describe the importance of a motivated group dynamic. With that said, the following is an outline of questions you may want to ask yourself and your group...

Questions to ask yourself

The initial questions may differ depending on whether you are already within an organization or not yet associated with the organization.

If you are already working within an organization:

- Who else wants to start a program?
- Are there other small groups or departments already offering or talking about Integrative Medicine (for example, Hartford Hospital's Women's Health Services already had a Reiki Volunteer Program and Infant Massage Classes and had started on a much smaller scale with departmental approval)? Can these groups get together and integrate their ideas?
- Does anyone in administration understand what Integrative Medicine is and what the benefits of having a program are?
- Does anyone in administration advocate CAM therapies or the concept of bringing Integrative Medicine to your organization?
- Do you know physicians or staff willing to support or promote Integrative Medicine?

If you want to introduce CAM therapies to an organization but are not yet associated with it:

- Do you know someone who is employed there?
- Would they be willing to act as a translator between you and the organization, assuring that your communications are appropriate to the culture, language, and interests of the organization?
- Would they be willing to have informal conversations with their colleagues to generate interest in your ideas?

Relevant to either of the above situations, what literature/data would help you make your case? (view a list of resources at harthosp.org/integrativemed/Resources)

Beginning the Dialogue

Once you have answered these questions for yourself, it's important to begin the dialogue with others who have voiced their interest. Understanding that this will be a process, arrange several informal meetings to discuss:

- Who will be our facilitator to help us talk this through?
- Who else might want to join our group and who should we include?
- Which physicians/administrators might be open to or interested in supporting this program and how can we build bridges of communication with them?
- What would it look like if the group's vision for the organization were realized?
- Are we committed to making this happen?
- What does the group want to implement?
- What do our patients/clients/staff want?
- What modalities would be most easily accepted?
- What would be the simplest to implement?

During these dialogues, it is important to have someone take notes. When you feel you have explored these issues sufficiently, you are ready to shift from an informal dialogue to a formal action plan. Make an initial list of the actions needed to move your vision forward. At the beginning, these will most likely be lists of people to contact to continue to generate sufficient support for your ideas. Other actions we took included offering free sample sessions on our own time to key people within the organization. Many of these people became advocates for our program once they had experienced its benefits.

As you begin to meet with others, it is important to appoint someone to follow up with the group to track which actions have or have not been completed, and to coordinate the group's efforts. Having an interim leader may be critical to your progress until there can be an appointment of a formal program coordinator or director.

Is Your Organization and Community Ready?

Intention, motivation, and energy are certainly important for the development of a successful Integrative Medicine Program. However, the readiness of the organization may be even more critical to the program's success. If intention, motivation, and energy can act as the support towers of your bridge, then the readiness of your organization can act as the network of cables from which the bridge – your successful program -- is suspended. In an environment of resistance, the cables of support may not be strong enough, and your program will be less likely to stand the test of time. If, on the other hand, you can identify individuals in key positions who are supportive of integrating complementary practices into the environment, then you can strengthen these cables and improve your program's chances for success.

In addition to the readiness of your organization, the readiness of your community needs to be taken into consideration. To understand the community, you could do focus groups and/or a survey, but both of these approaches have limitations. If you decide to do a focus group, whom do you include? Do you ask current patients to participate, and if so, from what services? If you want to go out to the general community, what type of sample would you need? If you decide to do a random community survey, you will have a fairly large expense, which may not be an option for the organization.

While we had originally thought of conducting focus groups or doing a general survey, we abandoned this idea due to feasibility issues. We decided instead to look at the environment in a more general way. We looked to see if there were Integrative Healthcare practitioners in the area, and we asked ourselves these questions:

- Were they flourishing (in an environment where [Acupuncture](#), [Massage](#), Yoga, Naturopathy, and Herbal Remedies are commonplace, you can assume there is a demand for this type of practice)?
- How can we bring this inside the hospital walls, where patients will often ask for CAM treatments?
- How can we communicate our organization's receptivity to these ideas, so that patients express themselves freely?

In terms of the readiness of the organization, the level of support expressed at the most senior level (CEO, COO, Medical VP) is of key importance. This type of support, whether it be for fiscal, competitive, marketing, or altruistic reasons is necessary to moving forward. Meeting with senior leadership to better understand their perspective and support is an important step in determining an organization's ability to integrate complementary medicine services into inpatient care.

Once you determine that you have people in leadership positions who are supportive of the concept of providing integrative medicine in an inpatient setting, the next step could be focus groups with other stakeholders followed by a readiness survey, or just the survey. Focus groups can be a helpful step in the process, as you can find out in detail the level of support or concerns about introducing integrative medicine into the hospital. Focus groups can be conducted with physician leadership, private practice physicians, board members, staff, and patients.

In the case of Hartford Hospital, we used the annual retreat as an educational opportunity to learn more about Integrative Medicine, and gave key decision makers the opportunity to see if this type of concept had appeal to physician and board leadership. At the annual retreat, it became clear that there was support for further investigation into the area of Integrative Medicine. There were some vocal supporters, but also some detractors. Certain types of complementary medicine had stronger appeal and less negative feelings (Massage) and other areas had little interest (Chinese Medicine) or strong negative feelings (Energy Medicine among certain physicians). In our case, there appeared to be enough support at the senior level and among key constituents to investigate this area further and to develop and conduct a readiness survey.

Surveying Your Staff

To address the questions in the first section of this chapter, and to objectively confirm the readiness of your organization, it is essential to question your key constituents to learn about their perceived level of knowledge about current CAM therapies, their desire to learn more about the therapies, and their level of support to have the therapies implemented at your organization. The reasons for measuring these dimensions are as follows:

- Perceived knowledge is used as a controlling factor in how the respondent answers the other questions. In other words, if physicians state that they have a great deal of knowledge about a therapy, but do not support having the therapy at the organization, they are probably making an informed decision. If they say they have no knowledge, but do not support the therapy, then there are educational opportunities.
- Desire to learn more about the therapy is a measure to help determine needed educational programs for professionals.
- Support to implement the therapy helps in planning which therapies to bring into the organization first. It will show you the therapies that have the greatest amount of support, and/or the least amount of resistance.

Survey Development

The next step after making the decision to survey the constituents is to determine who the constituents are. This is done prior to developing the actual survey questions in order to make the questions generic enough to cover all the disciplines to be surveyed. The team should look at those practitioners who interact with patients or who are in the position to refer patients for CAM therapies. The following professions were included in the survey at Hartford Hospital and may be relevant to your organization: physicians, nurses, nurse practitioners, physician assistants, social workers, physical therapists, occupational therapists, clergy, psychologists, and pharmacists.

Once we identified our constituents, we chose the actual survey questions, content, and format. Our goal was to make the form as simple as possible, while getting the desired answers. In addition, some easy methods for data entry and analysis should be included; we used a form that could be scanned. Using web sites from the National Institute of Health, and other sites on different types of CAM, we developed a list of therapy types. The list was originally quite extensive. We narrowed it down to major groupings, clarifying those that seemed to be more mainstream. We not only wanted to measure the three main topics, but to seek opinions in written comments. Two versions of the form were developed. The first went out to physicians, and on the second round, we added some more specific questions on the use of CAM.

The therapies we included were:

- Acupressure
- [Acupuncture](#)
- Biofeedback
- Chiropractics
- Herbal Medicine
- Homeopathy
- Hypnosis
- [Massage](#)
- Meditation
- Movement Therapy
- Naturopathy
- Traditional Chinese Medicine
- Therapeutic touch

For each type of therapy, the respondent was asked to rank their knowledge, interest in learning more, and support on a scale of 1-5 from highest to lowest. In addition, they were asked if they referred patients for this type of therapy, offered the therapy in their private practice, or did not use the therapy or refer patients for the type of therapy listed. We asked how often they used the therapy if they offered it in their practice, and the type of problems for which they used the therapy. We asked the same question if they referred patients out for the different types of therapies. Finally, we offered room for general comments or suggestions.

When we sent out the survey the second time (due to under-representation of the nursing staff on the first round), we added several questions for each type of therapy. The additional questions were due in part to comments received on the first survey. We asked how often the practitioner personally provided the type of therapy listed on a 'never' to 'frequently' scale, and/or how often they referred the patient for the type of therapy listed. Again, we asked what types of clinical problems resulted in referrals to a therapy. Finally, we asked if anyone in their work area was providing the therapy,

and if they or any of their family members had received the type of alternative therapy listed.

Surveying Your Practitioners

When the time comes to conduct the actual survey there are several key steps to follow:

- Test the survey for readability, ease of use, and time to complete. You should sit with several people who are completing the survey, and make sure there are no questions as to how to fill it out, or what the questions mean. In addition, you should determine, on average, how long it takes to complete the survey. This information will be used in your cover letter.
- Write a cover letter, and have it signed by the most senior level in your organization. This letter should state the importance of the survey, how the results will be handled (confidential, anonymous), how the results will be fed back to the respondents (reports, meetings), and how long it should take to complete the survey. In addition, instructions on how to complete the form, where to return it, and the due date are all necessary components. A return stamped addressed envelope should be included.
- Determine the best address to use. You can either do the survey on the web, if appropriate in your organization, or you can mail it out. Determine which address to use for the physicians (office or home) and also how to best reach the other practitioners to be surveyed. Develop a list of surveys sent out and a means to determine response rate (number of surveys returned/number of surveys sent out).

At Hartford Hospital, we sent surveys to all physicians on our medical staff at their private offices. The surveys were sent with a cover letter from senior administration explaining the value of their feedback on this issue, and in referencing the retreat, described earlier. Nurses and other practitioners received the survey through inter-office mail.

Analyzing the Survey Results

While this book is not meant to be a “statistics how-to” book, some key items should be mentioned about how we analyzed the results.

Our survey was created as a scannable form. This allowed survey results to be scanned into [SPSS statistical software](#) along with the individual comments. The data was then analyzed using frequencies and cross tabs, to reveal the relationship between knowledge, desire to learn more, and support for individual therapies.

We learned that for some modalities people knew little and wanted to learn more. For other areas, they knew a lot and did not support bringing the treatment modality to our organization.

Survey results were presented back to the task force that had commissioned the survey (a group of physicians and some senior leadership). From there, results were disseminated to physician leadership (chiefs of all the departments), the Board of Directors, and all senior leaders. These groups discussed the findings and the implications and gave approval to proceed with the development of a focused Integrative Medicine Program. By finding out areas that had the strongest support and least resistance, we were able to proceed with the introduction of a few chosen Integrative Medicine services within this program. With the approval of a section devoted to Integrative Medicine, the results of the survey were sent out through newsletters and at hospital-wide management meetings.

The readiness survey allowed us to identify potential weaknesses in our support structures and find high acceptance therapy modalities. With this information in hand, a successful program was possible.

Chapter III

Building Bridges: The Construction Begins

Once you've gathered information about your organization's receptivity to CAM and Integrative Medicine, and have the go ahead to proceed, you are ready to use this information to plan your program. Now you are in a position to determine an appropriate scope for your initial projects and transform your words and ideas into reality. Individuals willing and able to serve on committees will be the construction crew that makes this transformation possible.



Committees

Whether they are large or small, committees are usually more effective than individuals. It is important to recruit committee members who will not only attend meetings, but who are willing to take an active role in developing the program. You can create a list of potential committee members, review and edit, and then contact your top choices individually. When you meet, be prepared to discuss a proposed program and committee members' responsibilities.

As the planning begins, we recommend that you follow the path of least resistance, especially in the beginning. We often asked ourselves the question "What would be non-threatening to most people and the easiest to implement in our organization?" Although your long-term vision may be as breathtaking as the Golden Gate Bridge, your short-term success may depend upon your willingness to cross obstacles in the simplest way, perhaps by hopping from stone to stone. The following scenarios may help you consider the best way to form your initial committees:

- If your preliminary research reveals that there is little or no support for an Integrative Medicine program in your organization, your first committee may be an education committee to gather and distribute supporting evidence and to provide in-services and demonstrations of different modalities.
- If you have some support, offering one modality in one department is often a feasible way to begin.
- If you have found that several departments are interested in several modalities, an advisory committee can oversee several work groups simultaneously. More about this later.

Leaders

As you begin the work, leaders will emerge within your group. We have found that leadership is often a dynamic process. Someone needs to follow up with group members to make sure things get done, and to keep your group organized and on purpose. Someone also needs to have the authority to make decisions and allocate resources, and be able to resolve tension within the group if it arises. Different people can fill these roles at different times, and either formal or informal leaders may perform these functions. Recognizing this need is another critical element of your success.

At some point, and definitely by the time your program is ready to be implemented organization-wide, you will need a Program Director or Program Coordinator to formally represent your group.

Advisory Committee

Advisory Committee leadership should consist of the acting or designated Integrative Medicine Medical Director, the acting or designated Integrative Medicine Program Coordinator, and Administrator(s). The advisory committee members may also consist of:

- Physicians
- Nurses
- Allied Health professionals
- Library professionals
- Researchers or Quality Management
- Complementary Medicine professionals

Once an advisory board has been established and has met at least once, we recommend advisory board meetings be held monthly for reports from the work groups. As the program takes shape, meetings may be decreased to every other month or quarterly.

Work Groups

Work groups are smaller and are focused on specific goals. They consist of people from the advisory group as well as other interested staff who have a vested interest in the program. The work group will report back to the advisory committee. Members must be empowered to go forth and accomplish agreed upon goals, with guidance from program directors, coordinators and/or staff and advisory board leadership. While work groups may benefit from brainstorming and creating wish lists, they should concentrate on setting goals that are specific, measurable, and attainable within a specific timeframe. Otherwise, the group will lose momentum.

For practical purposes, we strongly recommend that work groups set up weekly meetings during the first year and schedule them at least six months out. Not only will these weekly meetings keep the momentum going, but they will also provide a

Hartford Hospital's very first Integrative Medicine Advisory Committee consisted of:

- Medical Director of the Palliative Care Unit
- Hospital Administrator
- Public Relations Administrator
- Research/Outcomes Director
- Fund Development Director
- Facilities planner
- Physicians
- Massage Therapist
- Reiki Master
- Occupational Health/Outpatient Director
- Physical Therapy/Rehabilitation Director
- Representatives from:
Cardiology, Women's Health,
Library, Social Services and
Pastoral Care

communication forum at a critical time in the development of the program. As planning progresses, additional meetings may be set in order to accomplish specific goals, i.e. planning details for an upcoming event. Work group leaders must guide the progress of the group and report to the advisory board. At the end of the year, assessment of the need to meet for both the advisory board and the work groups should be a team discussion.

The Role of a Library Professional

As the work groups take shape and move into action, much of the work involves gathering and distributing information. A library professional can play a vital role in this process, and it may be important to have this person acting as an ad hoc member of many of the various committees. This person can find valuable information, help team members develop and refine their own information gathering skills, and develop professional and community programs.

Hospitals and healthcare facilities often have a health information specialist and Health Science Library available either at the facility or within their consortium. If this is the case, plan to meet with this person early in your program's development. A health information specialist or medical librarian has the specialized training to extract appropriate information from medical databases, the Internet, and from printed resources.

If your institution does not have an on-staff librarian, you may consider contracting with another institution that has library services or contact the [National Library of Medicine](#) to help you in the information gathering process. Many health professionals who do not have access to the services of a professional librarian do their own searches using PubMed or MedlinePlus. Developed by the National Library of Medicine, both [PubMed](#) and [MedlinePlus](#) are free, user-friendly databases of health and medical information accessible through the Internet. Keep in mind that PubMed and MedlinePlus are just a two of the many online resources available. Your team may need to pull together additional resources through networking with colleagues and experts in the field.

Another service provided by a library professional is gathering and distributing consumer health or lay health information. This will be a valuable component when you begin to educate your community about your program and services. A “consumer health librarian” takes his or her medical librarian training one step further by learning how to extract appropriate medical and health information for the general public. Consumer health information will assist you in developing audience-appropriate programming for the community.

Chapter IV

Building Bridges: Stepping Stones

Sometimes, the process of building bridges can seem painfully slow. If you keep your attention on achievable projects and goals, you will have the patience and perseverance you need to keep going.

The following are a few of the tasks to focus on in the beginning as you build strength and momentum into your project.

Research Existing Programs

One of your committees may take on the task of developing a list of known programs and making contact. Through literature searches and general Internet searches, institutions with integrative and complementary programs can be identified. Develop a list of these institutions and programs and divide the names among your team. Team members can then make contact through e-mail or telephone calls. By talking to people who have already implemented programs you may get information about what has or has not worked in the implementation phase, and adjust your plans accordingly. You may also learn more about the factors that contributed to or detracted from a program's success. At the same time, you identify your institution as a stakeholder in Integrative Medicine.

Site Visits

Site visits to other Integrative Medicine programs can help to solidify relationships with colleagues and provide a forum for sharing information. Planning these visits involves research into their programs, phone calls to determine details, (including whether or not they charge for site visits and what level of information they are willing to share), and making the travel arrangements.

The following are examples of questions that may be helpful to ask:

- How did you get started?
- What programs are available?
- Who are the services available to (patients, families, staff) and is there a fee?
- Where are services offered?
- How did you obtain space?
- Is there a process for insurance reimbursement?
- What is your credentialing process?
- Can you share your policies and procedures?
- How did you evaluate the program?
- What were your funding sources?

Different organizations will obviously share different levels of information, which can range from philosophy to actual program components, or, more formal consulting services may be available for support.

Our experience with site visits was informative and surprising. Six of our committee members visited three existing CAM programs. We discovered that all of the programs were in fact outpatient-based programs, none of which were integrated within a conventional hospital setting. These programs were essentially “renting space” to CAM practitioners, but there did not appear to be any infrastructure for communication, referrals, or insurance reimbursement. We had hoped to glean information regarding implementation of complementary services in the inpatient setting including the credentialing process, policies and procedures, etc., but none of these were in place at the sites we visited.

In conclusion, we had hoped to glean information regarding implementation of complementary services in the inpatient setting including the credentialing process, policies and procedures, etc., but none of these were in place at the sites we visited. For the first time, we realized that we weren’t reinventing the wheel. By incorporating these services and practitioners directly into the hospital setting and infrastructure, we would be breaking new ground.

Identify and Prioritize Programs and Services to be Offered

Your committee needs to decide how many therapies to implement and in which areas. Often, integrating one modality into one department will be the most feasible way to begin.

The management group in the areas chosen for integrative programs needs to be very supportive and interested in having therapies offered to their patients. It's important to talk to the appropriate contact people in these areas prior to implementation. By building preliminary bridges and developing the implementation process ahead of time, you lay the groundwork for your program's success.

At Hartford Hospital, as the program transitioned from a Reiki Volunteer Program in Women's Health to a more formal Integrative Medicine Program, we chose the top four therapies from our Medical Staff survey and developed a Pilot Program on Orthopedic, Cardiology and Oncology. The therapies included:

- [Massage](#)
- [Reiki](#)
- [Guided Imagery](#)
- [Acupuncture](#) (not part of the initial pilot since medical staff bylaws needed amending).

Identify Program Development Subgroups

Once modalities and pilot locations are chosen, small "specialty subgroups" can be organized for developing each modality leaving the larger "work group" free to focus on the bigger picture and keeping up the overall momentum. These subgroups should include people strongly interested in the specific modalities, staff members, and credible practicing therapists from within your institution and the community. There will be a greater degree of comfort in starting these new programs if you are able to recruit staff members who are trained therapists already working in your institution in other roles, for example, massage therapists who are nurses or technicians. Recruitment of practitioners may be a formal process or may involve informal networking (see individual modality sections for details).

Some of the different skills and knowledge people may contribute to the “specialty subgroups” are:

- minute keeping experience
- marketing experience
- medical knowledge
- familiarity with various modalities and training requirements
- familiarity with the credentialing process
- internet and literature searching abilities
- operational knowledge of the areas in which the modalities will be offered

Each “specialty subgroup” should come up with a master plan to bring back to the Integrative Medicine “work group” committee that includes:

- how many therapists are needed
- which areas they will work in
- how many hours per week
- supplies and equipment needed
- who they will be accountable to
- will the specific modality be credentialed or validated (credentialing refers only to licensed practitioners)
- how to educate staff, family and patients about the program
- how will patients access the service(s)

These will require multiple meetings and should establish time frames to complete the tasks at hand. This information will need to be submitted to the Integrative Medicine “work group” committee for approval prior to being presented to the Integrative Medicine Advisory committee.

Develop a Vision and Mission

Initially, the common vision of the original committee members directs your program. While you are planning for implementation, we recommend you also have a committee work on formal Vision and Mission statements. These will direct your program as it becomes woven into the fabric of the organization, independent of the individuals who first brought it into existence. These statements will act as the blueprints, which can be consulted as decisions are made in the next phase: rolling out your program.

At Hartford Hospital, a few individuals formed a committee and wrote a rough draft of our Vision and Mission Statements. We subsequently met several times until the final product was acceptable to the entire group. Although we have continued to evolve these statements as our program evolves, the following are the original Vision and Mission statements developed in 1998:

With the original vision and mission in place, after our program had been in operation for approximately one year, and the necessary outcome measurements and administrative/staff support acquired, we began to refine these original Vision and Mission statements.

Vision

For the purpose of enhancing wellness and healing in a patient-centered and culturally sensitive manner, we will facilitate the creation of an environment where the patients at Hartford Hospital, its affiliate organization, and its medical staff will have available to them qualified and quality practitioners of complementary and alternative healing arts.

Mission

Education: To develop and implement strategies to increase awareness and understanding by key constituencies (physicians, staff, and patients) of the system of the nature, possible benefits, and limitations of the complementary and alternative healing arts.

Physical Plant: To develop locations on the Hartford Hospital campus, in the Hartford Hospital Wellness Centers, and elsewhere for the provision of complementary and alternative healing arts services.

Relationships: To evaluate and recommend for adoption by the Medical Staff and the Board of Directors of Hartford Hospital a model for the relationship between practitioners of complementary and alternative healing arts and the Medical Staff.

To recommend to the members of the Medical Staff strategies for successful coordination of care with practitioners of complementary and alternative healing arts and, a means to assist these physicians and their patients in choosing high quality practitioners.

Research: To promote within the system scientific research in the area of complementary and alternative healing arts.

Communication:

To recommend strategies for communication to the patients about available services and qualified, quality practitioners of complementary and alternative healing arts.

Chapter V

Building Bridges: Putting the Structure in Place

As discussed previously, a new Integrative Medicine Program begins with a clear vision or an identified need. Like-minded, motivated individuals then organize themselves around this vision or need and commit their time. They network throughout the institution, meet to discuss possibilities and identify key players, and secure the institution's endorsement to move forward.

The next step is program development. At this stage, the group is beginning to put the structure of the program into place. Program Committee members assemble and decide what service(s) to offer. The committee decides where the services will be offered and who will provide them. Finally, questions about how to provide services are addressed. What will the policies and procedures be? How will the program be funded? How will the program be evaluated? In the following section, we will walk you through some of the considerations and decisions that we believe are important to success during this phase.

Historical Perspective

In 1997 Hartford Hospital's [Women's Health Services](#) was the first to move forward with a plan to provide several new healing options (Reiki, Preoperative Guided Imagery Class, and an Infant Massage class) to their patients, families, and staff. The decision to provide these services was made based on a physician survey which indicated that relaxation/stress reduction techniques were very high on their list of preferred options. These programs were very successful and received excellent patient, family, and staff feedback and outcome measurements.

In 1999, the first step in the development of the current Integrative Medicine Program was to identify and enhance already existing initiatives throughout the hospital. It was a natural transition for the Women's Health Reiki Program to eventually integrate into the developing hospital-wide Integrative Medicine Program.

Program Development

Program Committees

Ideally, employees from different areas of the hospital with a variety of expertise and resources collaborate in planning the program. The Work Group determines the program components, the accountabilities of committee members, the timelines for completion of tasks, and the resources available for meeting the outlined goals and objectives. The result is a clear plan for implementation. If more than one modality/service is to be offered, a Specialty Subgroup for each modality can iron out the “modality specifics” and report back to the program Work Group. The program Work Group can, in turn, coordinate and report the progress of all Specialty Subgroups to the Advisory Committee. As mentioned earlier in the book, it is suggested that the Specialty Subgroups and Work Group meet frequently to keep the momentum going, whereas the Advisory Committee can meet less frequently.

Suggested specialty subgroup membership:

- Staff nurse and/or management representation from the areas where the modality will be offered
- “Modality specific” practitioner/educator/supervisor
- Library staff
- Quality improvement experts
- Other interested hospital staff (educators, researchers, etc.)

What service will be offered?

When considering which service(s) to offer, we recommend that you begin with a modality (or modalities) which has a high level of interest and acceptance at your institution. At Hartford Hospital, we looked at the results of our Readiness Survey and noticed that our physicians indicated a high level of interest in relaxation/stress reduction techniques. Consequently, our Advisory Committee chose to begin by implementing Guided Imagery, Massage, and Reiki.

Where will the services be offered?

The first question to answer when deciding where to offer services is whether or not similar programs are already being offered or considered in your institution. If there are other efforts already underway, partnering or integrating with these programs will focus and leverage your available resources.

The next question is whether to offer services in a narrowly focused Pilot Program or to make services available hospital-wide. We believe that initially, a small and focused Pilot Program has a greater chance of success than a hospital-wide program. Starting small makes it easier to evaluate and revise your program as you gain experience and receive feedback from staff, patients, and practitioners. To decide where to begin a Pilot Program, look for departments that have voiced an interest in having the services available, that have offered to help subsidize the program, or that have patient satisfaction issues.

Some institutions prefer to begin their program in an outpatient setting. The Hartford Hospital Integrative Medicine Program began with in-patient departments and eventually expanded to include some outpatient departments including Dialysis, the Cancer Center, and Ambulatory Care. Some organizations may decide to initially offer one modality on one unit and expand to other units gradually.

In addition to where services will be offered, you will need to consider whether there will be a virtual office reachable by phone or whether there will be dedicated office space where services will be coordinated. Whether the pilot services will be coordinated through an existing department or whether a new department is being created will obviously be unique to each organization. If your goal is to have the program become a department, it will be important at some point to establish a formal workspace with tables or desks, chairs, phones, etc. You may network with colleagues for an empty room, negotiate with the space committee, or have other creative ideas. Like the services provided, it may be a “work in progress.” Whether the hospital provides dedicated space for your program or you function from a virtual office, your vision will be realized.

Provision of Service

Once Pilot departments are chosen, it is important to meet with management members from these areas to plan the details. During the Pilot phase, as in the continuation of the program, we focused on these goals:

- Provide education to patients, families, and staff
- Provide education to the community
- Provide the service(s) to patients, families, and staff
- Gather outcomes data to evaluate the program

We considered education of staff a high priority because we wanted them to be receptive to the program, to understand the program and explain it to patients, and to make appropriate referrals.

Who will provide the service(s)?

When deciding who will provide the service(s), the first question to answer is whether the providers will be paid employees or volunteers. We believed that a key component to the success of our new program was to utilize staff already working in and familiar with our organization. In addition to the good will generated, using current employees is safer and easier for the organization and requires less up-front training regarding appropriate interactions and behaviors, patient safety and confidentiality, etc.

Our original networking throughout the hospital identified staff members who were already trained in the modalities we planned to offer, as well as staff members who were interested in, and capable of, being trained. For our Reiki Program however, we decided to use volunteers rather than nursing staff to provide Reiki sessions, since the current nursing shortage would have interfered with the consistent availability of the service to the patients. The Department of Volunteer Services collaborated with us to develop this service.

Whether practitioners are staff members or volunteers, they must meet the legal criteria of your state. An important component in the development process is investigating state laws, if any, regarding who can provide the identified modalities and what the licensing/credentialing requirements are. The requirements are

different for different modalities. For example, Massage is a licensed profession, while Guided Imagery and Reiki are not.

Recruiting, Screening, Credentialing/Validation, and Training Process

As is true for all organizational employees, Integrative Medicine practitioners need to be appropriate for the role, well trained, know what is expected of them, and truly feel a part of their department's team. It is also helpful if the modality supervisor is trained in or very familiar with the modality. This allows the supervisor to better understand the needs of the practitioners, to better evaluate an applicant's suitability, and to better evaluate the service providers.

Recruitment

Successful recruitment efforts are the result of good networking. The fairest approach is to recruit current employees whenever possible. If there are not appropriate candidates within the organization (and there usually are), networking with local modality schools and membership organizations can be helpful. Because Integrative Medicine is a growing field, we have had minimal need to advertise for practitioners. Word-of-mouth alone has provided us with enough wonderful candidates to fill our needs and still have a waiting list to draw from as needed.

Applicant Screening

The application process is often generic within an organization. Still, many of the Integrative Medicine practitioners will be providing one-on-one hands-on care with "safe-touch" and patient privacy issues. Plan to check the applicants' backgrounds and references, and get the input of a modality-specific educator or supervisor. Special care needs to be taken to find people who are caring, professional, and respectful of a conventional medical environment.

Credentialing/Validation

The term "credentialing" refers to the criteria process a health care organization uses to screen their licensed practitioners (MDs as well as Massage Therapists). Modalities

that are not licensed professions still require some format for documenting appropriate screening and training. Because Guided Imagery and Reiki are not licensed professions in Connecticut, we developed validation processes for these groups. These will be discussed later in specific modality modules.

In addition to the more traditional agreements about documentation requirements, confidentiality, and safe-touch, you may want to consider a Code of Ethics to be signed by the Integrative Medicine practitioners.

Training

Obviously, it is important that practitioners are appropriately trained, whether they have been trained prior to joining your program or whether they will receive in-house training. For the in-house portion of the training, the educators and supervisors of the new practitioners must be familiar with the organizational culture and with the modality specific requirements. If an educator has been trained within their modality but not within a hospital, it may be helpful to pair them with a staff member who understands the organization and the medical culture.

A big part of your program will be patient, family, staff, and community education. The optimum approach, therefore, is to have educators in your program with previous experience offering lectures and workshops on Integrative Medicine topics. Sometimes this won't be possible. For instance, if a specific modality educator must be brought in from the outside, it will be very important for the educator to collaborate with designated clinical staff who can insure that appropriate standards are met. See modality specific modules for training, credentialing/validation components.

Employee evaluation

There are several opportunities to evaluate employees. Position descriptions, policies, and procedures provide a basis for evaluation, and they let employees know what is expected of them. Direct observation of practitioners interacting with patients and feedback from staff, patients, and families are important platforms for evaluation. Finally, JCAHO requires annual evaluations for employees with in-patient care roles.

These provide an opportunity to maintain high standards, offer acknowledgement, and improve a program.

When will services be offered?

Ideally, practitioners are available seven days a week in the morning, afternoon, and evening. The best staff schedule for your organization will depend on a variety of factors:

- The department(s) the program covers
- Whether practitioners are unit-based or work from a request list
- The size of the hospital
- The number of practitioners you can realistically recruit or pay

As you evolve your program, it's important to remind your staff, patients, and families that requests for sessions will be honored according to practitioner availability.

How will patients access services?

A plan to market the program is important. To access services, patients need to know what the modalities are, what the benefits are, and when the services are available.

This marketing plan may include:

- The modality educator holding in-services/demos for staff on the designated units before the target start date
- Placing brochures or flyers in patient rooms on units where the modality will be regularly offered
- Placing information about the service in patient admission packets

As part of marketing the program, practitioners can:

- Make rounds room to room on designated units, offering services and educating patients, families, and staff
- Encourage staff to either tell patients about the service or to recommend specific patients to the practitioners as they make rounds
- Take patient requests on other units as time allows

If the institution is small enough and if patients are aware of the service, it may make better use of a practitioners' time to have a phone number or an online request

system where staff/patients/families can call in requests. Practitioners can then visit patients on the request list as opposed to making rounds on units. As our program evolved and became more well - known and popular, we transitioned from unit rounds to phone requests, and then from phone requests to online requests.

Does the service require a physician's order?

According to its culture and its policies and procedures, each organization needs to determine for itself whether or not a physician's order is required for services. At Hartford Hospital, Reiki, Massage, and Guided Imagery are offered as relaxation sessions rather than as traditional treatments, so a physician's order is not required. For this to succeed at Hartford Hospital, a great deal of physician discussion and education took place prior to offering services. This was accomplished in several ways:

- In the initial Women's Health Reiki Program, several members of the planning committee met with management representatives for discussion. Afterward, the agreed upon process was reviewed at a department Medical Staff Meeting.
- In the Pilot program, several committee members met with Pilot Program unit managers for discussion. A letter from one of the committee physicians detailing the program process was sent to physicians in departments where the services would be offered.
- When the Integrative Medicine Program went hospital-wide, a similar letter from the Integrative Medicine Medical Director was sent to all physicians credentialed to practice at the hospital. The letter stated that the service would be offered to their patients to promote such things as relaxation, pain relief, and sleep, and if they did not wish their patients to receive the service, they should write an order.

Documentation of Services

We recommend that each institution consult with its own legal council and medical records department as it decides what documentation is most appropriate for its setting. A simple, consistent format for all modalities works best for us at Hartford Hospital and insures adequate and consistent documentation of services. In all modalities, our minimum acceptable contents include:

- Date/Time
- Patient name
- Statement of patient/family verbal consent
- Type of session and # of minutes
- Observed outcomes (relaxation, pain relief, sleep, other)
- Practitioner signature

Only certain employees can legally write in patients' medical records. We considered whether to write directly in the chart, on a sticker, or on a standard fill-in-the-blank format. Each modality handled these considerations differently (see modality specific modules for details).

Based on the new HIPPA laws, all practitioners are required to complete the HIPPA education and test.

Policies and Procedures

Policies and procedures provide consistent and appropriate direction for the employee and the program. Once your group has determined the what, where, who, when, and how, it becomes much easier to create the written details. Therefore, each institution can determine what content and format is appropriate for their institution. In the development of a new program, it is also important to review and revise as you see what works and what is not as effective. As the program moves to different areas of the institution, unit specific policies and procedures may dictate slightly different ways of doing things.

When developing your policies and procedures, you may want to include the following components:

- Program overview and policy statement
- Practitioner scheduling
- Check in procedure
- Supplies/equipment
- Work assignment procedure
- Patient interaction procedure
- Provision of service procedure
- Patient safety issues (infection control, equipment, confidentiality)

- Documentation
- Resources/contacts
- Accountability (including responsibility delineation between collaborating departments)

Assistance with developing specific modality policies and procedures is available through our [Integrative Medicine Consultation Service](#).

Funding Sources

As you evaluate sources for funding, there are at least two considerations:

- Program start-up costs
- Provision of Service costs

Program Start-up Costs

Since each organization will develop a customized program, there will be varying start-up costs. In our program, these were the considerations:

- Salaries for practitioners and administrative personnel
- Reimbursement for in-house educator/supervisor
- Training/review sessions for practitioners
- Supplies and equipment (massage tables and chairs, CD players and CDs, outcome measurement forms, office supplies, etc.)
- Education and marketing costs (flyers, brochures, educational talks)
- Miscellaneous expenses

In the preliminary organization of a program, much of the work may need to be done on a voluntary basis until financial resources are obtained or allocated for specific positions and salaries. When practitioners are recruited, it will need to be clear whether they will be paid or whether they will be volunteering their time. This may vary from service to service within the program. Regardless, the decisions are important ones to be made.

Provision of Service Costs

The most fundamental question about costs is whether or not to charge for services, or whether to charge for some services but not for others. Bear in mind that patients may request services, but may or may not be willing to pay out of pocket for them. In our institution, various funding sources have been utilized. The initial funding in Women's Health Services was a small grant through the Medical Staff Office. This was renewed after the first year's evaluation process due to the documented success of the program and positive patient feedback. When the program was expanded and integrated into the Integrative Medicine Program, the following options were considered for funding proposals:

- An additional Medical Staff grant
- Contributions from areas interested in becoming Pilot units
- Department of Medicine funding
- Hospital Auxiliary grants
- Foundation grants
- Philanthropic donations
- Fund raising events
- Research grants

Unless there is an exceptional circumstance in the organization, there will likely be a need to utilize a combination of sources year to year. Each institution can work with their Fund Development Department or at least identify those individuals who have proposal and grant writing experience. There are certainly pros and cons for institution-funded programs versus grant-supported or philanthropy-supported programs, especially in this economic climate of budget deficits.

Program evaluation

There are several ways in which program evaluations can be done. The use of multiple approaches simultaneously can be beneficial. Staff, patients, families, and practitioners can provide valuable information for formal outcome measurements as well as informal feedback. You can use this information to maintain, revise, and expand your program. As in most organizations, formal data collection is usually more convincing to those qualified to empower you to move forward and/or provide

future funding. Suggestions regarding this are provided in the Program Evaluation and Expansion chapter of this book, and you may review some of our Outcome Measurements.

If you would like more detailed assistance, contact our [Integrative Medicine Consultation Service](#).

Rolling out the Program

Now that you have considered how to put the structure in place, you can focus on rolling the program out. In rolling out the program you will actually be moving across the bridge you have so carefully constructed. With the process clearly laid out, you can now consider the following things:

- Defining a final target date for beginning your new program
- Determining whether there will be a formal celebration with publicity
- Deciding how to educate all those who need to be clear on program details:
 - Integrative Medicine staff
 - Pilot unit managers and staff
 - Hospital physicians and staff
 - Patients
 - Community
- What final details need to be taken care of
- Workflow and practitioner coordination (virtual office or dedicated office space)
- Educational flyers, brochures, feedback questionnaires, documentation format, etc.
- Miscellaneous supplies

With these pieces in place, you'll be ready to cut the ribbon, open the doors, and see your vision become more grounded in reality.

Education is the Key Component

When starting your Integrative Medicine program, education will be a key component. Educating the public about the Integrative Medicine modalities that you will be offering will be critical for promoting your services and raising awareness of the benefits of these modalities.

At Hartford Hospital, we determined that education was a top priority and worked with our library professional who did have expertise in consumer health information. With her help, we developed a hospital-based series called "Lunch and Learn". This series is run at lunchtime and both the hospital staff and the public are invited to attend.

Our topics cover all of the modalities, along with other health and wellness topics. We also developed evening programs offered at some of the Hospital's satellite centers, making them even more accessible to the community. These programs are longer and more in-depth than the Lunch and Learn series and include some hands-on and interactive sessions. Our library staff helps provide topic specific handouts for the educational programs, along with recommended websites for additional information. These are also distributed throughout the hospital in various ways (flyers, hospital newspaper, email, etc.) at various times to assure that as many people as possible are informed of our services.

Pilot Program

At Hartford Hospital, our Pilot Program began in December 1999 with three modalities (Guided Imagery, Massage, and Reiki). All three services were offered individually for three months each on three different units ([Cardiology](#), [Orthopedics](#), and [Oncology](#)). We chose to stagger the implementation of each service and every three months move from unit to unit over a period of 9-12 months. In this way we could educate staff and patients in different parts of the hospital while providing services and evaluating the program. To be able to evaluate the services during this time, all modalities on all three units used the same evaluation tool. In the initial evaluation process, we looked at:

- Pain pre- and post-session
- Anxiety pre- and post-session
- Whether practitioners were caring, professional, and able to answer questions
- Whether the patient would want the treatment again
- How the patient would rate the overall services

You can review these [Outcome Measurements](#) for more details. They will be discussed further in the Program Evaluation and Expansion chapter. If you would like assistance with this, you can contact our [Integrative Medicine Consultation Service](#).

The initial results confirmed what we had believed to be true – not only could complementary therapies be effective but, the two worlds, complementary therapies and conventional medicine, when bridged, would thrive.

Step Back ... Take a Breath

Up until now, it was appropriate to push forward trying to accomplish as much as possible in as short a time as possible. Now that the two worlds are bridged, it is time to step back for just a moment, to breathe, and to observe. Observation is often overlooked as the valuable tool that it is. You may be afraid to stop for fear of losing momentum. You are not alone in your fear, but rest assured, with your intention set for establishing your vision of an Integrative Medicine Program within your organization, you and your colleagues have set the course for achieving that goal.

The message here is that you do need to take the time to stand still briefly in order to pay attention to what has happened and what is happening. In order to appreciate all that you have accomplished to this point, a retreat or a day away from the action can be helpful. Establish a date, time, and place to meet colleagues and create an agenda for the day that will include:

- Review of accomplishment to date
- Goals for the next month, six months, and year
- Action plan for each goal
- Relaxation time

Since you are developing relaxation programs, the chance to practice what you preach will give you renewed energy and help to prepare for the next steps in building bridges.

As you take the time for observation, look at the bigger picture. It will give you even more appreciation for what has been done and what still needs to be accomplished. The focus has been on developing the program, determining modalities, and the

delivery of services. The bigger picture will bring your hand to your heart. It includes the changing of the caring paradigm. It makes all the hard work, long hours, and frustrating setbacks worthwhile.

For all of medicine's technological strides, it can't afford to lose touch with the caring side of patient care. [Dr. Larry Dossey](#) wrote in an article in *Alternative Therapies* (Vol.1, 1995, pg. 5) that "...at the root of the problem lies the fact that we, as a culture, have turned our collective back on healing. We should not kid ourselves – we are all in this together, jointly entranced by a physicalistic approach to health and illness, and dazzled by the promises of technology to right every conceivable misfire of the body. Against this backdrop, healers and healing have been shoved aside and very nearly forgotten, and we are paying the price." The bridge that you are building is making the connection between the caring and the medicine needed for your patients to heal mind, body, and spirit. Take a deep breath and fully exhale. You are now a part of the bigger picture.

Chapter VI

Inpatient Integrative Medicine Programs

In this chapter you will find the components that were identified as unique and specific to these individual program modalities.

Components generic to developing any integrative medicine program, regardless of the modality, have been discussed in [Chapter V](#).

Programs

- [Acupuncture](#)
- [Art for Healing](#)
- [Developing an Integrative Medicine Library Collection and Services](#)
- [Guided Imagery](#)
- [Massage Therapy](#)
- [Reiki](#)
- [Tai Chi](#)

VI-i: Creating an Acupuncture Program

What is Acupuncture?

Acupuncture is the process of applying needles to various points on the body stimulating the nervous system to release specific chemicals in the brain. The improved energy and biochemical balance produced by this process activates the body's natural healing abilities and promotes physical and emotional well-being.

Why Choose Acupuncture?

- Physiological benefits include the following:
 - Decreased pain
 - Improved circulation
 - Reduced blood pressure
 - Relief of muscle spasms and soreness
 - Improved range of motion and flexibility
 - Reduced edema
 - Improved digestion
 - Decreased nausea
 - Enhanced immune system
 - Improved sleep
 - General relaxation and reduced anxiety
 - Feelings of rejuvenation and a greater sense of well-being
- Research studies document similar benefits

The Research

Research has shown that many patients with a wide variety of conditions can benefit from acupuncture including:

- Anxiety
- Arthritis
- Asthma
- Back pain
- Carpal Tunnel Syndrome
- Cocaine addiction
- Depression
- Diabetes
- Dysmenorrhea
- Fibromyalgia
- Headache
- HIV-related symptoms
- Hot flashes
- Hypertension
- Infertility
- Insomnia
- Interstitial Cystitis
- Irritable Bowel Syndrome
- Knee pain
- Labor pain
- Morning Sickness
- Nausea after surgery
- Nausea with chemotherapy
- Neck pain
- Osteoarthritis
- Parkinson's Disease
- Pediatric pain
- Shoulder issues
- Smoking cessation
- Stroke

Websites with Articles on Acupuncture Research and Surveys

- PubMed: www.ncbi.nlm.nih.gov/entrez/query.fcgi
- NIH Consensus Statement: http://consensus.nih.gov/cons/107/107_intro.htm
- Acupuncture Today: www.acupuncturetoday.com
- Acupuncture.com: www.acupuncture.com
- Gancao.net: www.gancao.net

Hartford Hospital's Experience

Hartford Hospital patients have requested Acupuncture for conditions including:

- Abdominal pain
- Allergies
- Anxiety
- Arthritis
- Asthma
- Back pain
- Carpal tunnel
- Depression
- Drug withdrawal symptoms
- Fibromyalgia
- Headache
- Insomnia
- Knee pain
- Menstrual difficulties
- Nausea associated with chemotherapy or surgery
- Nausea associated with pregnancy
- Shoulder pain
- Smoking cessation
- Weight loss
- Neck pain

Starting Your Acupuncture Program

Components generic to developing any integrative medicine program, regardless of the modality, have been discussed in [Chapter V](#). The following discussion and suggestions are those components that we identified as unique and specific to the Acupuncture Program.

Program Development and Practitioner Recruitment

At Hartford Hospital, after the first year's success with Massage, Reiki, and Guided Imagery, the Integrative Medicine Program was expanded to provide Acupuncture services to patients. An Acupuncturist working in another capacity in the hospital was recruited to help develop the Acupuncture Program (which officially began in January 2001). It was very important to also collaborate with the Department of Medicine, the Medical Staff Office, and the Department of Infection Control when developing a job description, policies and procedures and, the credentialing process. Acupuncturists are licensed practitioners and became Adjunct Staff of the Department of Medicine. Initially, the department credentialed three Acupuncturists to provide this service to inpatients.

Most organizations do not already have Acupuncturists. If you do not know of Acupuncturists working within your organization in other capacities, the following may be useful places to recruit potential candidates:

- Acupuncture or Naturopathic Schools
- Local or national online Holistic Health Organizations/Directories
- Local Health Food Stores Postings

Screening and Credentialing

As mentioned before, one of the first tasks in developing the Acupuncture Program at Hartford Hospital was to create a screening and credentialing which now includes:

- Preliminary interview with the person responsible for the Acupuncture Program
- Follow-up interview with Director of Integrative Medicine Department

- Completion of credentialing criteria (including licensure and malpractice documentation) through the Medical Staff office for Adjunct Medical Staff eligibility
- Completion of application through Human Resources
- Completion of Hartford Hospital orientation
- Interview with Medical Staff Chairman
- Completion of Integrative Medicine Acupuncture orientation

Upon successful completion of this process, the therapist becomes part of the team.

How Patients Access Services

At Hartford Hospital, there is a fee for service and, a physician's order is required. The way patients have accessed this service has evolved since the program began in 2001:

- 2001 - Hospital-wide Program
Patient caregiver called the Integrative Medicine Department to request a session providing the patient's name, location, and verification of physician order. The Acupuncturist was then notified to provide the service.
- 2002 - Present Program
Hartford Hospital's Information Systems Department developed an on-line computer ordering system. Since then, the patient caregiver has ordered the Acupuncture session through this online system (once the physician order is obtained).

Documentation of Acupuncture Services

Acupuncturists, as licensed employees of the hospital, have access to the patients' chart for diagnosis and current treatment information prior to the session. Following the Acupuncture session, the Acupuncturist must document their services in the progress notes of the patients' charts. The following information is included:

- Date and time
- Acupuncture as the type of service
- Verbal consent by patient with physician order
- Acupuncture points worked on
- Observed outcomes
- Practitioner signature and title

Policies and Procedures

Since all organizations require formal policies and procedures, most have their own generic formats to be followed. Therefore, each institution will need to determine what content and format is appropriate for their setting. We have also included in [Chapter V](#) generic component recommendations for offering any modality. Our Integrative Medicine Consultation Service is available should you need assistance with program development or fine-tuning the details.

Program Evaluation

We continue to review and revise as the program progresses and we see what works and what is not as effective. As the program moves to different areas of the institution, area specifics dictate slightly different ways of doing things. Patient feedback surveys are also helpful in the evaluation process. We have included below some of the comments patients have provided through these feedback surveys.

What Patients Have to Say

"I had never before had acupuncture. At first I was afraid of it but with every session my nasal congestion cleared out and the pain in my hands and legs improved a lot. Now I can walk better, breathe better, and do my day-to-day chores."

"When I was pregnant I had severe nausea and vomiting – acupuncture greatly decreased this right away."

"I am so used to chronic pain. With acupuncture I got more pain relief and the relief lasted longer after each session."

"My headaches are so much better after just a few sessions and I can't believe how much more relaxed I am right after the session."

"Using acupuncture has changed my life. Now I have very few hot flashes and when I do, I just press the "seeds" you placed in my ear and I can stop them quickly."

Summary

We have found our Acupuncture Program to be very beneficial to our patients. We have been fortunate during 2005 to provide 900 acupuncture sessions to patients, staff and community.

We hope we have provided information that will be helpful to you in starting your own successful program.

VI-ii: Creating an Art for Healing Program

What is Art for Healing?

The use of art as a tool for healing is as ancient as most cultures. Art in the healthcare system has become a contemporary tool for assisting traditional medical practices by bringing new perspectives to patients' experiences within that system. An Art for Healing program, which incorporates expressive art, can validate patients' experiences when pain and trauma have invaded their reality and, it can give them more courage to face decisions or treatments necessary to move toward wellness. When inner conflict arises between emotions and reality, stress occurs. Chronic stress compromises the immune system and over time may lead to illness or delayed healing. Images and insights produced through art-making or expressive art can help resolve these conflicts. This process can give the patients the tools to use imagination and creativity to relieve stress, redirect their energy, and bring new perspectives to integrate the mind, body, and spirit.

Why Choose Expressive Art?

- The expressive qualities of an art session may reduce stress and anxiety for patients, families and staff in a healthcare setting.
- Expressive art provides patients with an opportunity to connect and integrate their feelings in difficult situations.
- Patients can transform pain and tension by drawing on their imagination.
- Patients may achieve a heightened sense of empowerment and well being when allowed to express themselves authentically.
- Expressive art assists with processing grief and trauma for both patients and families.
- An art session can document the patient's experience thus validating their feelings about the experience.
- Research has shown that artistic expression in a variety of forms boosts the immune system and promotes a sense of well-being.
- Integrative Medicine Outcomes have demonstrated the effectiveness of Expressive Art as a viable means for reducing stress and anxiety, as well as diminishing pain.

Starting Your Art for Healing Program

Components generic to developing any integrative medicine program, regardless of the modality, have been discussed in [Chapter V](#). The following discussion and suggestions are those components that we identified as unique and specific to the Art for Healing Program:

- Recruitment
- Screening
- Credentialing/Validation
- Training
- How Patients Access Services
- Documentation of Services
- Policies and Procedures
- What Patients Have to Say

Recruitment

At Hartford Hospital, art has always been a conscious part of the healing environment. Based on discussions with a local artist about the benefits of expressive art, it was determined that bringing art sessions to the bedside could be a therapeutic experience for our patients.

The beginning of Integrative Medicine's ART for Healing Program was a volunteer effort by the local artist who was also an art teacher. The next step in the program development was for the artist to pursue grant funding. When it became apparent that funding would be available to hire the artist as part of the departmental team and purchase art supplies, she became the Artist in Residence and Coordinator of the ART for Healing Program that currently offers expressive art sessions in the cancer center and the dialysis unit.

As the program has evolved, we have considered the following options:

- An art internship for students who are training to be artists or art therapists
- Recruitment of artist volunteers to work with patients

The potential benefits of either option are:

- Allowing the program to expand
- Creating a pool of artists who can help fulfill the program's goals
- Filling any paid positions that become available

Finding qualified artists who will fit into the healthcare system is a very important consideration and may involve networking. Contacting various local organizations that support artistic endeavors as well as educational systems that train artists can help secure applicants who are appropriate for the program. If your program is an Expressive Art Program rather than Art Therapy, both expressive artists and art therapists may qualify for the role. Both have unique perspectives that can enhance the program.

Potential artist candidates may be found through networking with:

- Local and regional arts initiatives or councils
- State art commission
- Arts organizations
- Colleges and universities
- Art therapy programs
- Art teacher associations
- Expressive art programs

Screening

The screening process for expressive art candidates may include an interview as well as a visit to patient units. This will allow the artist to have a clearer perspective of the role as well as the patient care environment and, the program coordinator can observe the appropriateness of the applicant for the healthcare environment.

Suggested qualifications:

- Good interpersonal communication skills
- A background or training in the arts with the ability to manage art materials and use a variety of creative methods
- Experience in the facilitation of the creative process as well as a repertoire of creative methods that could be used in the healthcare environment

- Ability to physically manage a mobile art cart
- Ability to work independently

Credentialing/Validation

The term “credentialing” refers to the criteria process a health care organization uses to screen their licensed practitioners (MDs as well as massage therapists and acupuncturists). Since Art is not a licensed profession in Connecticut, it was determined that a validation process was a more appropriate term for this particular group.

Training

If the artist trainee is the first artist to work with patients and they do not have prior hospital experience or understand the needs of the particular patient population, it would be beneficial to have them partner with a clinical staff member for the original program development process as well as the training process.

A validation checklist can be developed to cover the qualifications and the behavioral experiences that an artist must complete to appropriately work in the expressive artist role as an adjunct member to the patient’s medical team. The following are suggestions for this checklist:

- Preliminary interview with an appropriate representative of the unit or department creating the program (if an Integrative Medicine Program or Art Coordinator role does not already exist)
- Documentation of prior training or examples of experience in the arts
- Personal and art related references
- Required generic healthcare organization orientation
- Review of program policies and procedures including unit specific information
- Orientation to patient care area with review of patient care environment, equipment, safety issues, and the needs of the specific patient population
- Mock art sessions with a preceptor or mentor
- If available, shadowing of the current artist during actual patient expressive art sessions

- Team sessions with artist and patients to build confidence and raise the comfort level of the artist trainee and to help the preceptor evaluate the artist's readiness for independent practice
- Determination of art projects and supplies that are appropriate for the patient population and environment (short but meaningful experiences for short stay patients vs. longer-term projects including group projects that can help create community for longer-stay patients)

How Patients Access Services

At Hartford Hospital, our ART for Healing Program was developed through the acquisition of grant funding which allowed us to offer art sessions to patients at no charge. Availability of art sessions in your organization may depend on the number of artists available and the units or departments to which they are assigned.

Units that offer art sessions may also have predetermined requirements for the timing of the sessions. Nursing staffs are the most logical source of referrals since they know their patients best and can most likely determine who would benefit from an art session. Therefore, in-service education with staff is an important component in enlisting their help in directing patients to work with the artist. Staff may be uninformed about the benefits of the art making process but, when given the opportunity to experience the expressive art session themselves, may begin to better understand the intimate relationship between the creative spirit and the healing process.

Sample sculpture from the Dialysis Art Group:



Sample artwork from the Domestic Violence Prevention Program's "FACES" project:



For more samples of artwork, visit the [ART for Healing Virtual Art Gallery](#).

Various options for accessing services may include:

- Nurse referral
- Patient self referral
- Bedside rounds by the artist(s) to recruit patients

Examples of patient expressive art recipients:

- Dialysis patients
- Chemotherapy patients

Examples of community expressive art workshops offered:

- Breast Cancer Support Group
- Domestic Violence Support Group
- High School Youth Group

Documentation of Services

Documentation of an expressive art session is an important way to record an intervention and, informs the medical team that the patient has received a complementary intervention that may help shift an attitude or perception of the patient's illness or the healing process.

Various organizations may choose to document art sessions in different ways. At Hartford Hospital these sessions are documented in several ways:

- A log book that maintains a record of all patients seen with notations about the session
- A patient survey card which allows for patient feedback and is a tool for Outcome Measurements
- A stamped fill-in-the-blank notation in the patient's clinical record includes:
 - Date/time
 - Patient name
 - Statement of patient/family consent
 - Type of session and # of minutes
 - Observed outcomes
 - Artist's signature

Policies and Procedures

Since all organizations require formal policies and procedures to provide consistent and appropriate direction, most have their own generic format to be followed. Therefore, each institution will need to determine what content and format is appropriate for their setting. We have also included in Chapter V generic component recommendations for offering any modality that can be modified for organization specific requirements. Our Integrative Medicine Consultation Service is available should you need assistance with fine-tuning the details.

What Patients Have to Say

"After attending your ART for Healing workshop (for the Breast Cancer Support Group) a few weeks ago, I wanted you to know I felt better in about 48 hours.... Just as you said. I also wanted you to know how much I appreciated it. I would be interested in the six-week workshop if it is offered this summer."

"Enjoyed this very much and now I can sleep!"

"Excellent at giving me some tools that I need to work through some lingering emotional and physical pain. I am so grateful for having had this opportunity."

"I had always read about art and healing - but now I know first-hand that it does work!"

"Very helpful. Felt better about myself after this session - I feel stronger to deal with problems."

"The art program is ideal since so much can be revealed through it. Bravo to this approach."

"It helps get me through dialysis treatment faster, makes time go by faster. I really enjoy doing art while on the dialysis machine."

"I didn't think about being on dialysis the whole time. I was stress free and relaxed."

"I had very bad leg cramps before the session. I was able to redirect myself and the cramps ended by the end of the art session."

Summary

We have found our ART for Healing Program to be very beneficial to our patients. We have been fortunate during 2005 to provide 931 Art for Healing sessions to patients, staff and community.

We hope we have provided information that will be helpful to you in starting your own successful program.

VI-iii: Developing an Integrative Medicine Library Collection

Introduction to Hartford Hospital's Health Science Libraries

The Health Science Libraries (HSL) is an integrated network of library services and staff that provides access to health and medical information for all its customers. The network consists of four libraries:

- [Robinson Health Sciences Library](#)
The Robinson Health Sciences Library supports the information and educational needs of the Hartford Hospital community with a comprehensive collection in clinical medicine, nursing, allied health, administration, geriatrics, gerontology and bioethics.
- [Institute of Living Medical Library](#)
The Institute of Living Medical Library provides access to both up-to-date and historical materials in psychiatry and the mental health disciplines.
- [The Archives](#)
The Archives are comprised of the T. Stewart Hamilton, M.D. Archives at Hartford Hospital and The Institute of Living Archives.
- [Tremaine Resource Center](#)
The Resource Center at MidState Medical Center provides current information in both its hospital staff library and its patient/consumer library. The Center maintains affiliate relations with the Hartford Hospital Health Science Libraries. This affiliation provides extended collection access through borrowing reciprocity and resource sharing.

Information access is provided 24 hours a day, seven days a week through the HSL's online databases and full-text information. This information is accessed through the HSL's website www.harthosp.org/hsl and includes databases such as: CINAHL, EBSCOHost, MDConsult, OVID, STAT!Ref, UpToDate Online, and the consumer-friendly Health and Wellness Reference Center. Links are also provided to directly access the National Library of Medicine's MedlinePlus and PubMed websites.

Our Libraries' customers are a diverse group and include physicians, nurses, medical and surgical residents, allied health staff, Integrative Medicine staff, hospital employees, patients and their family members, and the general public. Meeting the needs of such a diverse population can be challenging in terms of building and maintaining a collection and providing services. The Health Science Libraries meet

that challenge through an integration of both print and online resources, accessed at various locations throughout the institution and from any computer with Internet access.

In addition to the traditional library services provided, the Health Science Libraries' staff partner with clinical departments throughout the institution to develop and co-sponsor programs for both healthcare professionals and the public. Linking library information services with education fosters the understanding of knowledge-based information and promotes the use of quality-based information resources.

Historical Perspective

Key individuals in the development of the Integrative Medicine program recognized the importance of connecting to library information services. Earlier partnerships with the Health Science Libraries led to the recruitment of the Library's Information Coordinator who was asked to sit on the newly formed Integrative Medicine Committee. Her initial role supported the information and education needs of the committee members.

As the Integrative Medicine program grew into a full-fledged department, the role of the Information Coordinator expanded to include information and education consultation to the department and membership on the Operations and Planning, Grants and Research Funding, and Program/Education committees.

Why Offer an Integrative Medicine Library Collection and Services?

- Educational resources for healthcare professionals are an essential component in developing an Integrative Medicine program
- Educational resources for patients and the community are an essential component in developing an Integrative Medicine program
- Both Integrative Medicine staff developing a new program as well as practitioners delivering services will need the ongoing support of library services to maintain knowledge-based practice in the hospital setting
- Librarians are able to point to both traditional and non-traditional resources and emphasize the significance of looking at both resources in support of patient care.

Role of the Hospital Library Professional

All healthcare institutions have access to health and medical information. All healthcare practitioners have access to the same information, whether or not they are affiliated with a healthcare institution. Most hospitals are fortunate to have their own health science library, with library professionals as part of the staff. For those institutions and practitioners that do not have their own library, there are both regional and national library networks that can provide valuable and needed access to the latest information.

In institutions that do have existing library support, an early partnership with your library professional will be a necessity in supporting the development of your Integrative Medicine program. The library will be a valuable resource in connecting you and your team to the latest print and online literature. In developing a new program, you will want to have your librarian search for:

- Knowledge-based literature on the modalities that you will offer
- Literature on developing new programs and services, including educational programming
- Trends in Integrative Medicine
- Grants and research funding
- Related medical topics

In addition to search services, your librarian can help develop a collection of resources, including print and multimedia materials that can be housed and available for circulation from the library.

At Hartford Hospital, the Integrative Medicine Library collection is housed in a designated area in the Medical Library. The collection has been a valuable resource for Integrative Medicine staff, general Hospital staff, and members of our community. As the program grows, both healthcare professionals and the community will be interested in learning more, and the library is the natural place to organize and circulate these materials. The librarian can also identify quality online resources, including databases that provide access to the latest journal literature and complementary and alternative medicine websites.

Model for Integrating a Library Professional Into Your Team

Recruit your library professional to be part of your team. Your librarian will have first-hand knowledge of your information needs, and may be able to anticipate any future needs, as well. Discuss what strengths your librarian has in contributing to the development of your program.

At Hartford Hospital, our library professional became a member of the Operations and Planning Committee, Program/Education Committee, and Grants and Research Funding Committee. As stated above, key individuals in the development of the Integrative Medicine program knew that connecting to library information services would be key in the development of the program. You may want to tap into the expertise of the library professional so that team members can be kept abreast of the latest developments in the field. In addition, your librarian may bring a variety of organizational, educational, and program development skills to the table.

Based on how the library professional's role has evolved at Hartford Hospital, a role description may include some of the following:

- Membership and participation on Integrative Medicine committees
 - Program/Education
 - Assists in the development of professional educational and in-service programs
 - Provides literature searches and information in preparation for educational and in-service programs
 - Provides expertise in developing promotional materials for both professional and community education initiatives
 - Assists in the development of community education initiatives, including:
 - Lunch and Learn programs in the community and at the hospital
 - Evening community education events on health/wellness topics
 - Integrative Medicine Fairs
 - Grants and Research Funding
 - Assists team members in research preparation
 - Provides literature searches in support of grant and research proposals

- Searches for grants, research and other funding sources, including library-related grants
- Operations and Planning
 - Provides literature searches in support of program development
 - Provides expertise in program development and expansion
 - Promotes Integrative Medicine modalities with hospital staff and directs them to library resources
 - Reports on developments from other committee memberships
- Information Search Services
 - Provides medical literature to the Integrative Medicine staff for knowledge-based practice
 - Teaches Integrative Medicine staff how to effectively use library resources
 - Teaches Integrative Medicine staff basic literature searching skills
 - Provides direct-to-patient literature on Integrative Medicine topics (“Prescription for Information” service)
- Resource Development
 - Develops and maintains Integrative Medicine resources to support the ongoing services of the Integrative Medicine Department
 - Collection Development
 - Identifies budget
 - For specialized collections
 - For database subscriptions
 - For obtaining materials not in the collection (Interlibrary Loan)
 - Alerts Integrative Medicine staff about new books and publications

Realistically, your library professional may not be able to fill all of the above roles, but through discussion, together you can target key areas of service for your program’s development and ongoing operation.

Role of the Library Professional as a Consumer Health Information (CHI) Specialist

An area of expertise that some library professionals may be able to bring to your team is that of a consumer health information (CHI) specialist. These library professionals are skilled at working directly with patients, family members, and the general public or healthcare consumer. Their job is to find quality health and medical information, with language appropriate for the general public.

Even though many people today have home computers and search for a wide variety of information on the Internet, many are confused by the conflicting health and medical information that is available. The CHI specialist can direct consumers to user-friendly, quality-checked information.

The CHI specialist may also be skilled at helping to develop community-based educational programs. When starting your Integrative Medicine program, education will be a key component. Educating the public about the Integrative Medicine modalities that you will be offering is critical to promoting your services and raising awareness of the benefits of these modalities.

At Hartford Hospital, we determined that education was a top priority and worked with our library professional who did have expertise in consumer health information. With her help, we developed a hospital-based series called “Lunch and Learn”. This series is run at lunchtime and both the Hospital staff and the public are invited to attend. Our topics cover all of the modalities, along with other health and wellness topics.

We also developed evening programs offered at some of the hospital’s satellite centers, making them even more accessible to the community. These programs are longer and more in-depth than the Lunch and Learn series and include some hands-on and interactive sessions. Our library staff provides topic specific handouts for all the educational programs, along with recommended websites for additional information.

Library Support and Services

Education and Training

The librarian’s role not only includes literature search services, but also training for library users on how to successfully use library resources. This includes how to access resources, and how to effectively search the medical literature. Talk to your library professional about classes that may be available for you and your colleagues involved in developing your Integrative Medicine program. Many resources, including medical literature databases are available on the Internet. Learning how to effectively use

these tools will keep you current with new and developing trends in your field and, give you access to valuable information for the development of your program.

If your library does not provide classes, or your institution does not have a library, there are other resources available to assist you in learning how to find and use these valuable resources. One online resource that you may find useful in learning how to search the medical literature is the [PubMed Tutorial](http://www.nlm.nih.gov/bsd/disted/pubmedtutorial) (www.nlm.nih.gov/bsd/disted/pubmedtutorial). PubMed is the National Library of Medicine's search system for health information, with free access via the Internet. PubMed includes the NLM's premier bibliographic database, Medline, which covers the fields of medicine, nursing, dentistry, veterinary medicine, the health care system, and the pre-clinical sciences. A detailed description of PubMed is provided in the section Internet-Based Library Resources.

Networking and Promotion

Librarians can be your greatest asset in networking and promoting a new program. The Library staff in a hospital often come in contact with all aspects of hospital operations and interact with all levels of staff, including hospital administration, physicians, nurses, allied health professionals, and support staff. The Librarian will also be interested in promoting new complementary medicine resources, and you may find that partnering in a special event, such as a library fair can promote both your new program and library resources. An ongoing library display on various complementary medicine topics and any promotional materials that you have developed may be another way to partner with the library.

Integrating the Use of Traditional and Non-Traditional Resources

Libraries have been defined as "depositories" or "collections" of books and reference materials for reading and browsing. These traditional collections continue to be the core of information available. Today, librarians recognize that the plethora of information available on the Internet has changed the way people are accessing information. In addition to the overwhelming number of websites devoted to health and medical topics, there are web-accessible databases and online textbooks. The

librarian's expertise in evaluating appropriate, reliable information has become even more important for integrating these traditional and non-traditional resources. Discuss selection criteria with the librarian so everyone is clear on what resources can be purchased for an integrative medicine collection. This is especially important in the field of complementary medicine where evidence-based literature and research is just beginning to be published. There are many resources, both print and online, that substantiate personal theories on healing with anecdotal evidence. When you are just getting your program established, it may be best to also search for evidence – based resources.

Evaluating Resources

There are a variety of useful tools in evaluating resources. Guidelines are similar for both print and online resources and contain these common elements:

- Authorship - Is the author known and does he/she have recognized credibility? Are they a specialist in the field? If written by a "non-expert," does the author use well-documented sources? Are the author's claims substantiated by references that are current? Has the author disclosed his/her credentials and any relationship he/she may have to the topic?
- Currency - Is the material up to date? Does it reflect recent developments?
- Organization - There should be an index and, it is helpful if it is extensive. The Table of Contents should be well laid out. Are the chapters substantial enough to cover the topic?
- Point of View - Is the information well balanced, reflecting diverse viewpoints? Does it avoid fads? Does the material show ethnic and cultural sensitivity?
- Illustrations - Are illustrations clear and helpful in explaining concepts?
- Readability - Can you understand what the author has written and explain it to someone else. Does the author avoid technical terms and jargon? Is the emotional tone appropriate?
- Focus - Does the material focus on problem solving by the consumer or does it offer quick cures?
- Bibliographies/References - Does the material have both depth and breadth and contain a fair number of current items in the bibliography or reference list?

You will find additional evaluation guidelines from the National Library of Medicine's Medline Plus website on [Healthy Web Surfing](http://www.nlm.nih.gov/medlineplus/healthywebsurfing.html) (www.nlm.nih.gov/medlineplus/healthywebsurfing.html) and from the Medical

Library Association's online publication titled: User's Guide to Finding and Evaluating Health Information on the Web (www.mlanet.org/resources/userguide.html).

Developing an Integrative Medicine Library Collection

Collection Development

Every library has a collection development policy. Collection development builds and maintains valuable resources that will be readily available for your planning team, Integrative Medicine practitioners, and anyone interested in learning more about complementary modalities.

Since each institution and library is unique, budget considerations and space allocation will vary. Hartford Hospital's Health Science Libraries offer consulting services on collection development, budget planning, cataloging and book processing that can assist those institutions that do not have a librarian. Please go to the Health Science Library website for more information [CLICK HERE](#).

Internet-Based Library Resources

Print resources are often the foundation of a health science library. To enhance the resources available in the print collection, the librarian can guide you to Internet-based resources.

With the advent of online access, many publishers and database vendors have modified their products to be accessible on the Internet. This allows customers to access information 24 hours a day, 7 days a week, from any computer that has Internet access. This has opened up a whole new world of information, with both its benefits and drawbacks for consumers. Listed below are just a few of the Internet-based resources, including databases and websites, used by the Hartford Hospital Health Science Libraries staff.

Keep in mind that some databases have charges associated with access and require a username and ID. If your institution has a library with a viable budget, they may

maintain a subscription to some of the databases listed below. You will need to contact your librarian for access information:

- **The NLM Gateway**

www.nlm.nih.gov/pubs/factsheets/gateway.html

"One-stop shopping" for an increasing number of the information resources of the National Library of Medicine (NLM). The Gateway is targeted for the Internet user who comes to NLM not knowing exactly what is here, or how best to search for it. A single interface that searches in multiple retrieval systems, Gateway provides a single address, look, and feel.

- **PubMed**

www.ncbi.nih.gov/entrez/query.fcgi

Provides free access to Medline, NLM's database of more than 11 million bibliographic citations and abstracts in the fields of medicine, nursing, dentistry, veterinary medicine, health care systems, and preclinical sciences, and links to the full-text of articles at participating publishers' web sites.

- **CINAHL**

The Cumulative Index to Nursing & Allied Health Literature (CINAHL) database provides authoritative coverage of the literature related to nursing and allied health. Virtually all English-language publications are indexed along with the publications of the American Nurses Association and the National League for Nursing. Primary journals are indexed from the following allied health fields: Cardiopulmonary Technology, Physical Therapy, Emergency Service, Physician Assistant Health Education, Radiologic Technology, Medical/Laboratory, Technology Therapy, Medical Assistant, Social Service/Health Care, Medical Records, Surgical Technology, Occupational Therapy. Selected journals are also indexed in the areas of consumer health, biomedicine, and health sciences librarianship. In total, more than 500 journals are regularly indexed; online abstracts are available for more than 150 of these titles. The database also provides access to healthcare books, nursing dissertations, selected conference proceedings, standards of professional practice, educational software and audiovisual materials in nursing. Years of coverage include 1982 to present.

- **PsychInfo**

Produced by the American Psychological Association, covers literature in psychology and related disciplines such as medicine, psychiatry, nursing, sociology, education, physiology, linguistics and business. This database provides summaries from a selection of relevant journal articles from over 1300 journals, written in 25 languages, book chapters and books, technical reports and dissertations.

- **AltHealth Watch**

A full-text database of more than 160 periodicals, peer-reviewed journals, academic and professional publications, magazines, consumer newsletters and

newspapers, research reports, and association newsletters focused on complementary, alternative and integrated approaches to health care and wellness. It provides in-depth coverage (on both lay person and professional levels) across the spectrum of more than two hundred therapies, modalities and perspectives addressed by integrated medicine. Most coverage dates begin in the early 1990's.

- **Health and Wellness Resource Center**

A health database indexes magazines, journals, newspapers, definitions, directories, and information on: Fitness, Pregnancy, Medicine, Nutrition, Diseases, Public Health, Occupational Health and Safety, Alcohol and Drug Abuse, Prescription Drugs, Herbal Remedies, and Alternative or Complementary Treatments. Included are links to diet, cancer, and health assessment sites as well as government databases. Material contained in this resource center is intended for informational purposes only.

- **National Center for Complementary and Alternative Medicine (NCCAM)**

<http://nccam.nih.gov>

One of the 27 institutes and centers that make up the National Institutes of Health (NIH). The NIH is one of eight agencies under the Public Health Service (PHS) in the Department of Health and Human Services (DHHS). NCCAM is dedicated to exploring complementary and alternative healing practices in the context of rigorous science, to training complementary and alternative medicine (CAM) researchers, and to disseminating authoritative information to the public and professionals. NCCAM has four primary areas of focus: research, research training and career development, outreach, and integration.

- **NOAH**

<http://www.noah-health.org>

The New York Online Access to Health is dedicated to your health and well being. Their mission statement best defines their goals: “NOAH provides access to high quality full-text consumer health information in English and Spanish that is accurate, timely, relevant and unbiased. We support both English and Spanish, a unique feature that allows us to serve the often-underserved Spanish-speaking population of health consumers. Via our library partnerships we reach out to all city communities, offering our services and resources for free, making health information accessible to all who seek it.”

(Links have been provided above for those resources that are available at no cost.)

Accessing Library Services

The National Library of Medicine provides a portal for access to information for health care professionals and the public. If you do not have access to a local health science library, visit the National Library of Medicine’s website. You will find links to a variety

of valuable tools, including Medline and [Loansome Doc](#), the NLM's Document Delivery Service (www.nlm.nih.gov/services/ldwhat.html).

Conclusion

In our experience, we have found that collaborating with the Health Science Library has been and continues to be invaluable in our program development process. We hope we have provided information that will be helpful to you in developing your own program.

VI-iv: Guided Imagery

What is Guided Imagery?

Guided imagery is a mind-body intervention that focuses the imagination and the five senses to create soothing and relaxing images. These images in turn can enhance the healing process as well as positively impact creativity and performance. [CLICK HERE](#)

Why Choose Guided Imagery?

- Patients in the hospital setting experience many stressors (e.g. anxiety, pain, sleeplessness, nausea, fatigue, etc.) that can undermine the function of the immune system and interfere with healing.
- Guided imagery has been shown to induce the “relaxation response,” may diminish anxiety, pain, nausea and fatigue, and may enhance the healing process. The physiological changes resulting from the “relaxation response” can boost the function of the immune system and increase a sense of well-being.
- Conditions caused or aggravated by stress often respond well to imagery suggestions (e.g. pain, headache, gastrointestinal disorders, respiratory conditions, blood sugar, blood pressure, sleep deprivation, etc.).
- Patients using guided imagery before surgery often go into surgery calmer and recover faster.
- [Research studies](#) document similar benefits.

Starting Your Guided Imagery Program

Components generic to developing any integrative medicine program, regardless of the modality, have been discussed in [Chapter V](#). The following discussion and suggestions are those components that we identified as unique and specific to a Reiki program.

- | | |
|-----------------------------------|--------------------------------|
| • Recruitment | • Volunteer Evaluation |
| • Interviewing/Screening | • How patients access services |
| • Validation | • Documentation of Services |
| • Training Components | • Policies and Procedures |
| • Guided Imagery Teacher | • Program Evaluation |
| • Volunteer Recognition/Retention | • What Patients Have to Say |

Recruitment

- 2000 - At Hartford Hospital, the original Guided Imagery Program was started by the collaborative efforts of Integrative Medicine and the Pastoral Services Department (PSD). One of the PSD's Directors who was trained in Guided Imagery taught selected PSD residents and staff to provide this service to patients.
- 2000 - Integrative Medicine expanded hospital-wide the pre surgery class already in place in Women's Health (utilizing Peggy Huddleston's Prepare for Surgery, Heal Faster book and relaxation/guided imagery tape).
- 2003 - Integrative Medicine in collaboration with Volunteer Services and Pastoral Services Departments created the Guided Imagery Volunteer Program. These volunteers worked closely with Pastoral Services to cover patient requests.

Interviewing/Screening

As mentioned previously, the planning group agreed that we would initially work with volunteers or staff already in good standing with the hospital, rather than recruiting community practitioners who might not have been familiar with the hospital setting or hospital culture. We eventually decided that when we expanded the program, we would recruit practitioners from the community. The Volunteer Services Department began the process of recruiting, screening, and selecting interested internal volunteers who had appropriate patient interaction skills.

During the interview process, potential volunteers should be given:

- A position description for their role that clearly outlines their essential duties, physical requirements, time requirements, and age-specific competencies.
- It should be clearly explained that if they do things that are not in their role description they would be putting themselves at risk for liability.
- The role description should also clearly designate a supervisor for volunteers in this role.
- An outline of the entire training process. Even if a potential volunteer already has Guided Imagery training, it is important to have additional training to help the volunteer be comfortable and competent and speak the appropriate language in the hospital setting.
- Expectations of the future time requirements

- An understanding that the screening for appropriateness will continue throughout the training and during actual volunteering
- The option of re-assignment if it is deemed in the best interest of the volunteer by him/herself, or by the program coordinator.

In addition to the interview, reference and background checks should be done according to the policies of your organization. If the potential volunteer has been trained on the outside, a reference from that teacher could be helpful as well.

Validation

The term “credentialing” refers to the criteria process a health care organization uses to screen their licensed practitioners (MDs as well as massage therapists and acupuncturists). Since Guided Imagery practitioners are not licensed in Connecticut, it was determined that a validation process was a more appropriate term for this particular group.

Once it was clear that validation was a more appropriate term than credentialing, a Validation Process was then developed for processing applicants. To be eligible for the program, the potential volunteer would need to complete the validation criteria to insure credibility and consistency. The criteria included:

- Preliminary interview with the Volunteer Manager
- Completion of Guided Imagery training or certificate documenting prior training
- Completion of on-site Guided Imagery review sessions
- Completion of shadowing sessions
- Completion of hospital and volunteer orientations
- Review of policies and procedures
- Reference checks

For assistance in developing a similar process, you may contact our [Integrative Medicine Consultation Service](#).

Training Components

Critical to the success of a Guided Imagery Volunteer Program is a qualified and credible Guided Imagery Instructor as well as a hospital-specific training program.

What is acceptable training and appropriate language in the community may not be appropriate for the hospital setting.

The most critical aspects of validating a Guided Imagery Volunteer include:

- Guided Imagery training
- Hospital orientation per JCAHO requirements (including ethics, confidentiality, safety, etc.)
- Review sessions that include:
 - “Hospital – friendly” expectations, policies and procedures for practice and interactions with patients, families, and staff
 - Orientation to patient room, bed setup, equipment, and various clinical safety issues.
 - Two or three shadowing sessions with a Guided Imagery Instructor or with trained Guided Imagery preceptors who have been selected for their ability to mentor, coach, and evaluate appropriate practice of the new Guided Imagery Volunteers in the clinical setting.
- Orientation checklist
- Final evaluation for acceptance into the program and readiness for independent practice with patients

Since many volunteers may not have worked directly with patients, we felt that review sessions that included appropriate hospital practice and interactions, as well as an opportunity to shadow with experienced Guided Imagery Practitioners or Volunteers would help insure patient safety and a greater comfort level for the volunteers. Potential Guided Imagery Volunteers who are nurses (and comfortable with patient care) also complete this requirement so that all Guided Imagery Volunteers have consistent information.

Guided Imagery Teacher

An ideal teacher for a hospital based Guided Imagery Program would have:

- Certification Training in Guided Imagery
- An understanding of the power of imagery, the benefits, and potential emotional responses, as well as the ability to respond to issues that may arise (including knowledge of available resources such as mental health practitioners, social workers, pastoral services, etc.)
- Experience working with Guided Imagery with patients/clients

- Experience with the medical culture, preferably within your organization
- Understanding of the organizational infrastructure
- An ability to present the training class from a “hospital-friendly” approach
- Previous experience offering lectures and workshops

Since many potential Guided Imagery Volunteers may have no prior hospital experience, we recommend this as the optimum approach. If the Guided Imagery Instructor you select does not have prior hospital experience, having him or her partner with a clinical staff member may be the most appropriate arrangement for your organization.

Volunteer Recognition/Retention

Volunteer recognition can be thought of as an attitude, rather than an event. Volunteers should receive feedback about their performance and about the program on a regular basis. Another minimum requirement is a “thank you” each time they come in to volunteer. Your own recognition and rewards system (which is usually determined by your budget constraints and types of volunteers) may include:

- Pins, plaques, certificates
- Banquets, teas, receptions
- Personal letters, greeting cards
- Recognition by media
- Internal newsletter coverage

In addition to “traditional” recognition ideas that can be motivating to volunteers, some specific suggestions for Guided Imagery Volunteers include:

- Continuing education sessions on related topics (regularly scheduled at no cost, or if an event is a retreat, fees set at a reduced rate)
- Regular opportunity to review current or changing policies and procedures
- Opportunity to exchange experiences with peers
- Sharing of patient satisfaction feedback/comments/statistics
- Utilizing GI Volunteers at staff and public education events
- Utilizing experienced, qualified GI Volunteers as mentors for new volunteers
- Involving them in problem solving issues that affect their “work”

Recognition can lead to high retention levels that are important for roles that require a high level of training. Monitoring your volunteer satisfaction level and constantly looking for their feedback will go a long way to making them feel involved and committed to the program right from the beginning.

Failure to understand this may lead to shortages of volunteers in the future. Keep in mind that the first 30-60 days of volunteer involvement are critical.

Volunteer Evaluation

JCAHO requires annual evaluations for volunteers in patient care roles. However, evaluations should be seen as not only a requirement, but as an opportunity to maintain high standards and indeed improve a program. The volunteer position description can be used as a basis for evaluation.

How patients access services

In the early stage of developing the Guided Imagery Program we asked the following:

- Would staff and volunteers offer the service to patients?
- Would Guided Imagery be offered by patient request only?

Since many patients would not necessarily know about Guided Imagery, its benefits, or the availability of the service, it was critical to the success of the program that staff be educated (experiencing a session first-hand) and encouraged to offer it to their patients.

At Hartford Hospital Guided Imagery has been offered in the following ways:

- 1999 - Pilot Program (Cardiology, Orthopedics, Oncology)
 - The Guided Imagery instructor(s) held inservices/demos for staff on the designated units before the target start date.
 - Staff left a written request at the Nursing Station for pickup by Pastoral Service staff.
 - The Guided Imagery instructor wrote an article for the hospital newspaper to inform staff about GI and the Pilot Program.

- **2001** - Hospital-wide GI Program following Pilot Program
 - Patients or families called the Integrative Medicine Department to request a session and inform the staff of their name and location.
 - The Integrative Medicine staff made a list of patients and locations and called the requests to Pastoral Services.
- **2002** - Hospital-wide Program
 - Hartford Hospital's Information Systems Department developed an on-line computer ordering system. Patients and family were instructed through an Integrative Medicine brochure or the staff to ask their caregiver to order a Guided Imagery session through the new system.
 - In addition, Pre-Admission Treatment Center (PATC) asked patients prior to admission if patients would like to receive any of the Integrative Medicine therapies. If patients requested a session, PATC would order it on-line.
 - In the spring of 2003, Integrative Medicine PATC requests were discontinued due to the overwhelming numbers of requests
- **2003** - Volunteer Program
 - Volunteers were trained to enhance the availability of services through Pastoral Services Department.
 - Patients continued to ask their caregiver to order a Guided Imagery session on the computer ordering system.

Documentation of Services

Documentation of patient informed consent as well as sessions provided and outcomes observed is an important component of service provision. We determined that the minimum acceptable content should include:

- Date/Time
- Patient name
- Statement of patient/family verbal consent
- Type of session and # of minutes
- Observed outcomes (relaxation, pain relief, sleep, other)
- Practitioner signature

Including these components would insure consistent documentation regardless of provider or individual session. We recommend consulting with legal council and the medical records department to determine what is most appropriate for your organization.

Policies and Procedures

Since all organizations require formal policies and procedures to provide consistent and appropriate direction, most have their own generic format to be followed. Therefore, each institution will need to determine what content and format is appropriate for their setting. We have also included in [Chapter V](#) generic component recommendations for offering any modality that can be modified for organization specific requirements. Our [Integrative Medicine Consultation Service](#) is available should you need assistance with fine-tuning the details.

Program Evaluation

We continue to review and revise as the program progresses and we see what works and what is not effective. During the Pilot, patients were given the same feedback surveys used for Massage and Reiki. In a sense, the Guided Imagery Volunteer Program continues to be a work in progress.

What Patients Have to Say

"Amazing what was accomplished in a very noisy, distracting place as a hospital. Took the edge off my stress right away. Looking forward to the next session."

"I'm amazed that using guided imagery before surgery helped me feel calmer before surgery and heal faster."

"I never knew I could become so calm by letting my imagination see different soothing images."

"I keep wondering how using my imagination helped relieve my pain, but it did!"

Summary

We have found the Guided Imagery Program to be beneficial for our patients. We hope we have provided information that will be helpful to you in developing your own successful program.

VI-v: Massage Therapy

What is Massage Therapy?

Massage Therapy is an ancient healing touch technique manipulating the soft tissues of the body for various therapeutic benefits.

Why Choose Massage?

- Physiological benefits include the following:
 - Decreased pain
 - Improved circulation
 - Reduced blood pressure
 - Enhanced muscle tone, relief of muscle spasms and soreness
 - Improved range of motion and flexibility
 - Reduced edema
 - Increased lymphatic drainage
 - Improved texture and tone of skin
 - Improved digestion
 - Improved sleep
 - General relaxation and reduced anxiety
 - Feelings of rejuvenation and a greater sense of well-being
- Research Studies document similar benefits
- Hartford Hospital Outcome Measurements confirm the benefits
- Well known benefits have caused an increased demand for massage services and an increased availability of licensed practitioners

The Research

Research studies have shown that many patients with a wide variety of conditions can benefit from Massage Therapy (Table 1).

Alzheimer's	Anorexia Nervosa	Anxiety	Arthritis	Asthma	Attention Deficit Disorder
Autism	Back Pain	Behavior Problems in Children	Blood Flow	Blood Pressure	Breast Cancer
Bulimia	Burns	Cancer	Cardiovascular Disorders	Carpal Tunnel Syndrome	Cerebral Disorders
Circulation	Cerebral Palsy	Chronic Fatigue Syndrome	Cocaine Addiction	Cognition Disorders	Cystic Fibrosis
Dental Pain	Depression	Dermatitis	Diabetes	Down's Syndrome	Fibromyalgia
Headache	HIV	Job-Related Stress	Juvenile Rheumatoid Arthritis	Labor Pain	Leukemia
Multiple Sclerosis	Parkinson's	Post-Traumatic Stress	Pregnancy Pain	Premenstrual Syndrome	Sexual Abuse
Sexual Disorders	Sleep Disorders	Smoking Addiction	Spinal Cord Injuries	Stress	Voice Disorders
Table 1. List of Conditions					

In addition, you will find the following topics covered in the Massage Therapy Research literature (Table 2).

Adolescents	Aromatherapy	Breast Massage	Dancers	Elderly	Endorphins
Exercise	Extremities	Facial	Genetics	Growth	H-Reflex
Hospice	Hospitalized Patients	Immunology	Infants	Intensive Care	Massage Therapists
Mind-Body Interface	Perineal Massage	Physician's Perspectives	Preschool Massage	Preterm Infants	Reflexology
Sports	Surgery	Substance P	Transplants		
Table 2. Massage Literature Topics					

Shown in recent research cited by the AMTA:

- Massage Therapy is more effective for chronic back pain than other complementary therapies.
- Massage therapy promotes relaxation and alleviates the perception of pain and anxiety in cancer patients.
- Massage Therapy reduces post-traumatic headaches better than cold pack treatments.
- Massage stimulates the brain to produce endorphins.
- A pilot study conducted at Cedars-Sinai Medical Center in Los Angeles found that massage, as part of hospital-based surgery treatment, reduces pain and muscle spasms in patients who have undergone heart bypass surgery.

Websites with Articles on Massage Therapy Research and Surveys:

- American Massage Therapy Association Foundation Massage Therapy Research Database
www.amtafoundation.org/researchdb.html
- Massage Therapy Journal Index Search
www.amtamassage.org/journal/mtjindex.html
(Back issues and reprints may be obtained through the AMTA by calling 847-864-0123 or sending a fax to: 847-864-1178.)
- PubMed, the National Library of Medicine's free access to the Medline database
www.ncbi.nlm.nih.gov/entrez/query.fcgi
- Touch Research Institutes - University of Miami School of Medicine
www.miami.edu/touch-research
- Work place survey
[Oxford Health Plans Study on Massage and Employee Perks](#)

Massage Therapy Surveys

The American Massage Therapy Association (AMTA) announced in 2003 the results of two patient surveys that reported more people are using Massage Therapy to relieve and manage their pain:

- In the first survey cited by the American Massage Therapy Association, 91% of the adults polled said Massage Therapy is effective in reducing pain.
- In the second national survey from the American Hospital Association revealed that 63% of adults polled said Massage Therapy provides more relief from pain than chiropractic, acupuncture, physical therapy and other forms of bodywork. 96% of these same clients stated that they would use massage again for pain

relief, 74% reported a temporary reduction in pain and 14% reported a permanent elimination of pain.

Hartford Hospital's Experience

Hartford Hospital patients have requested Massage Therapy services for many conditions including:

- Arthritis
- Asthma
- Carpal Tunnel Syndrome
- Chronic and Acute Pain
- Circulatory Conditions
- Edema
- Gastrointestinal Disorders
- Headache
- Insomnia
- Muscle Spasms
- Musculoskeletal Pain
- Myofascial Pain
- Pregnancy, Labor, and Post Delivery
- Scar Tissue
- Sports Injuries
- Stress
- Temporomandibular Joint Disorder (TMJ)

Starting Your Massage Program

Components generic to developing any integrative medicine program, regardless of the modality, have been discussed in [Chapter V](#).

The following discussion and suggestions are those components that we identified as unique and specific to Massage Therapy.

- Recruitment of Therapists
- Screening and Credentialing
- How patients access services
- Documentation of Massage Therapy Services
- Development of the Employee Massage Program
- Policies and Procedures
- Program Evaluation
- What Patients Have to Say

Recruitment of Therapists

At Hartford Hospital, we have never needed to recruit Massage Therapists. Before our Integrative Medicine Department existed, a group of five Massage Therapists who were hospital employees held the vision to bring Massage to the hospital. These five

eventually became one of Integrative Medicine's subspecialty groups, and they helped organize the Massage Program. Naturally, they were the first Licensed Massage Therapists to be employed by the hospital for the purpose of treating patients. Since then, the Integrative Medicine Department continues to receive frequent job inquiry requests from Licensed Massage Therapists.

In 2001 Hartford Hospital and Connecticut Center of Massage formed a partnership to establish a post-graduate Medical Massage program that trained Licensed Massage Therapists to work in a hospital setting. An accredited under-graduate Medical Hospital Massage program was added in 2002. Many of the graduates from these programs have become employees of our Integrative Medicine Department. Most organizations do not have a structure like this in place and need to recruit outside of their facilities. Networking with massage schools or massage related organizations are two possible approaches.

Screening and Credentialing

One of the first tasks in developing the Massage Therapy Program at Hartford Hospital was to collaborate with the Medical Staff office to create a job description as well as a screening and credentialing process. This process now includes:

- Preliminary interview with the person responsible for the Massage Program
- Completion of credentialing criteria (including licensure and malpractice documentation) through the Medical Staff office for Adjunctive Medical Staff eligibility
- Interview with Medical Staff Chairman
- Follow-up interview with Director of Integrative Medicine Department
- Completion of application through Human Resources
- Completion of Hartford Hospital orientation
- Completion of Integrative Medicine Massage Therapy orientation

Upon successful completion of this process, the therapist becomes part of the team.

For assistance in developing a similar program, contact our [Integrative Medicine Consulting Service](#).

How Patients Access Services

At Hartford Hospital, Massage Therapists' salaries are paid by grants and donations, but their services are free to patients. The way patients have accessed these services has evolved since the program began in 1999.

- **1999** - Pilot Program (Cardiology, Orthopedics and Oncology)
 - The therapist went to their assigned unit and checked with the front desk for a list of patients, family or staff who had requested a massage.
 - If the therapist had additional time they went to the patient rooms and educated patients and families about massage and availability at Hartford Hospital.
- **2001** - Hospital-wide Program Following Pilot Program
 - Patients or families called the Integrative Medicine Department to request a session and inform the staff of their name and location.
 - The Integrative Medicine staff made a list of patients and locations and gave it to the therapist on duty. Massage services were available seven days a week.
- **2002** - Hospital-wide Program
 - Hartford Hospital Information Systems Department developed an on-line computer ordering system. Patients and family were instructed through an Integrative Medicine brochure or the staff to ask their caregiver to order a massage through the new system.
 - In addition, PATC (pre-admission staff) asked patients prior to admission if patients would like to receive any of the Integrative Medicine therapies. If patients requested a massage, PATC would order it on-line.
- **2003** - Hospital-wide Program Changes
 - In the spring of 2003, Integrative Medicine discontinued PATC requests because massage had become so popular that therapists could not meet the demand.
 - In the fall of 2003, therapists were assigned one hour a week per unit to provide free massages. On-line requests were discontinued because therapists again could no longer meet the demand.
- **2004** - Hospital-wide Program
 - If patients and families request massage during a time the therapist is not on the unit, they may request a massage for a fee. If patients and family want to have any additional services, they call the Integrative Medicine Department to arrange it.

Documentation of Massage Therapy services

Massage Therapists, as licensed employees of the hospital, have access to the patients' chart for diagnosis and current treatment information prior to giving a massage. Following the massage, therapists must document their services in the progress notes of the patients' charts. The following information is included:

- Date and time
- Massage Therapy as the type of service
- Verbal consent by patient, family or nurse
- Length of session
- Areas worked on
- Type of Massage
- Outcomes
- Practitioner signature and title

Development of the Employee Massage Program

Based on our pilot program outcomes, employees as well as patients benefit from Massage Therapy. In 2001, we set up a program so that the staff could receive massage at a discount price (the price is equivalent to half price massages in our community). Employees paid the therapist directly or purchased a gift certificate. In 2003, based on many requests from employees to buy gift certificates for family members, the program was extended to include them. This has been a very popular program and it is available for employees and family seven days a week.

Policies and Procedures

Since all organizations require formal policies and procedures, most have their own generic formats to be followed. Therefore, each institution will need to determine what content and format is appropriate for their setting. We have also included in [Chapter V](#) generic component recommendations for offering any modality. Our [Integrative Medicine Consultation Service](#) is available should you need assistance with fine-tuning the details.

Program Evaluation

We continue to review and revise as the program progresses and we see what works and what is not as effective. As the program moves to different areas of the institution, area specifics dictate slightly different ways of doing things. In a sense, the Massage Program is a work in progress even though it has been successful from the start. We personally have found this program to be a wonderful option for our patients, families and employees. We have included below some of the comments patients have provided through the feedback surveys.

What Patients Have to Say

"This service is a needed part of healing. It addresses mind, body, and soul. It is an awesome addition to the traditional Western ways. It is non-invasive and has a great record. Also, side effects from this are none."

"I don't think there was anything good about being in the hospital, until you came along."

"At the time Jim (Massage Therapist) worked on me I was experiencing a rapid heart rate, so he did my feet and ankles while the medical staff gave me an IV medication for my heart rate. I think the massage did as much, if not more, for my elevated rate. Very relaxing!! This is a wonderful service."

"I think all hospitals should offer this service. I know the day I had a massage I felt better, and I was really sick the day they came."

"All practitioners are professional, sensitive, caring, reassuring. This service calms fears and helps put confused patients in a better frame of mind. It's such a wonderful and absolutely necessary service after such invasive surgery."

"I was so relaxed after the massage. I had the best nap afterwards. The best sleep I've had in years! Thanks!"

"I love the massage therapy. It took most of the pain and stress from my shoulder and the pain in my arms is also gone. I am interested in another massage."

Summary

In our experience, we have found the Massage Therapy Program to be one of the most popular with our patients as well as employees. We have been fortunate during 2005 to provide 3,802 massage therapy sessions to patients, staff and community.

We hope we have provided information that will be helpful to you in developing your own program.

VI-vi: Creating a Reiki Volunteer Program

What is Reiki?

Reiki is a Japanese touch therapy and relaxation technique and one of the fastest growing forms of Energy Medicine.

Why Choose Reiki?

- Patients in the hospital setting experience many stressors (e.g. anxiety, pain, sleeplessness, nausea, fatigue, etc.) that can undermine the function of the immune system and interfere with healing.
- Patients are asking for Reiki as a healing option.
- Hartford Hospital [Outcome Measurements](#) show that Reiki can induce the “relaxation response,” can diminish anxiety, pain, nausea and fatigue, and can enhance the healing process. The physiological changes resulting from the “relaxation response” can boost the function of the immune system and increase a sense of well - being.
- [Research studies](#) document similar benefits.
- Reiki practitioners frequently ask to provide this service to patients.

Starting Your Reiki Volunteer Program

Components generic to developing any integrative medicine program, regardless of the modality, have been discussed in [Chapter V](#). The following discussion and suggestions are those components that we identified as unique and specific to a Reiki program.

- Recruitment
- Applications
- Interviewing/Screening
- Validation
- Training Process
- Reiki Master-Teacher
- Volunteer Recognition/Retention
- Volunteer Evaluation
- How patients access services
- Documentation of Services
- Policies and Procedures
- Program Evaluation
- What Patients Have to Say

Recruitment

At Hartford Hospital, the original Reiki Program began in Women's Health. Their planning committee decided to use volunteers rather than nursing staff to provide Reiki sessions. There was concern at that time that the nursing shortage might interfere with the consistent availability of the additional services to patients. The Department of Volunteer Services agreed to partner with Women's Health to develop this service. As the program expanded hospital-wide, the volunteer role was continued as a successful and valuable option in the Reiki program.

As is true for all volunteers, Reiki Volunteers need to be appropriate for the role, well trained, and know what is expected of them for safe patient care since many of them may not have a medical background. Therefore, it is also important that the Volunteer Manager be trained in Reiki to:

- Better understand Reiki and the service to be offered
- Better evaluate applicant suitability
- Be supportive of the volunteer's experiences
- Better evaluate the volunteer's practice

For this reason, the Volunteer Manager was one of the first to go through the training that volunteers would eventually participate in. This was helpful for fine-tuning the process while volunteers were being recruited and before the program actually began.

Successful recruitment is a result of careful planning, understanding the needs of the program and the appropriateness of the volunteer applicant. Since the Reiki Volunteer's role calls for a 3-4 hour shift, matching program requirements to the needs and interests of potential volunteers is a key element of our strategy. For example, this would probably not be a good role for a volunteer who is only available for one hour at a time. Factors that can motivate volunteers include:

- The ability to make a meaningful contribution
- The ability to use work and life experience
- Socialization and networking

Recruiting from within the organization may be your first choice, but if you need to recruit within the community, the motivators for the following groups may match the needs of your Reiki Volunteer Program very closely. Potential Reiki volunteers may be found by networking with or advertising with:

- Colleges and universities
- Community businesses and organizations
- Retirement communities
- Churches
- Reiki Master-Teachers
- Holistic health practitioner organizations, schools, directories, or magazines
- Health clubs
- Yoga studios
- Health food stores

Word of mouth is an excellent recruitment tool for your program. Many people will learn about it from your patients, family members and your staff. When doing presentations about Reiki or related services in the hospital and in the community, make flyers available about the program with contact information. Your organization's website, if available, can also be a good recruitment tool. At Hartford Hospital we have always had a waiting list of potential Reiki Volunteers and fortunately have never needed to recruit.

When beginning the recruitment process for a new Reiki Volunteer Program, the initial recruits could be volunteers already working in other areas of the organization. These volunteers would be chosen for their excellent communication skills, compassion, and willingness to learn a new skill (some may already be trained in Reiki), thus promoting an increased comfort level between the volunteers, program coordinators, and patients. Asking these volunteers to consider joining a Pilot Program could be considered a "promotion" and show that you value their talent and contributions.

Applications

A well-designed application can provide you with enough information to do the initial screening and decide whether to offer an interview for this position. Human Resources can be consulted to review appropriateness of the application and interview questions that comply with the Civil Rights Act of 1964 (anti-discrimination) and the Americans with Disabilities Act.

Interviewing/Screening

As mentioned previously, the planning group agreed that we would initially work with volunteers or staff already in good standing with the hospital, rather than recruiting community practitioners who might not have been familiar with the hospital setting or hospital culture. Since the program was a great success, we eventually decided that when we expanded the program, we would recruit practitioners from the community. The Volunteer Services Department began the process of recruiting, screening, and selecting interested internal volunteers who had appropriate patient interaction skills.

Some core questions that may be helpful for screening potential Reiki Volunteers include:

- Why do you want to participate in the Reiki Volunteer Program?
- What did your Reiki training consist of (if already trained)? If their Reiki class content did not seem to be adequate (for instance, their class was only 2 hours vs. a typical 8-12 hour class), but you felt they were appropriate for the program, you may consider letting them audit your hospital Reiki class.
- How would you explain Reiki to someone who has not heard of Reiki?
- Tell me about your experience with Reiki.
- How do you think people benefit from a Reiki session?
- What do you feel you receive from giving Reiki?
- How would you respond if someone said no to an offer of Reiki?
- How would you handle a situation where a patient says something that makes you uncomfortable (give examples)?
- What would you do if someone wanted to discuss his or her clinical situation and asked for advice?

During the interview process, potential volunteers should be given:

- A position description for their role that clearly outlines their essential duties, physical requirements, time requirements, age-specific competencies, etc.
 - It should be clearly explained that if they do things that are not in their role description they would be putting themselves at risk for liability.
 - The role description should also clearly designate a supervisor for volunteers in this role.
- An outline of the entire training process - even if a potential volunteer already has Reiki training, it is important to have additional training to help the volunteer be comfortable and competent and speak the appropriate language in the hospital setting.
- Expectations of the future time requirements.
- An understanding that the screening for appropriateness will continue throughout the training and during actual volunteering.
- The option of re-assignment if it is deemed in the best interest of the volunteer by him/herself, or by the program coordinator.

In addition to the interview, reference and background checks should be done according to the policies of your organization since Reiki Volunteers have “hands-on” access to patients. If an outside Reiki Master-Teacher has trained the applicant, a reference from that teacher would be helpful as well.

Validation

The term “credentialing” refers to the criteria process a health care organization uses to screen their licensed practitioners (MDs as well as massage therapists and acupuncturists). Since Reiki is not a licensed profession in Connecticut, it was determined that a validation process was a more appropriate term for this particular group.

Once it was clear that validation was a more appropriate term than credentialing, a Validation Process was then developed for processing applicants. To be eligible for the program, the potential volunteer would need to complete the validation criteria.

Because there were no known programs for us to draw from, we decided what criteria to assess to insure credibility and consistency. They included:

- Preliminary interview with the Volunteer Manager and Reiki Master-Teacher
- Completion of Reiki training or certificate documenting prior training
- Completion of on-site Reiki review sessions
- Completion of shadowing sessions
- Completion of hospital and volunteer orientations
- Review of policies and procedures
- Reference checks
- Agreement on Code of Ethics

In addition to a Validation Process, a Code of Ethics for Reiki Volunteers can be helpful. They can be required to sign an agreement to follow all hospital Reiki Program policies, including documentation requirements, confidentiality, and utilization of “safe touch.” These may be developed from Reiki organizations iarp.org or reiki.org) and other holistic health practitioner Codes of Ethics. Assistance is also available for this from our [Integrative Medicine Consultation Services](#).

Training Process

Critical to the success of a Reiki Volunteer Program is a qualified and credible Reiki Master-Teacher as well as a hospital-specific training program. What is acceptable training and appropriate language in the community may not be appropriate for the hospital setting. The most critical aspects of training include:

- Reiki Level I class (minimal training required although there are 4 levels of training available) either at your institution or in the community. If the volunteer was trained in the community, a class certificate is required. As we interviewed potential candidates in collaboration with Volunteer Services, it was clear that not all Reiki classes were equal in length and content. Since we wanted all volunteers to have a similar educational background, those who were already trained could audit the hospital class if deemed appropriate by the interviewer.
- Hospital orientation per Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements (including ethics, confidentiality, safety, etc.)
- Review sessions that include:
 - “Hospital – friendly” expectations, policies and procedures for practice and interactions with patients, families, and staff.
 - Orientation to patient room, bed setup, equipment, and various clinical safety issues.

- Two or three shadowing sessions with Reiki Master or trained Reiki preceptors who have been selected for their ability to mentor, coach, and evaluate safe practice of the new Reiki Volunteers in the clinical setting.
- Orientation checklist.
- Final evaluation for acceptance into the program and readiness for independent practice with patients.

Since most volunteers had not worked directly with patients, we felt that review sessions that included appropriate hospital practice and interactions, as well as an opportunity to shadow with experienced Reiki Volunteers, would help insure patient safety and a greater comfort level for the volunteer. Potential Reiki Volunteers who are nurses (and comfortable with patient care) also complete this requirement so that all Reiki Volunteers have consistent information.

Reiki Master-Teacher

An ideal teacher for a hospital based Reiki Program would have:

- Completed a Reiki Master-Teacher Training
- Experience with the medical culture, preferably within your organization
- Understanding of the organizational infrastructure
- Be able to present the training class from a “hospital-friendly” approach
- Previous experience offering lectures and workshops

Since many potential Reiki Volunteers have no prior hospital experience, we recommend this as the optimum approach. If the Reiki Master-Teacher does not have prior hospital experience, partnering with a clinical staff member may be the most appropriate arrangement for your organization.

Volunteer Recognition/Retention

Volunteer recognition can be thought of as an attitude, rather than an event. Volunteers should receive feedback about their performance and about the program on a regular basis. Another minimum requirement is a “thank you” each time they come in to volunteer. Your own recognition and rewards system (which is usually determined by your budget constraints and types of volunteers) may include:

- Pins, plaques, certificates
- Banquets, teas, receptions
- Personal letters, greeting cards
- Recognition by media
- Internal newsletter coverage

In addition to “traditional” recognition ideas that can be motivating to volunteers, some specific suggestions for Reiki Volunteers include:

- Continuing education sessions on related topics (regularly scheduled at no cost, or if an event is a retreat, fees set at a reduced rate)
- Regular review of current or changing policies and procedures
- Reiki shares/exchanges for volunteers to receive Reiki from peers
- Sharing of patient satisfaction feedback/comments/statistics
- Utilizing Reiki volunteers at staff and public education events
- Utilizing experienced, qualified Reiki Volunteers as mentors for new volunteers
- Involving them in issues important to them

Recognition can lead to high retention levels that are important for roles such as that of Reiki Volunteers that require a high level of training. Failure to understand this may lead to shortages of volunteers in the future. Keep in mind that the first 30-60 days of volunteer involvement are critical. Monitoring your volunteer satisfaction level and constantly looking for their feedback will go a long way to making them feel involved and committed to the program right from the beginning.

Volunteer Evaluation

JCAHO requires annual evaluations for volunteers in the patient care roles. However, evaluations should be seen as not only a requirement, but as an opportunity to maintain high standards and indeed improve a program. The volunteer position description can be used as a basis for evaluation.

How patients access services

In the early stage of developing the Reiki Program we asked the following:

- Would staff and volunteers offer the service to patients?
- Would Reiki be offered by patient request only?

Since many patients would not necessarily know about Reiki, its benefits, or the availability of the service, Reiki was offered in the following ways:

- **1997-2000:** Women's Health Reiki Program and Pilot Program (Cardiology, Orthopedics, Oncology)
 - The Reiki instructor held inservices/demos for staff on the designated units before the target start date
 - Volunteers would:
 - Make rounds, room to room on designated units, offering services.
 - Educate patients, families, and staff through explanation and educational brochures and flyers.
 - Encourage staff to inform patients about the service or to recommend specific patients to Reiki Volunteers making rounds.
 - Take patient requests, as time allowed.
 - The Reiki instructor wrote an article for the hospital newspaper to inform staff about Reiki and the Pilot Program.
- **2001:** Hospital-wide Program following Pilot Program
 - Patients or families called the Integrative Medicine Department to request a session and inform the staff of their name and location.
 - The Integrative Medicine staff made a list of patients and locations and sent it to Volunteer Services daily for pickup by Reiki Volunteers.
- **2002:** Hospital-wide Program
 - Hartford Hospital Information Systems Department developed an on-line computer ordering system. Patients and family were instructed through an Integrative Medicine brochure or the staff to ask their caregiver to order Reiki through the new system.
 - In addition, PATC (pre-admission staff) asked patients prior to admission if patients would like to receive any of the Integrative Medicine therapies. If patients requested Reiki, PATC would order it on-line.
- **2003 to present:** Hospital-wide Program Changes
 - Due to popularity of the Reiki program and increase requests, PATC's pre-admission ordering was discontinued
 - Reiki sessions are still ordered online by patient caregivers
 - When special requests are completed, Reiki Volunteers go to their assigned back-up units and offer sessions as time allows

Documentation of Services

- *Log sheets*

Initially Reiki Volunteers made rounds recruiting patients. We developed a log sheet for communication between volunteers as well as for periodic review by the Reiki Instructor and Volunteer Manager. By reviewing the log sheet each

day, each successive volunteer could see which patients had been approached, who had received a Reiki session, who had asked for a Reiki session later, and who said “no, I do not wish to have a session and do not wish to be asked again.” Session outcomes were also documented on the log sheet.

- *Formal documentation of Reiki sessions*

Historically volunteers had not been allowed access to the patient medical record. It was initially determined that a copy of the log sheet that summarized Reiki sessions and outcomes would be given to the nursing staff who would in turn document the sessions in their patients’ medical records.

Documentation of patient informed consent as well as sessions provided and outcomes observed is an important component of service provision. It became evident over time that sessions were not consistently documented. At a time when JCAHO was focusing on non-medicinal options for pain and anxiety, it became even more critical to document Reiki sessions and outcomes.

Based on these previous concerns, the possibility of volunteer documentation in the patient’s medical record was revisited. A meeting was held with Risk Management, Legal Council, and Medical Records to discuss the feasibility and requirements of such an endeavor. Once there was agreement on allowing this to take place, it was determined that a simple, consistent format of “fill-in-the-blanks” was necessary either in the form of a sticker or a stamp that would be placed in the patient’s chart. A “fill-in-the-blank” stamp was then designed and ordered. We determined that the minimum acceptable content should include:

- Date/Time
- Patient name
- Patient/family education and verbal consent
- Type of session and # of minutes
- Observed outcomes (relaxation, pain relief, sleep, other)
- Practitioner signature

Including these components would insure consistent documentation regardless of provider or individual session. Since confidentiality was also a concern, the volunteers were not allowed access to the entire patient chart, but only to the most recent progress note. Since a predetermined formatted stamp may not always be available, we also created a laminated copy of the stamp content for volunteers to carry in their

pocket as a reference for charting. Whenever necessary, they would be allowed to write this same content directly on the most recent progress note.

Based on this experience in developing a Reiki Volunteer documentation process, we recommend consulting with legal council and the medical records department to determine what is most appropriate for your organization.

Policies and Procedures

Since all organizations require formal policies and procedures to provide consistent and appropriate direction, most have their own generic format to be followed. Therefore, each institution will need to determine what content and format is appropriate for their setting. We have also included in Chapter V generic component recommendations for offering any modality that can be modified for organization specific requirements. Our Integrative Medicine Consultation Service is available should you need assistance with fine-tuning the details.

Program Evaluation

We continue to review and revise as the program progresses and we see what works and what is not effective. As the program moves to different areas of the institution, area specifics dictate slightly different ways of doing things. In a sense, the Reiki Volunteer Program is a work in progress even though it has been very successful from the start. We have personally found this program to be a wonderful option for our patients, families, and employees. We have included below some of the comments patients have provided through the feedback surveys.

What Patients Have to Say

"Being in the hospital is stressful enough, but having a major operation is very, very stressful! Reiki was extremely helpful for stress and pain relief. Thank You!"

"Even with drugs I had difficulty relaxing, but with the Reiki experience I was able to completely relax. What a great service to provide in hospitals. It opens people's minds to alternative methods of healing. It was great!"

"Our dad who is under a lot of stress with his diagnosis was quite surprised to have fallen asleep with Reiki. It was a great feeling to see him at peace during a most difficult time. Thank you!"

"The Reiki provided me with practically the only relief I had during a rather painful four days in the hospital. First time I am without back pain in weeks! I feel wonderful!"

"I felt extremely relaxed. Cramping in my legs and knees was greatly released."

Summary

We have found the Reiki Volunteer Program to be one of the most beneficial programs for our patients and, it is also very fulfilling for our Volunteers. We are very grateful for the dedication of the hundreds of Reiki Volunteers who have participated in the program over the past six years. We have been fortunate during 2005 to provide 8,524 Reiki sessions through 23,128 Reiki volunteer hours.

We hope we have provided information that will be helpful to you in developing your own successful program.

VI-vii: Creating a Tai Chi Program

What is Tai Chi?

Tai Chi exercises are fundamentally holistic, benefiting the whole body as well as the mind. The benefits of Tai Chi can be appreciated by people of all ages, sizes and shapes. Tai Chi is a very adaptable form of exercise that can be practiced anywhere and anytime, without any special equipment. The continuously changing series of postures, known as the form, are designed to achieve a harmonious flow of energy (chi). The movements are coordinated with breathing patterns and done slowly so that the practitioner can focus on changes in balance, flexibility and muscular tension.

Why Choose Tai Chi?

- Calms the mind and body
- Lessens stress
- Reduces falls in the elderly and improves balance
- Develops strength and flexibility
- Increases a sense of confidence
- Enhances emotional and psychological well-being

Starting Your Tai Chi Program

Tai Chi is a complementary modality that can be developed in a variety of ways, depending on your organization's particular needs. This module will provide:

- An Introduction to Tai Chi
- Tai Chi Research
- Implementation of a Tai Chi Program
- Recruiting a Tai Chi Teacher
- Documentation of the Service
- Policies and Procedures
- Funding/Budget
- Program Evaluation

Introduction

Practiced by millions of people, Tai Chi (abbreviated for T'ai Chi Ch'uan and pronounced tie chee chuwan) is an ancient martial art that today is becoming one of the most popular exercise systems in the world.

Tai Chi is a relaxing and stress reducing activity that provides the practitioner with an overall sense of well-being. It can also be used as a tool for people faced with daily challenges such as chronic pain or illness. This form of exercise can be easily incorporated into the daily routine of most individuals (even wheel-chair bound patients), requires no special equipment, and has no risk factors.

There are four major forms of Tai Chi, and it is helpful to understand the differences between the forms, especially when developing your program and recruiting a teacher. The differences between the four forms can be categorized as differences in Form, Descriptive Style, and Suitability (Table 1):

Form	Descriptive Style	Suitability
Yang	Slow, large fluid movements; gentle and graceful	All ages and most levels of physical condition
Chen	Physical; slow and soft movements combined with fast and hard movements; explosive power and low stances	Best for those in good to excellent physical condition
Wu	Mid-paced; compact and soft movements with a slight, forward-leaning posture	All ages and most levels of physical condition
Sun	Compact and flowing with agile steps; high stance; contains Qigong movements which add breathing and relaxation	All ages and most levels of physical condition

Table 1. Four Major Forms of Tai Chi

The most widely taught Tai Chi form is the Yang style form, 24 movements. This form incorporates large fluid movements and is very gentle allowing people at various levels of physical conditioning to participate. If you are developing your program to meet the needs of the general population, the Yang style Tai Chi would be a good form to offer.

There are also modified forms of Tai Chi that have been developed to accommodate people that have physical challenges. Several worth mentioning are Chair Tai Chi, Tai Chi for Arthritis, and Tai Chi for Diabetes:

- Chair Tai Chi incorporates Tai Chi principles into an exercise program from a chair. Participants are guided through the form using the upper body, arms and hands, with emphasis on gentle turning, bending, and stretching. Students may be instructed to visualize the legs and foot movements, or encouraged to move their lower extremities as much as possible from the seated position. Chair Tai Chi can promote confidence and a sense of accomplishment in persons not able to perform other types of exercise.
- Tai Chi for Arthritis is a program specifically developed with consideration for the pain and guarded movements of the person with musculoskeletal disorders, and has features to improve flexibility and muscle strength. Qigong exercises, a related Chinese exercise system, are incorporated into this form to promote relaxation and reduce stress through slow, deep breathing and rhythmic movements. The [Tai Chi for Arthritis program](#) is supported by the Arthritis Foundation and was developed by Dr. Paul Lam, an Australian family physician and arthritis sufferer himself, along with a team of Tai Chi instructors, a physical therapist and two rheumatologists. Although there is no licensing or teaching validation for Tai Chi instructors, the Tai Chi for Arthritis program requires instructors to be trained and certified before teaching this form. The importance of understanding the mechanisms of arthritis and related musculoskeletal disorders and ramifications of inappropriate movements for these patients is critical to improving the patient's outcome.
- Tai Chi for Diabetes was designed to improve the health of people with Diabetes by gently increasing physical activity and levels of relaxation. Developed by Dr. Paul Lam, along with a team of medical and Tai Chi experts, this form incorporates movements from the Yang and Sun style. This form is appropriate for people with no former knowledge of Tai Chi and is easy to learn. As with Tai Chi for Arthritis, certification from [Dr. Lam's organization](#) is required to teach this form of Tai Chi.

No matter which form you decide to offer, the benefits can be experienced by anyone who practices Tai Chi:

- Slow, deep breathing increases relaxation and concentration and reduces stress.
- For those who can stand, alternating steps of applying full weight and stepping back and forth throughout the form improves muscle and bone strength and balance.

- Positions practiced in the form promote correct posture and increase flexibility.
- Improved functional mobility enhances quality of life.

Tai Chi Research

Western medical research is just beginning to evaluate the therapeutic significance of Tai Chi. A search of the medical literature (by entering the term "Tai Chi" into the National Library of Medicine's Medline and CINAHL databases, and limiting the results to English language) reveals over 150 articles. However, only a small percentage of these articles are clinical studies or systematic reviews. The results of the studies that have been done are inconsistent due to such a wide variation in the type of study, age and gender of study subjects, the type of Tai Chi used, and the duration of the Tai Chi exercise. As recently as March, 2004, a systematic review was conducted on the effects of Tai Chi on the health outcomes in patients with chronic conditions. That review, published in the March 8, 2004 Archives of Internal Medicine reports that Tai Chi does appear to have physiological and psychosocial benefits, but that limitations and biases exist in most of the studies. What is significant is that even in the small number of Western studies conducted to date Tai Chi has been found to have a beneficial effect in several areas of functioning in the studied populations:

- Reduced falls in the elderly and improved balance
- Developed strength and flexibility
- Increased sense of confidence
- Enhanced emotional and psychological well-being

Areas of research which show great promise, but which need further study, include reducing blood pressure, improving cardio-respiratory function and improving symptoms associated with multiple sclerosis.

Implementation of a Tai Chi Program

There are a variety of ways Tai Chi can be included in the complementary modalities being offered by your organization. Although this is not a modality that is provided to patients while in the hospital, Tai Chi classes may be offered to patients in ambulatory care, clinics, and rehabilitation programs, as well as to your employees and the general population as a community education program.

Once you have decided on who you will offer your program to, you will need to designate a person to coordinate Tai Chi activities. This person may already be in your work group or in your organization. When first starting up a Tai Chi program, your program coordinator may be a volunteer. Whether paid or volunteer, a designated coordinator will be beneficial in developing your new program, helping with the education process (including making presentations), and keeping the momentum going.

At this point you will also need to recruit a Tai Chi teacher. It may be possible that the person designated as your program's Tai Chi coordinator may also be a qualified and appropriate teacher. Although the next section discusses teacher recruitment, you will need to consider both the coordinator and teacher positions as you map out your plans for education.

Educating Your Work Group, the Healthcare Staff, and the Community

One of the biggest hurdles in offering Tai Chi classes is educating your patients, the healthcare practitioners and staff, and the community on what Tai Chi is and what benefits it will provide to the practicing student. You can start this process by gathering more information about Tai Chi :

- Find members of your work group who already practice Tai Chi
 - They can provide valuable information from a practicing student's perspective.
 - They may be willing to form a sub-working group to help develop the Tai Chi program.

- Take a Tai Chi class
 - Through experience, you may be better prepared for the development of a Tai Chi program.
- Talk to community agencies that may offer Tai Chi classes
 - Many senior centers, adult education, or town park and recreation programs offer Tai Chi classes to the community.
 - Their experience in offering community classes may help you in your development.
- Talk to your institution's physical therapy/rehabilitation staff, if available
 - Physical therapy and rehabilitation professionals are often exposed to Tai Chi exercise during their professional training.
- Check your institution's library or local public library for written information and videos on Tai Chi.
 - There are a variety of resources available to help you and your colleagues learn more.
 - For a list of suggested reading and video titles, visit www.harthosp.org/integrativemed/Resources

Educating your healthcare practitioners is an important component in developing a referral relationship. Through education, doctors, nurses, physical therapists and other healthcare staff will understand the benefits their patients will receive through the practice of Tai Chi. Map out an education plan so that you reach the greatest number of professionals throughout your organization. Don't forget to include education of all your organization's employees when mapping out your plans. Consider the following approaches:

- You will reach a large number of people through planned continuing education events such as grand rounds, staff in-service education and department meetings.
- Partner with other departments such as employee fitness, staff development, or physical therapy to offer a Tai Chi education day.
- Work with your organization's library staff to do a display on Tai Chi and include reading materials and quality websites.
- Participate in organization-wide events such as employee health fairs or "lunch and learn" programs.
- Develop a bulletin board display that can be posted in a high-traffic area of your organization.

Another consideration if you plan to offer Tai Chi classes to the community will be to offer several programs or events for the general public. As with healthcare practitioners and staff, it will be beneficial to have the coordinator and teacher positions in place to assist with planning and making presentations for these activities. In developing new programs and services, our experience has shown that providing free introductory programs will draw the most people, especially if it is a new topic. Although Tai Chi is not a new exercise system, we have found that the general public knows very little about the health benefits of this system. These activities will also help you to build a list of potential students for future classes. In developing community-based programs and events, you may wish to consider the following:

- Secure a location that is easily accessible, taking into consideration people that have physical challenges and reduced mobility
- Plan to speak about the history, research and health benefits of Tai Chi, and be prepared to answer questions
- Plan to demonstrate the form of Tai Chi to be offered and provide a class outline
- Plan well in advance to allow time for marketing the program and classes
- Coordinate with other events such as the annual Tai Chi Day (usually the first Saturday in April) and other community events such as local health fairs
- Consider offering free introductory programs both during day and evening hours

Tai Chi promotes the concepts of preventive healthcare (taking care of self) and is a holistic approach to helping patients return to a healthy lifestyle following illness. By offering Tai Chi classes, your institution will support the empowerment of patients and the general public in seeking a time-proven exercise system that enhances quality of life.

Recruiting a Tai Chi Teacher

A critical part of developing a Tai Chi program is finding an appropriate teacher. As discussed in the Introduction, there are four major forms of Tai Chi, and it is helpful to know the differences and suitability of each style as well as the teacher's basic teaching philosophies. Some teachers will have a background in martial arts, and

their teaching philosophies may be geared towards competition-related goals. Teachers who take a mind-body approach may teach with holistic health and relaxation in mind.

Unlike Yoga, there is no certification or licensing requirement for teaching Tai Chi. There are however, some modified forms that do require special certification by the person or organization that developed the modification. As Tai Chi has evolved into a worldwide form of exercise, the traditional forms mentioned in the Introduction have been modified and adapted for special populations. An example of this would be Dr. Paul Lam's [Tai Chi for Arthritis](#) program. Dr. Lam, a Tai Chi master and family physician, modified the traditional Sun style of Tai Chi into a simple and effective 12-part style that benefits people with arthritis and musculoskeletal disorders. In order to teach Dr. Lam's program, you must complete training and receive certification from his organization.

Whether you decide to offer your Tai Chi program to patients who are referred from practitioners within your organization or you offer a community-based program, you may wish to recruit a teacher who can teach a variety of Tai Chi styles, including a modified form such as Tai Chi for Arthritis, to meet the diverse needs of patients and the general public.

It is helpful if the teacher has experience working with people who have health challenges (musculoskeletal disorders, asthma, stress, headaches, or balance disorders). Since this is not always possible, you may need to develop partnerships with other healthcare professionals within your organization. For example, if you have a physical therapy or rehabilitation department, these professionals can work with the Tai Chi teacher to develop skills in working with a variety of patients. In your search to find an appropriate Tai Chi teacher, the following list may be helpful in the recruiting process:

- Check local fitness centers, health clubs or other healthcare organizations. You may connect with a teacher already established in the community or wellness organization.

- Caution: classes offered at martial arts schools may emphasize the martial art and related competitive aspects, with little emphasis on Tai Chi for health and well-being.
- Contact local Tai Chi schools for established teachers or recommendations of experienced student practitioners who may be interested and appropriate to teach.
- When looking for teachers that have the special certifications mentioned above, a search of the Internet often provides a listing of qualified teachers (sometimes called instructors) in that modified form. An example can be found on Dr. Lam's Tai Chi for Arthritis [website](#).

Another consideration in the recruitment process is the kind of employment relationship you will have with the Tai Chi teacher. In addition to adding a teacher's salary to your department's annual budget, there are also contractual or per diem employment agreements. These types of agreements will allow most organizations to implement a Tai Chi program regardless of their budget, as the teacher's salary is drawn directly from the income of classes taught. Take the following into consideration as you prepare to interview Tai Chi teacher candidates:

- Does your organization allow per diem or contractual employment agreements?
 - If yes, have the paperwork ready for the interview process and be prepared to discuss the agreements and answer questions.
 - If no, what other employment options does your organization offer? Be prepared to discuss these options with your candidates.
 - If no, will you be seeking private funding/grants to fill this position? Be prepared to discuss how you plan to fund this position.
- Does the candidate carry their own liability/property insurance?
 - Tai Chi teachers who teach private classes or have their own studio will carry their own insurance. Depending on the employment agreement, be prepared to discuss whether the teacher will be covered under the organization's policy or whether they will need to maintain their own policy.

Interview

The interview can be divided into two parts: interactive questions and answers, as well as a demonstration of skills and teaching techniques. Once you have located teachers that you wish to interview, be prepared with a list of questions to help you

identify the appropriate teacher for your organization's needs. Some helpful interview questions include:

- How long have you practiced Tai Chi?
- Who were your teachers (or what school did you attend)?
- What basic philosophy did you follow (martial arts, competitive, wellness)?
- How long have you taught classes and in what environment (fitness club, healthcare organization)?
- What forms do you practice and what forms do you teach?
- Have you ever adapted a form for a physically challenged student and if so, please explain?
- How do you feel about the saying, "no pain, no gain"?
- How would you react to a student who begins to cry during class?
- What experience do you have at public speaking (besides teaching a class)?
- How would you describe Tai Chi to someone who has never heard of this form of exercise?
- How would you handle a student who began having chest pains during class?
- Do you have CPR certification?
- Give examples of how you keep students engaged and encouraged as they are learning the form?
- How do you (or would you) keep your classes fresh?

The second part of the interview includes a demonstration of the teacher candidate's skill, along with a sample teaching session. By recruiting your colleagues to play the role of students, the candidate can conduct a sample class. Another option would be to schedule a time to attend a class, if the candidate is an established teacher with an ongoing class.

Documentation of the Service

Documentation of services (or in this case, classes and individual students) will provide valuable information for tracking outcomes, especially for patients referred by your organization's healthcare practitioners.

At Hartford Hospital, we developed an information packet that includes a form to cover basic personal information. When developing documentation for your Tai Chi program, you may consider including:

- Name, address, telephone number and email address
- Emergency contact information
- Doctor's release (for use when applicable to the student)
- Release of liability for the teacher/institution

The packet also included a separate form to help document outcomes as well as a detailed doctor approval form outlining medical history and health considerations. Your organization may already have a format to follow for documentation of services.

Policies and Procedures

Since all organizations require formal policies and procedures, most have their own generic formats to be followed. You will need to determine what content and format is appropriate for your setting.

Funding/Budget

You will find a generic discussion on funding issues in [Chapter V](#). In addition to these basic considerations for funding, you will find additional information in this chapter under Recruiting a Tai Chi Teacher.

Program Evaluation

There are several ways in which program evaluations can be done. The use of multiple approaches simultaneously can be beneficial. Staff, patients, and healthcare practitioners can provide valuable information for formal outcome measurements as well as informal feedback. You can use this information to maintain, revise, and expand your program. As in most organizations, formal data collection is usually more convincing to those qualified to empower you to move forward and/or provide future funding. Suggestions regarding this are provided in the Program Evaluation and Expansion chapter of this book.

If you would like assistance with fine-tuning the details of Documentation, Policies and Procedures or Program Evaluation, please contact our [Integrative Medicine Consultation Services](#).

Summary

Tai Chi is an ancient martial art, deeply rooted in Traditional Chinese Medicine, and practiced by millions of people worldwide. Fundamentally holistic, Tai Chi benefits the mind, body, and spirit and may be adapted to accommodate people with physical challenges including limited mobility.

Although the number of quality research studies on Tai Chi are still small, review of the literature does reveal positive benefits including reducing falls in the elderly, and improving strength and flexibility. Tai Chi is a relaxing and stress reducing activity and worthwhile endeavor that can easily be incorporated into the daily routine of most individuals. By providing your patients, employees and your community access to this holistic exercise system, you will be promoting the concepts of wellness and good self-care.

Chapter VII

Program Evaluation & Expansion

Up to this point, the Building Bridges book has discussed Hartford Hospital's experiences and suggestions for developing and implementing an Integrative Medicine Program in a medical setting. Once a program has been developed, regardless of its size or scope, it is always important to incorporate an evaluation component into the process, whether formal or informal.

Right from the beginning, we collected data for our Pilot Programs for [Massage](#), [Guided Imagery](#), and [Reiki](#) in Cardiology, Orthopedics, and Oncology. In collaboration with our Quality Management Department a formal patient and staff feedback survey was created that could be analyzed for Outcome Measurements. Understanding the importance of concrete pre- and post-treatment data as well as patient testimonials, we included both in the survey. As the Pilot data was analyzed, each modality in each specialty area showed statistically significant reductions in pain and anxiety. As the programs expanded, these same surveys were then utilized for all patient populations throughout the hospital. They were eventually revised to look at other outcomes. You can review the components we used in the Outcomes section of our [Integrative Medicine Website](#).

Based on the positive results of the Outcome Measurements and the subsequent success of the Pilot Programs, the decision was made by the planning committees (see [Chapter V](#)) to continue the programs and data collection hospital-wide. Once this process was in place (see [individual modalities](#) for details), we were ready to consider offering other modalities. As new grants became available, new programs were implemented in the outpatient departments as well as the inpatient units. The work groups were reorganized as appropriate for the modality, but the principles of collaboration, brainstorming, and development remained the same. Planning meetings were modified as needed from a weekly, to a monthly, and back to a weekly schedule, depending on the needs for planning and implementation. Expansion activities included:

- **2000** - The [Art for Healing](#) expressive art program, which began on the Rehabilitation Unit, expanded to include the Cancer Center.
- **2000** – Discounted [Massage](#) services offered to employees
- **2001** - The [Acupuncture](#) program became a hospital-wide program (just in time for Chinese New Year)
- **2001** – The outpatient Musculoskeletal Medicine Clinic that incorporated Acupuncture, Massage, and Reiki for their underinsured population and, the outpatient Dialysis Unit incorporated Art Therapy, Massage, and Reiki
- **2003** – More discounted services offered to employees - Acupuncture, Reflexology, Reiki, and [Therapeutic Touch](#).
- **2004** - Acupuncture, Massage, [Reflexology](#), Reiki, and Therapeutic Touch services offered to the community.

We have been fortunate during 2005 to provide 900 acupuncture sessions, 931 Art for Healing sessions, 3,802 massage therapy sessions and 8,524 Reiki sessions to patients, staff and community.

We continue to offer these expanded services as well as [ongoing education](#) for staff, patients and the community. As our customers become more familiar with our services, we see many more open doors than when we started, and the programs have expanded naturally as the demand has increased.

Chapter VIII

A Work in Progress

As the Integrative Medicine Program at Hartford Hospital continues to change and grow, we are proud to say that we celebrated our Fifth Year Anniversary in November 2004. The Integrative Medicine Program officially began in December 1999 (although the Reiki Program began in Women's Health in 1997). Even though our vision was strong, we certainly did not foresee the program that exists today. For instance, in 2004 over 13,800 Integrative Medicine sessions were provided.

Individually, most of us originally had our own intentions and hopes for particular modalities – Massage, Reiki, and Homeopathy, for example. But as a group, we put those particular allegiances aside and held the clear intention to create an inpatient Integrative Medicine Program that would stand the test of time. This motivation gave us the energy and enthusiasm we needed to move the project forward. Our understanding of the importance of intention, motivation, and energy has certainly been validated in the past five years. They were the support towers of our bridge, the first things we put in place to steady our project in the face of tension, opposition, time and budget constraints, or simply inertia.

We have also come to realize that for each individual or group wanting to undertake such a large, and at times seemingly never-ending project, the motivation may be different. The familiar phrase “the whole is greater than the sum of its parts” may best describe the importance of a motivated group dynamic. It was critical that everyone be committed for the long haul. Some were not, but those that were can now see that the bridge between conventional and complementary therapies has been completed and that patients, staff, and the community are benefiting from services that integrate the best of both worlds to provide compassionate care to heal body, mind, and spirit.

We wish to thank [administration, employees, patients, and the community](#) for their support in helping make this program a success. We believe that our Integrative Medicine Program truly bridges conventional and complementary medicines at

Hartford Hospital. We hope the information provided in this book will be beneficial to you for the successful development and implementation of your own program. If you should need further assistance, you may contact our [Integrative Medicine Consultation Services](#).

Chapter IX

Integrative Medicine Consultation Services

The Department of Integrative Medicine at Hartford Hospital can provide the following services to your organization:

- Program development conferences & consultation
- Integrative Medicine library development
- On-site tour of our successful hospital-based program
- Speakers, conferences and seminars - sample topics include:
 - Acupuncture
 - Aromatherapy
 - Bodywork: Massage, Cranial Lymph Drainage
 - Energy Medicine: Reiki, Reflexology, Therapeutic Touch
 - Expressive Arts
 - Feng Shui
 - Guided Imagery Visualization
 - Healing Arts & Crafts
 - Healing with the Chakras
 - Herbal Medicine
 - Homeopathy
 - Humor Medicine
 - Hypnosis
 - Imagery for Surgery
 - Introduction to Integrative Medicine
 - Journaling for Health
 - Mind-Body Relaxation Techniques
 - Natural Hormone Replacement Therapy
 - Naturopathy
 - Osteopathy
 - Outcomes Measurements
 - Tai Chi
 - Yoga

Appendix

About the Authors

Core Book Authors

- Alice Moore, RN, BS
Reiki Program Coordinator, Book Coordinator
 - Alice is a former ICU nurse/nurse manager, currently the coordinator for the Reiki Volunteer Program, Integrative Manual, Nursing Validation for Touch Therapy, and Guided Imagery for Surgery Preparation class for Hartford Hospital's Department of Integrative Medicine. She also has a part time practice providing Reiki, Therapeutic Touch, Cranial Sacral Therapy, and Guided Imagery for enhancing the healing process as well as teaches all levels of Reiki training.

- Marcia Rothwell, LMT
Integrative Medicine Program Director
 - Marcia is a licensed massage therapist and former nurse, currently Hartford Hospital's Integrative Medicine Program Director, and an instructor for the CCMT Medical Massage Program at the hospital. She is practitioner in multiple types of bodywork including Cranial Sacral Therapy and Lymph Drainage.



- Kelly Taylor

Health Science Libraries Information Coordinator

- Kelly is the Information Coordinator for Hartford Hospital's Health Science Library, manages the library's Consumer Health Information Services, and an adjunct staff member of the Department of Integrative Medicine. Her work includes the development of specialized health and medical collections to meet the needs of staff, patients and health consumers as well as teaching consumers how to find quality health internet-based information.



- Amalia Punzo, MD

Senior Scientist, Integrative Medicine Program

- Amalia is the Senior Scientist of Hartford Hospital's Department of Integrative Medicine. Traditionally trained in Internal Medicine at Hartford Hospital, she has subsequently received advanced training in Homeopathic Medicine and is the administrator for the Center for Integrative Medicine and Pain Management.



Contributing Authors & Editors

- Lisa Allen, Ph.D.

Former Director of Quality Management

- Lisa is the Director of Quality Management at Hartford Hospital. Her Doctoral training is in Medical Anthropology with early work in cultural healing practices. She has numerous healthcare publications with an emphasis on patient satisfaction, quality performance improvement, and outcome measurement and, is responsible for organizational surveys.



- Jerry Belanger
Web Manager, Hartford HealthCare
 - Jerry has been working in Information Technology since 1978, first with The Institute of Living, then with Hartford Hospital, and most recently Hartford HealthCare.
- Susan Bisbee-White, L.Ac. (deceased)
Acupuncture Program Coordinator
 - Susan was a licensed acupuncturist with a Masters in Oriental Medicine. She practices acupuncture at Hartford Hospital, the Manchester Area Network on AIDS, and the Center for Integrative Medicine and Pain Management and specializes in anxiety, depression, women's health issues, and pain management.
- Diana Boehnert, MFA
ART for Healing Program Coordinator
 - Diana Boehnert is Coordinator of the ART for Healing Program for Hartford Hospital's Department of Integrative Medicine creating expressive art experiences for patients in Rehab, Hemodialysis, and the Cancer Center. She is an Expressive Arts Facilitator, an exhibiting artist with 14 years experience teaching at the university level, and 25 years teaching private art classes and curating art exhibits, has presented at various local and national conferences and, is a member of the Society for the Arts in Healthcare.



- Jill Harris, B.A.
Consulting Editor
 - Jill Harris is a freelance writer and editor with a special interest in Integrative Medicine. She teaches college writing courses and has written for a variety of publications including New Haven County Woman, the Middletown Press, and the Boston Globe.
- Eileen Pelletier
Volunteer Services Manager,
Reiki Volunteer Coordinator
 - Eileen Pelletier is one of two managers in the Department of Volunteer Services and oversees approximately 900 volunteers including the 60 Reiki Volunteers. In 2002, Hartford Hospital's Reiki Volunteer Program received the "Extraordinary Program Award" from the American Society of Directors of Volunteer Services. Eileen is also a Reiki Master Practitioner.



Integrative Medicine Program @ Hartford Hospital

Visit our [Web site](#) for more information regarding our program. Sections of particular interest are:

- [Educational Programs](#)
Classes, Events and Programs offered by the Integrative Medicine Program
- [Glossary](#)
Glossary of terms pertaining to complementary and alternative therapies
- [Outcomes](#)
Patient and employee outcome measurements for various Integrative Medicine programs at Hartford Hospital
- [Resources & References](#)
Information and resources (audio/video, reading material, Web sites) regarding complementary and alternative therapies

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