

## **Laguna Honda Hospital Therapeutic Farm & Gardens Project**

**DPH Contractual Agreement:** DPHC07000660

**Contract Term:** November 1, 2006- November 30, 2007

**2<sup>nd</sup> Quarterly report:** February 1, 2007 – April 31, 2007

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### **QUARTERLY REPORT**

#### **I. Project Objective**

Creation of a comprehensive and feasible sustainability plan that will guide the development of the Laguna Honda Hospital Farm, Greenhouse and Orchard, detailing structural requirements, agricultural, horticultural, and animal husbandry practices and farm maintenance in an operational plan, and therapeutic programming.

#### **II. Project Methodology**

1. Create detailed workplan to illustrate and describe the steps/milestones in generating the Laguna Honda Hospital's Therapeutic Farm & Gardens comprehensive plan including projected dates of completion.
2. Determine needs of the Laguna Honda Hospital Staff by conducting needs assessment to determine usage of the farm including animals by staff including gardeners, management, and activity, physical, occupational and vocational therapists.
3. Create workgroup representing the above institutional stakeholders and convene regular meetings and institute other communications mechanisms to guide and review plan development.
4. Develop an operations plan for the creation and maintenance of the Laguna Honda Hospital Therapeutic Farm & Gardens.
5. Develop Programming plan linking residents of Laguna Honda Hospital to the activities of the farm as well as community members and organizations (curricula, activities, etc.)

#### **III. Progress Report**

Objectives #1 and #3 of the project methodology for the Therapeutic Farm & Gardens outlined above have been completed. Objective #2, the Needs Assessment, was initially expected to be completed in the first quarter, and subsequently expected to be completed in the second. However, the hospital-wide shutdown of computers for over a month, the addition of 5 Focus Groups to the Needs Assessment, and the complicated and time consuming logistics of the staff survey's implementation have contributed to the Needs Assessment's delay. Fortunately, the end is in sight. Staff and resident interviews are complete; Focus Groups for residents, Activity Therapists, Nurses and members of the Rehabilitation Department have all been completed, and the resident survey is also complete. The final data collection implement is the staff survey which has been reviewed and finalized by the members of the Interdisciplinary Workgroup and is scheduled to be distributed in the beginning of May.

While the Needs Assessment has taken substantially longer than I had initially anticipated, and even subsequently anticipated, I still remain optimistic that this will not significantly impact the remainder of the project's planning. This is largely due to the fact that the Operational Planning and Program Planning are undertakings that I can proceed with independently. My day to day work will be more about putting pen to paper, so to speak, which I am hoping will result in a different kind of productivity.

And while the Needs Assessment's progress was delayed, the Program Design and Description drafting is underway in collaboration with the Interdisciplinary Workgroup members. Therefore, as of this moment, the only program piece that has been affected by the Needs Assessment's tardiness is the beginning of the Operations Planning. As mentioned previously, I am hopeful this will not prove to be worthy of concern for the ultimate Operational Plan. Furthermore, the all inclusive nature of the Needs Assessment, while having been time consuming, appears to have been very important to this planning process as a whole. It has empowered the Interdisciplinary Workgroup with supportive decision making information, and has provided everyone in the hospital the opportunity to learn about and contribute to such a wonderful project.

## **A. Needs Assessment**

### **1. Interviews**

During the second quarter, I conducted 4 additional interviews for a total of 21 interviews; 4 from this quarter:

*Oletha Hunt, **Certified Nursing Assistant***

*Henry Cortez, **Activity Therapist and Farm Worker***

*Angela Pownall-Elizaldé, **Activity Therapist and Farm Worker***

*Vivian Imperiale, **Vocational Rehabilitation***

17 from the previous quarter:

*Paul Carlisle, **Rehabilitation**; Marilyn Brandt, **Occupational Therapist**; Gina di Grazia, **Occupational Therapist & Low Vision Specialist**; Bill Frazier, **Director of Therapeutic Activities**; Chris Serzant, **Activities Therapist and Farm Supervisor**; Noah Santiago; **Staff Gardener**; Eric Imperiale, **Utility Worker** that helps Noah when he can; Diana Kenyon, **Buildings & Grounds Maintenance Supervisor**, Arla Escontrias, **Director of Community Affairs**, John Kanaley, **Executive Administrator**, Steve Koneffklatt, **Nutrition Services**, Bob Neil, **President of the Clarendon Resident's Council**, Paul Hendrickson, **Main Building resident**; Veronica Sheehan, **LHH Volunteer**; William Anderson, **Clarendon resident**, Chiyomi Pearson, **Activity Therapist and Farm Manager**, Debbie Tam, **Nursing Director of Clinical Programs***

I also contacted those listed below for an interview. I did not receive a response from these individuals, which I expect is due to their very busy schedules. However, Gayling Gee has recently committed to participating in the next Interdisciplinary Workgroup meeting.

*Dr. Kerr, **Hospice garden***

*Gayling Gee, **Clinical & Support Services***

### **2. Focus Groups**

At Larry Funk's suggestion, Focus groups were added as an additional data collection measure to the Needs Assessment. He had initially suggested conducting 3 focus groups targeting the Residents and the Activity Therapy Department. The Interdisciplinary Workgroup further suggested conducting focus groups with the Certified Nursing Assistants (CNAs) and the Rehabilitation Department. I am very pleased that we included this methodology of information gathering in the Assessment as by and large, the participants were very grateful for the opportunity to be informed of the project's progress and the opportunity to provide valuable input. It also fostered group discussion as an additional means of expressing input while at the same time encouraging consideration for other's ideas and opinions.

*Activity Therapy: Wednesday, February 7<sup>th</sup> 3:30 – 5pm in A-100.*

*Clarendon Residents: Thurs., March 1<sup>st</sup> 2-3 pm in the Day Room.*

*Rehabilitation Department: Thurs., March 8<sup>th</sup> 3-4pm K4 Conference Room.*

*Main Bldg Residents: Fri., March 9<sup>th</sup>, 2-3 pm, in 4<sup>th</sup> Floor Volunteer Lounge.*

*Certified Nursing Assistants (CNAs), Thurs., March 29<sup>th</sup> Room 316.*

### 3. Survey

In order to cast a wide net for feedback and input, it was decided by the Interdisciplinary Workgroup to conduct an inclusive hospital-wide survey of residents and patients. The survey's content and dissemination strategy were scheduled and developed collaboratively at the first two Interdisciplinary Workgroup Meetings. The resident survey was distributed by the Activity Therapy Department. Each Activity Therapist was given 1 copy of the survey from which they made the additional copies they needed. They then distributed and collected them from their residents, and in some cases, assisted in the survey's completion. Therapists were asked to return at least 10 surveys per ward (most wards have 20-30 residents) to their immediate Supervisor who I then collected them from. In total we received 158 surveys. To enter the surveys into the computer we employed a resident in the Vocational Rehabilitation PREP Program (People Realizing Employment Potential).

More than half of the staff at Laguna Honda do not have email addresses and therefore, needed their surveys to be printed. The Plant Services Department, Materials Management and Nutrition Services, Environmental Services and Nursing required a total of 800 printed surveys. Once the paper surveys are in, we will once again need to manually input them into the computer and I am hoping that our incredible PREP Program participant, Lorri Sudduth, will be able to input the data prior to her discharge at the end of May. The rest of the staff of Laguna Honda is on an email list that is going to be sent a link to complete the survey.

## B. Interdisciplinary Workgroup Meetings & Communication

### 1. Interdisciplinary Workgroup Meetings

The Interdisciplinary Workgroup for the Planning of the Therapeutic Farm & Gardens met two times in the second quarter. Please see attached agendas and meeting minutes for details of each meeting. A Mission Statement Subcommittee has also met once since the last Interdisciplinary Workgroup meeting. The next I.W. meeting is scheduled to convene Wednesday, May 23, 2007 from 12noon -1:30pm.

Resident Council	Bob Neil
	Paul Hendrickson
Volunteer Coordination	Diwata Ico
	Linda Acosta
Rehabilitation	Dr. Lisa Pascual
	Paul Carlisle
Physical Therapy	Dixie Marcín*
Activity Therapy	Bill Frazier
	Chris Serzant
	Chiyomi Pearson
	Angela Pownall-Elizaldé
	Henry Cortez
Occupational Therapy	Ann Prato
	Gina di Grazia
	Marilyn Brandt
Nursing Representative	Debbie Tam
Plant Services	Diana Kenyon
	Noah Santiago
Vocational Rehabilitation	Vivian Imperiale*
Community Representatives	Harold Right
	Mary Holder
	Deborah Walt
Community Affairs	Arla Escontrias*
Operations Division	Gayling Gee
Associate Administrator	Larry Funk
Landscape Architect	Cheryl Barton
City College Horticulture Representative	Pam Peirce*
SF Botanical Garden Representative	Fred Bové*
Labor Representative	Gloria Watts
Nutrition Services	Audrey Oliver
	Chris Lai*

\*new additions to the Interdisciplinary Workgroup Participants

## **2. Communication**

As mentioned previously, the communication in the hospital has been particularly trying during this quarter due to the computer system being shutdown for over a month and in some instances, for over two months. Furthermore, the hospital has identified communication as one of its most significant shortcomings and has put together a Communications Committee to address the communication issues here at the hospital. Fortunately, everyone here is quite friendly and helpful and for those avenues of communication that I haven't yet discovered, I've usually been able to find out from someone to help point me in the right direction.

## **C. Operational Planning**

The operational programming is scheduled to commence in the 3<sup>rd</sup> quarter.

## **D. Programmatic Planning**

The programmatic programming is scheduled to commence in the 3<sup>rd</sup> quarter.

## **E. Travel/Site visits**

### **1. Center for Health Design, Pebble Project Conference**

As mentioned preciously in March's report, this was an absolutely incredible opportunity for me to attend this conference. People in healthcare related fields from all over the country assemble twice per year to discuss the latest research and projects utilizing evidence based design in healthcare environments. It was truly fascinating to learn about and feel apart of such an important and exciting field. And while some of the information may not immediately seem to pertain directly to the Laguna Honda Hospital Therapeutic Farm & Gardens such as carpeting, etc., the driving principles, such as the importance of noise reduction on health outcomes, most certainly do. Without a doubt, this will always be a highlight of my time working on this project. It provided me with a far greater appreciation and understanding of Laguna Honda's Replacement Program while also illuminating additional considerations needed to ensure our decision making process is an informed one.

### **2. Follow-up with Roger Hoppes**

Roger Hoppes has been working at the San Francisco Zoological Society for the last 27 years. He is currently the Manager of the Children's Zoo. He met with Chris Serzant and myself in order to study and review the design plans for the farm animals. His insight and expertise was incredibly helpful and led to a briefing with the architects to discuss possible design enhancements affecting the operational management of the facilities. Following the initial discussion with the architects, I met up once again with Roger to review and discuss the some of the architect's suggested improvements for some of the design challenges. Again, his insight has proven to be invaluable to this process, giving us a clearer indication of what kinds of maintenance issues to expect, what to look out for while the site is under construction, what kinds of materials he recommends, and what we might expect in terms of being regulated by the USDA's Animal Welfare Act.

### **3. Clare Cooper Marcus**

At the suggestion of Kirk Hamilton and Robyn Orr of the Center for Health Design, I contacted Clare Cooper Marcus, Professor Emerita, Departments of Architecture and Landscape Architecture at the University of California, Berkeley, to introduce the project to her. With a grant from the Center for Health Design approximately ten years ago, Ms. Cooper Marcus researched the therapeutic benefits of healing gardens and subsequently developed design recommendations for various types of gardens which she published in a book. Her research had actually brought her here to Laguna Honda as she references the hospice garden in her book. I was thrilled when she agreed to meet with me to review and discuss the plans for the gardens.

Her input was incredibly helpful. She made sure, for instance, to point out that healing gardens are by definition, *not* low-maintenance, particularly if they are to be maintained at all by horticultural therapy programs. Because of this, she suggested increasing the diversity of the

plantings in the garden bed area with particular attention paid to cut flower perennials and annuals, as they had often been requested by residents and staff throughout the Needs Assessment. She also made suggestions on how to modify the garden to improve opportunities for socialization, privacy, access, and rehabilitation. I've shared all of this information with Larry Funk, and we are scheduled to meet with the Landscape Architect for the Replacement Program, Cheryl Barton, in the beginning of June.

**F. Activities Anticipated in Next Reporting Period**

The next quarter will bring the conclusion of the Needs Assessment, and the subsequent report. The Program Description will continue to work on the program's mission and objectives, and move into the context and desired outcomes. Lastly, the beginning of the Operational Planning will commence.

**G. Budget Status**

The first and second quarters have utilized 48% of the project budget. It appears as though I have caught up after having been short 5% on the first quarter's use of the budget. I expect that this quarter will serve to better gauge the project's overall progress since the Programming and Operations Plans will be underway and I will be able to better grasp what still lies ahead.