

Renovation Solutions for Nursing Home Culture Change

By Vernon Feather, AIA and Tye Campbell, PE

“We shape our dwellings, and afterwards our dwellings shape us.”

—Winston Churchill

At a time when the number of older Americans is rising, the viability of established nursing homes in the United States has been shaken and challenged, first from changes in Medicare reimbursement and now from increased competition from the growing assisted living and home health services sectors. The success of the latter in today’s market capitalizes on the attitudes of elders determined to maintain their independence for as long as possible.

But a dark fear motivates many of these elders as well: the despair of what passes for “life” in the traditional nursing home. Even with a caring staff, the traditional nursing home—with its efficient schedules, centralized services and clinical spaces—deprives elders of the privacy and freedom to choose that they have enjoyed life-long. Staff, too, feel the institutional pressure, leading to burnout and high turnover.

Fortunately, true innovators have arisen within the field, coming together with a growing inventory of creative ideas to radically transform the nursing home into a place of joy and growth for residents and staff alike. This movement, accelerating since the late 1990s, is called in the aggregate: culture change. Some well-known advocates and approaches include the Pioneer Network, Action Pact, the Green House® Project and Wellspring Innovative Solutions, Inc., and grassroots efforts abound.

Advocates of culture change aim to radically transform the traditional nursing home—into what? The answer is surprisingly simple: the same kind of home we live in all of our lives, a personal sanctuary that reflects what we hold most dear, and the place where we are free to choose how we will live each day.

Restoring Home, Restoring Life




Residents are welcome in the kitchen at the Masonic Home of Virginia, Richmond, VA. Photo Credit: Tim Schoon Photography.

To catch the vision, consider the choices you make for yourself after you cross the threshold of your own front door. Take a simple meal—breakfast, for example. Do you get up when you want and munch, either still in your pajamas or fully dressed? Do you read the paper in silence, or talk among family? Grab a coffee and something light, or prefer a full bacon and egg breakfast—and does this preference stay the same or change day to day?

Compare the start of your day to breakfast in an institutional setting: one shift may wake and dress residents, another take them to breakfast much later, with a long stretch of emptiness in between. The meal is nutritionally balanced and considers physical needs, but not the mood of the moment, nor life-long taste preferences.

Regardless of how much help a person may or may not need, a critical component of how much we enjoy our daily activities is our freedom of choice. In the traditional nursing home, these activities—while often planned with the best intentions—are too regimented, scheduled, and predetermined. Our elders have had to give up choice in exchange for the physical care they need. That lack of voice and self-determination is what the culture change movement is determined to restore.



Culture change communities add back other joys to elders' lives: an opportunity for true companionship with other elders and people of all ages, an opportunity to nurture and care for other people and living things, and an opportunity for spontaneity and variety, which makes each day new and satisfying.

What Has to Change

The source of the problem doesn't lie with the workers who care for our elders. "Good people work in these care settings," Rose Marie Fagan has said. "It is not the people. It is the system. The system is broken; it is failed."¹ Fagan is the executive director of the Pioneer Network, an organization dedicated to advocating and facilitating deep system transformation in the culture of aging.

Transformation must occur on three levels, says Steve Shields, CEO of Meadowlark Hills Retirement Community, Manhattan, Kan., and a leader in the culture change movement:

- **Personal:** the recognition by an individual of his or her own need to change. Individuals who have embraced culture change often describe a visit to a culture change community as a true revelation, leading to a deep personal commitment to change.
- **Organizational:** the conversion from a top-down organizational structure to a decentralized, team-driven structure. The organization's leadership must develop a "servant leadership" philosophy, giving control over to household teams that can fully support residents' power, freedom and inherent right to make their own choices.
- **Environmental:** the transformation of the physical environment from institution into home. Without change at the other two levels, environmental change is cosmetic, not transformational.

"These three components are aligned to return the power and rights to residents that we have blindly robbed them of for decades because of regimented 'efficiency' driven systems," says Shields. "The culture change movement, in its essence, recognizes those rights and calls for organizations to reorganize themselves around them."

Meadowlark Hills took the leap in 2001, and Shields led by getting management out of the way. Now,

staff members work in dedicated, self-led teams that become part of a household, developing deep relationships with the residents they serve and putting what residents want ahead of schedules and procedures. Meals are cooked in each household by caregivers who later may be helping with activities or cleaning bedrooms.

Staff satisfaction has soared, and turnover has dropped significantly. Similarly, now that residents are again in control of their daily lives, their level of satisfaction (as measured by resident surveys and state quality indicator reports) jumped after the transition. Measurements of success have continued to rise, exceeding national benchmarks and standards in every category.

The Nursing Home Environment

Many communities have made well-meaning changes by relaxing schedules or introducing pets or plants. Still, how home-like can it be when you'd like to raid the refrigerator for the late-night snack you've always enjoyed—and the refrigerator is in an institutional kitchen that's strictly off-limits? A potted plant may enliven a room, but it's still sitting on a shiny linoleum floor—nothing you ever chose for your bedroom before. And privacy? With long, hospital-like corridors, you hear and see everyone else's visitors, who peek back at you on their way to somewhere else. The rumble of med carts and booming call alarms—none of these are the sounds of home.

New nursing homes can be designed in non-traditional ways, but what about the over 16,000 existing nursing facilities in the U.S.? Surely, their 1.4 million residents deserve a chance to continue to live where they feel *at home*.²

Changing the Architecture to Make Home

What leads the way to a changed culture is the transformation in management and staff thinking, replacing institutional patterns that focus on efficiency with resident-focused service that creates home for elders. Without this revolution in a community's culture, architectural changes are just window dressing; physical changes alone solve nothing and may obscure deep organizational problems.

On the other hand, when renovations are accom-

plished in concert with organizational change, the impact is dramatic. “The power of the environment is just so huge,”³ says Shields. Physical changes to traditional, clinical-style nursing facilities are often critical to support successful culture change, creating separate and personalized households for residents and their dedicated team of caregivers.

Community, Household and Individual Space

Every community—be it a large metropolis or tiny rural village—has different types of spaces for living:

- Community space, which is accessible to all and provides a location to gather with others beyond the immediate family. Examples include parks, entertainment venues, shopping centers and even the post office lobby. Community space is public space.
- Household space, which is defined by the U.S. Census Bureau as separate living quarters with direct access—a front door—to the outside, or a common hallway, and where the occupants—related or not—live and eat with each other. Household space is semi-private space, shared with relatively few others. In a culture change community, the members of a household include both the residents and their dedicated staff team.
- Individual space, which is the most private space of all. Every person enjoys the satisfaction that comes when he or she can control and retreat to a private space, be it a suite of rooms, a single room, or even a portion of a room.

Unfortunately, in traditional nursing homes, just about all the space is treated as community space. Even doorways to the most private of spaces—like bathing rooms—open onto public corridors. Spaces dedicated to dining and activities are often sized for the community, not the shared intimacy and familiarity experienced in a household.

Fortunately, as the examples below attest, it is possible for a traditional nursing home to recreate itself successfully in support of its culture change efforts.

First and Foremost, The Household Front Door




Entrances to the healthcare households at Meadowlark Hills Retirement Community, Manhattan, KS. Photo credit: Meadowlark Hills.

Both Pennybyrn at Maryfield in High Point, N.C., and Garden Spot Village in New Holland, Pa., were originally constructed based on a fairly typical model: resident rooms fanning out along hallways that converge in large, central commons areas such as dining, activities and support spaces designed on a scale unlike anyone’s concept of home. At both of these communities, designers from SFCS Inc. are maintaining the layout of the hallways and resident rooms—the individual space—with each hallway becoming the residential backbone of its own household.

To provide the semi-private household space that complements the individual space, the designers are carving up the large commons areas, subdividing the space among households and moving the commons functions into each household on a smaller scale. To separate public and semi-private areas, the designers establish a front door for each household.

While a small component of the renovation, the household front door is perhaps the most significant physical element in the conversion of a traditional nursing home to one embracing culture change. The front door separates the household physically, psychologically and organizationally from the community-at-large. The front doorbell is its most essential feature, providing the privacy and control at the heart of culture change. Everyone who is not a member of the household must ring the doorbell and be invited in—and that includes residents’ relatives and friends, and employees who work in other areas.



The household's front façade can be just a single residential door, or it can include typical elements of home, such as a front porch, rocking chairs or other seating, window boxes, planters or garden ornaments.

Community Space: Social Space

People arrive at the front doors of these households through a common, indoor community space. This shared public space can range from a small lobby to an entire indoor town square, depending on available space. Unlike the Green House® concept where each household is a freestanding building, this renovation strategy provides a community space giving residents an opportunity to expand their friendships and social contacts beyond the members of their own household.

The community space provides a gathering space that enables residents to visit easily with residents of other households. If space permits, a town square can simulate streetscapes to provide “storefronts” for such community amenities as a fitness/ therapy center, library, gift shop, children's play room or ice cream parlor, as well as entrances to each household. Pennybyrn at Maryfield plans to staff a volunteer position in its town square to encourage the life and activity of its community space.

Household Space: Family Space

The households are where the richness of life at home begins. “One of the things we recognized early on in [our culture change journey] was—for decades—we've been thinking in terms of institutional systems, and that we didn't have any choice,” says Richard Newman, president of Pennybyrn at Maryfield. “Culture change changes our way of thinking about what's possible. A significant part of being ‘home’ is that we are in charge of what occurs in our home. For the intent of the architecture and design to be realized, control must be returned to the resident.”

Institutional elder-care is departmentalized, often on an assembly-line basis that precludes resident decision making. With culture change, the dedicated household team is empowered to understand, respond to and support their elders' rhythms, wishes and dreams, restoring the residents' control over their own lives. The dedicated teams do not require

an increase in staffing over traditional staffing levels, however. “In fact,” says Shields of his experience, “our staffing level—especially in certain disciplines—is lower than before.”⁴

What does increase under culture change is an investment in staff training and development that pays big dividends in resident and staff satisfaction. CEO Stephen Lindsey has led Garden Spot Village through its first year of training in culture change. “A real benefit,” he says, “is finding opportunities for people to grow. Our culture change champions [among our staff] are people who didn't have an avenue to express passion, creativity, motivation—now they have a vehicle. A kitchen worker has become a key trainer [of other staff]. Residents' eyes are brighter; they are more engaged. This is not a fad. Culture change is an opportunity to make a difference in people's lives.”

Teams are trained across skill areas and in core competencies such as judgment, listening, critical thinking, and team and community building. The result is teams of universal workers who are empowered to make decisions and who are jointly accountable for the elders' care. These caregivers take their cues from the residents—and not the facility administrator—to create life in the household, an intimate family setting. Within the household, this family of residents and caregivers shares the same semi-private spaces that everyone has at home: living and dining rooms, a kitchen and a place to enjoy the out-of-doors.

Family Space: Living Areas

SFCS designers are providing both a living room and a parlor in each household at Pennybyrn at Maryfield and Garden Spot Village. With 16 to 22 elders in each household, these are large families, so two living spaces provide flexibility and choice. The living room features an entertainment center and large group activity space where each resident can be encouraged to participate in—or at least watch—activities, particularly those that inspire that person and that are familiar and comfortable.

Culture change is about providing choice and privacy, and a cozy parlor provides a quiet alternative to the larger living room or to socializing in an individual's most private space, his or her own bedroom. The parlor offers an ideal spot for a few residents to get away from larger group activities, or for a resi-

dent to entertain relatives and visitors. A parlor can also include a fireplace for warmth and quiet contemplation.

In these renovations, living areas connect to porches, outdoor patios or courtyards, providing elders with an opportunity to enjoy the out-of-doors. Because these outdoor areas are designed to be secure and safe for the elders, the doors leading out are not locked during the day. Residents can choose if and when they want to spend time outside, without first securing permission from staff.

Family Space: Kitchens and Dining Areas

The revolution of culture change leads to big changes in dining, eliminating structured meal times in favor of resident-directed choice of what and when they eat. Caregivers learn to fix the foods that their residents like, cooked as they prefer. Lunch and dinner are served family-style from a menu that includes residents' favorites, but with a full kitchen in the household, caregivers can provide an alternative for an elder who wants something else that day. Breakfast can also be much more individualized. For early risers and night owls, the ability to satisfy the munchies outside of typical meal times helps prevent weight loss. The dining room is open to the kitchen so residents can enjoy the sounds and smells of meal preparation, stimulating good appetites.

The kitchen itself is often the focal point of life in any home, for nourishment, enjoyment and social activity. Traditional nursing homes set the kitchen off-limits, but culture change gives residents back their "refrigerator rights," so they once again have an opportunity to cook favorite foods, help to prepare meals for their household or just pick out a late-night snack.

The kitchen can be both a wonderful and a dangerous place for these elders. The kitchen is the most complicated space to design from a code standpoint. Departments of health have concerns; and there are building codes and fire and safety issues. Precise code requirements vary by state, making it impossible to develop a universal design. It is critical for designers to understand deeply the tenets of culture change in order to develop a design that gives the residents as much choice as possible, in an environment that's as safe as possible.



Rendering of the household kitchen design for Pennybyrn at Maryfield, High Point, NC. The resident use zone is in the foreground at left, with the production zone for staff use at right. Photo credit: SFCS Inc.


In general, SFCS designers have been able to provide freedom and kitchen privileges—while meeting codes—by providing two zones in each kitchen, one a production zone for staff use and the other a more residential zone for use by elders and their visitors. Both zones are open and form a visually attractive whole, permitting residents to enjoy the aromas and activity in the production zone.

For safety, however, the design provides a psychological separation. The zones are divided physically only by an island, but the flooring changes and the counter heights differ, lower in the residential portion including sections that drop down for wheelchair access. Both kitchen zones have a range, hood and fire safety that meet the jurisdiction's particular requirements.

Family Space: Staff Support Areas

What's the focal point in a traditional nursing home? Not the resident, but the organization, with the top-down rules and regulations it imposes and has imposed upon it. The physical expression of this organizational dominance is also the facility's architectural focus: specifically, that large, central nurses' station, segregating staff on one side and residents on the other.

Support spaces are still available in culture change households, but they're integrated throughout the household, becoming almost invisible. Caregivers no longer congregate and wait to respond to a call alarm, but move freely through the household. Silent pagers replace overhead call alarms. The primary support area is the team room, designed as an



open den with armoires or roll-top desks concealing work areas and computer stations. The team room may have French doors to provide the private space required by HIPAA, but it's not a staff gathering spot or getaway.

Caregivers hang their coats in a closet by the front door, not in a locker. Supply storage is decentralized into smaller cabinets located where the supplies are needed throughout the household. Similarly, residents' non-narcotic medications are kept in a locked storage cabinet in their bathrooms, eliminating the med cart and enabling caregivers to dispense medications privately and on a schedule that accommodates residents' wishes whenever possible. The narcotic medications are kept in double-locked cabinets in the team room.

Individual Space: Private Sanctuary

In the renovation of a traditional nursing home, economics may dictate that corridor and room layouts remain basically untouched. Still, cost-effective upgrades in wall treatments, flooring and lighting can make these private spaces feel more like a residence and less like a part of an institution. Vinyl floors are often polished to a high shine—impressive to visitors, but not helpful to residents hindered by the glare.

In the traditional layout, the bedroom corridors often connect to the greater community at two or more points, turning what should be quiet hallways into high-traffic thoroughfares. Residents, visitors, food service carts and soiled linens co-mingle in hallways en route to their separate destinations. This design brings strangers past a resident's bedroom, a space that should be a sanctuary. In a culture change renovation, the bedroom corridor is reached through the family space, and any secondary entrances are closed to the public, requiring visitors to enter through the front door. Visitors to the household don't venture into the bedroom wing unless invited by a resident, preserving privacy and sanctuary.

Careful Circulation: The Design Essential

Renovation for culture change sets up a different premise about what is acceptable for circulation. Few private homes are designed so that dirty laundry has

to be taken through the living room; that shouldn't be acceptable in a retirement setting either. Nor should a resident dressed in a robe have to travel past the dining room to take a bath. Part of renovating for culture change is finding a way not to do that to residents anymore.

Within a household, bathing areas should be located within the bedroom wing, not in family space. Service personnel have no need to routinely travel through the household, especially the private sanctuary space. Food, linens and supplies should enter the household, not through the front door and the living room, but wherever possible through back doors leading directly into the kitchen and team room. Trash and soiled linens generated in the household should leave the same way.

Bottom Line Results

Says Shields of his experience at Meadowlark Hills: "There's a belief that treating people like people must be more expensive. It's not. Most people fear that a social model will surely be at the cost of medical effectiveness. It's just not true, and our clinical outcomes show that. But the big outcomes for me are the spontaneity of life that would have never been possible before."⁵

Just as culture change revives life within an elder care community, growing evidence suggests it also strengthens the community's competitive muscle and financial well-being. For continuing care retirement communities, "this changes dramatically how [prospective] independent living residents look at the potential eventuality [of nursing care]," says Pennybyrn at Maryfield's Newman. "Culture change takes the fear and grief out of making that move; it becomes a different kind of home, not health care." He also reports an increase in the community's financial support as potential donors learn and become excited about the changes. "A lot of people have come together. You see the emotion, and how people connect with the mission."

Further, the Pioneer Network reports the following outcomes for communities that are well into the culture change transformation:

- Employee turnover between 10 and 30 percent, with some nursing homes reporting waiting lists for workers who wish to be hired

- Elimination of temporary agency staffing and mandatory overtime
- Reduction in worker's compensation costs
- Significant improvements in employee satisfaction, resident satisfaction and family satisfaction
- High levels of involvement in organizational activities by residents, staff and families
- Reduction in depression and use of medications to treat depression and behavioral problems
- Reduction in unanticipated weight loss
- Elimination of physical and chemical restraints
- Reduction in mortality
- Increased involvement with the outside community including children, students, clubs and associations, religious organizations and town government⁶

While nearly 12 percent of certified nursing care beds are empty nationally,⁷ culture change communities report waiting lists.

Conclusion

The number of senior care communities embracing culture change is expected to increase. The Centers for Medicare and Medicaid Services are requiring quality improvement organizations (QIOs) to promote the transformation of organizational culture. Further, the growing record of success is attracting media attention. Increased press coverage is strengthening fledgling culture change associations across the country and educating the public—the current and future consumers of long-term care who are beginning to search out culture change communities and demand resident-directed care.

These results represent good news for senior care communities now pondering culture change. Existing communities have available an increasing array of resources to aid their organizational transformations, and they can renovate their existing facilities to support this deep system change.

Authors



Vernon Feather, AIA, is vice president and a principal at SFCS Inc., an award-winning, full-service architecture, engineering, planning and interiors firm specializing in the design of all levels of care and housing for elders across the country.



Tye Campbell, PE, is senior vice president and director of engineering at SFCS, specializing in the design of senior living communities.

Footnotes

¹ "Testimony of Rose Marie Fagan." 18 July 2005. National Commission for Quality Long-Term Care Public Hearing July 22, 2005. 22 Sept. 2005.
<<http://www.qualitylongtermcarecommission.org/meetings/722PH/pdf/txstmtINNOVATIONfagan07-18-05.pdf>>.

² "Trend in Certified Nursing Facilities, Beds and Patients." June 2005. American Health Care Association - Health Services Research and Evaluation. 22 Sept 2005.
<http://www.ahca.org/research/oscar/trend_graph_facilities_beds_patients_200506.pdf>.

³ Shields, Stephen J. "Designing for Culture Change." 2005 By Design Conference. SFCS Inc. The Hotel Roanoke & Conference Center, Roanoke, VA. 16 Feb. 2005.

⁴ "Culture Change in Nursing Homes." 2005. The Commonwealth Fund. 22 Sept. 2005.
<http://www.cmwf.org/spotlights/spotlights_show.htm?doc_id=265189>.

⁵ "Culture Change in Nursing Homes." 2005. The Commonwealth Fund. 22 Sept. 2005.<http://www.cmwf.org/spotlights/spotlights_show.htm?doc_id=265189>.

⁶ Susan Misiorski. "What is Culture Change???" 10 Feb. 2005. Pioneer Network. 22 Sept. 2005.
<<http://www.pioneernetwork.net/PubData/DocLib/E6030E47-E018-02B178FE63A0167B29AE/WhatisCultureChangefinal.doc>>.

⁷ "Median Nursing Facility Occupancy for Certified Beds." June 2005. American Health Care Association - Health Services Research and Evaluation. 22 Sept 2005.
<http://www.ahca.org/research/oscar/trend_graph_occupancy_200506.pdf>.

© 2006, AAHSA, www.aahsa.org. All rights reserved.
© 2006, SFCS Inc. All rights reserved.