

chapter 10

Environmental Transformation

contributing co-authors: Migette Kaup and Jeff Anderzohn

*"Home is the most popular and will be
the most enduring of all earthly establishments."*

-Channing Pollock

HOME OR HALLWAY – THE DEBATE BEGINS

Institutional Design Is Challenged

By the time your organization is ready to determine how to approach designing the physical environment, the Steering and Action Teams should be well along the road of spreading and deepening the transformational journey.

This chapter assumes organizational and leadership changes are already happening and new ways of thinking are taking root.

Individuals throughout the organization are taking responsibility for self-transformation, and stories of personal growth and epiphanies are circulating. At this juncture, your journey has moved well beyond the passion of a single leader or a small group of change agents to become an organization-wide conversation and creation process. Internal and external stakeholders are showing strong signs of integrated alignment around the vision of resident-directed service within the Household Model.

While some are still unsure of how it *really* will be and feel, staff is generally rallied around the concept of creating home, decentralized, self-led teams, pleasant work environments and increased meaning and purpose for those who live and work there.

By now, the collective organization clearly realizes residents have basic rights it must address (the normalcy of daily life in a household community, choice and the opportunity to pursue individual interests and direct their own lives). The organization has adopted strong values emphasizing the sanctity of each resident's home – values its caregivers strive to ensure are lived out. You have challenged yourselves to let go of the institutional design.

Your organization is attracted to the Household Model, and your frequent high involvement conversations have shifted the organizational mindset from institution to home. The remaining questions are: Can we afford to do it? Will we have hallway, or will we have home?

Discordance Between Household and Traditional Operating Model Design

It is very important to take stock of your progress with organizational change. There is an obvious and close partnership between the physical environment and the services delivered. These two dimensions push and pull upon each other constantly. Changing the environment is the easy part. It may take considerable time and money, but it's fun and there's immediate gratification. Positive outcomes become verifiably visible on paper as concepts begin taking shape.

It is critically important to ensure personal, leadership and organizational transformation processes as outlined in the Norton-Shields Change Matrix are in tandem with a conceived building or retrofit project. Otherwise, it is easy to transform only the physical environment and convince yourself you've made an organizational change. Once a building or retrofit project begins, it also is tempting to say, "We'll wait until after it's built and make the organizational changes when we move in." The problem is, once you take the old world into the new environment you've let the wolf through the door, and it is difficult to send it packing.

Leave bad habits and old mindsets in the old environment. Embrace the new culture and carry it across the threshold of the new households. The household design and how life is lived within it must be in accord to truly achieve and sustain the Household Model. However, if you have to choose between changing your organization and creating a pretty space, choose the former. One thing worse than traditional nursing home service in a traditionally designed building is traditional nursing home service in a building designed as a Household Model. It simply doesn't work. Having a built environment like home without the reality of home only magnifies the ills of the traditional system. More importantly, the very nature of the Household Model's physical design is at odds with traditional staffing patterns and methodologies.

Do or Die

Truth is, the traditional nursing home model is fast approaching a long overdue death. You can either "save" money while driving the organization down a death spiral, or pull together the resources needed to invest in your future.

Traditional nursing home buildings continue to age and depreciate. If you tabulate the expense of enabling the existing physical environment through another life cycle, you likely will be surprised at the capital resources needed to simply maintain the status quo. Comparing that tabulation with the costs of a new or retrofitted household environment may show capital dollars can be utilized more wisely than you thought.

Put bluntly, if you don't physically (and culturally) reinvent your organization, a competitor will likely beat you to the punch. The winds of change are gathering. The long-term care establishment, notorious for remaining static, is rapidly being surrounded by a spiral of change. It is a mistake to think past and present inertia will continue. New ways are unfolding that will take the marketplace by storm. In the decade ahead, new physical and organizational designs will be all around you. (Authors' Side note: A surprising number of providers continue to build traditional facilities. The only thing more dangerous economically than an old, depreciated, traditional nursing home competing with a neighboring Household Model is a new, un-depreciated, mortgaged, traditional facility competing with a neighboring Household Model.)

Not only is the physical environment a major component in the lifestyle of the people who live within it; it is a very visible aspect of how the market perceives your organization. It is the first signal to those who compare your services with other nursing homes. The Household Model clearly stands apart. The question is who is going to offer it, you or your competitor? One day, even if you make the right decision, it will be both. Then it will be a matter of who does it better.

Admittedly, we push this point rather strongly. However, we have seen many instances where staff and residents rally around a vision of the Household Model, only to have it unnecessarily stunted because scarcity thinking led the ownership to limit

capital investment. Instead of creating a new future, they put a bandage on the rising hopes of the organization by eliminating the nurses' station, putting in plants or creating a buffet. These interventions moderately improve the status quo, but they are not a good end game.

Will Abundance or Scarcity Shape the Possibilities?

As the vision of a resident-directed, decentralized organizational culture begins to take shape in the minds and hearts of planners, mental images of the home environment are stirred. Hunger for physical changes usually becomes evident as planning for transformation advances.

This is when you arrive at a fork in the road. One road takes the dream toward reality. The other is a dead-end where the dream bumps against real or perceived resource limitations. It is very important that the Administrator (we use this term to include the senior decision maker whether it be the owner, CEO, President, etc.) carefully considers the available *and* potential resources needed to make the physical changes that must accompany full fruition of the Household Model.

Scarcity Thinking

The traditional nursing home model has created a mindset of scarcity thinking. We too often assume "we can't" as a matter of course. Consequently, we have developed a culture of "make do with what we've got."

We learn to pinch pennies, and often do not invest in formally determining our real potential. We mistakenly think we are good stewards if we don't spend money. We measure our effectiveness by how much we avoid spending, even if we truly need to spend. We authors have seen, time and time again, administrators who set out to explore project feasibility only to be scared off when consultants quote their day rates. We must spend money to make money, but many of us in long-term care can't get over the hump of scarcity thinking. As the saying goes, we are "pennywise and pound-foolish" without realizing how much it limits our future.

When long-term care administrators converse, the talk is frequently about limitations, constraints and struggle. True, resources are often scarce but our outlook cannot be. Our sense of possibility must be filtered through an outlook of abundance. Our resources are scarce *because* our outlook is scarce. It can be difficult to recognize this cause-and-effect relationship.

The perception of available resources is often inaccurate. In our work around the country, we authors have talked with hundreds of organizational leaders who had jumped to a unilateral decision of "we can't afford it." But upon questioning them, we learned they hadn't formally tested their assumptions.

Often, decision makers cannot see beyond their informal estimates of the initial cost of physical construction or retrofitting. Their financial analysis does not go beyond calculating estimated construction costs and monthly payments necessary to pay down additional debt. Their conclusions are based only on existing revenues and expenses. Rarely calculated are potential income, census increases and measurable resident staff quality of life improvements.

When contemplating large-scale physical plant changes or new construction, many administrators say, "We would like to do the Household Model, but can't afford it. We're only going to make small changes." Sometimes they are merely afraid of wholesale change and hide behind the "we can't" curtain. But most times, their habit of scarcity thinking leads them to believe they can't afford plant changes or replacements involving significant capital investment.

On the other hand, some do formal analysis and rightfully conclude they cannot afford the capital required. They take the important step of investigating and substantiating. But while they may go beyond the efforts of their counterparts, many stop too soon instead of investigating merger/acquisition potential or other creative options in their market area. If you truly can't afford the capital, in most cases it means your organization has a

limited lifespan. Our industry generally is not ready to openly acknowledge this reality, but it is true nonetheless. Merging with another organization can infuse life into both and may provide leverage to create a sound future that includes progressive alternatives like the Household Model.

The main thing is, do a thorough and professional analysis of your options before closing the door to your potential.

ALIGNMENT OF VISION AND RESOURCES BEGINS

Prefeasibility Analysis May Open Doors You Haven't Thought Possible

Before you limit your organization's future, we strongly suggest you invest in project pre-feasibility forecasting to help determine what truly is financially possible – whether you can do only limited improvements or accomplish the Household Model.

Administrators many times will first engage an architect to begin programming and design and, in effect, use them as the primary instrument to determine if a project is even feasible. This can be a *very* expensive approach. It is very important to evaluate your existing operational health and translate your vision into budget parameters *before* beginning the design process. Prefeasibility analysis is the preliminary stage of establishing early measures and indicators of project feasibility before engaging expensive development professionals in the design process.

If you are able to do the Household Model, the pre-feasibility study will further indicate if you are able to retrofit your existing plant or build new households from the ground up. Both are very desirable options. If only limited improvements are feasible, the Household Model is not possible but other culture change advancements clearly are. Alternative models with more gradualist philosophies should be fully explored to determine the best fit for your organization. Completing the pre-feasibility study helps determine not only the extent of your ability to infuse capital into the organization, but also which model of change you can work toward.

But Where Do We Start?

Assessing current capital in terms of human, environmental and financial resources is one of the first steps in pre-feasibility inquiry. Until these three are balanced, or at least seem to be moving toward balance, detractors will try to throw the project off track.

Financial professionals can sit down with you and your staff to create a pre-feasibility forecast framework and model. While no two nursing homes are exactly alike, there are many benchmarks to use for exploring potential outcomes resulting from the changes you are planning. The forecast should factor in the experience and results of others who have transformed to the Household Model.

Nursing homes often have what traditional providers refer to as "empty beds" and thus think they can't afford to invest in environmental improvement. Transforming your organization to the Household Model dramatically increases the likelihood you will be full with a waiting list, and that likelihood can significantly impact your project's feasibility at the onset. It is a factor often overlooked. Consequently, we emphasize this piece of the puzzle in the financial forecast.

Engaging Pre-feasibility Professionals

To determine the level of environmental change you can make with the resources available, you need to engage an architect, a financial forecaster and possibly a market feasibility firm at the initial exploratory stage. Engaging design and financial professionals at the beginning will provide a more accurate forecast of project costs based on the Household Model's conceptual physical and organizational design.

You may also want to engage a Household Model consultant, if you haven't already, at this phase to ensure all design and culture-related assumptions are appropriate and integrated. Household Model consultants usually have good general knowledge of the operational, cultural and physical design elements, have been involved in previous projects and can help your pre-feasibility team further adapt to the new concept. Significantly and simultaneously changing your physical and organizational design can feel overwhelming, so it is very important to have sufficient expertise and support on the front end of the project.

These professionals should be part of a team to help articulate your fundamental concepts and establish the project scope and budget. While the pre-feasibility consultants may or may not be the same team who take your project through design onto construction, it is helpful if they all have household design and forecasting experience to ensure your assumptions are solid. They will be instrumental in making sure you factor in everything necessary to produce a valid forecast. If you have difficulty locating such a firm, contact providers who you know have implemented the Household Model. They can likely direct you to qualified candidates.

Architectural Pre-feasibility

At the pre-feasibility stage, you are not committing to a design but merely articulating your conceptual and programmatic goals. Nor are you necessarily committed to continuing with the architect or financial consultants past the pre-feasibility inquiry. But if you do continue with them, they may comprise an engaged and knowledgeable team at the outset of the design and development process. You have to determine if the team that is good at forecasting is also good at design and project management. However, the architect should be fitting the plan to *your* vision, not the other way around.

The pre-feasibility architect can establish the square footages and construction costs within a reasonable range once concepts are articulated. This information is valuable to your financial consultant(s) who can help you create a forecast model that captures construction and related project costs, operating revenues and expenses, and other variables needed as indicators of project feasibility.

It is also important to factor in "phasing" if it applies to your situation. Retrofit projects are usually phased because it is necessary to move people to new housing in stages as the project moves forward. You are usually able to complete one house or one section of a house at a time, move residents in, and then begin retrofitting another. Phasing time and cost implications should not be overlooked during the pre-feasibility stage.

Market Pre-feasibility Analysis

Engaging a marketing firm to complete a demographic/competitive analysis will give you a sense of the potential to add services and increase revenues. It will reveal the need to investigate merger and acquisition possibilities if you lack a strong demographic base (or for other reasons) and the characteristics of your market place, including what the market will bear and the impact of competitors.

The analysis will also show the impact and probability of penetrating into secondary and tertiary markets. Depending on the form of financing, a formal market study may later be required by your funding source (lender, investor or underwriter). While that may or may not be the case in your situation, we strongly recommend you consider a thorough market study at the pre-feasibility phase whether it is required or not. A comprehensive, demographic and competitive market analysis will give you solid footing to move forward with your project in a responsible and grounded way. Audit firms typically either have professionals onboard who do such studies, or can readily refer you to them. Seasoned underwriters can also help you locate experienced market study firms.

Often nursing home providers think only in terms of "our market is our town," or the immediate catchment area (known as the primary market). But the community is full of people with aging parents living elsewhere. This tertiary market is commonly overlooked. The arrival of the Household Model will change many relationships between children residing in your community and their parents who live somewhere else.

Adult children are more likely to invite parents to move to their community if they clearly see it would significantly improve their parents' lives. As it is, adult children frequently hesitate to push for a move if it is just from one nursing home to another. The benefits for parents in remaining close to their friends or in a familiar community often outweigh moving. But a new and dramatically better alternative often shifts the scales. Consequently, your relationship with your market will likely broaden considerably with the Household Model.

Changing to the Household Model may determine the difference between having empty rooms and accommodations and being full with a waiting list. The potential of the Household Model to penetrate the primary, secondary and tertiary markets needs to be thoroughly estimated, justified and included in the pre-feasibility forecast.

Bucking Conventional Wisdom Within the Market/Demographic Analysis

Nursing home census reflect declining trends across the country, leading to the prevailing wisdom that it is not generally advisable to build additional nursing home accommodations. We challenge that line of thinking. While there is little question regarding the overall trends, emerging data indicates the market is quite attracted to the Household Model, and transfers from other facilities are commonplace.

If no other Household Model organizations are in your primary or secondary markets, you can make a solid case for adding accommodation capacity to your Household Model design as a way to increase the feasibility of your project. In most cases this involves working the Certificate of Need process, which is often difficult. Once completed, your new product offering will shine in the marketplace. While there is no question the number of nursing homes will decrease in the coming decade, those that reposition themselves stand a much larger chance of not just surviving but flourishing.

Market analysis can illuminate the demographic trends in your area and provide census information within your marketplace. It also will help you see merger and acquisition potentials more clearly. This is important to investigate because merger and closure of one facility (or both if you build new households) not only increases your ability to add new accommodations; it will also ensure accelerating census stabilization, in turn strengthening financial feasibility. In addition, this can simplify the Certificate of Need process.

While a pre-feasibility study will give you a sense of what can be accomplished with your available resources, you still need to determine the environmental transformation goals and how they support the policy and operational changes you put into place. You need what architects and designers call a building program, or – if your project warrants it – a master plan. The organizational transformation goals need to be articulated, and then merged with and supported by the building's physical design.

From here the scope of the project can be determined, which in turn leads to the next level of planning operational budgets, financial feasibility and environmental design.

Making the Decision – Retrofit or Build

Once you have used your existing financial model to forecast the costs of construction, staffing and organizational restructuring, you can determine the level of environmental changes your facility is ready to make. The pre-feasibility process should tell you which of the two Household Model approaches are possible.

You don't truly arrive at this decision-making point until you complete the pre-feasibility inquiry. An alignment in your values, organizational structure,

operational behaviors and environment begins to be evident, and you begin to realistically understand what you can accomplish. The sense of scarcity is likely beginning to be replaced by an outlook of abundance. Rather than, "Can we afford to do it," the question now is "Which can we afford?"

There are two environmental options for creating the Household Model: renovate and/or build. If you can't or don't prefer to abandon your existing facility, it can be retrofitted into multiple houses, often within the envelope of the existing building. If you start anew, you have the luxury of beginning with a blank piece of paper.

In either option, design should be in harmony with the Essential Elements of the Household Model as outlined in Chapter Four, and with the household anatomy and design principles offered in this chapter.

Option 1: Remodel an existing (traditional) nursing home into households

Fortunately, old institutional building designs are perfect for converting into the Household Model. If pre-feasibility analysis indicates renovation is your most financially viable approach, you will likely have solid options for conversion. Renovation may require some rethinking of how space is used to create home. Start the environmental planning analysis by using a basic floor plan (a copy of the fire evacuation plan will work) to label every room and space. Look at the words you've used to describe the spaces and their current functions and ask, "Would I find these rooms in my own home?"

There are probably labeled spaces that have no residential meaning or usage. Discuss which should be converted into residential living areas. Determine how open social spaces can be retrofitted to fit the Household Model.

Next, analyze the number and types of privacy zones you find on the plan by looking for four levels of activity: public, semi-public, semi-private and private. Color-coding your plan is a powerful way to understand where conflicts lie in providing residential privacy. An over abundance of one color (particularly the color for "public") means you should evaluate patterns of resident circulation, activity and social interaction for changes that could enhance privacy.

Think of each hallway as a future household. Entrances and living spaces will need to be created or reorganized for each new house. You will not want to simply share with other households the existing larger rooms where everyone currently gathers. Part of the building that has a large room may have to be transformed into resident bedrooms, while resident bedrooms along hallways with no common spaces may need to be converted to social space. This allows for a front door, foyer, living room, dining room and kitchen for each house. In this case, "robbing Peter to pay Paul" is a sound strategy.

Remember, you are looking for opportunities to make houses out of hallways and a few large rooms. It will be easier than you think to conceptualize a living room, dining room, kitchen and other areas integrated and connected to a specific number of bedrooms. Minor new construction (i.e. adding on rooms) may also figure into your plans, and may allow you to expand living/dining rooms or reconfigure/add private bedrooms.

Decentralizing a common space to create several smaller household rooms brings excitement and increased commitment once you clearly see how to do it in the existing building.

Plan to carefully review with your architect all viable options within the existing plant. Once engaged, your architect can help identify and work around limitations. Look for changes that will most dramatically impact the elders' quality of life while supporting your operational and organizational transformation.

Option 2: Start From Scratch – New Construction

If you have resources to build new households rather than renovating an existing structure, you can achieve a greater dimension of the Household Model. The

scope of your project must be carefully defined. You will need to review with the project architect the level of construction quality you expect. Construction costs are impacted by three major variables; quantity (size/scale of the project), quality (impacting the aesthetic character and how well materials will hold up over time) and time (the speed of construction and schedules that must be met. If phasing is involved, it will affect time.) New construction enables you to avoid the constraints of an existing building. You have an empty canvas with paintbrush in hand! Conceptual arrangement of spaces in a new household model

Now that you are in the mindset of creating home in a literal way, the fundamental design principles that interconnect with the cultural framework of the Household Model must be clear in your mind before engaging your architect for actual design and other development team members. Otherwise, it is common for providers to engage an architect and rely too heavily on the design firm's vision. Architects often report a "do it for me" culture in provider/designer relationships. This can be, and often is, lethal to a project.

As you contemplate assembling a development team with people outside of your organization, be aware that each player may see him or herself as the centerpiece of the team. They may not be accustomed to being part of a true team effort. It also is not uncommon for development team members to do their individual piece in a silo without clearly understanding the project vision or the efforts of other team members.

Combine this with a provider mentality of "do it for me," and you have a project in trouble. Consequently, you, as the provider, must clearly position yourself to lead the group. (Having a developer or development consultant can make this job easier, but you must ensure the developer/consultant is in total sync with your vision. It is not unusual for a developer's approach to collide with the non-traditional Household Model.)

Specifically, you are ill advised to rely on the architect's offering without first clearly articulating your vision. In long-term care, we are famous for being driven by our design and development teams instead of instilling a reciprocal creation partnership into the development process. You need to be the primary source of vision for the architect as well as for the other development team members.

To help prepare for assembling your development team, the next few pages are intended to ground you in the fundamental philosophies, principles and characteristics of the Household Model as it relates to the building. This, along with the Essential Elements and the "Norton-Shields Change Matrix" should ground your organization in the Household Model as you begin engaging the development team.

Rethinking the Role of Place – What Does It Mean To Have A Home?

When the time arrives to engage the development team, articulating your vision will help the design team ensure the physical elements of the project envelop the desired organizational, cultural and operational changes.

The purpose is to create home with and for those who live there. The term "home" is often associated with a place central to our lives and may bring about images of a building or features of a space. The significance of the word, however, reaches beyond simple imagery. Homes are territories used to establish boundaries between families, the outside world and us; they guard privacy and the very character of our lives.

Clare Cooper Marcus says in her article, *Self-identity and the Home*, "Home can be a room or dwelling to which we return every day; it can also be a state of mind. To feel 'at home' is to feel comfortable, at ease, relaxed, perhaps surrounded by those few who truly understand or care for us. To be homeless is not only to be deprived of basic shelter; it is to be stripped of any place in the world where one can truly feel 'at home.'"

Most of us are fortunate enough to live in homes our entire lives. The behaviors associated with sharing a house have been a part of our identity since we could walk and talk. We know how to behave through our interactions with those in and

outside of our family as it relates to our home; we didn't learn it in a classroom. We didn't have to wait until the first day of school to learn things like "when mom's in the tub, don't open the bathroom door; she wants her privacy."

We learn to respect privacy and other social boundaries of the people we live with by interacting with them, watching their behaviors and relating those behaviors within different spaces in the home environment. It has been so long since we learned these lessons, however, their significance may now seem trivial. We respond intuitively without much conscious thought about how our life activities and observed boundaries relate to physical and personal space.

We must take great care to bring these unconscious customs to the conscious level as we begin planning the sanctuary where people will live. It's not that we don't know already; the problem is we know at such a deep level we don't realize we possess it. Most times we automatically, without thinking about it, observe the most sacred of social agreements as it relates to behavior with others in our own home and theirs. Consequently, we are often not mindful to ensure our elders have what we take for granted every day of our lives. The challenge is to be mindful of those customs as you plan a new home for elders and ensure the house reflects the values and life patterns of normal everyday living.

It's a very easy concept. Yet it is a seemingly difficult one for the longterm care community to grasp: We're building home. It's just that simple. Traditional nursing home designs do not lend themselves to the patterns of residential lifestyles. When thinking about privacy in nursing homes, we have focused on procedures, staff efficiency and resident movement. Public hallways pass by bedrooms – spaces considered among the most private in a residential home.

Nursing home designs have not focused on patterns of home life that support intuitive behaviors of privacy and individual pursuits. Therefore the experience of privacy for nursing home residents is often non-existent. Since the goal of the Household Model is to replace the institutional experience with one of home, you need to support residential privacy through the architectural design. Simply adding familiar residential imagery may create a home-like setting, but will not address the deeper issues. "Home" means, "This is where you live," not "Pretend this is your home."

To reach this point, we must focus on the essential details that capture the fundamental meaning of home. We can do so by understanding how the spaces of nursing homes can be designed and arranged to support attitudes and behaviors that are natural within a family and home setting.

To effectively create a home experience, attention to the arrangement of spaces and the sequential nature of circulation between rooms must be carefully considered. The cueing we receive from features in a building sends a powerful message. A front door implies, for example, that we should request permission to enter. To barge into someone's house unannounced and uninvited would typically be met with a negative reaction from the homeowner. Inside the home there are additional signals for behavior through the placement of walls, doors, lighting, cabinetry, appliances and furnishings.

Scale – Small Versus Large Spaces: What Are the Impacts on Perception?

Another challenge is the size of space and deciding how to use it effectively. Most traditional nursing homes have one large room where a majority of activities occur including meals, crafts, television, worship services and other large group activities. Staff may be open to adding residential touches to these rooms, but are often reluctant to exchange these spaces for smaller ones because the multipurpose room is a major component in the life of the nursing home. Staff often say, "Oh, we can't make that smaller, we won't be able to get everyone in here for the holiday program!"

Should we design the spaces around one or two days of the year, or do we design for the other 363 days? Shouldn't we design for daily living,

which should include space for small groups that support family and one-on-one personal connections?

Working with elders every day teaches us that residents with vision or hearing loss function better when information is close to them. We bend down to make eye contact and speak at a close range so a resident can see, hear and respond. A large room brings with it lots of auditory and visual stimulation. Much of this arrives as muddled noise to elders, who have difficulty accurately separating out the information that is important to them. With so much going on, a resident who doesn't see or hear well is prevented from receiving and responding to quality information. Because no one complains, it seems we assume these functional needs disappear when the children's choir comes at holiday time, or when a large group of residents eat together in a big space.

Ideally, the household has a variety of spaces and rooms where people gather. Picture a large social gathering in your home, and you likely will conjure up images of guests conversing with one another in rooms throughout the house. Often, if the weather permits, there is overflow into the screened-in porch, deck or patio. Sometimes we set up tables and a string of lights up in the yard. This is the mindset suggested by the Household Model.

Design Principles for the Household Model

Consider using the following design principles as your organization formulates its vision of the Household Model:

Principle 1: Seek normalcy in all things.

Bringing residential patterns of life into a skilled care setting means letting go of institutional thinking. This impacts every decision we make about the environmental features in the home. Eliminate the institutional sterility. As you make design choices, once again, use Bump's Law. Ask: What does the resident want? How did the resident do it at home? How do we do it at home? How should we do it here? If what you are planning doesn't pass the Bump test, rethink it. It must look, feel, smell and function as a true home we are all familiar with in our own lives.

Principle 2: Home is our sanctuary.

Home is one of our most valued possessions. It reflects who we are and our relationships with people around us. There must be personalized spaces within the household for both the individual and the collective family. Household residents should decide what is to be included in their surroundings, thus enabling them to internalize the environment as their home.

The design should include intimate and private spaces that allow residents to live out their individual pursuits. A comfortable chair with a pole lamp and a side table near bookshelves, for example, may be a space for one who likes to read; a separate game room or a game table in the library for playing cards or board games or writing letters; comfortable patio furniture for sitting out and enjoying the sunshine.

We all recognize the feeling of sanctuary within our own homes. As we have previously shared, we feel it most when we return from a long trip and first walk through the door and let out that audible sigh like we do only when arriving home. This is the feeling we must create in the Household Model.

The interior design of a house is an important dimension that affects how elders perceive things around them. Colors must have appropriate contrasts that are tasteful and comfortable in their palette. A balance between darker and lighter colors is important, but colors that are too vibrant, trendy and quickly dated may not be a durable choice. Pastel colors, while bright and cheery, are not perceived well by aged eyes.

Upholstered furniture must meet flammability standards, but options for furniture in health care environments are expanding. Keep in mind that few of our

homes have only one style of furniture. Insist on investigating style options rather than falling back on models that promote the most clinical aesthetic. Resist purchasing household furniture from nursing home suppliers unless they have significantly expanded product lines.

You may wish to ask for advice from a knowledgeable interior designer with gerontological experience who can identify features of furniture styles appropriate for frail elders. Be sure the designer understands and is driven by your vision of home. Select textiles that feel soft, and finishes that convey comfort and warmth. Furnishings and finishes can have tactile qualities of home and still be safe, healthy and cleanable.

Resident pictures and personal belongings can and should be integrated with the household décor as residents wish. But often staff will bring "institutional think" into the environment with the best of intentions. It's one thing to have finger paintings grandchildren gave Grandma displayed on the kitchen fridge. That's home. Its quite another to have finger paintings from a visiting classroom lining the corridor walls and integrated with seasonal borders carefully displayed by an activity director.

That is institution.

Design Principle 3: Home is where we host our visitors.

Family, friends and community are important throughout our lives including when we become old and frail. Elders living in the Household Model enjoy the company of loved ones as a normal part of daily life. The nature of such visits, however, should dramatically transform from those typical in a traditional nursing home. The receiving of guests should be factored into the design of home. Several small rooms (living room, main dining room, kitchen, private dining room, library/den. etc.) have the advantage of allowing multiple social interactions to occur on a small scale simultaneously throughout the house.

A daughter and her husband may visit Mom in her private bedroom while a sister has coffee with her brother at the kitchen table. Meanwhile, Grandma reads a story to her great-granddaughter in the library. A birthday luncheon happily plays out in the private dining room, and a few residents and staff watch "As the World Turns" in the living room. As people from each setting move about, perhaps stepping into the kitchen to get a couple of root beers, they stop and visit with one another. The residents, staff and visitors are all instruments in the orchestra creating the rhythm of the household. Think through how your manifestation of the Household Model can make receiving guests easy and joyful. The design of your households should foster the interactions described above.

Careful consideration must be given to amenities to enhance guest experiences, especially of little visitors to the household. Children easily get left out of the equation in settings for elders. A basket of toys, a candy jar, board and electronic games and a tricycle on the patio create connections with children and give them something additional to look forward to when visiting great-grandpa or grandma.

Design Principle 4: All homes have a front door.

The symbol of a home's front door is universally identifiable and understood. This is the feature of home that signals "welcome" to visitors and the division between public and private spaces. Within the design, celebrate the front door as both the implied and explicit delineation that it is. Ensure it looks like any other outside front door by adding a doorbell, mailbox, porch light and doormat – perhaps even a front porch and address numbers. Examine the feasibility of having brick or external siding even if the exterior of the household entrance is within the building. These will strengthen the message of home to all who enter. Plain and simple: It isn't a house without a front door.

Design Principle 5: All homes have a kitchen.

The kitchen is the heart of the home - every home around the world. People everywhere relate to the fellowship and communion around food that is born and nurtured in the kitchen. We look to the kitchen as the source of sensory stimulation - sights, sounds, smells, tastes and textures - that is important to reality orientation, memory and reflection, as well as to appetite and hydration. The kitchen is a natural place for personal interaction over the preparation of the meal or the baking of special treats.

Kitchens should be designed not only as a place to for preparing food, but also for gathering and socializing. One can enjoy the moment over a cup of coffee or a snack, but just sitting quietly in the familiar environment of a family kitchen can stir memories from every stage of life: as a young child experiencing mother's baking, as a teenager with the fun of a barbeque, as a young bride with the laughs over a fallen angelfood cake, of connecting to the community by preparing a signature dessert to share with friends, as a grandfather and grand child, one baking, one licking the spoon...

The obvious truth is that kitchens are necessary for preparing and serving meals, but in a home, kitchens are just as necessary between meals for building and sustaining relationships, and for nourishing the soul.

Principle 6: All homes have recognizable dimensions of privacy.

Familiar home designs provide at least four basic zones of privacy through designation of specific rooms, their location and type of access provided. These levels can be identified as private, semi-private, semi-public and public. The chart below categorizes each zone, provides examples of spaces found in a traditional home and discusses the residential patterns of behavior you might expect. It is important to remember privacy does not equal isolation. Privacy means the ability to control social interactions and establish boundaries. The environment can play a significant role in achieving this principle and, at every level of environmental change, the goal should be to recapture as many of these dimensions of home and privacy as possible.

Zone Examples of Spaces from Homes

Public Front door, front porch, foyer if separated from other social family spaces Public domains include those actions and spaces that connect us to the broader community, such as picking up our mail or sitting on the front porch. The only real space inside the house that might be considered public is the foyer, but the boundary must be clearly articulated from the other social areas.

Semi-public Living room, dining room, kitchen, family room, TV room, sun porch. Semi-public spaces are linked to activities including entertaining, cooking, eating and general forms of recreation such as watching TV or working on hobbies. This is where we eagerly invite our guests to make themselves comfortable.

Semi-private Bedroom hallways, laundry room, den and home office Semi-private spaces are associated with areas where we interact with members of the family in loosely structured ways. These spaces or rooms are where receiving guests is not a formal activity. The nature of the space and its relationship to other spaces allow users not to feel onstage. These areas include workspaces where guests aren't invited, such as a laundry room or a home office.

Private Bedrooms, bathing rooms, toilets The most private activities of the home are usually associated with sleeping, bathing, grooming and toileting. We do not typically expose these activities to guests and many times limit access even to other family members. Some homes have both private and guest bath rooms.

© Migette Kaup, 2003

While every home is unique in its layout and use of spaces based on the needs of the family, there is usually a public and a private side of the house. The manner in which guests are greeted and included in household activities is also fairly consistent; there are rooms that welcome and rooms where guests wouldn't go without permission. We rely on the physical features of space such as walls and doors to separate the most private areas. The arrangement of rooms and social norms of behavior cue these patterns. Without them, the privacy of the family and their relationships with others would be violated. We see evidence of these traditions in our own homes where rooms for social activities (semi-public areas) are close to entrances, while rooms for privacy are separated from guest areas. The boy who delivers my newspaper is only 12 years old, yet he already understands the societal expectations of privacy.

When he comes to my door to collect payment, I go to my bedroom to get money from my purse. He knows it is not appropriate to cross the threshold unless invited, so he stays on the porch to await my return.

The boundaries are a bit different for Mrs. Naismith, my neighbor. When she comes to collect for the Cancer Society, she rings the doorbell and I invite her to have a seat on the living room couch while I get the money. Still, she would not think of wandering beyond the living room while I am gone.

When new friends come to my house for dinner, I invite them into the living room. "Can I get you a drink," I ask, and leave them sitting on the couch while I go into the kitchen to get refreshments. But when old friends come over, I casually call out, "Come on in, we're in the kitchen." I tell them to grab a couple of beers from the fridge, and they offer to help me with the salad.

When my sister Chris comes over while I'm in the bedroom packing for a business trip, she yells hello as she comes in the back door. "I'm packing in the bedroom!" I holler, "I can't find my green blouse!" I look up and see her come into the bedroom and plop on my bed, telling me about her day as I continue packing. It's part of our relationship. If the paperboy tried it, we would have a problem on our hands.

The boundaries of privacy are dissolved even further – but not totally – between my spouse and me. He thinks nothing of popping into the bathroom to use the hair dryer while I'm taking a shower.

So, as with yours, the rooms in my house are arranged in a way that helps me to control my privacy.

The Anatomy of a Household

If we are to identify how to achieve the fundamental principles of private and public space, we can start by looking at the components that make up a home. Each part is identifiable and uses the architecture and interior details to signify its purpose.

Entrance

The entrance to a house is a boundary that also connects us to the broader community. A front porch and a front door create a sense of residential identity.

In traditional residential architecture, the transitional zone separating the outside of the house from the sanctity of interior spaces may include a distinct foyer. This space need not be large but should be designed to reinforce those intuitively meaningful signals that guide home behavior. A closet to hang visitors' coats, an umbrella bucket or a table with a mirror are all practical signals that designate the entrance and its function in a true home.

Household Community Living Spaces

The living room is a familiar place for informal and planned socializing. It should be intimate in appearance, giving you a warm feeling just walking in to it. Incorporating bookshelves with books, a game table, or other such amenities will inspire spontaneous activity and socializing, making the best use of the space. It doesn't need to be large, the scale should be no larger than a nice sized residential living room. Moderate ceiling height will help the space feel cozy and comfortable.

The television should not be placed in such a way that it dominates life.

Additionally, it is especially desirable for each household to have other living areas for residents to use for intimate socializing, or for a comfortable quiet space to be alone yet connected to others in a familiar way. Look for opportunities to design small nooks for a couple of chairs, side table and lamp for reading, one-on-one conversations or watching television.

A room for private dining is an attractive house feature for a variety of reasons. When families or friends visit a loved one, they may prefer their own space to eat, celebrate, and converse. It is also a space that allows for other private interactions between residents, families and/or staff. The design and furnishings need to be readily identifiable as a formal or distinct dining room like we would find in any other residence.

The kitchen and dining room are the heart of the home. Mealtime is central to the culture of every household. The dining area should have a warm, comforting appearance that helps contribute to the stimulation of healthy appetites and promotes easy table conversation. The spaces and furnishings should comfortably accommodate resident movement in and out of the dining area at the time of their pleasure, as well as provide adequate space around the table(s) for a sense of private dining and conversation. The extra space required for the accommodation of wheelchairs and walker should also be taken into consideration.

Lighting is a particularly important component of creating a positive dining environment. Natural light, without glare, is generally preferred, and sometimes required by regulation. Appropriate artificial light can also create an environment that will enhance the resident's intake and independence in dining.

Food preparation in the household kitchen needs to be efficient, safe and most certainly within the regulations and fire codes for the geographic area. Still, it should be close enough to the residents that there is a strong, natural association to a residential pattern of eating. Food that arrives from a remote location may disassociate food preparation and the benefits of experiencing it from the process of having a meal. If offsite preparation is required, explore opportunities to cook or hold foods in the household kitchen in a manner that spreads the stimulating aromas throughout the household. You can also simulate the sensory stimulation with potpourrie or simply boiling cinnamon in water.

Activities centered on food preparation and food service can increase appetite and have positive outcomes for residents that include increased nutritional intake and nutritional benefits. Unfortunately, regulatory compliance in some areas may require the separation of areas and equipment for meal preparation from areas and equipment for resident activities that involve food. If carefully planned, however, these two areas can share several features and remain connected, in the form of a great room or of a pantry combining both functions in a visually open, yet physically separated space.

Fire safety and building codes will generally require some spatial separation between flame and/or heat generating appliances and other living area spaces of the household, particularly bedrooms and exit corridors. Fire safety regulations will vary not only from state to state, but also from county to county within a state, but generally any time the household kitchen has an open cooking appliance, additional fire suppression systems and/or physical separation of this appliance from exits will be needed. In fact, some interpretations of the codes may require a 20-minute firewall and/or a physical smoke partition between cooking appliances and all other living spaces. This often necessitates a "back of house" kitchen immediately behind a "front of house" kitchen, usually designated by fire officials as an "activity center."

Careful planning and coordination with a committed architect or kitchen planner, combined with a powerful sense of advocacy for the resident benefits of dining at home will result in creative solutions to any perceived obstacles. Through these efforts, the residents of the household will experience the full benefits associated with the kitchen as the heart of the home.

Accept and plan that you will have more expense creating this household kitchen than one in your own home. For example, you will most likely need two refrigerators – one for residents' food so that they can come and get a drink or a snack as desired and one for the food that will be served to all residents at a meal. You may also need two dishwashers depending on your state regulations; one residential washer for resident use and one in a staff access only pantry or "back of house" kitchen that maintains higher temperatures.

Other common amenities like a sunroom or game room, depending upon your budgetary constraints, are wonderful enhancements to the physical design of the household. The challenge, if budgets don't allow specific use space, is to pack as much punch as you can into the living room, dining room, and private dining room to encourage multipurpose use.

Hallways, Bedrooms and Baths

The aforementioned spaces are all on the public side of the house. The more private spaces for bedrooms and bathing rooms are separated by passages and hallways that guests feel uncomfortable entering until properly invited.

The bedroom hallway is an important but misunderstood feature of home. Most of us don't think about its purpose. The bedroom hall, however, is designed as a privacy buffer. This space signals to guests not to trespass into more private areas of the home. It is also intended to create a visual barrier to private rooms.

Because traditional nursing homes use bedroom hallways as public thoroughfares, many who are trying to leave behind the old ways identify halls as the enemy. We visualize long, dark tunnels cluttered with equipment. For many of us, that image symbolizes the ills of the system.

As a result, emerging designs often completely eliminate halls by circling resident bedrooms around social areas. This design option sacrifices residents' ability to control access to their private spaces. Halls, although generally too long, are not the problem. The problem is how we use them and to what we connect them. In traditional nursing homes, hallways are designed to be main thoroughfares rather than privacy buffers.

When residents' bedrooms are designed to access directly to semipublic spaces like the living and dining rooms, architects may not realize egress for fire safety must still be maintained. Open areas in semi-public rooms lined with adjacent bedroom doors may seem a likely spot for furnishings, but often they must remain vacant to ensure a clear path to the exit door. Analysis of the actual placement of the furniture in relation to code compliance is important to ensure the design is successful.

Some theories support giving bedrooms direct access to living spaces because visual connection cues help residents to leave their room and engage in community life. The authors believe that the feeling of home trumps this theory. Direct access of bedrooms to community living areas not only reduces privacy, it changes the character of a homey living room to a "common space." The cues for engagement should be cultural; smells of kitchen, laughter from the other rooms, and the simple knowing of the household rhythms that comes with being part of home.

Placing bedrooms and bathing areas down a short bedroom hallway beyond social spaces is consistent with our personal home designs. Although governmental regulations mandate minimum hall width, the size of the opening to the hallway may be slightly reduced to signal a transition to more quiet private spaces beyond.

Bedrooms for residents should provide space designed to be personalized. Encourage residents and family members to bring furniture, art and other belongings to create an intimate personal space. We also suggest you avoid buying the same headboard, side table and chair style for every room. Some vendors advertise, "Create a consistent look in *your* facility," and promote purchasing everything the same. This is an institutional approach. Regulations require the organization to provide bedside tables, but nothing says they all have to be the same. And nothing says

residents can't bring their own furnishings and opt not to use those provided.

Preferably all bedrooms are private, but if some rooms must be shared, the design should provide distinct physical separation between the two residents. Depending upon the size of the room, there are very creative options for making a semi-private room more private.

If each bedroom has a bathroom and shower, residents don't need to leave their private space to attend to private needs. But if each household can provide only a central bathing room, it should be located near the bedrooms. While ideally it should be possible to go to the bathing room without being seen from the public side of the household, the bathing room should have adequate space for dressing and undressing. Centralized bathing rooms should be like a health spa – a destination point where those receiving the service feel a sense of luxury and relaxation rather than the institutional "dip and spray." Spa rooms also are great places to put a beautician station.

Storage

Storage in the households should be carefully planned. Think about the items flowing into the house that must be stored until used. Storage identified for specific items should be integrated throughout the household.

Linens consume a large part of a household's storage needs. If designed appropriately, bedroom closets can provide storage for sheets and towels. Additional clean linens for restocking should have central storage points. Storage along hallways provides convenient access to linens for staff and residents.

Lift equipment and other assistive devices are important for resident mobility and staff safety, but should not clutter living spaces or hallways. Niches should be planned to provide quick storage and retrieval of these devices. (Overhead track systems are one option that some find desirable.)

Households need storage for important items related to home life. Games, holiday decorations, candlesticks, the good china, books and keepsakes all may be strategically and attractively stored in rooms where they are typically used.

Medications ideally should be kept in a locked cabinet in each resident's room. Med-carts are no longer necessary. Medications that require double locking can be kept in the staff room or in an interior locked space within each resident's medicine cabinet. Check with your state survey agency in advance to be sure you have designed an approach that will pass inspection.

Utility Spaces

Appropriate design of utility spaces is critical. Access to the soiled utility room should be direct and convenient so linen and clothing bins never sit in the open. While some organizations may choose to send soiled linens and clothing in bulk to a central laundry, we suggest as much laundry as possible be done within the household. In some states this may require two sets of washers and dryers separated for soiled and non soiled items. Household residents may choose to help with table linens or assist in washing personal clothing. Because soiled laundry must be kept apart from other washables, a separate non soiled laundry complete with folding tables and hanging rods within reach of wheelchairs should be accessible for residents who enjoy participating. Clean utility areas may possibly be integrated with laundry rooms, but ideally, a laundry room will be only a laundry room.

Staff Work Spaces

Appropriate design of work areas is vital to household staff effectiveness. Staff work areas need to be integrated into the life of the house without diminishing the feeling of home and normalcy. Roll-top desks, armoires, nooks and wireless laptops all help integrate home and service. Spaces in the households should carefully integrate design features that allow staff to be close to and part of the daily life of the house. Imagine an environment quiet and calm enough for work and home life to

co-exist. Done well, the scale of the space reflects the true atmosphere of home versus the chaos of the institutional model.

Privacy requirements mandated by the federal government can be achieved through a variety of means within households. The goal is to have residents and staff together as much as possible. However, an enclosed private room must be available for conveying information that needs to be communicated over the phone (or that can be inadvertently transmitted to others). Making the space small allows staff to complete tasks quickly and then return to the rhythm of the house.

Garage - Shipping/Receiving

A receiving point where supplies can be properly inventoried and sorted should be designated within the household. Cabinetry strategically located can be designed to house many items in an unobtrusive and noninstitutional manner. Our home garage is another place where we put big stuff we need, but don't want cluttering the house. Although it adds expense in square footage, a garage could be added to each household whether you retrofit or go with new construction. One side can be used for parking or pulling in the household car, allowing residents access to a vehicle protected from inclement weather. The other side can be used for storage, shipping, receiving and maintenance.

The Yard

Homes typically have both a front and backyard. The front of the house is where we connect to neighborhood and street activities. Front porches are nice places to sit and enjoy the day and passersby. The backyard, on the other hand, is like an outdoor living room; a semipublic social space where we invite guests, enjoy household gatherings or private moments under the blue sky. Therefore, access to both the front and backyard should be through a public side of the house and not the bedroom hallway. Doorways to the yard are great opportunities, as are well-placed windows, for bringing the outside in and creating a strong interconnection between "in" and "out."

There should be stimulating amenities in the back yard like gardens residents can work in and patios for barbequing or simply sitting in the sun. Garden pots, outdoor furniture and light posts are a few of the features that make outdoor living inviting. Storage areas for lawn, garden and patio equipment should be considered. A sand box or other children's amenities can encourage residents' grandchildren and community youth to visit and become more engaged in the life of the household.

Therapy

Depending upon your operational variables, space for therapy services may or may not need to be built into your household design. Regardless of the need for a therapy room, there should be a shift in thinking from "therapy in the therapy room only" to integrating therapy into the house where possible.

Configuring and Assembling Your Project Development Team

Now that you have strongly anchored indicators of project feasibility, a decision has been made to retrofit or build, and a clear sense of the design framework you prefer is established, you are prepared to formally assemble your development team. Some projects may be of a size and scope that warrant a developer. We assume herein that will not be the case unless you are going to convert or build a large number of households, or if your household plans are within a larger expansion project in a Full Service Retirement Community (FSRC).

If, however, you do need a development firm, it will coordinate the development team. If your project is not large enough to warrant a fullblown developer, a less expensive possibility is to hire a development coordinator who specializes in smaller undertakings. If you do not engage a developer, the owner must ensure solid development team coordination.

Professionals you need to consider as part of your team include:

- **Architects and other design professionals** to plan the physical retrofit or new construction. Project engineers are brought in as subcontractors of the architect.
- **A financial feasibility consultant** to keep up with cost forecasts as the design process moves forward (you may have internal expertise). To formalize your pre-feasibility forecast, your lender/underwriter may require you to have a financial feasibility consultant.
- **A Market/demographic consultant(s)** may be required to formalize your prefeasibility market study before your lender/underwriter agrees to finance the project.
- **A marketing firm** can help you communicate your message. Often this is overlooked as part of a nursing home project, but it can be important in attracting the community to your new vision and lifestyle. This may be the same firm that does your market/demographic work.
- **A Household Model consultant** during the design and development stage of your project can simultaneously assist with the organizational and environmental design elements. They may also be able to furnish specialized operating consultants well versed in the Household Model (i.e. dining services, nursing, administrative, etc.)
- **A dining services consultant** may be desirable because of significant changes (to the degree you determine) from preparing, serving and consuming food the old centralized way to doing it in the household kitchen. The decentralized approach has major design implications for the household and may require outside assistance. (Note: Kitchen operations also have organizational implications that may require outside help to train large groups of staff about food preparation, storage and sanitation safety requirements and procedures.) It is extremely important the dining services consultant has experience with the Household Model. Though the long-term care food industry is beginning to make strides, it still is entrenched in the old system. Seeking out a progressive consultant with household experience is time well spent.
- **An underwriter/lender.** Formally, your source of funds may come into the picture later in the development process depending on whether you are gathering investment capital or structuring debt as your source of capital. Either way, it is best to identify and engage the source of funds from the outset of the project. Once your pre-feasibility work reveals your project is viable, it is good to share the information with the funding source and ensure they agree with your conclusions. Building the relationship early increases their involvement and understanding of the project.
- **A general contractor** to actually build the project needs to be selected. Depending on your project's scope and team strategy, you may elect to bring on a general contractor during the initial design and planning, or choose to wait until the construction documents are complete and available for competitive bidding.

Experience Is Essential

Whatever development team configuration fits your project, we recommend all participants either have experience with the Household Model or that they become fully educated in its implications. Insist that your development team make site visits, attend workshops or engage consulting assistance to achieve that understanding.

Engaging Financial/Market Feasibility Firms

Retaining a financial/operational consultant and/or a financial modeler or CPA specializing in long-term care is very important. The former must understand long-term care operating and financial models and the latter should have forecasting experience with Household Models. Your audit firm can either provide these services or point you in the right direction. Possibly, the same entity doing your pre-feasibility work can continue throughout the project. Whether remodeling or building new, you should ensure financial forecasts are updated as the project unfolds and projected costs change.

This is an important but often overlooked aspect that is key to good project management. Failure to adequately track costs can quickly put a project in the red and cause financial struggles years after it is completed. Some firms have developed interactive forecasting where changes can be made from a distance while viewing a

computer screen. This can drive down onsite service costs.

Depending upon the scope of the project and the type of financing and debt structure used, you may be required to obtain formal financial and market feasibility studies. The scenarios grounded by your prefeasibility analysis lay the foundation for the formal financial feasibility study and will establish your project's parameters. If your pre-feasibility forecast is thorough and kept current throughout the design process, you should be able to secure a formal feasibility analysis at a significantly discounted cost.

The market analysis completed during your pre-feasibility inquiry may satisfy the formal feasibility requirement depending upon its depth and how much time has lapsed. If you have additional, related requirements, they probably are limited in scope and therefore less expensive than had you not performed pre-feasibility analysis.

Determining Financing Alternatives

Each organization must evaluate which funding sources are most appropriate for their particular transformation. These may range from conventional financing, investment capital to tax-exempt or taxable revenue bonds, and fundraising (if you are a not-for-profit) or a combination thereof.

Having only limited cash at the onset not only may aggravate scarcity thinking, but also can be a very real hurdle to launching the project. You will want to analyze your ability to secure additional debt based on current operational performance and project feasibility. If in your pre-project operation you have even a small ability to increase debt, you may want to consider taking out a temporary line of credit from a local bank (or a consortium of local/regional banks.) Doing so on the front end of your efforts may preserve your existing cash while enabling you to forge ahead with development plans. The line of credit and the dollars accessed against it can usually be included in the final financing of the project. You can then pay off the line of credit at the time of actual project financing. In addition, predevelopment and development costs are capitalized (assuming the project is eventually built) and therefore do not negatively impact your income statement. Depreciation does not begin until the project is complete and put into service – a fact unknown by many administrators. Not only do these costs not "hit" your income statement, they can be included in the total cost of the project you are financing. (This of course assumes you are financing. Some organizations are able to pay cash, have investors or raise needed funds.)

Balancing the existing operation with the vision of the future may be challenging if current operating financials and cash on hand are not robust – perhaps due to staffing, supply and debt costs along with low interest income and declining census. If this is the case, you must effectively communicate to your source of funds that you are creating a new product that you believe will attract an expanded market. Forecasting under such circumstances is very difficult, even scary, if you're accustomed to running under capacity. But as previously noted, you will likely attract new residents and revenue with a more desirable environment and lifestyle.

This illustrates, once again, the importance of a thorough prefeasibility analysis. It may be the basis, certainly, for interim line-of-credit financing if needed. The pre-feasibility study (and later if needed, your formal feasibility study) contains the market analysis that reflects professional confidence in your ability to attract additional residents.

The market analysis is combined with your financial forecast, which should include potential new revenues from additional residents. This critical information is the foundation for not only the project, but also the financing.

Marketing the Household Model to Your Community

A succinct marketing strategy is necessary for clearly communicating your new vision to potential residents, and presents an opportunity to reclaim census and

promote a new identity. If you engage a marketing firm, its representatives will help you articulate your message once they clearly understand the story of transformation from institution to home. The message needs to convey your new identity in every form of communication from the organization; position advertisements, radio ads, web page, telephone conversations, person-to-person interactions... everything.

There is a new story to tell and all the marketing pieces must tell it. The new message should communicate a lifestyle, not dependence. The kind nurse with caring, sympathetic eyes hovering over the helpless elder conveys the traditional model of illness. It is the approach used by almost every nursing home in America. The community should connect with your new image that actively depicts a good life being fully lived.

One Household Model organization aired a television commercial showing elders drag racing with their electric carts. Another culture change organization has a video of elders scaling trees. Another highlights romance. These commercials aren't just making up things; they actually happen.

Conceptual renderings made during the design process put you in a great position to take your vision beyond traditional stakeholders to the broader community.

Telling the story of your organizational and cultural transformation with drawings in hand makes for a powerful message. Speak to civic organizations, churches and anybody who will listen. You may be surprised at their reactions when they hear your vision and its potential social impact. People are so thirsty for something different they likely will see your organization's contribution to the community in a new light and welcome your vision with broad appreciation. The message is one of home and life well lived.

As our friend Rose Marie Fagan of the Pioneer Network says, "It's about rampant normalcy."

Make Development Team Part of Organizational Dialogue

Architects and designers must become part of the organizational dialogue. They must be ready to revisit design issues that need rethinking as the process evolves. If they are experienced in Household Model design, they can prompt staff to continually question which habits to leave behind and what patterns of behavior to support. If not, they will struggle with what feels like lack of decisive direction from the organization.

Many architects and consultants are practiced at giving clients that for which they ask. Conversely, providers often yield to the development team's expertise with the mindset of "do it for us," as previously mentioned. In the context of the Household Model, the development team must be part of the discovery process in partnership with the organization and its stakeholders. Consequently, they become integral with the cultural process that the organization attempts to establish through high involvement and deep sense of partnership. Giving the client "what they ask for" or "doing it for them" limits success, whereas participating with all parties in high involvement discovery expands everybody's vision and will more likely result in a very successful project.

Expose the Design Team to Diverse Users

Ask representatives of user groups for their perspective at critical points in the planning and design process. Look for people highly regarded by their peers or constituents, and not necessarily for those with position titles. Involve service providers who have expertise that comes from daily use of specific areas you are designing. Gain the customers' perspective by including residents and family members. Consider all stakeholder groups as part of the design-team and respect all input as equally important.

Given that the organization serves residents 24 hours a day, it is difficult to have high involvement from everyone on everything. So, we suggest using the following high involvement techniques during the design phase. Consider these techniques in

addition to ones you already know fit your organization.

Open Meetings

Have open meetings *before* any significant decisions are made. Invite all groups affected by the proposed changes and repeat the information during differently scheduled meetings so everyone has a chance to hear it. The goal is to gain feedback from users. Initial meetings should present ideas, not solutions. Participants know when they are being *told* what will happen versus being *asked* for input on how to make it happen. After presentations of new or significant amounts of information, people need time to digest it, so allow for reflection. Sometimes, informed discussion starts a chain reaction of creative thinking that fuels new perspectives and enthusiasm for change.

Learning Circles With All Stakeholders

One of the most effective ways to develop consensus and build a strong team while designing households is to gather people into a learning circle. Sometimes you may want only folks from a specific service area in the circle. Other times you may wish to gather employees from various service areas, or perhaps stakeholders from different vantage points, like family, residents and staff. When people from different service areas hear about each other's ideas, they are better able to place their own priorities in perspective. The big picture becomes clear.

Bring stakeholders together to develop a list of changes you are considering. Discuss the ideas on the list so everyone gains a sense of the implications presented by each proposed change. Then, assemble representatives from the various service areas into a learning circle to talk about the importance of each potential change in relation to their jobs.

Post Information and Elicit Comments

Informal conversation, open forum meetings and learning circles will lead to design images that incorporate the participants' ideas. Post the images in a place where people can study them and comment. Since many people have difficulty reading floor plans, it's good to provide additional narration or images explaining the proposed changes and design ideas.

When possible, show more than one potential solution to an issue and ask for stakeholders' feedback and preferences. The final solution may be a combination of ideas from users whose suggestions were not initially considered.

Group Site Visit

Some people have difficulty conceptualizing what *can* be if they are unfamiliar with or can't see it. Often, they have to experience it before they can truly understand or value it. So, it is a great idea to do a site visit to a Household Model organization to focus on physical design. Take the architect and other development team members with you. The shared experience will energize the co-creation process.

When you visit other Household Models do not to assume "if only you had that building" it would be easy. Each design must reflect the sensitivities of the people who will live and work there and their specific sense of community identity with the place. While features of Household Models you visit may reveal potentials for your own facility, resist the temptation to ask for "one of those designs" thinking it will save you time and money in planning.

We believe each organization must create its own local expression of the Household Model based on the fundamental principles offered in this book and other guiding resources, rather than on a prescriptive approach. Cookie cutter designs risk producing a building and culture residents and staff don't fully relate to. Though well intended, such designs may be superficial and not indigenous to the local culture. The Household Model is not a franchise approach, but a framework of principles and methodologies designed to foster your own unique version that reflects

your community.

Engaging the Design Team

There are a literally hundreds of design firms that could be a part of your project. Deciding how to hire the best team depends on several variables including the scope of your project and the local professional resources available. One of the first things you can do is ask colleagues who have undertaken similar projects. Be careful, though, to clarify that you're not seeking a cookie cutter approach to change.

There may be local or regional professionals you've worked with in the past who know your organization and local code officials and have good relationships with others in the community. But if they have not worked on Household Model projects, it is all the more important you also hire a Household Model consultant to assist in the planning process.

You may want to consider a national firm. Periodicals are filled with reports of health care projects designed by such firms. Some are developing expertise in the Household Model and can help bring together all the dimensions of home in your new design. If you go local then a national firm architect with background in the Household Model may need to be on the local team.

You may want to request information on qualifications and references from two or three firms. Call their references, or perhaps a few of their clients not listed as references. This will provide an honest client perspective of the firm's qualifications and indicate whether it is easy to work with them.

You can ask firms to prepare a proposal explaining how they would put the design team together and approach your specific project.

Interviews are helpful in determining which team is right for your project and how personalities will mesh. Important considerations in making a final determination are:

- The size of the firm and how long it has been in practice.
- Its experience and special expertise with Household Model projects.
- The firm's management skills and ability to work within budget/time schedules.
- Knowledge of local and state building codes, zoning and federal regulations that apply to your project.
- Experience with local code and regulatory officials.
- Interviews with people who will work on your project or with whom you otherwise will be dealing.
- Design quality and technical competence. You should look for a design team who:
 - is responsive to your needs.
 - listens carefully.
 - understands your organization or at least asks the right questions.
 - makes you feel comfortable and with whom you have a chemistry.

Invite Your Architect to Stay the Night

Invite your architects to reside for at least twenty-four hours in your current facility. If you have semi-private rooms, pair them with roommates they are meeting for the first time. Set extra trays for them in the dining room so they can eat with all the residents. If possible, fit them into the schedule to receive a bath in your tub or shower room. The experience will sharpen their vision.

Identify and Be Clear About Goals for Change

Without a clear reason for change, design decisions will seem arbitrary to organizational stakeholders. If everyone shares a similar vision for improvements, it is easier to determine what changes should have priority over others. Use the Essential Elements (Chapter Four) and *Anatomy of a Household* and *Household Design Principles* (earlier in this chapter) to help establish goals and guide change. Engaging users in the very beginning of a design project will spur all stakeholders to take ownership and may also reveal problems that need addressing. This is a great way

to get everyone on board and may uncover areas of reluctance to change. However, you must not overly involve the daily operating staff to the point of taking your eyes off the ball. We are building the future, but not at the expense of today. The staff must know what is going on and help design the new household, but their primary responsibility is to continue providing high quality service amidst the whirlwind of development. Not only do you want to avoid quality of service issues during development, you also want to avoid census decline. Otherwise, your financial feasibility also will decline and jeopardize completing the project. Developing new buildings is vastly different than maintaining daily operations. Both must simultaneously be done well. Finding balance is not easy, but essential.

Design Process Flushes Out Lingering Resistance or Lack of Clarity

When you start designing households, you likely will discover where resistance to change and lack of clarity still lurk within the organization.

To enable the design team to help translate your vision into physical dimensions and space relationships, you need to communicate how you imagine life taking shape in the Household Model. This is where discrepancies between desired goals and resistors to change rise to the surface.

As with any transformation, there may be lingering resistance to specific changes in the physical environment. This provides a window into the mindsets of participating stakeholders. Though most may by now be behind the overall concept, some might not understand how the decentralized, "small is better" design will allow them to get their work done. Some still believe assembly line methodologies are surely most efficient. They may think assembling food trays in a central kitchen *must* be faster than making food to order in the household kitchen and wonder, "How will we be able to get it all done?!"

As leaders, we know a full understanding of change doesn't come in one gust of wind. We may be able to internalize the grand philosophy of creating home and resident-directed service and make it our own. Most of us, however, discover the full implications of deep change only in increments, sometimes one situation at a time.

For example, imagine a nurse who is excited about resident-directed service and changing the physical environment as advocated in the Household Model. He may envision his own mother moving into one of the houses and finds comfort knowing things will be different for her. The nurse may even be a powerful force in the organizational change process and eagerly interact with the design team. This same nurse, however, may be a product of traditional training and professional indoctrination. As one highly trained and qualified to provide skilled nursing care, his perspective on equipping resident rooms is unwittingly limited to the old way of doing things. He may adamantly oppose the notion of placing a medicine cabinet in each resident's room because he is convinced distribution is most efficient from a centralized med cart. Also, he makes a passionate case that decentralized distribution will result in more medication errors. Of course, the decentralized approach has proven to work very well while protecting residents' privacy, but it is not yet within the experience of this nurse.

Or think of the activities staff. They want to keep their large activity closet to store seasonal decorations, and dedicated wall space to put up a large bulletin board for announcements. Obviously, they have not yet fully absorbed the implications change holds for them.

Both professionals have yet to translate in their minds how they can provide their particular service in a normal home environment instead of in an institution. Ironically, workers commonly see how areas around them will change – we have seen it many times – but it doesn't dawn on them how their own little corner of the world will also change. It is easier to see the need to change in others than to see it in ourselves.

Initiating Leaders Must Create a Discovery Environment

The design process is a great time for formal leaders to challenge assumptions and an opportunity to stimulate conversations among stakeholders about how a true home looks and functions. The physical environment's influence on operations will help you finally flesh out what to leave behind and what new features to introduce. The ultimate physical design reflects the organization's clarity of vision, and lack thereof.

Consequently, much care must be taken to fully articulate and integrate the design of the building and organizational culture. The initiating leader(s) is responsible for creating a learning environment so participants, though excited by the future they are creating, do not limit possibilities due to past frames of reference.

Most importantly, the initiating leaders must selfmonitor to ensure that they, too, discard what doesn't work and totally embrace the future. Whether or not leaders fully understand it, their ceiling will be by default the organization's ceiling.

Throughout the change process, an evolution of understanding, agreement and decision-making must occur for all stakeholders. This is a chance for coaching and interactive dialogue among leaders, staff, residents and the project design team (architect, interior designer and financial and marketing advisors).

Regulations Affect Building Design

Almost every type of building must comply with a set of regulations. These are primarily safety standards that protect the occupants and emergency response personnel who come to their aid. They also address the occupants' expectations and patterns of behavior. As expectations and behaviors evolve, regulations addressing environmental issues may also need to evolve. A substantial time lag can occur between recognizing the evolution of behavioral patterns and modifying environmental regulations accordingly. Environments for frail adults provide a diversity of challenges as we strive to keep them safe without becoming so over-protective we deprive their lives of purpose and meaning.

Because nursing homes are now based on a medical model, most regulations address standards of care that are clinical in nature. Regulations do not inhibit the Household Model, although interpretations in some states can make it more difficult than in others.

The Fire Code is the greatest regulatory challenge to the Household Model. Its single focus is fire safety, as it must be. The problem is that local, state and federal fire marshal offices don't always use the same code.

The local office may use one issued in a particular year, the state another year, and the federal yet another. While approval for your plans may be granted, brace yourself for the first fire inspector "walk through" after the building is complete.

It can be as if plan approvals never took place and the price tag can be startling. Annual inspections may bring up new issues with long-standing situations never before identified as problems. Fire Marshal inspections are one of the regulatory system's most expensive for providers. Another fire code reality is that nobody outside its bureaucracy seems to know how to interact with, influence or penetrate it. So, it is a reality we must live with. Having an architect familiar with the code will save you much heartache. Stories of woe over fire codes frequently involve architectural issues that a knowledgeable architect can help you avoid.

MOVE IN

Planning Move-In

Don't underestimate the need to plan and prepare for the physical move into your new households. Once you've developed design drawings clearly identifying all rooms and spaces for furniture, start planning the upcoming move. Time frames and schedules for moving must be determined so clinicians and others can plan ahead to assure resident safety and wellbeing.

You may want to create an ad hoc transition team responsible for high involvement planning of the logistics and variables necessary to ensure a smooth move into the households. You need to bring all your project management skills to bear with this team. A project checklist, frequent stand-up meetings, high involvement across the organization and lots of communication are very important.

A facility was living the Household Model in their original building while new households were being built. Once the new facility was completed, a group of managers, trying to be helpful, went to the new facility to set up the households with supplies. Putting linens in closets, utensils and tools in kitchen cupboards, etc. For six months after moving day household staff was still struggling to find stuff. Moral of the story: those who thought they were helping out by setting everything up in advance realized that those who worked in the household really *do* need to be involved in every aspect of change and transformation.

As the design process evolves from schematics to construction documents, financing and construction will be prominent in your life until time to move is just around the corner. This period brings growing excitement, fear and anticipation. The moment everybody has been waiting for is almost here!

While the construction and insurance people won't get too excited about it, residents and staff will be eager for a peek at the new place. A hardhat tour with small groups of residents and staff may be possible if you communicate with your insurer and take all necessary precautions to guarantee the site is safe and supervised by construction and operating personnel. A tour will raise the excitement level to new heights. People will finally see where they will live and work. The closer to moving day, the more excitement there is.

But there also can be fear if the transition is not well planned so people know their place in it all: Which house will I live in? Who will I live by? Who will work in my house? Which house will I work in? Who will I work with? Letting these questions go unanswered for too long breeds fear. "Notknowing" is part of the change process, but as time draws near lingering uncertainty can be unhealthy. People need to know and help direct their circumstances.

Some Household Model organizations take this process very seriously and go to great lengths to ensure existing personal relationships determine where people live and work. There is really no other way truly consistent with the Household Model.

After all, this is about creating home, and home is where we live with people we love. We in long term care are so used to making decisions based on institutional criteria, it is counterintuitive for us to believe we can actually "let" people live and work with those they love and still cover all the operational bases. We were no different at Meadowlark Hills. We did the first several months of planning for transition into households in 2001 with the idea we would place residents in specific houses based on their level of care.

In retrospect, we're embarrassed to admit we spent so much time organizing around that assumption. But it made perfect sense at the time that level one people should be in one house, level two in the next and so on. We got so smart about it we figured we could staff lighter in level one and higher in the level four house. It made perfect sense. It took quite awhile to dawn on us it not only was a bad approach operationally, it was not even close to being resident-directed or even resident-centered.

For one thing, as we planned placement of each resident we realized their individual situations change frequently. At each planning meeting there would invariably be a team report like, "Mrs. Smith is now a level three instead of two." Then the group would spend time reshuffling the placement lineup. After several months of this, somebody finally asked, "Is this how it is going to work? Every time somebody switches levels they move to another house?"

This spawned other questions. "Are people going to live in fear that every time they have a new set of needs they have to move?" and "I thought we were trying to create home; this doesn't sound like home to me!"

We were thinking in a box without any new ideas for initial resident "placement." Our thought process seemed perfectly logical in the healthcare world.

Finally somebody said, "Why don't we arrange people based on who they want to live by?"

Well, that seemed completely impractical! How could it possibly work? But in absence of a better idea, we decided to survey residents about whom they would like for neighbors. The idea graduated to also asking residents who they preferred working in their house. It further evolved to asking staff which residents they felt close to and would like to serve. And finally, which coworkers would you like on your team?

After receiving survey responses from residents and staff, we began piecing the puzzle together, using relationships as the primary factor in determining staff and resident placement in the new households. It worked. In fact, it was much easier – and far more satisfying – to organize than before. People were able to live and work with whom they preferred.

We also discovered the need to have a full compendium of staff (RN, LPN, Aides, etc.) in each house was not at odds with the relationship-based approach. The experience taught us we must put the person first and set aside institutional thinking, and that relationships can and should drive the journey.

It is scary to realize the impact conventional leadership thought processes and assumptions have on groups of people. What if nobody had challenged placing residents in households based on levels of care!? It dawned on us our job was not to place residents, but help elders establish their homes on their own terms.

Individualize Each Resident's Move In

Once it is determined where residents will live, individualize their move. Help them decide how to arrange their room and where to put their personal possessions by giving each a room plan and sitting down with them and any family members they wish to include. What they decide can be an individualized installation plan to guide the movers. Then, when residents move into their new homes, everything will be as they envisioned.

We recommend you emphasize to residents and families the importance of bringing residents' personal belongings. Often, family members consider dispersing the loved one's belongings before moving the elder to a nursing home. Encourage them instead to bring meaningful artifacts to help complete the elder's new home.

When financing is in place, ground is broken and move-in plans have been developed, there will be mixed emotions of excitement and fear. Build on this shared passion to make it all come together. It's amazing what can be accomplished when everybody is aligned around a common vision and purpose. Take note of the magic. It will be all around you.

When time comes to move, it feels just like moving into a new house...because it is. It takes a few weeks to notice households establishing their own rhythms. But they will.

It All Comes Together

By now the self-led teams are in operation. Their vision, day-to-day workings and attitudes will support the new home and vice versa. The residents and the self-led teams are building relationships that will help all involved through the transition. Individual, leadership, organizational and environmental transformations are solidly integrated. *This* is what you have been working for. Together, strong and proud, you evict institutionalism from your home and lives.

One Household Model organization decided they really needed to mark the transition from old to new so they decided to have a bonfire with staff and residents. They burned a piece of the old nurses' station, a bib, a restraint – anything they could find that represented "the old way."

Residents were encouraged to write down things they didn't like about the old way-things-were-done and burn those papers too. With the bonfire they were about to

cross over a line and begin anew the next day.

YOU ARE HOME

And so, here you are. Everyone can now enjoy the fruits of all your hard work: a sense of family, purpose and belonging is felt by all who live and work in the household. It's extraordinary, isn't it?

However, to sustain the good work you have done the organization must stay committed to the Essential Elements of the Household Model.

Begin With Ritual

We mark significant events in our lives – from birthdays, marriage, graduation and holidays to death – with rituals. Whether formal or not, each ritual is sacred in its own right.

Moving into a new home, and especially moving from a conventional nursing home into a Household Model, is a significant event. Some cultures have rituals to bless a new home or "warm" a house. The following is a house blessing conducted by Meadowlark Hills when opening of the houses occurred. The blessing was followed by a housewarming with shared food, conversation, song and laughter. This particular house blessing ceremony is adapted with permission from Father Edward Hayes' house blessing ritual in his prayer book, "Prayers for the Domestic Church."

Part One

Celebrant: Father, our God, you whose home is in heaven, on earth, and in that undiscovered beyond, come and bless this house which is now to be our home. Surround this shelter with your Holy Spirit. Encompass all it's four sides with the power of your protection so that no evil or harm will come near.

May that divine blessing shield this home from destruction, storm, sickness and all that might bring evil to us who shall live and work within these walls.

(A moment of silence, the celebrant sprinkles water on the frontdoor)

Blessed be this doorway. May all who come to it be treated with respect and kindness. May all our comings and goings be under the seal of God's loving care. Blessed be all the rooms of this home, *(name of household)*. May each of them be holy and filled with the spirit of happiness. May no dark powers ever be given shelter within any of these rooms but banished as soon as recognized.

(Light a candle located on the table with the bread, wine and salt)

Blessed be this living room may we truly live within it as people of peace. May prayer and playfulness never be strangers within its walls.

(Turn toward the dining room/kitchen)

Blessed be this place where we shall eat. May all our meals be sacraments of the presence of God as we are nourished at these alter-tables.

Blessed be the shrine of the kitchen. Blessed be the herbs and spices, and the pots and pans used to prepare our meals. May the ill-seasonings of anger and bitterness never poison the meals prepared here.

(Turn toward hall archways leading toward bedrooms)

Blessed be these bedrooms. Here we shall find rest, refreshment and renewal. May the spirits of love and affection, together with the spirits of angelic care, touch all who shall use these rooms.

(Turn back toward living room)

Let us pause now and pray in silence as each of us calls down the holy blessing of God upon this house – now become our home.

(Pause for silent prayer)

Resident: Lord our God, may your divine name be always holy

within our home.

May you, as Holy Father and Divine Mother, secure loving care for all who shall live and work here.

May your Kingdom come in this home as we love and respect one another. May we always do your holy will by living and working in harmony and unity.

Family Member: May we never suffer from lack of bread, nor from a lack of all that we need to nourish our family. May the spirit of pardon and forgiveness reside with us and be always ready to heal our divisions. May the spirits of mirth and laughter, hope and faith, playfulness and prayer, compassion and love be perpetual guests in our home.

Staff Member: May our door be always open to those in need. Open be this door to the neighbor or to the stranger. May our friends who come to us in times of trouble and sorrow, find our door open to them and to their needs. May the holy light of God's presence shine forth brightly in this home and be a blessing for all who shall live and work here and for everyone who shall come to this door.

Celebrant: May God's holy blessing rest upon us all.

Part Two

(All turn their attention to the table/alter where an unlit candle, the wine, bread and salt are arranged on the table.)

Celebrant: We offer gifts for this house in celebration of our shared beginning.

Resident (Holding up the Bread): Bread...that this house may never know hunger.

Family Member (Holding up the Salt): Salt...that life may always have flavor.

Staff Member (Holding up the Wine): Wine...that joy and prosperity may reign forever.

Celebrant: We give and receive these gifts with great wonder and thankfulness for our many blessings.

Part Three

Celebrant: We are here to dedicate Honstead House. May our actions today receive the blessings of God, and may the purposes and dreams, which have brought us to this point of beginning, be fulfilled.

People: We dedicate ourselves toward helping this house embody all that it is meant to be. We commit ourselves to uphold our responsibilities in making this house a home of joy and laughter, of thoughtfulness, caring, and shared living between residents, staff, family, friends and community. We further dedicate to uphold our responsibilities in making this house a symbol of what can be in store for others across this nation who wish to follow.

Celebrant: Then upon you, the residents, family, staff, friends and community, is the obligation to be supportive and steadfast in creating the culture of this house that will symbolize the commitment and beliefs that have brought it into being.

People: We dedicate this house today.

Celebrant: That this house will be a place of nourishment, joy, fulfillment of dreams and peace.

People: We dedicate this house today.

Celebrant: That the lifestyle in this house will be seed for growth across this land in changing the lives of our elders, that a new standard will become the hallmark of this place, in our town, state and nation.

People: We dedicate this house today.

All: May God bless our efforts on behalf of this house.

Blessing the new home is the first of many ceremonies and celebrations residents will experience in the Household Model. Each of you who have embarked upon this deep journey of transformation will be blessed as well. You will be an instrument of liberation for elders and of change in the character of your community. The painful unlearning and the joyous discoveries along your journey will enrich you forever. Blessings upon you and your household.

Epilogue

Michael

I had just come home from my friend Michael's memorial service. When we first began discussing the Household Model and what that could mean for the elders, I was on board. Closer, more intimate relationships would enable us to better know our elders' needs and desires. But I had no idea what this would mean for one man who would struggle and lose a battle with early onset Alzheimer's disease.

Michael moved into our household almost two years ago. He had known his diagnosis for about eight years, but as the disease progressed he became less able to name his foe. He told me, "I have Alzheimer's and it makes me so infuriated!"

Michael's fury stemmed, in part I suspect, from his nature. He was a retired philosophy professor at the local university and very active in his community politically and socially. He was an ACLU member, a Democrat (he was very glad to inform me) and an atheist. He loved a good fight, but this foe didn't fight fair.

I didn't anticipate developing a strong friendship, as we certainly didn't have a lot of common interests, but as the weeks passed our friendship grew. I found Michael had a very broad taste in music and I had a great appreciation for almost all of his 3,000 CDs. Michael also told me of his travels to Turkey, where he fell in love...with the bean.

Michael could drink four double espressos in one setting. Those who know Michael are nodding in agreement here. At every opportunity Michael and I would sneak off to the café for good conversation and a taste of the bean. We would talk of politics, religion, philosophy and Alzheimer's.

Michael was in charge of Michael's life. Just because he had a disease didn't mean he didn't have the power to make decisions. Michael chose to hire companions who could ride a bicycle with him and take him to the café and to local hangouts to listen to live music.

He also chose to fire companions. He let one fellow go for criticizing Messiaen, his favorite French composer. I asked if this was the only reason for letting him go, and Michael confided that the "oaf" also felt reading the dictionary was a waste of time. From that day forward I informed the new companions that listening to music was one of Michael's favorite pastimes and it probably wasn't wise to criticize your boss's taste in music.

Toward the end of Michael's life we debated the benefit of employing companions for him. Not wanting to waste his family resources, I asked for others' input on when we should discontinue the practice. One team member asked, "If they are holding his hand and playing his favorite music on his stereo, is that a waste of his resources?"

No, we decided, it probably is what Michael had in mind the whole time. Not every companion could continue working with Michael as he declined physically. One fellow stopped when Michael began using a wheelchair. To their credit, they gave each

other the freedom to part as friends.

A short time later Michael was unable to walk, and then to sit up or move independently.

Through it all he continued to communicate on a primary level.

Because of our relationship I still could understand Michael. The Thursday before he died it rained a lot. I mentioned it to him and he said, very Michael-like, "That sucks."

Three days later he asked what was wrong with him. I had an honest relationship with Michael, so with love I told him he was dying. He said, "That sucks. Do I have to do it now?"

I told him I didn't know when it would happen but I could stay with him for a while if he wanted, and he nodded. Tears streamed from his eyes and mine, too. He had the benefit of a floor bed, which allowed me to lie on the floor next to him and wrap my arms around him. I stayed with him until he was soundly sleeping.

The companions also laid on the floor next to Michael. They played Messiaen, Elvis, Philip Glass and a CD of his sister playing oboe as a member of the Houston Symphony.

Annie, a household team member and friend, brought a coffee maker into his room and brewed gourmet coffee to create an aroma familiar and pleasing to him.

As his respiration slowed, others dropped by to say goodbye. Each would lie next to Michael on the floor, touch and talk to him and pour out their love and best wishes.

Michael died the next day at 5:21 a.m. Workers in the house called me at home with the news. I wiped my tears and went to the kitchen to make a pot of gourmet coffee.

- Shari Brown

Bibliography

- Carboni, Judith T., "Homelessness Among the Institutionalized Elderly," *The Journal of Gerontological Nursing*, Vol. 16, No. 7 (1990).
- Cooper Marcus, Clare. "Self-identity and the Home." *Housing; Symbol, Structure, Site*. Cooper-Hewitt Museum, The Smithsonian Institution 1990.
- Dovey, K. "Dwelling, archetype and ideology." *Center*, 8, 9-21 (1993).
- Fisher, Kimball. *Leading Self-Directed Work Teams: - A Guide to Developing New Team Leadership Skills*. New York: McGraw Hill, 2000.
- Fox, Nancy, LaVrene Norton, Arthur W. Rashap, Joe Angelelli, Vivian Tellis-Nyak, Mary Tellis-Nyak, Leslie A. Grant, Sandy Ransom, Susan Dean, SueEllen Beatty, Dawn Brostoski, William Thomas. "Well-Being: Beyond Quality of Life - The Metamorphosis of Eldercare." Action Pact Press (2005)
- Gladwell, Malcolm. *The Tipping Point:- How Little Things Can Make Big Difference*. New York: Little, Brown and Company, 2000.
- Greenleaf, Robert K. *Servant Leadership: - A Journey Into the Nature of Legitimate Power and Greatness*. Mahwah, NJ: Paulist Press, 1977.
- Helmstetter, Shad. *You Can Excel In Times of Change*. New York: River Productions Inc., 1991.
- His Holiness the Dalai Lama and Howard C. Cutler, M.D. *The Art of Happiness at Work*. New York: Riverhead Books, 2003.
- Jacobs, Robert W. *Real Time Strategic Change:- How to Involve an Entire Organization in Fast and Far-Reaching Change*. San Francisco: Berrett-Koehler Publishers, 1994.
- Kaup, M. L. "Reshaping behaviors in nursing homes by reshaping nursing home architecture: A case study in the investigation of change." *Proceedings to the Environmental Design Research Association, USA*, 34, 98-104. (2003).
- Kouzes, James M. and Barry Z. Posner. *The Leadership Challenge:- How to Keep Getting extraordinary Things Done in Organizations*. San Francisco: Jossey-Bass Inc., 1995.
- Land, George and Beth Jarman. *Breakpoint Change and Beyond:- Mastering the Future - Today*. Champaign, Ill.: Harper Business, 1992.
- Lawrence, R. *Housing, Dwellings, and Home: design theory, research, and practice*. New York: John Wiley & Sons, 1987.
- Mickus, M., Luz, C., Hogan, A., "Voices From The Front: Recruitment and Retention of Direct Care Workers in Long-Term Care Across Michigan," Michigan State University, (2004).
- Norberg-Schulz, C. *The Concept of Dwelling: on the way to figurative architecture*. New York: Rizzoli International Publications, Inc., 1985.
- Peters, Tom, *Design: Innovate Differentiate Communicate*. New York: Dorling Kindersley Limited, 2005.

Pink, Daniel H. *A Whole New Mind:- Moving from the Information Age to the Conceptual Age*. New York: Riverhead Books, 2005

Prochaska, James O. Ph. D., John C. Norcross, Ph. D. and Carlo C. Diclemente, Ph. D. *Changing for Good:-A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward*. New York: Quill, HarperCollins Publishers, Inc., 1994.

Quinn, Robert E. *Building the Bridge as You Walk On It:- A Guide for Leading Change*. San Francisco: Jossey-Bass, 2004.

Rees, Fran. *How to Lead Work Teams: Facilitation Skills*. San Diego: Pfeiffer & Company, 1991.

Schwartz, B. *Nursing Home Design: consequences for employing the medical model*. New York: Garland Publishing, 1996.

Seavey, Dorie, "The Cost of Frontline Turnover in Long-Term Care," *Better Jobs, Better Care*, (2004).

Senge, Peter M. *The Fifth Discipline:- The Art and Practice of the Learning Organization*. New York: Doubleday, 1990.

Watson, Gregory H. *Business Systems Engineering*. Hoboken, NJ: John Wiley & Sons, Inc., 1994

Acknowledgements

We, the authors, are a bit of a sham. We have the heart and soul. And even the magic of the inspiring word. But we were shored up on all sides in this venture by great friends and colleagues. Thanks to those who contributed to our chapters on organization and environment, Linda Bump, Migette Kaup and Jeff Anderzohn.

A special thanks to Imy Higby who contributed to Chapter 2. She thought beyond her own experience and stepped out as an activist to awaken others to the nursing home experience.

Thanks to our moonbeams from first word to last: Keith Schaeffer and Steph Kilen, both strong writers shedding quiet light on our struggles. They reworked our clumsy words and thoughts, questioned our logic, confronted assumptions, gently pressuring us to get it right.

And thanks to our outstanding research assistant, Codi Thurness.

We wish to thank the three entities who provided the leadership and funding that enabled Meadowlark Hills Retirement Community to produce it: the Sunflower Foundation of Topeka Kansas, Kansas Department on Aging and The Commonwealth Fund of New York City. They share a vision that the changes offered in this collection become widespread. Each has our gratitude and admiration.

Thanks to the Board of Directors of Meadowlark Hills for recognizing that the need to change how frail elders live in long-term care exists well beyond the Flint Hills of Kansas. It reflects their character and the community of Manhattan, Kansas.

Thank you residents of Meadowlark Hills. You have opened your home to thousands of people from nearly every state in the union and at least 17 foreign countries who have come to learn a new way to live and work. Thank you, each and every one of you, for your generous hospitality to so many. You saw the importance of this journey from

the beginning and along the way encouraged all of us to keep moving forward.

Thank you to Megan Hannan, Rose Marie Fagan, Bill and Jude Thomas, Barry and Debbie Barkan, Nancy Fox, Tom Zwicker and Debbie Van Straten, Bill Keane, Sue Misiorski, Joanne Radar, Charlene Boyd, David Green, Garth Brokaw, Patricia Maben, Carter Williams, and Wendy Lustbader. Your aligned vision is surpassed only by your deep commitment and personal sacrifice on behalf of elders and staff everywhere. Your perseverance is striking the bell of truth and awakening the nation's conscience.

Thanks to those who helped review this work; Deborah Douglas, David Slack, Migette Kaup, Jeff Chapman, Martha Ann Olson, Gail Urban, Willie Novotny, Bill and Sally Boone, Marsha Blatchford, Bill Witte, Chris Keysor, Carmen Bowman, Courtney Bouker and Paul Young.

Special thanks to Meadowlark Hills residents, Elnora Young and Carol Chalmers, for your extra mile of commitment of time and wisdom during your respective reviews. You both were invaluable.

We thank the Pennybyrn at Maryfield, Wesley Retirement, Lenawee County and Perham Memorial organizations for sharing their stories in this book.

To the staff and friends at Action Pact: You helped us start our journey, and accompanied us to this day. Neither our transformation nor this Toolkit could have been done nearly so well without your partnership. Your leadership is extraordinary. Your magazine *Culture Change Now* and website of the same name have educated many world-wide. With a staff of culture change experts supported by educators, writers, artists and a great videographer, your skill set is unique and ideal. You have consistently given the field of long-term care the transformation tools it needs. Your voice has quietly, yet forcefully prodded us all to become what we are truly called to be.

Thanks to my mother and father who inspired me to commit my life to elders. My father's quiet wisdom and awareness are constant, guiding forces in my life. I feel blessed that the Household Model came in to being in time for him. My mother gave her children tenacity, courage and intolerance for social injustice. I beg her forgiveness for not seeing the injustice of her long-term care experience before she died. Her painful road became my difficult path to personal discovery.

Thank you, LaVrene. You are an amazing friend, colleague, change agent and visionary. Co-authoring a book with a friend is a little like wallpapering with your spouse. If you survive it, the relationship only grows stronger. We passed the test.

Lastly, I thank my family. The additional energy and time required to write it were, in large part, granted and supported by the home front. Thank you Sally for your understanding, patience and constant support during your own time of loss. I love you.

To our ten-year-old son, Ben, you have been a trooper during the many absences required for writing this book. You know how much I love you.

I asked Ben, a voracious reader, to review Chapter One. He got about half a page down, put it aside and said, "No dragons, no dragon slayers...it's boring Dad." When you are older Ben, I hope you will see there are dragons in this book; that our only real hope for change rests with the dragon slayers who read it.

- Steve

Thank you, Meadowlark Hills staff members for your courage, heart, commitment and generosity of spirit. As individuals and part of the team, you are living examples of how societal change occurs when people align around values and vision, and commit to the required actions. You lived the changes from the beginning, and in so doing are a testament to the industry's highest principles. If this book were a play, you would be its scriptwriters. Ultimately, the toll taken on each of you will be forgotten, but the gifts that come from leading others to a new way will endure forever.

I am so grateful for the personal inspiration of elders and staff that I have met across the US. And especially for those who took the first steps toward Households with Action Pact: Bigfork Valley, Meadowlark Hills, Nielson Place, Tealwood and Lenawee. You have proved that true home can happen in the Household Model.

A special thanks to all my friends in Australia but especially to Sarah, Peter and Dawn MacKenzie of Melbourne and Rhonda Peplow of Perth. You have welcomed me into your homes as your elders have welcomed me into their households.

Thanks, Steve. You have proved The Household Model is home and sustainable. And the side benefit is that all those great conversations of ours over the years have not remained static in time – they've become a book!

I thank my family and dear friends, embedded not only in my heart, but luckily also in Action Pact. Everywhere I turn I am supported. You all have passed me by in your knowledge and skills, but find the energy to listen and counsel me and even find my lost keys. You are my inspiration and my motivation.

Thank you Pat, Brendan, Chris, Patty, Keith, Kristine, Coletta, Steph, Megan, Linda, Peggy, Deb, Mary Ellen, Mike, Paula, Andy and Michael.

And Mike, thank you for inspiring our life plan – we'll be old together, and it will be home, wherever we happen to live.

- LaVrene