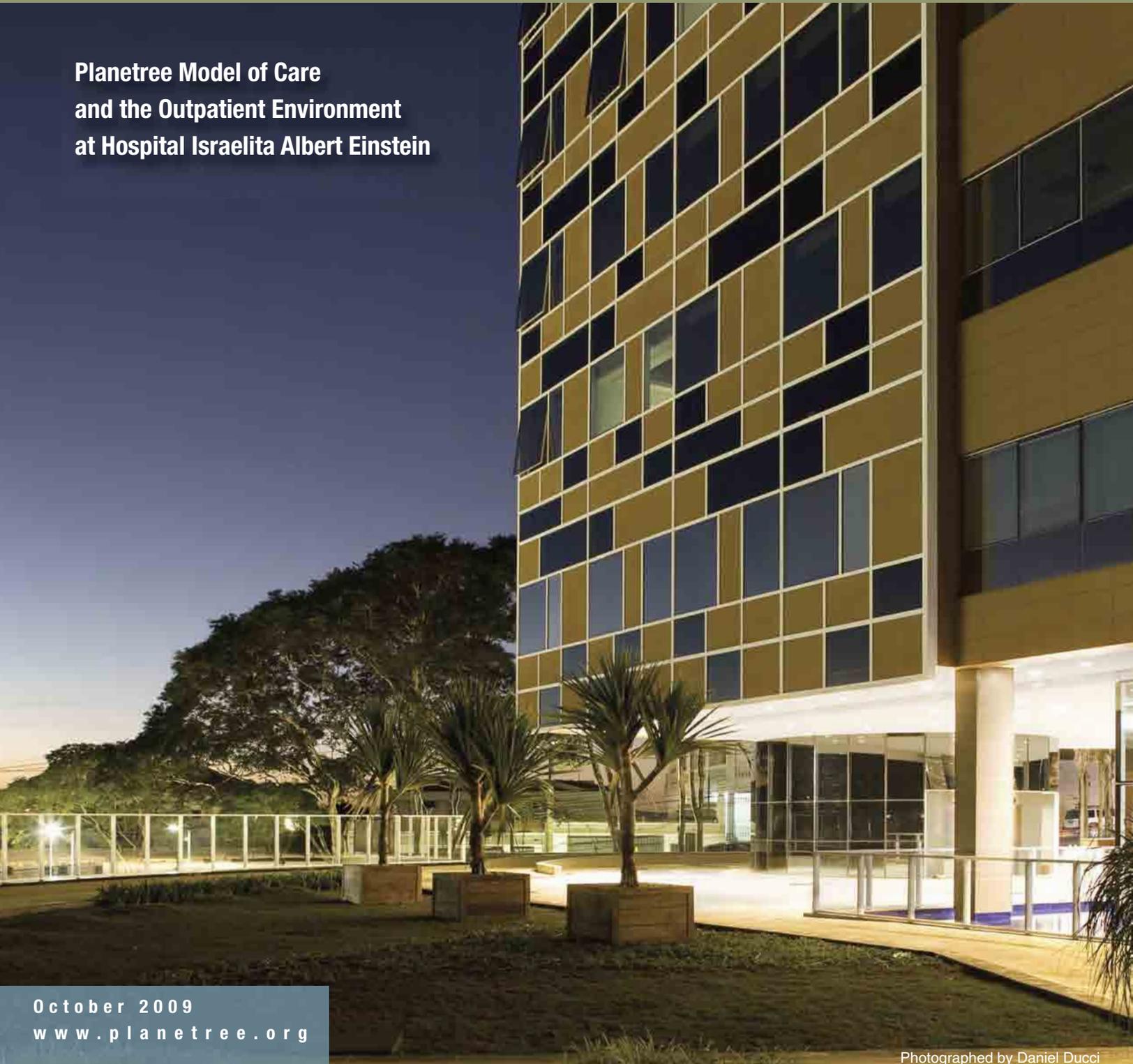




Planetalk

A Newsletter for Planetree: Providing Patient-Centered Care in Healing Environments

**Planetree Model of Care
and the Outpatient Environment
at Hospital Israelita Albert Einstein**



October 2009
www.planetree.org

Photographed by Daniel Ducci



Planetalk Editorial Board

Danielle Swift, Managing Editor

Sara Guastello, Editor, Designation and Resource Development

Michael Rosen, Contributing Editor, Affiliate Resources

Lisa Donnarumma, Chief Creative Officer

Cindy Jecusco, Contributing Author, Environmental Stewardship

Kimberly Montague, Contributing Author, Architecture and Design

Nicole Fitzgerald, Designer

Planetalk

In This Issue

Page 3 - Regional Patient and Family Engagement Forum

Pages 4-5 - Commitment to Corporate and Social Responsibility

Pages 6-7 - Planetree Model of Care and the Outpatient Environment

Page 8 - Developing a Green Team at Your Hospital

Page 10 - Measuring Outcomes for Complementary Therapies

Pages 11-12 - Overcoming Common Barriers to Implementing Patient-Directed Visitation

Page 13 - Maternity Access Makeover – with Planetree Flair

Page 14 - Twelve Days of Holiday Celebration

Page 15 - Planetree Québec Principles in Our Own Image

Page 16 - October is Patient-Centered Care Awareness Month

Welcome New Planetree Affiliates

Carson Valley Medical Center
Gardnerville, NV

•
Delnor Glen
St. Charles, IL

•
VA Heart of Texas Health Care Network (VISN 17)
Arlington, TX



2009 PlaneKnowledge Teleconference Seminar Schedule

All calls are held at 12 Noon Eastern Time. Please register for these teleconferences online at www.planetree.org/members and click on “conference calls.”

October 28
Raising Expectations
by Decreasing Your
Tolerance: How to Deal
with Negative Energy

November 4
Griffin Hospital's
Patient-Centered
Care Council

December 2
Gathering Employees
Feedback through a
Staff Advisory Council

December 16
Bringing Talents Alive
in a Continuing Care
Environment



Patients, Families, Hospital Staff and Leadership Discuss Effective Partnerships at First Regional Patient and Family Engagement Forum

By Sara Guastello, Manager, Designation and Resource Development, Planetree

Focus groups, patient satisfaction surveys, ombudsman programs and patient and family advisory councils (PFACs) are all staples of a patient-centered culture, and just a few of the ways that Planetree affiliates are tapping into the expertise of patients and families in order to improve delivery of care at an organizational level. However, while in theory, integration of the patient perspective is a central tenet of a patient-centered approach, in reality many health care providers struggle with the operational aspect of incorporating patient and family feedback in meaningful ways into hospital operations. Questions of confidentiality, limited comfort with transparency, fears that our expertise may be challenged, and concerns over what it may mean if we can't give patients everything they ask for can thwart efforts to effectively partner with patients and families. Nonetheless, as patient-centered providers, we are obliged to find ways to overcome these barriers and to seek out multiple and varied ways to integrate patient and family voices into hospital operations.

Strategies for effectively involving patients and their family members at an organizational level was the topic of the first Planetree Regional Patient and Family Engagement Forum co-hosted on June 11th, 2009 by Planetree and affiliate Elmhurst Memorial Healthcare (Elmhurst, Illinois). Generously funded by the Hulda B. and Maurice L. Rothschild Foundation, the day-long



meeting drew more than 45 participants representing 15 Planetree hospitals and health care systems from throughout the Midwestern United States. Attendees included staff, leadership and patient/family representatives, and the dialogue that ensued confirmed that while the importance of heeding the patient and family perspective is widely acknowledged, there remains much work to be done to amplify the consumer voice to improve how health care is delivered.

Much of the focus of the meeting was on maximizing the effectiveness of patient and family advisory councils, and most of the participants either were currently working with a PFAC or were actively working on the development of one. Marlene Fondrick, program specialist with the Institute for Family-Centered Care, provided introductory remarks that set the stage for four Planetree affiliates to share their experiences with initiating, supporting, sustaining and optimally utilizing a patient and family advisory council.

Representatives from Elmhurst Memorial Healthcare, Delnor Hospital, Cleveland Clinic and Alberta Health Services each imparted lessons they have learned over time working with their PFACs, including the significant distinction between inviting patients and family members to serve as advisors versus as partners; the importance of transparency; and strategies for cultivating an environment that encourages an open

exchange of ideas. Discussion, however, was not limited to PFACs. A number of panelists and attendees shared additional approaches for integrating the patient and family perspective at an organizational level, including inviting patient participation on standing hospital committees, engaging patients to help train staff and residents, and involving them in hiring processes.

A number of patient/family advisors were also in attendance to contribute their perspectives on what makes the experience of participating on a PFAC so meaningful. Among the insights shared was their desire for opportunities for meaningful engagement and dialogue on important hospital issues, as opposed to essentially token opportunities for input on initiatives already well underway.

Other insights from the patient/family advisors and Planetree affiliates that participated in the Regional Patient and Family Engagement Forum are summarized in a new white paper, *Patients as Experts, Patients as Partners: Integrating the Patient and Family Voice into Hospital Operations*, available at www.planetree.org. The paper spotlights affiliates' experiences with partnering with patients as part of an overall culture of patient-centered care, the lessons they have learned along the way, and how those partnerships have yielded important results for each hospital. 🌱



Corporate Responsibility

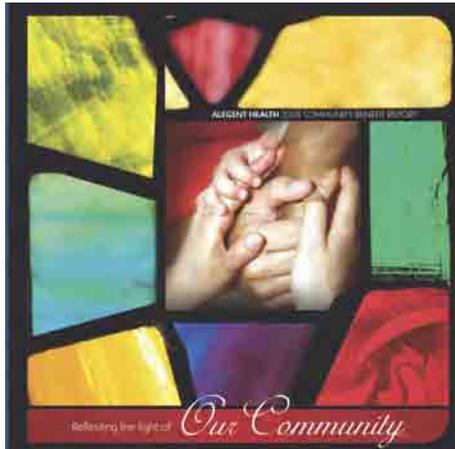
Commitment to Corporate and Social Responsibility

By Susan Frampton, President, Planetree

In a year fraught with stories of corporate greed, federal bailouts and irresponsibility, I thought shedding light on a few of our Planetree leaders (and I know there are many more) who are devoted to corporate social responsibility (CSR) may lift our spirits while further inspiring each of us to consider building upon our existing programs.

Although many business executives have differing perspectives of CSR, well-known authors on the topic, Philip Kotler and Nancy Lee, provide this simple definition: Corporate and social responsibility is a commitment to improve community well-being through discretionary business practices and contributions of corporate resources. The good news is that despite the global recession more and more organizations are committed to incorporating principles of CSR into their business strategies to improve business performance, societal contribution and reputation.

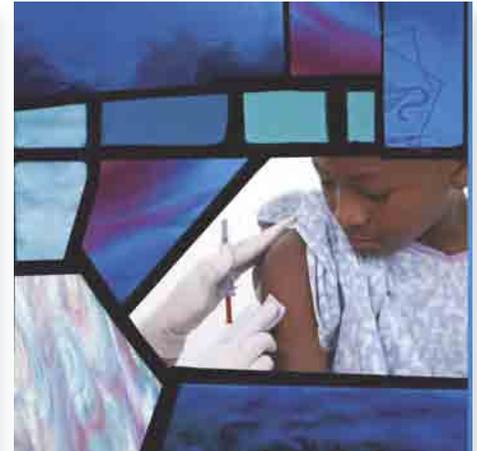
It is not surprising to me that organizations that have embraced the Planetree philosophy also embrace the principles of CSR; many Planetree components relate directly to fundamental elements of CSR. We espouse Access to Information and Education, which includes an organizational commitment to transparency and accessibility of information, particularly open medical records. Human Interactions, especially caring for the caregiver, is integral to CSR. Actively promoting health and improving our employees' well being is not only the right thing to do for staff, it may ultimately be the smart thing to do for the organization as a whole. Employers benefit from increased productivity and a loyal workforce as well as improved corporate reputation that leads to better recruit-



ment and retention. Griffin Hospital's dedication to providing an extraordinary workplace culture and environment has led to being named by "Fortune" Magazine as one of the 100 best places to work in the U.S. for the past 10 years and regularly receiving thousands of applications for open positions. At Planetree, our staff is given a financial incentive to pursue personal wellness goals. The incentive can be used toward gym memberships, yoga classes or aerobics.

Green initiatives have been playing increasingly larger roles in Architectural and Interior design as well as Nutrition and Planetree has made it a priority to facilitate conversations, provide expertise and share members' best practices. To that end, each issue of Planetalk features a "Going Green" story spotlighting member sustainability programs and providing how-to information to the Planetree Network. See Carol Chandler's article about forming a Green Team in this issue on page 8.

Perhaps the most obvious component relating to CSR is Healthy Communities and providing leadership to improve the health of the community by partnering with schools, senior centers, churches and other non-profits to provide health screenings and health education. Our members excel in this area and have developed numerous outreach programs. Northern Westchester Hospital, which was awarded Planetree's Patient-



Centered Hospital Designation in 2007, has found a number of ways to partner with organizations and individuals to improve the health of its community through education and screening programs. According to CEO Joel Seligman, last year these efforts expanded the hospital's reach significantly, reaching nearly 3,000 people through community health fairs alone.

Planetree affiliates have found numerous ways to leverage their resources and community goodwill to contribute to their communities' overall health. Our 2009 Spirit of Planetree Award winner for Healthy Communities Programming, Carolinas Medical Center-Mercy, was acknowledged for its dynamic partnership with the YMCA of Greater Charlotte. A variety of services are offered both within the YMCA as well as in local churches and other organizations, to bring health education, fitness coaching, prevention programs, screenings and seminars to the community. In 2008, Aurora Health Care was honored for its support of the Kradwell School to help kids thrive and learn in a non-traditional school environment. The 2007 Spirit of Planetree winner was Saint Thomas Hospital for its innovative "Dispensary of Hope," a goodwill pharmacy program that provides medication to underserved and limited income patients. An implementation manual detailing how the hospital developed this innovative program is available to affil-

Corporate Responsibility

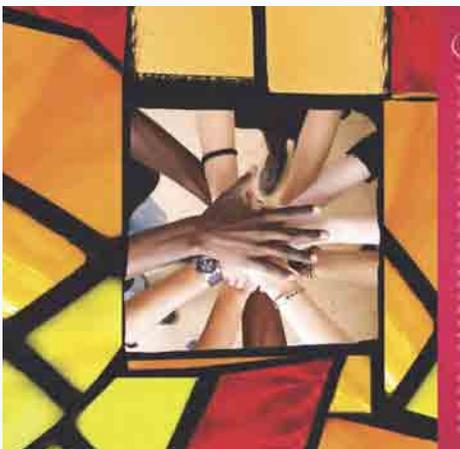
CORPORATE RESPONSIBILITY ACTIVITIES

Northern Westchester Hospital

- Patient Navigator Program—ensures uninsured or underinsured have access to prevention, diagnosis and treatment programs by assisting with paperwork, language translation, transportation and child care
- Breast Health Initiative including free exams and mammograms
- Presidents Junior Leadership Council—27 9th-12th grade students meet twice a month and serve as a voice between community youth and the hospital
- Employee Fitness Challenge
- Massage and tea carts for caregivers
- Farmer's Market
- Award for car pooling participation (Nuride)
- Community bicycle access and walking paths
- Physical Activities Guide listing local fitness opportunities such as health clubs, trails, yoga, etc.
- Coalition for Healthy Kids—nutrition and exercise assessments and programs for area schools and daycare centers

Griffin Hospital

- Staff food donation of 1,649 cases of food to local food banks and a homeless shelter
- Department of Community Outreach and Parish Nursing (Boys and Girls Club Safety Fair, Valley Safe Kids Chapter providing bike helmets, booster car seats, free ID kits for children, automated external defibrillators at 48 community sites)
- Support Groups for bereavement, breast cancer, other forms of cancer, diabetes, MS, heart disease and more.
- Mobile Health Resource Center visited 722 sites in FY2008
- Mini Med School taught by medical staff for community "students"
- Yale-Griffin Prevention Research Center and Community Health Profile
- Nutrition Detectives DVD for school age children
- Ansonia High School Charger Health Clinic
- Senior Meals Choice Program
- Healthy Valley Project
- Griffin Go Green Team



ates on the Members' Section of the Planetree Web site.

Businesses with well-managed, strategic CSR that truly supports business objectives has many benefits including increasing brand awareness, recruiting and retaining top talent, and improving relations with compliance regulators to name a few. Moreover, according to the 2009 Edelman Trust Barometer survey, trust in business is at a 10-year low in the U.S. and 77 percent of survey respondents said they refused to buy products or services from a company they distrusted,

demonstrating that CSR can also impact the bottom line.

Clearly, investments in CSR not only have the potential to generate significant community goodwill, but they also make good business sense. Alegend Health, a healthcare system based out of Omaha, Nebraska recognizes that, over time, such investments can result in considerable dividends. During fiscal year 2008, Alegend's community benefit donations exceeded \$80.5 million, reflecting an increase of 35.7 percent over the past three years. \$27.6 million was allocated to



collaboration with partners to “benefit for the broader community.” One key program is called “Activate Omaha Kids,” a community coalition which supports active living through physical activity, healthy eating and changes to the built environment through awareness, education, programs and policy changes.

Like Alegent Health, Griffin Hospital prioritizes CSR activities. In fact, Griffin’s board of directors and senior management is developing its 2010-2013 strategic plan with

the goal of expanding the already ambitious CSR program even further.

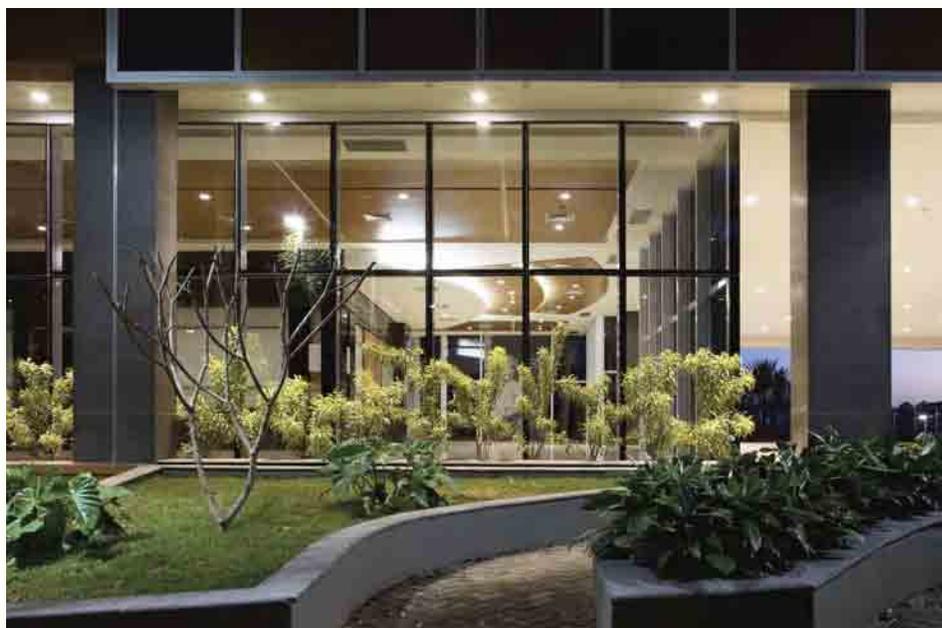
By becoming Planetree members each of you has already demonstrated your dedication to improving the lives of patients and caregivers. We will continue to facilitate collaboration and share fresh ideas to encourage our network to keep on improving corporate and social responsibility activities.

Planetree Model of Care and the Outpatient Environment

By Arthur Brito, LEED AP, EDAC, Diretor de Projetos, Kahn do Brasil Ltda.

Hospital Israelita Albert Einstein (HIAE) is the leading care provider in the Brazilian private healthcare market. Offering a full range of health services to insured and private paying customers, HIAE also contributes to Brazil’s universal healthcare system, providing significant services to the government and uninsured patients without compromising the quality of patient-centered services.

On its way to becoming Brazil’s first Planetree affiliate hospital, HIAE is celebrating the opening of its first expansion building on the Morumbi Campus in São Paulo, Brazil – Pavilhão Vicky e Joseph Safra, an ambulatory center identified in the hospital’s master plan. The project team – a collaboration between HIAE and Kahn offices from São Paulo, Brazil, Detroit, Michigan and Birmingham, Alabama – envisioned a healing environment designed around the outpatient



experience, which is often brief and intense, and supported by Planetree’s model of care components. The team’s goal – to create the ultimate patient-centered experience from the moment visitors first approach the building, to follow-up visits and each step along the way.

First Impression

Upon approaching the building, patients and

visitors drive around a glass cylinder that reveals a wonderful view to the city over the outdoor plaza and is directed to stop inside the building avoiding a confrontation to its massive 750,000 square feet, minimizing apprehension and anxiety typically associated with entering a hospital. The ground floor is fully dedicated to non-medical services, including an information and navigation station, café, bank and retail shops combined

Design Corner

with an indoor lounge that welcomes patients and family. Lounges and activity rooms were created in lieu of waiting rooms, allowing the hospital to offer information, spiritual comfort or simply a nice place to watch TV while patients prepare for exams or wait for a loved one receiving treatment. An outdoor plaza dedicated to patients, visitors, staff and the surrounding residential community also serves as a design amenity yet helps to integrate the hospital within the context of its neighboring environment.

Outpatient Experience

Although the culture of family involvement in treatment is a Brazilian tradition, the number of new features added to this facility and the amount of space allocated to treatment spaces set a new precedent for Brazilian health care facilities. Consultation and exam rooms were planned to accommodate up to three family members, and all 42 bedrooms in the 24-hour-stay patient unit include dedicated space for family. In addition to accommodating typical patient recovery needs, these bedrooms are also used as preparation for procedures and exams, minimizing anxiety associated with preparation in cubicles.

Access to nature and natural light were used to minimize claustrophobia and anxiety in rooms housing enclosed “tube-like” equipment, such as CT or MRI, in medical exam rooms, and in one of the minimally invasive ORs. In an effort to understand the impact and benefits these features may have on patients, HIAE and the design team will be studying patients’ reactions and results.

Planetree and Staff Support

Having opened its doors in June 2009, this ambulatory center embodies an entirely new model of care for HIAE – one that continues to evolve. Without embracing Planetree’s



philosophy and mission, Pavilhão Vicky e Joseph Safra is merely a compilation of features.

As planners and designers, we understand that an organization’s staff must embrace Planetree’s components if they are to truly provide patient-centered care. For HIAE, patient-centered design has proven to be more than prioritizing patient or family needs and expectations. Although the hospital has always fully respected its employees, its passion for advancing the Planetree initiative is infusing new energy into all of its activities. It is this passion that drives us to make further strides to enhance our design solutions. It is our inspiration to create environments that nurture and support staff in providing patient-centered care while also dissolving social tensions – typical in an environment that mixes demanding patients and a full range of staff profiles. This passion is what helps us to create facilities that enhance the patient, family and staff experiences; to create a design that is all about the people! 🌿



Developing a Green Team at Your Hospital

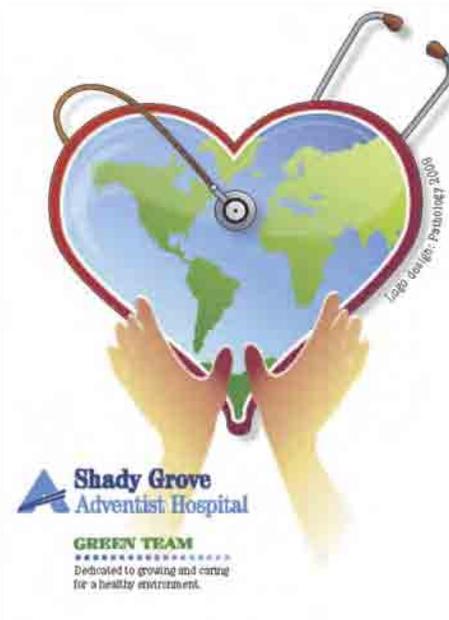
By Carol Chandler, MSN, RN,
Shady Grove Adventist Hospital

Hospitals work diligently to provide quality patient experiences, while delivering safe and efficient care to their patients. Initiatives for the provision of patient care are driven by safety campaigns, patient satisfaction scores, financial reports and demographics, among others. The core principle underlying health care initiatives is the creed of "First Do No Harm." With this creed in mind, and as public scrutiny of health care's impact on the environment increases, hospitals have the opportunity to add environmental stewardship as an initiative of patient care delivery.

The Value of a Green Team: Making the Case

The health care industry represents the second largest generator of waste in the United States, producing more than 2.5 million tons of waste annually. Of further concern, the industry has transitioned from reusable to disposable resources and supplies, causing rising concern over the handling of medical waste and its impact on the environment and health of surrounding communities. As for energy consumption, hospitals are major consumers of resources such as electricity and water.

However disconcerting the facts are, they present rationale for the development of environmentally appropriate policies and practices, opportunities for hospitals to step up to the plate and do the right thing. The development of environmentally responsible policies regarding the procurement, use and disposal of supplies has its financial rewards as the cost of energy consumption and waste disposal are minimized. Proper use and disposal of supplies improves safety and



employee satisfaction. Community awareness of environmentally driven policies improves the perception of the organization and patient satisfaction. A "stewardship mentality" leads to efficiency and effectiveness throughout an organization.

Successful development, implementation and sustainability of environmental policies rely on the development of a "Green Team," a team of individuals within the organization who work collectively to achieve the hospital's stewardship goals.

Developing the Team: Having the Right People at the Table

Convene a task force made up of representatives from all departments throughout the hospital. Widespread representation allows the team to develop hospital-wide strategies for action. Every hospital department presents opportunities for process improvement, as well as opportunities to role model best practices to others.

Identification of key members for the team is helped by looking at the "life cycle" and "waste stream" of hospital resources. Every supply item used by a hospital has a life

cycle from the time the decision to buy the item was made to the disposal of the item. The cumulative handling of hospital resources makes up the hospital's waste stream.

Invite a member of the hospital's executive team to sponsor the Green Team. This person attends team meetings and acts as an advocate for stewardship initiatives. At Shady Grove Adventist Hospital, the chief operating officer serves as the team's executive sponsor, and is extremely helpful in successfully driving stewardship initiatives to high levels of decision making. She provides broad oversight of hospital initiatives and ensures the feasibility and prioritization of the team's objectives/action plans.

Key members of effective green teams are representatives from: nursing, surgical services, NICU, education, labor and delivery, pharmacy, food services, environmental services, materials management, purchasing, finance, safety officer (environment of care), infection control, radiology, and lab. This group can develop collaborative, house-wide strategies for action with key stakeholder input.

First Things First: Conduct a Waste Audit

In order to establish goals for waste reduction and efficient use of resources, an organizational waste audit should be conducted. Close scrutiny is applied to everything that comes into the hospital through purchasing and materials management, as well as everything that exits the hospital as waste. Hospital waste will include recyclables, municipal waste, red bag waste, chemotherapeutic agents, pharmaceuticals and pathologic waste. Recyclables may include paper, plastic, aluminum, cardboard, batteries, electronics, fryer grease, light bulbs and blue wrap. The waste stream audit provides valuable information on the composition of

A Green Team

the hospital's waste, as well as action areas for greatest impact. Once the waste audit is completed, the Green Team can get down to business. A baseline is established, opportunities for improvement are recognized and action plans are developed.

Resource consumption also takes place in the form of electricity and water use. Once the Green Team is established, members may wish to conduct an audit of electricity, water and sewage records to identify opportunities for savings.

Develop a Mission Statement and Objectives

Once the waste audit is complete, the Green Team must decide what its primary objectives are for the organization. The development of a Green Team mission statement gives the team an identity and purpose, both in conducting their work and in communicating with others regarding their work. Opportunities for environmental stewardship are assessed and prioritized in order to establish short term and long term goals of the organization. A long term goal may state, "Hospital recycling will increase 50 percent by 2011." Short term goals will contribute to the long-term goal and may include, recycling bins in every department by the end of 2009 or waste reduction will be a part of every department business plan in 2010. Every department is encouraged to do an assessment and contribute to the overall hospital goal.

Promote the Team's Objectives and Gain Buy-In

Communication with hospital employees is essential to successful initiatives. Employees need to be informed of the Green Team and its objectives. Fun and creative methods can be used to communicate the hospital's environmentally appropriate practices and goals for improvement. Contests can be held for "Most Improved Department" or "Most Inno-

vative Idea for Environmental Stewardship." The Green Team at Shady Grove Adventist Hospital held a contest among employees to create a logo for the team. As part of the hospital's celebration of Earth Day in 2009, hospital employees were asked to submit original designs for a Green Team logo. Members of the Green Team reviewed submissions and selected the winner. The Pathology Department designed the winning logo and received T-shirts imprinted with the logo to wear on Earth Day. The logo is now a fixture on all Green Team communications.

Measure Success: Gather Data and Report Outcomes

Data collection and measurement should be a key piece in every process re-design or strategic initiative considered by the Green Team. Hospital leadership and decision makers consider environmental stewardship or waste minimization initiatives in the context of how they impact overall hospital operations and outcomes, and must prioritize or balance competing proposals in making decisions.

Data that demonstrates cost savings, return on investment or improvement in quality/safety measures provides a backbone to waste minimization efforts. Among proven winners at Shady Grove Adventist Hospital are: recycling, which reduced the cost of waste disposal (since waste disposal cost is based on weight, recycled items removed from general waste reduces the weight and cost of disposal); investment in technology such as water savers in sterile processing that saved 70 percent of water consumption for the department; changing patient trays from Styrofoam to dishes that saved the hos-



pital \$50,000; and reduction of red bag waste in the OR resulting in huge cost savings in waste disposal (red bag disposal can cost up to five times more than clear bag disposal).

In Conclusion

Growing concern over the magnitude and impact of resource management in the health care industry makes environmentally appropriate strategic initiatives all that more imperative. Hospital-based Green Teams provide a centralized forum where key stakeholders are represented in organizational assessment and action planning. Effective policies and processes are championed and adopted throughout the hospital, resulting in environmentally appropriate and cost-effective practices. A cohesive and well-represented Green Team is vital to creating and sustaining a culture of stewardship. 🌱

Resources:
Practice Green Health Organization.
<http://www.practicegreenhealth.org/tools>.
Accessed 08/20/09.

Shaner, H. and Botter, M. (2003). Pollution: Health Care's Unintended Legacy: It's an Avoidable Legacy. Nurses can protect the environment. American Journal of Nursing, 103, 79-84.

Healthcare Without Harm.
<http://www.noharm.org/us>. Accessed 08/21/09.

Measuring Outcomes

Measuring Outcomes for Complementary Therapies

By Julie Norko,
Planetree Continuing Care Specialist



Southington Care Center in Southington, CT is a 130-bed facility specializing in short-term inpatient rehabilitation and rehab nursing care, long-term care and outpatient rehab services. This is the second part of a two part series on the Center.

Southington Care Center's ten Planetree goals include benchmarks for measuring success to ensure that evaluating the outcomes is not an afterthought. Among the goals for 2009-2010 are:

- The engagement of at least 50 percent of employees in meaningful wellness activities and programs
- Reaching the 80 percent threshold for employees attending a Planetree experiential retreat
- Continued education and use of complementary therapies including pathways for referrals and measurement of their outcomes.

Measuring and evaluating outcomes for complementary therapies like aromatherapy, pet therapy, and music therapies can be challenging. However, approaching the evaluation process by examining the referral mechanisms and expected outcomes, and with a goal of reducing PRN medications, has helped to hone the program's focus. In music therapy, for example, the music therapist measures pain and observes behaviors before and after the music. She also assesses

which music has the most beneficial effect on each participant.

Dave Santoro, Southington's administrator, has also been able to capitalize on his relationships with area universities. He is an adjunct faculty member in the occupational therapy department at Quinnipiac University and has mentored dozens of students in his career. All of his recent occupational therapy graduate students have completed their capstone projects at Southington and have given him a bank of outcomes data with which to measure the success of Southington Care Center's programs. Some of the projects undertaken by the OT students included measures around the use of massage therapy and somatosensory breathing techniques for pain management in short-term care, aquatherapy for pain management in outpatient rehabilitation, and the effectiveness of yoga on pain reduction. The Center sees these initiatives as vital for effective pain management and also to provide a menu of options through a comprehensive complementary therapy program.

While Southington Care Center makes it all look easy, Dave acknowledges, "There is so much work behind the scenes. Similarly, despite our extensive outreach, there were still people who, when they hear about one of our successful programs, say, 'I had no idea that we are doing that!' It's, of course, a work in progress but that is what Planetree and performance improvement is all about. The important point is that everything, in concert, works toward the same end."

Southington Care Center is part of Connecticut Senior Health Services, a continuum that includes two skilled nursing facilities and three rental assisted living communities that provide a wide range of services from independent living to memory care, adult day care services, and the CT Center for Healthy Aging.

Southington Care Center Outcomes from Occupational Therapy student Capstone Projects (Spring, 2009)

Efficacy of massage therapy on pain management and activity of daily living (ADL) performance:

- 2x/week for 30 min session massage by a licensed massage therapist yielded a 31% decrease in self-reported pain (0-10 scale)
- Outcomes for ADL performance showed increase in function of average of 1 Functional Independence Measure (FIM) level (16%)
- All clients reported improved sleep on night of massage

Efficacy of SRI (somatorespiratory integration) on pain and function

- SRI (deep breathing) yielded a 42.5% decrease in self-reported pain
- Average increase of 1.5 levels on FIM scale for physical performance (24%)

Efficacy of aquatic therapy performance and pain management

- Reduction in self-reported pain of 27% average
- Average increase in occupational performance per scale of 1.27 points (17%)

Efficacy of yoga on quality of life and pain management

- Reduction in self-reported pain of 17%
- Average increase in occupational performance of 1.25 points (16%)

Efficacy of Snoezelen sensory program on managing behaviors and PRN pain and anxiety medication reduction in persons with dementia

- 75% improvement in areas of improved posture, appropriate gaze and verbalization noted for Snoezelen intervention
- Average reduction of 1 PRN pain and/or anxiety medication per day for persons with dementia on days of Snoezelen intervention versus other sensory approaches

Trish Walden, vice president of operations for Connecticut Senior Health Services, details the organization's rationale for embracing Planetree: "Because our organization is a leader in our industry, several of our key staff

Visitation

and board members initially felt that we were already ‘Planetree’ in nature, so why did we need to improve on what was already considered outstanding? This is perhaps the most significant reason why we decided to become Planetree affiliates. We have an excellent reputation and history; Planetree is a way to ensure that we continue that legacy long into the future. It is because we are innovators and

change-agents that we saw Planetree as a natural partner in the process of caring for seniors throughout our region. Iron sharpens iron.”

Trish and Dave are enthusiastic about Planetree’s impact on Southington and are eager to participate in an exciting new project to measure and evaluate the impact of Planetree Continuing Care in a variety of settings. Dave explains: “I truly believe that in spite of

the challenges of the global health care system and shrinking reimbursement on state and federal levels, Planetree Continuing Care has and will continue to help us to focus on what is important: people and relationships. If you can satisfy your customers – residents, employees, health provider partners – you’ll create a solid foundation on which to build for the future.”

Overcoming Common Barriers to Implementing Patient-Directed Visitation

By Jeanette Michalak, RN, MSN, Vice President of Planetree Consultation Services and Sara Guastello, Manager, Designation and Resource Development, Planetree

As Planetree members are quite aware, patients routinely identify the involvement of family and friends as among the most valuable of aspects of the care they receive in hospitals that have adopted a patient-centered approach. Those who have embarked on changing this aspect of care find that it is not always an easy process. Visiting hours at hospitals around the country have been in place from the time the first brick was placed in the hospital structure, and over time they have become an expected part of hospital routines and culture.

Although nursing staff routinely “break the rules” of visitation policies in order to accommodate individual patient and visitor circumstances, doing away with them altogether may be seen as taking away a valuable tool. In the words of one staff focus group participant, “We are very loose in terms of when people can visit. I like to have the policy in my back pocket for times when families get out of hand...as something to fall back on.” This and other concerns contribute to an interesting phenomenon wherein staff

may resist implementing a rule to allow visitors, while the same caregivers may consistently demonstrate a willingness to break a rule restricting visitation. This results in family members looking for the “nice nurse” who lets them stay when they come to visit, which can unfortunately cause friction with other nurses and between nursing peers. Formalizing a welcoming and flexible approach to visitation provides a consistent process and sends powerful messages about an organization’s patient-centered culture and the important role that family (however family is defined by the patient) plays.

Since involving family and friends in patient care and including staff in creating policies impacting them are basic tenets of the Planetree model, specific strategies to facilitate the implementation of patient-directed visitation are much-needed tools for organizations. A thorough understanding of the barriers to implementation is essential. This article presents elements in the health care environment that challenge patient-directed visitation and strategies to consider when working toward this goal.

Inclusion of family and friends and creating a welcoming environment

Evidence-based information is generally the cornerstone upon which initiatives are built in hospitals; yet in the case of flexible visitation, providing the existence of “proof” that inclusion of family and friends benefits the patient is often not enough. In the current

health care environment staff may resist increasing contact with visitors for a variety of reasons including frustrations with staffing levels, the inefficiency of their working environment, safety concerns and a lack of understanding of the purpose of open visitation when nursing judgment is still required to manage the process.

IDENTIFIED FRUSTRATIONS INCLUDE BUT ARE NOT LIMITED TO:

STAFFING

- Reduction in staffing levels
- Unwillingness of team members to work as a team, e.g. personal care/call lights relegated to one or two nursing assistants on the unit
- A silo effect of ancillary departments in which patient care is seen as the work of nursing

EFFICIENCY ISSUES IN THE ENVIRONMENT

- Centrally located supplies
- Insufficient stock of supplies and nourishment
- Lack of equipment or equipment not in working order
- Lack of standardization of location of supplies/equipment from one unit to another

SAFETY CONCERNS

- Multiple entrances open off shift

Visitation

- Fear of discovering a visitor on the unit that staff is unaware of
- Incidences of crime in the community (based upon location)

OPEN VISITATION POLICIES THAT BECAME A FREE-FOR ALL

- Large numbers of visitors in a semi-private room
- Large families taking over a waiting area

These factors are basic concerns in the day-to-day work environment of nurses and must be sufficiently addressed in order to set the stage for effective implementation of a patient-directed approach to visitation.

Visitation practices in a patient-centered health care environment allow for individualization to accommodate each patient's needs and flexibility to personalize each experience. The question to ask patients to accomplish this is, "Who do you need to visit you and when do you need this support?" This inquiry allows for individual patient needs and preferences to inform the parameters for the number, frequency, and hours of visitors. This approach to visitation is known as patient-directed visitation. The ultimate goal is to meet the psychological and emotional needs of the patient and those who are the patient's support system through visitation that is ideally defined and directed by the patients themselves, to the extent possible. Whereas common staff fears around open visitation may evoke images of visitation free-for-alls, with this patient-directed approach to visitation, the ability of nurses and other staff to support patients' physical care needs are also taken into consideration in order to deliver a truly holistic care experience.

Safety concerns raised by staff can be addressed by limiting the number of entrances open to the public at night, installing call boxes and adequate lighting in parking lots,

implementing processes to identify all visitors entering the building during off hours and calling the unit to inform staff that visitors are on the way. These measures ensure a safe environment without unnecessarily compromising patients' access to their loved ones.

Changing Attitudes About Visitation

Forming action teams including staff from each unit along with a Planetree staff member, the Planetree coordinator and/or CNO can lead to the identification of specific issues that are barriers to flexible visitation at the organization. This approach has proven successful in changing attitudes about visitation because staff may share information with a consultant from outside the organization that has not been shared with their leadership. Planetree staff can also reassure those at the bedside that their issues are indeed being heard and that administration genuinely wants to develop a policy with their input.

The team at Northern Westchester Hospital, a Designated Planetree Patient-Centered Hospital located in Mount Kisco, New York, developed the following implementation guidelines that may provide additional guidance to sites :

Step 1:

Educate staff and physicians. Many studies have been conducted and articles written about the positive effects for both families and clinicians when restrictions on visitation are lifted. Reviewing the evidence-base may be helpful in establishing consensus. Medical Boards and Hospital Infection Control Committees also serve as pivotal committees for discussion, guidance and support.

Step 2:

Identify physician and nursing champions. These champions serve a vital role as credible subject matter experts and meet with de-



partments to listen and respond to concerns with the ultimate goal of moving the institution toward adoption.

Step 3:

Conduct a pilot study. Identify a specific area(s) that is willing to pilot patient-directed visitation for a specified period of time. Use the experience of these pilot areas to refine the practice, develop appropriate policies, and educate other departments. Interview patients, families and staff during this period to obtain feedback. Document perceptions and lessons learned for educational purposes.

Step 4:

Establish a time frame for house-wide implementation and finalize visitation policies. Use the feedback from pilot sites and, whenever possible, have staff from pilot areas accompany champions to new areas to discuss their experiences. Use newsletters, communication boards, etc. to publicize feedback from patients and families about how being with their family, whenever they wanted to, benefitted them.

Step 5:

Publicly recognize your champions for their participation as pilot starters. Recognition of staff who step out on a limb to support these patient-centered practices is important for acknowledgment and empowerment of staff to embrace and lead other patient-centered initiatives. 🌱

Maternity Access Makeover – with Planetree Flair

By Susan Franklin, CHAM, Patient Access Coordinator, Halifax Regional Hospital

Entering the hospital on that big day should be an exciting and wonderful time for new mothers, yet the registration and admittance process has not always been smooth and pleasant for the patients or the staff at Halifax Regional Hospital.

A Glimpse at the Old Process

Jane Doe's routine visit to her obstetrician reveals some reason for concern, sending her to the hospital for observation. She waits for 20 minutes and then arrives at the desk and frantically has to dig through her bags for insurance and ID cards while impatiently confirming her information. After another 10 minutes, she reaches the labor and delivery suite.

Patient Access Today

Today Jane and her husband go directly to the Family Birthing Center and soon she is in her bed with a fetal monitor attached. There were no papers to sign, no cards to be presented and no delays.

Recognizing the Problem

Two years ago, the first scenario was commonplace. Obstetrical patients could arrive at all hours for observation – including for multiple “false alarms” and each time they had to register. During the day, women waited in the Patient Access area to be registered. After hours and on weekends, patients presented to the Emergency Department. From there nursing escorted them to the Family Birthing Center without allowing Patient Access staff time to complete the registration. Staff was limited during non-peak hours, yet had to leave the work area and go to the Family Birthing Cen-



ter for long periods of time to complete the registration process. This procedure was time consuming and awkward, resulting in numerous complaints. From the patient's perspective it seemed as if our facility was more concerned with financial matters than the significance of the event. And patients and families with multiple admissions were annoyed at having to give the same information more than once.

Playing Detective

Our first step was to evaluate the current process, identifying any policies, rules or regulations that would prevent us from making any changes. After consulting with staff of the Family Birthing Center, Health Information Services, Corporate Compliance and Patient Financial Services, we discovered that this process, like many others, was practiced for no other reason than because that was the way it had always been done. Not finding any identifiable barriers to change, we began to explore a new work flow.

Choosing Person-Centered Care

Patients now pre-register for their delivery any time within the last trimester of their

pregnancy. At that time they provide their current insurance and ID cards. The staff verifies all demographic, financial and contact information, patients sign consent forms and provide a password for HIPAA compliance. Along with the insurance and ID cards, the staff scans the signed forms into the system, ready for future visits. As always, the office staff confirms the patient's insurance benefits and eligibility with each new visit using the pre-registration information. As long as the patient is admitted for a pregnancy related condition, she does not have to register again. Upon arrival in the Family Birthing Center, nursing notifies the patient access staff for verification that the pre-registration process is completed. The new process eliminates stress and allows parents-to-be to focus on their new arrival.

A few, very simple policy changes refreshed an outdated, inefficient process at no cost to the organization and further demonstrated Halifax Regional's vision to be a leader in providing person-centered care. 🌱

Celebration

Twelve Days of Holiday Celebration

By Lisa Reese, Director of Ethics and Compliance and Planetree Coordinator, Bert Fish Medical Center



This past holiday season, our CEO challenged our Care for the Caregiver Team to consider creating an alternative to our annual holiday party. The off-campus party had been held for many, many years, but staff who had to work on that particular evening were often disappointed that they had to miss the single-night celebration. The mission (should the team choose to accept it) was to create something involving more staff over a longer period of time, providing for greater participation, expanded creativity, and extra joy for the season. And maybe, while they were at it, bring the staff together and relieve some of the stress that comes with an increased census and their own personal holiday planning. So the idea was brought to the team for consideration. No small task, but our Care for the Caregiver team rose to the challenge.

The team began by surveying the staff to gauge if it really was time for a change. Lo and behold, it seemed people were open to

some new experiences, so the planning began. The eight person team expanded to include the concierge, representatives from public relations and the foundation, and staff who had served on a prior events committee. After reviewing the input from the surveys and some intensive brainstorming, the team created 12 Days of Holiday Celebration that were enjoyed by staff, volunteers, physicians, and the community.

Day 1: Department Decorating Contest

A competition to provide spectacular themed decorations from Candy Cane Lane to the Sweet Treats Shops; 1st prize was \$200 for the entire department, 2nd prize was \$150 and 3rd prize was \$100. This was so the winning departments could host a luncheon or function for everyone such as a pizza party, ice cream social etc.

Day 2: Arts and Crafts Fair

Staff coordinated an arts and crafts fair and sold their artistic creations, just in time for holiday shopping.

Day 3: All Day Gourmet Coffee and Cocoa Bar

Yummy gourmet coffees, cocoa, and biscotti.

Day 4: Lights of Love

This foundation-sponsored annual fund raiser features local talent (high school dancers, auxiliary band, local rock band, etc.) and the community can purchase lights (by bulb or by strand) to decorate the hospital in memory of someone, or just make a donation to the hospital.

Day 5: The Great American Gingerbread Bread Relay

Team building and decorating of a kit house – add your own edible accessories. 17 teams participated.

Day 6: Holiday De-Stress Day #1

Ten minute chair, head, neck, shoulder and hand pressure point massages for everyone.

Day 7: Holidays Around the World

Tour the story boards of holiday celebrations throughout the world.

Day 8: Cookie Bake Off Contest

Judges requested milk for next year!

Day 9: Toys for Tots/Military Appreciation Day

Contributions of Toys for Tots as well as photos of our soldiers (family members and employees) for storyboards; Christmas cards were filled out to send to the troops.

Day 10: Holiday De-Stress Day #2

A repeat of the initial event to ensure everyone on all shifts participated.

Day 11: A Festival of Music and Dance

Ballroom dancers from a nearby dance school throughout the house, a harpist, karaoke, and Girl Scout carolers.

Day 12: Holiday Gala

An on site festival of scrumptious hors d'oeuvres, mingling, music and lots of prizes.

Because much of our celebrating was done in our main hospital lobby, the community also participated in whatever events might be going on. Patients were amazed by the gingerbread houses, bringing their families back to take a look and asking if they were for sale! For one contest we asked a waiting guest in our lobby to be a judge. Feedback from the staff was impressive. Comments were made stating that it was “the best time I can remember in my 25 years here,” and “thanks for making us all feel so special and honored.” The team went out of their way to provide activities at times where all shifts could participate. And the cost? 32 percent less money was spent on these festivities than for a single party! Considered a huge success, the Care for the Caregiver Team is already working on their plans for 2009. 🌿

Leadership

Planetree Québec Principles in Our Own Image

By Isabelle Malo, General Director of
CSSS de la MITIS

The CSSS de la Mitis combines three missions: offering acute care and services to the population, long-term residential care and specialized rehabilitation services in physical impairment.

It has adopted five principles to support the people-centered philosophy within the establishment. Combining the Planetree components into five statements, these principles were developed and sponsored by the steering committee to help the organizational community appropriate the process. Our principles represent markers on the path we will be following during this wonderful ad-

venture. They will guide us and support us daily in our decision making process, in our actions and in our relations. The Board of Directors formally adopted the principles on May 12th. All members of the management team took part in two memorable one-day leadership seminars and worked hard on their own appropriation process.

1. Caring for human beings in all their dimensions
2. Cultivating attentive listening and openness in our relations
3. Promoting individual empowerment
4. Drawing inspiration from nature and the environment as sources of well-being
5. Working in solidarity with each other, with our patients' families and friends, our partners and our community.

Vibrant Leadership Seminars for the CSSS de La Mitis

The management team of the CSSS de la Mitis took an important step in the implementation of its people-centered approach: together, the team members attended leadership seminars to appropriate the principles recently adopted by the Board of Directors. During two inspirational days, the 27 team members got together in an enchanting location by the sea to think about the future of the organization and the leadership role each person could play. We discovered the strength of our relations and of our commitment to people-centered care, services and management. The presence of our friends from the Planetree Québec Network, who provided the training and shared their experience of this process, was highly stimulating and relevant. Upon our return, we feel ready to continue the process. In particular, we will remember that, to succeed, we need to work in solidarity. 🌿



VA Syracuse Community Living Center

The entire interdisciplinary staff of the Community Living Center has a collective commitment to resident-centered care. This has resulted in a much more home-like culture for both the residents and staff. They are compassionate and excel in the delivery of their profession-specific responsibilities.

From the organized pizza parties to inclusion of pets, as well as the crying and laughing with residents, it is evident when observing resident-staff interactions that there is a close camaraderie. For example, staff has involved their own children in establishing "foster families" for residents. Additionally, many compliments have been received from the families of deceased residents, current CLC residents and staff alike about the memorial services held at the CLC being truly honorable and loving expressions of the care this staff has for its residents. The support and caring that is given and the attention to the wishes and needs of each resident when he/she is at the end of life, and the extension of this com-

passion to his/her friends and family can only come from special people. Our Community Living Center may be situated in a hospital setting, but it is truly home. 🌿



PLANETREE

130 Division Street
Derby, Connecticut 06418
www.planetree.org

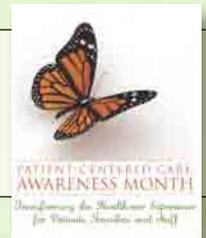
© PlaneTalk, 2009

FIRST CLASS
PRESORT
U.S. POSTAGE
PAID
PERMIT NO. 347
BRIDGEPORT, CT

The Planetree Mission is to create patient-centered care in healing environments.

October is Patient-Centered Care Awareness Month

How are you celebrating and spreading the word among staff, patients, families and the public about your commitment to patient-centered care? Email Sara Guastello at sguastello@planetree.org.



Planetree has contributed four in-depth articles recently published in the American Journal of Nursing "Patients First" series that are now available on the Planetree Web site, www.planetree.org.

Frampton, Susan B. "Creating a Patient-Centered System." AJN The American Journal of Nursing. 109(3):30-33, March 2009.

Spatz, Michele A. "Personalized Health Information." AJN The American Journal of Nursing. 109(4):70-72, April 2009.

Frampton, Susan B.; Horowitz, Sheryl; Stumpo, Barbara J. "Open Medical Records." AJN The American Journal of Nursing. 109(8):59-63, August 2009.

Montague, Kimberly N.; Blietz, Connie M.; Kachur, Mandy. "Ensuring Quieter Hospital Environments." AJN American Journal of Nursing. 109(9):65-67, September 2009.



Patient-Centered Perspectives Presented by Picker Institute

This month's "Perspective" is Picker Institute board member Gail Warden, president emeritus of Henry Ford Health System. He served as president and chief executive officer of Henry Ford Health System from 1988 to 2003 and has been a member of the Picker Institute board since 2000. Mr. Warden was the closing speaker at the Patient-Centered Care CEO Summit in 2008 sponsored by Picker Institute and Planetree. This is a compilation of his remarks, a call to action challenging attendees to translate what they learned at the summit into tangible drivers of change within their organizations.

In his book *Finding Your True North: A Personal Guide*, Bill George, a professor of management practice at Harvard Business School and the former president and CEO of Medtronic, talks about the need to align people around common missions and values in order to define and solve difficult problems.

Each of us needs to know his or her own "true north"—what is important to us, what we are passionate about. The importance of living these concepts has been reinforced by the speakers we heard today as they discussed their passion for elevating the patient experience and creating patient-centered organizations and tools to produce better outcomes. Among the important points that emerged are:

- The willingness to accept the changes that must be made
- The need to understand the relationships within an organization
- A constant emphasis on the patient-centered-care vision and its values
- The necessity of always thinking in terms of change and constant renewal
- The need for a "chief experience officer" as a coach and facilitator
- The importance of keeping the focus on quality
- Encouraging employee commitment to patient-centeredness instead of demanding compliance
- Empowering people at all levels of an organization to understand and advance the principles of patient-centered care
- Developing a strategy, designing a structure and defining a culture to foster patient-centeredness.
- Strong patient-centered care is contagious—it can lead to success.