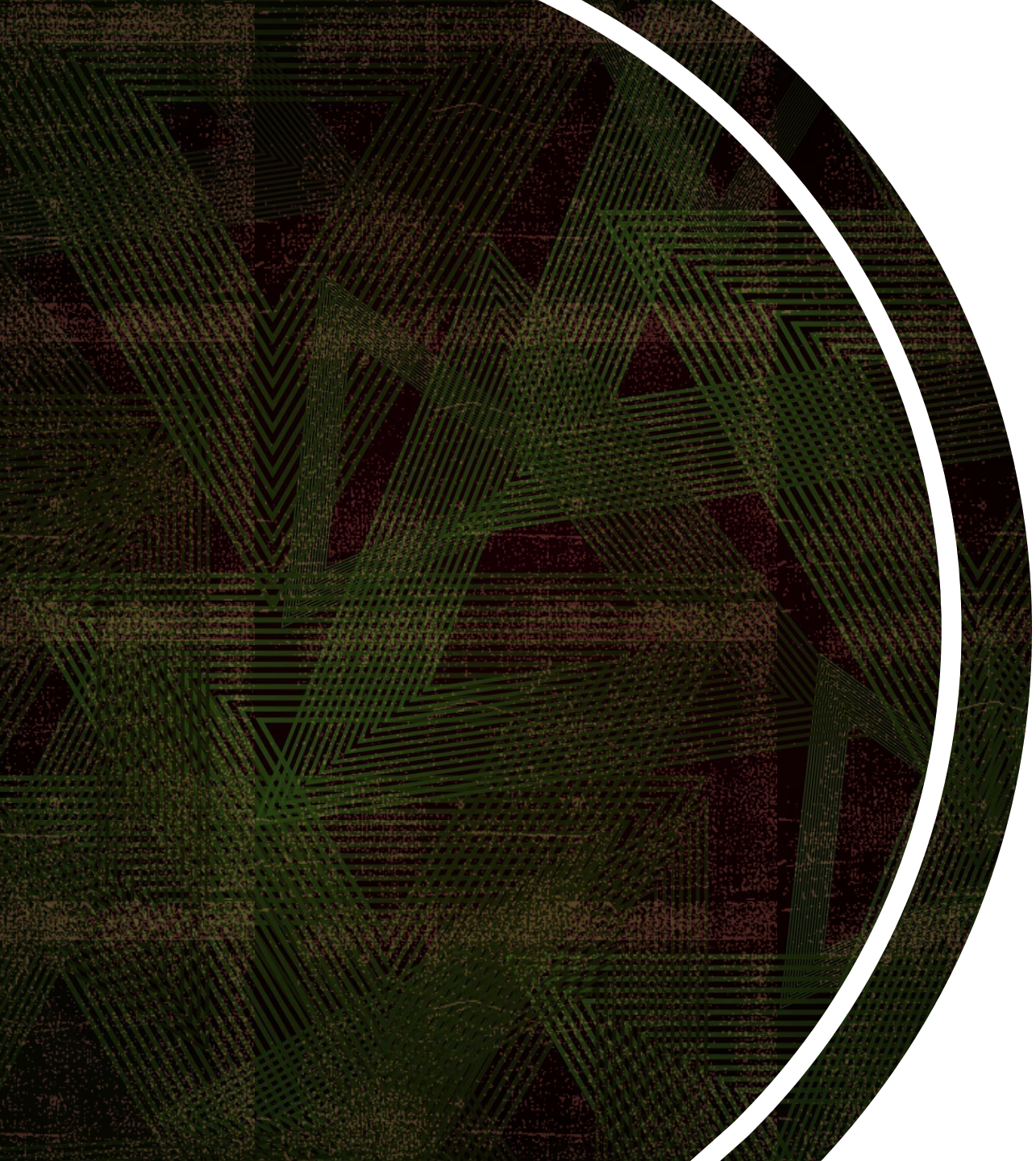

COMPLEMENTARY THERAPIES

How to Tap into Volunteer Facilitated Therapies to Improve Patient Symptoms

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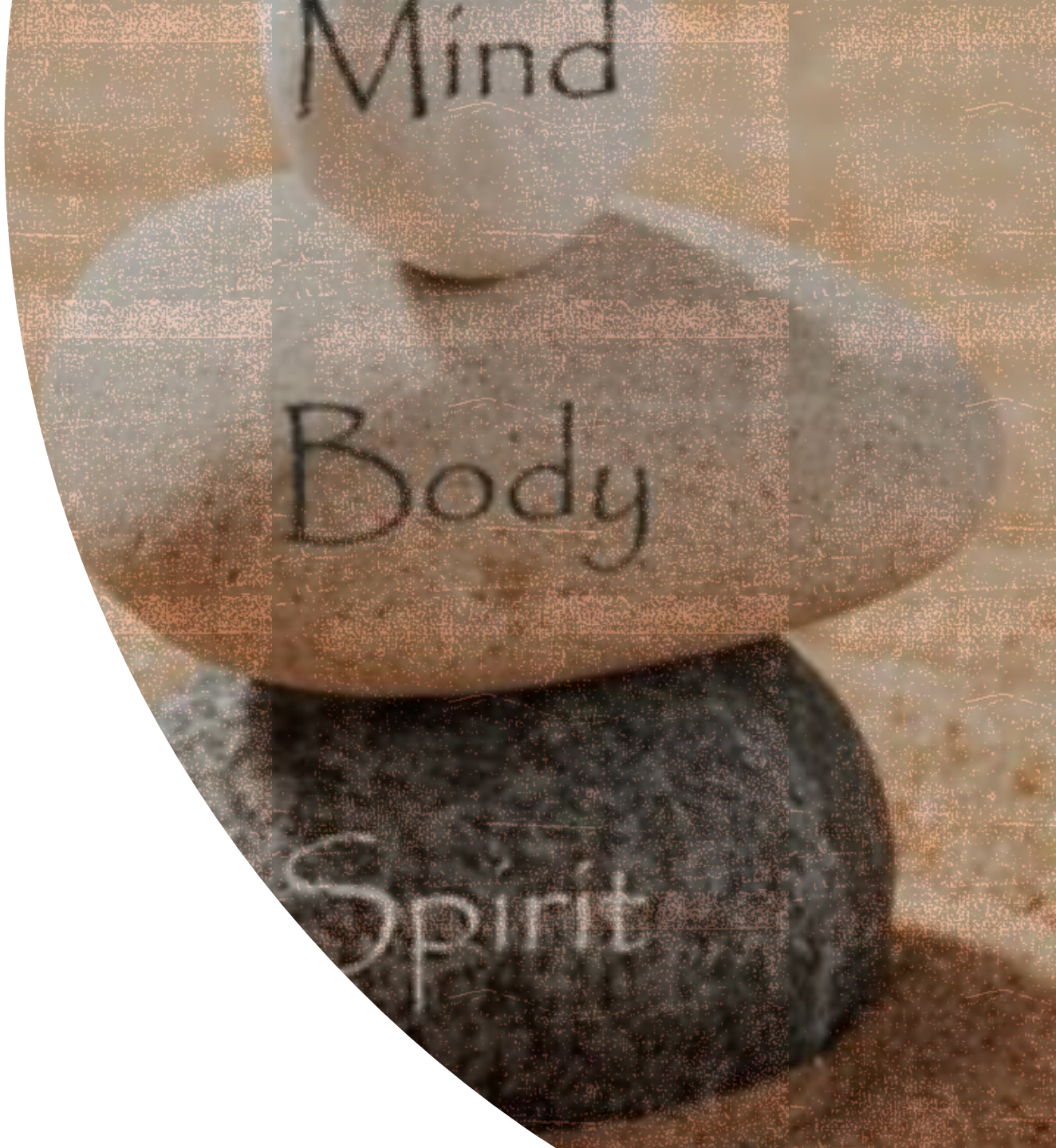
OBJECTIVES

- Define complementary therapies.
- Discuss matching the appropriate therapies with your resources and patient population.
- Discuss the partnerships needed to implement a successful complementary therapy program.
- Discuss recruitment and training
- Discuss modalities and process used by MUSC Palliative Care
- Discuss challenges and successes

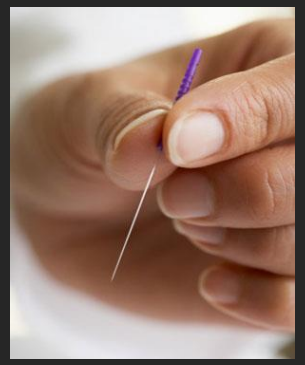
WHAT ARE COMPLEMENTARY THERAPIES?

- Complementary or Integrative Therapies enhance or along with traditional medical treatments
- They are not intended to replace traditional therapies
- They are low risk, non-pharmacological options
- Modalities include acupuncture, massage, reflexology, Reiki, music therapy, animal therapy, aromatherapy



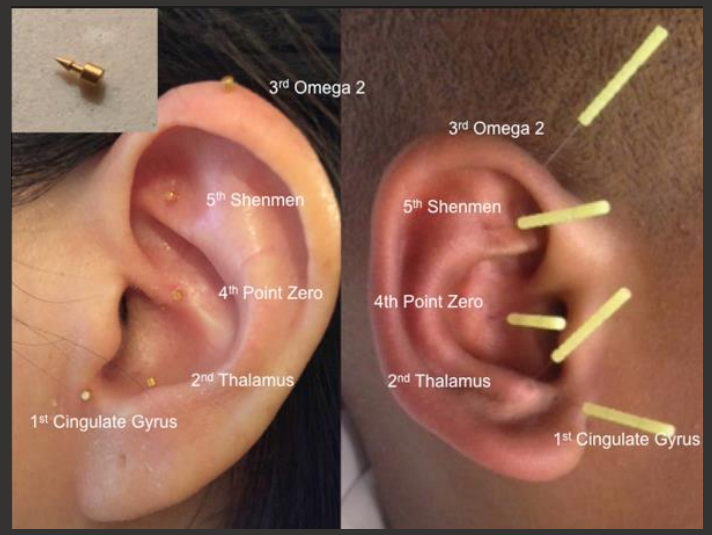
WHERE TO START?

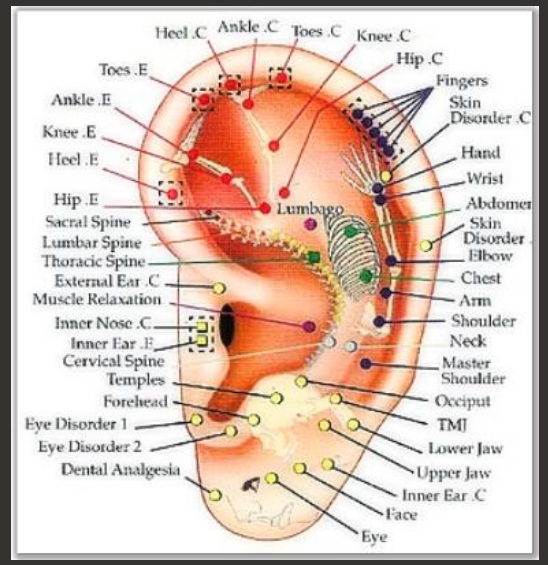
- What therapies are appropriate for your patient population and resources?
- Who should you partner with to help support your program?
  - Volunteer services
  - Palliative care
  - Therapeutic services: PT,OT,SLP
  - Art/Music Therapy
- Who do you nee approval from?
  - Hospital leadership
  - Risk management
  - Products approval committee



ACUPUNCTURE

- Placement of very fine needles in specific points to relieve symptoms
  - Auricular acupuncture
  - Needles are single use and cheap
- Can help many different symptoms including:
  - Pain
  - Nausea
  - Anxiety
- Special considerations
  - Certain lab values associated with increased risk for bleeding
  - Neutropenic precautions
- Supplies Needed:
  - Acupuncture needs ($14/box of 100)





POTENTIAL APPLICATIONS FOR ACUPUNCTURE

- NADA protocol
  - Ear seeds (acupressure)
- SC RN license coverage

MASSAGE THERAPY

- Massage can be used for comfort and symptom reduction
  - Headaches
  - Muscular tension and pain
  - Relaxation
- Determine what's appropriate for your resources and patient population
  - What type of massage and what areas of the body?
  - What things prohibit massage?
- Supplies needed: Massage lotion, carry bottles

REIKI

- Reiki is a "hands on" energy technique based on all things having life force energy
- Japanese philosophy, is NOT a religious practice. Rei = universal, ki = lifeforce energy
- Practitioners move blocked energy and/or help energy flow better
- Recipients often experience relaxation, stress reduction and/or a sense of increased well being
- No risks associated
- Sessions can be hands on, hands off, or distance (from another location)
- Growing in popularity across the country
- Supplies: None

RECRUITING

- Recruiting
  - What modalities are popular in your area?
- Screening
  - Develop clear parameters and expectations for these specialized volunteers
    - Ex: Reiki
- License or certificate level requirement
  - What training level is required for modalities that do not require a license?
- Liability insurance requirement
- Competency Checkoff
- Training

MUSC PROCESS FOR COMPLEMENTARY THERAPY VOLUNTEERS

- Interview and phone screening by PC Program Specialist and Volunteer Coordinator
- Routine application and on-boarding via Volunteer Services
- Departmental orientation with Palliative Care Program Specialist, including competency checkoff with a senior CT volunteer with equivalent training
- Observed co-sessions with other volunteers providing the same modality (3 sessions)
- Additional co-sessions and/or co-visits with Program Specialist until comfortable or for difficult cases

PROCESS

- Who determines which patients are appropriate for complementary therapies?
  - Modalities offered to the patient should be cleared through their primary medical team.
- Will they require a written order in the cart?
  - If so, who writes the orders?
- Does a consent or waiver need to be created?
  - Consents usually require approval from legal departments
- How is the visit documented?
  - Flowsheet tracking?
  - Medical record?

MUSC PROCESS FOR COMPLEMENTARY THERAPY VOLUNTEERS

- Modalities for patients determined by Palliative Care team
- PC provider (MD, DO, APRN) clears modality with primary medical team and enters order for therapy
  - Provider ensures labs are within normal parameters when applicable on the day of the visit
- Program Specialist maintains list of CT patients in EMR
  - Ensures an order is present
  - Communicates needs to the volunteers
- CT volunteer obtains consent for first visit and fills out paper form for each visit
- Program Specialist transcribes paper form into the EMR
- Provider or Program Specialist follows up with patient next day.

CHALLENGES

- Unfamiliarity with Complementary Therapies
- Frequent interruptions during sessions
- Practitioners acclimating to clinical environment
- Patients unavailable during volunteer's shift
- Demand exceeding supply
- Complementary therapies not available for non-PC patients

SUCCESSES

- Well received by patients, families and staff
- Increased awareness of Complementary Therapies
- Patients and families report benefits of therapies
  - Decreased symptoms
  - Stress reduction
  - Feeling supported
- Increased PC provider satisfaction

For additional Complementary Therapy resources, use the QR code.

Society for Healthcare Volunteer Leaders

Breakout Session Evaluation