



# PATIENT PARTICIPATION

**A** large, quiet room on tree-lined Webster Street in the Pacific Heights section of San Francisco is a haven for people seeking knowledge about health. Free to the public, the Planetree Health Resource Center at California Pacific Medical Center is a not-for-profit organization offering consumers a wealth of information about diseases and treatments (see **Box**, below).

The resource center, which opened in 1981, is part of Planetree, a consumer-health organization that believes patients will have better outcomes if they are treated in an environment that empowers them and recognizes their mental and spiritual needs as well as their physical ones. Through the resource center and model hospital units (see **Box**, p. 43), Planetree enables patients to make informed decisions and feel they are respected as persons with intelligence and human dignity.

Planetree is the brainchild of Angelica Thieriot, who founded the organization in 1978 after a

*Planetree  
Empowers  
Patients to  
Achieve  
Better  
Outcomes*

stay in an American hospital left her feeling depressed because the care she received was dehumanizing and impersonal compared with what she had experienced in her native Argentina. The organization's name refers to the tree under which Hippocrates, the Greek physician called the "Father of Medicine," taught his students.

## PATIENT-CENTERED UNITS

Planetree opened its first model unit in 1985 at 272-bed Pacific Medical Center in San Francisco. Throughout the 13-bed medical/surgical unit—a part of the otherwise traditional hospital—plants, soft lighting, and carpets exhibit concern for patients' needs for comfortable, familiar surroundings. No medical carts block the hallways, no patient records "decorate" the doors. Nurses work at desks in an open area, not barricaded in high-walled stations. Equipment and supplies are stored in attractive cabinets, and patient rooms have a shelf opposite the bed reserved for personal objects such as photos and flowers.

Visitors of any age may see patients at any time of the day or night. Patients and families can prepare food, watch television, or chat in the unit's kitchen and adjoining sitting room. Because food is nurturing, it is available whenever patients want it, and volunteers often use the kitchen to make special treats for patients. Carpeting, oak furniture and trim, and pictures contribute to the unit's homelike atmosphere.

Patients are usually referred to the unit by their physician, although some request to stay there. Physicians were skeptical about the unit at first, but now most wish the unit could accommodate more patients. Patients have access to their record and are encouraged to add their observations to it. Unit staff (who are part of the medical center's staff) work as a team and encourage patients and families to participate in care as much as possible.

## PLANETREE HEALTH RESOURCE CENTER

The resource center at Pacific Medical Center contains more than 2,500 volumes, including standard medical texts, health books for laypeople, literature on alternative therapies, journals, newsletters, and video and audio cassettes.

The center also provides a directory of physicians, other healthcare practitioners, organizations, and support groups. The center's Consumer Health Network puts persons with similar conditions in touch with each other. Other services include information packets on specific health topics or diagnoses, a computer search service, and lectures and workshops. Books are available at the on-site bookstore or by mail. Memberships, which help support the resource center, are \$35 and offer benefits such as discounts on purchases and a subscription to the health newsletter *Planetalk*.



Left: The lounge in the Planetree unit provides a comfortable place for families and patients to talk and enjoy food prepared in the adjoining kitchen. Right: Natural wood cabinets and track lighting create homelike atmosphere. Low cabinet at right holds infection-control supplies.

The hospital does not charge any more for rooms on the Planetree unit, and insurance companies reimburse for care in the Planetree unit as they would in any other part of the medical center.

Robin Orr, Planetree's national director of hospital projects, explains that the environment was designed to encourage the communication that helps people become active participants in their care. Comfortable furniture, soft lighting, and inviting seating arrangements in the unit's sitting room encourage people to talk with one another. The room contrasts with waiting areas in many hospitals where patients and visitors sit passively, lulled by an ever-droning television set.

### THE HEALING ARTS

The unit's arts coordinator, William Noonan, plans programs to address patients' emotional, mental, and spiritual needs. He believes experience with the arts is therapeutic. "Passive as well as interactive involvement with the arts has healing potential," he explains. "The arts provide a healthy distraction from the intensity of illness."

Noonan organizes story-telling sessions and weekly live music concerts—a Celtic harpist, a 13-member ensemble of medieval choral music, or a gospel choir, for example. After one concert a woman on chemotherapy thanked Noonan: "For a few brief moments I was lifted out of the misery I've been feeling all day," she said. According to Noonan, "Music transforms the environment—one of the goals of the Planetree philosophy."

On the unit, patients can watch videos or listen to audiotapes in their rooms. Noonan has assem-

bled a library of more than 300 audiotapes, including music from rock to classical, books on tape, and visualization tapes. Patients checked them out 675 times in 1991. A patient survey showed that 46 percent of patients watched movies with someone else, which Noonan sees as evidence of the arts helping patients be involved with others.

### PLANETREE AND THE CONTINUUM OF CARE

The Planetree philosophy of patient-centered care is not only applicable to adult acute care, as in the California Pacific unit, Orr notes. A skilled nursing facility will be part of the

Planetree project in Delano, CA.

"This kind of care is a model for all patients, whether they are there for a short stay or the rest of their life. We must do all we can to personalize care for children, for the elderly—all people in need of compassion and support," Orr says. She predicts the baby-boom generation will demand more participation and will question authority more than previous generations. They will sub-

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## PLANETREE UNITS

Five Planetree units are in operation or in the final development stage. At California Pacific Medical Center, where the Planetree unit has been established for seven years, plans are under way to use Planetree's nutrition practices and arts program throughout the medical center. At San Jose (CA) Medical Center the 27-bed Planetree surgical unit and Health Resource Center is two years old.

Last June, the entire 50-bed Mid-Columbia Medical Center in the Dalles, OR, became a Planetree hospital. In the same month, Beth Israel Medical Center, New York City, opened a 34-bed medical/surgical unit with four step-down beds. Delano (CA) Regional Medical Center will soon open a Planetree unit containing 30 skilled nursing beds and 30 medical/surgical beds.

The Henry J. Kaiser Family Foundation and the San Francisco Foundation helped fund the initial costs for the California Pacific Medical Center unit. Several New York-based foundations provided start-up funds for the Beth Israel unit. Foundation funds and private donations provide financial support necessary for implementing new delivery approaches.

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stantively influence the movement to patient-centered care, she says.

Medical and nursing schools are beginning to recognize the need to train health professionals in new approaches, according to Orr. She suggests that, as hospital stays become fewer and shorter, physicians' offices need to meet patients' holistic needs for knowledge and a sense of community. Doctors' waiting rooms can provide "more than old magazines," offering information such as that provided by Planetree's consumer health network, which lists people willing to share their experiences with various diseases.

### A PHILOSOPHICAL SHIFT

In developing the Planetree hospital units, a philosophical commitment to patient-centered care among board members and administrators has been essential, according to Cheryl Gelder-Kogan, Planetree's executive director. "We are asking them to go beyond cost-based analysis," she says. "Planetree is well aware of the financial pressures on hospitals. We work with hospitals to target their limited financial resources to areas that will significantly improve the way they deliver healthcare services—and in a way that will attract patients, physicians, and managed care carriers. Emphasizing a healing, patient-centered approach helps strengthen the hospital's reputation within the community by strengthening both the patient's and the staff's satisfaction with the care the patient receives."

As Orr puts it, "Hospitals have to see the value of redefining healthcare; we are pioneers who will show people that changes can improve care. At Planetree we don't want to run hospitals; we work in partnership with them. Underneath the demonstration projects that analyze economics, organizational structures, etc., is a human story—that we owe our patients personal care and a sense of ownership in their care. If hospitals don't do this just because it's the right thing to do, they will do it because it's the way that makes sense and it's good business."

—Judy Cassidy

## MARKETING

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ing with ill, aging, homebound, or dying parishioners. Invite them to come on home healthcare visits. Form a clergy advisory board, and send news releases and promotional materials for inclusion in their newsletters and for dissemination to their parishes.

**Community Service Employees** Allied community service personnel also provide referrals; therefore promote your services to paramedics, firefighters, police officers, and others. Marketing can include such activities as on-site and work-site education and recognition events.

**The Broad Community** Community marketing can include a speakers bureau and promotional stories on home care in the local media. Radio and television talk shows are also effective ways to reach the community. Send editorials to the local newspaper, participate in health and trade fairs, and invite prominent community leaders to serve on an advisory board. Make sure board members accompany staff on visits so they can promote your program through firsthand experience. Also consider inviting key representatives of your hospital's board, auxiliary, and volunteers to make home visits and present programs on home healthcare to all these target groups.

### COMPREHENSIVE APPROACH

To promote home healthcare effectively, marketing professionals need to develop a comprehensive approach. Everyone in the community is a potential user of or referral source for home care services. By identifying these persons, educating home health and hospital employees, and making effective use of the media, providers can increase awareness of the value of home healthcare and draw attention to the services they make available. □

## PASTORAL CARE

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is at risk but can be protected by an open, supportive, preventive response by the hospital. □

## RESOURCES

1. *A Most Important Picture*, Centering Corporation, PO Box 3367, Omaha, NE 68103.
2. *Permission to Photograph and Deliver—Special Cases*, release form, First Foto, 3616 Mueller Road, St. Charles, MO 63301.
3. Certificate or recognition of life: National SHARE Office, St. Joseph Health Center, 300 First Capitol Dr., St. Charles, MO 63301, Recognition of Life; Association for Recognizing the Life of Stillborns, Frank and Linda Pavlak, 11128 W. Frost Ave., Littleton, CO 80127, Recognition of Life; Perinatal Loss, 2116 NE 18th Ave., Portland, OR 97212, 503-284-7426, Certificate of Life.
4. Jane Marie Lamb, "Naming Ceremonies," in *Bittersweet . . . hellogoodbye: A Resource in Planning Farewell Rituals When a Baby Dies*, National SHARE Office, Belleville, IL, 1988.
5. Lamb, *Bittersweet . . . hellogoodbye*, section 1.
6. Karen Whitlatch, "I'm Sorry': Sonographers Assume Special Role in Cases of Fetal Demise," *RT Advance*, September 17, 1990, pp. 1-3.
7. Lamb, *Bittersweet . . . hellogoodbye*.
8. Lise Carlson, *Caring for Your Own Dead*, Upper Access Publishers, Hinesburg, VT, 1987.
9. Jane Marie Lamb, *Starting Your Own SHARE Group*, 5th ed., National SHARE Office, Belleville, IL, 1991.
10. A list of perinatal loss newsletters is available through the National SHARE Office.
11. Birth and death announcements are available through: PatterMark Prints, 1356 N. Planview Dr., Copley, OH 44321, 216-666-6975; Perinatal Loss, 2116 NE 18th Ave., Portland, OR 97212, 503-284-7426.
12. "How Should Catholic Hospitals Provide for Disposition of Miscarried Fetuses?" *Hospital Progress*, July 1983, pp. 70-71; *Ethical and Religious Directives for Catholic Health Facilities*, U.S. Catholic Conference, Washington, DC, 1975, Directive 43.
13. Lamb, *Starting Your Own SHARE Group*, "Hospital Policies."
14. Miscarriage burial cradles are available from Bay Memorial, Tom Zerbel, 321 South 15th St., Escanaba, MI 49829, 906-786-2609.