



Whether applied to a hospital's interior design elements, its mechanical/electrical/plumbing infrastructure or its technology backbone, master planning is the health care facility professional's tool of choice for mapping out a long-term direction within the built environment. It is perhaps not surprising, then, that Samaritan Health Services, Corvallis, Ore., decided to use a master planning process when developing a cohesive approach to the landscape elements spread out over its multiple sites.

GREAT OUTDOORS

[Developing a master plan for exterior spaces]

BY JULIE JONES MANNING AND LAUREL MACDONALD

Defining the task

Samaritan Health Services includes five hospitals, two senior care facilities and more than two dozen physician clinics in a three-county area of Oregon's Mid-Willamette Valley and Central Coast. The system has come together over the past seven years, with each site posing its own opportunities and challenges in terms of planning for healing environments as they relate to the range of options for landscaping, gardens and overall outdoor spaces.

To develop the planning process, Samaritan engaged Macdonald Environmental Planning (MEP), Portland, Ore. Together, Samaritan and MEP developed a process that would define healing environment types and components, involve the various stakeholders at each site, evaluate existing facilities and provide an action plan and budget to implement planning and design.

A particularly attractive aspect of the strategy was that it would help Samaritan prioritize the projects so that it could accomplish them over a period of years, as funding became available. The result was dubbed the "Samaritan Health Services Healing Environments Master Plan."

Hype or healing?

Among the earliest tasks was synthesizing articles and research on healing environments and using that information to begin group discussions.

Current studies show that carefully planned gardens, walkways, patios, roof terraces, courtyards and interiors can have a positive effect on a wide variety of users. Conversely, efficient but starkly institutional surroundings can cause stress and are not well-suited to the needs of patients or staff.

These studies also show that factors such as views of nature, quiet spaces, variable exercise opportunities, refuge from noise and activity, and comfort contribute to the well-being of patients. In turn, the well-being of patients makes the medical facility more successful, an important factor in today's highly competitive health care industry.

Summarizing the research was important in developing the team's phi-

losophy on healing environments and their relationship to specific goals. Samaritan and MEP considered three major ideas in this context:

- The potential for environments to improve or heal;
- The difference between healing gardens and healing environments; and
- The importance of appropriate, informed and research-based design.

In trying to pinpoint what gives an environment the potential to improve or heal, the team found that current research supports the idea that passive and visual interaction with nature and landscaped areas are major provable elements in restoring health.

More focused research includes gardens and landscapes in a wide range of settings and covers a variety of users such as children, seniors, cancer patients, Alzheimer's patients, hospice users and others who have specific needs.

A primary difference between healing gardens and healing environments is that gardens are site-specific, and certain types of gardens are not always suitable to every facility. Further, there can be confusion over the definition of "healing."

According to some researchers, it is imperative to speak the language physicians want to hear by showing them therapeutic results. Thus, it was decided that a garden is not considered to be healing unless it can be demonstrated that it provides measurable therapeutic benefits.

Currently, there are projects that have used medical research on user groups and have synthesized scientific studies into viable design programs that can satisfy physicians. For example, in an article by Joanne Westphal, M.D., ASLA, an associate professor of landscape architecture at Michigan State University and a practicing physician who has written extensively on the subject of healing gardens ("More Hype than Healing?" *Landscape Architecture*, April 1999), the author analyzed an Alzheimer's garden designed by therapeutic landscape architect Rob Hoover, ASLA, and discussed its success in bridging the gap from research to design:

"This design is important because Hoover 1) took the time to understand

the disease process and the types of symptoms displayed by patients in various stages of the disease; 2) hypothesized a theoretical framework to explain some of the symptoms commonly displayed by Alzheimer's patients . . . ; and 3) was able to translate the symptoms and needs into programmed activities and physical site parameters that were appropriate."

There are simple steps that can be taken to include basic elements in the design of a healing space. These include visibility, sense of security, physiological comfort, familiarity with positively designed features, choices of privacy and control, gathering of social support and engagement with nature.

Involving the stakeholders

The project called for a philosophical change in how Samaritan dealt with its outdoor spaces at all its locations. Additionally, specific recommendations were to be developed for the five hospitals and two senior care facilities.

It was from these seven facilities that MEP and Samaritan drew project team members composed of facility staff members, administration and patients. The 15-member team met once a month and communicated via e-mail for the project's 8-month duration.

To promote systemwide communication, Samaritan's already-established Integrative Medicine Committee took on the role of central facilitator for the planning process. Meanwhile, MEP staff began evaluating each facility and provided questionnaires to be distributed to as many different types of users as possible, including patients, staff and visitors. The questionnaires were non-scientific, qualitative attempts to provide users of all facilities a chance to contribute ideas, to give feedback on healing environments and to discuss pertinent issues at each facility.

The team also contacted community groups that had been involved with a specific hospital. For example, the Albany (Ore.) Healing Arts Council, which had already generated conceptual diagrams for defined garden spaces at Samaritan's 6-acre Albany General Hospital campus. The goal was not to stop



TOP: A variety of seating areas on the Good Samaritan campus allow for private respite at little cost. **MIDDLE:** A healing courtyard at Samaritan Lebanon (Ore.) Community Hospital offers experiences for many users, including those viewing it from inside. **BOTTOM:** The master plan included all existing spaces, such as this rose garden.

projects that already had momentum, but to give these projects more chances to be fully realized and integrated into the larger plan.

It is important to note that each of the hospitals has a distinct place within its community and serves as the primary medical facility for its town. The senior care facilities (the 42-acre Wilcy Creek Community assisted and independent living facility in Sweet Home, Ore.; and the 5-acre Heart of the Valley skilled nursing and special care facility in Corvallis) are among several similar facilities in the region. For those facilities in particular, the development of healing environments also stands to provide a unique advantage in attracting and retaining residents.

Evaluating and benchmarking

To assist in developing the master plan and identifying potential healing environments, the team had to evaluate existing conditions at each campus. Numerous site visits were conducted and conditions at each facility were summarized using appearance, quantity and quality of entrances, parking, signage, interior and exterior spaces, programs, and maintenance as critical benchmarks.

Among the questions answered during these site visits were the following: Are entrances wide and easily identifiable? Do signs direct users to the best routes for finding specific areas of the hospital? How are parking accommodations with regard to size, appearance, shade, markings and walking distances to buildings? Is the signage large enough? Is the print readable? Are the logo and graphics designs attractive?

Exterior environments were the major part of the evaluations and included not only current site assets, but also potential opportunities that existed without impeding future facility expansion. Components in exterior environment assessments included planting materials, lawns, landscaping, outside eating areas, gardens and paving, to mention a few. Interior evaluations considered lighting, warmth, spaciousness, noise, drafts and access to outside areas.

Specific programs were mostly con-

lined to the two long-term, elder care facilities and included gardening with pots and in raised beds, outdoor exercise, and typical indoor activities such as cards, music and bingo. Maintenance varied widely, depending on how much water, plant materials, pavement, hardscaped areas and staff existed at each facility.

Some good examples of current exterior site assets that provided potential for even more opportunities could be seen at the Albany General Hospital campus and the 22-acre Samaritan Pacific Communities Hospital in Newport, Ore.

Albany has a substantial area of open space with a large grassy area and a few picnic tables. Patients and staff use this space for eating lunch or finding a quiet moment. This same area is now part of a major long-term project for a full healing garden that will include a water feature, pathways, seating, artwork, dense screening from the street and a modified trellis

entry into the adjacent medical building. The team expected this area to provide more than just a lunch spot or a quiet place but to become the principal healing environment for the campus.

At the Pacific Communities hospital, one project nearing completion is a memorial rose garden in the central courtyard space of the campus, the only major exterior area that provides any sizable potential opportunity. The garden features paths, lots of roses and a circular brick labyrinth that can be viewed from a number of rooms and hallways within the hospital. The goal at Newport, aside from completing the rose garden, is to maximize smaller spaces with environments that include sun, shade, smoking/nonsmoking areas, seating, privacy, views and comfort.

Each of the seven facilities presented unique challenges and opportunities that were addressed in the master plan. The

team strived to provide not just recommendations but also a concise tool that was visually engaging, easy-to-use and accessible to a wide variety of Samaritan stakeholders. This allowed them to be informed and involved in the plan, thereby leading to more internal support.

Planning the action

The team found that the action plan for development of environmental healing projects throughout the system had to maintain a balance between the budgets for those projects and the budgets for other development and expansion plans at each facility. The team outlined factors that could increase costs exponentially, and these had to be balanced with data on cost savings and value to be added. The factors have to be considered, so that construction budgets are realistic and as close to actual as possible. These included the following:



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• **Architectural improvements.** The cost estimates were based on landscape-related improvements, with some structures for shade and weather protection. The inclusion of significant architectural work could add significant costs to projects.

• **Significant scope change.** Although an increase in area could lead to increased costs, there may well be some advantage in economics of scale.

• **Cost of materials.** The level of the project can range from simple to complex, so it is important to balance function and budget to achieve the goal of therapeutic outcomes.

• **Development review process.** Permit and review processes of significant work can add to costs through professional services, permitting costs and increased timelines to meet municipal zoning codes.

• **Maintenance planning.** Designs must incorporate maintenance strategies to ensure long-term savings through decreased maintenance budgets. Irrigation is a good example of something that has a higher initial cost but significantly lower long-term costs, as well as better quality maintenance.

Planning the future steps was one of the most satisfying parts of the master planning process. However, the action can be easily stymied if organizations are unsure about how future projects will be funded.

Identifying funding sources

An important function of the master plan was to identify the high-priority projects at each site and provide budget parameters to assist with planning.

Although some projects are more appropriate for the annual capital budget process at each site and collectively as a system, others are well-suited to possible funding through gifts or grants. For instance, memorial gardens and furniture, rooftop terraces, plazas, art acquisition for interior and exterior spaces, the funding of water features and other related elements are particularly appropriate for donors.

Additionally, some of the most important elements of a healing environ-

ment are also the least costly: Views from windows, smaller seating areas, and paths for exercise, to name a few. These projects reach more people for less money and can be equally valuable tools for facilitating healing.

With these factors in mind, the team categorized the funding sources into the areas of the capital budget process (site-based); gifts and grants (working with

ter plan was distributed to team members, administrators and staff members of the individual facilities. Additionally, copies of the printed executive summary were disseminated widely, and the full report was also available on the Web.

The projects, in relative order of when they should be implemented, include landscaped grounds and setbacks, front porch/entry gardens, covered outdoor area/outdoor dining areas, courtyard/plazas, tucked-away gardens, roof gardens/roof terraces, nature trails/recreation areas and healing/meditation gardens. In all, the plan provided for 22 projects to be completed as funding allows. It is also an open-ended plan that must be checked continuously to ensure that objectives are met.

Samaritan received the plan knowing that implementing all of the provisions within five years might prove challenging in today's fiscal environment. Still, each success at each facility will validate the adoption of the systemwide philosophy. Thus, the completion of each project is an important step in achieving the vision put forth in the plan.

Options to necessities

Healing exterior spaces are moving from options to necessities as health systems compete for patients, staff and community good will.

While the current construction boom is enabling many systems to take a clean sheet approach to this challenge, those composed of existing campuses must find templates that comfortably and affordably bring disparate pieces together.

Samaritan's experience provides one example of the latter process. ■

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TOP: The master plan identified existing and proposed healing environment spaces. **BOTTOM:** A conceptual campus was used to see how the environments could be integrated.

the charitable foundations at each hospital site or collectively); and donations of time, materials and labor/gifts in-kind.

Implementing the plan

Once the projects were identified as needing to be developed at all Samaritan facilities, MEP provided a five-year plan with cost ranges for each program.

Consisting of 150 printed pages, including drawings and photos, the mas-