

CARE CART FOR ALTERNATIVE COMFORT MEASURES

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Introduction: Working in the Oncology unit where patients are admitted for chemotherapy infusion and many end up as a long-term stay, can be challenging. Many patients go through anxiety, depression, pain and other side effects of chemotherapy. Our unit collectively decided to introduce a concept of Care Cart to help our patients overcome some of these issues. The concept was first introduced with diversion therapy that included: music therapy, Art therapy and Guided Imagery. During the introduction of Multimodal in October 2013 and ERAS (early recovery after surgery) in February 2014, these therapies were found helpful and were combined with the Care Cart. The Care Cart is one of the many ways to help manage pain and chemotherapy side effects by incorporating alternative methods of healing and comfort.

Significance: Pain, especially chronic pain, damages the body and the brain intensifying the pain. The body responds to pain with a stress response that can create high blood pressure, anxiety, muscle tightening and negative thoughts. To maximize healing and manage these negative responses, alternative and complementary care can help oncology patients overcome anxiety and stress and help them manage their symptoms so they can heal and feel more optimistic.

Purpose: The purpose of the care cart is to provide several alternate or complimentary therapies to support patients in pain to promote healing. Initially it was meant to be used for the oncology patients and was then introduced to surgical patients that were on ERAS and multi-modal therapy.

Setting and Participants: The pilot will be introduced initially on the medical/surgical floors that include two floors (3rd and 4th floor). Each unit will each have a Care Cart (CC). Registered Nurses (RNs) and Patient Care Technicians (PCTs) will have access to the CC. The 3rd floor population is mostly surgical and oncology patients so this CC will be used for general surgery, orthopedic and spine surgery patients. The staff is in the process of learning about the significance of CC, how it can help patients in pain, manage anxiety and stress, and what the CC will carry.

Project Description: The project was supported by Dr. Rosas, the chief of surgery and Dr. Kapadia chief of House based services (HBS). Bernice Yale, RN and Munira Gulzar, RN, MSN, Caritas Coaches worked together with the CNO of Kaiser San Jose, Terry Simpson Tucker, RN, MSN, who was supportive and excited to help with the project. The Care Cart is in the process of being created and is not yet available to the units. The Care Cart will be introduced to the staff of each unit during March 2014.

Care Cart Items:

Care Channel 28 provides music therapy with calming images, Aromatherapy (lavender, peppermint, Ginger), Candles, Art therapy, mandalas, cross word puzzles, coloring books and crayons, Lip balm, Gum, Herbal teas, Playing cards for distraction, (Quiet at night) earplugs, eye mask, head set, Anxiety healing stones, Quiet/ welcome signs for promoting rest, Warm blankets/warm wash clothes (unscented or Lavender scented), Hot or cold packs.

Project Outcome(s)/Projected Outcomes: The Care Cart will be introduced and available for use with the surgical patients on the 3rd floor starting March 2014, after ERAS and Multimodal are introduced in February 2014.

Project Evaluation or Partial/Projected Evaluation if not completed: The patient's care experience will be measured by daily patient rounding by the assistant nurse managers on the 3rd and the 4th floor. A questionnaire will be offered to the patient seeking their input about alternative healing modalities to determine if those modalities provided any comfort and healing. A long term goal will be to evaluate the Hospital Consumer Assessment of Health care Providers and Systems (HCAHPS) for improvement in patient grading on a question, "How often did the hospital staff do everything they can to help you with your pain". The Care Cart project has integrated Watson's (2008) Caritas processTM # 8, "Creating healing environment at all levels, whereby wholeness, beauty, comfort, dignity, and peace are potentiated" to improve the quality of care at Kaiser. Caring science supports the importance of the caring relationship and health care providers creating a healing environment, the CC will be part of that vision (Watson, 2008).

Future Directions: The Care Cart will initially be piloted to the ERAS and Multimodal population on the 3rd and 4th floor. Once it is successful, the Care Cart will be introduced to ICU, step-down, telemetry and OB/GYN units at Kaiser San Jose Medical Center.

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References: Watson, J. (2008). *Nursing: The Philosophy and Science of Caring. Boulder*: University Press of Colorado.