IMPLEMENTING OHES

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Now that we have reviewed the seven domains of an optimal healing environment (OHE), how do we begin to implement and integrate these principles into the hospital setting? We have seen many examples of forward-thinking hospital leaders and clinicians who have taken bold steps to incorporate various components of a healing environment because they believe it is both the right thing to do and that it makes good business sense. It isn't easy, they will all agree, but can be done.

The challenges to the development of OHEs are many. First, our current healthcare system is set up to deliver a curative model that focuses on the management of physical disease. These interventions are made relatively late in the progression of the disease and primarily call for drugs, surgery, and expensive technologies. Our current system was developed at a time when acute illness and infectious disease dominated the healthcare field. Despite its high price tag, the curative model remains highly effective and universally favored. However, when the current system is applied to the complex worlds of wellness and chronic illness, it proves variably effective and inefficient. A system designed primarily to deal with episodic care is not conducive to supporting lifestyle modification and chronic disease management.

Secondly, there are major economic forces and incentives that keep the system working as it is. Healthcare is a massive industry, and the curative model offers jobs and profit to many. Any changes in this model of healthcare delivery will inevitably impact the business practices and the bottom lines of companies and individuals who deliver cure technologies and practices. There is little or no reimbursement for prevention programs or for keeping patients healthy, and low-tech chronic care is simply not profitable. A major shift is needed in incentivizing providers, hospitals, employers, and other payers to invest in prevention- and wellness-based interventions.

Another challenge arises from the complexity of healing-oriented models. Supporting a self-correcting and self-healing system rather than one that seeks to control and correct each known variable requires a new paradigm to conceptualize the role and nature of healthcare. As an outcome of a complex system, healing requires that real-time information be captured and fed back into the healthcare system at multiple levels. Setting up environmental conditions and infrastructure to support emergent healing properties will largely depend on new ways of applying science in healthcare.

Fourth, developing a science of healing requires reconceptualizing and expanding of the model of evidence-based medicine. Just as systems biology involves a reconceptualization of how we approach biological science, the science to support OHEs will result in a systems medicine. This type of science requires new approaches to the management, synthesis, and application of data, and new uses of information technology in healthcare. The ideal type of data for an evidence-based systems medicine is not group probabilities–derived from randomized, controlled trials, but rather based on dynamic, informational feedback from actual individuals occurring in real time.

Perhaps the most difficult challenge is a shift to practice collaborative medicine. Historically, knowledge and skills have been vested in the physicians, who controlled their environment and delivered treatments to a passive patient disempowered by his or her disease. With the growth of easy access to large volumes of information—both good and bad—patients are becoming sophisticated consumers and purchasers of healthcare. Hence, medicine can no longer be physician centered; rather, it becomes a person-centered system in which the "avatar" of intelligent information management and the "advocate" of the healthcare team work in tandem to empower the patient in his or her own choices and actions. True collaborative medicine involves a shift of power to the patient, the patient's community, and the team involved in facilitating their healthcare choices. Collab-

oration and communication between all providers who care for the patient also becomes crucial.

So, what's next? As Winston Churchill said, the pessimist sees difficulty in every opportunity; the optimist sees the opportunity in every difficulty. Despite all the challenges described above, many healthcare organizations are already leading the way in building OHEs. One in four hospitals, for example, offers some type of complementary and alternative modality, and that number is growing steadily.[1] Why are they doing so? Patients are demanding it and hospitals are looking for ways to respond. Besides, they are able to differentiate themselves in a crowded marketplace. There are many exemplars of OHEs to emulate. We evaluated and studied eight of them in a book we published a few years ago.[2]

Additionally, there are several opportunities in the current healthcare system where creating a healing environment can help alleviate many of the challenges faced by hospital CEOs and our healthcare system today. In a 2008 survey by the American College of Healthcare Executives on the top 10 issues confronting hospitals, some key issues emerged—patient safety and quality, physician hospital relations, personnel shortages, and patient satisfaction. Many of these have shown to be positively impacted by various OHE initiatives. The American Hospital Association's Health For Life: Better Health; Better Health Care initiative[3] emphasizes that people caring for people is at the core of hospital care and delivering the right care at the right time in the right setting is the core mission of hospitals across the country.

What we have found is that any changes in one domain will inevitably influence the other aspects of an OHE. A hospital that constructed a new building as a healing space, for example, soon found they were transforming the way healthcare was delivered. There was much organizational and cultural transformation that was happening simultaneously. Nurses were ad-

justing to redesigned patient rooms and floor plans; patients and families were getting to know their new larger rooms, privacy, and family space; and surgeons were learning how to use the new digital technology and work in the new pods of surgical suites. Another hospital found that the integrative medicine clinic they opened soon became so popular with staff that they included those services as part of their benefit package, thus increasing their employee satisfaction scores. Mindfulness or wellness programs for the staff can have ripple effects in their care of patients. Thus, multiple pathways to transformation are possible. One can start almost anywhere along the continuum of domains–from the inner to the outer environment–that may be appropriate to each individual setting.

As in all organizations, readiness and leadership is the key. If it is unclear in your environment and culture where to start, then a survey and obtaining feedback from the stakeholders in your system is a good way to begin. Make sure to include all stakeholders, including administrators, staff, physicians, nurses, and other practitioners–and of course patients and the community–in assessing their needs, desires and values. Even the inquiry will change awareness and intention–the most essential component of any change and the first domain of an OHE. One can do or have an environmental assessment done of your healthcare system to assess what is already being done to enhance the healing environment. Such an environmental assessment will help identify both your successful existing activities and the gaps in those activities that form the basis for strategic and stepwise development of an OHE within your system.

Dick Pettingill, former president and CEO of Allina Health Hospitals and Clinics in Minnesota, said he started by doing the right thing and then figured out how to do it economically. We couldn't agree more.

REFERENCES

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