Utilizing Research to Assess Impact of Care and Complementary Health Approaches on Adult Hospice Patients

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“In every house where I come... I will enter only for the good of my patients.” Hippocrates
Objectives

• Appreciate the importance of establishing evidence related to complementary health approaches and programs.

• Describe a research project that assesses perceived quality of life among hospice patients.

• Discuss results of research evaluating perceptions of those who used, as well as those who did not elect to use aromatherapy.

Highlights

• Professional backgrounds
• Beginning Complementary & Alternative Medicine (CAM) programs
• Development of aromatherapy program
• Hospice Quality Goals
• Jumping on the research train
• Analyzing and utilizing results
• What now?
• Seven hospital network
• Affiliations with regional colleges and universities
• Oldest nursing school in the U.S.
• Medical School
• Research focused - Annual presentations

Dynamics of our hospice....

• Started 1986 – celebrated 30 years 2016
• 2 home based offices & a 14-bed inpatient unit
• Average census 170-180
• Our role in the community as a leader in hospice care
• Annually, partners with a community memorial lecture series to present nationally recognized authors/speakers about end of life topics
• Full-time medical director

Recognizing the trend...
The National Center for Complementary and Integrative Health (NCCIH)

10 most common complementary health approaches among adults—2012

<table>
<thead>
<tr>
<th>Natural Products*</th>
<th>17.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep Breathing</td>
<td>10.9%</td>
</tr>
<tr>
<td>Yoga, Tai Chi, or Qi Gong</td>
<td>10.1%</td>
</tr>
<tr>
<td>Chiropractic or Osteopathic Manipulation</td>
<td>8.4%</td>
</tr>
<tr>
<td>Meditation</td>
<td>8.0%</td>
</tr>
<tr>
<td>Massage</td>
<td>6.9%</td>
</tr>
<tr>
<td>Special Diets</td>
<td>5.0%</td>
</tr>
<tr>
<td>Homeopathy</td>
<td>2.2%</td>
</tr>
<tr>
<td>Progressive Relaxation</td>
<td>2.1%</td>
</tr>
<tr>
<td>Guided Imagery</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

In 2007 out of pocket CAM expenditure topped $33 billion / 12 months
How It All Started

2011-2012
Changing tides and trends
Mind-Body practice
Finding holistic roots
First discussions-
Quality Manager
Director
Annual Staff Education Day
Introduction to Aromatherapy
Stars begin to align

Advancing Holistic Nursing Practices

Jesse-
CAM Certification 2011
Certified Hospice and Palliative Nurse 2012
Integrative Aromatherapy Certification (IAC) 2013
Easton Yoga CYT 2013
Reiki Master 2014

Toni-
Herbal Therapeutics Training 1997
Master Gardener Graduate 2000
Holistics Health Instructor 2007-2015
Certified Clinical Aromatherapy Practitioner (CCAP) 2013
Reiki III 2015
*AHNA American Holistic Nurses Ass’n
*Nat’l Assoc for Holistic Aromatherapy

AHNA accredited and NAHA endorsed aromatherapy programs

Co-founding members of Complementary Options Committee
**Complementary Therapies Meets Patient Care**

- Committee is formed- 2013
- Set objectives
- Formalize a name
  - Branding our program
- Subcommittees assigned to program development
- Hospice Quality Committee approvals
  - Formal reporting and review
- Funding grants awarded

Options to personalize patient's plan of care

Golden Rooms 💌 Reiki 💌 Aromatherapy
Peaceful Moments 🌼 Massage Therapy
Aromatherapy Program

- Survey
- Development of guidelines
- Creating the practice
- Essential Oil profiles and Safety Data Sheets
- Quality review and Implementations
- Staff Introduction
- Begin referrals and incorporate Plan of Care
- Aromatherapy Advocates Staff Training

* Purposes *

- Decreasing distress and discomfort (pain, anxiety, SOB, nausea, etc.)
- Improving patient and caregiver quality of life (reduce stress and/or support cultural, spiritual and emotional needs)
- Empowering patients and caregivers by providing choices for creating a personalized plan of care.
- Encouraging presence and peace.
- Promote evidence based, clinical applications of CAM/CIH (Complimentary and Alternative Medicine/Complementary and Integrative Health) therapies.
**Definition of Terms**

Clinical Integrative Aromatherapy refers to the **skilled, evidence-based** practice of using essential oils for the purpose of **treating the whole self**, body, mind, and spirit, as a means to creating harmony, balance, and peace with a “**first do no harm**” philosophy. An understanding that essential oils are not reductionist or directive, but instead function to assist and support the individual(s) wellness and healing throughout is fundamental to aromatherapy interventions.

* Liniment * Personal Nasal Inhaler*
* Room Spray *

Reference: NAHA

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**Hospice Care Objectives**

“The goals of complementary therapies in professional nursing practice and palliative care aim to reduce suffering and enhance patient comfort, promoting dimensions of healing in the face of serious or life-threatening illness.”

Hospice & Palliative Nurses Assoc.
Complementary Interventions

Average percentage of patients

- NonCIH: 66%
- Reiki: 7%
- Massage: 4%
- Aromatherapy: 22%

Aromatherapy Research
Evidence Based Practice

- 2014 Robin Haff Research Grant
- Recognizing the limited body of research available as it applies to end of life
- Upholding our purpose
- Making our contribution to the body of evidence
- Evaluating patients quality of life

NCCIH NEW STRATEGIC PLAN 2016-20

NCCIH Strategic Framework

**scientific objectives**
- Advance Fundamental Science & Methods Development
- Foster Health Promotion & Disease Prevention
- Improve Care for Hard-to-Manage Symptoms

**cross-cutting objectives**
- Enhance Research Workforce
- Disseminate Evidence-based Information
The Research Question

The Research Question

Can the inclusion of aromatherapy to the hospice plan of care impact the perceived quality of life of the adult patient who can self-report as compared to the patient who does not receive aromatherapy?

McGill Quality of Life Revised

Validated assessment tool
IRB Approves Study Design

- Evaluate patient eligibility and interest
- Obtain consent
- Each participant completes initial MQOL-R
- At 2-3 weeks – repeat MQOL-R
  - Non-aromatherapy
  - Aromatherapy

Preparing for research...

We assembled our team....
...Social Workers take on the challenge

<table>
<thead>
<tr>
<th>Hospice domain</th>
<th># of admissions</th>
<th># able to self-report</th>
<th># of self-reporters alive end of wk 1</th>
<th># self-reporters alive end wk 2</th>
<th># self-reporters alive end wk 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home hosp unit 1</td>
<td>72</td>
<td>40 (55%)</td>
<td>36</td>
<td>24</td>
<td>22 (30%)</td>
</tr>
<tr>
<td>Home hosp unit 2</td>
<td>11</td>
<td>5 (45%)</td>
<td>5</td>
<td>4</td>
<td>2 (18%)</td>
</tr>
<tr>
<td>In-Patient hosp</td>
<td>36</td>
<td>9 (31%)</td>
<td>4</td>
<td>3</td>
<td>2 (22%)</td>
</tr>
</tbody>
</table>

Collaborative Institutional Training Initiative (CITI) certification for all members of our research team
Process

- May 1, 2016 - October 31, 2016
- Application for extension - 3 months approved
- Completion January 31, 2017
- Total Hospice Admissions - 1183
- Total Aromatherapy Referrals - 136 (12%)
- Enrollment to QOL study:
  - 30 Consented
  - 27 Survey #1
  - 17 Survey #2
  - 16 Participants completed

Demographics

Age of participant:
- >40yrs. - 0 participants
- 40-65yrs. - 3 (5)
- 65+yrs. - 13 (22)

Expressed Interest
<table>
<thead>
<tr>
<th>Change Score</th>
<th>Aromatherapy (n=8) Median, Range</th>
<th>Non-Aromatherapy (n=8) Median, Range</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLQ-R</td>
<td>.073 (-1.8 to 1.21)</td>
<td>-.04 (-1.1 to 2.2)</td>
<td>1.00</td>
</tr>
<tr>
<td>SubP</td>
<td>-.17 (-6.0 to 3.3)</td>
<td>-.17 (-2.3 to 2.3)</td>
<td>0.88</td>
</tr>
<tr>
<td>SubS</td>
<td>.63 (-3.0 to 2.8)</td>
<td>.00 (-3.0 to 5.3)</td>
<td>0.38</td>
</tr>
<tr>
<td>SubE</td>
<td>.00 (-1.3 to 1.0)</td>
<td>-1.0 (-2.8 to 2.0)</td>
<td>0.33</td>
</tr>
<tr>
<td>SubR</td>
<td>-.17 (-6.7 to 3.7)</td>
<td>.50 (-.7 to 4.0)</td>
<td>0.33</td>
</tr>
<tr>
<td>Patient Perception of Quality of Life</td>
<td>.00 (-3.0 to 1.0)</td>
<td>.00 (-8.0 to 4.0)</td>
<td>0.80</td>
</tr>
</tbody>
</table>

“aromatherapy group’s scores from pre to post were slightly higher... that suggests a trend in the right direction.”

Feed Back....

...“Some patients felt that they were giving back by being a part of a research project”

“Questions were emotionally difficult for patients to answer especially after just starting hospice”

“Too short of time between survey to see effects...”

“One patient used the survey to do a life review...[and] affirmation”

“Some of the questions led to patients having insights regarding their feeling which provided an opportunity to explore issues in follow up visits”

Social Workers

“You are a ray of sunshine in a warped and twisted world”

26 yr old patient

“Mom loves that stuff...I put it on and she just gets so relaxed”

caregiver relating sentiments of Spanish speaking patient

Patients/ Caregivers

“I’m really happy to help and get the chance to help others with this study”

former engineering instructor

“Provided an unexpected benefit in her plan of care”

“Questions were emotionally difficult for patients to answer especially after just starting hospice”

“You are a ray of sunshine in a warped and twisted world”

26 yr old patient

“I’m really happy to help and get the chance to help others with this study”

former engineering instructor
Limitations

“If there is not a lot of drop out, it is not an end of life study….We need to do the best we can with the data we have and acknowledge the limitations.” Dr R Cohen

• Initial eligibility
• Disease progression during evaluation period
• Cognitive decline
• Physical decline- symptomatic
• Death

Opportunities

• Caregiver evaluation
• Program impact on caregivers
• Growing the program network wide
• Publishing
• Extending into and educating the community
Communicating with our Network

Presentations
Articles & Newsletters
Classes
Support and Leadership

Program Growth
Aromatherapy Resources

http://www.naha.org
https://nccih.nih.gov
http://www.ahna.org
https://www.nhpco.org
http://hpna.advancingexpertcare.org

Thank you

Welcoming your questions and discussion.