

Integrative Therapies in Hospice and Home Health

Introduction and Adoption

ESTHER L. JOHNSON, RN, BSN, PHN, CHPN, AND DEBORAH O'BRIEN, RN, BSN, PHN

Integrative therapies comprise a variety of nonpharmacologic methods that provide pain and symptom management. These therapies are increasingly gaining acceptance in the healthcare community as complementary to traditional treatments for pain. This article details the introduction, scope, and challenges healthcare organizations face when incorporating integrative therapies into their care plans.

T.M., a 51-year-old man with a glioblastoma, was referred to hospice after surgery, chemotherapy, and radiation therapy. He had been given a 2-week to 2-month survival prognosis by his oncologist. His functional limitations included right hemiparesis, although he was able to ambulate with assistance. T.M. openly expressed frustration with his disease progression. It left him feeling fatigued and depressed.

Married and raising 2 teenage children, a boy and a girl, T.M. and his wife were highly concerned about their children's reaction to his terminal illness. His pain and seizures had been well managed with medication. Because no other traditional treatments were available, he requested continuation of nonpharmacologic interventions for his pain management and improvement of his energy. These interventions included massage, guided imagery, Reiki, and Acutonics.

Over the past decade, increasing numbers of people

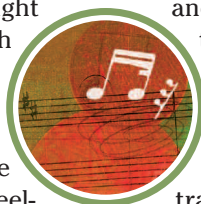
have been using alternative or complementary therapies in addition to traditional methods of pain and symptom management (Lewis, de Vedia, Reuer, Schwan & Tourin, 2003). Long referred to as complementary and alternative medicine, these methods are now more commonly known as integrative therapies because they integrate both traditional and non-traditional treatments. Integrative therapies include a variety of different physical, emotional, and spiritual methods such as massage, Reiki, music, aromatherapy, and guided imagery in addition to more conventional Western medicine.

The decision to use integrative therapies has been rapidly growing in the hospice and palliative care environment. There are several reasons for this growth. Research describes patient reports of how complementary therapies provided improved quality of life, better coping skills, a greater sense of control, and increased options

for controlling discomfort due to illness or treatments (Sparber et al., 2000).

Music has been shown to promote relaxation, decrease pain, and reduce general discomfort (Hilliard, 2005). Music also has been used to increase opportunities for brain-impaired patients to communicate, supporting interactions among patients and loved ones (O'Callaghan, 1996). Other studies demonstrate that aromatherapy may relieve agitation and restlessness, whereas massage therapy can relieve pain, improve circulation, and enhance relaxation for patients and caregivers (Lewis et al., 2003).

Patient pain and symptom management are ongoing concerns for clinicians and caregivers. As healthcare providers, we constantly work to relieve patients' pain while honoring their humanity and uniqueness. Because many integrative therapies are nonpharmacologic in nature, they rarely have uncomfortable side effects. However, explorations of implications for using integrative therapies have demonstrated that it is not the physical response from treatments but the relationships and caring presence of the care provider that may be more significant to the patient's



sense of comfort and well-being (Nelson, 2006).

Introducing Integrative Therapies Into a Home Health and Hospice Agency

A large home health and hospice agency (HHA) initiated its integrative therapies program in 2002 by undertaking a survey of staff and volunteers to discover their current knowledge level and practice of integrative therapies for self-care or patient care. The survey results indicated that 50% of the respondents used some type of integrative therapy on a regular basis. This validated similar findings by Eisenberg et al. in 1998 showing that complementary and alternative medicine use is on the rise.

The HHA introduced its program by implementing several methods already being provided by staff trained in 1 or more of the techniques (Table 1). In addition, the HHA sought out trained licensed and certified volunteers, making them available to patients and families as needed. Initial methods included massage, relaxation skills, aromatherapy, animal-assisted activities, and bioenergetic techniques such as Reiki. Over the next several years, methods were expanded to include comfort touch, creative expression, music and sound healing.

Adopting Integrative Therapies in Hospice and Home Health

Dr. Ira Byock, a palliative care physician, has provided guidelines for the developmental tasks each individual has an opportunity to master at the

end of life (Table 2) (Byock, 1996). He further explains the principles of palliative care used by the interdisciplinary team as a means of taking responsibility for attending to the needs and experience of the patient and those of his or her respective family (Table 3) (Byock, 2006). These principles of palliative care and guidelines were used to direct the hospice agency in providing individualized care to T.M.

T.M. initially requested massage to help stimulate circulation on his right side, which had become flaccid due to hemiparesis after brain surgery to remove his tumor. The interdisciplinary team provided a volunteer trained as a massage therapist to visit weekly. Massage provided T.M. the relaxation he wanted as well as therapeutic benefits, which included pain relief and clearer mental processing.

A home health aide was added to the team to provide both personal care and Reiki. Classified as energetic healing, Reiki relies on belief in the existence of a universal life force energy available to balance and unblock the flow of energy. The result of using this method is a restoration of health and greater well-being (*Nurses Handbook of Alternative & Complementary Therapies*, 1998). The word “Reiki” is derived from 2 Japanese ideograms: Rei meaning “universal, spiritual, or divine,” and Ki, meaning “life energy.” When Ki flows freely and unimpeded, we experience a state of wellness and contentment (Coughlin, 2002). The Reiki practitioner requests permission from the patient to proceed, and intention is di-

rected for the recipient to receive Reiki for his highest good and benefit.

T.M.’s home health aide provided Reiki in a variety of ways. She periodically performed Reiki during the sponge bath, moving slowly and deliberately over T.M.’s body as she washed him. On other days when the home health aide had additional time to spend, she had T.M. lie down on his bed, then provided Reiki using the traditional hand positions on top of his clothed body. These Reiki sessions, lasting between 30 to 40 minutes, left T.M. asleep and resting comfortably for up to 1 hour.

Expanding Options for Patient and Family

The patient’s primary medical doctor supported the use of integrative therapies and discussed other options with the HHA’s clinical case manager. The primary medical doctor thought it would be beneficial to T.M.’s wife and children to engage them in his care and felt that other integrative therapy methods might be helpful. The goal was to help family members to improve their communication and to enrich their relationships during T.M.’s decline. This approach would assist T.M. in achieving the developmental landmarks of completion in enriching relationships, experiencing love, and gaining meaning about life.

The team explored with T.M. other integrative therapy options that could be appropriate for helping with his pain, depression, and fatigue. T.M. and his interdisciplinary team chose several other methods including guided imagery, creative expression, and Acutonics.

Table 1. Integrative Therapies Modalities

Integrative Therapy	Purpose/Effectiveness
<p>Relaxation</p> <p>Affirmations, breathing techniques, Chi Gong, hypnosis, guided imagery, massage, progressive muscle relaxation, Tai Chi, yoga</p>	<p>Purpose: Using the mind-body connection to effect desired changes. Through simple suggestions, the practitioner guides the patient/family member in creating the changes they wish to achieve in the physical /emotional state.</p> <p>Effectiveness: Reduces stress and anxiety; pain management.</p>
<p>Sound Healing</p> <p>Acutonics</p>	<p>Purpose: Using vibrations and sound from one or more sources to promote comfort and calm.</p> <p>Effectiveness: Realigns and rebalances the body, mind, and spirit through the placement of specific tuning forks on acupuncture points. Promotes peace and comfort. Allows safe place to express feelings.</p>
<p>Crystal bowls, Tibetan bowls; chimes, gongs, drums, and voice.</p>	<p>Effectiveness: Reduces stress; alters consciousness; creates feeling of peace and well-being.</p>
<p>Aromatherapy</p> <p>Lavender</p>	<p>Purpose: Utilizing aromatic properties of oils from various plants to provide symptom relief.</p> <p>Effectiveness: Balances; relieves insomnia; promotes sleep & relaxation; relieves pain, headaches, sharp pains in muscle sprains. Safest of all essential oils.</p>
<p>Rose</p>	<p>Effectiveness: Soothing: Calms the spirit; heart tonic, tones capillaries and activates circulation; opens heart chakra, radiates love; soothes grief.</p>
<p>Grapefruit</p>	<p>Effectiveness: Draining/uplifting; lymphatic stimulant; diuretic properties; appetite stimulant; balances digestive tract; overall uplifting and reviving effect.</p>
<p>Peppermint</p>	<p>Effectiveness: Energizes; treats cold, fever, headaches; relaxes stomach, antispasmodic for colon; Treats indigestion, vomiting, diarrhea, stomach pain.</p>
<p>Music</p> <p>Guitar, harp, flute, piano, CDs & tapes</p>	<p>Purpose: Using sound and rhythms to evoke emotions that stir memories and/or feelings in a safe and nurturing manner.</p> <p>Effectiveness: Assists in bringing forth buried feelings for the purpose of healing; resonating with what feels good at any given moment.</p>
<p>Bio-Energetic Techniques</p> <p>Reiki, comfort touch, therapeutic touch, healing touch</p>	<p>Purpose: Balancing and re-aligning the energy flow of the body, either through direct “hands-on” contact or assessing the energy field around the body.</p> <p>Effectiveness: Promotes relaxation; relieves physical tension/discomfort; provides pain relief or decrease in pain level; accelerates postoperative recovery; relieves symptoms during or after chemotherapy; decreases agitation in those with dementia; decreases depression, anxiety, stress; decreases use of pain medication; strengthens and supports the immune system; facilitates the development or deepening of a spiritual connection.</p>
<p>Animal-Assisted Activities</p> <p>“Oscar the Cat,” a permanent resident in a skilled nursing facility; dogs, llamas, Shetland ponies making visits to patients at home or in residential care facilities.</p>	<p>Purpose: Providing comfort and companionship to patients and caregivers; utilizing the affection that many people feel toward animals to provide motivational educational and/or recreational benefits to enhance quality of life.</p> <p>Effectiveness: Relieves depression; offers a diversion to shut-ins; promotes relaxation; enhances communication in withdrawn individuals.</p>
<p>Creative Expression</p> <p>Memory books/boxes; photographs; poetry; journaling; drawing/painting; puppets; storytelling; movement/dance.</p>	<p>Purpose: Using creative processes for safe and comfortable self-expression; within each person is a language that describes our experiences with a depth that transcends the spoken word.</p> <p>Effectiveness: Taps into the inner wisdom of the body, mind, emotions, and soul.</p>

Table 2. Developmental Landmarks and Tasks for the End of Life

Tasks	Evidence of Development
Sense of completion with worldly affairs	<ul style="list-style-type: none"> ■ Transfer of fiscal, legal, and formal social responsibilities
Sense of completion in relationships with community	<ul style="list-style-type: none"> ■ Closure of multiple social relationships (employment, commerce, organizational, congregational). ■ Components include expressions of regret, expressions of forgiveness, acceptance of gratitude and appreciation ■ Leave taking; the saying of goodbye
Sense of meaning about one's individual life	<ul style="list-style-type: none"> ■ Life review ■ The telling of "one's stories" ■ Transmission of knowledge and wisdom
Experienced love of self	<ul style="list-style-type: none"> ■ Self-acknowledgement ■ Self-forgiveness
Experienced love of others	<ul style="list-style-type: none"> ■ Acceptance of worthiness
Sense of completion in relationships with family and friends	<ul style="list-style-type: none"> ■ Reconciliation, fullness of communication and closure in each of one's important relationships ■ Component tasks include expressions of regret, expressions of forgiveness and acceptance, expressions of gratitude and appreciation, acceptance of gratitude and appreciation, expressions of affection ■ Leave taking; the saying of goodbye
Acceptance of the finality of life—of one's existence as an individual	<ul style="list-style-type: none"> ■ Acknowledgment of the totality of personal loss represented by one's dying and experience of personal pain of existential loss ■ Expression of the depth of personal tragedy that dying represents ■ Decathexis (emotional withdrawal) from worldly affairs and cathexis (emotional connection) with an enduring construct ■ Acceptance of dependency
Sense of a new self (personhood)	<ul style="list-style-type: none"> ■ Beyond personal loss
Sense of meaning about life in general	<ul style="list-style-type: none"> ■ Achieving a sense of awe ■ Recognition of a transcendent realm ■ Developing/achieving a sense of comfort with chaos
Surrender to the transcendent, to the unknown	<ul style="list-style-type: none"> ■ "Letting go"

Note. Data from Byock, 1996.

Much has been written about the use of sound healing as an adjunct to cancer care (Gaynor, 2002) and as a means of promoting relaxation or providing therapeutic interventions (*Nurses Handbook of Alternative & Complementary Therapies*, 1998). Sound healing can be as simple as listening to nature sounds or the strumming of a guitar or as complex as interventions of hearing and feeling the vibrational sounds of bowls, bells, chimes, or tuning forks (Figure 1).

Acutonics is an energy-based noninvasive treatment similar to acupuncture. Precision-calibrated tuning forks are applied to specific acupuncture and acupressure points to access the body's Meridian and Chakra energy systems. The tuning fork is struck on an acuator (a hard rubber pad), then placed on the body or held near the ears. The sound waves of the forks vibrate and travel deeply into the body along the energy pathways, affecting human physiology and reaching places not easily accessed by traditional medicine. Application of the forks stimulates and balances the body's physical and subtle energy field to promote healing and inner harmony (Franklin & Carey, 2006). Placement of the tuning forks is determined by practitioner assessment, acupuncture points and meridians related to symptom relief, and patient preference or goals for treatment at each session.

Acutonics sessions provided T.M. with what he was hoping to achieve. He was able to eliminate his breakthrough pain medication and manage his pain using only his long-

Table 3. Principles of Palliative Care

Principles	Operational Principles
<ul style="list-style-type: none"> ■ Patient and family comprise unit of care ■ Ethical, shared decision making ■ Symptoms routinely assessed and well managed ■ Interdisciplinary team approach ■ Coordination and continuity of care ■ Dying recognized as difficult, but normal, quality of life is a core goal ■ Spiritual distress (patient and family) assessed; spiritual well-being is a goal ■ Affirms life; neither hastens nor prolongs death ■ Extends bereavement support to patient's family. Preserves and enhances well-being of clinicians, support staff, volunteers 	<ul style="list-style-type: none"> ■ Engages in continuous quality improvement and research efforts ■ Advocates for patients and families ■ Advances public policy to improve access to needed services and quality of care

Note. Data from Byock, 1996.

acting opioid. T.M. was increasingly bothered by his inability to find the words he needed to express himself. After an Acutonics session, both his word finding and speech flow improved. He also felt deeply relaxed or, as he termed it, “mellowing out.” This level of peace and comfort was evident immediately after a treatment and continued up to several days.

To engage the family better, the spiritual care counselor and the integrative therapies nurse conducted a group-guided imagery session, which incorporated relaxation skills of breathing, passive progressive muscle relaxation, and guided imagery to a safe special place. Through this group-guided imagery, each member of T.M.’s family was able to identify what was needed for his or her own coping and well-being.

After the guided imagery session, there was a short 15-minute creative expression session, which resulted in meaningful drawings. The family members then shared both their drawings and the experience of the guided imagery

with each other. It was discovered that the majority of the family members found strength and support in being outdoors. The family agreed to plan for a short camping trip in the summer. The integrative therapy session proved beneficial for the patient’s spouse, who had been unable to relax since becoming the primary caregiver. The children also became more fully involved with their father’s care despite the difficult emotions facing them at this time.

Implementation Challenges

An HHA faces many challenges after deciding to implement an integrative therapies program. Reimbursement and financial support are major issues as well as training. The HHA chose to train current clinical staff in a variety of interventions that could be provided during a routine home visit.

In the state of California (State of California, 2000), the Nurse Practice Act provides that the licensed professional



Photo credit: Judy Conner, Pathways Home Health & Hospice.



Once the program was fully operative, key practitioners were identified to champion the program. Each champion was allotted 1 day per week to devote to integrative therapies, in addition to his or her primary roles.

nurse's additional education and training in a specific method falls within the scope of nursing practice. Agencies should explore their respective state's regulations during the planning process because they vary with each state. Frequently, agencies use volunteers to provide specific methods, and due diligence is imperative in determining skills, training, certification, or licensure of the volunteer. The HHA created a process to determine the competency of any provider, staff, or volunteer who planned to provide integrative therapies.

Perhaps the largest challenge determining the success of a program is support from senior management staff of the HHA for implementation of the program. It has been the experience of both authors that programs not fully supported by senior management are doomed to failure. The HHA's program initially grew out of an integrative therapies task force composed of representation from all disciplines

and all branches. The task force met monthly for a number of years to outline the program, policies, and procedures and to provide training sessions. Once the program was fully operative, key practitioners were identified to champion the program. Each champion was allotted 1 day per week to devote to integrative therapies, in addition to his or her primary roles of hospice registered nurse case manager and spiritual care counselor.

The position of integrative therapies program manager, created 5.5 years after the program began, was budgeted as a three-fifths position for oversight and management of the program in all branches of the organization. It is desirable for the program manager to be knowledgeable and trained in a variety of integrative methods. The goal is optimum implementation of programs and closely coordinated training. The program manager also provides a central point for physician and staff inquiries.

Training of Clinical Staff and Organizational Expansion

The HHA provides orientation to all new staff in the benefits and use of integrative therapies. Staff orientation manuals include basic interventions. Training sessions throughout the year focus on preparing both staff and volunteers to provide a variety of interventions. An Integrative Therapies Overview in-service introduces basic aromatherapy, comfort touch massage, and SoulCollage, a creative expression method. Clinical staff including nurses, social workers, spiritual care counselors, and others who are interested have the opportunity to participate in all-day workshops on integrative imagery, Reiki, and other more complex offerings. Workshops taught by agency staff or outside consultants range in length from 6 to 16 hours. Goals and objectives developed for each training session include didactic content and hands-on practice opportunities for participants. Staff is kept informed of available certification programs. Thus, staff members are encouraged to improve their skills and add valuable methods to their practice. All programs generally provide continuing education units.

Future Goals for Growing an Integrative Therapies Program

1. Expand current programs
 - Develop a pet-assisted therapy program to include more certified animals and their handlers.

These teams would be willing to visit patients and their families in a variety of settings.

- Provide additional training in guided imagery and Reiki levels 1 and 2 to clinical staff and volunteers within the agency.
 - Attract more licensed massage therapists to serve patients living in more remote areas.
 - Create a comprehensive resource list of current integrative therapy practitioners.
2. Develop an employee wellness program
- Adopt a “walk the talk” philosophy to wellness, emphasizing the importance of role modeling healthy behaviors at all levels within the organization. Staff, in turn, would be role models to patients and family members.
 - “De-stress” the staff. Studies have shown that a de-stressed staff is happier, calmer, and better able to handle the challenges of the work environment (Conroy, 2008; Sabo, 2008; Sherman, 2004). In addition, a de-stressed staff is able to deal more effectively with anxious families, resulting in more rapid resolution of issues.
 - Commit to “living well.” Individuals who make a personal commitment to living well are able to extend themselves more fully to others while maintaining and honoring a healthy boundary.

3. Connect with the community

- Create opportunities for community outreach concerning the benefits of integrative therapies including lectures, classes, and/or monthly healing/sharing circles.
- Extend communications to clinical staff who practice in both acute care and long-term care settings.

Increasing Respect for Integrative Therapies

According to a consumer survey conducted by Deloitte in 2008, 20% of respondents reported treating a health problem with an alternative approach to traditional medicine such as acupuncture, chiropractic therapy, homeopathy, naturopathy, or bioelectric therapies. Twice that many (40%) are open to doing so in the future. The survey showed that 12% had consulted an alternative healthcare practitioner and that 38% might seek this option in the future. The findings showed that 9% had substituted an alternative or natural therapy for a prescription medication, and that 32% might do so in the future.

Conclusion

Patients such as T.M. have been well supported by the implementation of many nonpharmacologic interventions offered by the HHA. T.M. came to hospice with a survival prognosis of 2 to 8 weeks. The use of nonpharmacologic interventions allowed him to live 5 months, during which time he achieved many of the developmental landmarks and tasks of the dying patient. His level of

comfort was maintained; his speech remained intact; and his interactions with his family were enriched up to the time of his death.

Although more research is needed, it is the opinion of the authors that patients who choose to receive integrative therapies may experience an extended survival prognosis during their time with hospice. This may be due to the variety of creative methods to promote comfort, the compassionate presence of the clinical staff, or the patient’s ability to make personal choices about his or her plan of care, as supported in the research literature described in this article (Nelson, 2006; Sparber et al., 2000). It has been the authors’ experience that the combination of these factors supports each individual to meet the developmental tasks and landmarks at end of life better in a comfortable and supportive manner. ■

Esther L. Johnson, RN, BSN, PHN, CHPN, is Integrative Therapies Program Manager at Pathways Home Health & Hospice, Sunnyvale, California, USA.

Deborah O’Brien, RN, BSN, PHN, is Hospice Patient Care Manager at Pathways Home Health & Hospice, Sunnyvale, California, USA.

Address for correspondence: Esther L. Johnson, RN, BSN, PHN, CHPN, Integrative Therapies Program Manager, Pathways Home Health & Hospice, 585 N. Mary Avenue, Sunnyvale, California, 94085 USA (e-mail: ejohnson@pathwayshealth.org).

The authors of this article have no significant ties, financial or otherwise, to any com-

pany that might have an interest in the publication of this educational activity.

REFERENCES

- Byock, I. R. (1996). The nature of suffering and the nature of opportunity at the end of life. *Clinical Geriatric Medicine*, 12, 237-252.
- Byock, I. R. (2006). *Principles of palliative care: Elsevier textbook of palliative medicine* (1st ed.). Philadelphia: Elsevier.
- Conroy, J. (2008). *Business strategies for integrative healthcare*. Lecture given at the Leadership and Business Strategies for Integrative Healthcare Conference, Phoenix: Health Forum, May 15-17, 2008.
- Coughlin, P. (2002). Reiki: The Usui system of natural healing. In M. Micozzi (Ed.), *Principles and practice of manual therapeutics* (pp 175-183). Philadelphia: Churchill Livingstone.
- Deloitte. (2008). *Survey of health care consumers: Executive summary*. Retrieved June 5, 2008 from http://www.deloitte.com/dtt/cda/doc/content/us_chs_ConsumerSurveyExecutiveSummary_200208.pdf.
- Eisenberg, D. M., Davis, R. B., Etner, S. L., Appel, S., Wilkey, S., Van Rompay, M., & Kessler, R. (1998). Trends in alternative medicine use in the United States 1990-1997: Results of a follow-up national survey. *JAMA*, 280, 1548-1553.
- Franklin, E., & Carey, D. (2006). From galaxies to cells: Bridging science, sound vibration, and consciousness through the music of the spheres. *Subtle Energies & Energy Medicine*, 16(3), 283.
- Gaynor, M. L. (2002). *The healing power of sound: Recovery from life-threatening illness using sound, voice, and music*. Boston & London: Shambala.
- Hilliard, R. E. (2005). Music therapy in hospice and palliative care: A review of the empirical data. *Evidence-based Complementary and Alternative Medicine*, 2(2), 173-178.
- Lewis, C. R., de Vedia, A., Reuer, B., Schwan, R., & Tourin, C. (2003). Integrating complementary medicine (CAM) into standard hospice and palliative care. *American Journal of Hospice and Palliative Care*, 20(3), 221-228.
- Nelson, J. P. (2006). Being in tune with life: Complementary therapy use and well-being in residential hospice residents. *Journal of Holistic Nursing*, 24(3), 152-161.
- Nurses Handbook of Alternative & Complementary Therapies*. (1998). Springhouse, PA: Springhouse Corporation.
- O'Callaghan, C. C. (1996). Pain, music creativity, and music therapy in palliative care. *American Journal of Hospice & Palliative Medicine*, 13(43) 43-49.
- Sabo, B. M. (2008). Adverse psychosocial consequences: Compassion fatigue, burnout, and vicarious traumatization: Are nurses who provide palliative and hematological cancer care vulnerable? *Indian Journal of Palliative Care*, 14(1), 23-29.
- Sherman, D. W. (2004). Nurses' stress and burnout. *American Journal of Nursing*, 104(5), 48-56.
- Sparber, A., Bauer, L., Curt, G., Eisenberg, A., Levin, T., Parks, S., Steinberg, S., & Wootton, J. (2000) Use of complementary medicine by adult patients participating in cancer clinical trials. *Oncology Nursing Forum*, 27(6), 887-888.
- State of California. (2000). *Complementary and alternative therapies in registered nursing practice*. Retrieved June 5, 2008 from <http://www.rn.ca.gov/pdfs/regulations/npr-b-28.pdf>.

ADDITIONAL RESOURCE

Defining wellness through the end of life. Retrieved from <http://www.dyingwell.org/>.

For more than 84 additional continuing nursing education articles on hospice and palliative care, please go to NursingCenter.com/CE



OSHA's Hospital eTool Features New Module on MRSA

OSHA's Hospital eTool features a new resource to help avoid occupational illness. The new Methicillin-resistant *Staphylococcus aureus* (MRSA) module provides links to general information, offers answers to frequently asked questions, and identifies sources for a variety of workplace settings on how to prevent the spread of infection. OSHA's eTools are stand-alone, Web-based training tools on occupational safety and health topics. For more information visit:

<http://www.osha.gov/SLTC/etools/hospital/hazards/mro/mrsa/mrsa.html>