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CASE STUDY

Conceptualization and development of the Household/Neighborhood Model for skilled nursing facilities: A case study



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Abstract

The conceptualization of the Household/Neighborhood Model for skilled nursing facilities began in 1987 at Evergreen Retirement Community in Oshkosh, WI, USA in the search for the “perfect” nursing home. Being able to see perfection required being freed from the mental constraints of regulations, reimbursement systems, and existing staff training programs so that visionary thinking was possible. Conceptualization was followed by a pilot project to test various aspects of the vision. The result was (1) a management philosophy built on Continuous Quality Improvement, (2) a team-based organization structure, (3) cross-functional staff roles, (4) social-model activity programming, and (5) a residential style physical setting that won strong support from the State of Wisconsin. With this support, we had the opportunity to open in 1997 the first full-scale model of a Household/Neighborhood in the United States based upon providing “resident and relationship centered services and care”. The model was validated through a year-long evaluative research study. In 2004 we opened a second full-scale model incorporating significant improvements identified through experience. The opportunity to further develop the model has been provided through its adoption in China by China Senior Care, which will open their first facility in 2014.

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1. Introduction

The objectives of this paper are to describe the: (1) drivers behind the conceptualization of the Household/Neighborhood Model skilled nursing facility at Evergreen Retirement Community, Oshkosh, Wisconsin; (2) steps taken to develop the concept, including a pilot project; (3) planning for a full-size household/neighborhood; (4) research during the

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implementation of the Continuous Quality Improvement management philosophy; (5) collaboration with the State of Wisconsin to allow construction of the first full-size neighborhood; (6) transformation of the organization structure to support the model; (7) research evaluation of the first full-size neighborhood; (8) planning and construction of the second household/neighborhood; and (9) utilization and further development of the model for use in China. This paper is a critical reflective appraisal of a participatory action research project where the physical setting, organization, staffing and operations were significantly changed to create a new paradigm of long-term care.

2. Drivers behind conceptualization of Household/Neighborhood

2.1. Early history of evergreen

The idea of a continuing care retirement community in Oshkosh, Wisconsin with both independent living and nursing home accommodations came from a successful local industrialist and his wife. They were willing to expend a significant portion of their personal funds to make it a reality with the objective of becoming residents. As a sponsoring organization for this non-profit, risk-taking endeavor they recruited the Wisconsin Conference of the United Methodist Church.

Evergreen opened in 1967 with 92 apartments for independent elders and a 50 resident nursing home providing both skilled and intermediate care. The first of 18 single-family ranch-style homes and 2 duplexes were built beginning in 1970. In 1974 a 3-story addition with 56 skilled and intermediate nursing care accommodations and 20 apartments was opened. I was hired as CEO in 1976 when the first CEO retired.

2.2. Background of author

My undergraduate education resulted in two Bachelor's degrees, Architectural Engineering and Business through a 5-year program, plus an extra year of liberal arts studies through a scholarship to broaden the education of engineers. Upon graduation in 1962, I worked as an engineer for an industrial corporation. My employer provided me the opportunity to do some volunteer service with the building committee of a non-profit continuing care retirement community. Through this experience I recognized that a career in long-term care administration would provide the means to use the breadth of my education and my desire to serve people.

In 1966 I took the position of assistant administrator at a non-profit, long-term care facility. I quickly realized that I needed more education in order to be successful in this new field. In 1968 I began graduate school and received a Master's degree in Studies in Aging in 1970. During the next 6 years prior to going to Evergreen, I had varied work experience in long-term care, the last being the owner's representative to guide the design and construction of a new skilled nursing facility.

2.3. Evergreen culture

The above history and background are relevant to the development of the Household/Neighborhood Model since this creative endeavor was ultimately the product of the forward thinking, risk-taking perspective of the Rowland's and my unique education, career path and leadership philosophy. This combination eventually resulted in the development of an organization culture that thrived on innovation and cutting-edge thinking in response to external factors that evolved over time.

The first opportunity to utilize the combination of my knowledge of both building design and studies in aging occurred in the early 1980s. During that time Evergreen identified the need for accommodations specifically for independent elders who wanted a living environment that would maximize their independence, foster relationships with neighbors, and offer equity ownership. I provided the leadership to develop the design for groupings of eight attached homes that accomplished the above objectives. The philanthropist supported what was clearly a risk-taking endeavor due to the uniqueness of both the building design and the financing mechanism. Because of his encouragement, in 1984 the first building was opened and filled quickly. As a result, over the next few years, 4 and 1/2 more of these buildings were built.

While this project was not for residents requiring skilled nursing, who are the focus of this paper, the objective was to provide a living environment offering "resident and relationship centered" services to independent residents. The success of this endeavor encouraged the Evergreen governing board to support, over many years, the risk-taking innovation required to provide high quality life experiences for residents needing "resident and relationship centered" skilled nursing care and services.

2.4. Impetus for new nursing home

An external driver for the development of the Household/Neighborhood Model was the opening in the early 1980s of a large addition, with all private rooms, to a nearby nursing home. This put Evergreen at a significant disadvantage in attracting admissions to vacant accommodations in our nursing home since most were semi-private rooms with side-by-side beds. In 1983 the decision was made to create more private rooms with either an addition to our traditional nursing home or a new physical setting. The governing board decided to begin planning a replacement nursing home since the site plan made expanding the current building difficult and many resident toilet rooms could not be remodeled to make them handicapped accessible in accord with federal government regulations.

Figure 1 shows a timeline of Evergreen Household/Neighborhood Model development.

3. Conceptualizing the household

3.1. Planning process for a new skilled nursing environment

Early in 1987, the governing board formed a planning committee for a new skilled nursing environment; the

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