

Can Art—And Artie Shaw—Reduce Health Costs and Improve Patient Satisfaction?

Cheryl Clark, for HealthLeaders Media, January 20, 2010

My father doesn't say much these days. His memory has been fading for years and now, at age 92, he struggles to eat.

Square dancing with his wife, playing clarinet, and re-arranging swing numbers for a small orchestra are pleasures no longer possible. It seemed all joy had gone from his life. But after reading how melody might re-open the senses for people like my dad, I thought I'd give music a try.

Last month, I bought him an iPod Shuffle and loaded up all his Big Band sounds. Tommy Dorsey, Glenn Miller, and of course Benny Goodman. As soon as the buds found his ears, we saw his mood change gear. A knowing grin, even a little chuckle, broadened his face as he hummed the notes and let his hands and fingers dance the rhythm in the air.

"Ar-tie Shaw," he said, his head gently bobbing with the notes. "Gosh. I haven't heard that for years."

I relayed that story to Blair Sadler, a senior fellow with the [Institute for Healthcare Improvement](#) in Cambridge, MA, and former CEO of San Diego [Rady Children's Hospital](#). He says he knows what I was talking about.

He believes that art—and especially music—are sleeping giants with their unrealized potential to improve health quality when they are united with many home and institutional care settings.

Doctors and hospitals are increasingly realizing that exposure to music and art isn't just a cosmetically pleasing, cute trinket in a healthcare setting, it can actually improve patient satisfaction and reduce costs, which are both very high attention getters for the C-suite and the boardroom, Sadler says.

In their book released last month, "[Transforming Healthcare Experience Through the Arts](#)," Sadler and interior designer Annette Ridenour chronicle dozens of examples of how health settings around the world setting examples. They incorporate music and other forms of art into the treatment process and improve patient care along the way.

To the skeptics, there are some surprises indeed.

At [Jewish Home of San Francisco](#), half of seniors with dementia were taking anti-depressant medications and more than 80% were using wheelchairs or walkers.

But after a program in which the residents were coached to compose songs about such topics as Purim, there was a "quite dramatic improvement in depressive symptoms such as isolation, tearfulness, and poor appetite . . . Better appetite leads to better nutrition and ability to fight off infection. Better energy leads to more exercise tolerance, and then to improved strength, balance, and mobility," Sadler and Ridenour wrote.

At [Tallahassee Memorial Hospital](#) in Florida, one program allowed children anxiously awaiting a scary test to listen to live music played by a volunteer. The result was that caregivers were able to avoid pharmaceutical sedation by an anesthesiologist "98% of the time for echocardiograms and 88% for CT scans, with no need at all for sedation of children under the age of six."

It also saved the hospital \$567 per CT procedure, "put three hours of nursing time back on the floors, reduced the medications needed by the young patients, cut down on overnight stays" and could save an estimated \$2.25 billion nationally just for this procedure, the authors wrote.

That in itself improves care because it avoids risks associated with anesthesia.

And at [Hasbro Children's Hospital](#) in Providence, RI, the "Art While You Wait" program facilitators approach nervous, fearful patients—some of whom have pain—and invite them to participate in arts and crafts projects. The children paint puppet heads on bags or construct dioramas, projects that they insist they take with them when their names are called.

By then, the children are calmer, and emergency teams say their departments run more smoothly and efficiently.

"We know waiting in the emergency room is an Achilles' heel in patient satisfaction, but here's something we can do about it without hiring three more people on staff," Sadler says.

"Administrative staff are less besieged by parents wondering when their children will be seen, and the children are better able to respond to the diagnostic questions and activities of medical personnel," the authors wrote.

"Today, there is increasing evidence, that the physical environment of art and music, carefully chosen—which distracts people from anxiety and stress, can change the way patients perceive their entire care experience," he says.

"And the cost of doing this is extraordinarily low, often requiring no more than one full-time person working with some volunteers on a unit or multiple units. The payoff is enormous."

Real clinical research to examine how much money might be saved in avoided drugs or staff time required to calm anxious patients has yet to be done. But in [a recent article in the Wall Street Journal](#) physicians suggest that music may stimulate areas of the brain, not just in patients with dementia, but it may help premature infants gain weight, autistic children communicate, and stroke patients regain functions.

"Neuroscientists are starting to identify the underlying brain mechanisms that explain how music connects with the mind and body, and they are starting to work hand-in-hand with music therapists to develop new therapeutic programs," the article says.

Maureen Bisognano, IHI executive vice president and chief operating officer, says, "Hospital architects and

designers are familiar with this world of research. But I don't know how many hospital executives are.

"It opens hospital executive minds to see that we're treating people, not organs, and we have to put the whole environmental support for the whole human being back into the equation," says Bisognano, former CEO at Massachusetts Respiratory Hospital in Braintree.

But one measurement tool that can score the impact of art and music in a tangible way is the Hospital Consumer Assessment of Healthcare Providers and Systems or HCAHPS score.

Sadler advises hospital officials that find themselves financially strapped in these lean times to seek philanthropists "who are committed to the arts, but who are not giving money to hospitals."

Hospitals could suggest, for example, "we know you funded the La Jolla Museum of Contemporary Art, how would you like to do something that would actually help patients' lives? Now, most hospitals don't think like that," says Sadler.

Sadler adds that in the context of the health reform debates, the idea of creating more satisfying healthcare environments is increasingly important. "I wish that those in the healthcare field, while so absorbed in health reform, don't lose sight about why we're here, not just to cure an illness, but to provide an environment that is healing and inspiring and hopeful. I think it makes good economic sense."

Note: You can sign up to receive [HealthLeaders Media Community and Rural Hospital Weekly](#), a free weekly e-newsletter that provides news and information tailored to the specific needs of community hospitals.

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