



## Form Directing Function



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As the Founding Executive Director of the University of the Sciences in Philadelphia's Health Policy Institute, Dr. Stefanacci is building on his recent tenure as a Centers for Medicare and Medicaid Services (CMS) Health Policy Scholar. In that role, he spent a year working on policy development and implementation of the Medicare Part D Pharmacy Benefit, particularly regarding access issues for frail elders.

Dr. Stefanacci has a long and passionate history in long-term care (LTC). Having served as medical director for several nursing facilities and continuing care retirement communities, he is well versed in the needs of LTC facility residents. Additionally, Dr. Stefanacci's geriatric experience includes over a decade as a medical director of a large primary care private practice, a full risk provider group, a Medicare + Choice (M+C) HMO, and a Program for All-inclusive Care for the Elderly (PACE) initiative in Philadelphia.

A graduate of A.T. Still University, Dr. Stefanacci completed his clinical training at the University of Medicine and Dentistry of New Jersey in Internal Medicine and a fellowship in Geriatrics at the same institution.

Dr. Stefanacci serves on the board of trustees at A.T. Still and previously served on the National PACE Association board. He also is an active member of the American Medical Directors Association (AMDA), American Society of Consultant Pharmacists (ASCP), and the American Geriatrics Society (AGS). Recently, he was recognized as an American Geriatrics Society Fellow (AGSF). In addition to writing and lecturing extensively, Dr. Stefanacci serves on the editorial boards of *Caring for the Ages*, *LTC Interface*, *Jefferson's Health Policy Newsletter*, *The Journal of Quality Healthcare*, and *Medicare Patient Management*.

If you are looking for signs that we are in a brave new world, look no farther than The Zimmers "My Generation" on YouTube ([www.youtube.com/watch?v=zqfFrCUrEbY](http://www.youtube.com/watch?v=zqfFrCUrEbY)). This is extraordinary for 2 reasons. First is the fact that technology has made videos like that of The Zimmers accessible to the world instantly. Just a few years ago, the only way to view a video like this was to accidentally catch it on VHS or MTV or trek to Tower Records (which no longer exists) to purchase a copy...things have changed.

The second note regarding The Zimmers' video is the content—this group of seniors (average age, 78 years) belt out the classic "My Generation" in support of their own generation. Clearly The Zimmers are not the sedentary aging nursing home residents of years ago.

The Zimmers on YouTube demonstrate the changes that are affecting aspect of senior care; namely, the use of innovative technology to improve communication and the actions this group is taking to direct their own care like never before.

Gone are the days when we dictated to seniors how their care was going to be delivered. Gone are the days when providers designed facilities and systems to meet their own needs and not necessarily the needs of the individual seniors. All of that has changed!

Today, senior health care is driven to improve quality by focusing on the individual senior. This drive to improve outcomes is not solely the pursuit of clinicians but goes well beyond those of us at the bedside. Today architects, designers, and builders are all playing a vital role in improving outcomes.

Increasingly, the design profession has applied these principles to new fields, including health care.

Architects and designers now look at credible research related not just to structure and mechanical engineering but also to clinical outcomes, behavioral science, the environment, and technology. The goal is to improve medical outcomes, patient safety, employee satisfaction, and even financial performance through better form.

Function and form are directly related; therefore, design impacts the functional abilities of assisted living (AL) residents. This issue of *Assisted*

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*Living Consult* looks at form and function from many different perspectives to enlighten the entire AL team so they can play an active role in the process of improving outcomes for seniors.

### Resident Focused

Nektaria Hamister documents the approach of calling on both the clinical team and the residents themselves to redesign an AL facility around residents' needs. By asking the opinions of residents, the redesign can be focused on those areas that residents consider most important, which at Brompton Heights was dining and recreational experiences (see *Resident and Staff Influence on Facility Design* on page 23).

At the San Francisco nursing home, Laguna Honda, a complete redesign is based on the principles of patient-centered care in which form directs function and technology is planned to improve communication. The process of redesign at Laguna Honda was recently reported by Heather Hayes in *Government Health IT*, but it is important enough for our issue to restate some of the points she so aptly raised.

Derek Parker is a principal at Laguna Honda's architectural firm of Anshen + Allen ([www.anshen.com/](http://www.anshen.com/)) and also a member of the Center for Health Design's board of directors. He points out that the task of applying design innovations to a long-term care facility was not easy. Most of the models for this approach come from acute-care settings, and designers had to modify the concepts for Laguna Honda.

The architectural layouts and technology features of Laguna Honda have created a facility that is less hospital-like and more home-like). Workflow, communications, and clinical and operating applications have been improved.

Larry Funk, associate administrator of Laguna Honda's building program, explains that the new facility clusters patients into 15-member "households" that are part of larger floor-sized "neighborhoods." A private dining room and a great room for socializing are incorporated into each household.

Floor-to-ceiling windows at the south side of each building draw in sunlight. Secure, well-lit walking paths, gardens, an orchard, an animal farm, and a greenhouse provide residents with plenty of outdoor therapy. According to Funk, the exposure to sun, nature, and activity has been "proven to help combat dementia, reduce agitation, encourage deeper nighttime sleep, decrease the use of medicine, and

## My Generation Takes on a New Meaning

Lead singer Alf Carretta, 90, dons his headphones, and fronts the world's oldest gigging band, the Zimmers, in their new single, "My Generation," a re-make of the Who's tune. Just like the original song, this version has political statements to make—but this time, they're the statements of an older generation expected by society to just fade away. The band, with an average age of 78, was formed in early 2007 and recorded their debut album at the Abbey Road Studio in London. Combined age of the 40-member band? An incredible 3000 years.



The group is the brainchild of documentary maker Tim Samuels and will be featured in an upcoming BBC special on disenfranchised groups. Says Samuels, "This is about old people sticking it back to the society that has cast them aside."<sup>1</sup>

The documentary *Power to the People: The Great Granny Chart Invasion*



screened on BBC2 in May. My Generation was released May 21. See [www.youtube.com/watch?v=zqfFrCuREbY](http://www.youtube.com/watch?v=zqfFrCuREbY).



Photos: Danny Clifford/BBC

### Reference

1. Rock elders aim for chart success. BBC News Web site. Available at: <http://news.bbc.co.uk/2/hi/entertainment/6549333.stm>

provide a positive perception of general wellness.”<sup>1</sup>

The information technology (IT) architecture of the facility maximizes communications and sharing of clinical applications. Treatment decisions are based on evidence-based medicine, which is more easily shared with all staff via IT. A single, robust network runs data, voice-over-IP, wireless systems, the air conditioning and heating, security, power distribution, and medical equipment systems. The clinical team will receive wireless devices loaded with clinical and patient information so they can access a number of workflow applications, including the computerized physician order entry system. Eventually staff will also be able to send and receive electronic records.

Despite the architects’ plans to provide a more home-like environment for Laguna Honda’s residents, they are drawing criticism, as is the city of San Francisco. The original large nursing home, founded in 1866 as an alms house, is being replaced by an equally large \$600 million structure, which will provide 780 to 1200 beds. According to Elizabeth Clemmer, a just-retired director at AARP’s Public Policy Institute, the plans for the large facility are bucking the nationwide trend toward smaller, more intimate AL facilities. In fact, AARP is part of a group suing the city of San Francisco in an effort to force them to provide more choices for elderly residents—choices such as AL facilities.<sup>2</sup>

Whichever side of the Laguna Honda project one is on, it is clear that form can dictate how residents function. A facility’s design can improve or make more difficult the clinical management of AL residents. For example, facilities that utilize neighborhood designs can reduce the confusion elderly residents may have in these new sur-

roundings. Residents are able to relate the design of the AL facility to their previous neighborhoods. Gone are the long, identically patterned hallways that make it difficult for residents and staff to find their way. Because AL facilities care for an increasing number of residents with cognitive impairment, these design features that reduce confusion are critical (see *Design in Action: The Village at Waveny Care Center* on page 25 of this issue).

Public spaces must also be redesigned to better accommodate our aging population. I was recently at Foxwoods, one of the largest



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casino complexes in the world (and which attracts a large number of seniors), where I noticed several design features aimed at the older population. Just as you see at most major theme park entries, there was an electric wheelchair rental station for seniors with ambulatory difficulties to navigate the massive complex. Next I noticed at all the bathroom locations there was a separate room labeled “Companion Assistance” with a wheelchair logo on the door. Clearly this complex is looking to assist their guests that need extra assistance.

**Getting Away from  
Design Failures**

Some environments still do not

understand the importance of design. For example, the emergency department (ED) in all too many cases can be a hostile environment to our frail seniors. Many seniors fall victim to iatrogenic illnesses that are the direct result of being in that acute care environment. Attorneys Matt Corso and Brett Littman (page 42 of this issue) make a strong case against the overcautious response of sending residents to the ED when they might better be cared for in their own homes. As clinicians learn to balance the need for acute-care intervention with the benefit of care in the home setting, we are likely to see more residents being successfully treated in their AL homes. Of course, this will require those facilities to have been designed to support this level of clinical activity. (Read what our experts have to say about this issue on page 37.)

As you read *ALC*, you will see clear examples of designs that incorporate the needs and desires of AL residents and staff, allowing residents to receive the care they need in an environment where they can continue to live independently and fully—just as The Zimmers advocate. ALC



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2. Lagnado L. Battle on home front. *The Wall Street Journal*. May 7, 2007.