



# A Successful Experience of Integrating Healing Touch into a Medical Hospital Setting

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One of the most important virtues to develop and honor when attempting to integrate the practice of Healing Touch (HT) into a medical setting is PATIENCE.

This is especially true when attempting this feat in a large healthcare system. Joanne McMurtrie, RN, HTCP/I was commissioned by Janet Mentgen, founder of Healing Touch Program, to bring HT to Charlotte, NC in the early part of the 1990's. In February of 2011, twenty years later, part of the dream was realized when a Staff Chaplain who was a HT Certified Practitioner was given the opportunity to go part-time and offer HT to cancer patients who were being treated at the new Levine Cancer Institute located on the main campus of the flagship hospital for the 2nd largest healthcare system in the United States – Carolinas Medical Center.

The long journey has certainly been worth it as now there are several research projects in the making within the system to study the efficacy of HT in the areas of cardiology, oncology, pain management, and post-surgical recovery. Requests and referrals for HT continue to grow each month within the hospital

proper where several trained Chaplains offer the modality through the Pastoral Care Department, and in the Levine Cancer Institute where there are plans to hire a full-time HTCP this summer to continue and expand the work as part of the rapidly growing Department of Survivorship and Integrative Oncology. Another important result of integrating HT into this vast healthcare system has been the offering of Level 1-3 HTP classes on a regular basis through the Carolinas College of Health Sciences located on the campus of Carolinas Medical Center. Due to this important step forward a significant number of the hospital's staff from nursing, chaplaincy, family services, administrative assistants, and physicians have taken advantage of the opportunity to learn and practice HT within their respective Scopes of Practice. This has had a significant impact on increasing the use of HT, not only within the flagship hospital, but throughout the system in several of the "sister" hospitals.

How was this accomplished? Dreaming dreams, seeing the vision, setting the intention, making appropriate plans, and moving boldly forward with a heart-centeredness and determination that opened doors



so HT could “speak” for itself. In a hospital setting, one of the most effective ways to successfully begin the process of introducing and integrating HT as a part of best practice protocols is to have an enthusiastic and dedicated full-time staff person(s) complete training and certification as a HT Practitioner or at least take a Level 1 HTP class with plans to complete certification as soon as possible. This often gives easier access to key players in establishing HT as part of patient/staff care because the staff person, especially a long-term staff person, is a known and trusted entity whose experience, expertise, and recommendations would be heard and acknowledged. Following is a brief description of how this was successfully implemented in one large healthcare system.

A Staff Chaplain was introduced to HT during a break-out session at a Professional Chaplain’s meeting and subsequently began taking HTP classes until becoming a HTCP. Along the way, she would offer brief HT sessions to the nurses on her assigned units in the hospital who in turn would ask her to help them with their assigned patients who were anxious, in pain, going to surgery, etc. Eventually, Nurse Managers began to ask her to give brief in-services about HT for staff on various units. Word began to spread and before long she was asked by the Nurse Educator to participate in the Excellence in Practice mandatory training sessions for the nursing staff of Women’s Health. She was given a full hour to introduce HT and describe how it might benefit and enhance their work with Labor and Delivery, High-Risk and Post-Partum patients. Through these sessions, over 500 nurses were introduced to HT and began to sign up for classes. The Nurse Manager on one unit asked to conduct a small scale Clinical Trial to measure the effectiveness of HT on pain management scores to help maintain their accreditation with disease specific patients, i.e. ovarian-uterine cancer patients. Within 2-3 months, pain management scores with this patient population increased 13.2% and the unit received the highest patient satisfaction scores in the entire hospital. In addition, Food Services and Environmental Services also received 100% satisfaction scores – a feat never accomplished before on that unit. Staff morale was also noted to have increased and staff retention was the best it had ever been during the same time frame.

An important part of the process was the formation of a HT Strategic Planning Task Force led by the Executive Director of Pastoral Care and Education who invited representatives from nursing, chaplaincy, education, and administration to participate. The Task Force was divided into HT Education, HT Practice, and HT Research Sub Task Forces with each group meeting separately as needed to discuss and plan how best to implement HT in their assigned areas and to present their ideas to the full Task Force at its quarterly meeting.

As a result of this Task Force and its work:

1. Opportunities were made available to begin introducing HT throughout the hospital on different nursing units, in Excellence in Practice Mandatory training sessions, in Family Services workshops at the connected Levine Children’s Hospital, in brief in-services on various units, in didactics for chaplain interns/residents, etc.
2. HTP Level 1 classes began to be offered at the Carolinas College of Health Sciences on a regular basis and eventually expanded to offering Levels 2 and 3 as well. Plans are currently in process to offer Levels 4 and 5 in the Charlotte area to accommodate the growing number of HTP students.
3. A preliminary Policy and Procedure statement for care of patients was designed and introduced to nursing administration.
4. Brief HT sessions were offered to staff during Nurses’ Week, Pastoral Care Week, Open Houses for new centers/units, our Live-Well Employee focused experiences, and several Health Fairs throughout the system.
5. Staff trained in HT began to offer and utilize HT to staff as needed or requested. Others who had completed at least Level 3 of HT began to offer the modality as requested to patients and their families.
6. A major research project involving the study of the impact of HT on fatigue and anxiety in GYN patients going through chemo was planned and presented to the IRB which approved the study. This study will also look at the impact on the patient’s hemoglobin levels and any other immune system related blood work. The study is expected to begin in March of this year.

7. Three other research projects are in the planning stages – one will look at impact of HT on Coronary and Bypass Graph (CABG) patients' and their recovery process and length of stay; another will measure the impact of HT on pain management scores for ovarian-uterine cancer patients; and a third will study the use of HT to decrease the length of stay in Stage one recovery for hernia surgery patients focusing on bladder issues related to such surgery.

The latest accomplishment was in February of 2012 with the “loaning” of the HTCP/I Staff Chaplain to the newly established Levine Cancer Institute (which is system-wide) to help establish HT as part of the Integrative Oncology program. In one year, HT has become an essential part of this program and there are now plans to hire a full-time HTCP to organize and manage the HT portion of the Integrative Oncology Department. In addition, through the efforts of the HTCP Staff Chaplain, the Institute has become a clinical placement site for HTP-A's who wish to use the opportunity to complete the required 100 documented sessions for Level 5 homework. A big break-through was obtaining permission for the completed HT Standardized Intake and Documentation Sheets to be scanned into the patients' medical records, making it possible for physicians and other health care personnel involved in a particular patient's care to see the impact of HT sessions on the patient's health and over-all well-being. There is a strong belief that the success of the work through the Levine Cancer Institute will lead to a full integration of HT throughout the Carolinas HealthCare System within all of the 36 hospitals and numerous physician practices associated with the system.

Although quite simple and with more work to do, this has proven to be a successful model for integrating Healing Touch into a large healthcare system and to continue to help fulfill Janet's dream of having a HT Practitioner in every hospital, every healthcare facility, every school and every home. As always, I am proud to be part of such an important and essential enterprise -- spreading and doing the work of Healing Touch. 