SAMUELI INSTITUTE
EXPLORING THE SCIENCE OF HEALING

HOSPITALS CREATING OPTIMAL HEALING ENVIRONMENTS

ABOUT SAMUELI INSTITUTE

Samueli Institute is a non-profit 501(c)3 research organization investigating the safety, effectiveness and integration of healing oriented practices and environments. We convene and support expert teams to conduct research on natural products, nutrition and lifestyle, mind-body practices, complementary and traditional approaches such as acupuncture, manipulation, yoga and the placebo (meaning) effect. We support a knowledge network that assists in integrating evidence-based information about healing into mainstream health care and community settings and in creating optimal healing environments.

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INTRODUCTION

This booklet is a compilation of a series of columns I wrote that appeared in EXLORE: Journal of Science and Healing from 2008 to 2011. The columns illustrate how hospitals and health care organizations have taken elements of the Optimal Healing Environments (OHE) Framework—that you will soon read more about—and have implemented them in their own unique way. The purpose of this booklet is to share with you what others have done—what works and the successes they've had—so that you can adapt them to your own organization. The Optimal Healing Environment Framework recognizes that a hospital or health care organization is a whole system comprised of many factors, where no single activity or initiative can operate in isolation. In a complex system, however, making even small changes can make a large impact. Creating an Optimal Healing Environment is about cultural change and you will quickly find that making changes in one "domain" has a ripple effect on other parts of your organization. My hope and intention is that this booklet serves to spark some ideas to help you make your hospital or health care organization an Optimal Healing Environment.

Sita Ananth, MHA
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Acknowledgements

Fostering Ecological Sustainability, Page 24,
co-authored with Joel Kreisberg, DC, MA

Implementing OHEs, Page 28,
co-authored with Wayne Jonas, MD

THE NATURAL NEXT STEP

"The cure of the part should not be attempted without treatment of the whole. No attempt should be made to cure the body without the soul. Let no one persuade you to cure the head until he has first given you his soul to be cured, for this is the great error of our day, that physicians first separate the soul from the body."

—Plato

The belief that "healing," or bringing the body back into balance by providing it with the appropriate stimuli and opportunities to become restored to wholeness, is as ancient as the traditional medical systems of Traditional Chinese Medicine and Ayurveda. Although much of this philosophy was lost as individual practices and modalities—no longer in the context of the larger medical system—made their way to the West and biomedicine became the predominant form of healthcare, there has been a growing movement to bring back a patient-centered, biopsychosocial model of care that looks at individuals in the context of both their internal and external environments.

Inspired by many of these global health systems, in 2002 Wayne Jonas, MD, president and CEO of the Samueli Institute, a nonprofit, medical research organization supporting the scientific investigation of healing processes and their role in medicine and healthcare, developed the concept of an optimal healing environment (OHE) with a vision to help transform the way healthcare is delivered (**Figure 1**). An OHE, as defined by the Institute, is one where the social, psychological, physical, spiritual, and behavioral components of healthcare support and stimulate the body's innate capacity to heal itself. These major components include:

- the conscious development of intention, awareness, expectation, and belief in improvement and well-being
- self-care practices that facilitate personal integration and the experience of wholeness and well-being
- techniques that foster a palpable healing presence based on love, compassion, awareness, and connectivity
- development of listening skills that foster the "therapeutic alliance" between practitioner and patient
- instruction and practice in health promotion behaviors and lifestyle changes as well as development of social support structures
- appropriate application of integrative medicine
- a physical space that promotes healing, such as lighting, music, color, and architecture
- an organizational culture and mission that support the values of teamwork and service

As we live longer, due in part to the advances in modern science and technology, chronic conditions have now become the leading cause of disability, illness, and death. But our system of care is designed and devoted primarily to deal with acute conditions, causing a dearth of infrastructure and programs to deal with this burgeoning need. Faced with these rapid changes, says the Institute for Medicine's "Crossing the Quality Chasm" report, the healthcare delivery system has fallen far short in its ability to translate knowledge into practice and apply new technology safely and appropriately.

"We need to think differently to think about how healthcare is delivered and focus on health, healing and health promotion, not just treatment," says Jonas. "The time has come to create a new model of healthcare that makes room for both healing and cure."

To that end, the Institute engages in healing research from several different perspectives that range "from bench to bed to boardroom" or basic science to health services research, utilizing the OHE framework as an organizing concept and the glue that connects the research to the mission. The Institute also recognizes the importance of developing knowledge translation strategies in an organization committed to building an evidence-based body of knowledge around the science of healing. What type of evidence is most critical and how quickly and efficiently can that new knowledge be moved into the hands and minds of the end users?

"One of our goals is to support hospitals and other healthcare institutions in transforming their organizations into 'optimal healing environments' by making practical, actionable, evidence-based information more accessible to healthcare decision makers," says Barb Findlay of the Institute's OHE program. A second goal of the program is to conduct research that focuses on evaluating the application of healing theory in real-world settings and aims to measure the return on investment for organizations that are moving in this direction. Building a business case is the mantra on everyone's lips these days. Unfortunately, the sustainability of programs and services that enhance a hospital's healing environment is not based on evidence of clinical effectiveness or improved health outcomes alone. Economic metrics such as nurse retention, patient loyalty, employee and patient safety, and lower litigation rates are also key factors in establishing that sustainability.

Besides, studies have shown that the majority of hospitals who do embark on these healing initiatives do so because they believe it is the "right thing to do"; it reflects their organizational mission to meet the demands of their patients—hoping that by doing so, they are also enhancing clinical effectiveness.

When I recently toured the newly constructed Peace Health Sacred Heart Medical Center at Riverbend, Oregon, designed and dedicated to researching the impact of healing design on the well-being of patients, staff and families, it became abundantly clear that creating a healing physical space is intricately woven with the organizational culture and embedding, as they had done, a real passion for taking care of its people, its community, and its environment.

The experience of walking through their intensive care unit—with everything from its gorgeous river views to luxurious fold-out beds for families to rest—and listening to the commitment of the architects, designers, and staff who had thoughtfully considered every aspect of the patient and family's experience, made me wistful of the painful days preceding my mother's passing, when we, her anxious family, stood for hours outside the door of the intensive care unit waiting for a glimpse of the doctor or nurse to hear about her condition. From the physical space that was noisy and impersonal, to the stressed and angry caregivers, it could not have been a more damaging environment for all. Let us ensure that places like these soon become nonexistent in the world.

In upcoming columns, we will discuss nature and prevalence of these initiatives in hospitals and other healthcare settings as well as case studies of how OHE is being implemented.

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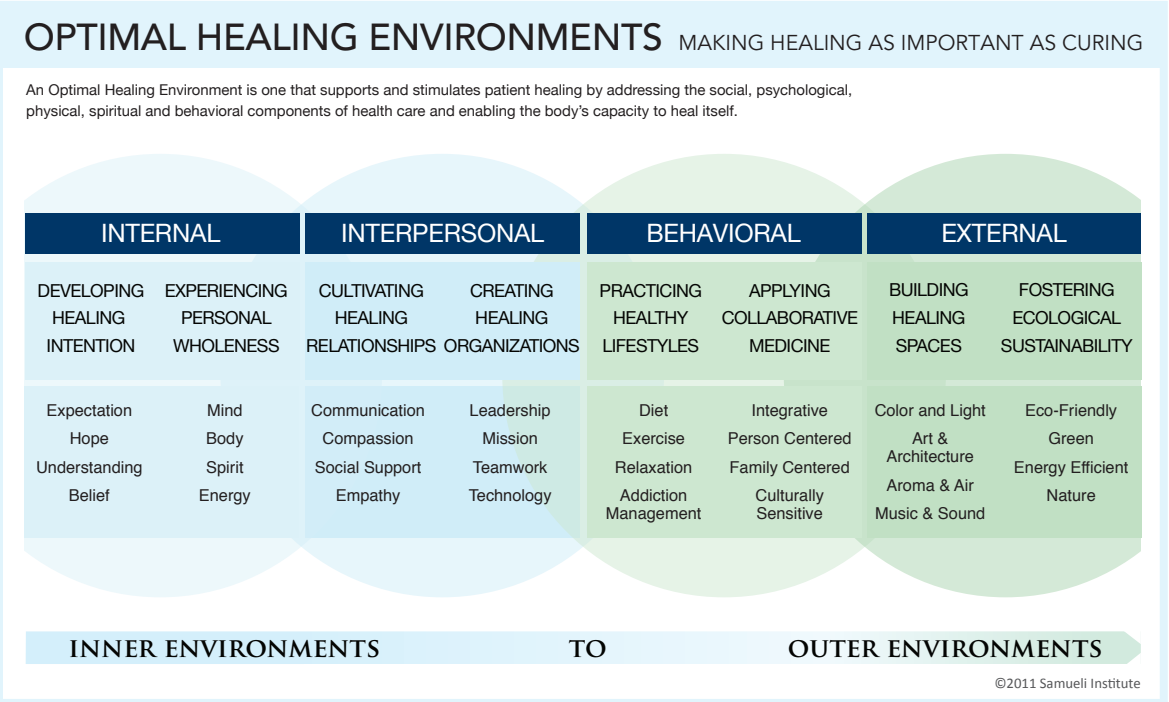
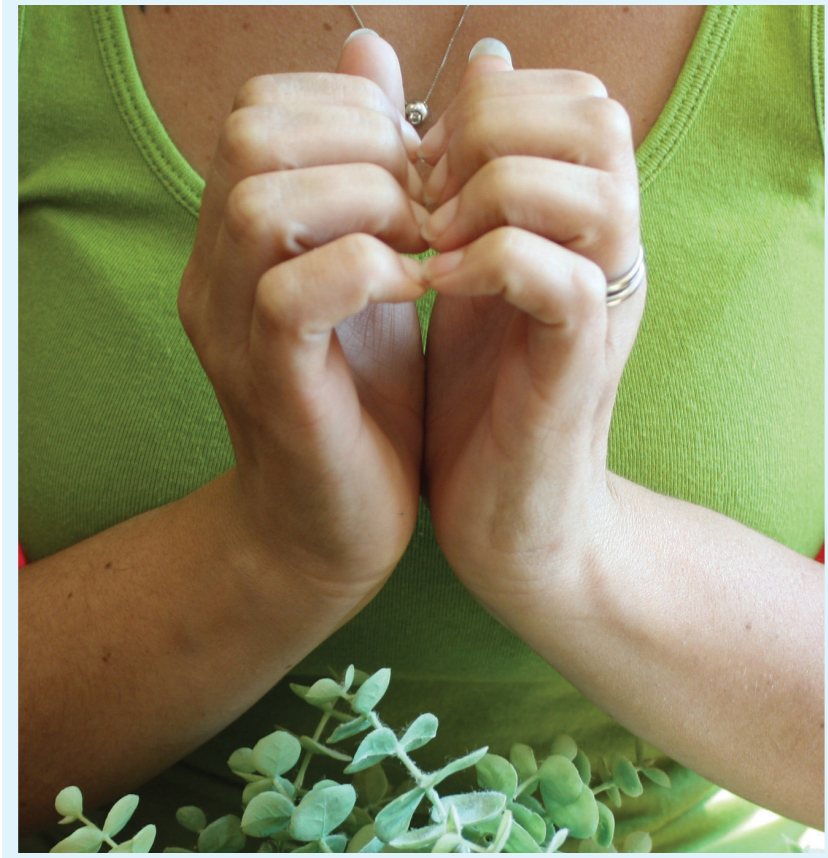


Figure 1. (RIGHT) An optimal healing environment is one where the social, psychological, physical, spiritual, and behavioral components of healthcare support and stimulate the body's innate capacity to heal itself.

DEVELOPING HEALING BELIEFS

I remember Larry Dossey, the esteemed editor of this journal, speak at a book signing almost two decades ago where he told us how he started his day when working as chief of staff in a Texas hospital. He would light some incense and pray for the patients he was about to see. What struck me then was not only the fact that he did this in a major medical institution, but that he was an allopathic-trained physician who was admitting there was something greater than his technical and clinical expertise that was at work during the healing encounter. He also talked about how he was viewed at the time as a heretic by the medical community. Since then, Dr Dossey has published 10 books, and his theories of healing intention and belief are now well documented and accepted.



We, at the Samueli Institute, define healing beliefs as the conscious and mindful determination to improve health—expectation of improvement in health and well-being and a meaningful productive life, hope and the belief that a desired health goal can be achieved even if it is not cure, understanding by defining a meaning of illness and suffering, and belief that healing and well-being of the patient will occur. For purposes of this column, the healing beliefs and intentions of both providers and patients will be considered, as well as how healthcare organizations can support the development of these skills in patients and providers.

Stephan Schmidt, PhD, at the University of Freiburg in Germany asserts that healing intention starts with the provider eliciting his or her own self-healing capacity that will then be mirrored to patients, allowing them to initiate their own. So, practicing loving kindness and compassion toward oneself helps develop these qualities in our relationship with others. The patient's suffering reminds and points the healer to his or her own distress. This emotional connection, often referred to as empathy, instantiates a healing relationship.[1]

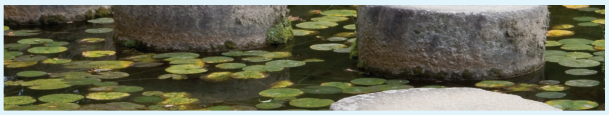
Bernie Siegel, MD, has been a leader in bringing attention to the importance of words used by physicians. "Words" can become "swords," he says, and doctors have the ability to either heal or kill with them. In his bestselling books, he describes experiences with "exceptional" cancer patients and their innate ability for self-healing. He describes many examples of patients who, along with the support of their doctors, have used the power of their own beliefs to heal themselves. He emphasizes that doctors need to listen to their patients' words and treat their experiences. The words patients use, such as life draining, failure, denial, pressure, gift, and wake-up call are always about what is happening in their lives.[2]

From a patient's perspective, a person's perceived health turns out to be one of the best predictors of future health; it is even better than the results of laboratory tests and medical examination. People who rate their health poorly die earlier and have more disease than their counterparts who view themselves as healthy. Even people with objective disease seem to do better when they believe themselves to be healthy than when they believe themselves to be ill.

A Manitoba, Canada, study of 3,500 senior citizens showed that those who rated their health as poor were almost three times more likely to die during the seven years of the study than those who perceived their health to be excellent.3 Surprisingly, subjective self-reported health was more accurate in predicting who would die than the objective health measures from physicians. Those who were in objectively poor health by physician report survived at a higher rate as long as they believed their own health to be good. The "health pessimists" had a slightly greater risk of dying than did the "health optimists," who viewed themselves as healthy in spite of negative reports from their doctors. Clearly, the predictive ability of self-rated health is powerful.

In a series of experiments at the Stanford Arthritis Center, researchers found that the key difference between the pain experienced with arthritis was the individual's perception of his or her own capacity to control or change this symptom and not necessarily just knowledge or behavior change.[3] This perception of self-efficacy reflects a person's own judgment and conviction that he or she can perform a specific action. The critical feature is the person's belief in his or her capacity, not what skills or capacities the person actually has.

So, what do we, both as providers and patients, need to gain in knowledge and skills to strengthen our innate abilities to heal ourselves and others? The motivated clinician can determine the presence of the skills and abilities to heal by answering a list of questions. Have I obtained my own wholeness and well-being? Is my morale and enthusiasm in providing care low or negative? Am I attuned to recognizing and relieving suffering? Am I competent and effective in my communication skills and in displaying empathy and compassion? Am I engaged in a mindful practice? This exercise in personal introspection may reveal areas that can benefit from



techniques and approaches that enhance expanding awareness and connectivity. These include learning programs on mindfulness practice, using guided imagery, and the applying of religious and spiritual practices in everyday life.[4]

An essential part of effective interactive communication is to help the patient develop an understanding of the difference between a symptom such as pain—the sensation transmitted through the nervous system—and suffering—the personal experience of pain and affliction. Similarly, to help the patient be aware of and foster the difference between the disease as diagnosed by examination and laboratory tests, and illness, the individual's response to and human experience of the disease. The latter is a function of the person's beliefs and expectations and can influence the course of the disease.

My neighbor, John, was a truly an example of the power of hope and expectations. Diagnosed with terminal cancer and told by his doctors he had a few weeks to live, he went home with his morphine intravenous drip. We visited him daily, and he told us stories of his hardscrabble upbringing in Oklahoma and growing up in a shack with the wind blowing under the tin sheet they had for a roof. He loved the sound of rain, he said, so he had a sun room built so he could listen to the spring showers. Once spring had come and gone, we began to realize that it was his intent to live long enough to have his last July 4th party—an annual tradition. He died soon after proving to all of us the awesome potential of his will to live and the strength of his beliefs.

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EXPERIENCING PERSONAL WHOLENESS

"Take care" is often a parting phrase we use with our friends and family, noted Don Vickery, MD, a pioneer in self-care and coauthor of the groundbreaking book, Take Care of Yourself, published over three decades ago. Although the notion of taking care of yourself or that health is a personal responsibility rather than professional one was controversial at the time, the book helped create a national movement that resulted in a 1981 statement by the surgeon general that "you can do more for your health than any doctor, any hospital, any drugs, any exotic medical devices."[1] Over the years, the concepts of self-care and the mind-body connection have gained mainstream acceptance. In fact, the 2007 National Center for Complementary and Alternative Medicine's survey on CAM use in the United States shows a substantial increase by the American public from 2002 to 2007 in the use of mind-body therapies, including deep breathing exercises, meditation, massage therapy, and yoga, and these self-care modalities combined accounted for more than one third of all CAM use.[2]

Self-care is one component of personal wholeness that we at the Samueli Institute believe to include the congruence of mind, body, spirit, and energy. For the purposes of this column, we will consider personal wholeness from the perspectives of employees and patients and how healthcare organizations can support them in attaining their personal goals.

From the humanistic psychology perspective of Carl Rogers,[3] personal wholeness occurs in an individual who tends to see congruence between their sense of who they are (self) and who they feel they should be (ideal self). Although no one tends to experience perfect congruence at all times, the relative degree of congruence is an indicator of health.

Herbert Benson, MD,[4] highlighted the inseparable connection between the mind and the body—the complicated interactions that take place among thoughts, the body, and the outside world—in his book, The Relaxation Response, written almost 40 years ago. Benson describes health and well-being by using the metaphor of a three-legged stool—drugs, surgical procedures, and self-care. Mind-body medicine is the third leg that incorporates all of the following: the relaxation response, cognitive behavioral therapy, physical activity, and nutrition.

Studies have shown that between 60% and 90% of all physician visits are for stress-related complaints,[5] and Benson et al4 have proved the effectiveness of mind-body medicine in helping reduce this stress that can cause or exacerbate conditions such as heart disease, infertility, gastrointestinal disorders, chronic pain, and more.

Patients have traditionally been viewed as passive consumers of healthcare, with professionals as the providers; however, professional care reflects only the tip of the iceberg in the delivery of healthcare, notes David Sobel, MD,[6] director of patient education and health promotion for Kaiser Permanente in Northern California. Consider, he says, the fact that 75% of the population in any given month experiences some type of symptom or physical discomfort. Almost 70% to 90% of these are self-diagnosed and self-managed—making people the true primary providers of healthcare. At Kaiser, they believe that increasing the confidence and skills of their members to be better primary providers of their own care makes good health and economic sense.

As far as employees and executives are concerned, many healthcare executives tend to neglect their own health, often saying they are too busy for healthy self-care behaviors. They not only fail to model

what their organization is trying to deliver but also deprive themselves of the opportunity of learning, in a personal way, the challenges faced by their staff and patients by the attitudinal and behavioral changes being asked of them. In a very real sense, self-care is a key component both of the leader's own behavior and the organization attempting to create a healing culture.

Numerous studies have documented the high burnout rates (now at 67%) and poor mental health among physicians and the correlation of burnout to low patient satisfaction and the resulting low patient compliance, which has a direct impact on patient health, says Lee Lipsenthal, MD, ABHIM.[7] For the last decade, Lipsenthal has been helping physicians heal themselves with his Finding Balance in Medical Life program, which helps them develop a set of self-care and mind-body skills and tools to enhance productivity and reduce error, find a greater sense of work and home life balance, gain emotional intelligence, manage crisis, communicate better, and enjoy relationships with patients and colleagues. To date, participants have reported a 70% drop in depression rates and improved quality of work and family life. In fact, according to a recent survey by the Mayo Clinic, those physicians who spent at least one day a week doing meaningful activities experienced half the burnout rate of those who did not.[8]

Nurses, the largest workforce in hospitals, face tremendous challenges with staffing shortages and the emotional and service-oriented nature of their work. It is almost universally recognized that nursing is, by its very nature, a stressful occupation, and that workplace stress can contribute to some forms of physical illness, particularly musculoskeletal problems, stress, and depression.[9] When Linda Lewis, RN, took over as chief nursing officer at Valley Hospital in Ridgewood, New Jersey, she noticed that the soul of nursing had atrophied, and she recognized the need to care for the whole person—mind, body, and spirit—including that of the nurse. She launched the Integrative Healing Arts Program to train nurses in the skills they needed to "return" to a mind, body, and spirit approach to nursing practice. The result? The medical/surgical units where nurses were trained had zero nurse turnover during a 24-month period, employee satisfaction increased from the 60th percentile to the 90th percentile, and patient satisfaction rose from the 83rd percentile to the 96th percentile.[10]

Clearly, organizations who create the conditions for both patients and providers to experience personal wholeness find that it is not only the right thing to do but makes good economic sense.

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CULTIVATING HEALING RELATIONSHIPS

When CEO Laurie Eberst, RN, was charged with opening the new Mercy Gilbert Medical Center in Arizona in 2006, she decided it was important to build an organization—before the doors opened—that would support the philosophy of providing "radical, loving care"[1] that focuses on caring for the caregivers, who in turn provide high-quality, compassionate care to their patients. To create this healing culture and build these healing relationships, she began to hire nurses and staff who believed in this philosophy. But this would not be an easy task. The hospital would be sharing 80% of its physicians with its sister facility, Chandler Regional Medical Center. The challenge she faced was to bring them on board with this philosophy that she was creating in this organization.

She accomplished this through a process of physician engagement that included ongoing satisfaction surveys, conducting monthly physician roundtables and a "physician of the month" award, training nurses and ancillary staff in "managing up," and keeping open lines of communication between all. When physicians feel part of the team, she says, they are less likely to engage in disruptive behaviors. Today, Mercy Gilbert's physician, nurse, and employee satisfaction rates are at their highest—they were named one of the "Best Places to Work in the Valley" as compiled by the Phoenix Business Journal, and more recently Baptist Healing Trust of Tennessee rated Mercy Gilbert Hospital the No. 1 Healing Hospital™ in the nation, and Eberst was named Healing Hospital™ CEO of the Year. As more patients request Mercy Gilbert as their hospital of choice, physicians, Eberst says, are recognizing the value of the healing culture they have created for patients and staff.

When we, at the Samueli Institute, define healing relationships, we mean an environment that supports social integration and the therapeutic alliance to assist the healing process. Empathy, compassion, social support, and communication form the basis of this healing relationship. In the context of hospital-based patient care, let us consider three primary types of relationships—provider-patient relationships, interprofessional relationships, and family involvement.

Take, for example, a recent American Association of Retired Persons study that showed that 77% of those surveyed did not tell their physicians about their use of complementary and alternative medicine. Of those, 12% of patients did not do so for fear that their physician would be dismissive. Both of these troubling figures demonstrate that lack of trust and lack of an open line of communication between physician and patient could have potentially dangerous consequences.[2]

On the other hand, it is well recognized that physicians' relationships with their patients can, in fact, have healing effects, but the skills in this area of medical practice are generally understudied and are consigned to the unscientific and mystified "art of medicine." In a study designed to identify a core set of healing skills in both allopathic and complementary medicine practitioners, eight skills emerged as pivotal[3]:

- do the little things
- take time
- be open and listen
- find something to like, to love
- remove barriers
- let the patient explain
- share authority
- be committed

Mastery of these skills, the authors found, would provide enduring improvements in patient care and reaffirm medicine's calling as a healing profession.

So, what purpose do healing relationships serve in the world of modern medicine? First, data from the above study suggests that healing relationships with clinicians improve the quality of patients' lives by instilling hope and trust. Second, evidence shows that the clinician-patient relationships can be correlated with decreased morbidity, decreased mortality, increased treatment adherence, improved health status, and better clinical outcomes, such as for diabetes. Third, healing relationships seem to work in both directions. Clinicians who had been in practice, some in very difficult environments, for many years still greatly enjoyed their work. Their experience stands in sharp contrast to the low morale and high burnout among primary care physicians documented in recent literature.[3]

At Kaiser Permanente in California, one of the largest healthcare organizations in the nation, Terry Stein, MD, has been training physicians in the "Four Habits Model" developed almost 20 years ago—invest in the beginning, elicit the patient's perspective, demonstrate empathy, and invest in the end.[4] Kaiser is committed to personalized care, Stein says, and the organization's leadership has recognized that a positive physician-patient relationship is crucial to both their members' and physicians' satisfaction. In fact, since the training program began, member satisfaction scores have been steadily going up, while clinicians appreciate having the opportunity to build their communication skills as they deal with the complexity and constant changes they face in their practice. Additionally, she says, this program has helped reduce Kaiser's medical legal risk by improving physician-patient communication, the breakdown of which, experts say, is the root cause of almost 75% of all malpractice lawsuits.[5]

In the past, clinicians have often been advised by hospital lawyers not to admit responsibility or apologize to their patients. More recently, however,

several hospitals including the Lexington (Kentucky) Veterans Administration, John's Hopkins, and Children's Hospital and Clinics in Minneapolis, instituted programs of disclosure and apology that have resulted in dramatic reductions in their legal expenses. At the Lexington VA, for example, the average claim paid out was $16,000 compared to the $98,000 VA national average.[5]

The relationships amongst professionals on the caregiving team are also crucial, not only to the care and safety of the patient but to the professionals' performance and job satisfaction. In 2002, VHA Inc (a national network of community-owned hospitals and health systems) conducted a nurse-physician relationship survey of 1,200 nurses, physicians, and executives to elicit their views on nurse-physician relationships. The survey asked about disruptive physician behavior, the institutional response, and how this behavior affected nurse satisfaction, morale, and retention. Both physicians and nurses agreed that disruptive physician behavior influences nurses' and other staff members' attitudes toward patient care; it also inhibits teamwork, affecting the efficiency, accuracy, safety, and outcomes of care.[6] In fact, a study of 14 "magnet-designated" hospitals revealed that healthy relationships between nurses and physicians (collegiality and collaboration) produced an improvement in the quality of patient care outcomes.[7]

The role of family involvement can be a valuable resource for caregivers and patients. In fact, The Institute for Family Centered Care is dedicated to assisting hospitals in building more patient and family-centered approaches to care. The core concepts they promulgate are dignity and respect for patient and family perspectives, values, and cultural background; sharing complete, unbiased, timely, and accurate information with patients and families in ways that are affirming and useful; participation in decision making at the level they choose, and collaboration with patients and families in policy and program development, implementation, healthcare facility design; and delivery of care.

Cincinnati Children's Hospital Medical Center is one such hospital that is leading the way in excellence in family-centered care. Uma Kotagal, MD, director of Health Policy and Clinical Effectiveness, says that the easiest way to make transformational change happen is to have families part of the process, because having families included in this process gives energy and urgency for improvement; having patients and families on teams helps focus on the key priorities; and having families involved means that you don't spend time on things that are unimportant.

Clearly, fostering productive multidisciplinary relationships in healthcare can be complex and fraught with challenges, but it is abundantly evident that investing time, energy, and training in improving them can result in improved outcomes for patients and a happier, healthier workforce.

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CREATING HEALING ORGANIZATIONS

When Greg Carlson became CEO of a newly merged hospital, he was faced with a dilemma. How was he going to blend two cultures while maintaining morale and avoiding layoffs? Surely a daunting task. Carlson (whose doctoral thesis examined mortality rates for hospital-employed versus contract cardiac surgeons—the conclusion was in favor of employee model), decided to create a "culture design team," bringing together a cross-departmental group of formal and informal leaders to determine the values they would like to see in their leaders and colleagues. What was powerful about this process was that it was not top-down, but a collaborative effort that was endorsed by the board of directors and all levels of the organization.

Carlson says his greatest learning through the process was that there was no such thing as a right or wrong culture. Each organization has to decide what they value—whether it be teamwork, innovation, service, financial success—and clearly communicate those values to all, utilize them in evaluating staff and programs to ensure congruence with those values, hire according to those values, and reward behaviors that reflect those values.

At Samueli Institute, when we talk about a healing organization, we mean the culture of the organization—one that values and sustains the attitudes and behaviors that facilitate recovery, repair, and wholeness. A healing culture expresses itself through the mission and the vision of the organization and rewards behaviors that enhance healing. Trust, communication, compassion, service, and a commitment to active learning are the core components of organizational change needed to create a healing culture. But above all, leaders must themselves model the type of characteristics they would like to see in their culture.

Tom Atchison, EdD, who consults with healthcare organizations on managing change, teambuilding, and leadership development and specializes in "toxic environments," says the way to maximize the return on your human capital (assuming they have the motivation, capacity, and capability for the job) is to create greater autonomy of work for all employees including clinicians; reduce excessive bureaucracy; recognize and celebrate employees; and respect employees by their engagement and contributions. Employee satisfaction in healthcare is only at 51%, leaving plenty of room for improvement.

In talking with Atchison and others, several common themes on changing hospital culture emerge—themes that align closely with the Samueli Institute's optimal healing environment framework and the "creating healing organizations" domain. Self-care, technology as an enabler, autonomy and control over work life, and building trust and respect through engagement and teamwork stand out as being of key importance.

Many healthcare executives neglect their own health, often saying they are too busy for healthy self-care behaviors. This not only fails to model what the system is trying to deliver but also deprives them of the opportunity of learning in a personal way the challenges faced by their staff and patients in the attitudinal and behavioral changes being asked of them. In a very real sense, self-care is a key component of both the leader's own behavior and the organization attempting to create a healing culture. At St. Luke's Health System in Idaho, a comprehensive wellness program that was offered to all 7,800 employees served as the centerpiece of the organization's commitment to caring for the caregivers and other staff. Not only did it provide a return to the organization's bottom line through reduced utilization, but it has helped maintain their consistently low turnover rates.

Hospitals are also responding by introducing technology to dramatically reduce paperwork, offering more flexible hours, reducing caseloads, paying for advanced training, and giving employees more authority. Inova Fairfax recently introduced a state-of-the-art data system—consisting of video monitors and other equipment that track the vital signs of intensive care patients—to reduce the amount of time nurses spend filling out paperwork.[1] Kaiser Permanente is going all digital with imaging to reduce staff exposure to harsh chemicals and heavy metals.

Lack of control over one's work is well known to be a key determinant of employee satisfaction. A 2007 national survey of physicians has found that a lack of control of their work hours and schedule often leads to burnout, whereas many other difficult issues that physicians face do not seem to diminish their career satisfaction.[2] Nurses at Children's Mercy Hospitals and Clinics in Kansas City, Missouri, for instance, set their own schedule and have a say in what type of equipment should be purchased and whether patient-staff ratios need to be adjusted.

Research by Press Ganey shows a clear relationship between employee satisfaction, patient satisfaction, and quality of care as an interactive, reinforcing relationship. Not only do satisfied employees deliver better care—which results in better outcomes and higher patient satisfaction—but working for an organization that values patients and delivers quality drives employee satisfaction, retention, and loyalty. This is basic common sense, says Maureen O'Keeffe, system vice president of human resources at St. Luke's Health System in Boise, Idaho. She has consistently found that units with the highest employee satisfaction scores tend to have the highest patient satisfaction, best clinical outcomes, and are on budget.

Building trust and staff engagement was also a key goal for St. Luke's. An example O'Keeffe offers is the annual employee survey they have conducted for the last five years. Early on, response rates were only at 30%. Further investigation revealed that staff were wary of participating, fearing lack of privacy for their responses or lack of confidence that management would act upon their recommendations. When management demonstrated through action that employee suggestions and comments were being addressed and the survey data was being guarded, response rates to the survey soared to over 90%, and employee engagement is now at its highest.

By the end of Carlson's culture design process and merger, only one of his 77 vice presidents and directors had left and no layoffs were made. Eighteen months after he took over as CEO, all five quality indicators they had established to determine the strength of their culture had risen from 3% to almost 90%—a true testament to the power of creating a healing organization. In fact, in 10 years as CEO he never had a single layoff; turnover rates were half the national average; and the financial performance of the hospital was the highest in the state (in fact they were so profitable they reduced their rates). As Atchison wisely advocates, focus on the intangibles and you will see tangible results.

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PRACTICING HEALTHY LIFESTYLES

Our employees are our greatest asset!" is a slogan you often see emblazoned in hallways, boardrooms, and lunchrooms throughout companies in America. But what does that truly mean to the individual employee? Employees in the United States work longer hours and have less vacation time than their European counterparts, while surpassing them in productivity.[1] In fact, today, half of all American adults are happy with their jobs, down from 60% in 1995.[2]

From the employer's perspective, the question to be asked is what a healthy employee is worth, says Wendy Lynch, PhD, executive director of The Health as Human Capital Foundation. Until recently, researchers would answer this question in terms of savings in medical costs. However, she argues, reduction in medical costs are merely a secondary outcome. Healthy employees have improved function at work, lower absentee rates, and lower rates of on the job injury. What is being missed in the old thought process is the notion of human capital—the many abilities and resources the employee brings to the organization, including skills, abilities, experience, and attitude.[3]

In our hospitals, the service-oriented nature and emotional demands of the work makes it particularly important that we take care of these workers. Take nurses, for example, the largest workforce in our hospitals. Researchers at the University of California, Los Angeles, analyzed data from the Nurses' Health Study, a historic study on women's health launched at Brigham and Women's Hospital in the mid-1970s. Surveys are completed every two years by over 200,000 female registered nurses about their health, including smoking habits. According to the most recent data, the smoking rate among registered nurses nationwide is nearly 12%, which although lower than the national average, is of concern in that nurses who smoke may be less apt to support tobacco control programs or encourage their patients to quit. Also, despite seeing smoking's health effects firsthand, the rate at which US nurses quit smoking has been no faster than for other women, researchers say. In another study about obesity in nurses, researchers found that those who were overweight or obese tend not the pursue the subject with their patients, even if it was necessary or they had the opportunity to do so.[4]

Whether the rate of addiction among nurses is greater than that among the general population is unknown. But nurses are especially vulnerable to addiction to prescription drugs because of work-related stress such as critical care work, working rotating or night shifts, and access and knowledge of medications.[5] In fact, the use of illegal drugs by emergency department nurses was three times greater than by other nurses.[6]

So, what are employers doing about this? Fortunately, over the decades, a greater number of employers have been investing in the health of their employees.

A 2005 Hewitt and Associates survey showed that the number of employers offering wellness and disease management programs rose from 73% in 2004 to 83% in 2005. The reason for this trend is no surprise—the cost of employee healthcare rose by 6% in 2008 and is predicted to continue to rise in 2009. Employers are looking at putting more teeth into employee health management programs in the hopes that encouraging better employee health habits would lead not only to lower health spending but to a more productive workforce.[7]

The Wellness Councils of America, the nation's leading resource for workplace wellness for over two decades, has identified through their Well Workplace process seven key benchmarks of a successful workplace wellness program: (1) capturing CEO support, (2) creating cohesive wellness teams, (3) collecting data to drive health efforts, (4) carefully crafting an operating plan, (5) choosing appropriate interventions, (6) creating a supportive environment, and finally and importantly, (7) evaluating outcomes.8 Two winners of their Well Workplace Award are Grinnell Regional Medical Center in Grinnell, Iowa, and Baptist Health South Florida in Miami—one, a small rural community hospital with 400 employees, the other a large multihospital system with over 12,000 employees. Each have, in their own way, met the criteria of the Wellness Councils of America for protecting and enhancing the health and well-being of every employee and have made this part of the very fabric of the organization, not something extraneous and peripheral to the core business functions.

At Grinnell Regional Medical Center, the passion and leadership for its programs comes from CEO Todd Linden, who believes in creating a healing environment not only for patients but for employees. As a self-insured employer, they quickly realized that keeping their employees healthy not only made good sense but was good for the bottom line. The program started small with educational awareness programs but quickly grew into a program initiated three years ago called I Choose Health, where enrolled employees who participate in a health risk appraisal, meet certain minimum requirements for exercise, and have physicals as recommended, are eligible for a $400 credit that they can use toward their health insurance premiums, and a potential $1,500 they

can use at the hospital's integrative health clinic for massage, chiropractic, and other services. Their on-site fitness center is also used widely by employees. "The message we want to send is that taking care of yourself can show in your paycheck," says program manager Cory Jackson.

Two new initiatives launched in 2009 are a mandatory training for all employees in the HeartMath stress relief system—Linden and Jackson firmly believe that an unhealthy response to stress is the foundation of ill health—and second, an Optimal Healing Environments workshop for nurses in basic techniques in healing touch, reflexology, and more advanced HeartMath techniques they can use both with patients and in their own self-care. These efforts have translated not only into substantial dollar savings (e.g., an employee who did not participate in the I Choose Health program incurred approximately $4,300 for conditions related to being overweight or obese, compared to $82 for those who did participate), but is keeping Grinnell at the top of its class in Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores and consistently high employee satisfaction scores, despite the downturn in the economy and no salary increases for the last two years.

Baptist Health South Florida has been attracting awards for decades: Fortune's 100 Best Companies to Work For, 100 Best Places to Work in Healthcare (awarded by Modern Healthcare), Best Hospital for Healthy Lifestyles by the National Business Group on Health, and Fit Friendly Company by the American Heart Association. The key, says Wayne Brackin, chief operating officer of Baptist Health South Florida, is the genuine belief and commitment by the organization to taking care of their employees, not merely giving lip service. And the employees know it. More than 12,600 employees working in five hospitals and several outpatient clinics and urgent care centers are served by the innovative programs that span all areas of employees' lifestyles, from exercise and diet to health screenings and health management.

In 2001, the current activities of the various hospitals were united and expanded under one umbrella, the Wellness Advantage program. Existing fitness centers were renovated and new ones constructed. In a letter from CEO Brian Keeley, an avid fitness and nutrition buff, employees were encouraged to participate. Wellness coaches were hired to design educational materials, hold health fairs (almost 60 fairs were held last year), and conduct monthly screenings at all 17 locations. Employees are incentivized to participate

in a health risk appraisal, and by targeting high-risk employees, the system was able to save almost $1,800 per person in healthcare costs, says Maribeth Rouseff, assistant vice president of the Wellness Advantage program. Cafeteria and vending machine offerings were also studied for fat content, sodium, and trans fats (Baptist Health South Florida is a trans fat free–organization now). A Wellness Advantage meal for $3 was added to the menu, and all vending machines offer healthy options.

Clearly, both of these examples demonstrate the vital importance of leaders in creating a culture of health and wellness in their organizations. It is crucial that they model the behaviors they expect of their employees and challenge them to do the same. The Healthy Workforce Act introduced by Senator Tom Harkin (D, Iowa) in 2007 provides tax incentives to companies that invest in wellness programs for their employees. To qualify, the company's program would have to include the following components: a health awareness and education program, a behavioral change program, an employee engagement committee, and incentives for participation, such as a reduction in health premiums. Perhaps the passage of this bill will result in well-deserved rewards for conscientious employers and help incentivize those who are still contemplating the benefits of investing in the health of their employees.

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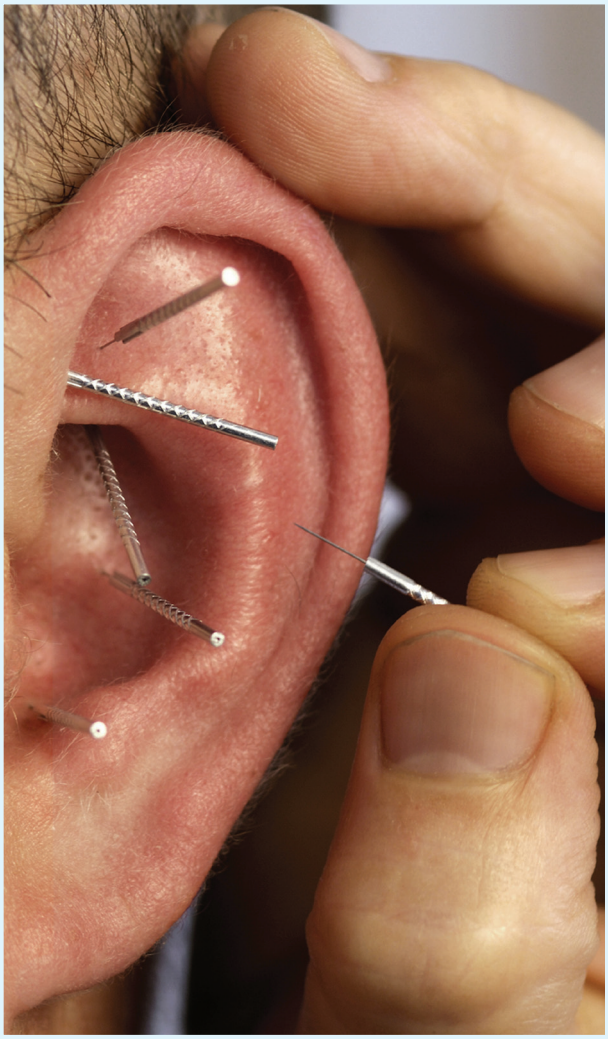
APPLYING INTEGRATIVE HEALTHCARE

Given a choice, most of us would opt to have the widest array and combination of therapies available to us when faced with disease or disability. If there was a therapy that was known to be effective and safe, wouldn't we want to know about it? Unfortunately, that is not always the case in healthcare today. Medicine still tends to be operating in silos of Western medicine and complementary therapies, with integrative and collaborative medicine still a somewhat distant ideal. And justly so. Applying integrative and collaborative medicine is no easy feat—it requires hard work and time commitment by all.

The term integrative healthcare is commonly used to describe a team of healthcare providers working together to provide patient care. Seven models of team-oriented practice have currently been identified[1]:

- parallel: characterized by independent healthcare practitioners working in a common setting
- consultative: expert advice is given from one professional to another
- collaborative: practitioners, who normally practice independently from each other, share information concerning a particular patient who has been (is being) treated by each of them
- coordinated: a formalized administrative structure requires communication and the sharing of patient records among professionals; a case coordinator is responsible for ensuring that information is transferred to and from relevant practitioners and the patient
- multidisciplinary: is characterized by teams, managed by a leader that plans patient care
- interdisciplinary: emerges from multidisciplinary practice when the practitioners that make up the team begin to make group decisions about patient care
- integrative: consists of an interdisciplinary, nonhierarchical blending of both conventional medicine and complementary and alternative healthcare; patient centered; and based on a specific set of core values that include the goals of treating the whole person, assisting the innate healing properties of each person, and promoting health and wellness

Milt Hammerly, MD, of Catholic Health Initiatives, the largest nonprofit health system in the country, suggests that when organizations are considering developing integrative healthcare programs, the following questions should be the first asked: "Why should we attempt to combine Western medicine with complementary therapies?" "What advantages exist for collaboration?" and "What problems occur when programs continue to operate in parallel?" The advantages, he says, are clear. Providing more comprehensive and personalized care based on the preferences and needs of the patient can help ensure the best clinical outcomes while simultaneously improving patient satisfaction and quality of life.[2] Ultimately, says Hammerly, the single most important imperative for integrative and collaborative medicine is the provision of person-centered care.



On the other hand, there are some clear dangers and disadvantages of not collaborating or not communicating. Some 70% of patients who use complementary therapies do not inform their physicians of their use of these therapies for fear of ridicule,[3] which could create potentially dangerous interactions and increase professional liability risks for practitioners and institutions.

The risks of applying integrative medicine should also be closely considered, says Wayne Jonas, MD, president and CEO of the Samueli Institute, a nonprofit research and service organization with a mission to transform healthcare through the scientific exploration of healing. Quality of care, particularly related to licensure of practitioners; quality and safety of natural health products; and the quality of the supporting science[4] (which the Samueli Institute is working to address through its rigorous scientific investigation of healing practices) are a few of the areas that pose potential risk. On the other hand, conventional medicine has much to learn from complementary and alternative medicine (CAM) practices and practitioners, says Jonas. Empowerment, participation in the healing process, time, and personal attention are essential elements of all medicine. However, these elements are easily lost in the subspecialization, technology, and economics of modern medicine. Conventional medicine can also learn from complementary practices and providers how to "gentle" its approach by focusing on the patient's inherent capacity for self-healing. Finally, low-cost interventions such as lifestyle modifications, diet, and supplement therapy can help reduce our skyrocketing healthcare costs.

With 38% of American adults and 12% of children now using complementary therapies as part of their regular healthcare regimen,[5] hospitals throughout the country have been, for the last decade, looking at ways in which they can respond to this growing demand. In fact, the number of hospitals offering CAM therapies has more than doubled, from 7.9% in 1998 to 19.8% in 2006.[6] A more in-depth study of what services hospitals were offering, their motivations, reimbursement, and staffing revealed some interesting themes.[7] A typical hospital offering CAM is in the Eastern or Midwestern United States and maintains between 100 and 300 beds. The majority of all services are offered on an outpatient basis, with massage therapy (54%), acupuncture (35%), and relaxation training (27%) among the most popular. On an inpatient basis, the top modalities offered are pet therapy (46%), massage therapy (40%), and music/art therapy (30%). Key reasons hospitals gave for offering CAM services were patient demand (84%), clinical effectiveness (67%), and reflecting organizational mission (57%).

Hospitals have taken varied approaches to integrating complementary therapies into the hospital setting. At Abbott Northwestern Hospital in Minneapolis, Minnesota, the unique inpatient services program offered through their Institute of Health and Healing has delivered 50,000 patient visits with a team of 15 providers over the last year. Every patient admitted to the hospital is offered the opportunity to access CAM services. In addition, nurses, physicians, and family members can also request these services on behalf of the patient. Pain, anxiety, and nausea are three most common reasons for which CAM therapies are requested, says Pat Vitale, inpatient manager for the Institute. With regard to the CAM providers, who are traditionally fiercely independent thinkers and practitioners, allowing them the opportunity to continue to perform at their highest capacity while working in a team setting has been a challenge, says Vitale.

However, integrating CAM into the inpatient setting was no easy feat, says Lori Knutson, RN, director of the Institute. Relationship and team building, both among the CAM providers and between the Institute's team and the hospital's medical and nursing staff, was key to their success. Looking for opportunities to be of value to patients and consistently inserting themselves into the process;

ensuring complementary services are documented in the patient's electronic medical record; and outreach to the medical, nursing, and administrative staff through in-services and participation in various committees, as well as demonstrating the return on investment in CAM related to its impact on patient satisfaction, employee turnover, and satisfaction, has been crucial to building their visibility and to the success of the program.

California Pacific Medical Center's Institute for Health and Healing in San Francisco was established in 1994 and was the first integrative clinic to be certified by the state of California. Founded primarily as an educational program and resource library, they soon found that patients wanted to access their CAM clinical care within the safety and reliability of the hospital setting. The clinical program was established as a physician-driven model, with integrative physicians working closely with a diverse group of CAM providers that delivered therapies ranging from Traditional Chinese Medicine to Ayurveda, Feldenkrais, and Chi gong. A distinctive feature of the program is the weekly team meeting of all providers to collectively case review their patients and collaboratively explore treatment options. This investment of time has proven to be crucial to the success of the program, says Doug Winger, the Institute's business manager. It has helped create a shared language among the providers, build learning opportunities, and improve relationships. Additionally, a conscious effort by all providers to furnish feedback to the referring physician has proven to be a savvy strategic move. Referrals from hospital physicians now account for 30% of clinic visits, which were up to 8,500 this past year. The clinic is also breaking even for the first time: they now accept insurance, and sales from their extensive retail store are contributing to the bottom line. With a wait list of six months, the Institute's challenge now seems to be finding qualified physicians.

A decade ago, it was widely acknowledged there was no such thing as alternative medicine, that all medicine, whether "Eastern" or "Western," be held to the same standards for scientific rigor of safety and effectiveness,[8] and that all practitioners should deliver "good medicine" or "new medicine" that was, above all, patient centered. In fact, labeling health care as "complementary" or "alternative" served little function except to divide practitioners and frustrate patients. Although it has not been easy, both public and private organizations like the Samueli Institute and the Bravewell Collaborative have been working toward establishing standards for complementary and alternative medicine.

Perhaps it will be the concept of person-centered care that unites healthcare providers across disciplines and health systems—a powerful outcome for patients who continue to seek healthcare approaches that offer them choice, safety, and effectiveness.

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BUILDING HEALING SPACES

As I drove up to the entrance of a newly constructed hospital in Oregon recently, what struck me first was not so much the fact that it looks like a luxurious five-star hotel (it was designed in collaboration with a hospitality architect), but more so that it does not evoke the feelings of anxiety and fear that you normally feel when you approach a hospital. Let's face it, for most of us, going to the hospital is rarely associated with positive feelings. Entering the two-story atrium lobby lit by natural light and the glowing fireplace makes one feel calm and somehow lifts your spirits. What you notice immediately is that you don't smell the normally ubiquitous fresh paint odor or whiffs of chemicals from the carpeting. Views from the private patient rooms overlook either the nearby winding river or a rooftop garden. Well-chosen artwork on the walls, sculpture, and carved and colored glass panels for the chapel all lend to creating a healing space.

Photo courtesy of Mercy Gilbert Medical Center, Gilbert, AZ.

But beyond looking merely at the ambience and aesthetics of the space to enhance patient satisfaction and attract customers, the hospital's architects, designers, and administrators have systematically studied and implemented the elements of what is evidenced to create such a healing space—one that reduces stress and anxiety, promotes health and healing, and importantly, improves patient and employee safety and contributes to cost savings.

So, how does the built environment impact healing? Why should hospitals and healthcare organizations consider this in designing their facilities? What is their return on investment for these initiatives? These are questions that hospital executives are asking themselves as they ponder the costs and benefits of incorporating enhancements to the design and architecture that contribute to the health and healing of patients and staff.

The notion of a healing space dates back to ancient Greece. Temples such as the sanctuary at Epidaurus were built for the god Asclepius, where ill people went in the hope of having dreams where he would reveal the cures for ailments. Later, in 1860, Florence Nightingale extolled ventilation and fresh air as "the very first canon of nursing," along with elimination of unnecessary noise, proper lighting, warmth, and clean water.

In the last several decades, the growth of technological advances, need for infection control, efficiency, and patient safety have caused the architecture and design of these buildings to become stark, noisy, antiseptic smelling, sometimes toxic, and unattractive-looking facilities. However, as the need for hospitals to become more competitive arose, aesthetically pleasing design has provided not only a competitive edge but has become a solid contributor to improving patient and staff satisfaction.

Today, the generally accepted components of a healing space are an architecture that provides access to nature, light, gtood air quality, and privacy; pleasant or positive distractions; and reduction of environmental stressors such as unnecessary noise, and toxic or harmful substances. In addition to these components, we at the Samueli Institute believe that aroma, music, color, and artwork also help to supplement the optimal healing space.

Although much attention is paid to the medical care patients receive in our healthcare institutions, until recently little attention has been paid to the physical space where they stay for days, possibly weeks.

In fact, the very buildings and medical devices we use to treat our patients and residents could contribute to the diseases we are trying to cure, say Mark Rossi and Tom Lent.1 Evidence-based design, as it is called by the Center for Health Design, is an approach to healthcare design that is anchored in utilizing proven design features that impact patient health, well-being, and safety, as well as employee health and morale.

Jain Malkin, founder of Jain Malkin Inc, an interior architecture and design firm specializing in healthcare, sees some major trends in health care design:

1. Single-bed rooms, which studies have shown to dramatically reduce the number of nosocomial infections, have also reduced the likelihood of medication and other errors, create less noise for the patient, provide better communication from staff to patients and vice versa, offer better accommodation of family, and consistently provide higher satisfaction with overall quality of care. In fact, having enough room for family members to be comfortably accommodated in the room may even contribute to reduced patient falls.
2. "Acuity adaptable" rooms allow for the patient to stay in the same room and receive varying levels of care as needed. This avoids potential dangers caused by patient transfer, such as medication errors, chart loss, etc. At Clarian Partners, Methodist Hospital cardiovascular comprehensive critical care unit (CCCCU) in Indianapolis, they found that, for a 56-bed unit, transporting patients cost them almost $12 million in wasted dollars.
3. Bathrooms are being built at the headwall so as to shorten the distance the patient has to walk, hence reducing patient falls.
4. One hundred percent HEPA-filtered air enhanced by ultraviolet sterilization is being used.
5. "Same handed" room orientation—standardization of patient rooms to be identical in layout in spite of the potential cultural and cost barriers—is seen more frequently. At St. Joseph's Community Hospital in West Bend, Wisconsin, contrary to what many think, standardization in room layout and design resulted in overall savings of 10% for a replacement hospital. This has also been demonstrated at several other new hospitals.

Photo courtesy of Mercy Gilbert Medical Center, Gilbert, AZ.

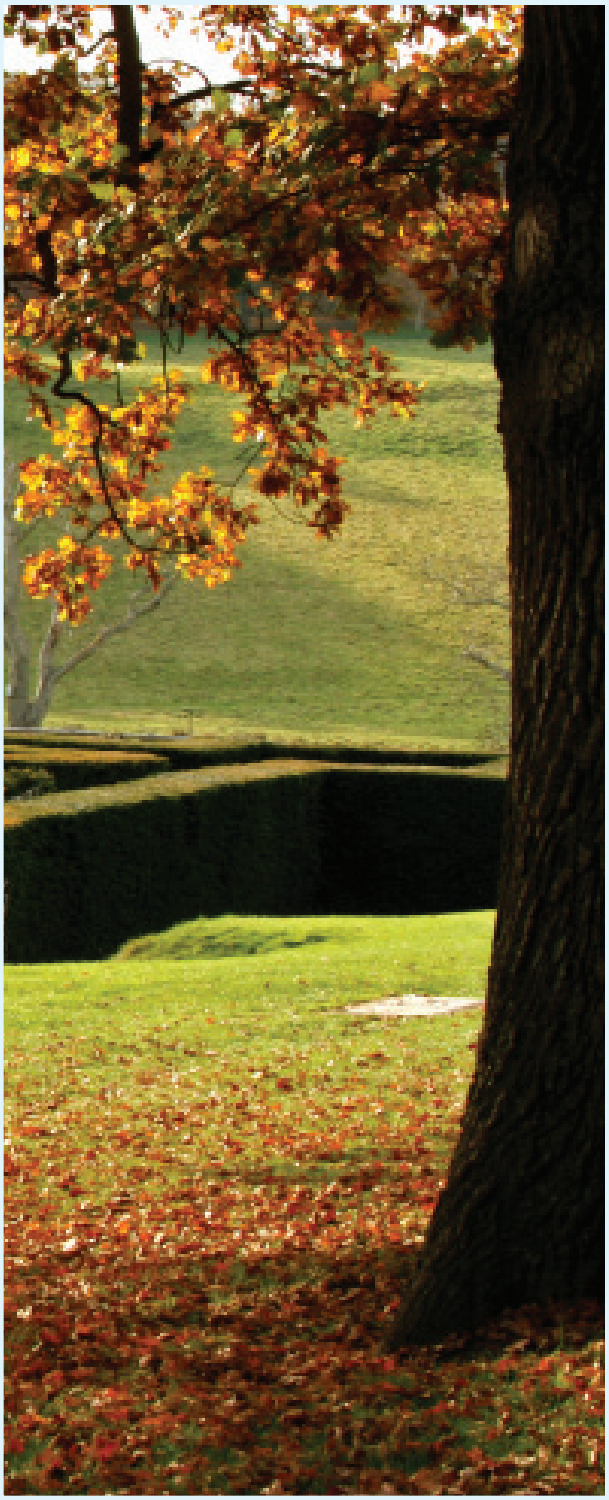
6. Hospitals are increasingly following the Green Guidelines for Healthcare that provides tools and best practices for healthy and sustainable building design, construction, and operations for the healthcare industry. Best practices include incorporating views of nature, reducing chemical use, and greening operations ranging from serving organic food to housekeeping and landscaping protocols.

In fact, says Malkin, evidence-based design is being studied to determine its contribution to amelioration of hospital-based injuries—a "never event" identified by the Centers for Medicare and Medicaid, for which hospitals will no longer be reimbursed.

Although architecture and design substantially contribute to patient and staff safety, efficiency, reduced infections, reduced patient falls, and improve patient and staff interactions, it has been found that music, aroma, and access to nature can alleviate stress for patients, families, and staff. Hospitals are increasingly providing access to green spaces or gardens, which have been proven to reduce stress (reducing blood pressure) and improve patient satisfaction for patients, families, and staff. Even viewing nature and trees has been shown to reduce hospital length of stay and result in fewer medications for patients.

According to the American Music Therapy Association, there is a considerable body of knowledge to support the benefits and effectiveness of music therapy. They have found that music is generally used in hospitals to alleviate pain in conjunction with anesthesia or pain medication. Other benefits of music therapy include elevating patients' mood and counteracting depression; promoting movement for physical rehabilitation; calming or sedating, often to induce sleep; counteracting apprehension or fear; and lessening muscle tension for the purpose of relaxation, including the autonomic nervous system.

Kaiser Permanente, the nation's largest not-for-profit health plan that covers 8.7 million lives and operates 32 medical centers, has been a leader in developing nationally recognized, health-based green building strategies. Safety by Design, a set of



principles developed that incorporate worker and workplace safety, patient safety, and environmental safety, has become the rubric for their new facility construction. Christine Malcolm, the senior vice president for hospital strategy and national facilities, says Kaiser's leaders felt responsible for their almost 160,000 employees, many of whom work for the

organization most of their lives, and became committed to ensuring their employees' health and well-being. Kaiser's accomplishments over the last five years include phasing out all polyvinyl chloride (PVC) products—a "worst in class" plastic known to cause cancer—such as vinyl gloves, flooring, and carpeting; choosing ecologically sustainable materials for 30-million square feet in new construction; and going digital with imaging, thereby reducing staff exposure to harsh chemicals and heavy metals while eliminating the need to store and retrieve images, saving employees from unnecessary lifting injuries. In fact, Kaiser's new Modesto, California hospital has been gaining national recognition as one of the greenest healthcare facilities in North America and as a national model for future healthcare construction. Industry-leading features such as rubber flooring that reduces not only slips and falls but does not leach toxins; paint and upholstery that's free of cancer-causing volatile organic compounds; and a "living" roof to reduce heating costs all contribute to the green building strategy.

When Synergy Health decided to rebuild its outdated St. Joseph's Hospital in West Bend, Wisconsin, they used the opportunity to design the facility incorporating the best safety practices gleaned from outside of healthcare, including those from aviation, automotive, and aerospace. The design process was based on some key principles—automation as much as possible to avoid human error, visibility of patients to staff, standardization, noise reduction, and patient and family empowerment in the care process. How do these design features benefit patients and caregivers? In many ways, says Malkin, including reduced infection rates (sinks are placed where the patient can see them and observe whether the caregiver washed his or her hands), medication safety is improved because medications are delivered by tube to the floor and bar coded to match the patient. Also, there is less stress for caregivers in adapting to new locations because rooms are identical and not "mirror images," patient lifts in every room reduce injuries for the healthcare workers, and sound-absorbing carpeting and ceiling tiles help keep noise levels down.

Listening to Jill Hoggard Green, chief operating officer of Peace Health, describe the design process at their new RiverBend, Oregon, medical campus, it was clear that they were not merely constructing a new building but were transforming the way healthcare was delivered. With clinicians, patients, and families all involved and contributing to the process, there was much organizational and cultural transformation that was happening simultaneously. Nurses were adjusting 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. Clearly, creating a healing space is closely dependent on and intertwined with so many other aspects of an optimal healing environment. Whether it is fostering healing relationships or a healing culture—one cannot succeed without the others.

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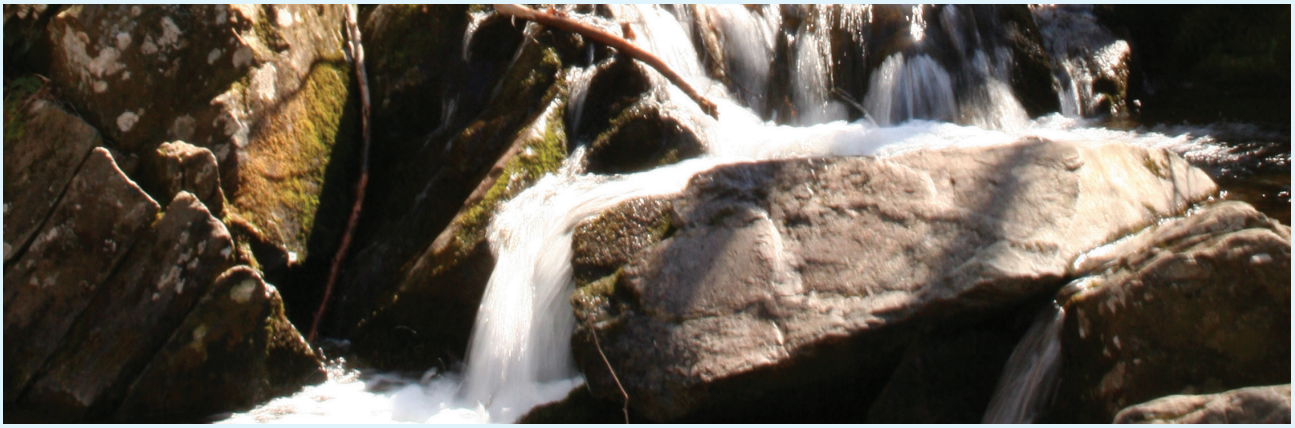

FOSTERING ECOLOGICAL SUSTAINABILITY

When you enter the hospital as a patient, the last thing on your mind is the potential environmental hazards you might be facing caused by the healthcare you are about to receive. After all, you want the best care and treatments possible. But although much attention is paid to the care you receive in the hospital, less attention is generally paid to the contaminants, chemicals, and other toxic substances you might be exposed to in the healthcare setting. One also rarely thinks about the pollution and environmental damage caused by the healthcare industry. U.S. hospitals generate about 4 billion pounds of waste a year[1]—much of it in the form of unused medical supplies and equipment. Healthcare buildings are the second most energyintensive commercial sector buildings; as hospitals use about twice as much total energy per square foot as traditional office space. For example, healthcare organizations spend nearly $8.8 billion on energy each year to meet patient needs. Every dollar a nonprofit health care organization saves on energy has the equivalent impact on the operating margin by increasing revenues by $20 for hospitals or $10 for medical offices.[2]

We, at Samueli Institute, believe that healing has to occur within the larger landscape of the local environment and planetary health. Caring for our sick in high-tech hospital environments that add to our environmental burden is not logical. Ecological sustainability asks that we live today in a way that others can live as well tomorrow. Fostering ecological sustainability requires clinicians, staff, and administrators to consider the impact of their choices on local and global environments. An Optimal Healing Environment (OHE) supports practices that reduce energy use and chemical impact, while conserving resources and preventing pollution. Sustainable choices promote public and environmental health.

Research shows that a multitude of illnesses such as cancer, obesity, asthma, infertility, and infectious diseases are closely linked to toxic chemicals, pollution, and climate change. Because Americans spend close to 90% of their time indoors, the impact of indoor air quality alone has caused hospitals to re-think building design. We are all suffering from increased exposures that are known to have negative impacts on our health. The research is considerable.

"First do no harm" has become the mantra of many in the healthcare industry, particularly hospitals that are stewarding excellent healthcare while trying not to harm their employees or the environment. These hospitals see the critical connection between bringing their patients back to health while supporting the health of the community and environment in which patients, clinicians, and hospital employees work and live. Being a good neighbor and steward of the community has health benefits!

A pioneer and leader in this field is Health Care Without Harm (HCWH), an international coalition of more than 800 hospitals and healthcare systems, medical professionals, community groups, health-affected constituencies, labor unions, environmental and environmental health organizations, and religious groups.HWCH has numerous programs; one important program is the recent collaboration with the World Health Organization in which they developed a working paper[3] that describes the seven elements of a climate friendly hospital. These elements are not only good for the climate, but for the environment at large.

They recommend:

Energy efficiency Reduce hospital energy consumption and costs through efficiency and conservation measures such as turning down thermostats or using natural light as much as possible.

Green building design Build hospitals that are responsive to local climate conditions and optimized for reduced energy and resource demands such as using regional materials or recycled or toxic-free materials.

Alternative energy generation Produce and/or consume clean, renewable energy onsite to ensure reliable and resilient operation such as installing solar panels.

Transportation Use alternative fuels for hospital vehicle fleets; encourage walking and cycling to the facility; promote staff, patient, and community use of public transport.

Food Provide sustainably grown local food for staff and patients including using less meat in hospital menus.

Waste Reduce, reuse, recycle, compost; employ alternatives to waste incineration.

Water Conserve water; avoid bottled water when safe alternatives exist, and harvest rain water if practical.

Close to 1000 hospitals around the country have begun this journey and are seeing environmental stewardship and sustainable operation as a compelling imperative; feeling the obligation to be part of the solution. In fact, the American Hospital Association (AHA) president Rich Umbdenstock says one of the ways in which hospitals can help achieve their vision of a society of healthy communities where all individuals reach their highest potential for health is through actions that make hospital operations more sustainable—environmentally, financially, and operationally. The AHA offers an Executive Primer on Hospital Environmental Sustainability, a free online guide that describes opportunities for action in the areas of building and construction, chemicals, energy, materials management, water, and waste. It describes why each of these topic areas is important, and provides examples of steps hospitals can take toward more cost-effective, safe, efficient, and sustainable hospital operations.[4]

At Advocate Health Care, a 10-hospital system based in Illinois, environmental stewardship rose from the core values of the organization and their initiatives were driven by their mission to be good corporate citizens. Their program began in 2004, says Mary Larsen, environmental stewardship manager for Advocate Health Care, with the building of their gold leadership in energy and environmental design (LEED) certified building, the first in Illinois. Since then, they have established a green team with leaders representing every hospital and medical office building in the system. Advocate's initiatives cover a wide array of programs that cover almost all the seven elements listed previously. Larsen highlights a few that they are most proud of:

- Energy management for the entire system with a goal to reduce energy use by 20% by 2015. They are doing this through maintenance and operation efficiencies, heating, ventilation, and air conditioning (HVAC). In fact, one of their hospitals has achieved the EPA's coveted Energy Star rating for healthcare buildings.
- All purchasing follows sustainability standards that take into account the entire lifecycle of the product from production to disposal.

A sign that the culture of stewardship is truly embedded in their organization, says Larsen, is the fact that over 9000 employees have participated in voluntary workshops on ecological sustainability run by the health system.

Washington Hospital Healthcare System in Fremont, California, has recognized the critical link between the health of the individual and the health of the environment. A Green Team was established in 2008, and is comprised of more than 20 employees that work in different parts of the hospital. "Washington Hospital's Green Team is really diverse and everyone comes from a different cross-section of departments," says Paul Kelley, Green Team Committee Chairperson and manager of the Hospital's Biomedical Engineering Department. "That's one of the keys to making our green initiative work because every single department and every member has a different perspective on a variety of issues." Washington Hospital's Green Team has implemented several projects including a house-wide recycling program that includes recycling wood, cardboard, batteries, and electronic equipment, and composting food waste. By increasing environmental awareness and accountability, the hospital is setting a good example for the community to become more energized and excited about their recycling programs at home, says Kelly.

A key initiative is an effort to reduce the environmental impact of improper disposal of medication. Providing leadership in the community, Washington Hospital partnered with Union Sanitary Water District to offer a pharmaceutical take-back program for the public. The program is unique because it allows anyone—patients, staff, or just walk-in citizens of the community to drop off unused medications, not just the medications they use while in the hospital. In 2009, the hospital collected one ton of medications that otherwise would have gone into the sewer system or a landfill.[5] The program provides a community service as well as vital educational information for the hospital and the surrounding community.

Kaiser Permanente's food program and farmer's market initiatives have created a national buzz. With its massive purchasing power and millions of members, Kaiser's commitment to providing healthful food and community service is upheld by providing locally farm fresh food as part of hospital service. Initiated in 2003 by a Kaiser physician, Preston Manning, Kaiser Permanente facilities throughout the United States began partnering with local farmers to bring fresh food directly to patients and staff. There are markets at over 30 hospitals in six states. Farmers markets offer the opportunity for Kaiser Permanente staff, patients, and the local community to learn about the benefits of fresh local food, good nutrition, as well as support local community businesses. Providing fresh food fits supports the preventative medicine emphasis at Kaiser.

Fostering ecological sustainability is the next step for our healthcare system to bring in alignment the successful health benefits of modern medicine with the growing needs of our communities and environments to support global health. By procuring healthier produce, becoming carbon neutral, and demonstrating a commitment to local and regional environmental health, hospitals become leaders for advocating for a healthy and sustainable future.

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IMPLEMENTING OHEs

Now that we have reviewed the eight 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. Collaboration 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 initiative3 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 adjusting 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.

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KAISER PERMANENTE'S TOTAL HEALTH ENVIRONMENT

I remember when Kaiser Permanente launched its Thrive campaign on television in 2004. As a long time California resident but somewhat shorterterm Kaiser Permanente member, it struck me that this behemoth of an organization, established by Henry Kaiser in 1945 to care for the workers in his shipyards and steel mills, was now touting in its advertisements that they stood for Pilates, broccoli, dental floss, and treadmills. Long known for its low-cost, dependable care for millions of Californians and others; its nonprofit status; and its commitment to community health, they took a bold stand in saying that health was not an industry but a cause. So what did all this mean to us, the members of Kaiser Permanente? I called my local Kaiser Permanente hospital and asked if I could come to a Pilates class or if there was a treadmill I could use. Unfortunately there wasn't. So what was Thrive and why was it launched?

I posed that question to Patricia Gin, senior brand strategist at Kaiser Permanente, who has worked on the campaign since its inception. She says that Thrive was an external expression of Kaiser Permanente's commitment to "total health," the result of several years of in-depth consumer market research into the public's perceptions of health and healthcare. They found that perceptions of healthcare delivery were often negative, expressed by words such as red tape and paperwork, but personal health was viewed as more than not being sick, and included lifestyle, life balance, and optimism.

Soon Thrive helped galvanize many Kaiser Permanente initiatives, including the following: (1) food policy—promoting healthy food choices in inpatient food services, cafeterias, and vending machines; (2) farmer's markets—25 facilities in the country have established on-campus farmer's

Kaiser Vallejo Medical Center

markets offering healthy produce to employees and members; (3) health and wellness initiatives— classes provide instruction in exercise, yoga, tai chi, smoking cessation, mindfulness, and stress reduction; (4) Healthy Eating Active Living Community Benefit Programs—these devote several hundred million dollars in services and funding to community organizations to promote the overall health of communities in which Kaiser Permanente is located; and (5) online health tools—tools for weight loss, nutrition, stress reduction, and smoking cessation are now available.[1]

In an effort to further deliver on the promise of the expectations created by their advertising campaign, they set out to understand the needs, emotions, and outlook on health of their members. In 2007 they launched a methodical research initiative that covered all eight regions of the country where Kaiser Permanente operated—at their hospitals, medical office buildings, and even competitor facilities. It included walk-throughs, interviews, observational studies, and workshops with various constituents. The research revealed some key themes regarding needs expressed by members with regard to information, clinical care delivery, service, and facilities. They found that information, whether through technology or communication from providers, boosted satisfaction; lack of control or caring made for dissatisfied members. Service and relationships trumped everything, but basics such as cleanliness and convenience were important.

This data was synthesized into a list of 21 key experiences in the hospital that were meant to create a healing environment and bring about faster healing, reduced stress and anxiety, and greater calm and serenity. They include everything from the freeway exit signage, to parking, to the waiting areas, to outdoor spaces, staff rest areas, on-site farmers' markets, cafes, and of course, the patient room and exam room. "Total health" became the design template for their new hospitals and medical office buildings (they are building 26 in California due to seismic retrofit requirements). The template can also be easily adapted to existing spaces, says Bernard Tyson, executive vice president, health plan and hospital operations. The goal was to make this a cost-neutral proposition, so total health spaces would cost no more than the sterile medical environments of the past.[2]

Farmer's Market at Kaiser Oakland Medical Center

In fact, evidence-based design, as it is called by the Center for Health Design, is an approach to healthcare design that is anchored in utilizing proven design features that impact patient health, well-being, and safety, as well as employee health and morale. Studies have shown that single-bed rooms dramatically reduce the number of nosocomial infections; reduce the likelihood of medication and other errors; produce less noise for the patient; better communication from staff to patients and vice versa; superior accommodation of family; and consistently higher satisfaction with overall quality of care. "Acuity adaptable" rooms that allow for the patient to stay in the same room and receive varying levels of care as needed avoids potential dangerscaused by patient transfer, such as medication errors and chart loss. Bathrooms built at the headwall to shorten the distance the patient has to walk helps reduce patient falls. Hospitals are increasingly following the Green Guide for Health Care,[3] which provides tools and best practices for healthy and sustainable building design, construction, and operations for the healthcare industry. Best practices include incorporating views of nature; reducing chemical use; and utilizing greening operations, ranging from serving organic food to housekeeping and landscaping protocols.[4]

When I recently toured the newly constructed Vacaville, California, hospital with the National

Facilities Services team led by Paul Tylar and Barbara Denton, their passion was palpable. Years of hard work had come to fruition, and they were recounting stories of patient and employee excitement about the new surroundings—pleasing colors, views from the patient rooms (particularly the infusion therapy clinic that has soothing views of Solano County farm country), plenty of natural light, open space for employees and families, the new patient room layout with five distinct zones that included a nurse zone and family zone, and healthy food options in the café.

Steve Stricker, MD, physician-in-chief for the Napa-Solano region, who oversaw the construction of two new hospitals, says the new physical space creates higher expectations among patients—they come in expecting an "experience." To make that happen, staff was trained on how to welcome, register, and escort patients for months in advance. In fact, he says, their door-to-doctor time has dropped to 20 minutes, with the redesign of the physical space being a major contributor. Hospital consumer assessment of healthcare providers and systems scores for the new hospital are now in the 95th percentile in the country, he says, and they are the highest of all Kaiser Permanente facilities. The Vacaville hospital is now attracting physicians from all over the country and from top-notch Ivy League medical schools.

When an organization and industry leader as large and influential as Kaiser Permanente—8.6 million members, 167,000 employees, and 16,000 physicians—makes a move, others stand up and notice. Although they are not the first to do this—many other hospitals around the country are very advanced in their design and many aspects of the cultural shift needed to embody the principles of total health and healing—Kaiser Permanente could have a large impact. An organization-wide project team lead by a team of senior executives that include representatives from service, quality, and operations is tasked with implementing the total health initiatives throughout the Kaiser Permanente system of hospitals and clinics. Let us hope that this bold move will create the momentum needed to push healthcare delivery from traditional sick care to a new model of "health" care, while embracing the whole person.

My very first job in this country was working in the marketing department for an HMO. Quite naive to the workings of the for-profit insurance industry, I was puzzled why an organization named a health maintenance organization did nothing to actually improve or maintain the health of its members. Kaiser Permanente is now living up to its slogan (they were recently named one of Fast Company's 2010 most innovative companies of the year) by helping us—as their campaign promises—to live long and thrive.

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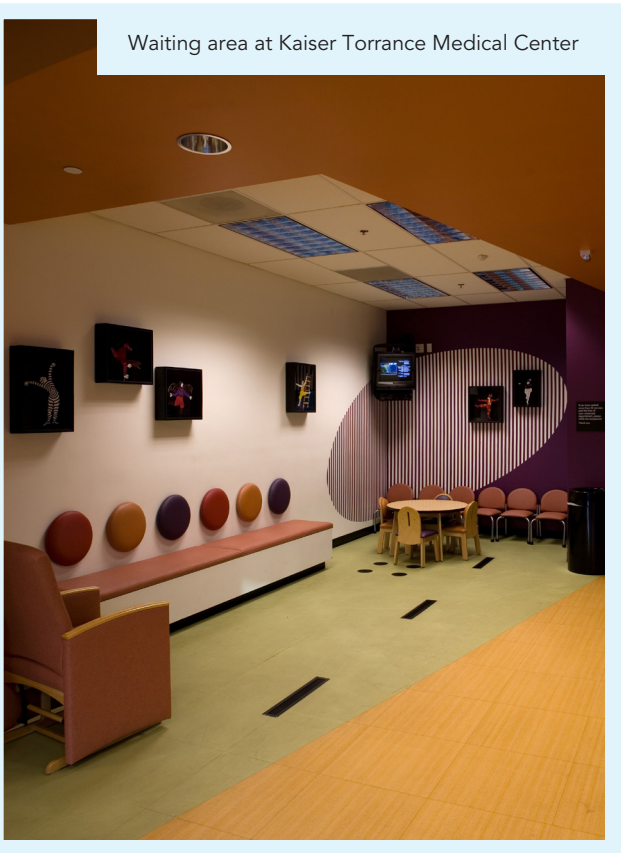

Waiting area at Kaiser Torrance Medical Center

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