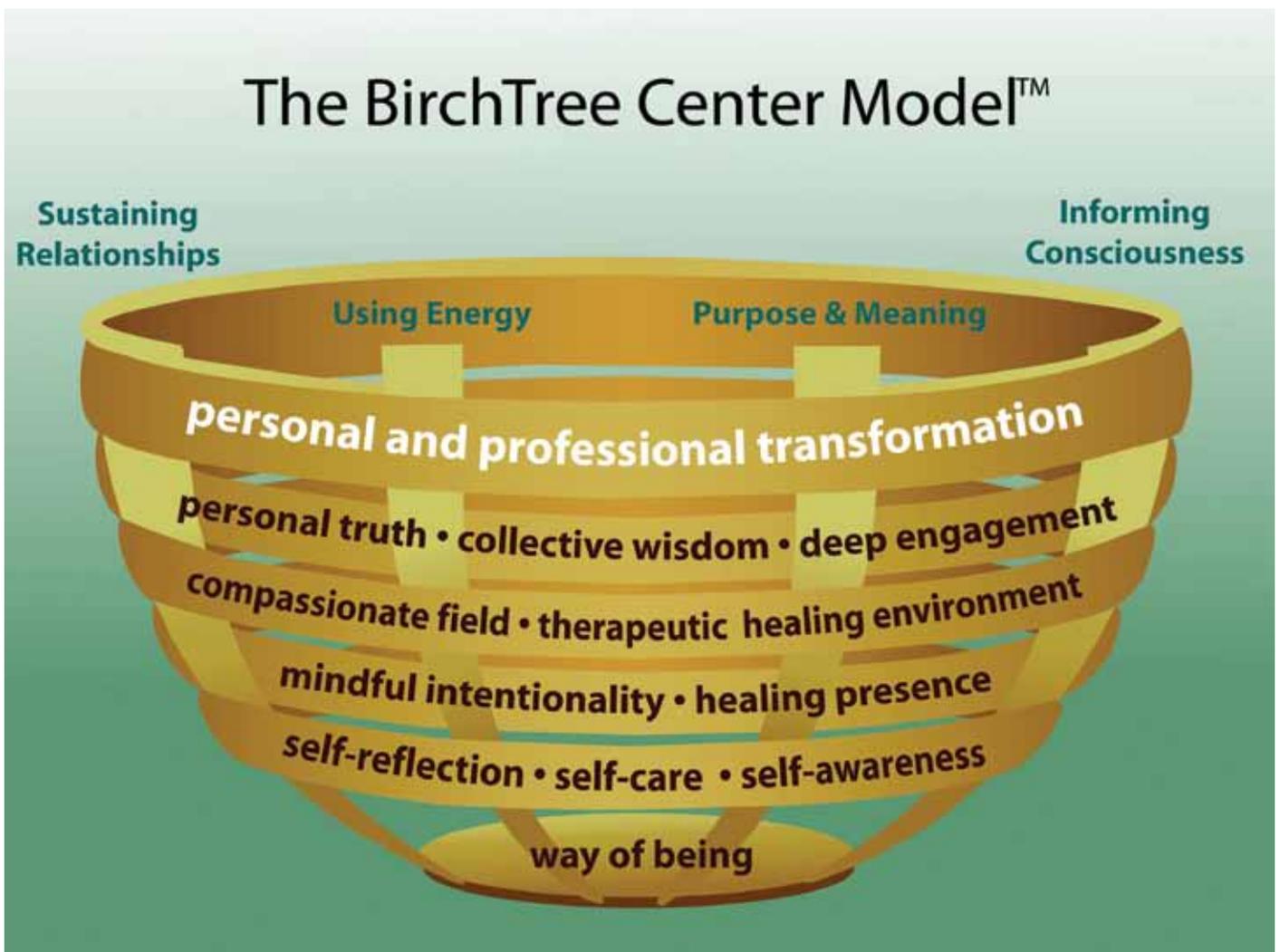


The BirchTree Center Model: Transforming the Healthcare System with *Heart*

by MARIE SHANAHAN MA, BSN, HN-BC

What is transformation and why is it needed in health care now? The capacity to grow, change and transform is inherent in the human experience, and we participate in this process regardless of our age, understanding or circumstance. It is natural and unfolds irrespective of our feelings towards what the journey brings. In health care, we are currently in the midst of another great transformation. We are redirecting our focus towards creating health, and realigning our work with health promotion, illness prevention and wellness. We are expanding our consciousness, however slowly, to acknowledge the idea that personal well-being, population health, community wellness, and planetary health are related aspects of a greater whole. In philosophical terms, we are beginning to understand the reality of a wholistic universe. In simpler terms, we are connecting the dots and embracing holistic practice, care for the whole person (body, mind and spirit), community and planet.



Transformation is profound, fundamental change, altering the very nature of something. Transformational change is both radical and sustainable. Something that is transformed can never go back to exactly what it was before. — Robert Gass (2012, p.1), *What is Transformation?*

As these shifts in awareness continue, it is helpful to have a model that identifies a perspective for the present moment consciousness while providing a blueprint for future understanding and development of new holistic practice knowledge.

Developing the BCM

The Renaissance Caring Model™, also known as the Birch Tree Center Model (BCM), serves as the foundation for program development and practice innovation at The BirchTree Center for Healthcare Transformation and forms the conceptual model for the Integrative Healing Arts Program (IHAP). It has been adopted by numerous healthcare providers and implemented in several healthcare institutions. The Robert Wood Johnson Foundation funded a two-year study of the IHAP as one of nine experimental training programs and found that it led to improved nurse retention and patient satisfaction (Assi & Shanahan, 2004).

The BCM is an integrative, interdisciplinary, progressive practice model of personal and professional transformation that promotes consistent and sustainable holistic practice in health care. I developed the model in 2005, and it has since evolved with the input and insights of my colleague, Dr. Veda Andrus. The BCM came to be because of the courage and commitment of thousands of nurses, physicians, pharmacists, administrators and other healthcare providers who have attended IHAP over many years. Through their grace and authenticity, they showed us the mileposts along the journey of transformation to holistic practice.

When embraced by healthcare professionals, the BCM provides a foundation for holistic practice. When employed within healthcare settings, it creates cultural transformation and is associated with reaching target metrics.



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Application of the Model: Healthcare Professionals

The model's personal-professional transformational process touches practitioners at their core. It opens individuals to considering their personal and professional nature as an integral way of being in the world, where previously they may have identified their private-self and their work-self as separate. This shift in perspective allows them to see and experience their own humanity as an essential and necessary aspect of what they bring to their practice. They "come home" to their practice and remember the passion they once felt for their work. The progressive nature of this transformation allows and creates opportunity for continuous development and unfolding of the practitioner's consciousness and intentionality regarding self, relationships, health, healing and the healthcare system.

Application of the Model: Organizational Transformation

The model is used within healthcare settings to re-orient the values, behaviors, actions, and group practice ethic towards healing and caring through greater awareness of shared humanity. When compassion is appropriately linked with organizational excellence, the shift in organizational identity begins. The identification of compassion as a cultural anchor linked to performance fosters the transformational change.

As individuals within the organization build a capacity for personal transformation, the organization expands its capacity for sustaining cultural transformation. This results in higher performance of individuals and groups, while creating a culture of continuous, heart-centered innovation. Caring and healing are seen as valuable resources in the organization and are tied to performance indicators related to quality, safety, employee satisfaction, patient satisfaction, and cost containment. As part of this transformational journey, the organization clearly states it is ready to be known for providing holistic care, and the community identifies it as a place where healing occurs (St. John Providence, 2011; 2013).

Model Design & Metaphor

The nature of the BCM model is illustrated in the form of an open basket (see illustration at left). The open basket imagery holds space for practitioners and the organization to:

- recognize, develop and allow an ever-increasing capacity to heal and be healed,
- receive new gifts, knowledge and understanding,

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BirchTree Center Model Outcomes

Safety Outcomes

Urban Hospital Setting with 420+ Beds

This geriatric unit experienced 6-7 falls per month. At their twice daily safety huddles, the team set an intention to be seen by patients as trustworthy of meeting and exceeding their needs. In the first month, the fall rate dropped to 2. Six months later, they have only 0.5-1 falls per month and are setting their sights on zero falls.

Quality Outcomes

Urban-Suburban Hospital Setting with 770+ Beds

Nursing satisfaction rose into the 75th percentile after implementing Renewal Rooms™ throughout the organization. Renewal Rooms are in clinical, educational and administrative areas of the hospital and are used exclusively by employees for rejuvenation during work hours. Results have been shared at two national conferences.

HCAHPS Improvement Outcomes

Mid-Size Suburban Hospital Setting with 200+ Beds

The development of a Holistic Council made up of primarily nurses and other professional caregivers has launched 10 therapeutic healing environment initiatives incorporating self-care for employees, aromatherapy, music therapy, hand massage, and quiet time. These initiatives consistently improve HCAHPS scores and employee engagement.

Research Outcomes

Oncology Hospital Setting with 70+ Beds and 160+ Outpatient Units

Nurses at this facility are driving a holistic research agenda. One of their research initiatives, called "Healing Sounds", measures the effects of music, guided imagery, and binaural beats in the pre- and post-operative patient experience. A second study is measuring the level of anxiety in patients undergoing radiologic exams after receiving a hand massage.

Building the Business Case

Community Hospital Setting with 450+ Beds

"The reduction in turnover alone more than offset the cost of implementation. Agency nurse usage which averaged \$3-5 million in recent years fell to less than \$150,000 in 2005 and all patient outcome measures, i.e., falls, medication errors and infection rates are setting new record lows." R.K., Chief Financial Officer. "Our patients and staff are happy and we're right where we want to be as a culture. The future looks right for us." L.C., Vice President, Patient Care Services, CNO (Christianson, Finch, Findlay, Jonas, & Choate, 2007).

- let go of that which no longer is needed, and
- transform and lead transformation with others.

The concept of an open basket is intended to challenge the long-held image of a practitioner's *toolkit*. The toolkit metaphor in health care implies that people are broken, and practitioners are technicians who *fix* broken people. Furthermore, it places the holder of the toolkit apart from the person who needs *fixing*, implying that the practitioner is separate from the healing process. In contrast, the BCM invites all possibilities for the healing process, which goes well beyond patient care to encompass such notions as the practitioner's own well-being and potential for impacting organizational and community health. By shifting to the concept of an open basket, we engage the potential for all of us to hold healing energy for ourselves, our patients, our fellow co-workers, and the healthcare system.

*I always knew this way of being was within me.
I just had to embrace it and stop trying to be
someone else's version of me.*

—A. S., pediatric nurse of 15 years, student in the Integrative Healing Arts Program (IHAP)

Relationship & Collective Wisdom

The foundation of the BirchTree Center Model is relationship with oneself and way of being. Through self-awareness, we each discover our own deeply held beliefs, values and motivations around health and healing. Through self-reflection, we come to realize that self-care and renewal are essential to our effectiveness as healthcare practitioners in therapeutic relationships. When we engage in self-renewal practices, it expands and enhances our ability to be a healing presence with others and creates an intentional focus on caring behaviors in professional practice (Andrus, 2014). Caring for oneself is now properly re-framed as integral with compassionate, professional care for others.

Developing personal self-awareness, self-reflection and self-care practices allows us to become more mindful. The practice of setting a daily personal intention gradually becomes a habit of intentional, mindful presence and helps to form the skill set we call therapeutic presence in the workplace (Andrus, 2013). As this grows within our daily professional practice, we are able to see the whole person and meet our patient's needs from a holistic perspective that encompasses each person's mind, body and spirit.

These practices coalesce as an energy field pattern at the individual level, informing the consciousness of each practitioner. As more practitioners adopt the BCM for practice, the group energy field emerges. When groups of practitioners

The changes in which we will be called upon to participate in the future will be both deeply personal and inherently systemic.

—Senge, Scharmer, Jaworski, & Flowers (2004),
Presence: Human Purpose and the Field of the Future

engage in care of the whole person, a collective wisdom develops that clarifies what it means to serve those who are in need of care (Andrus & Shanahan, 2014). This collective consciousness is evident in the following:

- There is a deep engagement in the BCM process because it fulfills the practitioner's desire for purpose and meaning in the workplace, which is sustained through relationships among supportive group members.
- The values of compassion, caring-healing and excellence redefine the work ethic, leading to changes in people, language, behaviors and practice.
- The emerging culture is re-energized and re-oriented, generating a therapeutic healing environment with greater ease in achieving and maintaining positive outcomes.

Personal & Systemic Transformation

The BCM model assumes that all people have the capacity for transformation—the potential for opening to the complex

process of personal growth, therapeutic use of self, spiritual consciousness, and efficacy as healers and leaders. Each person in the group embarks on this transformational journey at the pace and depth most beneficial to their individual needs. They are encouraged to validate their own progress without judgment or comparing oneself to others. In this model, transformation is viewed as organic and is not meant to be dictated by the timetable of others. Yet paradoxically, the application of the model in groups and organizations activates the energy of the group, which potentiates the depth and awareness of each individual's experience.

Healthcare organizations are the very definition of complex adaptive systems (complexity science): Always on the “edge of chaos” while constantly seeking order, they function in disequilibrium, yet are cohesive enough to avoid disintegration (Cleveland, 1994). However, because of rapidly changing regulations and diminishing reimbursements, healthcare leaders are constantly seeking the next new initiative that will create order and certainty in the work environment, hopeful these strategies will yield foreseeable outcomes. Linear silo processes are created with the expectation of returning instant, predictable and sustainable results.

Transforming health care calls for leaders with the capacity to *hold the edges*, tolerate the uncertainty, confront the conformists, and envision a process that enfolds and unfolds the transformational journey. These leaders accept risk but are not reckless, are comfortable with non-linear processes, and instinctually know that innovation requires confidence, creativity and collaboration. They effectively lead their teams through inspiration and a compelling vision.

In her keynote presentation at the IHI 13th Annual International Summit, Maureen Bisognano (2012), CEO of the Institute for Healthcare Improvement (IHI), emphasized that it's time to shift healthcare so that the question is no longer “what's *the matter?*” but “what *matters* to you?” Transformational leaders are drawn to the BirchTree Center Model because it fulfills their need to lead themselves and others in a journey of re-connecting to what matters at the heart and soul of health care. Here's to the journey!

References

Andrus, V. (2013). Caring presence: The key to improving the patient experience. Retrieved from <http://nursing.advancweb.com/Archives/Article-Archives/Caring-Presence.aspx>

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Andrus, V. (2014). Person-centered care: Enhancing patient (person) engagement. *Beginnings*, 34(1), 18-21.

Andrus, V., & Shanahan, M. (2014). *Holistic leadership*. In M. Helming, C. Barrere, K. Avino, & D. Shields (Eds.), *Core Curriculum for Holistic Nursing* (2nd ed) (pp. 61-72). Burlington, VT: Jones & Bartlett.

Assi, M.J., & Shanahan, M. (2004). Holistic care and nursing science: Retaining magnet excellence. *Online Journal of Excellence in Nursing Knowledge*. Indianapolis, IN: The Honor Society of Nursing, Sigma Theta Tau International.

Bisognano, M. (2012, March 19). An ounce of prevention [video file]. Speech presented at the Institute for Healthcare Improvement 13th Annual International Summit on Improving Patient Care in the Office Practice and the Community. Retrieved March 21, 2014 from <http://www.ihl.org/resources/Pages/AudioandVideo/BisognanoSummit2012Keynote.aspx>

Christianson, J., Finch, M., Findlay, B., Jonas, W., & Choate, C. G. (2007). *Reinventing the patient experience: Strategies for hospital leaders*. Chicago, IL: Health Administration Press.

Cleveland, J. (1994). Complexity theory: Basic concepts and application to systems thinking. Innovation Network for Communities. Retrieved March 21, 2014 from <http://www.in4c.net/files/Complexity-Theory-Basic-Concepts.doc>

Gass, R. (2012). What is transformation? And how it advances social change. Retrieved March 21, 2014 from http://www.sproject.org/wp-content/uploads/downloads/2013/10/What_is_Transformation_2.0_LowRes.pdf

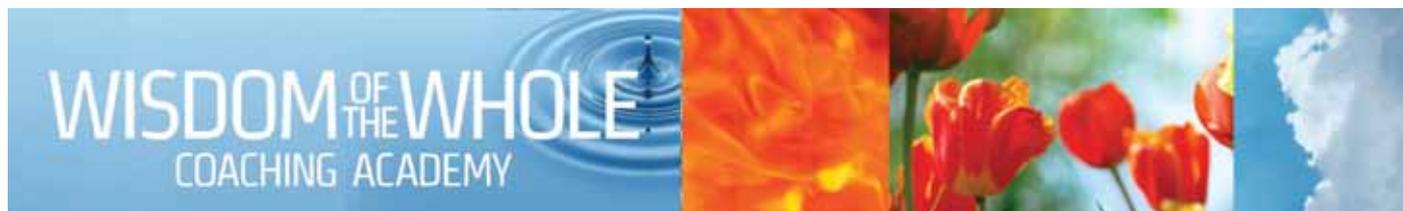
Senge, P., Scharmer, C. O., Jaworski, J., & Flowers, B. S. (2004). *Presence: Human purpose and the field of the future*. New York: Doubleday.

St. John Providence Health System. (2011). Report to our community fiscal year 2011. Retrieved March 31, 2014 from http://www.stjohnprovidence.org/Documents/CommunityHealth/ReportToTheCommunity_FY11.pdf

St. John Providence Health System. (2013). Journey to excellence: Nursing annual report FY 2013. Retrieved March 31, 2014 from http://www.stjohnprovidence.org/Documents/SJP_2013_nursing_annual_report.pdf

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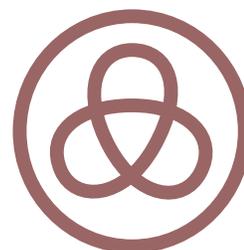
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