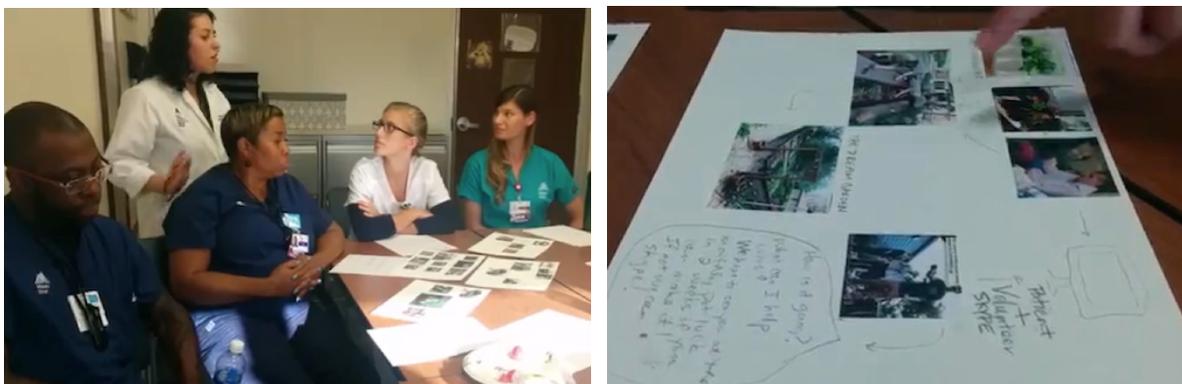


FEEDBACK I

FEEDBACK from Hospice Nurses, July 14, 2016 - Visit with six staff persons at the Inpatient Hospice Unit, Mt. Sinai Hospital, NYC. I presented the premise of the idea and explained how I imagine the program might work while showing the group a rough diagram.



One nurse practitioner (NP) asked: ***Is it just for hospice patients or is it also for palliative care patients?*** My response: ***Yes I want it to include palliative care patients. I would think they might be less sick and better able to work in a garden.*** [I had created this for “at home hospice” patients without realizing that a referral for a palliative care patient would be distinct from a hospice referral. Referral distinction was then explained by the nurse practitioner as she continued her feedback.]

One of the things I really like about it is the role this project plays design wise in terms of helping shape our culture and a new way to accept death and dying which is something that most people aren't exposed to on a daily basis, so that is why I brought up palliative care, because palliative care is patients with serious illness at any stage of their disease. Often times they are more mobile and more able to participate than patients who are in hospice, which unfortunately in the US hospice patients tend to enroll in the last couple of weeks, or days, of their life, so they do not have a lot of mobility at that time. So I would expand it to palliative care, because those patients will be more mobile and able to participate. I would contact the companies that do home palliative care and see if their patients would be interested in that.

The other benefit too would be if they were participating and were more active and engaged, with the interactions they would be having with their community they would really be helping to change the definitions of what a sick person is, the definition of what dying looks like. Just because you are dying, which is something we all know here (...looking at her colleagues), doesn't mean you can't form new connections with people. You know we talk about how when you are dying there is this misconception of how that's it, you are at the end of your life and that is it, you can't form new relationships and you can't develop your personality or your identity to the next stage but we find that is often not true in the work that we do. There is still a lot of identity development, even for people who are in the dying process, and often times it takes a community to be a part of that.



"This is a really cool idea. I would just want to make sure you reach patients early in their illness stage so that they can fully participate!"

Nurse 2 - *I think she speaks for all of us.*

Nurse 3 - *I love the idea. I would consider it for myself.*

Nurse 4 - *The idea would be very beneficial to children. They could watch the plants grow.*

A Feedback Form, with questions, was also distributed. One nurse completed the form. Her responses indicate that she was thinking about how a program like this might be adapted for in hospital patients, such as the ones she cares for in the hospice unit, rather than be only for outpatients. Question 1 asked whether if in a position to refer "at home hospice patients" to this program whether one would. Answer - Yes, *definitely*. She added that *since inpatients cannot travel easily off a unit that maybe the garden can come to them*. Thus she suggested expanding the Idea in some way to include inpatients.

Would consider volunteering as a "Connector" for an "at home hospice" Gardening Connection Program.
Yes