



# SO YOU WANT TO START AN AROMATHERAPY PROGRAM?

December 7, 2017

## Jodi Baglien

Certified Clinical Aromatherapist  
Jodi Baglien, LLC, Osseo, MN

## Cindy Gall, LPN

QA Coordinator  
Wishek Living Center, Wishek, ND

## WELCOME

- Welcome!
- Q & As at end of the presentations
- Slides and recording will be available on the GPQIN website: Calendar > Past Events  
<http://greatplainsqin.org>
- Utilize chat for questions and sharing throughout

## So you want to start an Aromatherapy Program?



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## Jodi Baglien, Certified Clinical Aromatherapist

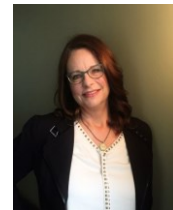
Jodi combines 16 years of experience as a Certified Clinical Aromatherapist, Holistic Therapist and Educator of Aromatherapy. She delivers an evidence-based, compliant, and sustainable aromatherapy program to health care settings, both long and short-term. She has been training medical professionals on how to effectively use essential oils in order to provide non-pharmaceutical options to reduce stress, agitation, improve rest and reduce pain scores.

Her programs and consulting continue to bring excellent results, with psychotropic medications in nursing homes, reducing by 35% on average.

With a powerful mix of experience, compassion, and science-based research, Jodi offers a clear, practical protocols within the best practices of professional aromatherapy. As a recognized wellness authority, she is dedicated to personalized consulting and wholehearted staff education.

### Career Management Credentials

- ◆ Certified Clinical Aromatherapist (2000)
- ◆ Holistic Therapist/ Wellness Practitioner
- ◆ Adjunct Faculty - Normandale Community College, Integrative Health Continuing Education since 2006
- ◆ Approved Provider of Continuing Education through the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)
- ◆ Certified Shiatsu Therapist (2006)
- ◆ Certified Aroma Acupoint Therapist (2014)



Contact Info: [www.JodiBaglien.com](http://www.JodiBaglien.com)

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## Why Aromatherapy in Health Care Makes Sense

- ◆ Provides an effective option to help reduce use of psychotropic and pain medications
- ◆ Proven to reduce stress and agitation for Dementia and Alzheimer's
- ◆ Proven to promote sleep, which in turn, may help to reduce falls.
- ◆ A welcome addition to comfort care. Resident specific, connects us to nature, soothes the soul, provides an opportunity for human connection, relaxation.
- ◆ Everyone benefits, staff, residents and families!

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## Aroma's are Powerful Messengers

**“Smell and Touch are powerful messengers and penetrate the mind fog, when words can not”.**

*(MacMohan & Kermode 1998) from Jane Buckle, PhD, RN  
Clinical Aromatherapy*

Rosemary (*Rosmarinus officinalis*) and other fresh, sharp, pungent aroma's help improve and stimulate mental alertness.



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# Nurse-Delivered Aromatherapy in a Large Healthcare System

Denise Joswiak, BSN, RN, HNB-BC, Clinical Aromatherapist and Julie Streeter, BSN, RN, HNB-BC, NCTMB, Clinical Aromatherapist  
 Penny George Institute for Health & Healing, Abbott Northwestern Hospital, Allina Health, Minneapolis, MN



## PURPOSE

To describe the status of aromatherapy program to date and to quantify pain, anxiety, and nausea patient outcomes across the healthcare system (excluding maternity care patients).

## METHODS

- Two nurses, who are certified aromatherapists, created the aromatherapy program.
  - Four essential oils were chosen based on peer-reviewed scientific research: ginger, lavender, mandarin and sweet marjoram.
  - Nurses were required to take a 68 minute e-learning module to learn about essential oils and their properties before offering aromatherapy to patients.
  - Nurses assessed their patients for appropriateness of aromatherapy, determined which essential oil to use and provided patient education.
  - Following the intervention, nurses documented the essential oil that was used and the patient outcome in the electronic health record.
  - Patients self-reported pre- and post-scores on a 0-10 scale for pain, nausea and anxiety.
- ## RESULTS
- Between February 1, 2012 and June 30, 2014 there were 3,357 nurses trained in aromatherapy who provided 10,372 aromatherapy interventions to patients.

## BACKGROUND

- Clinical aromatherapy is the controlled and therapeutic use of essential oils in the clinical setting for specific outcomes that are measurable.
- In 2012, a large healthcare system in Minnesota initiated a nurse-delivered aromatherapy program at ten hospitals.
- Nurse-delivered aromatherapy is within a nurse's scope of practice in the state of Minnesota and is an independent nursing function that does not require a physician order.
- The foundation for the aromatherapy program was holistic nursing, which takes into account the whole person: body, mind, spirit and emotions.
- The goal of the program was to create and maintain a safe and effective clinical aromatherapy program for patients and clients through partnership, education and research.

TABLE 1: NURSES TRAINED IN AROMATHERAPY BY HOSPITAL LOCATION AND YEAR

Location	2012	2013	2014	Total
Metropolitan Acute Care Hospitals	393	233	104	730
Abbott Northwestern Hospital (631 Beds)	985	19	42	1,046
Mercy Hospital (254 Beds)	330	143	107	580
Unity Hospital (175 Beds)	402	40	29	471
Cambridge Medical Center (75 Beds)	78	10	5	93
Regional Acute Care Hospitals	118	26	13	157
St. Francis Regional Medical Center (53 Beds)	41	10	3	54
Ontonagon Hospital (40 Beds)	76	8	1	85
New Ulm Medical Center (35 Beds)	1	53	32	86
Buffalo Hospital (32 beds)	43	7	5	55
River Falls Area Hospital (7 Beds)				
<b>Total</b>	<b>2,467</b>	<b>549</b>	<b>341</b>	<b>3,357</b>

FIGURE 1: AVERAGE CHANGE SCORES AND 95% CONFIDENCE INTERVALS BY ESSENTIAL OIL AND OUTCOME

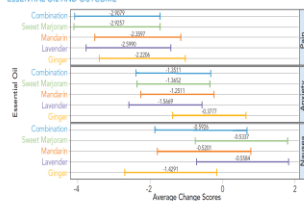


TABLE 2: FREQUENCY OF ESSENTIAL OIL DELIVERY BY MODE OF ADMINISTRATION

Delivery Method	Ginger (N=2,198)	Lavender (N=5,132)	Mandarin (N=975)	Sweet Marjoram (N=1,260)	Combination (N=1,839)	Total (N=10,372)
Inhaled	1,933 (88.0%)	3,776 (73.6%)	815 (83.6%)	888 (69.4%)	640 (81.1%)	8,052 (77.6%)
Topical	227 (10.3%)	1,194 (23.3%)	147 (15.1%)	359 (28.0%)	47 (6.0%)	1,974 (19.0%)
Inhaled and Topical	36 (1.6%)	162 (3.2%)	13 (1.3%)	33 (2.6%)	102 (12.9%)	346 (3.3%)
All Sessions	2,196 (21.2%)	5,132 (49.5%)	975 (9.4%)	1,260 (12.3%)	789 (7.6%)	10,372 (100%)

## Aromatherapy Stories

"I really like the addition of aromatherapy in my practice. I feel like, often times, patients are surprised that we, as a hospital, would offer something like this. I also think that they are often surprised by their body's reaction to it. As a nurse, who was used to only having medication to give to patients to relieve their symptoms, it is wonderful to have aromatherapy as another tool to use; one that doesn't require another couple medications to reverse the side effects of the original medication. It's something the patient can use without the nurse having to be there; as we often have limited time to spend with patients the way it is."

"I had a patient that tried every kind of medication for nausea, and the medications weren't helping. The ONLY thing that helped was the Ginger. It took the nausea away instantly. Amazing."

"Aromatherapy has been integrated in the patient's pain and comfort plan. The patients and nursing staff work together to select the type of aromatherapy to provide health and healing. It is truly an essential benefit for the patient's comfort and healing."

"The ability to offer aromatherapy as an adjunct to medications in the perioperative area greatly enhances patient satisfaction. I have seen a decrease in pre-op anxiety and less anti-nausea medication being used postoperatively. The patients love it."

## CONCLUSIONS

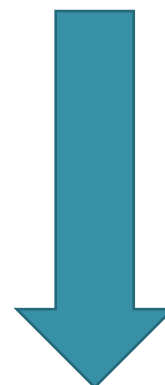
- Our healthcare system has successfully incorporated the use of essential oils as a holistic approach to healthcare that is also safe, low-cost and non-pharmacologic.
- Nurse-delivered aromatherapy reduces pain, nausea and anxiety when provided as an adjunct to standard medical care.
- Nurses have commented that aromatherapy is an important adjunct to their nursing practice; they cite ease of use, patient empowerment, patient satisfaction and symptom reduction as common themes.

CONTACT INFORMATION: Julie Streeter, Julie.Streeter@allina.com or 612-863-5292

# Results of Allina Health Systems

Change in pain, anxiety and nausea outcome measures.

- 32% decrease in pain
- 47 decrease in anxiety
- 50% decrease in nausea



## Need Research?

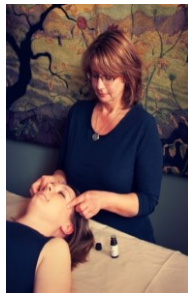
- ◆ Aromatherapy as a Safe and Effective Treatment for the Management of Agitation in Severe Dementia: The Results of a Double Blind, Placebo Controlled Trial
- ◆ Fall Prevention Study using the Aromatherapy Patch
- ◆ Effect of aromatherapy on patients with Alzheimer's disease.
- ◆ The value of lavender for rest and activity in the elderly patient.
- ◆ Staphylococcus aureus and wounds: a review of tea tree oil as a promising antimicrobial
- ◆ Odors modulate pain perception.
- ◆ A Controlled Trial of Aromatherapy for Agitation in Nursing Home Patients with Dementia
- ◆ Research paper on neuropathic pain - done by aromatherapy student
- ◆ To Request links  
[jodi@jodibaglien.com](mailto:jodi@jodibaglien.com)

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## What is Aroma - Therapy?

The **skillful, controlled** use of **pure essential oils** obtained from **aromatic plant materials**.



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- ◆ Utilizing the active bio - chemical components for their pharmacological actions.
- ◆ Utilizing the psychotherapeutic use of "scent" in a holistic framework.
- ◆ Supports the whole person, provides symptom relief, comfort care.
- ◆ Offers a portable, self soothing tool!



## Are Essential Oils Safe to use? YES!

- ◆ Side effects are RARE when used according to best practices – proper dilutions, methods of use and selection of oils used
- ◆ Cost effective when compared to cost of pharmaceuticals and OTC
- ◆ Caregiver and resident are engaged
- ◆ Can address both chronic & acute conditions
- ◆ Rejuvenates, comforts, relaxes, uplifts... what else does that?

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## Realistic Goals for Aromatherapy

Aroma – Therapy is a complementary / integrative therapy - supporting the body, mind & spirit. Your primary goal - provide gentle support to our nervous systems supporting our goals to reduce stress, relax, provide comfort, reduce pain, improve well being.

**A more relaxed nervous system, leads to reduced pain scores,  
lower anxiety, agitation, improved rest. . .  
and typically, a reduced need for medications.**

**Many therapeutic interventions are available - but this requires advanced training in the medicinal properties, methodologies, & formulation of the essential oils.**

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## Common Uses - Physical

### Physical

Pain – in therapy  
 Sleep - Fall Prevention  
 Appetite Improvement  
 Respiratory Conditions  
 Comfort Care – part of am  
 / pm care plans  
 Difficult transitions – bath  
 time  
 Overall stress reduction  
 for staff too!  
 New experiences –  
 sensory stimulation



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## Common Uses - Emotional

### Emotional / Spiritual

Helps to balance moods and  
 behaviors  
 Cognitive Stimulation  
 Conversation starters  
 Provides a connection to  
 nature  
 Human touch & connection  
 Enhance Activities Programs  
 Spiritual Care - anointing,  
 prayer  
 Hospice – for patient and  
 family



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## Your Overall Goal?



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## To Consider - Blends or a Single Note Oil?

### Aromatherapist formulate blends for a variety of reasons:

- Creating a synergy of essential oils that are super charged! Blending oils creates a support network around the primary therapeutic goal.

*For example – agitated / anxious and trouble sleeping = Mandarin + add roman chamomile or lavender*

- Future negative / difficult – scent memories are less likely with blends.
- Acceptance of aroma is higher with blends.



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## New Aromatherapy Patch?

- ◆ Simple, prefilled, just stick on clothing
- ◆ No overwhelming aroma for others.
- ◆ No dermal absorption
- ◆ Single Use – lasts 6-8 hours
- ◆ Patented technology maintains the pure therapeutic quality of the essential oils.



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## Concerns of DIY Aromatherapy in Healthcare

- ◆ Understanding the potency of essential oils – overuse, overwhelming aromas to others, allergies, asthma
- ◆ Selecting safe oils and methods of use for YOUR population
- ◆ Untrained staff mixing oils into ready to use product – dosage? Labeling?
- ◆ Education of staff

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## Where do YOU begin?

- ◆ Buy In – Who needs to be on board?
- ◆ Stakeholders – What are their concerns and needs? Research?
- ◆ Funding – No budget money? Find grants, foundations, donors
- ◆ Scent Policy? This is a therapeutic intervention, not a perfume
- ◆ Safety Protocols – what do you need to know?
- ◆ Who is in charge of the program? Nursing? Activities?
- ◆ Determining cost of education, cost of products

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## Hallmarks of a Quality Aromatherapy Program for Healthcare

- ◆ Follows guidelines of professional Aromatherapy best practices
- ◆ Understands the therapeutic value of the oils used, its safety information, proper dosages, contra indications, drug interactions
- ◆ Provides a variety of appropriate application methods for use
- ◆ Provides a holistic view and practices & practical hands on detailed information
- ◆ Teaches observation skills to determine efficacy
- ◆ Helps with Policy, provides SDS sheets for products



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## Resources

- ◆ **Alliance of International Aromatherapists (AIA)**  
[www.alliance-aromatherapists.org](http://www.alliance-aromatherapists.org)
- ◆ **National Association for Holistic Aromatherapy (NAHA)**  
[www.naha.org](http://www.naha.org)
- ◆ Professional Aromatherapy Information. Offers essential oil profiles, articles, recipes, sellers of oils, programs - [www.AromaWeb.com](http://www.AromaWeb.com)
- ◆ **The Complete Guide to Aromatherapy** - \$109.00 (from Jodi)  
By Salvatore Battaglia - all around best resource book to have
- ◆ **Jodi Baglien, CA** – [www.JodiBaglien.com](http://www.JodiBaglien.com) – aromatherapy consulting, training, and products.

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## Wishek Living Center

**Cindy Gall, LPN**

QA Coordinator

Wishek Living Center, Wishek, ND

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## Wishek Living Center

- ◆ 60-bed skilled facility
- ◆ Rural South Central North Dakota
- ◆ Established in 1964

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## Our Wake Up Call

- 2014 CMS notification—Quality Measure for Psychotropic medications triggering at 34%
- Today we trigger at 10.2%; we have NO PRN psychotropic medications; continue to strive to lower our numbers
- We recognized the shift towards alternative therapies in culture change
- Formed a team; months spent in discussions; research into alternative therapies
- Aromatherapy kept coming up; we were using EO on one resident per family request; they provided the oils; we saw them work!
- Visited with the family member; viewed Jodi's website ☺
- Several calls made to Jodi expressing interest in her program.
- Obtained secured support (financial) from our leadership
- Dialog with your team; find a champion in your facility

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## How We Started

- ◆ Set Goals/Expectations: Reduce our QM numbers; lower anxiety/agitation, improve sleep and provide comfort
- ◆ We thought our focus would be residents with Alzheimer's and dementia
- ◆ Training is essential; understanding the oils and how they work; side effects; not all oils are the same; must have staff all on the same page
- ◆ Drill down and choose a few oils to start with; maybe start on one wing
- ◆ Have a policy with procedures; guidelines for nursing to follow; Jodi was instrumental in helping with this
- ◆ Who will be administering oils in your building? Documentation with follow-up
- ◆ Educate your staff
- ◆ Educate the residents and families; we introduced EO during annual family picnic; story board, example oils, diffuser running, printed literature and study results

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## How to Administer

- We started by using square cotton pads and oils taped to residents shirt
- Staff did not like the look.
- Leadership began to hear compliments from family members about our EO Program
- We were able to invest in:
  - Diffusers
  - Necklaces and clay lapel pins
  - Hope to implement patched someday



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## Results of Studies

Change in pain outcome measures.

- ◆ One resident utilized Tramadol 25 mg p.o. q 6 hrs prn for leg pain
- ◆ *Used pain med 26 times in a one-month period*
- ◆ *Restless legs oil and comfort massage oil implemented at HS. Tramadol was used 14 times in one month period!*

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## Result of Study

- ◆ 82 yr old Dx Alzheimers. Restless. Slept poorly. Wandering and rummaging. 30 day period up all night X9. Rested oil initiated at HS. The first 30 days she was up 4 nights! Staff reported she was less resistive.
- ◆ 86 yr old. Dx dementia. Very resistive to cares. UA negative. April 18-30. 8 days of aggression. Anxiety Rescue and Comfort oil initiated. Entire month of May 4 episodes noted. June calm and receptive.

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## Staff Now Ask for Oils

- ◆ Guardian oil during outbreaks
- ◆ Stress Break in Cindy's office!
- ◆ Orange or Refresh oils for a pick-me-up at nurses station and in business office

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## Survey

- ◆ We sat on pins and needles waiting for our first survey with Dept. of Health
- ◆ They asked to visit with EO champion
- ◆ Many questions about the program; training, where do we get the oils; they asked to see the oils
- ◆ They shared that they LOVED our story; appreciated the story our documentation and follow-ups told in the EMAR; recognized the benefit; especially liked that we had a consultant to work with
- ◆ Training Oct/Nov 2014
- ◆ Feb 2015 Policy and guidelines implemented; started slow and have built up our program since

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## Questions

You may ask questions as follows:

- Post your questions in “Chat” in WebEx
- Dial \*5 on your phone keypad to be placed in the queue for questions

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## Great Plains QIN State Nursing Home Contacts

### Kansas

**Brenda Groves, LPN**  
[brenda.groves@area-a.hcqis.org](mailto:brenda.groves@area-a.hcqis.org)  
**Johnathan Reeves, BA**  
[johnathan.reeves@area-a.hcqis.org](mailto:johnathan.reeves@area-a.hcqis.org)  
 Kansas Foundation for Medical Care  
 2947 SW Wanamaker  
 Drive Topeka, KS 66614-4193  
 P: 785/273-2552

### South Dakota

**Lori Hintz, RN**  
[lori.hintz@area-a.hcqis.org](mailto:lori.hintz@area-a.hcqis.org)  
 South Dakota Foundation for Medical Care  
 2600 West 49th Street, Suite 300  
 Sioux Falls, SD 57105  
 P: 605/354-3187

### Nebraska

**Krystal Hays, DNP, RN, RAC-CT**  
[krystal.hays@area-a.hcqis.org](mailto:krystal.hays@area-a.hcqis.org)  
 CIMRO of Nebraska  
 1200 Libra Drive, Suite 102  
 Lincoln, NE 68512  
 P: 402/476-1399, Ext. 522

### North Dakota

**Michelle Lauckner, RN, BA, RAC-CT**  
[michelle.lauckner@area-a.hcqis.org](mailto:michelle.lauckner@area-a.hcqis.org)  
 Quality Health Associates of North Dakota  
 3520 North Broadway  
 Minot, ND 58703  
 P: 701/989-6229

This material was prepared by the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 1150W-GPQIN-ND-C2-101/1117

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