



The Role of Physical Change in Culture Change



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Session Description



Person-directed care, or culture change, has become more of a focus for long-term care providers in recent years driven by a combination of regulation, consumer preferences, and competition for census. Many organizations try to remodel or build their way to a person-directed care culture. We believe changing an organization's culture to practice person-directed care requires a balanced approach between individual, organizational and physical change, with these three elements working together in concert to drive deep cultural change. Each of these elements plays a role in the change process, and when any one of them dominates over the others, the organization will inevitably drift away from person-directed care practice.

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Learning Objectives



- To discuss the role of physical change in the culture change process.
- To discuss the elements of an effective planning and design process using person-directed principles.
- To discuss specific projects and their outcomes.

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Traditional Skilled Nursing Culture

- Medical model
- Hierarchical organizational structure
- Focus on efficiency
- Risk Aversion
- Institutional environments



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Institutional Environment

- Long straight hallways
- Shiny floors
- Few private rooms
- Many, visible safety features
- Big nursing stations
- Med Carts
- Little private space
- Cafeteria style dining
- Standard issue furnishings
- Thoughtless landscaping



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The Evolution of Physical Design in Culture Change:


- Eden Alternative - human habitats
- *Homelike* environments - Households or Neighborhoods
- Home –Green House or Small Homes or Cottages
- Next Generation???



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Eden Alternative

- Culture-focused philosophy
- Eliminate loneliness, helplessness and boredom
- Ten Principles
- Relationship-Centered, Person-Directed
- Personal/organizational/physical change in balance
- Function over form
- Well-Being – Identity, Connectedness, Autonomy, Security, Meaning, Growth, Joy



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The Green House® Model

- Built on Eden Alternative
 - Tangible embodiment of Eden Alternative
- Fully integrates culture and physical design
- Key elements
 - Hearth room
 - Open kitchen
 - Intentional outdoor space
 - Private/personal living space
 - Universal worker
- Better quality, more personal care, and a sound financial model



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Results:




- Lower medical costs
- Better quality of care
- Lower staff turnover
- Higher Elder, staff and family satisfaction and well-being
- Meeting regulatory requirements
- Higher Census
- Better payer mix



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Words from a Wise Leader

“Don’t build the stage until you have written the play.”
Emi Kiyota, PhD



Physical Change





St. John's Green House® at Arbor Ridge



- Skilled Nursing
- Two homes of 10 elders
- Built in residential development
- Eden Registry
- Green House® Registered



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- 40 %Private Pay
- 15% below cost of legacy home
- Turnover <5%, just 2 CNAs in 3 years of operation
- Antipsychotic meds reduced from 90% to 12%
- *"The tremendous quantitative and qualitative results have propelled us to implement those principles at our primary facility."* Rebecca Priest - Administrator



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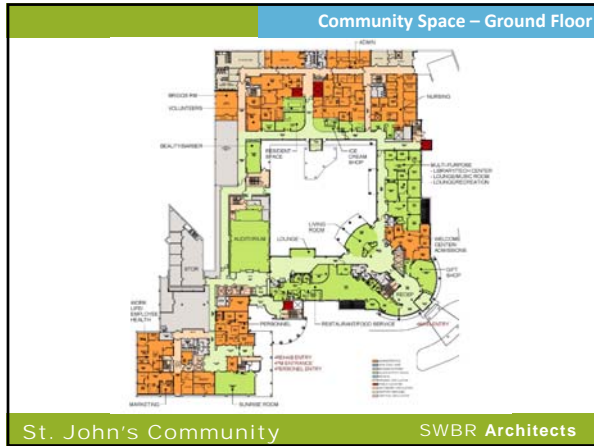
St. John's Home Small House Renovations

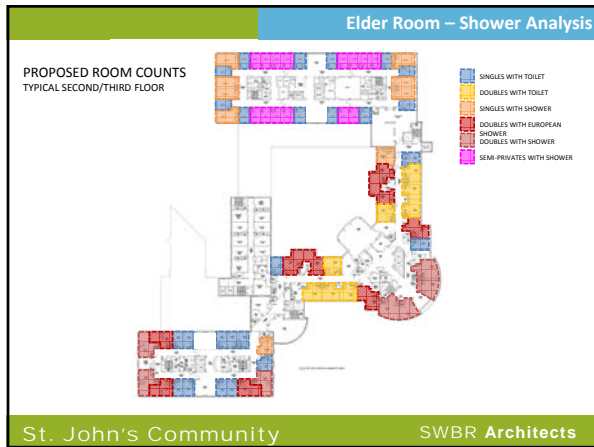


- 455 Bed Skilled Nursing
- Three midrise buildings
- 380,000 square feet
- Medical model planning
- Urban setting overlooking Highland Park
- Eden Registry



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Skilled Services

Skilled Services Mission--provide consistent, high quality skilled services care at a low cost

- Provide a home for elders where they obtain the best path for meaningful lives when they can no longer live in their own home
- Pursue individualized and innovative solutions for maintaining meaningful connections and contributions to their community, individualized care solutions to meet care goals, and close and consistent care and support from the most competent, compassionate, and committed nursing care partners in this community
- Leverage the experience and outcomes of the Penfield Homes and infuse those learnings into small homes at 150 Highland Ave.

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A "High Rise" of 22 premium LTC Small Homes...

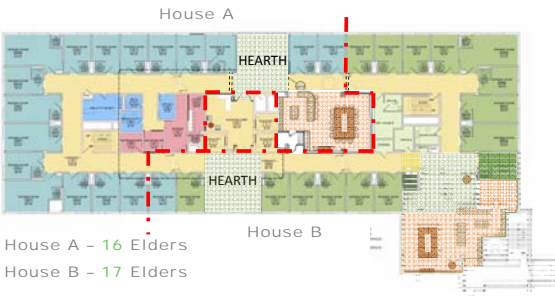


- Nimble to respond to a changing market:
 - Rehabilitation
 - Niche services DD/Deaf/Dementia
 - Special Needs Assisted Living
- Staffing ready for, and able to respond to changing market
- Community Center integrated into renovation plan
- Living rooms and final bedroom design determined in conjunction with ongoing operational analysis:
 - Payor mix feasibility
 - Clinical development
 - Staff retention factors
- Review at each major reno phase to measure success (PP occupancy, turnover, quality, satisfaction) and re-evaluate contingency plans

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Small House – End Goal

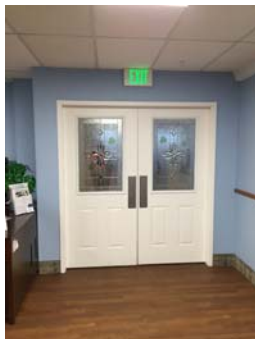


Small House Plan

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Small Houses Proposed Foyer Reservoir Building



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Created a real entry

- Offered an upscale arrival
- Created two distinct home entries
- Provided privacy to elders in their homes
- Took the elevator out of the elder's living room





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Small Houses Proposed Foyer
Reservoir Building



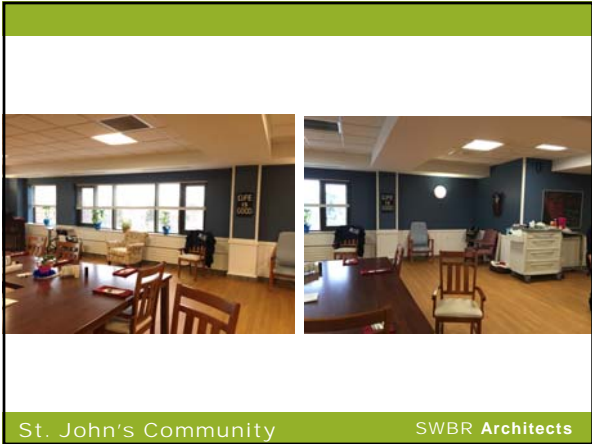
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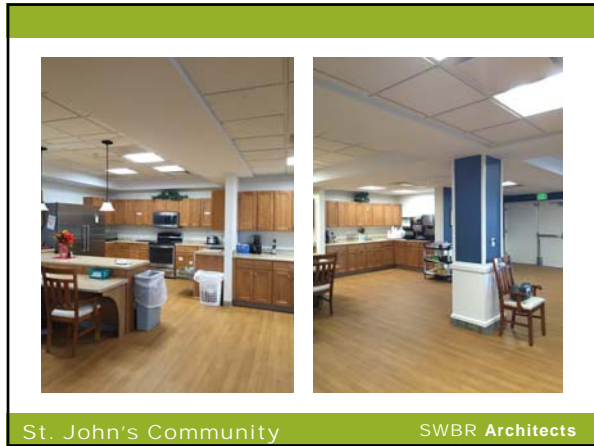


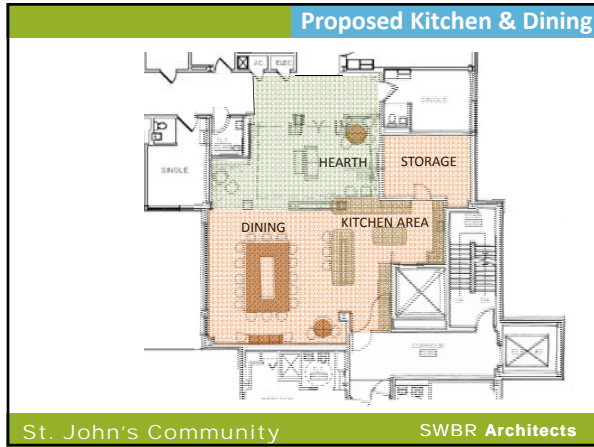
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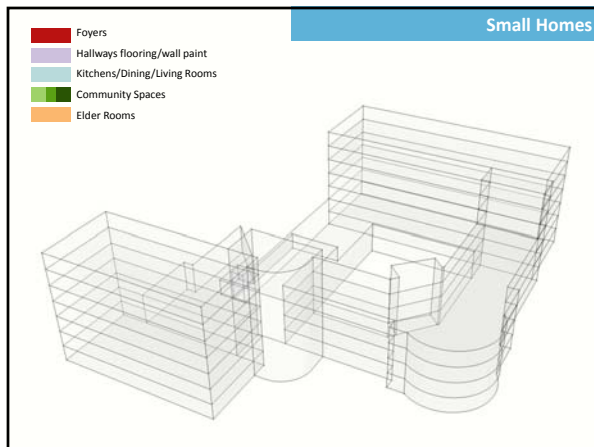


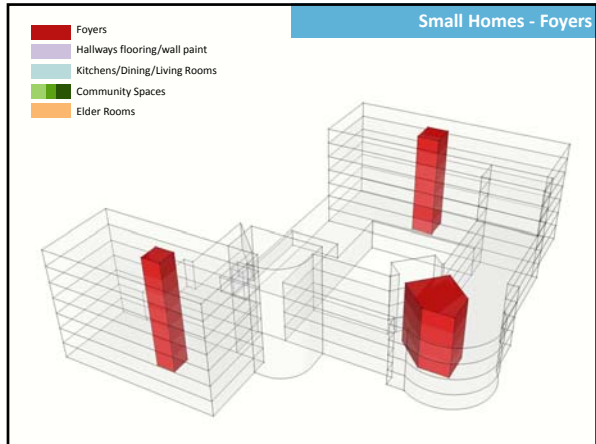


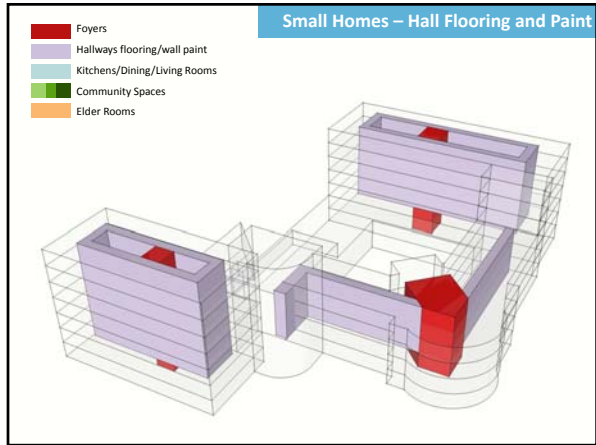


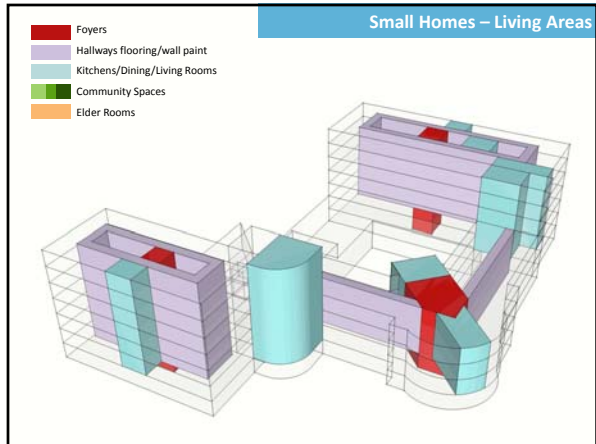


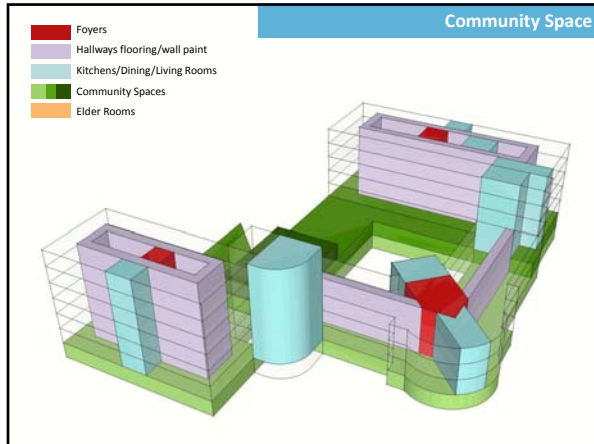


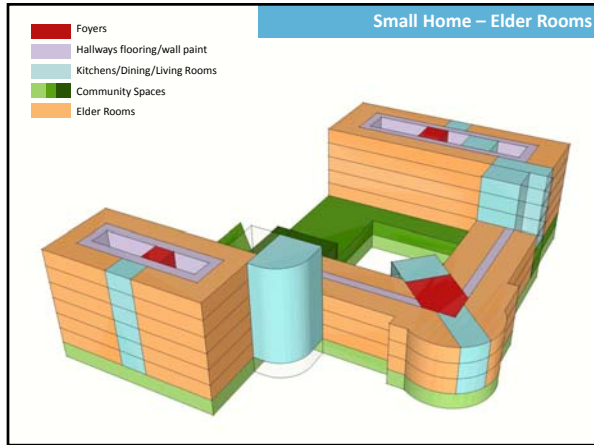












"Floor by floor of the six-story building is being renovated to create these Small Homes. Fewer residents, more private rooms, a communal kitchen, and dining area make up the major physical changes that are easiest to see. Each will operate with innovative staffing and care practices, ultimately creating a culture that recognizes each resident's desires, passions, and preferences as equal to his or her medical needs."

Physical transformation of the 6th floor


- Staff have "got it" that they are working in a home of 16 versa a unit of 42
- Board of Directors and the Foundation have the Proof they need
- Elders and family of have ownership of their homes
- Staffing outcomes are transitioning and are approaching results at the Green House homes
- Clinical and financial outcomes being measured in relation to the Legacy Home results and goal results achieved at the Green House homes

The big difference of small homes, Rebecca Priest, McKnight's

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A Person Directed Design Process

- Tools
 - Benchmarking
 - Descriptive Program
 - Charrette



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Image Benchmark



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Descriptive Program

- How many people will use the space, at what time of day and for how long?
- What activities will take place in the space?
- What equipment and furnishings will be needed or kept there?
- **How should this room feel?**



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Descriptive Program

- **Entry** "Welcoming, Inviting"
- **Living room** "A big Great Room, a mix of colors and accents, "Pottery Barn" feel, not contemporary, Warm, Comfortable, Inviting"
- **Kitchen** "Homey, elder access should not be limited, a place to gather during parties/get togethers"
- **Bedroom** "Window seat, double bed, no ceiling tile, carpet makes room warm but may not be practical, flexible space for bed/wardrobe/elder furniture to be moved around, individual for elder, privacy"
- **Office** "A neat work space, out of the way, not a focal point"
- **Bath Spa** "Having a glass of wine, dimmable lighting, a cohesive room, a Master Bathroom. Room should be central to resident bedrooms"





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Design Charrette





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Key Learnings, Process Improvements, Takeaways



1. Individual, organizational and physical change as three elements working together in concert can drive deep cultural change.
2. An effective planning and design process can support deeper, more sustainable culture change resulting in true person-directed care.
3. Specific design elements can and should be used to support specific cultural objectives.
4. Slow Down. Recognize the value of time as it relates to our ability to process and accept change.
5. Create an Experiential Program. Rather than defining the program by focusing on space needs focus on the experience of being in the space.
6. Benchmark other Person Directed Environments. Through stories and images bring stakeholders to these environments and discuss positive and negative experiences.
7. Organizations cannot remodel or build their way to a person-directed care culture.
8. Physical design and organizational culture need to remain in balance to support person-directed care practices.
9. You can't get there unless you start.
10. Go deep. Step through the door and close it behind you.


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Thank you for joining us.

Questions?



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