



Society for the Advancement of Gerontological Environments



MISSION STATEMENT

To promote collaboration among health care and design professionals, government officials, residents, researchers, manufacturers and other interested individuals so that education, research, regulation and practice all result in appropriate environments for older adults.

SAGE is an organization that promotes networking and collaboration among individuals who are creating better environments for older adults. SAGE seeks common ground so that environmental issues can be discussed in a non-adversarial climate. SAGE is guided by a steering committee that reflects the diversity of interest and experiences of our constituent groups. Those involved with SAGE work primarily with existing groups and programs to build interdisciplinary partnerships.

8055 Chardon Road • Kirtland, Ohio 44094
Society for the Advancement of Gerontological Environments





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NOTE FROM THE PRESIDENT

Dear SAGE members:

A "grass roots" culture change organization such as SAGE relies primarily on marketing campaigns and good old-fashioned "word of mouth" to promote its ideals and goals. We have recently been presented with an exciting opportunity, which does just that. In partnership with *Nursing Homes Long Term Care Magazine*, SAGE has accepted a role in the periodic "Design Center" feature of the magazine. The "Design Center" will highlight senior environments that illustrate a "SAGE" awareness in design and quality of care / quality of life. The Design Center is a sponsored feature, so no cost is accrued by the facility, except to provide publishable images. If you know of any facilities that should be considered for publication, please drop me an email at andrewa@eadp.com.

Have you marked your calendars for the AAHSA annual conference in Denver, Colorado, October 26-29, 2003? SAGE will be involved in 4 presentations at the conference:

- Colorado State Veterans Home at Fitzsimons:
Post Occupancy Evaluation sponsored by AAHSA and SAGE
- Trends in Long-Term Care Design:
Using Environment as a Therapeutic Tool
- Home vs Hotel: Nursing Home as a Life-style Choice
- Three Culture Change Perspectives:
Pioneer Network, Wellspring and SAGE

In addition, it would be great to see you at our annual membership meeting which is scheduled for Tuesday October 28, 2003 from 12:15-1:30, directly following the SAGE POE presentation.

SAGE is continuing to expand its membership and local state presence. In addition, we are striving to create an easily accessible national resource of SAGE information. The SAGE national website (SAGEFederation.org) should be up and running at the end of October. The website will be a source for information about local state units and national SAGE events.

Remember, culture change in your facility starts with one person who wants to make a difference!

See you in Denver!

Andrew L. Alden

President, SAGE National Federation

Upcoming Events

SAGE Annual Meeting

Tuesday, October 28, 2003 from 12:15-1:30,
at the AAHSA conference in Denver

SAGE Presentations:

Trends in Long-Term Care Design:

Using Environment as a Therapeutic Tool
Monday, October 27th, at AAHSA

Home vs Hotel:

Nursing Home as a Life-style Choice
Monday, October 27th, at AAHSA

Three Culture Change Perspectives:

Pioneer Network, Wellspring and SAGE
Tuesday, October 28th, at AASHA

Colorado State Veterans Home at Fitzsimons:

Post Occupancy Evaluation
Sponsored by AAHSA and SAGE
Tuesday, October 28th, at AASHA

Healthcare Designers for All Users:

If It's Good for Elders, It's Good for the Rest of Us.
Monday, December 8th,
at Healthcare Design '03 conference, Miami, Florida

RE M I N D E R

**SAGE Memberships run for the calendar year.
Please send in your membership renewal
for 2004. See membership form.**

If you joined recently, the date on the mailing label below your name indicates when you last renewed. If there is no date, it means either you are not a current member, or we don't have up-to-date information.

If you want to check your membership status,
contact Suzanne Sandusky
at 440-256-1880 or info@SAGEFederation.org.

STATE UPDATES

SAGE-Kansas

Last May 8 SAGE Kansas sponsored a vendor booth at the KAHSAs Spring Conference. The booth provided information on SAGE, using brochures and a PowerPoint presentation of projects in Kansas. We handed out several new member applications. In addition SAGE Kansas members Migette Kaup, Lillian Claasen and Tom Montgomery presented a session at the conference, titled 'Innovations from Within: Understanding the Role of the Built Environment in Successful Aging.' We had a large group of attendees, and the program was well received.

SAGE-Kansas subcommittee is continuing to work with Pat Maben and the Kansas State Department of Health with updating and revising the State regulations for long-term care. The last meeting was September 10, 2003 at Kansas Masonic Home in Wichita, Kansas. The agenda for this meeting included evaluating our website, discussing officer selections for 2004, and determining activities for 2004. Attendance of our meetings has been excellent, and our membership is growing.

Anyone interested in joining SAGE-Kansas can contact Tom P. Montgomery, Chair, 316-265-9367.

SAGE-Utah

SAGE-Utah has been actively pursuing new membership as well as attempting to raise public awareness of our organization and our objectives to enhance environments for older adults.

We held our third annual SAGE Day on April 24, 2003. The keynote speaker was Jeffrey Anderzhon of InVision Architecture who spoke on "Providing Dignity for the Elderly Through Design." The second presentation was a panel discussion by Meg Randle, RN, Sally Anne Brown and Bonnie Athas on "Quality End of Life Care." We're very grateful for their participation, and all in attendance came away with new insight into how the proper environment and care can add dignity and quality to life and a sense of peace to the dying process.

A design competition was conducted and juried immediately prior to the SAGE Day and awards were presented at the conference. The judging committee for the competition was composed of representatives from various organizations and constituent groups related to gerontological

environments, including a representative from our State Department of Health, Bureau of Licensing and a resident of a local assisted living community. The "Best of Competition" honor was awarded to Paul Hirschi, AIA of Tracy Stocking and Assoc. Architects for his extraordinary design of the Care Source Hospice in Salt Lake City. Additional "Awards of Merit" went to Gilles Stransky Brems & Smith Architects for the Millard County Care Center in Delta, Utah and to Patricia Brown of the Center for Lifespan Environments for the Wentworth at Willow Creek Assisted Living Community in Sandy, Utah. Congratulations to all!

SAGE-Utah presented at the Fall Conference of the Utah Health Care Association. Tracy Stocking, AIA of Tracy Stocking and Assoc. delivered the presentation titled "Renovation Drives Census, Which Drives the Bottom Line". He shared several ideas on renovating existing care facilities and how to get the most from an investment in remodeling.

We continue to seek new members to assist us in growing our chapter and helping to raise the quality level of elder care environments in our area. We would welcome your participation! For more information, please contact our membership chair, Cindy Collins, cjcollins2@qwest.net or by phone at (801) 274-3076. Submitted by Patricia Brown, SAGE-Utah Chairperson

SAGE-Ohio

SAGE-Ohio is initiating the planning process for a 2004 SAGE day event. We are looking for interested people to nominate a site and participate as judges. Anyone interested should contact Jerry Maddox at maddoxj@maddoxnbd.com

SAGE-Wisconsin

SAGE-Wisconsin continues to keep a busy schedule. On October 9, 2003, another SAGE Day Post Occupancy Evaluation Seminar will be held at Upland Hills in Dodgeville. The Wisconsin Chapter has held SAGE Days for several years, evaluating a new or recently remodeled long term care facility and then sharing the findings at a one day symposium attended by architects, providers, regulators, clinicians, researchers, consumers, and others interested in improving the built environments for older adults.

The interdisciplinary Post Occupancy Evaluation team will include the chief regulator for the State of Wisconsin, a governing board member who is also the family member of a

STATE UPDATES *continued*

resident, an architect and an interior designer experienced in long term care design, a researcher from the UW Milwaukee Institute on Aging and Environment, an occupational therapist and a nurse who are both experienced in long term care, and a long term care facility administrator. This impressive SAGE POE Team will be able to offer a unique perspective on the effectiveness of the project in meeting the needs of residents, staff, families, as well as the objectives of Upland Hills and the State.

Another SAGE-Wisconsin project is working with the State Department of Health and Family Services on revising the state regulations related to the design of nursing homes. SAGE Wisconsin has earned a reputation over many years of being a good resource to the State for updating the nursing home codes and helping others to understand the reasons for changes. For more information on joining SAGE-WI, contact David Green, Member of SAGE Wisconsin Steering Committee, at dgreen@evergreenoshkosg.com.

SAGE-Michigan

SAGE-Michigan is moving forward. Last year, Sage President Andrew Alden, along with SAGE Steering Committee members Mark Proffitt (treasurer), Jerry Maddox and Maggie Calkins made a presentation at the MAHSA conference titled *Nursing Home Magazine & SAGE's DESIGN Competition*, which provided a retrospective of the eight years of the SAGE juried DESIGN issue of *Nursing Homes Magazine*. There were a number of design firms and providers in attendance, and several regulators. Robert Johns is continuing to work on bringing together a core team to reactivate SAGE-Michigan. Anyone interested in joining should contact him at (517) 323-3687 x 104 or rjohns@mahsahome.org.

WISCONSIN
UTAH
KANSAS OHIO
MICHIGAN



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THE NEW BUILDING AND LIFE SAFETY CODES ADVANCES AND CHALLENGES

Gauis Nelson, Nelson-Tremain Partnership

Over the past year there have been two significant developments in the realm of Codes and Regulations that affect the design and construction of *Environments for Aging*. These are the adoption of the 2000 Life Safety Code by CMS and the adoption by several jurisdictions of the 2000 IBC.

NEW LIFE SAFETY AND INTERNATIONAL BUILDING CODES

Effective March 11, 2003, the Centers for Medicare & Medicaid Services (CMS) adopted the 2000 Edition of the National Fire Protection Association's (NFPA) Life Safety Code (known as NFPA 101). This long awaited event will considerably simplify the coordination of federal and local Life Safety Codes. Until now, CMS had required compliance with the 1985 Life Safety Code, while State and local jurisdictions have periodically updated to newer standards.

This inconsistency had led to situations where compliance with the more restrictive of the two editions was required, and at times, meeting one requirement lead to violations of standards in the other edition. Now, these situations will be minimized. In addition, the 2000 Life Safety Code is more generous in recognizing the significant life saving properties of fire sprinklers.

The 2000 International Building Code (IBC) represents the first time that the three major building code writing organizations (BOCA, ICBO and SBCCI) have worked together to write a single model building code that has the potential for adoption throughout the United States. The three organizations formed the International Code Council (ICC) and have been meeting since 1997 to develop a consensus document made available for adoption and use by jurisdictions as local building codes.

AT LAST - SPACES MAY OPEN TO CORRIDORS

For anyone who has struggled with code officials to allow dining and living spaces that are open to the corridor, relief has arrived. The 2000 Editions of both NFPA 101 and IBC recognize the therapeutic and programmatic benefits to residents of living and dining spaces that are open to the corridor. In the past, there have been significant difficulties within many jurisdictions to achieve this basic concept of mobility and accessibility of residents within their living environment.

Previous codes have allowed open waiting areas and similar spaces, only when the spaces have been located to permit direct supervision by facility staff. Often this required assurances that nursing sub-stations would be staffed on a twenty-four hour basis, thus adding considerable operating expense.

With the adoption of these new codes, spaces that are not used as resident sleeping areas or for hazardous uses may now be open to the corridor, and may be of unlimited size. The need for direct visual supervision by staff has been eliminated and replaced with requirements for automatic fire detection systems and/or quick response sprinklers within the spaces and their adjoining corridors. For those needing additional backup to argue this case, the 2000 IBC Commentary, a publication that explains the background of many code requirements, expands upon the language within the text of the 2000 IBC. The Commentary, specifically states that spaces such as offices or dining rooms are permitted to be open to exit access corridors.

A STEP BACKWARD - SLIDING DOORS

Sliding doors, whether wall hung, or pocket type, have been successfully used at the opening to toilet rooms on many projects. Sliding doors have many advantages to out-swinging doors or doors with a hospital latch.

From an accessibility viewpoint, properly specified sliding doors are much easier to operate by frail residents in a wheelchair. Operation of the door, from both sides, requires a simple arm movement from a stationary position. Swing doors by contrast, require pulling the door open, or closed, while maneuvering the wheelchair backwards, out of the path of the door swing. Additionally, sliding doors do not intrude into the living space of resident rooms, nor do they pose the danger of injury, as do out-swinging doors.

Since the adoption of the 2000 IBC, some jurisdictions have interpreted the language within the chapter on *Means of Egress* to not allow sliding doors on resident toilet rooms.

TRENDS IN LONG-TERM CARE DESIGN: USING ENVIRONMENT AS A THERAPEUTIC TOOL

SLIDING DOORS *Continued from Page 4*

This comes from the definition of the *Means of Egress* to include the path of travel from any point in a building. Sliding doors are not allowed within the *Means of Egress*, except in residential occupancies. Past codes have allowed sliding doors by setting a threshold of 10 occupants before side hinged doors were required.

This is an unfortunate interpretation and modification to the language of previous codes. An easily operated door contributes positively to the independence and dignity of residents within health care facilities. Efforts are under way at several levels to change this interpretation. The AIA Guidelines for the Design and Construction of Hospital and Health Care Facilities has included and maintains language that supports use of sliding doors within nursing home and health care occupancies. At least one state, Ohio, has approved a variance to allow a sliding door on the resident bathroom. Explicit language allowing sliding doors within the model codes is needed to permit this application.

THE IMPACT OF STATE HEALTH DEPARTMENT REGULATIONS

Advances within the Life Safety and Building Codes do designers and operators of facilities little good if state and local regulations do not change. The final step needed to allow facility designs to meet their potential is for State regulators to recognize that direct-line-of-sight from a nursing station is not needed, and that, sliding doors are a good idea. These are only two examples of how changes in codes and regulations can dramatically impact the environments in which we live and work.

Gaius Nelson is an architect and member of the SAGE steering committee. He also serves as a member of the Task Force that is in the process of revising the AIA Guidelines for Design and Construction of Hospital and Health Care Facilities.

All the past issues of the DESIGN competition, jointly sponsored by SAGE and Nursing Homes and Long-Term Care Magazine were reviewed to identify the trends and key issues over the past eight years. This article provides a bullet point summary of the main themes that will be discussed in the session of the same name at the AAHSA in Denver this month. Look for a full-length article in next year's DESIGN '04.

RESIDENT ROOMS

- A trend is developing in the industry toward eliminating double occupancy rooms. However, many facilities provide single rooms with a connecting door to accommodate siblings and married couples.
- When double occupancy rooms are utilized, they are designed with a physical barrier to help residents achieve a sense of territory (casework or full walls). The use of the so-called "privacy curtain" is diminishing.
- The resident room is getting larger every year and the design is moving away from the traditional "white box" towards a unique room with built in amenities such as window seats, desks, and picture rails.
- Toilet rooms are also getting larger every year and incorporating proper clearances for handicapped access, fold down grab bars for a two-person assist, in bathroom storage, and environmental comfort features (heat lamps & radiant panels).

THE "SPA"

- The "Spa" or common bathing room is fast becoming a key marketing point.
- The "grand" spas may seem out of reach, but we have seen some examples of what can be accomplished with minimal physical environment changes and concurrent operational changes.
- Operational issues are just as important as the physical appearance of the space.

Resident privacy & dignity can be greatly enhanced with minor operational changes (i.e., limiting the number of staff who enter the spa while it is occupied).

BREAKING DOWN THE SCALE

- **Super DE-size it:** There is a clear emphasis by designers to produce smaller care setting, or at least create an illusion of a smaller care setting. Examples include constructing a group of small structures and pulling the buildings apart into visually smaller pieces.
- **Cluster Power:** While clusters are a clear pattern, operational issues are still apparent. The challenge is to find ways to efficiently staff and operate these settings without comprising the small household feel we are seeking to achieve.
- **Size Matters:** People do not always like to spend a great deal of time in the large hospitality spaces we create. Communities are responding by offering residentially scaled living rooms and other options to the grand dining room.

HOME VS. HOTEL APPROACH

- Some facilities recognize that they are made up of a variety of environments; home, hospitality, medical, business, retail, commercial, public, etc. and support these differences through the design. Others don't recognize this diversity of purposes.
- Facilities are figuring out how to blend different environments into a natural sequence of spaces so they are familiar and comfortable to the people they are serving.
- Some facilities show a disconnect between what the architecture is "saying" to the customers and what the organization is telling people through its marketing efforts. The most common example is marketing language that talks about being home-like, with a design that says "hospitality" or "hotel".

TRENDS IN LONG-TERM CARE DESIGN: USING ENVIRONMENT AS A THERAPEUTIC TOOL

Continued from Page 5

ALZHEIMER'S BEYOND

THE SKILLED ENVIRONMENT

- Early stage dementia examples, when first presented, relied primarily on what was being done with skilled dementia.
- There are good examples of assisted living environments designed and dedicated exclusively to dementia residents and they are starting to lead the way with some pretty innovative features; town squares featuring a spa, bar and grille; boutique, salon, hardware store, wellness and town center meeting rooms as well as European main streets complete with spa, salon, chapel, town hall and neighborhood gathering spaces.
- Understandably, there are more design opportunities and flexibility in meeting the needs of those with early to middle stage dementia than later stages. The exciting part about these concepts is that they are introducing life experience environments as a response to a therapeutic need that may solicit a closer look from the skilled and assisted living providers.

INCORPORATING NATURE:

- **Let there be Light:** Natural light and views have multiple benefits and are increasingly used in all resident living areas and not limited to only resident rooms.
- **Doing what comes Naturally:** Gardens and natural spaces have become a key focus of many senior living communities. These green spaces are not just places to view from afar, but also include porches, sunrooms, pergolas and roof decks, etc. which are meant to be used on a regular basis.
- **How Green is my Valley:** We are starting to see the use of green buildings methods and sustainable design concepts in Senior Living settings. Examples include daylighting, solar heating, adaptive reuse of buildings and locating facilities in walkable communities.

RETIREMENT COMMUNITY ISSUES

- **The Continuum and the Community:** Continuing Care organizations are seeking ways to expand services into existing communities. Examples include the rise of adult day care services and the construction of senior housing into a vibrant urban fabric.
- **Main Street, C.C.R.C.:** Senior living communities are now resembling new towns and villages, as compared to the country club images we frequently saw in the past. In the future, we may not know where the town ends and the retirement community begins.
- **Back to School Days:** The generations entering retirement today are abandoning the rocking chair for an active busy time of their life. We are clearly seeing more examples of retirement communities being located in college towns or adjacent to a college campus for the mutual benefit of both residents and students.

AMENITIES

These are mostly, but not exclusively, found in CCRC projects:

- Health and Wellness Centers (pools, Jacuzzi/whirlpool, weight machines, walking tracks or paths, par course)
- Social areas (movie theater, club house, areas set up for cards and other games, space for live theater/guest speakers, art gallery for the community artists, café and restaurants open to the public)
- Technology (computer rooms which may be centrally located or, increasingly, are incorporated into each apartment/bedroom)

MEETING STAFF NEEDS

- Facilities are de-emphasizing nurses' stations by creating "concierge type" work areas and moving record keeping functions to back of the house areas. To meet code requirements, these work

areas are often placed so they provide the necessary visibility down corridors.

CREATING A SENSE OF COMMUNITY WITHIN THE FACILITY/ORGANIZATION

- Successful projects created places that give people a reason to get together (e.g., having a cup of coffee together at the kitchen table).
- Interesting spaces provide things for people to do together (e.g. an intergenerational playground).
- A number of facilities create favorite or preferred destinations that bring together people from different parts of the community (main street with shops, café, bank, wellness center, spa/beauty shop, etc.).

REMODELING CONCERNS

- There is a trend to creatively remodel large commercial spaces to serve as senior citizen centers bringing together a large range of senior services. Creative reuse can benefit both the owner and the client, think outside of the box!
- In rural America, there has been a tendency to remodel underutilized acute care facilities into combined acute and long-term care facilities frequently accompanied by physician offices and therapy services.
- Some long-term care facilities have remodeled underutilized areas into small in-patient hospice units. We have also seen the development of several small free-standing hospice units that were very sensitively designed.
- The most successful renovation project involved more than just updating finishes and furnishings. Creative projects thought about the way spaces function and relate to each other.
- A renovated environment is more effective when the staff also receives training on how to adapt operational procedures to fit the new setting.



MEMBERSHIP FORM

Society for the Advancement of Gerontological Environments

SAGE MEMBERSHIP BENEFITS

- Networking opportunities for architects, designers administrators and regulators
- Peer-to-peer problem solving advice
- Discounts at SAGE conferences and educational events
- Newsletter
- Annual copy of the DESIGN issue of Nursing Homes Magazine

SAGE MEMBERSHIP: \$50/year Individual Membership

\$150/year Organization Membership (*up to 5 members*)

Name _____ Title _____

Organization _____

Address _____

City, State Zip _____

Phone _____ Fax _____

E-mail _____

MEMBERSHIP TYPE

Individual

New

Organization – *Please list up to 4 additional members below.*

Renewal

Name

Title

E-mail (*very important*)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Membership questions?

Contact: Suzanne Sandusky

440-256-1880 • info@SAGEFederation.org