



Why my doctor recommended Dogwood Forest™ for my Post-Operative Recovery

My doctor understands that the environment where a patient recovers significantly influences surgical outcomes.¹ He has read extensive medical research that shows the optimal recovery environment for seniors is one that reduces stress by:

- Employing optimistic nursing and care-giving professionals²
 - Creating clean, stylish and comfortable interiors³
 - Assisting with activities of daily living⁴
 - Fostering access to nature, socialization and recreation;⁵
- Providing seniors with a sense of control and independence⁶
- Preparing meals that address therapeutic needs and aid recovery.⁷

My doctor knows that Dogwood Forest™ is that kind of environment.



Dogwood Forest™ Post-Operative Care
Because a better environment leads to a better recovery.

Dogwood Forest™ communities provide the optimal healing environment for seniors after hospitalization, a prolonged illness, or surgery. In addition to coordinating physician ordered rehabilitative services and managing medications & change in condition, our post-op care services include a beautifully furnished suite, weekly housekeeping & laundry, meals & snacks prepared to address therapeutic needs, caring and optimistic 24-hour professional on-site nursing and care-giving staff, social & life enrichment activities, and a medical-alert call system. The goal of our post-op care service is to help seniors fully recover so that they can **go back home...not back to the hospital.**

“After my left-side full-hip replacement surgery I was not able to stay home to recover, so I chose to go through my rehabilitation at Dogwood Forest™. I was not sure what the community or the people would be like. I was so surprised at how beautifully decorated and well-furnished my suite was. I was also surprised to find how social it is there. I didn't have to cook a meal, do the laundry or clean. Not having to worry about anything but getting well, surrounded by a friendly staff and new friends who really cared about me, helped me fully recover and I actually enjoyed the experience. I am now going in for a full-hip replacement on my right side and I am looking forward to my second post-op recovery at Dogwood Forest™.”

- Carolyn H., Sandy Springs, GA



404-552-4211
www.dogwoodforest.com

Alpharetta (2 locations) • Buckhead
Dunwoody • Eagles Landing
Fayetteville • Gainesville • Marietta

Detailed Findings:

¹*My doctor understands that the environment where a patient recovers significantly influences surgical outcomes.*

- “The key factor motivating awareness of facility design has been mounting scientific evidence that environmental characteristics influence patient health outcomes. Many studies have shown that well-designed environments can, for instance, reduce anxiety, lower blood pressure, and lessen pain. Conversely, research has linked poor design and/or psychosocially unsupportive surroundings to negative effects such as higher occurrence of delirium, elevated depression, greater need for pain drugs, and in certain situations longer hospital stays (Ulrich, 1991, 1992).”
- “There is now enough quality research to justify the conclusion that “there is suggestive evidence that aspects of the designed environment exerts significant effects on clinical outcomes for patients’ (Rubin et al., 1998).”
- “A basic premise underlying the Theory of Supportive Design is that the potential for environments to promote improved outcomes is linked to their effectiveness in facilitating stress coping and restoration (Ulrich, 1991, 1997, 1999).”
- “In the case of patients, stress is an important medical concern because it is both a significant health outcome in itself, and it directly and negatively affects many other outcomes (e.g., Cohen et al. 1991).”

²*Employing optimistic nursing and care-giving professionals*

- “The keys to functional recovery were active participation in rehabilitation and following instructions from care providers. In addition, self-determination, positive attitude, and social support play significant roles in making rehabilitation work. Participants strongly recommended that older adults who sustain hip fractures maintain a positive attitude, avoid worry, and remain determined throughout the recovery process (Young, Resnick, 2005).”
- “Refraining from worry, anxiety and other negative moods and adopting a positive attitude are paramount to an orthopaedic patient’s physical surgery outcome and recovery speed, according to a new review article published in the July 2006 issue of the Journal of the American Academy of Orthopaedic Surgeons. The article, based on a review of 29 studies of adult patients during a 15-year period (between 1990 and 2004), asserts that psychosocial factors -- the blend of psychological and social factors that potentially shape health, illness and disease -- are an important predictor of a patient’s surgical recovery.”
- “Optimism is also linked to recovery from surgery like coronary artery bypass. Participants of the study had to fulfill certain criteria. The findings were very interesting. The study showed that optimists attained the ‘milestones of recovery’ faster. For example, they started walking around the room significantly earlier than pessimists did. The study also showed that the optimists were not healthier than the pessimists prior to surgery. The optimists had an overall better outlook on the outcome of the surgery. They were much more likely to be making plans and setting goals for their lives after surgery. Pessimists tended to dwell on the negative aspects like their feelings of nervousness and sadness (Scheier & Carver, 1987).”

³*Creating clean, stylish and comfortable interiors*

- “Healthcare facility design traditionally has emphasized concerns such as functional efficiency, costs, and providing effective platforms for medical treatments and technology. A consequence of this perspective has been that psychological and social needs of patients have been largely disregarded in the design of healthcare facilities and often marginalized in creating visitor and staff spaces. In spite of traumatizing hospital experiences and major stress from illness, little priority has been given to creating surroundings that calm patients, or help to strengthen coping resources and healthful processes. Rather, the functional emphasis often produced environments now considered starkly institutional, stressful, and detrimental to care quality (Ulrich, 1992; Horsburgh, 1995).”
- “Several studies have shown across a variety of patient groups that pleasant music, especially when controllable, often can reduce anxiety or stress and helps some patients cope with pain (e.g., Standley, 1986; Menegazzi et al., 1991).”
- “Research on intensive or critical care units strongly suggests that a lack of windows can detrimentally affect patients. Lack of windows in ICUs is associated with higher rates of anxiety, depression, and delirium compared to rates for units with windows (e.g., Keep et al., 1980).”
- “There is growing evidence that carpet is often superior from the standpoint of several supportive or patient-centered considerations. Elderly patients walk more efficiently (have greater step length, speed) and feel more secure and confident on carpeted compared to vinyl surfaces (Wilmott, 1986).”
- Studies note that seniors who receive rehabilitative services in a home-like environment have significantly better surgical outcomes than those who received hospital inpatient rehabilitation. (Surgery Encyclopedia, 2007)

⁴*Assisting with activities of daily living*

- “Doctors caution seniors not to push too fast in their recovery and have identified these factors that promote recovery: (1) assistance with basic activities of daily living (ADLs), (2) a well-balanced diet, and (3) oversight of medications and signs of infections (Palmer, 2006).”

⁵*Fostering access to nature, socialization and recreation*

- The keys to functional recovery were active participation in rehabilitation and following instructions from care providers. In addition, self-determination, positive attitude, and social support play significant roles in making rehabilitation work.
- But just as loneliness can destroy a person’s life, socializing can save it. In a 13-year study published in 1999 of almost 3,000 senior citizens, Harvard researchers found that social activities such as playing bingo or attending church were as important to survival as regular exercise.
- According to a recent report in the Annals of Internal Medicine, strong social contacts offer powerful protection against the mental declines that often go along with aging.
- “Several studies in healthcare contexts have indicated that social support improves, for example, recovery outcomes in myocardial infarction patients, and survival length in patients with metastatic cancer (e.g., Spiegel et al. 1989).”
- “The central hypothesis of this study is that the presence of social support will positively impact functional recovery and well-being of older adults after joint arthroplasty (Kiefer, 2009).”
- “Positive distractions are a small subset of environmental-social phenomena that are distinguished by their capacity to quickly and effectively promote restoration from stress (Ulrich, 1999).”
- “Patients with plants in their rooms had significantly fewer intakes of pain medication, more positive physiological responses (lower blood pressure and heart rate), less pain, anxiety, and fatigue, and better overall positive and higher satisfaction with their recovery rooms than their counterparts in the control group without plants in their rooms. An interesting note to this study—the majority of patients who had plants in their rooms reported that the plants were the most positive qualities of their rooms (93%), whereas patients without plants in their rooms said that watching television was the most favorable aspect of their rooms (91%) (ScienceDaily, 2008).”

⁶*Providing seniors with a sense of control and independence*

- “Much research has shown that people who feel they have some control over situations cope better with stress, are less stressed, and have better health than people who feel they lack control (Evans and Cohen, 1987; Ulrich, 1999).”
- “Among patients, loss of sense of control is a major problem that produces stress and negatively affects outcomes (Ulrich, 1991).”
- “Aspects of illness and hospitalization that erode feelings of control include, for example, unavoidable and painful medical procedures, lack of information and uncertainty, long waiting times, and loss of control over eating and sleeping times (Taylor, 1979).”
- “It should be emphasized that additional loss of control results from unsupportively designed environments that, for example, deny privacy, are noisy, have rooms arranged so that patients cannot see out of windows, force bedridden patients to stare at glaring ceiling lights, or are confusing from the standpoint of way-finding (Ulrich, 1999).”

⁷*Preparing meals that address therapeutic needs and aid in recovery*

- “Nutrition is a critical component in all the wound healing processes. The stress response to injury and any preexistent protein-energy malnutrition will alter this response, impeding healing and leading to potential severe morbidity (Demling, 2009).”
- “Nutrition plays a vital role in wound healing, as it provides the raw materials needed for wound repair and the prevention of infection (Doughty, 1992).”
- “When patients are acutely ill and malnourished they have an increased incidence of concurrent illnesses, as well as a sevenfold increase in mortality. Numerous studies have confirmed the relationship between malnutrition and the risk of complications postoperatively (Detsky et al., 1987).”
- “Protein calorie malnutrition (PCM), the most common nutritional deficiency in the hospital setting, alters the patient’s immune response, inflammatory reaction, and tissue regeneration, all of which are essential for wound repair (Albina, 1994).” “Therefore, it is apparent that the primary goal of adequate nutritional support should be to maintain body organ function, promote healing, and improve immuno-competence (Dickerson & Lee, 1988).” “These goals are attained by performing a thorough nutritional assessment, determining the patient’s nutritional requirements, implementing a plan of care, and monitoring the outcomes (Barr, 1994).”