SO YOU WANT TO START AN AROMATHERAPY PROGRAM?

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Jodi Baglien
Certified Clinical Aromatherapist
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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
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
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!

Aroma’s are Powerful Messengers

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

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

What is Aroma - Therapy?

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

- Utilizing the active biochemical 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?

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.
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

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
Your Overall Goal?

Moment of Peace

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.
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.

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
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

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
Resources

- Alliance of International Aromatherapists (AIA)
  www.alliance-aromatherapists.org

- National Association for Holistic Aromatherapy (NAHA)
  www.naha.org

- Professional Aromatherapy Information. Offers essential oil profiles, articles, recipes, sellers of oils, programs - www.AromaWeb.com

- The Complete Guide to Aromatherapy - $109.00 (from Jodi)
  By Salvatore Battaglia - all around best resource book to have


Wishek Living Center

Cindy Gall, LPN
QA Coordinator
Wishek Living Center, Wishek, ND
Wishek Living Center

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

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
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, diffusor running, printed literature and study results

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:
  - Diffusors
  - Necklaces and clay lapel pins
  - Hope to implement patched someday
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!

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.

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

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
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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