

A Whole Health Approach to Transitional Rehabilitation

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Presentation Content

- **Whole Health: Change the Conversation** is a collaborative effort of the VHA Office of Patient Centered Care and Cultural Transformation, Pacific Institute for Research and Evaluation, and the University of Wisconsin-Madison School of Medicine and Public Health, Integrative Medicine Program, in support of the VHA's effort to affect transformational change towards a *Whole Health* model of health care delivery.
- Slides not referenced with a slide number were adapted from content presented at **Whole Health: Change the Conversation** in person course, in addition to online reference materials that are private property of VHA.
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Definition of Mindfulness

*“Paying attention
 on purpose,
 in the present moment,
 non-judgmentally,
 to the unfolding of experience.”*

Jon Kabat-Zinn, founder of Mindfulness-Based Stress Reduction

Objectives:

- 1. Participants will be able to identify components of Transitional Rehabilitation.
- 2. Participants will be able to identify 3 Whole Health Concepts.
- 3. Participants will be able to identify team strategies to overcome potential Whole Health programming barriers.

Components of Polytrauma Transitional Rehabilitation Program (PTRP)

- Post acute rehabilitation in a residential healing environment
 - Goal to create the best possible place for each participant's well-being
 - Group milieu
 - 1:1 sessions based on participant need
- Personalized, proactive, patient-driven approach
 - Participant at the center of their care, drives goals
- Environment includes building positive, trusting relationships

Who We Serve

PTRP is for Veterans and Active Duty Service Members who:

- Have a traumatic brain injury or other acquired neurologic injury
- Need similar post-acute transitional rehabilitation services

What is 'Whole Health?'

- Patient-centered care that affirms the importance of the relationship and partnership between patients and their community of providers
- Focus on empowering the self-healing mechanisms within the whole person while co-creating a personalized, proactive, patient-driven experience
- Shift from "find it fix" model of health care to whole health model— focus on the person not the disease process

Whole Health

- Nationally, VHA is rolling out the *Whole Health* approach to care. This approach is a truly integrated one. It encompasses all approaches to ones own well-being, maximizing the bodies own healing abilities while embracing medical treatment and social and community support.

Why Whole Health?

"Find the problem, then fix the problem: For decades, that was the heart of health care in the United States. It's what doctors were trained to do: *How long have you been feeling this way? How did it start? What are your symptoms?* That was, largely, the extent of the conversation; almost everything about a patient's visit revolved around the illness. And, yes, that is important — but when we focus only on the disease and not on *you*, the whole person, we do not partner with you in the best possible way."

-Tracy Gaudet, MD Executive Director of the Office of Patient Centered Care and Cultural Transformation (VHA)

Principles of Whole Health

- More effective model or approach to health care
- Care for the caregiver
- Empower patients
- Draw from a variety of therapeutic approaches (i.e. integrative therapies-IH or complementary and integrative medicine-CIM)
- Evidence-based
- Optimize patient care and outcomes

Whole Health Approach Using the PHI

My Story: Personal Health Inventory (PHI) Developed by the OPCC&CT

- Designed to encourage reflection on all aspects of health as outlined in the "Circle of Health"
- Assists in talking through what matters most to the participant and guides in establishing a plan of care based on that
- Shifts the conversation from "What's the matter?" to "What matters to you?"

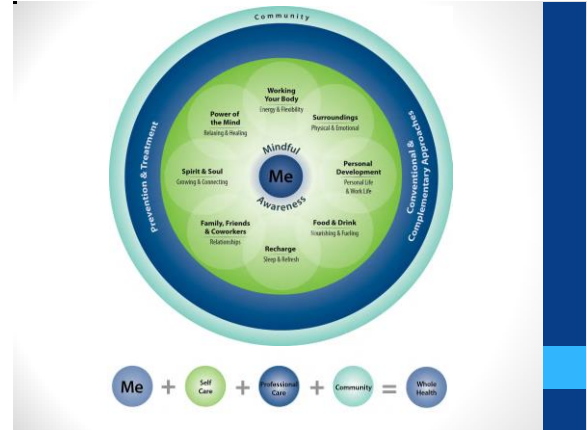
Whole Health and You as A Whole Person

The road to better health rests in each one of us. The PHI is a tool to help take the first steps in knowing what we want our health for and why.

Whole Health Reflection

In the process of completing the PHI participants go through eight areas of self care within the Circle of Health to help them reflect on their whole health.

- What do you want your health for?
- What *really* matters to you?



Sample of the PHI

Recharge: "Sleep and Refresh"

Getting enough rest, relaxation, and sleep.

- Where you are: Rate yourself on a scale of 1 (low) to 5 (high)
- What are the reasons you choose this number?
- Where you would like to be? (same scale)
- What changes could you make to help you get there?

Putting it to Practice

- Completion of the PHI
- Collaborative goal setting with the use of the PHI
- Self-medication program
- Family involvement
- Strategies to overcome programming barriers
- Weekly intentions

Completion of the PHI

- Rotation of team members assigned as Personal Health Point Person
- Within 2 weeks of admission the point person completes the PHI interview with the participant
- Interview may take more than 1 session
- Results of PHI inform the process for goal setting and plan of care

Collaborative Goal Setting

- Meetings every 2 weeks with each PTRP participant.
- Social Work, RT, SLP, OT
- Focus of meetings is to review progress in goal areas and identify new goals for the next 2 weeks
- PHI used to reference patient's personal health goals for advancing the plan of care

Collaborative Goal Setting

- Benefits of collaborative goal setting
 - Patients are involved in the direction of their care
 - “What *really* matters to you?”
 - Issues related to programming may arise and be resolved more efficiently
 - Increases self-awareness
 - Encourages self-advocacy
 - Minimizes risk of misrepresentation when patients talk about their performance

Self-Medication Program

- Participants move through a self-medication program to increase their independence and identify any strategies that may assist them with medication management.
 - Level 1
 - Participant requests medication at appropriate times
 - Direct involvement of nursing staff
 - Level 2
 - Participant picks up medications from pharmacy
 - Pill box filled with nursing supervision
 - Participants track their medications
 - Level 3
 - Participants fill pill box independently
 - Nursing may check in weekly

Family Involvement

- Family are involved in the beginning with the pre-admission process
- Family helps to provide a critical perspective on the participant's performance that we may not see
- Family meetings are scheduled to review progress and discuss discharge planning

Barriers to Programming Success

- Participants may not be familiar with integrative health approaches and decline participation in groups
- Patients with severe cognitive impairments may not be able to fully engage with and complete the PHI
- Staff may not be as familiar with integrative health approaches or concepts
- Change in facility culture

Strategies to Overcome Programming Barriers

- Try it 3 times
- Adapt education/assessment materials to meet the abilities of the patient
- Facilitating cultural change through education and experiences

Weekly Intentions

- Each week as a team, we set an intention for mindfulness
- Intentions are gathered through practitioners' knowledge related to concepts of mindfulness and the mind/body connection
- Mindfulness education is disseminated both within our transitional unit and throughout our hospital

Weekly Intention Ideas

- Grounding
- Mindful Breathing
- Honesty
- Contentment
- Peaceful Surrender
- Non-Stealing
- Non-Violence
- Self-Discipline

Weekly Intentions

- Within PTRP, we incorporate the weekly intentions into our group integrative health sessions. The weekly intention guides how we incorporate poses or meditations
- Within individual sessions we can incorporate how the weekly intention relates to participants' experiences
- We include a sign in the hallway, and one in the staff office

Weekly Intentions

- We include the weekly intentions in our "Daily Briefing" for all VA staff to see
- "I like the Mindful Weekly Intention section...I copied for display at my house for my 15 year old son."
- "Recently I noticed the section on "Mindful Weekly Intention" and just love it!"

Weekly Intention Example

- **Energizing Practices: Focus on backbends**
- Imagine you've arrived to your hotel on the beach late last night. What do you do when you wake up? – You step out on your balcony, open your arms and chest wide, and take a deep breath in to soak up that sun and salt air. We do that because it energizes us. Deepening your inhales can help to invigorate you.

Weekly Intention Example

- **Putting it to practice:**
- If you notice yourself slowing down in the middle of the day, taking a moment to take deep inhales can help wake you up. Backbend and chest opening poses can also help to give you a bit more energy to make it through the day. As you inhale, think about lengthening and creating space in the spine and explore a gentle back bending posture in sitting or standing. Be mindful to explore this range of motion with curiosity but avoiding painful positions or the extremes of motion.

Provider Self-Care

- Taking care of providers to take care of patients
- PTRP**
- Overall integration of mindfulness during patient and team interactions
 - Centering before meetings
 - Standing-up to change patients
 - Staff retreats
- Facility-wide**
- Provider self-care offerings:
 - Yoga
 - Tai chi
 - Qi-Gong
 - Mindfulness-Based Stress Reduction (MBSR)

Centering Activity Before Meetings

- Before each meeting – one of the staff members leads a short (2-5 minute) centering activity
- Examples include:
 - Guided meditation
 - Breathing exercises
 - Gentle movement
 - Grounding exercises

Mindful Transitions

- While in team meetings (Care Conferences), staff members stand, briefly, to indicate that the topic of discussion has changed
- Provides opportunity to stretch and take a deep breath
- Allows for side-conversations to come to an end before the next topic arises

Staff Retreats

- PTRP Team Retreats
 - Provides an opportunity to “re-connect” as a team
 - Offered a half-day and full-day retreats with coverage from counter-parts within the medical center
 - All retreats have an agenda and specific time-lines to increase productivity and efficiency while on the retreat
 - Retreats have focused on programming scheduling, as well as, provider self-care

Staff Retreats

- Facility-wide retreats
 - VA 101
 - Provider self-care
- Retreats have shown:
 - Increase in morale, communication, and team cohesion
 - Increase in productivity
 - Improvement in time management

Integrative Health Components of the Whole Health Model on PTRP

- PHI
- Mindfulness
- Integrative Health Group
 - Yoga
 - Mind/body skills
- Pain management
 - Mind/body skills: breath work, meditation, imagery, progressive relaxation
 - Aromatherapy
 - Yoga
- Physical environment and surroundings

Mindfulness

- “Mind-full” vs mindful
- Pause – be present – proceed
- The power of empathy
 - Demonstrate empathy with patient and coworker interactions
 - *Feel* their story, repeat it back to them
 - Cleveland clinic video
 - https://www.youtube.com/watch?feature=player_embedded&v=cDDWvj_q-o8

Integrative Health Group

- 4 days per week
- 30 minute sessions
- OT, PT, RT providers
- Yoga 2x/week
- Mind/body skills 2x/week

Yoga

- Adaptive yoga based on participant's impairments, functional limitations led by PTRP PT
- Participation after medical and PT exams with designated restrictions as needed/indicated
- Breath work, mindfulness, meditation, physical poses/postures
- "Moving meditation"

www.dbrnews.com/index/interior/fitness/peace-in-yoga-class/

Integrative Health Group

- Mind/body skills
 - Breath work
 - Progressive muscle relaxation
 - Guided imagery
 - Meditation
- Subjective self-rating scale
 - Check in before and after activity
 - Quality scale of activity completed

Evidence-The Why

Yoga²

- Studied in participants with low back pain and depression most extensively
 - Low back pain**
 - Meta-analyses show short-term benefits for low back pain
 - More variable benefits for back-specific disability
 - Depression**
 - Improved short-term depressive symptoms but results were variable across studies
 - Other conditions**
 - Lack of RCTs precluded estimates of treatment effects

Evidence-The Why

Tai Chi³

- Reviewed literature; focus on pain, PTSD, fall prevention
- The systematic review of systematic reviews identified 107 Tai Chi systematic reviews
 - RCTs addressed general health effects, psychological wellbeing, or interventions in older adults included between 31 and 51 Tai Chi RCTs
- Statistically significant effects pooled across existing studies were reported for hypertension, falls outside of institutions, cognitive performance, osteoarthritis, COPD, pain, balance confidence, depression, and muscle strength

Evidence-The Why

Mindfulness⁴

- In general:
 - Most consistent effect was shown for the outcome depression compared to treatment as usual or waitlist
 - Positive effects on overall health and on psychological variables (limited to MBSR)
 - Positive effects for chronic illness, somatization disorders, and mental illness
- PTSD in the Veteran Population
 - 16 RCT and non-randomized studies evaluating a variety of mind-body practices
 - Mind-body practices are increasingly utilized in the treatment of PTSD
 - Associated with positive impacts on stress-induced illness in most studies

Evidence-The Why

Mindfulness⁴

- Limited evidence (based on existing systematic reviews) for:
 - Pain, anxiety, and psychosis

Pain Management

- Non-Pharmacologic
 - Aromatherapy
 - Specific blends for various complaints
 - Ache ease, Tum ease, Calm, Peace, Therabreathe, Appetite
 - Single patient use inhalers
 - Offered by nursing, variety of other disciplines
 - Mind/body Skills
 - Breathing, meditation, mindfulness
 - Offered via various groups and 1:1 sessions
 - Movement Therapies
 - Yoga
 - Tai chi
 - Offered within the PTRP programming, in addition to Veterans Yoga Program and 8 week tai chi program within mental health

Physical Environment and Surroundings

- Free of clutter
- Lighting
- Physical presence of weekly intention

Education and Training

Aromatherapy

- Individual must possess an unrestricted state license in a recognized healthcare field, and have met the below requirements:
 - Complete initial education developed by the local facility on the use of Integrative Therapies in clinical practice
 - Complete the University of Minnesota, Center for Spirituality and Healing online "Clinical Aromatherapy" learning module (free and research based)

Education and Training

Yoga

- Complete a minimum of a 200 hour yoga teacher training program through a Yoga Alliance registered yoga school (RYS) and register with one of Yoga Alliance® Distinctions (e.g. RYT-200)
- At least 100 hours of independent teaching time within the past 2 years from the date of approval of appointment as an Independent Yoga Teacher
- Demonstrate knowledge of the veteran population and various pertinent diagnoses, such as chronic pain, PTSD, TBI, Polytrauma, SCI, MS, Parkinson's disease, etc. and be able to provide evidence of this from a reputable source
- Comply with all maintenance of certification/distinction requirements established by the Yoga Alliance®

Education and Training

Yoga

- Before teaching yoga independently, all teachers will complete a 6 month orientation period, in which they are required to:
 - Teach a demonstration class
 - Complete a minimum of 6 observations of another Independent Yoga Teacher teaching to the same patient population
 - Co-teach a minimum of 6 classes with the facility lead yoga teacher
 - Lead a minimum of 3 classes in which the newly hired teacher is observed by the facility lead yoga teacher and participate in a feedback session

Education and Training

Tai Chi

- Completion of certificate program such as *Tai Chi for Arthritis and Fall Prevention*; *Seated Tai Chi* through Tai Chi for Health Institute or comparable
 - Must update certification every two years
 - Formal standardization and guidelines in progress across VA Facilities

Education and Training

Mind/body skills

- Plethora of training sources: online, in-person, on-site, off-site
- Various across disciplines

Special populations

- Veterans
- Specific diagnoses: TBI, polytrauma, amputation, PTSD, chronic pain

Education and Training

Whole Health

- 2.5 day retreat: *Whole Health: Change the Conversation*
- Whole Health coaching
- PTRP specific training
- PTRP team retreats
- Facility wide trainings

Resources

- PHI – Personal Health Inventory
 - <http://www.va.gov/PATIENTCENTEREDCARE/docs/VA-OPCC-Personal-Health-Inventory-final-508.pdf>
- St. Cloud VA's website
 - <http://healthforlife.vacloud.us/>
- University of Minnesota
 - <http://www.takingcharge.csh.umn.edu/explore-healing-practices/what-are-mind-body-therapies>
 - <http://www.takingcharge.csh.umn.edu/explore-healing-practices/mind-body-therapies/mind-body-resources>
 - <http://www.csh.umn.edu/education/online-learning-modules-resources/online-learning-modules>

Summary

- Whole Health approach takes a proactive team to implement successfully
- Pause → Be Present → Proceed
 - The power of empathy
- 2 questions to start asking patients **tomorrow**:
 - What *really* matters to you?
 - What do you want your health for?
- Self-care
 - “Self-care isn’t selfish, it’s essential.”

Questions/comments

Thank you!

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Examples of Implementation Across VAs

- **Incorporating Mindfulness at team meetings / huddles**
- **Utilizing the PHI or Circle of Health with Veterans**
 - Individually, in groups and Shared Medical Appointments
- **Whole Health group with rotating weekly topics**
- **Create a pilot with Veterans to test rollout**
- **Collaborate with key partners at your facility**
- **Creating an updated resource list with referral information**
- **Teach Whole Health principles to team members**

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