



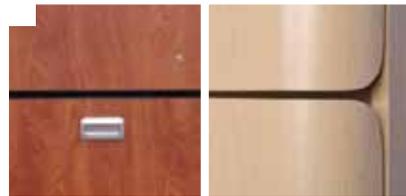
In-room Workstations: Affordable Steps Toward Home-like Long-term Care Environments

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Introduction/Background

At present, few other industries are experiencing such a high level of often-conflicting complexities as the long-term care market. In terms of housing needs for aging Americans, the overwhelming swell of Baby Boomers are increasingly savvy planners who hope for a secure future yet who are feeling the financial pinch to the point of postponing senior living decisions. Surveys of this country's largest aging cohort indicate the majority prefer the concept of aging-in-place, at home, whenever possible. When that is not feasible, these new seniors are in search of a new kind of long-term-care.

Long-term-care and nursing home care are no longer synonymous. Long-term care now includes home care and assisted living facilities. Investors and administrators are being pushed, by the "Boomer tide" and by broad health care policy changes, to develop needs-based properties that are still cost-efficient in light of current economic realities, but that also appeal to the newer, more knowledgeable and discerning health care consumer. In this vastly expanding market, providers must still seek and incorporate opportunities to differentiate themselves. The trend toward building new and upgrading existing facilities to be "more like home" is achievable and affordable. **One simple but profoundly effective step down the path toward a household (rather than institutional) environment is the installation of staff workstations in each resident's private room.**

From Institution to Home

These complex market pressures are resulting in the steady rise of assisted living facility construction within the United States' 31 largest metropolitan areas. According to the National Investment Center for the Seniors Housing & Care Industry, the largest share — 70% of total units under construction — were combined assisted living properties (serving at least one additional type of care segment) as of 2nd Quarter 2013.

With more long-term care facilities for consumers to consider as they visualize their future or the present-day needs of loved ones, details necessarily come into sharper focus. Across the board, there is greater call for more home-like qualities of LTC facilities. The Household Model, as described by Norton and Shields in their book “In Pursuit of the Sunbeam” (Action Pact Press, 2006), presents a deeply resident-sensitive approach to addressing the needs of everyone involved with LTC — staff, administrators, and family, in addition to residents. According to the website of Action Pact, the first households based on this model of care were opened in 1997. The question presented by this advocacy and consulting organization is “Why would we ask anyone to give up home, just when they need it the most?” While not the only facet of The Household Model, one crucial step in the transition toward “an atmosphere of genuine home” is reshaping the physical environment.

Mapping the Path, One Step at a Time

The question must be asked: What makes a building a home? What are the differences between facilities that are institutional in ambiance and those that feel like home?

The Green House® model describes a fully developed, household living environment as having:

- Private home scale & décor
- 10 to 12 residents, each with a private bedroom and full bathroom
- A fully functioning and open kitchen where meals are prepared
- Expanded common space, i.e. dining area and living room, the house's hub, that support typical social experiences
- Outdoor access via patio or balcony

Transitioning to a household model will incur both real and perceived costs. In “Financial Implications of The Green House® Model,” the authors review of related studies concludes “Capital costs are found to be equivalent or less than similar culture change models but higher than traditional designs” primarily due to the provision of far less space per resident in traditional LTC

models. They go on to state a belief, based on their reviews, that because higher occupancy and more private-pay days are associated with household design (specifically in this review, the Green House Model), capital cost increases should be offset.

Besides related financial costs, the most common worries expressed by staff and administrators are in relation to changes in time — time spent adapting to changes and any necessary re-training, as well as any daily, time-related task adjustments required by the adoption of a new work culture.

A Proposal for Simple, Meaningful Steps

Diving into such transitions toward full-on culture change may not be feasible in every situation. Similarly, some partial attempts might be misread by staff and residents as half-hearted, placating nods. There are, however, some simple steps that can promote real transformation of LTC settings and, most importantly, of the working environment for staff and the daily lives of residents.

Something as Simple as a Workstation

Cheryl Patton, Director of Nursing at Meadowbrook Medical Care Facility in Michigan, has a role in overseeing the culture transition of a venerable institution. To increase census, a plan that involves both re-construction and new building is underway. Perception of and respect from the community is essential to Meadowbrook, which is located in an area of high unemployment. That, plus the reality that the facility could not feasibly decrease census temporarily in order to fully demolish and reconstruct, led administrators to finding ways to work with the existing buildings.

Patton reported that initial steps taken toward the household model included the installation of workstations by Proximity Systems in each resident room. Eventually, Meadowbrook will be home to more than 100 workstations positioned in both newly constructed households and in revamped existing buildings.

“We’re a very traditional looking skilled nursing home,” Patton said. “With our new construction and remodeling, we will have seven households, each with its own living area and kitchen.”

Meadowbrook is only the second facility in Michigan to re-organize around the Household Model.



Introducing Proximity Systems Workstations

The workstation units selected by Meadowbrook were designed around meeting the specific needs of staff and residents. Each unit includes:

- Customized medication cabinet w/built-in organizer, carefully labeled “externals” and “internals”
- Lower door that folds out into wireless computing space
- Computerized med pass & EMR



A separate medication room still maintains narcotics under double lock-and-key, but other medications and related items are now kept in the residents’ rooms. The initial benefit of this new system as it relates to the Household Model is an increase in resident privacy. Instead of distributing medications in commons areas, residents can experience the same level of privacy (and dignity) as they would in their own family home.

The workstations are customized to blend in with resident room furnishings. “It really just looks like a well-designed piece of furniture,” Patton said, “when compared to the traditional meds carts we used before.” Each station is mounted on and in some cases recessed into the walls, freeing up floor space and increasing safe mobility.

Meadowbrook staff at first expressed dismay as they embarked on the necessary learning curve from traditional meds pass protocol — often conducted during meals in a dining area — to in-room medications distribution.

“It only took about three days,” Patton recalled, “before the staff actually started to feel the benefits of not having to push and maneuver a meds cart around hallways.”

Additional ways in which the installation of in-room workstations fostered the new at-home feeling — not only for residents, but for staff, too — in Meadowbrook include:

- **Space becomes oriented to people’s needs.** Typical challenges — too little time & energy to accomplish necessary tasks with frequent interruptions — were amended by placing crucial staff tools directly into resident rooms. The result is more opportunity for more enjoyable staff-patient interactions.
- **Floor-space and visual aesthetics become more expansive.** The wall-mounted design optimizes room dimensions, and the home furnishings appearance feels more inviting than older clinical carts.

When asked to describe how this one simple step, the introduction of in-room workstations, will continue to impact Meadowbrook, Patton said she already anticipates directly-related culture change.

“In the past in settings like ours, the meds cart became a kind of natural focal point for staff, like a water cooler in an office — and we don’t want that to be our focus,” Patton said. “This is our residents’ home, not merely a place for medical care. I’d much rather see people congregated around the kitchen bar or living room fireplace.”

She added that the value of in-room workstations applies on an administrative level, too, as they address concerns of families and other prospective residents, helping differentiate Meadowbrook in an increasingly crowded market.

“There aren’t a lot of science-based studies out there yet, but there’s a huge groundswell of ‘this is the right thing to do’,” the 22-year administrator said. Patton is currently gathering data to look at overall decreases in medication errors, a decrease that she believes is directly related to the installation of the in-room workstations.

Destination: Home

It may sound overly simplistic to give so much credit to a single furnishing, but that sense might be attributed to how large the overall task can seem. Creating an entirely new way of being in long-term care by looking toward Household Models — for the benefit of residents, staff, family, and prospective consumers — is necessary and proven. Rather than feeling daunted at first glance and pulling up short, embarking on a step-by-step transition is possible and recommended. In the case of Meadowbrook Medical Care Facility, administrators have witnessed the timely impact on staff morale and resident relations from pursuing changes in the physical environment. One key component of the transition has been the installation of in-room workstations by Proximity Systems.

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