

FEEDBACK II– 7/27/16

Meeting with Dr. Ingrid Nelson, Palliative Care Physician

Jacobi Medical Center – Large Public Hospital – Bronx, New York.

The hospital has an inpatient palliative care/hospice unit for many years. More recently they have started a program for at home palliative care. This is a program in which practitioners coordinate care and follow patients. Patients are referred to and receive services in the home from at home palliative care service. They receive nursing services, social services, spiritual services etc.

Prototype - Brochure outlining the program

Primary Assumption to Test:

Palliative care practitioners would think this program is appropriate for their patients and refer them.

Questions discussed:

Would you refer to a program like this?

In your opinion working with homecare services would the visiting nurses refer to a program like this?

Would your patients have the ability to participate, and if so on what level?

Do you think they would choose to attend alone or with a designated volunteer buddy?

Do you think it would be preferable to have patients go to a garden on the grounds of a hospice itself, where there may be specific services for them?

Responses from our conversation

This looks great.

Yes I would refer. A lot of the patients would be able to grow seedlings at home. If the weather were good enough some of them would be able to go out. Most patients/families would be fine with volunteer home visits if it were part of a program.

I have a patient right now who would be perfect for this program. She is 88 years old and has renal failure. She has chosen not to start dialysis. Currently she is fine but her renal function will continue to decline over time. Her goal is to make each day as good as it can be. I can see her growing plants with her grandchildren. It could be a nice project for them to do together, a great way to spend quality time together.

I can see some people sitting in the shade giving some input into the gardening, having a cool drink.

It would be great if it were accessible. (Wheelchair accessible)

I think visiting nurses would respond to a program like this and refer patients. They get to know the patients and their families very well. Visiting nurses tend to be more creative.

They would probably go with a family member or a friend. Matching them with a buddy might work as an extra push.

Family members are always looking for things to do together, to get out of the house.

Having a place to go on a nice day, something to do is good, so they are less socially isolated.

The community hook is a pretty powerful one for me! Some of my patients have been living in the same community and building for 50 or 60 years.

Based on this feedback:

Think about expanding the program further to include an option to come to the garden to enjoy the space and to be around others, but not necessarily to work. Some may not be able to do much. (More research into what tasks might be available for participants to do is important. A conversation with a community gardener will be important.)

Think about expanding the program to include families from the start, a program that brings patients and their family into the garden together from the first referral.

