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

Volume 4, Issue 1 April 2004

Upcoming Events

CONFERENCES IN 2004

ASA/NOCA Conference: "The Road Ahead: Taking the Journey Together"
April 14-17, San Francisco, California
Of special interest: Full-Conference Track on Culture Change: Building Home Where Elders Choose to Live

American College of Health Care Administrators: "Discover the New World of Long-Term Care"
April 17-20, Columbus, Ohio

Alzheimer's Association National Alzheimer's Disease Education Conference
July 16-18, Philadelphia, Pennsylvania

Pioneer Network, "There's No Place Like Home"
August 4-7, Overland Park, Kansas

Alzheimer Disease International
October 15-17 Kyoto, Japan

American Association of Homes and Services for the Aging: "The Formula for Success"
October 25-28, Nashville, Tennessee
Of Special Interest: SAGE POE of Mary Queen of Angels: October, 26

SAGE Annual Members Meeting
October 26, 2004, 12:15 at the AAHSA Annual Meeting, immediately following the POE session.

Comments from the President

Dear SAGE Members:

Another year has passed and the presence of SAGE is growing across the country. The drive to form state units is showing results, with active chapters in WI, OH, UT, KS, IL and MI. If you would like to join a current state unit or are interested in forming your own state chapter of SAGE, drop us an email.

The SAGE federation steering committee has started preliminary planning for a 2005 national conference with the theme "Culture Change in Architecture". The exact location has not been determined, but the Ohio state unit of SAGE will host the event. Even though the location and venue are still in the preliminary planning stages, we are striving to offer several educational sessions concerning the physical environment and design for aging. Keep an eye out for new information in the newsletter and conference mailer.

As in previous years, SAGE is planning a strong presence at the annual AAHSA meeting and exposition. This year's meeting will be held from October 25-28, 2004 at the Opryland Resort & Convention Center in Nashville, TN. SAGE is currently confirmed to present a Post Occupancy Evaluation (POE) of Mary Queen of Angels, and we are awaiting a response on other submitted presentations.

The annual DESIGN competition magazine, a collaboration between SAGE and Nursing Homes Long Term Care Management magazine, will arrive in your mailboxes in early April. This year's offering is geared to be the best yet, with interesting projects and informative articles. Don't miss the article on "Rethinking Bathrooms & Toilet Rooms for an Aging Population: A SAGE Recommended Design."

Hope all is well in your own communities.

Remember one person, with motivation, and some SAGE advice can make a difference.

Sincerely,

Andrew Lee Alden
President, SAGE National Federation

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State Updates

SAGE-Ohio opened its 2004 season on January 29th by holding a highly interactive planning session at Wesley Glen Retirement Community in Columbus, Ohio. Those attending exemplified the SAGE spirit of collaboration and a determination to explore and share ways of improving environments for older adults.

A partial list of the work that was agreed on to be undertaken for 2004 is as follows:

- Develop a State Unit that is independent of any personal interest, with a high degree of credibility that is respected and recognized for its fair and unbiased opinion.
- Work with the Ohio Department of Health (O.D.H.) on the five (5) Year Evaluation Plan.
- Explore an opportunity of presenting to CEO's in a breakout session at AOPHA's statewide conference in September.
- Sponsor a SAGE Day event and complete a post occupancy evaluation (P.O.E.) of a current Ohio facility, which could then be presented at either the AOPHA conference or at SAGE Day.

On April 6, 2004, we will be holding our next meeting at Friendship Village of Columbus. The meeting will begin with a tour of Friendship Village, followed by Dr. Leopold Liss speaking on "Falls and Dementia a Quadruple Jeopardy", and then our regularly scheduled business meeting and lunch.

For additional information please contact Jerry Maddox at maddoxj@maddoxnbd.com (800) 381-6757 or (614) 764-3800.

SAGE -Utah Our chapter continues to meet on a monthly basis and we are anticipating presenting workshops at both the Utah Assisted Living Association and the Utah Health Care Association conferences this year. We have found that networking with other organizations dedicated to senior issues has enabled us to communicate the mission of SAGE to larger audiences throughout the state. Through this means, we hope to attract an increased membership among facility owners and administrators.

As a chapter, we provide abridged facility evaluations with recommendations for renovations to SAGE member organizations. We completed our first evaluation for Hillside Rehabilitation Center in December. Evaluation team members included Tracy Stocking, AIA of Tracy Stocking Assoc. Architects, John Pace, AIA of Pace Pollard Architects, Bill Bonn, AIA of the Utah State Dept. of Health – Facility Licensure Division, Susan Crook, ASLA of G. Brown Design, Patricia Brown, IIDA of the Center for Lifespan Environments and Dennis Nuckles of Arnell West General Contractors. The evaluation included renovation recommendations that would not only increase the marketability of the community, but would increase the residents' quality of life as well.

We have also become actively involved in two legislative bills that were being presented during the last session. House Bill 249 dealt with a building moratorium that has been in effect for many years here in Utah. The bill restricts new skilled nursing providers from entering into business in the state and dictates the allowed limits of growth for existing skilled nursing facilities, whether through new or replacement beds. A second bill being presented before the Senate dealt with self-assessment taxes on skilled nursing facilities and would provide matching federal reimbursement for these taxes – hopefully enabling much needed renovations. We would like to express special thanks to Susan Crook, ASLA, who represented SAGE while meeting with representatives on Capitol Hill. For more information on SAGE-Utah, contact Cindy Collins, cjcollins@qwest.com or (801) 274-3076

SAGE-Wisconsin SAGE Days continue to be the key element in the annual programming for SAGE Wisconsin. A successful SAGE Day (Post-Occupancy Evaluation) was held in October 2003 at Upland Hills in Dodgeville, Wisconsin. This innovative skilled nursing facility, designed around households of 11 residents, provided a valuable learning experience all. Another SAGE Day is being planned for late September of this year.

A major long-term project of SAGE Wisconsin is assisting the State of Wisconsin update the state nursing home building code, Health and Family Services (HFS) 132. Wisconsin Department of Commerce adopted the International Building Code (IBC) as of July 1, 2002, and CMS adopted the 2000 version of the 101 Life Safety Code. The result of all this new code content is a need to revise HFS 132 to remove regulations covered by the other codes, select the dominate code where conflicts exist, and incorporate into HFS 132 the SAGE Design Principles. The SAGE Design Principles encourage the use of environment-behavior concepts to improve the quality of care and life for residents and the efficiency of staff, while maintaining resident and staff safety.

STATE UPDATES *continued*

One of the SAGE Wisconsin members, Hoffman LLC, developed a reference matrix comparing all of the above codes to permit easy identification of differences.

The State will modify HFS 132 in “waves” beginning with those items that are most easily accepted by all stakeholders. The planned Wave #1 revision includes some outcome-based design opportunities for which the State has been providing variances for several years. When the revisions are finally approved, SAGE is planning a workshop for providers and architects to assist them in understanding how to effectively incorporate these design opportunities into their projects. Using outcome-based regulations creates more challenges for architects and providers than prescriptive codes, since they must provide evidence-based justification for their selected approach. Regulators are also challenged to use reasonable methods of evaluating if designs will achieve the desired outcomes. SAGE can be a major help to both groups in utilizing outcome-based codes. For more information, contact David Green at @dgreen@evergreenoshkosh.org or (920) 233-2340

SAGE-Kansas Regulatory issues are an important focus in Kansas as oversight of care facilities transition from the Kansas Department of Health and Environment to the Kansas Department of Aging this year. The Physical Environmental Regulations Team is providing input for immediate re-writes and re-numbering of state regulations as a result of the Department change. They also continue to develop outcome-based criteria for use in the total re-write of the regulations. Recommendations for resident living spaces were the group’s first focus. Recent work has been on the spaces that support nursing and dietary functions. The active participation of staff who use these spaces has been a boon to group members as they strive to better understand staff processes and related space needs.

SAGE will have a booth at the KAHSA (Kansas Association of Homes and Services for the Aging) Conference April 28-30 in Wichita. Before and after shots of renovated facilities will be featured along with information about SAGE and its Kansas members. Other conference activities include a proposal for a presentation at the August 2004 Pioneer Network/ Culture Change Conference in Overland Park, KS, and a presentation for the KACE Conference scheduled later in the same month.

The source of presentation content is derived from a series of articles being written by members. Articles will include Cultural Change, Financing Environmental Changes, Wellness Programs, Landscaping Exterior Environments, Renovation versus New Construction, Ergonomic guidelines of OSHA, Engaging Users in Design, Toilet Room Design and Fire and Life Safety Code Issues. These Articles will be included on the chapter’s web site, which is also being “renovated” in collaboration with the National group’s efforts. The Site Evaluation Team keeps its “before and after” photo albums fresh through a regular schedule of site visits. The team completed one pre- and one post-occupancy evaluation recently and three more are scheduled for spring. The team helps facilities to clarify their goals for construction or renovation projects, leads facility staff in discussions of options and ideas and prepares a written summary of observations and recommendations that is returned to the facility administration and to SAGE members. Finally, preliminary ideas for a SAGE-Kansas day in 2005 have begun. For more information or to become involved in the Kansas Chapter, contact Tom P. Montgomery, (316) 265-9367. The next meeting is scheduled May 5, 2004, at St. Joseph Village, Manhattan, KS.

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The State of Disconnect

By Avalie Saperstein and Maggie Calkins

One of the most salient findings of the Lexicon Project is the disconnect between design and programming. Researcher observations revealed many design features being included to reflect the needs of persons with dementia. Yet, facility operations failed to allow some of these design features to serve their intended therapeutic impact.. This article will summarize four of the most predominant disconnects observed and explore the perspectives of facility staff and administrators in these areas.

Kitchens

Designing a residential kitchen in resident living spaces seems to be today's hot topic. Our literature review, especially in the trade magazines, touts the kitchen as a perfect way to bring a homelike aesthetic into facilities. However, several of the kitchens we have observed did not appear to have any meaning for the residents nor draw their attention. In fact, they are marketing showplaces, not functional kitchens that are a part of residents' lives.

One kitchen was placed in the center of the household to serve as the center of activity, such as in old farmhouse kitchens. In reality it falls far from that image. It was a facility kitchen, functional for the staff and part of the staff's domain. The kitchen was used as part of food service: food was plated here for meals and dishes were washed after the meals. Although adjacent to the resident dining area and visible from at least half of the residents' rooms, it failed as a central congregating point in the household. Cooking groups were infrequent, and implemented so that residents could have visual participation, watching a staff member cook, but not actively participate. Furthermore, there appeared to be an "unwritten" rule that residents are not to be in the kitchen, in the refrigerator, etc.

Another kitchen, physically disconnected from dining and located at the end of a household living room, was intended as a therapeutic kitchen for cooking groups as well as to provide a homelike aesthetic to the household. Despite the fact that families praised the cooking activities groups, they occurred infrequently. Since the kitchen shares space with the household living room, staff stated that its use conflicted with activities scheduled in the living room. Living room activities were considered more important because they involved more residents. Further, staff identified that a cooking activity required more time from beginning to end, and yet could only be done in small groups. Although the kitchen was specifically designed to support the small group programming that is viewed as most beneficial for residents with dementia, the efficiencies of mass programming prevailed and it was seldom used. Further, although the kitchen was specifically designed to present a homelike aesthetic, the kitchen was, at most times, closed off from visual access as a way to ensure resident safety. The lack of visual access to the kitchen mitigated any positive visual aesthetic it might have contributed. In response to their lack of use, the facilities' administrator is considering removing the kitchens from most households to give more space for large group activities, retaining only a few for some cooking activities.

Resident Rooms *relating to enhancing autonomy and personalization*

Administrators were proud of their private rooms and spoke about these rooms as enhancing resident privacy, autonomy and personalization, allowing residents to decorate and arrange rooms as they saw fit. One facility did indeed actualize this goal. Residents were encouraged to bring in their own furniture and arrange it and decorate the entire room. Sadly, this facility was the exception.

Most facilities had rules or design limitations that prohibited resident autonomy in arranging and decorating their rooms to suit their personal preferences. Sometimes rooms were too small to rearrange or hold much of a resident's own furniture (which was bigger than the institution's compact furniture). In several cases, the facility's furniture could not be removed. One facility secured the furniture into the wall, limiting both room arrangement and the types of resident furniture that could be added. In this case, preserving furniture's lifespan and eliminating the need for furniture storage took precedence over resident autonomy and personalization.

Several facilities used the institutional bulletin boards as a substitute for allowing objects to be hung on the walls, thereby eliminating the cost for wall repair. The experience of one facility is instructive. During the planning stages of the project,

attention was focused on the goal of enhancing resident personalization of their room. Horizontal space was created with wide windowsills and a plate rail to encourage display of personal objects. A conscious decision was made to wallpaper the lower half of the walls and paint the upper half so that residents could decorate—paint being easier to repair than wallpaper. However, when the building was opened, bulletin boards were provided for hanging objects and a rule was enacted which prohibited pictures from being hung on the walls. In the end, the extra time and resources entailed in fixing wall damage when rooms turned over was considered more important than resident personalization.

WAYFINDING

Every administrator and several staff members spoke to the importance of implementing wayfinding strategies for their residents. However, the actual strategies employed were disappointing. Color was the primary wayfinding device discussed, and in most facilities, the colors were pastels that are difficult for older eyes to discern. The walls and floor coverings of rooms that are adjacent to each other are often different colors. One facility employed different color carpet inserts to encourage wayfinding. However, there has never been any evidence that color-coding—by itself—serves as an orientation cue for residents with dementia. The lack of understanding about orientation cues is further evidenced by the use of the same furniture in multiple households—varying it only by the color of upholstery, the wood color or other subtle design features. Several of these facilities have floor plans that are quite confusing, and there was virtually no attempt to provide meaningful cues at the places where residents (as well as staff and visitors) need to make decisions about which way to turn.

The only positive orientation cue in these sites is the inclusion of memory boxes at the resident bedroom entrances, which have been found to increase orientation in the early stages of dementia. To the credit of one facility, it incorporated large memory boxes that enabled the placement of objects as well as photos

RESIDENTIAL SIZE SPACES

Many of the facilities included a small residential size activity and socialization space to meet the needs of persons with dementia. Some facilities surround these social spaces with residents' rooms and include a decentralized nursing staff desk. Our observations, confirmed by discussions with staff, indicated that these spaces were rarely used because staff did not activate these spaces. Rather, staff tended to implement activities in the larger spaces so more residents could be present. The old concept of mass activities is alive and well. Specific reasons given by staff for not using the smaller spaces included: not enough staff to be in each space, small group programming being viewed as inefficient compared to mass programming, easier for staff observation when residents were congregated in one room, and difficulty having one staff conducting programming because of resident toileting needs.

One facility illustrates this issue. This facility was designed with four clusters of common space surrounded by resident rooms and the placement of a decentralized nurse staff desk. The design intention was to reflect the residents need to socialize and congregate in smaller groupings. Over a very short time period, these separate groupings dissolved; staff and residents congregated in one space adjacent to an activity room resulting in a dayroom type of environment. The administrator explained this evolution as what the staff wanted, so they could be together and easily observe residents. She acknowledged that, since there were so many important issues in caring for residents in this unit, it was not worth insisting staff break-up into smaller groupings.

CONCLUSIONS

There are a myriad of ways to understand these disconnects and devise strategies to more effectively link activity programming activities with design features. One approach is for providers and designers to work together at translating their goals not only into space design, but to operationalize their philosophy of care into everyday operations. Difficulties abound. Reimbursement rates for nursing home care are limited, barely meeting the costs for staffing small resident groupings or everyday maintenance and housekeeping demands. Yet this is not the whole story. Providers and staff are often stuck in a medical mindset of operations. It requires enormous amounts dedication, training and reinforcement to change attitudes and old operational patterns to adopt and implement new philosophies of care that are more responsive to caring for persons with dementia. But it is being done effectively in some facilities.

There is still a "if you build it, they will use it" attitude pervasive in the industry. The kitchen is the best example: "if we have a kitchen, we will be homelike" goes the thinking. "All the best references tell us we need a kitchen." Designers need to assist providers in understanding that it is how spaces are used that impacts the more intangible attitudes about a space. Creating a kitchen that simply substitutes as a staff work space, that has no connection for the residents to their experiences of what a kitchen is, of what it means, is a waste of money. But creating a space that is actively used (i.e. programmed) to evoke the imagery and memories of good times spent around the kitchen table is invaluable.

Moreover, as demonstrated by the issue of wayfinding, providers need to know the limits of what the different strategies can do: color is only one approach and the layering of cues that appeal to different senses and modalities are essential to residents successfully navigating space.

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The State of Disconnect *continued*

The provider motivation is there, they understand that wayfinding is important, but they do not have many strategies to implement the concept. Designers need to not only provide the options, but the education about why multiple strategies are critical.

Finally, both designers and providers need to become more cognizant about the inherent trade-offs involved in every design decision. It is important for designers to articulate to the provider the costs and benefits of design features related to meeting resident, organizational, staff and family needs—as in the examples of personalizing bedrooms. As the design process continues, when decisions of meeting the needs of one group (maintenance costs) outweigh the decisions in favor of another (ability of residents to hang personal artwork in their rooms), those trade-offs need to be identified and discussed in light of the facility's mission. What this research found was a clear disconnect between the publicly expressed mission/values of long-term care organizations and the reality of how that culture is expressed in the everyday operations.

Reminder

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

Membership form is provided on the back of this newsletter. Thanks for your continued support. The date of your last renewal is printed on the mailing label. If there is no date, it means you are either not a current member, or we do not have up-to-date information. If you want to check your membership status, please contact Suzanne Sansdusky at 440-256-1880 or at info@SAGEFederation.org.

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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 ______________________

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Membership Type

☐ Individual ☐ New

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