

De-institutionalizing senior care communities

Architectural design trends

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My dad had a stroke on Memorial Day in 2015. He was mowing the lawn and felt a tingly sensation in his left arm and leg. It turned out he had a mild hemorrhagic stroke caused by plaque built up in the right lobe. Luckily for all of us, he has recovered and is mowing his own lawn again.

During his recovery, he stayed at a transitional care unit (TCU) to help regain his physical strength and balance. When my family came to visit him in the TCU, we were surprised to see an environment that looked like a hotel, complete with concierge check-in, meals available for room service, and entertainment streaming on TV. The place even had a pool and a gym. Unlike a hotel, the care staff dressed in scrubs and Danskos, and my dad was put on physical, occupational, and speech therapies twice a day.

In this unexpected setting, my family kept asking questions. “Can they really take care of my dad in a hotel environment?” “What if he falls in the bathroom or the hallway?” “Where is the medical equipment necessary to assist in case of emergency?”

The changing design landscape of senior care communities

Questions like these are becoming more common as the design of today’s senior care communities evolves from institutional to hospitality, and ultimately home-centered. In the past, nursing homes and TCUs were designed as institutions to maximize staff efficiency. Rooms were located off a double-loaded corridor, and the staff generally set schedules for the residents. Residents typically roomed together in cramped quarters with shared bathrooms. Often, there was one large dining hall, where all of the residents dined together in a loud and occasionally disruptive atmosphere. It took staff a lot of time to wheel or assist residents to the dining room three times a day. The layout, lack of privacy, and often a lack of dignity gave nursing homes a negative stigma.

With the recent change of paradigm that now focuses on resident-centered care, senior care facility operators are embracing design changes to their physical plant and new care approaches to serve residents’ needs. While the quality of care isn’t changing, the look and feel of the care is. This is especially true for

TCUs because of their transient population. These facilities are often called “therapy suites” rather than “care centers.” The staff is trained in customer service with a hospitality approach much like the staff of a hotel. In my dad’s case, the minute that he arrived at his TCU, he was no longer a patient but a guest. The staff paid attention to his particular schedule and needs. What does it take to design a senior care community centered on the resident?

Five trends in senior living design

Larger senior living operators have opted to brand TCUs differently than their long-term stay nursing homes in order to attract more clientele, especially those younger than 65 years of age. While there is often great reluctance to reside in a nursing home, most people enjoy staying at a hotel, so would find a nursing home that combined the amenities of a hotel with a retreat that encouraged healing, recovery, and respite a desirable place to live.

As this shift continues to influence the culture of care, design plays a central role in creating a space that benefits both residents and staff. From a design perspective, five key trends are emerging in TCUs that will influence new and improved nursing homes for the future.

De-institutionalize the floorplan

One of the tenets of culture change in nursing homes is to minimize the number of residents living in a given wing, pod, or household. This keeps the common areas smaller and more centralized to the respective household.

While the floorplan and design still need to fulfill the same efficiency as a hospital, spatial adjacencies can be rearranged so that residents feel more autonomous yet still connected to the community. For example, the row of guest rooms do not have to be on a double-loaded corridor but can open up to shared common areas like a living room, dining room, or lounge. This makes the residents feel more inclined to enter common spaces to join a friendly game of bridge or sit in their living room. This is an opportunity to de-institutionalize the floorplan and enhance interactions between the guests and supporting staff.

Another way to de-institutionalize the design is to forgo the central nurse and charting station. Nurses are encouraged to engage with residents in the living room, dining room, and private rooms rather than congregate in one central space. Private charting can still happen in an alcove or remote area.

Selecting the right color and finish palette for the interior is also vital in redefining the look and feel of a new TCU. Hospitals tend to have an institutional palette with lighter wall colors and shiny flooring that denotes cleanliness. In order to help guests feel at ease and comforted in TCUs, interior colors and materials tend to have a Zen-like quality and create a sense of tranquility.

Offer exclusively private rooms

Most of the new TCUs have exclusively private rooms or 95 percent private rooms. Even though the daily rate may be different, short-stay guests often demand that they have their own private sleeping space and a private bathroom. Just like when staying at a hotel, people generally do not opt to room with a stranger and share the same bathroom.

Maximize staff workflow

In addition to designing a welcoming and more social physical environment for those staying at TCUs, design features must help staff maximize their workflow. An unobtrusive, double-sided nurse server cabinet can be built in the guest rooms to give staff all-day access and the ability to load necessary equipment unseen through the corridor side. It also allows nurses to restock medication, linens, and supplies at night without disrupting the guest's or resident's sleep.

In the corridors, we design equipment storage alcoves to store necessary medical equipment that is easily accessible, but neatly tucked away to keep corridors free of carts and lifts. These are features not found in hotels, but

they are the support that staff needs to accommodate the guests or residents in case of emergency.

Deliver a new dining experience

Perhaps one of the most important features of recently built TCUs is the food delivery system and the quality of the meals provided. Guests can order room service from a menu or come to a dining area to get made-to-order meals from one of the in-house chefs. Each household has a serving kitchen where all types of meals are cooked. This setup not only mimics the comforts of home for residents, but also gives them more choices and the freedom to eat according to their schedule and not someone else's.

Implement quieter call technology

A safety feature that enhances new TCU constructions is the improved nurse call technology that keeps the environment quiet and comfortable. The residents have access to a nurse call in their rooms, bathrooms, and common areas. However, in lieu of the disruptive dings and continuous


beeps, nurses receive their calls via smart phones and can attend to the residents' needs in an expedient manner. Smart technology also helps nurses to quickly chart the residents' well-being and improvement during their stay at the TCU.

Hospitality and care continue to merge in the future

After decades of designing only for maximum efficiency, nursing homes and TCUs are adapted with new designs that bring a fresh perspective and take into account all aspects of care: the guest's experience, physical health, emotional well-being, privacy, dignity, and safety.

Architects and designers specializing in TCUs and nursing homes have been straddling the line between aesthetics and functionality. In designing and redefining TCUs, we have taken those design enhancements and applied them to nursing homes and challenged the stigma of what a nursing home should look and feel like.

With improvements to nursing technologies, food service, space planning, and interior design that minimizes unwanted noise and disruption, these environments set the perfect tone for hospital care within a hotel setting. In addition to residents thriving in these spaces, the professionals who care for them benefit from the carefully crafted design as well.

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The difference between transitional care units and skilled nursing facilities

The spectrum of care for the elderly can be broken down to three living categories: 1) independent living, 2) assisted living, and 3) skilled nursing facilities (or nursing homes).

- Those admitted to a skilled nursing facility (SNF) require the highest level of care and are in need of assistance for more than three activities of daily life (walking, bathing, medication intake, food consumption, etc.).
- A transitional care unit (TCU) is meant for those in transition from the hospital, or post-acute care, to stay for a short period before they can return home or move into a long-term care nursing home. Thus, a TCU is a short-term stay nursing home. Per the Minnesota Department of Health, the building and licensing codes for a TCU need to meet the same criteria as a nursing home or SNF. A TCU can exist as part of a larger nursing home or a continuum of care campus.