



Dear Friend,

Thank you for your interest in the art collection at Randall Children's Hospital. Our goal is to build a quality collection of healing art that will complement the exceptional care provided to our patients and their families. The addition of artwork not only brightens the walls of the hospital, it enhances our patients' experience and in many cases, accelerates the healing process.

The impact of the arts in the process of healing was recognized early on by Hippocrates, who understood the importance of uplifting his patients' spirits. Similarly, Galen would set his patients outside in the marketplace, enhancing their healing through contact with the sights and sounds of daily life. And, more recently, Robert Ulrich, Ph.D., discovered that art has a positive effect on health care outcomes.

We serve our patients and their families better by being aware of the healing effect of art and by creating an environment that positively influences patient care. Specifically, hospitalized patients who view art may experience:

- Reduced stress
- Less anxiety
- Lower symptomatic distress
- Increased pain tolerance
- Decreased blood pressure
- Less agitation
- Shortened length of hospital stay

In the year prior to the opening of our facility, we established the Randall Children's Hospital Art Committee, composed of Portland artists, collectors and community members with interest in the healing power of art. The committee together with Legacy Health Administrators oversee the acquisition of art for the facility. The enclosed packet contains the following documents generated and used by the committee to guide the art acquisition process:

- The white paper that shaped the committee's philosophical position and served as the basis for the design of guidelines
- Guidelines for Art Selection
- Guidelines for Art Placement
- Guidelines for Art Maintenance
- Guidelines for Art Framing and Glazing
- Art Acquisition and Conservation Record Form

If you are interested in donating or submitting art work for consideration by the committee, we ask you to follow this process:

- Review the guidelines for art selection.
- If you feel your art meets the guidelines, complete the Art Acquisition and Conservation Form in its entirety and mail it to the address at the close of this letter.

The committee meets quarterly in January, April, July and October and reviews submissions electronically on an ongoing basis. You will be notified of the committee's decision by regular or email within 90 days of receipt of your submission.

If you have questions, please feel free to contact us at RCHArtCommittee@lhs.org or 503.276.6540

Sincerely,

A handwritten signature in black ink that reads "Madlyn Murrey". The signature is written in a cursive, flowing style.

Madlyn Murrey, RN MN
Chief Administrative Officer
Randall Children's Hospital at Legacy Emanuel
3rd Floor, Room 3811
2801 N. Gantenbein Ave.
Portland, OR 97227

Encls.

Art Committee White Paper

Using Art to Create a Healing Environment

Background

There is an evolving field of study that links the effect of art in hospital settings to measurable improvements in health outcomes such as stress reduction, pain control and alleviation of anxiety as well as contributing to the perception of overall quality of care.

A 2003 analysis of 2,000 JCAHO affiliated hospitals found that 73% had permanent displays of visual art¹; 32% had rotating exhibits, typically by local or regional artists, and 25% had art programs that allow patients to choose their own art. While the primary reason given for having art programs was to benefit patients, more than half of the hospitals also focused on art as a way to reduce stress and burnout of hospital staff.

Today nearly 50% of all hospitals in the United States have art programs. The majority of those with visual arts displays are created and administered by an art consultant, the most important selection criteria for which appears to be in-depth health care experience. These consultants generally are hired by the facility or by the facility's architect or interior designer. In the \$41 billion healthcare construction industry of 2008, it is conservatively estimated that \$2 billion was spent on art for new hospital construction.

The Approach: Evidence-based Research

The foundation of today's hospital art programs is evidence based design whereby art in health care environments is evaluated for its impact on patients and caregivers. While there is some debate about the rigor of this newer art-related evidence based research relative to the well established discipline of evidence based medicine, there does seem to be some agreement that research on the therapeutic benefits of art in health care environments should be a balance of evidence based medical outcomes as measured by physiological indicators along with the more qualitative, perceptual social science indicators such as satisfaction and preference.

¹ Visual art is defined as traditional two dimensional or three dimensional works, digital art and virtual reality.

With this in mind, the following outcomes have been identified as most important relative to arts related research in the healthcare environment:

- Clinical indicators defined as observable signs and symptoms related to patient conditions such as blood pressure, heart rate, intake of pain meds and length of stay
- Patient/staff/family based outcomes such as patient reports of pain, patient satisfaction with services, patient perception of quality of care and staff reported satisfaction
- Economic outcomes such as cost of patient care related to decreased length of stay and medication intake as well as cost related to staff turnover

The Findings: Art Preferences and Guidelines

Research suggests that nature art or art with views or representations of nature are preferred over stylized or abstract art. In addition, humans notice and are positively affected by smiling or sympathetic faces. Research also has shown that it is risky for hospitals to display art that is ambiguous, subject to interpretation or that has obvious negative connotations.

Children in hospital settings also prefer nature art to abstract art; particularly nature images with bright colors, water features and non-threatening wildlife. For children between 7 and 17, nature art is rated higher than art created by children whereas children between 5 and 7 ranked child-created art more highly.

Cultural preferences for art have not been well studied. Preliminary studies, however, show preference for nature landscapes and figurative art depicting caring faces and positive body language.

The following guidelines for appropriate art content have been developed based on both scientific studies and anecdotal accounts:

- Waterscapes with calm or non-turbulent water
- Landscapes with—
 - Visual depth or open foreground
 - Trees with broad canopy
 - Savannah images
 - Verdant vegetation
 - Positive cultural artifacts such as barns and older houses

- Flowers that are—
 - Healthy and fresh
 - Familiar
 - Depicted in gardens with open foreground
- Figurative art that features—
 - Diverse, emotionally positive faces
 - People engaged in leisurely activity

In addition to the above guidelines, the following aspects of art should be considered for the creation of a healing environment:

- Placement of art that takes into account the sightlines of patients, appropriate viewing height and distance from other art
- Sensitivity to the needs of specific patient populations
- Appropriateness based on demographics such as culture, gender and age

Conclusion

While a strong evidence base exists to support the benefits of nature and representational images over ambiguous and abstract images, there is still more research to be done. Studying issues of content, composition, color, placement, size and location of art relative to variables such as culture, age, ailment, cognitive functions and length of stay will provide additional information to enhance the value of art programs in healthcare settings.

In the meantime, hospital art programs should be designed and developed according to current best practice; that is, using existing research to inform the program design and development process and committing to evaluation of the impact of the art program once it is implemented.

References

Hathorn, K., Nanda, U. (2008). A Guide to Evidence-based Art. *The Center for Health Design*.

Hathorn, K., Nanda, U. (2007). What is Evidence-based Art? *FacilityCare Magazine*. Vol 12. Number 3.

Upali Nanda. Art for Health's Sake An Evidence-based Approach. December 2010.

<www.asianhnm.com/facilities>

Evidence Based Design: How Good is the Evidence?. May 7, 2007. <www.healthcarefineart.com>

Guidelines for Art Selection

1. Safety is a primary consideration in the selection of art for the hospital. Pieces that have sharp edges, points or projections that can cause injury, small parts that could be broken off, inappropriate frames or frames that are of substandard construction, and pieces that may impede walkways or corridors will not be considered.
2. Original art work is preferred, however, reproductions will be considered.
3. Two and three dimensional pieces are acceptable.
4. The committee will consider the work of artists from any area of the world, however, preferential consideration will be given to the work of local (Portland) artists, artists throughout Oregon, and artists from the Northwest region of the United States.
5. Work done in a variety of media will be considered, so long as the media is not a common source of allergens, and will not break or decompose under normal environmental conditions (temperature, light, humidity).
6. Subject matter must be appropriate for children ages 0-18. Examples of appropriate subject matter include, but are not limited to, scenes that are familiar to children such as gardens, landscapes, waterscapes with tranquil water, whimsical images and structures and shapes that stimulate the imagination.
7. Pieces that represent cultural and ethnic diversity are welcome.
8. Depiction of violence, threatening situations, distorted faces or body parts will not be considered.
9. References that may offend any religion or sect will not be considered.
10. Art work must be able to withstand cleaning and maintenance processes that are required and regulated standards for hospitals.
11. Each piece will be assessed for durability as pieces may be rotated through a variety of settings, stored for periods of time, and displayed under various environmental conditions.
12. Fragility will be a determination of acceptance. Pieces that require elaborate protective coverings or enclosures, as determined by the art committee, will not be considered.
13. Interactive art that engages the child physically with it is welcome for consideration. The artist/donor should define the targeted age group for this type of art. Complexity of moving parts and maintenance requirements will be primary concerns in consideration of interactive art.
14. Due to location and placement restrictions, the size of the art work will be a determinant of acceptance.



Guidelines for Art Placement

1. Placement of art in public and clinical areas of Randall Children's Hospital will be at the sole discretion of the art committee in order to:
 - a) Ensure safety of patients, the public and staff;
 - b) comply with regulatory requirements; and,
 - c) protect the art from exposure to harm.
2. Art may be moved within the public and clinical areas of the hospital at the sole discretion of the art committee. The committee will design a plan for moving art as the need arises and welcomes input and suggestions from staff regarding the need to remove, replace or rotate art in public and clinical spaces. Staff can register such suggestions with their unit manager.
3. The committee will take into account the types of patients in a given area when considering placement of art with regard to sightlines, subject matter, and media.
4. Hospital administration is responsible for overseeing the installation of art work in Randall Children's Hospital in compliance with regulatory requirements and art committee guidelines.
5. Patients' families may bring appropriate art work into the patient's room from home. Hospital staff will oversee the placement of personal art in patients' rooms to ensure:
 - a) The art is placed in an area appropriate for this purpose; and,
 - b) Approved adhesives and other mounting materials are used in order to preserve the finishes in patient rooms.



Guidelines for Art Maintenance

1. Legacy Health shall establish a relationship/contract with a local framing company in order to maintain a consistent look and feel, as well as quality, of framing.
2. Each art piece shall be catalogued and contain a standardized sticker noting the acquisition number, contact phone number and other important information as determined by the art committee. The same sticker shall be placed on the wall behind the displayed art.
3. All art will be mounted using frame lock security hangers.
4. Art shall be stored in the designated storage area of Randall Children's Hospital.
5. For all art in a hallway or common area:
 - a. The frames shall be dusted with a micro fiber cloth monthly or when visibly needed when core areas are being cleaned.
 - b. For glass surfaces, a micro fiber cleaning towel should be sprayed with a high quality glass cleaner to dampen the cloth (not saturate it) and wipe down the glass. This to be done monthly or when glass is visibly dirty.
 - c. For Plexiglas, a cleaner specifically designed for that surface will be used. The same cleaning instructions for glass surfaces will be followed. Plexiglas will be easily identifiable to staff using a visible mark or dot.
 - d. Art requiring special cleaning instructions will be identified to support service staff.
6. For all art hanging in a patient room:
 - a. Same procedures as above except:
 - i. The frames shall be dusted with a micro fiber cloth *as part of the discharge cleaning process*.
 - ii. Glass or Plexiglas will be cleaned as above *as part of the discharge cleaning process*.
7. If the room has been designated an isolation room at any time during the patient stay, hospital cleaning
8. guidelines must be followed including use of bleach or quat cleaners
9. Legacy Health shall contract with a professional cleaning company that is recommended for routine maintenance and/or graffiti removal of outdoor art installations. This will be managed by the hospital facilities department.
10. An Art Acquisition and Conservation form should be completed for all new art acquisitions. This document will specifically outline the cleaning requirements of the art and be shared with key individuals responsible for its maintenance.
11. Maintenance of lighting specifically designed to display art shall be the responsibility of the hospital facilities department.



Guidelines for Art Framing and Glazing

1. All framing work in Randall Children's Hospital will be done by the vendor selected by the art committee. Initially, the vendor will be:

Framing Resource
1301 SE Stark Street
Portland, Oregon 97214
503.234.2370

2. The standard frame will be from the American Hardwood Collection, locally constructed and made from high quality hardwoods.
3. At the sole discretion of the art committee, frame width, stain and finish will be selected for each piece to show the work to best advantage and to fit the esthetics of the area where it will be displayed in the hospital.
4. Mat boards will be selected from the Rising line, 8-ply, single rag mats with archival backing in white tones. The width of each mat and the decision to add an interior band mat of color will be determined at the sole discretion of the art committee.
5. Glazing will be either U.V. filtering conservation glass or OP-3 filtering acrylic. The art committee will, at its sole discretion, make the decision as to which glazing material to use in consideration of the piece's location in the hospital, cleaning and maintenance issues, and exposure to direct sunlight.
6. The art committee recognizes that some pieces may call for frames that do not fall within these guidelines. In these cases, the committee will have sole discretion to decide on and to select alternative framing.
7. When a piece is accepted from a donor, the art committee may wish to reframe or re-mat the piece. In these cases, the chairman of the art committee will consult with Randall Children's Hospital Foundation leadership to determine the best approach to the donor.



Randall Children's Hospital

Art Acquisition and Conservation Record Form

To be completed by artist and/or donor:

Today's date: _____

I. Donor Information

Name of entity submitting artwork (individual, corporation, estate, artist):

Address:

Contact Information:

Home

Cell

Business

Email: _____

II. Description of Artwork

(Attach color photograph of piece)

Title: _____

Artist: _____

Dimensions: (height x width x depth):

_____ *Framed*

_____ *Unframed*

Year artwork completed: _____ Estimated Value*: _____

Date: _____

Acc: _____



**RANDALL CHILDREN'S
HOSPITAL**
LEGACY EMANUEL



II. description of artwork, cont'd

To the best of your knowledge, describe the materials/media used in the fabrication of the art (Please be as specific as possible):

Is there a special story you'd like to share about this piece?

Biographical Sketch of Artist (may attach a copy):



III. APPEARANCE / FRAMING / INSTALLATION

Please answer the following questions as completely as possible. The information will assist us if the artwork should need future conservation.

1.) If you have recommendations regarding placement and location of the art, please describe below?

2.) Are there aspects of framing and installation details that are considered integral to the work?

3.) If the work is comprised of pieces requiring special assembly, please supply description of proper installation (provide photograph or sketch):

4.) Are there aspects of the work that are particularly vulnerable and in need of special care?

5.) What is the expected life span of this artwork?



IV. MAINTENANCE / CONSERVATION INSTRUCTIONS

Provide recommendations regarding the methods and frequency of maintenance for the artwork (with comments regarding permanency/durability of materials and techniques):

Any other comments or information that you would like to offer regarding the creation and preservation of this work of art would be greatly appreciated.

Donor/Artist Signature Date

Legacy Health Signature Date

The following signatures are necessary, in advance of accepting gifts of art valued at \$5,000 or more:

Chief Financial Officer

Date

Chief Legal Officer

Date

Chief Development Officer

Date

Confirmation of value by independent appraiser attached *(only necessary for art valued at \$5K+)*