

A LIGHT IN THE MIST

THE JOURNAL OF HOPE

A HEALING ENVIRONMENTS PUBLICATION
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*If I can stop one heart from breaking,
I shall not live in vain;
If I can ease one life the aching,
Or cool one pain,
Or help one fainting robin
Unto his nest again,
I shall not live in vain.*

EMILY DICKINSON



CHILD WITH DOVE BY JACKO VASSILEV

*J*ust as the soft rains fill the streams,
Pour into the rivers and join together in the
Oceans, so may the power of every moment of your
Goodness flow forth to awaken and heal all beings.

By the power of every moment of your goodness
May your heart's wishes be soon fulfilled as
Completely shining as the bright full moon, as
Magically as by a wish-fulfilling gem.

By the power of every moment of your goodness
May all dangers be averted and all disease be gone.
May no obstacle come across your way.
May you enjoy fulfillment and long life.

For all in whose heart dwells respect,
Who follow the wisdom and compassion of the way.
May your life prosper in the four blessings
Of old age, beauty, happiness and strength.

TRADITIONAL BUDDHIST BLESSING AND HEALING CHANT
VERSION BY JACK KORNFIELD, PH.D.

Kate wrote the following article before attending the Picker Symposium in July. Much to her surprise and delight she discovered that great advances have been made in the field of patient-centered medicine since she attended a Picker-Commonwealth conference in May of 1990. This article still reflects our position. We are pleased to report it is now shared by an impressive group of healthcare providers.

When Jean Picker was diagnosed with cancer, neither great wealth (the Picker family invented x-rays), nor great influence (she was the first woman representative to the UN), could save her from the emotional stress of the healthcare system. After Jean's experience, her husband Harvey Picker pledged the family fortune to improve American hospitals from the patient's perspective.

Funding researchers at the Harvard University College of Medicine, they uncovered issues that matter most to patients and their families.

In today's current economic climate, it seems unrealistic to seek to set the bar even higher. Medical staff are overworked, underpaid — hospitals struggle with budget cuts and deficits, yet we at Healing Environments dare to float the startling hypothesis that the medical community can be saved not by lowering its standards, but rather by raising them.

We are not alone in this daring assertion. For the past thirty years Harvard Business School professor Regina Herzlinger has been saying we need to change our healthcare system. In the latest issue of the *Harvard Business Review* she calls for consumer-driven healthcare.

In May 1990, while working for Commonwealth, I attended a conference in New Orleans on patient-centered medicine. Hosted by the Picker-Commonwealth Fund, that conference urged the same reform, proposing that hospitals would best be served economically by paying greater attention to the patients' wishes and welfare. What followed was a national databank set up at Beth Israel Deaconess Medical Center in Boston, which recorded the reactions of a statistical sampling of patients across the nation. Hospitals which participated in the program could receive feedback as to how they were doing on the patient-satisfaction scale.

More recently, The Picker Institute joined forces with The Center for Health Design to produce a research-based kit designed to help hospitals design patient-friendly facilities. They also helped fund "pebble projects" across the country to serve as beacons of how better to serve the patient population.

Dr. Phil Lee, Stanford professor and former Assistant Secretary of Health, once said: "Hospitals are the only institutions I know of which are less than the sum of their parts." Phil once designed a radical series of retreats for a medical institution — radical, because all the employees were included and were grouped, not by profession, but purposely intermingled. The revolutionary idea was that

housekeepers as well as surgeons should understand that they were united by a common cause: the welfare of the patients.

We at Healing Environments believe deeply in the power of intention. We believe that every medical institution must not lose sight of that goal: to heal the patient in the deepest sense of the word. We believe that the beleaguered medical staff suffers because they feel constrained by overwork to reduce the quality of their care. Oddly enough it is often the large, prestigious, teaching hospitals which suffer the most in this regard. Small community hospitals are often in a better position to deliver the T.L.C. which nurtures the staff as well as the patients.

In this issue we dare to suggest that before undertaking the design of new institutions, architects, designers and hospital committees should dedicate themselves to their highest purpose: the patient's well-being and to healing not only of the body, but of the soul.

While this may appear naive and unrealistic, we propose that only by reconnecting the entire medical community to the highest goal of medicine can the morale of staff, patients, and their families be maintained. All three populations — medical staff, patients, and their families — are in desperate need of nothing short of transcendence. All three must be supported in the belief that a patient can be healed without necessarily being cured. That a healing death is preferable to life without quality of life. That for optimal care, attention must be paid not only to physical, but emotional and spiritual well-being. And finally, that we are all inter-connected and we all require nurturing for optimal outcomes.

The Picker Institute's family of satisfaction measurement tools were acquired by National Research Corporation in April of 2001. For information regarding research and conferences, contact 402.475.2525 or www.nationalresearch.com



HEALTHCARE DESIGN ACTION KIT

For those of you involved in healthcare design, we recommend the Healthcare Design Action Kit.

Initiated by the Center for Health Design and developed by the Picker Institute, this research-based kit helps designers and healthcare professionals incorporate the perspective of patients and families in the design of healthcare facilities.

For further information, contact Debra Levin at 925.746.7188 or www.healthdesign.org



Let us be considered hopelessly idealistic in our quest to bring transcendence to the task of hospital design, let us tell you of one of the most stellar examples of a successful marriage of vision and purpose.

Christina Wallach was educated at the University of California at Berkeley and went on to study at the Sorbonne. While in Europe, she apprenticed in an Italian glass studio where she learned the heights of her craft. Christina has brought the excellence of European craftsmanship to the field of donor recognition. She chose glass as her medium because of its "light, clarity, and purity." The capacity of deeply carved glass to be illuminated gives it an almost ethereal quality.



MUSE OF THE ARTS
CHRISTINA WALLACH/MÁRTON VÁRÓ
DONOR WALL, BASS PERFORMANCE HALL
FORT WORTH, TEXAS

Christina believes that by researching the mission of the institution she is able to integrate vision and purpose. Her magnificent donor walls marry art with architecture, inspiration with intent. They become focal points of mission. She is an outstanding example of thinking outside the box, of transcendence in design.

For more information, you may contact Christina at 707.527.1205 or www.wallachglass.com

TROMPE L'OEIL

I first became aware of the power of trompe l'oeil painting to transport the viewer in my dermatologist's office. Dr. Hoffman's wife is a highly skilled trompe l'oeil artist. Sitting in his waiting room, I found myself on the balcony of a Mediterranean villa, gazing through stone archways at tranquil garden vistas and the distant sea. I could not help wondering how that lovely ambiance might calm those waiting in the emergency room of our local hospital.

More recently, I met another trompe l'oeil artist in her coastal New Hampshire gallery. Donna Decker has found that by working on canvas rather than on site, her magical settings are easily transportable. My two favorites were a wood-framed window which looked out on a lighthouse and a sun-filled sea, beckoning to the viewer with a beach towel and sand toys; and a stone archway which framed a wooden door open to a mythical view of a distant castle with a pair of deer grazing on the gentle hill in the foreground.



TROMPE L'OEIL PAINTING BY DONNA DECKER
RYE, NEW HAMPSHIRE

Once again, I found myself imagining these calm and inviting scenes in hospital settings. The four-foot high magical doorway inviting children to dream of happier times; the glorious summer vista transporting patients to calm and joyful settings.

York Hospital in York, Maine is filled with such magical images! This is what we believe to be healing art. Art with the power to help the patient transcend his immediate condition and surroundings. The power of visualization to heal.

For further information, you may contact Donna at 603.964.3906 or www.mantelsandmurals.com

IMAGES OF HEALING

The word *mandala* is Sanskrit for "sacred circle." These designs have been used for thousands of years as a sacred art form for Native American, Hindu, and Buddhist practices. The essence or purpose of the mandala is concerned with the process of invocation, the calling in and realization of the spiritual force within the contemplator himself. The outer form of these holy circles is a geometric diagram, a Yantra, and each detail of its construction has symbolic meaning.

"In the last century, Jung introduced the mandala for use in integrating the fragmented psyche and as a means of accessing the 'unconscious' or soul as a source of deep knowledge."

—Judith Cornell



I was particularly struck by two women, both cancer survivors, who are using mandalas as a healing tool. They are Judith Cornell and Monique Mandali.

Judith Cornell, Ph.D., author of *Mandala, Luminous Symbols for Healing*, blends this sacred art with theories in quantum physics, the spiritual science of meditative yoga, and transpersonal psychology. She was a successful artist in New York City when diagnosed with breast cancer. She now offers workshops in the healing potential of mandalas.

Monique Mandali, M.A. is a transpersonal psychotherapist in private practice in Helena, Montana. This is an excerpt from Monique's story: "...the winter solstice of 1993 when I was diagnosed with breast cancer...I knew I had to reach for something beyond the realm of traditional Western medicine. To heal my psychic wound I needed to engage in a personal challenge that celebrated my health and life." Monique specializes in mandala coloring books. It would be beneficial to make these books or pages from the books available to the hospital gift store or a waiting room as a tool for recovery.

For further information, you may contact Judith at 530.918.9361 or online at ommandala@earthlink.net or www.mandala-universe.com

To order coloring books or for further information, you may contact Monique at 800.347.1223 or monique@mandali.com

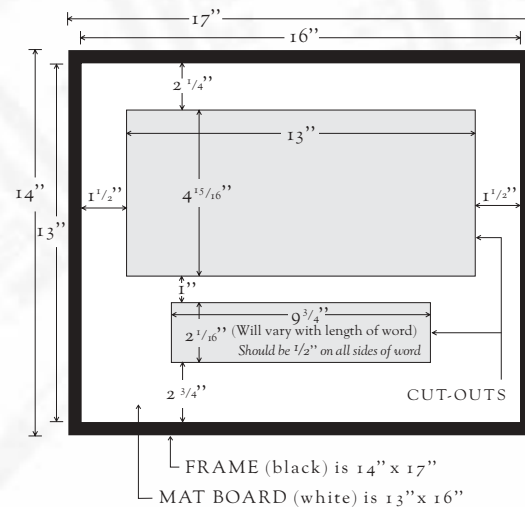
HEALING ART

Those of you who have been with us for some time will remember that two years ago we produced a beautiful and unusual calendar. Unfortunately, it proved too costly to repeat, but we have found a wonderful use for it which we would like to share with you.

When Traci worked with The Wings Cancer Foundation of The West Cancer Clinic in Memphis to enhance their new facility, she was delighted to line the hallway to their patient treatment rooms with a framed set of the original black and white photographs by Lyle Gomes. A series of striking landscapes, paired with profound words such as "comfort, compassion, hope," they embodied what we believe to be the nature of healing art.

Recently we became aware of a way of making the same healing art available to hospices, hospitals, and individuals at a greatly reduced cost. Healing Environments has about two hundred of the original calendars left. We have discovered a commercial simple, black gallery frame which is the ideal size for framing them (*the Pottery Barn's 14" x 17" wood gallery frame*). We would like to offer a calendar for framing to the first two hundred institutions or individuals who contact us. We hope in this small way to make healing art more accessible.

MAT DIMENSIONS FOR FRAMING



FRAME (black) is 14" x 17"
MAT BOARD (white) is 13" x 16"



SPEAKING OF DESIGN

A CONVERSATION BETWEEN KATE AND TRACI

When the CFO of the San Francisco AIDS Foundation, Lance Henderson, asked Traci to consult and design their client services space, he said, "You've established a new standard in the field." Here, Traci and Kate discuss that standard.

KATE Traci and I are trying to approach healthcare design from the point of view of the patient who's suffering and frightened. Let's start with the emergency room. In a famous teaching hospital — I'm sure this is true for many hospitals — you enter through a metal detector, go into a room with a blaring TV, a few dog-eared, generic magazines. Meanwhile, you're fearing for your life, you're waiting for the triage nurse to decide how long you have to sit there, terrified.

TRACI The main problem I have with hospital emergency waiting rooms these days is that they're often designed as a way-station for people, and that the trauma and the vulnerability that the people feel when they're there is not addressed. I think it's counterproductive to put a bus-station, terminal-type seating arrangement in a hospital waiting room. It's been proven that people actually feel more hostility and more vulnerability in a situation like that, so by taking comfort and beauty out of a setting, there actually is a higher rate of vandalism. I would start by changing the seating and by changing the artwork, to have a few pieces of artwork that are beautiful, even meaningful.

KATE Along those lines, a couple of ideas. My dermatologist's office has the most beautiful trompe l'oeil painting. It completely transports you. You're sitting on a balcony looking out over a beautiful mythological place in the Mediterranean and that transports you out of your suffering and fear. Also, Traci, you recently worked with St. Luke's on their emergency room and suggested a frieze with some beautiful words on it. It's a loving kindness meditation and the words are, "May you be free of pain. May you be free of suffering. May your heart be at peace."

TRACI When people are in such difficult situations, I think there needs to be a continuous attempt to filter out any assault to their senses and to be sensitive about the media messages that surround them. It would be wonderful if you could appeal to the senses as people walk through the front doors into the waiting room, triage room and into the treatment room. Having meaningful art along the way that's less traumatic helps keep you in a place of hope and security.

KATE There's a small community hospital in New Hampshire that we recently visited. In addition to the TV in the emergency waiting room they had a large flat screen which was playing a nature video: fields of wildflowers, beautiful, golden sunsets — it was very, very soothing. Also, the patient cubicles were roomy with attractive curtains and wallpaper borders. In contrast to that, I remember sitting on the floor next to my daughter's gurney for two hours before anybody offered me a chair in the emergency room of a different hospital.

TRACI In the name of comfort and healing, let's take it a step further. Comfortable chairs for the caregiver, a coffee machine, what else? I've seen a portable book shelf on wheels that had no books on

it, and so I think sometimes there's good intention but no one quite maintains it. It's someone else's job, or maybe the books are taken. The issue is somehow to create a more soothing environment; more grounded by having a range of publications or books of poetry available. Even if those books are taken, they are still fulfilling someone's need for them. An offering of books and magazines that bring people a sense of peace, information and resources, or maybe even a little healthy escapism would make an important difference.



KATE Yes! Having spent literally hours and hours waiting in hospitals, I couldn't agree more! I want to say that the staff is overworked, so the staff can't take on more. But there are volunteer organizations that could be utilized. For example, all the hours I've spent in emergency rooms I've wondered why they didn't station a volunteer who could just go around talking to people, finding out what their situation was. Just being an ear, a listening ear, a caring ear.

TRACI You have to be acknowledged. And again, when people don't feel acknowledged, they often resort to more vandalism, or more destructive behavior. I think we have to ask: How can we make someone feel welcome even if there is not someone physically there to greet them? What can we do to extend that sense of welcome while they are actually sitting and waiting in the space? Again, the seating, the art, the idea of having a frieze with meaningful words. Earphones with music would be wonderful if made available.

One more idea for an emergency room is a children's play spot. I've heard of some great ideas such as having a play structure actually within a waiting room so that a child could go in and feel safe in a homelike environment. That's a whole other level. Trying to create a sense of safety for family members and give them, give the children, a place to go.

KATE Moving on to another place where a great deal of waiting goes on, the ICU waiting room. Sometimes operations can go on as long as fourteen hours! People sit there, they sleep on hospital sofas, and again there may be nothing but a TV. It's often a life or death situation so you're not about to go halfway across the hospital to pray in a meditation room. I would like to see those things decentralized. There are those little conference rooms where families get horrible news and they're

absolutely barren. What would it cost to have an orchid in there that would last two or three months? Or, just set up a little meditation station so people could feel that their pain was being addressed?

TRACI And along those lines, just trying to bring things down to a human perspective. I think of those consultation rooms as being small, closet-like

rooms that have a lot of height in a small, small room and too many chairs. Something about using color or one piece of meaningful art and a lamp with two comfortable chairs. What a world of difference! It would be very basic in the ICU waiting room to have a thriving plant or a fountain — something to produce a soothing state of mind. I think that when one's life situation is in such great crisis, all the weight of the world is on that one life and whether or not it will survive or how it will progress. I think when you're surrounded by things that have a sense of nature, it soothes you. Life goes on. It's reassuring, it's grounding. Who comes to mind is Elizabeth Murray, author of several books about sacred spaces and gardens. While her husband was undergoing surgery, she found herself in an empty, desolate waiting room. It compelled her to improve the waiting room and heal her husband's room with plants and flowers — symbols of rejuvenation, memory, and health.

KATE Again, I know the regulations are a problem here, but I've often thought it was ironic that patients in ICU can't have flowers. They probably need them the most. I once read about a nurse who made sure that when patients regained consciousness, the first thing they saw was a rose. And I know in some hospitals, classical music is omnipresent. Many hospitals have wandering musicians that actually go to the patients who aren't well enough to go to the musicales in the hallways.

Once I went into radiology, frightened because they were going to do a test to see if a surgical procedure had worked or not. The radiologist left the room and I was isolated. I wish I could have looked up at the ceiling and seen something beautiful. At the Marin General Cancer Center they have illuminated photographs of gardens on the ceiling so the

patient undergoing treatments can look up at something beautiful. Something like this would have calmed me. Instead I overheard a conversation which I never should have heard between the radiologist and my surgeon that increased my anxiety.



TRACI Now, this is an area that can be sort of touchy, but I think even humor has a place in the hospital. And if I were lying there on my back in a treatment room staring at a ceiling for whatever period of time or during a procedure, I would take anything as opposed to staring at the speckled little holes of an acoustic tile on a ceiling. It could be something of beauty, something of meaning, or even something with humor. And again, thinking of a hospital as a healing place, there are so many opportunities where the patients' or the caregivers' attention lies there or waits there with nothing to engage it. I guess our big cry is there are so many opportunities to greet or to comfort or to ground people in their environments. And it's very simple. It's about turning to nature, to beauty, to meaning, and coloring the senses. Some places make music readily available and other people find that they can bring their own walkman and listen to music. It's important to know what you really value that you might want with you.

KATE There's a wonderful story that you and I heard when we spoke at a conference. Remember? Someone from Minnesota came up very excited and said that in his hospital they had put a carpet in the hallway that looked like a river. It had a river pattern on it. The hospital had a multi-track sound system that had sounds of the river, everything from crickets to rushing water, birds, and wind in

"IN THE NAME
OF COMFORT AND
HEALING, LET'S
TAKE IT A
STEP FURTHER."



Traci Teraoka Patel

the reeds. People loved it so much that they would come in off the street and just sit in the waiting room so that they could experience it.

I'd just like to say a word about what you and I think of as healing art. When my mother had cancer, she could almost not watch television because she felt it did not relate at all to what she was going through. You and I have a kind of radical idea of what art in a hospital should be like. We feel that it should speak to the patient's experience at some level. And when you did the Cancer Center in Memphis, you put in the beautiful nature photographs from our calendar with the words "comfort," "gratitude," "forgiveness," "compassion," "hope," etc. At another hospital in the Bay Area, I remember a beautiful weaving in blues and purples. It was textural and very mysterious and comforting at the same time. That's the kind of thing I'm talking about. What if every piece of art were selected from the standpoint of how would I feel if I were dying or had a loved one in danger? How would I feel viewing this?

TRACI Another interesting thing about that is that sometimes art in hospitals is placed only in corridors rather than where the patient or the caregiver might spend time. Meaningful art at the patients' eye-level can be a way of greeting them in a new area or escorting them on their hospital journey.

KATE You remind me with that observation of a hospital that you visited recently in which you said, thinking of how often the patient has to get up after surgery and walk, "there need to be destinations, there need to be beautiful places to walk to instead of just down the hallway." So destinations are another consideration.

TRACI And along with destinations, that reminds me. I've visited hospitals where there might be long-term acute wards that feel long-term and acute with their furniture. There's a real drabness to them, and I find myself thinking it could be more human in scale or more home-like. Maybe an entire floor could be dedicated to a certain type of wallpaper border to make it feel more home-like or maybe a certain theme of artwork: nature, animal-inspired — something to pull the environment together. Sometimes hospitals have told me that they have so many codes and regs that they can't possibly get things that are warm and comfortable in appearance. But, it's intention. It's making places feel whole.

KATE I want to underline intention, intention, intention. Again, unfortunately, in large, prestigious teaching hospitals, it seems all of the attention is strictly medical. In contrast, there's our favorite hospital in Hawaii in which every room has a lanai, every room has a view, every room

has a niche in it for flowers, religious objects, art. So it can be done if the intention is there. We're also not just talking about bed and breakfast comfiness. The research has been done. The Planetree facilities that were started in San Francisco and then replicated across the country discovered that stays were shorter when the healthcare setting was home-like. And not only were the stays shorter, but the rehospitalization was lower.

By the way, Traci, I have a new favorite hospital. When I told people I was doing an article on trompe l'oeil, they said, "Have you

seen York Hospital in York, Maine?" I just drove up there last week and it is amazing! The waiting rooms, the corridors, even the elevator! The entire space is transformed with trompe l'oeil! I've never seen a warmer, more welcoming, more comforting space! We'll have to write an article about them in a future issue.

Let's talk about the optimal patient room experience. There's a small community hospital in Carmel, California, I'm talking twenty years ago, but at that time it was my dream hospital. Every patient room was a single, no doubles. Every patient room looked out on either the ocean or an interior courtyard that had a fountain and flowers. And patients had gourmet meals not for one, but two people so that a visiting guest could be included.

TRACI On a more basic level — why not a clock that you can read, a calendar, a memory wall or some place to acknowledge the patient with cards or favorite photographs? Perhaps having an area directly in front of the patient or next to the patient where they have contact with things that they love and cherish. So often hospitals don't want you to have any of that because of security issues.

Having a place where a caregiver can either sit down, lie down, or spend the night — a reclining chair, a sleeper chair. Some facilities I've seen even have room for a six-foot-long sofa in the room. All of these things make caring for the patient much more possible for that important caregiver.

KATE Along those lines, it's interesting that in other countries the family is actually encouraged to stay with the patient. This reduces the nursing costs because somebody else can get the glass of water, move the bed up and down, and answer the telephone, etcetera, etcetera. A writing desk would be nice. Of course this is our dream scheme.

TRACI Unfortunately, most facilities have very little space and it's the financial constraints that make it difficult. A great deal can be done with the proper attention.

KATE You're right again, it's about attention. Sometimes it's even difficult to find places for flowers in hospital rooms where they can be seen by the patient.

TRACI That pertains to that person's sense of self.

KATE There is an article that is very much to the point. Dr. Tom Delbanco of Beth Israel Deaconess Medical Center in Boston wrote an article called "The Kindly Stress of Hospitalization." He talked about the real psychological cost of the patient's identity being stripped away. The first thing that happens when you enter the hospital is they take your clothes, your jewelry, anything that reminds you of who you are. This can lead to dementia, especially in elderly patients, but more profoundly, it can create psychological distress which can actually affect patient outcomes.

TRACI It's good if people know what nourishes them. Music or a totem-animal such as a frog or a bear or, something. Pictures of how you were when you were healthy. Things that connect you to who you are because hospitals don't reinforce that.

KATE We're not just talking about patient morale, here. We're talking about patient outcomes.

TRACI Another thing that comes to mind, and it depends on the type of facility and the size of the room, but a variety of seating would be ideal. Sitting in what I called the bus-station-terminal seating, the row seating, is very passive seating. It's not designed for you to do writing, working, communicating. I think in our lives we're encouraged to be very productive. But when you become a patient or a caregiver in a hospital, you're supposed to become incredibly passive. It would be interesting to add a round or square table with four chairs and watch how people might gather to talk or to do work, and use those tables meaningfully. There's just not a lot of opportunity for that.

KATE Just another word on the meditation rooms. You and I feel that often hospitals try not to offend any one belief system, and as a result their meditation rooms end up being so bland that they aren't any comfort at all. We'd like to see orchids or living plants, universal symbols or perhaps symbols of all religions, and to hear the sound of a fountain. I have even seen a notebook for people to write their prayers in, and I thought that that was effective.

TRACI It can be challenging to try to represent all religions in one room, living in such a diverse culture as we do. Sometimes using elements of nature, sculpture, even a rock can be meditative. It's the intention in these different areas that we've talked about, and quality of light. Natural light — if there's any access to it — energizes and adds a whole other level of connectedness.

KATE One other area we haven't even touched is that of healing gardens, but that's a subject for


another issue. We feel that nature itself is very grounding and healing. It places human suffering in a context of something larger and that is reassuring. For example, a meditation room we saw in Hawaii had a beautiful view of a mountain. Clare Cooper Marcus has written a book, *Healing Gardens*, about the therapeutic reasons for having healing gardens within medical facilities and their influence on positive outcomes.


TRACI What a great way to experience life and the cycles that we all experience. Somehow including the natural world in a context of a hospital setting seems all the more important.

KATE Hope.

TRACI Hope, yes, it's all about hope.

Let us never
lose sight of the
soul of healthcare.
The soul of
healthcare is the relief
of suffering.
May our healthcare
settings do everything
possible to heal and
comfort body,
mind and spirit.

"HOPE, YES,
IT'S ALL ABOUT
HOPE."

Traci Teraoka Patel

"WE'RE NOT JUST
TALKING ABOUT
PATIENT MORALE,
HERE. WE'RE
TALKING ABOUT
PATIENT
OUTCOMES."

Kate Strasburg





In your healthcare setting,
DO YOU HAVE A HEALING ENVIRONMENT?
 (This is an informal, in-house instrument. For a formal assessment contact NRC*)

WHAT IN YOUR
 PHYSICAL
 ENVIRONMENT...

WHAT IN YOUR
 HUMAN
 ENVIRONMENT...

- 1
Puts patients at ease? Makes them feel welcome? (*Addresses fear and discomfort*).
- 2
Meets *individual needs and concerns*?
- 3
Treats the patient with dignity and respect? (*Validates her thoughts and feelings? Makes him feel like more than a diagnosis?*).
- 4
Meets emotional needs? (*Gives a sense of caring and comfort*). Meets spiritual needs? (*Gives hope and a sense of transcendence*).
- 5
Instills trust and confidence? (*Once again overcoming fear*).

The Best

The Worst

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WHAT
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Physical Environment

Emotional Environment

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WHAT
 TEN THINGS
 WOULD
 YOUR IDEAL
 HEALTHCARE
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- | | | | | | |
|--------------|---|-----------------------------------|-----------------------------------|---|-----------|
| For Families | } | 1. What overcomes fear? | 1. What empowers them? | } | For Staff |
| | | 2. What improves communication? | 2. What improves communication? | | |
| | | 3. What guarantees comfort? | 3. What nurtures them? | | |
| | | 4. What addresses grief and loss? | 4. What addresses grief and loss? | | |

Rate the Following Specific Areas in Terms of Their Patient-Centeredness (*on a scale of 1 to 10*)

1. ER	1	2	3	4	5	6	7	8	9	10	6. Signage	1	2	3	4	5	6	7	8	9	10
2. Waiting Rooms	1	2	3	4	5	6	7	8	9	10	7. Gift Shop	1	2	3	4	5	6	7	8	9	10
3. Patient Rooms	1	2	3	4	5	6	7	8	9	10	8. Food Service	1	2	3	4	5	6	7	8	9	10
4. Treatment Rooms	1	2	3	4	5	6	7	8	9	10	9. Garden	1	2	3	4	5	6	7	8	9	10
5. Hallways	1	2	3	4	5	6	7	8	9	10	10. Chapel	1	2	3	4	5	6	7	8	9	10



DOWN THE RABBIT HOLE

Entering the hospital is, metaphorically, not unlike Alice in Wonderland. The sense of disorientation is surreal as one leaves the familiar world behind. One is exhorted to “Drink Me!” “Eat Me!” Distressing bodily changes accompany strange procedures. One fears literally for one’s life.

What changes can be made in this stressful environment to replace the patient’s loss of sense of self with a reassuring, grounding sense of comfort, with healing of mind and spirit? What can be done to enhance physical healing?

In this, our annual healthcare design issue, Traci and I attempt to further our mission of helping healthcare facilities address patients’ and families’ emotional as well as physical needs.

Some time ago, Dr. Thomas L. Delbanco of Beth Israel Deaconess Medical Center in Boston wrote a powerful article, “The Kindly Stress of Hospitalization,” in which he ventured that more than emotional well-being is at stake. He theorized that the disempowerment and depersonalization of the hospital experience affects medical outcomes as well.

We ask for your input to help comfort the suffering. In an informal poll we request that whether patient, family member, or healthcare professional, you share with us the heights and depths of your experience. What in your medical setting is most comforting? What most desperately needs improvement? What ideas can you share with the design community? Please fill out the enclosed reply card.

Thank you! We hope to publish your responses in a future design issue.

Kate





*We believe each person
is a manifestation of the sacredness
of human life.*

CAROL BONNER



THE KISS OF PEACE by julia margaret cameron

CATHOLIC HEALTH EAST

Lest you who are in hospital administration mistakenly believe mission-based care is limited to a few faith-based hospitals, consider Catholic Health East.

CHE is an umbrella organization with more than thirty hospitals in eleven eastern states.

What unites them all is a dedication to mission. Their values include making patients feel at ease and welcome. Meeting individual needs and concerns.

Treating everyone with dignity and respect. Meeting spiritual and emotional needs. Instilling trust and confidence.

Earlier this past July, Kate attended the 8th Annual Picker Institute International Symposium in Boston. With presenters from some of the country's most patient-centered hospitals, it proved to be both awesome and inspiring. In this issue we share a sampling of the speakers at the conference with the hope that they, in turn, will inspire you.

In

1985 when keynote speaker, Jackie Pflug, married just a few months, boarded a plane for Cairo, she embarked on a journey of terror

that would mark her for life. Somewhere over the Mediterranean, Palestinian terrorists struggled for control of the plane. Shots were fired and as they punctured the plane's pressurized cabin, passengers scrambled for oxygen masks. Landing safely on the Egyptian runway, they soon discovered the worst was yet to come.

Rounding up the Israeli and American passengers, the terrorists began their deadly game of ultimatum. Seated in the front of the cabin with the two other Americans, Jackie watched helplessly as the two Israeli women were dragged, one by one, to the plane's front exit where they were shot in the head at point-blank range, then shoved down the stairs to die on the tarmac.

Jackie sat next to the window, numb with the realization that after her two American companions, she would be next to be sacrificed to the terrorists' unanswered demands.

In the face of imminent death, two thoughts obsessed her. First, she recalled how she had fought with her mother the last time she had seen her. Second, she had not given her new husband the loving goodbye he deserved in Athens. She began to pray, fervently at first, then with increasing calm, as her inherent faith took hold.



By the time she was led to her execution, Jackie was filled with a deep certainty and calm conviction that whether she lived or died, she would be taken care of. A shot was fired.

As she tumbled down the stairs, she realized to her surprise that she was still alive. Not wanting to repeat the fatal mistake of one of the Israeli women who had moved on the runway only to be shot repeatedly by her attacker, Jackie lay perfectly still, barely daring to breathe. For five hours she drifted in and out of consciousness.

Suddenly she became aware that men dressed in black were throwing the dead bodies in the back of a van. Thinking they were terrorists, she continued her game of

playing dead. As the van sped away, the man in back with the bodies became disturbed by the sight of the gaping wound in the back of her head and tossed her aside.

Startled, Jackie's eyes opened involuntarily and he screamed, "She's alive!" Losing her composure Jackie gasped, "Are you the bad guys or the good guys?"

"We're the medics!" they replied, to her unspeakable relief, as the van veered from its trip to the morgue and headed, speeding, for a waiting ambulance.



Seventeen years, and many operations later, Jackie is an attractive, radiant and dynamic young woman. Her tale of courage is an inspiration to all. To look at her on the speaker's platform one would never guess that her sight is so limited that she must choose whether to look at her companion's eyes or mouth. Continually scanning her environment through her minuscule "lens," Jackie did not discover her baby had learned to touch his toes until two weeks after the fact.

Jackie's short-term memory was so shattered that a simple sentence such as "Let's walk to the bathroom." would leave her struggling for comprehension in the hospital.

Most remarkable of all, Jackie's brain damage was so extensive that she was considered beyond rehabilitation. Only her dogged faith and determination, coupled with her training in special education, enabled her to orchestrate her own recovery. Nevertheless, she struggled with intense depression. It took her eleven years to forgive her attackers. Only after realizing how anger was destroying her life, was she able to move on.

Now Jackie ends each day with an entry in her gratitude journal. Inspired by Sarah Ban Breathnach, she religiously notes the five things she is grateful for at the end of each day. Once a flagrant type A who rated the success of her day by how many items she was able to cross off her "to-do" list, now she takes stock of each day by asking herself such questions as:

- 1) Was I loving in all my relationships?
- 2) Was I fully present in every encounter?

In her new career as an inspirational speaker, Jackie offers the world the lessons most of us only learn in the face of death. As someone once said, "In moments before death we will judge ourselves by two criteria: how we have loved and been loved."

Jackie Pflug's story, *Miles to Go Before I Sleep*, was published by Hazelden Information Education in February 2002.

W

hen Boston City Hospital merged with Boston University Medical Center, it was not unlike Goliath siding with David.

There was no question as to which culture would initially predominate. Only a feisty, indomitable spirit such as CEO Elaine Ullian could dare to engage that giant of a hospital effectively on this level.

Boston Medical Center sees one million outpatients a year. More than half a million inpatients. Requests for interpreters come in seventeen languages. The requirements for cultural sensitivity are challenging and complex. They include making sure no Bosnian woman is left alone in a room with a man. To a female refugee from that war-torn country being alone in a room with a man means one thing: rape.

When Elaine started as CEO at Boston Medical Center, the typical wait for an outpatient appointment was six weeks. The existing hospital culture was that the patient was lucky to be seen at all.

The vast majority of Boston Medical Center's patients are poor. Almost none of them have cars. Transportation is a major issue. Every appointment means giving up a day's work, a day's pay. One patient who arrived four hours late had ridden three cross-town buses with a small child in tow, only to be turned away.

Elaine countered that trend by scheduling only half a day's appointments. Now patients who call in are asked if they would like to be seen that same day. No shows are no longer a problem. Days are full and productive. Patients feel cared for.

As in most large teaching hospitals, patients at Boston City Hospital were not a priority. Research, followed by teaching, followed by patients was considered the order of importance.

Elaine reversed that. She made it clear to the entire staff, "I don't care if you have a twelve million dollar grant from NIH! In this hospital our top three priorities are patients, patients, patients!!!" Boston Medical Center has a long way to go, but in a few short years Elaine has made a stunning beginning.

RESERVOIRS OF WISDOM

Do you have a treasured work of literature — a novel, memoir, short story or poem — that in the words of Robert Coles, has served as a "reservoir of wisdom" for you? Please let us know so we can share your response with our readers in a future issue. Feel free to stretch the boundaries of genre, and if you wish, please include a line or two about why this literary work or writer has been so profound for you.

Send your submission to Doree Allen
451 Lytton Ave. Palo Alto, CA 94301

Though not Catholic herself, Kim Moore, RN, MSN, more than embraces the mission of St. Elizabeth's Regional Medical Center in Lincoln, Nebraska. She helps make it manifest.

As we entered the small conference room where her break-out session was held, the walls were papered with large, colored diagrams that each staff member of St. Elizabeth's had made of what they considered comprised a healing environment. These diagrams served as the basis for staff discussions.

Another visual tool which proved immensely helpful in providing a healing environment for St. Elizabeth's patients was The Caring Tree. Each newly admitted patient receives a large drawing of an apple tree to be filled out in the following way:

- 1) The apples stand for family and close friends. Their first names and phone numbers are written on each apple for easy reference.
- 2) The name which the patient wishes to be called is written on the trunk of the tree.
- 3) The roots of the tree symbolize the most important sources of emotional nourishment to the patient (i.e. church, grandchildren, etc.).
- 4) Finally, the flowers are simple patient preferences which can enhance his or her stay in the hospital (i.e. likes to shower in a.m., prefers drapes drawn, etc.).




This seemingly simple tool streamlines staff communication and leaves the patient feeling acknowledged and empowered. We here at Healing Environments would make one simple addition: photographs. By adding photos of family and friends to the apples, it would offer additional emotional support to the patient and help the staff with their identification.

By adding a photo of the patient when well to the trunk of the tree, it would be empowering help with positive visualization.

But my favorite story about St. Elizabeth's took the patient's well-being a step further. As I heard more than one speaker from a faith-based hospital suggest, we were admonished not to ask permission before undertaking something on the patient's behalf, but rather forgiveness after the fact!



Suspecting (as Larry Dossey did) that prayer might benefit patient outcomes, the nursing staff secretly conducted a controlled study of their own. Praying for a random sample of patients, they carefully charted their outcomes as well as those of a control group. When the results confirmed their hypothesis that prayer improved patient outcomes, the results were shared with the doctors and prayer was instituted at St. Elizabeth's as a bonafide healing modality.


 FOUR THINGS
 MOST
 PATIENT-CENTERED
 FACILITIES
 HAVE IN COMMON

1. Patients are their first priority.
2. Hospital staff are treated as partners, not employees.
3. Some improvements are generated by and "owned" by staff.
4. Mission is of utmost importance. Bottom line follows as a result.



Our closing breakfast speaker was Becky Jessen from Community Hospital in Grand Junction, Colorado. Winner of the Colorado Benchmark Hospital of the year in 1999, this 78-bed community hospital epitomizes what is possible when the patient is put first.

Key to the success of its vision, the impetus for change came from the staff, empowered through the leadership of the administration. Community Hospital is very aware of the power of language. A simple change in nomenclature led to a dramatic change in culture.

Administration made the unilateral decision to call the patients "guests." For a transitional year they were known as "patient-guests." Doctors continued to call them "patients." This simple name-change spawned a number of further changes throughout the hospital.

One of the most delightful innovations came from the food staff. It was their idea to institute an à la carte food service. Working within the dietary restrictions imposed by the medical staff, the kitchen produced a variety of attractive restaurant-style menus.

The patient is presented with all the possible food items permitted on their doctor-ordered diet with one remarkable, empowering difference: The patient may order whatever he or she wants to eat or drink anytime between seven and seven, just as in a hotel. Contrary to the concern of some of the staff, the patients tend to order mostly at mealtime. Food consumption is improved and they need only be on the watch for the occasional non-eater. A 40% savings in food cost results from a reduction in waste.

Another delightful innovation came from the housekeeping staff. Each patient's room comes with a care card which reads: "Welcome! Your room is being cleaned and serviced by _____. Please let me know if I can do anything to improve your stay."



The sense of ownership was so enhanced by this that housekeeping took it a step further. They asked if they could present incoming patients with a bag of toiletries similar to those found in hotels. Staff pride increased along with performance.

All of this was just cause for celebration. In fact celebration is an important integral part of the Community Hospital culture. They recently produced a videocassette acknowledging staff, to a mambo beat with photos of admitting, housekeeping and food staff, nursing and medical staff, all on a first-name basis.

SACRED WORK

With three degrees, including a Doctor of Divinity, Erie Chapman directed his first hospital at thirty-three.

Chapman has been CEO of four hospitals in his lifetime. Now the head of Baptist Hospital in Nashville, he has made it a model of The New Healing Hospital. His is a hospital which is mission-based. Which has not lost sight of the soul of healthcare — the relief of suffering. Every employee at Baptist Hospital understands that his or her work is sacred work. As Erie explained, when the circle of need intersects the circle of love, the area of intersection is the province of sacred work.

Erie Chapman began his talk with a story. A story which he said spoke volumes about the heart of healthcare.

Wandering down the halls one evening he encountered a housekeeper leaving a patient's bedside. She told him she had been mopping outside the patient's room when she heard him calling out in confusion for his daughter, who had left the hospital sometime earlier. The housekeeper set aside her mop and sat down at his side. Taking his hand in hers, she sat stroking it, until he drifted off into a deep and peaceful sleep.

Clearly this woman personifies Erie's position that when a person's need is met with love, this is sacred work.

The audience nodded as Erie reviewed what the protocol would have been in a more typical hospital. A nurse would have been called. A sedative would have been administered. A patient would have been robbed of the loving comfort of a human hand that he believed to be his daughter's.

Erie proceeded to show the most sensitive and inspiring video on healthcare I have ever seen.

On a black screen we read the well-known words from I Corinthians: 13 — "Love is patient. Love is kind."

Every day at Baptist Hospital two patients die and fourteen babies are born. In this exquisitely sensitive video which Erie spent 200 hours producing, we follow the birth of triplets and the story of a cancer patient who ultimately is sent home to die. As the film crew cuts from the beginning of life to the end of life and back again, the warmth and caring of the hospital staff is palpable. A nurse crawls in bed with Bill, the leukemia patient, for a photograph of solidarity. Meanwhile, the young, first-time mother hopes at least one of the triplets will be a girl.

The camera shares the feelings of the caring staff. One after another — housekeeper, valet, doctor, nurse, receptionist, cafeteria worker — all echo the sentiment: "This is sacred work!"

By the end of the video, the entire audience has been reconnected to their mission — the soul of healthcare, the relief of suffering. There is not a dry eye in the room.

Erie's video is shown to all incoming staff at Baptist Hospital. They are urged to accept employment ONLY if they fully support the hospital's mission. This remarkable video can be ordered by contacting the Communications Department, Baptist Hospital, Nashville, Tennessee 615.284.5555 ext. 5300.



If you who are in hospital administration believe mission to be an idealistic luxury, consider the following statistics.

Three years after Erie Chapman instituted his culture of caring at Baptist Hospital in Nashville, inpatient satisfaction rose from 68% to 99% and nurse turnover fell from 25.4% to 9.4%. Most startling of all — a \$70 million deficit was turned into a \$10 million profit.

Speaking of faith — what did Erie announce to the press in the face of a \$70 million deficit? That he was hiring 100 more nurses!





We began the process with a staff meeting that would provide the structure for change. They wanted the space to be welcoming and well-defined with distinct areas for check-in, treatment information, community resources, and client phone calls. The staff wanted it to feel like a refuge from the harsh realities of the street — the space was unusual in that it had tremendous sunlight in the afternoons causing problems with intense heat and glare. The theme of the installation would be a nature-inspired resource room with warm colors.



This is a detail of a hand-carved African prayer bench. One of the reasons that we love ethnic objects is that they are infused with meaning. Even if the viewer is not familiar with the original meaning, s/he intuits that it is more than decorative.

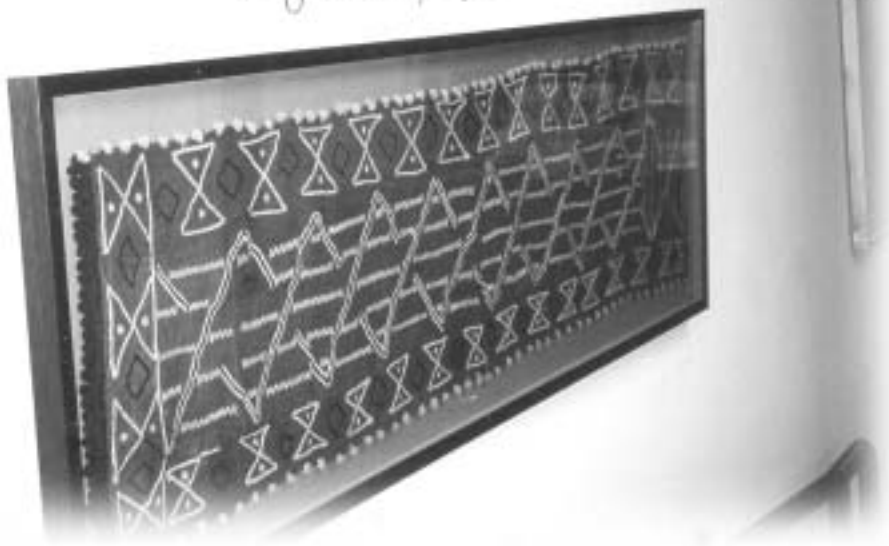


This Indonesian screen replaced an original AIDS prevention poster. The poster was a stark black and white street scene with a one-way sign pointing to a corner. As the first thing you see upon entering, the screen has a much more welcoming and positive spirit, representing possibility and transformation.



One of the success stories was the library table. The staff expressed concern that the beautiful patina would be marred by clients using the table as a lunch table. Instead, we were delighted to have our philosophy confirmed that the clients responded to the beauty of the piece with great respect. The social workers were pleased to see clients conscientiously filling out paperwork. It has been our experience that beauty begets dignity.

Las personas afectadas por el VIH merecen esperanza, calidad de vida, dignidad y opciones."



Translation: "People affected by HIV deserve hope, quality of life, dignity and options."



Solutions and ideas had to be tested in the environment. The scale and proportion of the room changed as intention and purpose became more central. I think the results speak for themselves.



The Column Mural

The services are used predominantly by adults — we wanted to make it an environment that families and children could feel comfortable and safe in too. As the process was under way at the SF AIDS Foundation's client services space, a social worker, Bobby, offered to donate his time and talent of painting to create a water and dragonfly mural on a large freestanding column. His inspiration came from a donated watercolor that featured a serene Japanese water lily and koi fish. When Bobby unveiled his painted contribution, we had an original work of art that was at once serene and enticing.

One day I dropped by to meet with the design crew. As I was waiting in the newly painted and refurbished room, a mom and child came in together. The column was a magnet of interest for the child. "Look Mama, a dragonfly!"



In several of our installations we have hung old, hand-hewn doors. To us, these doors are symbols of transition, honoring life as a journey and evoking a sense of new beginnings rather than of confinement.

IMPROVING THE PATIENT EXPERIENCE

This is the first time we have ever produced a double issue of *A Light in the Mist*. We had this year's healthcare design

issue ready to go to press when Kate attended the 8th Annual Picker Institute International Symposium in Boston in July: "Improving the Patient Experience... Building a Culture of Patient-Centered Care" presented by National Research Corporation. Thoroughly energized and inspired by the exciting developments in patient-centered care she saw there, Kate returned eager to devote an entire issue to them. Ultimately we decided to combine the two. We hope you find the result inspiring and useful.

It is difficult to do the conference justice. What we offer here is a tempting introduction. The following resources can be used to augment this issue:

BOOKS

Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care. Editors: Margaret Gerteis, Susan Edgman-Levitan, Jennifer Daley, Thomas L. Delbanco.

To Improve Health and Health Care Volume V. The Robert Wood Johnson Foundation Anthology. Editors: Stephen L. Issacs and James R. Knickman.

Cultural Competence in Health Care: A Practical Guide. Editors: Anne Rundle, Maria Carvalho and Mary Robinson.

Reclaiming Soul in Health Care: Practical Strategies for Revitalizing Providers of Care. Linda Gambee Henry and James Douglas Henry.

Miles to Go Before I Sleep. Jackie Nink Pflug with Peter J. Kizilos.

AUDIO

Audiotapes from the Picker Institute International Symposium can be ordered from Fleetwood On-Site Conference Recording, 1-800-353-1830, www.fleetwood.com/onsite/picker

VIDEOS

Erie Chapman's outstanding video, "A Continuous Chain of Healing," can be ordered from Baptist Hospital, Communications Dept., Nashville, Tennessee 615.284.5555 ext. 5300

"Through the Patient's Eyes" A Video Series produced by the Picker Institute can be ordered from Picker Institute 1295 Boylston Street, Suite 100 Boston, MA 02215 www.picker.org

ARTICLE

"Surrounded by a Healing Environment" by Erica Steele *Cure: Cancer Updates, Research & Education*, Summer Issue 2002 Fax: 214.820.8844 www.curetoday.com

TOGETHER
WE
WILL
COMFORT
THE
SUFFERING

OUR MISSION

Our mission is to aid the current movement toward holistic medicine — toward treating the whole patient (mind, body, spirit) and encouraging hospitals, hospices and individuals to nourish patients, families and caregivers with healing environments. What is a healing environment? We believe a healing environment is one that offers sustenance to the soul and gives meaning to experience. It is one that enables those who are suffering to transcend their pain by connecting to the universal through the transformative power of beauty and art, and that gives comfort through this connection.

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