Resident and Staff Influence on Facility Redesign

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In 2002 The Hamister Group, Inc. had to make a difficult decision: either close Brompton Heights assisted living (AL) facility in Williamsville, NY, or commence a major reconstruction. The facility had become uncompetitive since its opening in 1982. The owners realized that the reconstruction project would be very expensive (ultimately $11.5 million), so a careful evaluation of customer needs was necessary before moving forward.

Figure 1. The Brompton Heights dining room features chef-prepared meals.

Collecting Ideas

The management team conducted extensive research with its residents, their families, and staff, based on the premise that residents and workers would be able to show them things that they couldn't see or imagine. Residents and their families participated in formal focus groups and one-on-one meetings, while frontline staff attended semi-formal focus groups. The goal was to gather specific suggestions (such as how to improve the sleeping experience) and to learn what residents missed from their lives before AL.

Bringing the World into AL

By the completion of research, the theme of the new design had taken shape: *Bringing the World into Assisted Living*. The new facility was going to be more than a luxurious building with improved safety features: resident rooms would be more home-like, and common areas would imitate the recreational facilities of the world outside.

The first priority of the residents was an improved dining experience, both in terms of food and atmosphere. The new dining gallery was modeled on the dining rooms of local country clubs (Figure 1); chefs were hired and the menu improved. Now residents enjoy multiple choices of fine meals at each seating. A large private-dining room allows residents to host a meal or party for their families and friends, dictating the menu and schedule, just as they would at a restaurant.

Brompton residents also requested recreational snacking for themselves and their guests. A small ice cream bar with a larger parlor doubles as a coffee house (Figure 2). Here residents can enjoy ice cream cones with their guests for just 5 cents or meet with their friends over coffee and snacks.

The second priority of residents was a better recreational experience. Whereas the old building had just 1 recreation room on the lower-ground level, the new building has multiple recreational spaces: a larger, brighter recreation room fac-

ing a landscaped outdoor courtyard with walking paths, a computer center, a library, and a game room for chess and billiards. The number of recreation staff was doubled.

One of the things that residents missed most from their previous lives was going to the movies. So a 12-seat cinema, complete with leather armchair seating and cup holders, was added. Popcorn is made in the ice cream parlor next door before the start of films. Families of residents can reserve the theater during non-show times to view private family movies.

Residents also longed to see their grandchildren more often. Video cams are included on the resident computers, and the recreation department now offers classes on how to use them. Corresponding cameras can be shipped to relatives anywhere in the world in less than 2 days. This new amenity improves the emotional connection of residents with families, despite distances. The entire building is equipped with wireless Internet access so that residents can E-mail their families from the 2 desktop computers or from their own personal laptops.

Figure 2. Residents can enjoy a cone in the ice cream parlor or get their popcorn for the movies.

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Creating a Safe Home-like Environment

Resident rooms are now more like home than ever before. King- and queen-size beds replace twin-size beds that residents said they hadn't used since the military or college. Suites have separate living and sleeping areas. All new rooms have at least two closets so that residents can keep more of their personal belongings and hang the coats of guests in a coat closet, just like they did in their own homes.

The new facility has a call system similar to those of many hospitals: the main desk talks with the resident while dispatching the closest nurse (all nurses carry a portable phone). Residents are reassured, and response to calls is faster. Walk-in showers in new bathrooms have fold-down shower seats and 2 shower heads (1 stationary and 1 removable).

Aging in Place

Residents and families expressed a desire for increased opportunities to age in place. Brompton has had 24/7 on-site nursing since it opened, allowing residents with greater needs to live in AL. As part of the renovations, a 20-bed Memory Care Wing was added, enabling memory-impaired residents (new admissions and residents from AL whose care needs have increased) to live in a dignified fashion, without chemical or physical restraints. The unit is locked and has a dining room, recreation center, lounge, enclosed outdoor area, and nursing station. In fall 2007, phase 2 of the renovation project will be completed, including 16 independent-living apartments. These private apartments will accommodate individuals who can still manage on their own, but need to know that help is available. Independent-living residents will have complete access to the common areas, dining gallery, and recreational activities of the AL facility. The apartments are equipped with the call-bell system, and meals can be delivered whenever requested.

Integration of Nursing Staff

Brompton Heights' nurses requested that nursing stations be decentralized and broken down into smaller stations spread throughout the facility (Figure 3, see page 29). Whereas the old building had 1 large nursing station for 160 residents, the new design has 5 nursing stations spaced throughout the building for the 174 AL and memory-care residents.

Improved indoor and outdoor break space for staff enables them to relax, socialize in private, and

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in partnering for the greater good of environments for the elderly.

Serving the Elderly Population

This work comes together for a single purpose: creation of environments for the elderly population that enhance their lives and provide a productive workplace for staff (see *Creating Community Through Design* on page 21 of this issue). Through the mid part of the last century, environments for seniors were primarily institutional, unwelcoming, and designed simply to be a weigh-station for the aged as they progressed to the end of their lives. In the late 1980s and early 1990s AL became popular with its more home-like environments and humane approach to care. This approach emanated to other care provision areas, particularly nursing and special care for those with dementia. It didn't take long for designers and care providers alike to conclude that environments sensitive to the care needs of the aging and to the care provision of the staff would make a significant difference in the quality of life for both residents and staff.

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Sharing what we've learned in the last couple of decades with as many designers and providers as will listen is ultimately the task of the DFAKC. Because we are just beginning to scratch the surface of this information, particularly evidence-based design research, there is much to do. There is also room for many beyond the profession of architecture to help with that collection and dissemination of information. We who are deeply involved with the DFAKC consider it a labor of love and willingly devote resources to the task. With an increasing interest in environments for the elderly populations and a rapidly changing demographic, the task can, at times, seem tremendous. But the bottom line is that if this work is left undone, we as a country will ultimately suffer.

For more information on the DFAKC, visit the AIA at: www.aia.org/dfa3_template.cfm?pagename=dfa%5Fdefault. ALC

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re-energize. The new building contains a private-access staff lounge and an outdoor fenced-in courtyard.

A wander-alert system and video cameras are managed from the main nursing desk, where staff members are informed immediately if a resident with an alert monitor exits the building. The name of the wandering resident appears on the computer screen; included is which door was exited. Security cameras allow staff to observe what direction the resident has taken. As soon as the alarm goes off, a coworker can be dispatched to accompany the resident back inside.

Twenty years ago many of those who live at Brompton Heights would have had to enter a skilled nursing facility. Staffing and design changes in facilities like this one now allow more residents to age in place. More important, however, the quality of life found in many AL facilities has greatly improved. In fact, at Brompton, residents and staff call the new building a "reinvention of luxury assisted living." ALC

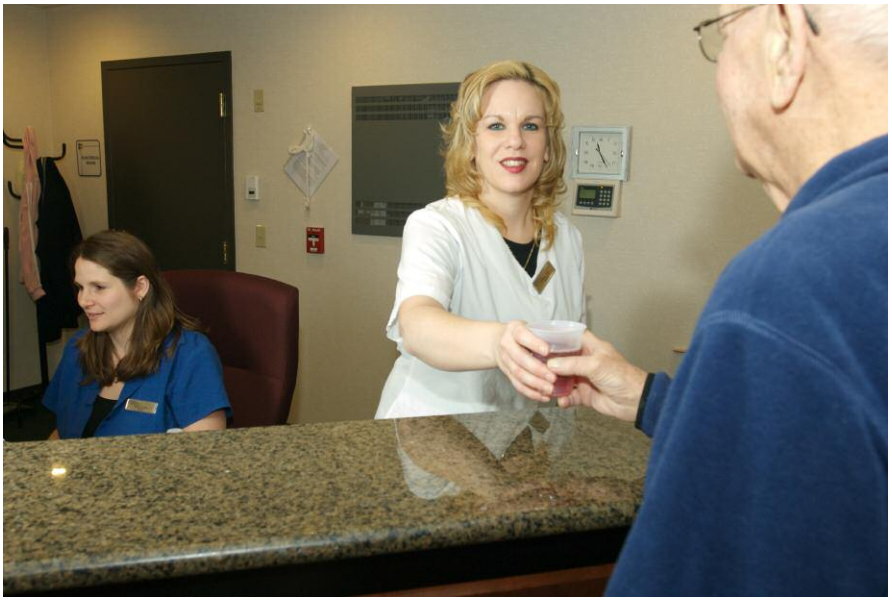

Figure 3. At the request of the nursing staff, smaller decentralized nursing stations were placed throughout the building.

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