**Use of Dog Visitation to Provide Social-Emotional Support for Trauma Patients and Staff**

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**Purpose:** In 1986 the College of Veterinary Medicine and the College of Social Work at the University of TN, Knoxville, formed a partnership and created a program called the Human Animal Bone in TN (HABIT), to study, develop and promote a therapeutic and healing environment using pet visitation. Hospitalized trauma patients that have sustained an unexpected traumatic accident, as well as family members, encounters stressors that impact both their physiological healing and emotional well-being. Hospitalization can cause heightened emotional distress, feelings of isolation and extreme physical pain. Healthcare personnel also encounter stressors of compassion fatigue and 'burn-out'. Pet visitation to a healthcare setting decreases stress and improves patient's emotional well being as well as decreases 'burn-out' among healthcare personnel.

**Resources:** Through a partnership with the HABIT program, the Trauma Survivor Network (TSN) Coordinator served as the pet handler and visited patients on specific trauma floors and healthcare personnel in the Neuro Critical Care/Trauma Surgical Intensive Care Unit (NCC/TSICU).

**Description:** Patients/family members were visited every Monday from 1 to 2:45 pm. All patients on the floor (trauma and non-trauma) were offered visits. At every visit, patients/families were asked if they like dogs and would like to have a visit. If the patient was not comfortable with dogs, the HABIT dog did not enter the patient's room. The HABIT dog was never allowed on the bed with the patient or fed during visits. A next day follow-up survey was done with the patient's assigned RN targeting specific objectives such as improved mood/affect, decrease in anxiety and improvement with pain management. Hospital personnel were educated on the HABIT visitation program during staff meetings and posted signage. The HABIT dog was available for staff to visit in the TSN Coordinator office every Monday from 3 to 4:30 pm. The HABIT visitation was a 5 week pilot in duration.

**Effectiveness:** Follow-up surveys were done with patients/family members and with healthcare personnel. On the basis of this project we now have 8 dogs consistently visiting trauma floors and the NCC/TSICU.

**Lessons Learned:**
1) Completion of the follow-up surveys should be done before the end of nursing shift, the day of the pet visit. 2) The RN caring for the patient that received pet visitation would be familiar with any changes seen or not seen, with that patient/family member following the visit. 3) Limitations for this project included that the TSN Coordinator was only part-time and unable to stay later in the day to complete the surveys at the end of the 12 hour nursing shift and if possible the pet visitation should be done first thing in the morning, however this was not possible since the TSN Coordinator was engaged in facilitating peer mentor visitation and daily patient rounding.

**Conclusions:** HABIT Pet Visitation was a 5 week pilot. Initiated on 9/25/2017. One week was cancelled due to inclement weather and HABIT dog unable to visit. Visits on the trauma floors were conducted every Monday afternoon from 1 to 2:45 pm. Visits with healthcare personnel in the NCC/TSICU every Monday afternoon from 3 to 4:30 pm. A total of 13 patients were seen and follow-up surveys completed. Total of 25 health care personnel participated in the HABIT pet visit in the TSN Coordinator office and follow-up surveys were completed.

**Benefits to Others:** Implementation of pet visitation to an inpatient trauma center population is a successful method to increase patient satisfaction scores, noticeably decreases anxiety and feelings of isolation among patients/families and improves healthcare personnel's outlook while tending to assigned patients. Animal assisted interventions have been proven to improve social behaviors and reduce agitation, reduce symptoms among patients with depression and to combat compassion fatigue or 'burn-out' among healthcare personnel.

**Implementation by Others:**
1) Partner with a local Pet Service Organization for animal screenings and health care.
2) Support of the Administration of the trauma hospital.
3) Partner with the hospital Volunteer Service Department for screening of individuals wishing to participate as volunteers or handlers with their canines.
4) Identify a 'champion' to facilitate the program for animal assisted visitation.