2. How could residents at your home be encouraged to enjoy and use the outdoor space at your home more often?

_____
_____
_____
_____
_____
_____

3. What barriers stand in the way of designing a garden for residents and staff?

_____
_____
_____
_____
_____
_____

Activity: Starting a Garden

One way to utilize outdoor space is to start a community garden. This activity is designed to help facilitate developing a community garden, although with minor modifications it could be used to help plan and implement any number of outdoor recreational activities or innovations.
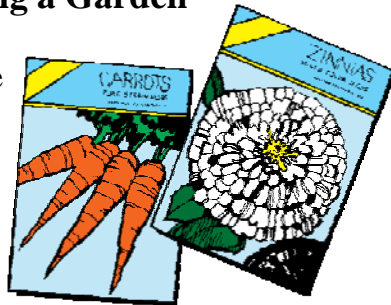
First, it is important for administration to educate both themselves and staff about the benefits and responsibilities

associated with starting a community garden. Among the myriad of resources available is Martha Tyson's book *The Healing Landscape: Therapeutic Outdoor Environments.* Also, the nonprofit organization, Meristem, has information and consultation services available. It can be found on the World Wide Web at http://meristem.org/.

After developing a working understanding of the ins and outs of starting a garden, announce a brainstorming session with staff and residents. To encourage participation from all residents provide paper and writing utensils so they can write their opinions down and turn them in at the end of the meeting if they do not feel comfortable speaking. Depending on the timing of the meeting, participants can be taken outdoors to survey spaces that might be converted into a garden. Use the following list of questions as an outline to help guide the meeting.
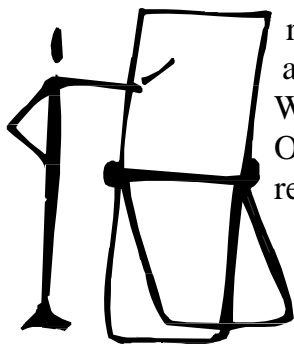
• Are you interested in starting a community garden at the home?

• What plants would you like to see grown in a community garden?

• If the opportunity arose to involve members of the community (for example, a local K-12 class or other group of volunteers), would you be interested in their involvement?

- What would you like to do with the produce grown (if the residents choose edible plants)? (eat it, sell it for some fundraising activity, donate it, etc.)

- What ideas or suggestions would you like to consider that haven't been mentioned?

Use poster board or a presentation easel to keep track of responses. It will help residents and staff remember what has already been suggested. Write in large lettering! Offer to read back responses if residents have forgotten previous responses and cannot read the writing.

Utilizing this format to guide the decision to begin a garden, as well as in deciding its ultimate format and use, can keep residents and staff actively involved in the process. Once a home is ready to move forward with the actual implementation, it is very helpful to find a community volunteer who is an expert in garden design, perhaps through a county extension office. Area hardware or lumber businesses may be willing to donate some materials to the effort (Lindstrom, 2004c).

Designing for Community and Comfort

The old institutional model of nursing home care is falling by the wayside. The traditional model of centralized nurses' stations and long corridors with easily accessible, hospital style rooms was built with good, but ultimately misguided, intentions. The idea was to create facilities designed to meet the physical health care needs of people approaching the end of their lives.

However, incorporating the culture change model in a nursing home requires replacing these previous ideas about the purpose of a nursing home. Residents should be considered as simply entering another stage of life not as waiting for the end of their lives. Residents are often as or sometimes even more creative and vibrant than they have been in other life stages. Instead of providing only an effective health care facility, nursing home administrators should concern themselves first and foremost with providing a comfortable home that has health and wellness services on hand when needed.

The goal of environmental design should be facilitating the comfort and community of the residents.

Photo courtesy of Kent LaCombe

Centralized nurses' stations were areas of environmental pollution, especially noise pollution. As the primary social areas within older facilities, they became crowded with residents and staff. The addition of a call system, a telephone and a television set or two completed the recipe for social chaos. Only the most extroverted residents persevered in socializing with such a high noise level. The quieter or more reserved residents removed themselves from the unsatisfying and disordered social environment and became more introverted.

With the introduction of culture change and positive environmental evolution nursing homes are being redesigned so even large, spacious facilities feel like private residences. Instead of long corridors ending at traditional nurses' stations, some large homes are being redesigned to offer individual communities of residences, often referred to as neighborhoods or households, within the large facilities. In Kansas, many homes have taken the initiative to redesign their buildings to better support and enhance the quality of life and care experienced by their residents.

Many of the homes have discovered that removing the nurses' station is a symbolic act representing the transformation of their philosophy of care. Removing the nurses' station also increases efficiency as supplies are kept closer to where they are needed and

enhances the homelike setting of the nursing home (Peacock 1995). This is a relatively inexpensive restructuring issue. Sometimes, however, this change has not been carefully considered before it has been completed. Staff and residents need to consider how their social needs will be met when the centralized station is removed. Where will the work be done that was once relegated to this area? How will residents know how to find the help that they need?

- ► One of the solutions that seems to be working is to do the work once done at the nurses' station at desks or tables in the household as illustrated by this picture.


Photo courtesy of Kent LaCombe

- ► Other nursing homes like Olathe Good Samaritan Center and Medicalodge East Healthcare have moved the nurses' stations to a small office inside the neighborhood. These homes feel that the change enhanced privacy and confidentiality since conversations can now take place behind a closed office door instead of in public at the nurses' station.

St. Joseph's Village in Manhattan, Kansas is one of the few homes that chose to build a new home rather than renovate. They designed their building in clusters or courts. The courts include private rooms for most of the sixteen residents that live there. Other design features include a kitchen, dining, and living area where residents and staff can form lasting relationships. These clusters help residents establish a renewed sense of community while easing the need for extensive mobility in order to be in touch with one's favored companions.
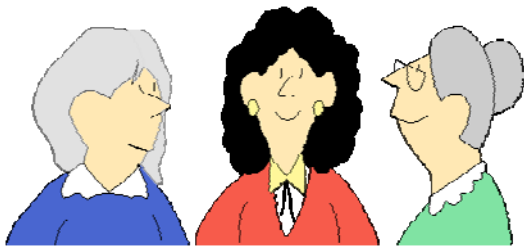
At The Cedars renovations began with establishing smaller community style recreation areas for residents in the main building. However, The Cedars is now implementing a major construction program dubbed "The Cedar House Project" that aims to move residents into homes consisting of only twelve to fourteen residents, as opposed to the 117 currently living in the largest building on their campus. The new buildings will have private bedrooms and bathrooms. Self-managed work teams and residents will cooperate to facilitate choice and autonomy within the new homes. Individual rooms will have supply cabinets and medication storage. There will be no central nursing stations.

At Wesley Towers renovations and upgrades are ongoing. Environmental changes are implemented by striking a balance between aesthetics and effectiveness. The central nurses' stations have been removed. In some community areas the stations are invisible, hidden behind wall partitions. Professional staff monitor residents' needs via closed circuit television and one on one personal interactions. Actual floor plans of the Wesley Towers and Meadowlark renovations can be found in Pioneering Change, pages 58 and 62-63. These renovations were made with consultation from Migette Kaup, Kansas State University professor in Apparel, Textiles, and Interior Design.

One of the things that Kaup has discovered as she has worked on senior housing has been the importance of examining the use of private, semi-private, public, and semi-public spaces. She describes it this way, "Imagine you were sitting on your front porch and a good friend walks by on the sidewalk (the public space). You might ask them to join you on the porch (your semi-public space) or invite them to come inside for a cup of coffee. Inside it is likely that you would visit in a living room or kitchen which would both be considered

semi-private spaces because they are no longer open to the general public.

Almost never would they visit your private space (the space where someone should be invited before they enter) unless you had a new quilt or new bedroom furniture you wanted to show off. In this case you would invite your friend to join you there; seldom would a person be allowed to wander aimlessly into your bedroom.

Well, look what we've done in most nursing homes. Almost every place is public domain. Visitors wander past bedrooms constantly and staff members enter quite frequently without being asked. For most residents their bedroom can never be private because they have to share it with another resident. When nursing homes are considering redesigning their environment, they need to think about how they can limit the public access to private areas." (M.K., personal communication, November 2003).

Implementing Environmental Change

All of the changes we have discussed require planning, coordination, feedback, and modifications to meet the needs of those who will be affected by them.

Migette Kaup has outlined a plan for implementing effective interior and structural changes at nursing homes. Kaup states; "Have open meetings BEFORE any significant decisions have been made. Invite residents and staff from all levels and possibly offer the same information during various times to increase the opportunities for them to attend. If the goal is to engage the residents and staff in providing feedback, the initial meetings should present ideas not preconceived solutions." (Kaup, 2004, 2).

Kaup recommends that round table discussions then be held with employees at the home They should be asked to list the proposed changes according to how important the changes would be to improving their work areas or tasks. Kaup suggests developing a ranking system for individual items and then assigning point values to each item, based on its ranking. For example, an item rated as first (or most important) by an employee could be given ten points, second choice seven points, third five, and so on. Individual homes could develop the system they feel is appropriate for them. Based on an
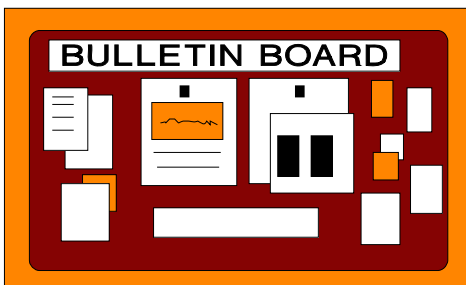
item's point ranking, administration can then assign value and/or affordability to implementing the desired changes (Kaup, 2004).

Similar round table discussions should be held with residents at the nursing home. Residents would list the proposed changes according to how important the changes would be to improving their comfort and enjoyment of life at the nursing home. Both resident and staff opinions should be considered

Encouraging residents and staff to think outside the box may occasionally pose challenges. As in the case of expanding the numbers of dining facilities at Wesley Towers noted earlier, staff may occasionally view changes as detrimental and not recognize the improvements they might bring. You may want to look for examples from other nursing homes and compare and contrast experiences.

Kaup's model suggests following up resident and staff meetings with a posting of gathered information to elicit further feedback. She accurately points out that doing so can help motivate

what might be a silent majority, who could potentially suggest modifications that haven't even been considered, and may be even more effective. Don't be afraid to hold more meetings in order to discuss revisions and seek more advice.

Kaup recommends eventual implementation of changes in a "test drive" area. Sometimes proposed changes can play out very differently in reality than they do on paper. Design a pilot project to experiment on a smaller scale and then adopt what works for your nursing home. Kaup encourages administrators and affected staff and residents to remember that "your environment is a dynamic place and will continue to evolve during the planning and design process and long afterwards. You can never anticipate every need, but with more users engaged in the process, the journey is likely to be smoother and everyone can enjoy the ride." (Kaup, 2004).
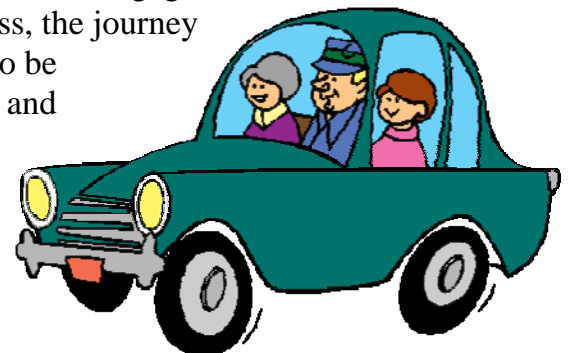
Changing Perceptions and Building Community Support

Nursing home communities are interconnected, interdependent environments. By the same token, a care home is one component in the environment of the outside community to which it provides its services. Community perceptions regarding nursing home care or regarding individual nursing homes can affect a home and its internal environment in numerous ways. The total number of beds filled or the number of people on a waiting list can go up or down in response to community perceptions. Preconceived notions about the quality of a home can dramatically influence the perceptions and demeanor of residents upon arrival as well as that of their family members. It can influence the demeanor and effectiveness of staff and professionals who come to work in the home. And it can affect the amount of support nursing home providers receive from their community.

Nursing homes have been branded with a number of negative stereotypes and perceptions that we've outlined in earlier modules. Some people believe that nursing homes are places where residents lose dignity and autonomy, family and staff are in constant conflict, and staff must perform undesirable tasks. Some view nursing homes in general simply as a last resort for 'dealing' with an aging population. One of the key purposes of culture change, in addition to improving care within homes, is overturning many of the persistent and increasingly outdated convictions many people have about nursing homes. Adopting the progressive changes outlined in this module series, or similar changes that work for your nursing home community, is the first critical step in changing the convictions of the larger community nursing homes serve. There are numerous other ways to build the community connections that are critical in reinventing the image the public has about nursing home care.

As Shari McCabe says, "I do feel pretty strongly about the preconceived notions that folks have and how that affects the resident who is coming to our facility. We try to create a living environment which is supported by staff for the extra activities that each individual needs. At
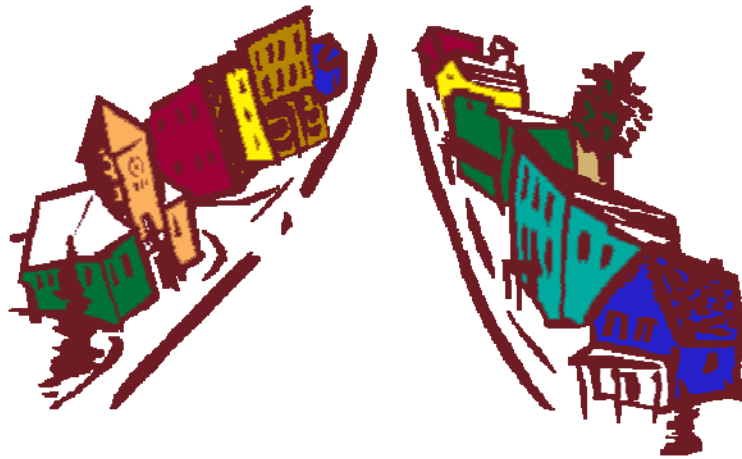
various times of life, those needs could be physical, emotional, psychological, intellectual or spiritual. If we have properly shared our message with our community, everyone knows those aspects are within these walls. If we have fallen short, apprehensions will accompany both the resident and the family" (S.M., personal communication, May 31, 2005).
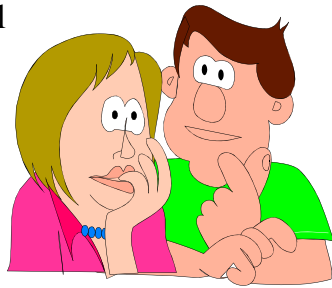
Ray Vernon agrees that the public often has an inaccurate opinion of nursing home environments and that an important component of changing that mindset is making the public aware of the evolving and responsive face of nursing home care. Preconceived notions range from the typical last resort models to the absurd. Vernon shared that "Some people even believe we only accept Methodists" (R.V., personal communication, May 10, 2005). At Wesley Towers, joggers, families out for a stroll, and other community members frequently use the campus as an area to exercise or otherwise enjoy the outdoors. When they do, they may come into contact with residents or staff and can see the variety

and quality of outdoor spaces residents can enjoy.

Opening doors can open minds. Maintain a proactive relationship with the community. Organize an open house and involve residents and staff who would like to participate (and respect the wishes of residents who do not). Encourage families to visit, contribute, and advise. Rebuilding a home's image in a community will help disseminate culture change and rebuild the image of nursing homes in the larger state, national, and international community. This is the ultimate goal of changing the face and culture of nursing homes, and the change starts with you.
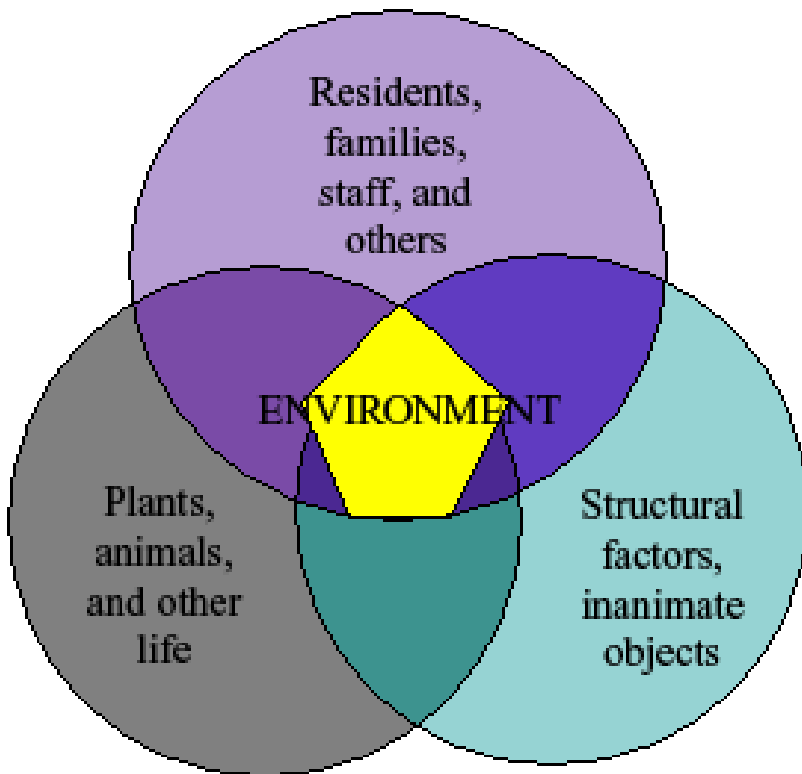
Conclusion

An environment is everything that composes a given community. Thus, for a nursing home the environment consists of everything from the residents, their families, and staff, to the plants and animals, to the bathrooms, walls and floors. All of these factors combine to affect the atmosphere and perception of the facility.

Care home administrators should listen to and incorporate the advice of residents, their families, and staff about how the environment of the facility can be changed to better support the comfort and lifestyle of those who live and work there. Modifications of the physical surroundings, such as redesigning dining areas or developing outdoor spaces, can give the care home a more homelike feel while providing additional choices for the residents. Nursing homes may begin by making simple changes such as concealing equipment stored in bathroom areas but may eventually feel that complex steps such as remodeling or building new structures would best support the environmental evolution that accompanies culture change.

It is important to remember that the changes should enable the structural environment to better support the human relationships within the community. Nursing homes are interdependent, interconnected networks. The goal of a nursing home should be to make those environmental networks holistic, proactive, and mutually supportive communities of care.

Residents, families, staff, and others

Plants, animals, and other life

ENVIRONMENT

Structural factors, inanimate objects

Projects

The following list may generate ideas for a project you may wish to start in your home. Some projects are more appropriate for organizations just beginning the process of culture change while others may be activities that lend themselves well to nursing homes that have already incorporated many new change concepts. Some of these changes may require a lot of planning and resource development while others may be simple changes that lead to other improvements. Each of the project suggestions will be followed by suggestions for assessment and evaluation that will provide information about successful or unsuccessful implementation. (For a more in-depth review of assessment and evaluation, refer to the Measuring Change module.)

1.   Involving the residents in change: The following idea came from a Master's research project done by Emi Kyota (2002), a staff person at the PEAK office. She gave
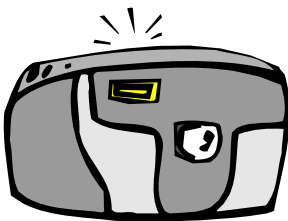
 disposable 35-millimeter cameras to residents and staff members and asked them to take pictures of the places in the facility that most reminded them of home. Staff members typically took pictures of the areas of the home that were designed with the public in mind–the nice reception area, the dining room, the private living room for family

members. They were surprised to learn that residents did not view the home in the same way that they had. The residents took pictures of their tiny corner of a shared room. Teddy bear collections, pictures of family, or a special quilt were all representative of home to the residents. This project is relatively inexpensive and helps staff learn to be more empathetic. Viewing these pictures will help staff see what is important to the resident.

In fact, this type of research can be used for other learning. Think of other questions or instructions you might give residents: Take a picture of the things or people here that are important to you. Take pictures of the friends you would like to share a meal with. Take pictures of the food that you like (or don't like).
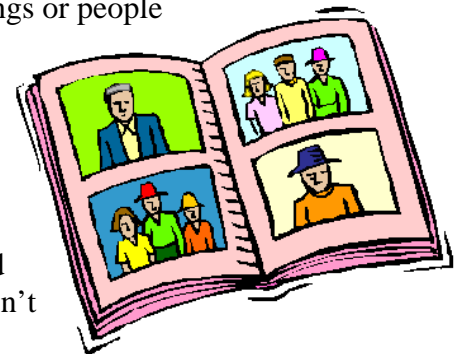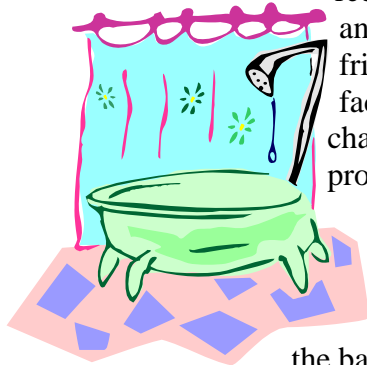

Assessment and evaluation: This project is really meant to be an assessment tool. It may be able to provide additional information to pen and paper surveys or focus group meetings. You may also find that the pictures will generate more discussion than you expect.

2.   Spa bathing: Migette Kaup, designer for the renovated Meadowlark Hills project,

spent a night in the skilled care unit there so that she could be more understanding of the needs of the persons who would be using the building. One of her most poignant memories is of the bath that she took while there. She describes in chilling detail the sights, sounds, and smells of the bathroom.

Once staff members have been taught to think empathetically, it doesn't take long to recognize that the antiquated and frightening bathing facilities must be changed. One of the projects that PEAK-Ed staff have seen frequently implemented is making a change in the bathrooms, now often called "spas."This project lends itself well to creative collaboration between staff and residents when they work together to choose a theme for their bathrooms.

Assessment and evaluation: Is it time to update equipment? Are you using the bathing facility for storage? Are the dirty linens kept in the bathroom? Have you experimented with scents and soft music?
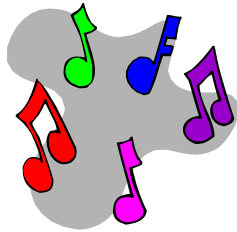
You should be able to track complaints about bathing, refusals to bathe, behavior disorders related to the bathing experience and resident and staff satisfaction to determine whether the changes to the bathing environment have been effective at making bathing more enjoyable.

3. Outdoor design: Spending just a few minutes a day enjoying nature can provide many benefits for residents and staff. Many nursing homes have the grounds for outdoor living areas but may not feel they have the resources to develop these areas. There are several resources available to you. Consider visiting with university horticultural or landscape architecture program instructors. See if they have a student/students who could develop plans as part of a school project. Once the plan is developed you may be able to find service organizations that will help with construction of the site. Another resource would be a Master Gardeners Club. Members take a course through a local K-State Research and Extension program and then are expected to repay their tuition for the class through volunteering with service projects.

Also important to consider when developing plans for an outdoor area is how to implement the use of it. Many beautiful outdoor spaces are left empty because of the lack of ability to supervise residents who may wish to be outside.

Assessment and Evaluation: Consider the following questions when you assess the possibility of developing outdoor environments: 1) What is the likelihood that

these spaces will be used? 2) How can we enable staff to help residents spend time outdoors? 3) What resources are available to help us with this task? 4) What types of things do we want in the space, i.e. gazebo, walking paths, water features, raised beds, etc.? 5) Do we want the space to be appropriate for certain activities such as large group picnics, quiet reflection, etc?

You may wish to review the Measuring Change module when considering the evaluation of your project. Creating a holistic environment that includes plants, pets and children as well as an outdoor area may improve immune systems, reduce loneliness, improve quality of life and increase resident engagement and interactions.

4.   Community involvement: Overheard at a nursing home conference: "I would get rid of any position at my nursing home before I'd get rid of my volunteer coordinator." Despite the enthusiasm expressed by this administrator, very few homes in Kansas have this as a paid position. One of the most important goals in a nursing home is to help residents maintain contact with the outside community. If you feel you cannot afford a coordinator, you may wish to consider how you can increase volunteerism and community interaction in alternative fashions.

One home has developed an "Adopt a House" program. Local service groups sign a contract to adopt a household or neighborhood at the nursing home. Their commitment is to meet with the residents in that household at least four times in one year.

Using a "quality of life" team composed of residents, their families and staff, develop a plan for improving the connections between the home and residents in the surrounding community. You might consider ways to encourage "distance involvement" for family members that live a long distance from the home.

Assessment and Evaluation: Do you have an evaluation plan for your current involvement with family and community? Do you record the number of volunteers or family visits? This information will form your baseline numbers. The outcomes from this type of program would include improved quality of life for residents, increased resident engagement and interactions, and reduced stress on staff which may lead to staff retention.

Post-test

The pre- and post-tests included with this module are optional. The questions provide information about the materials to be covered and can be used for learning self-evaluation. At some future date, these tests may be used as a part of a continuing education requirement.

1. When considering how environments can affect quality of life and services in nursing homes, one needs to consider
    - A. How much staff interact with the family members of residents.
    - B. What kinds of meals to serve at lunch.
    - C. The color of carpet, the types of furnishings, and the layout of a building.
    - D. All of the above.

2. When planning building renovations the administration should
    - A. Keep the plans secret until the renovations begin to surprise the residents.
    - B. Hold numerous planning meetings and gather feedback from everyone who will be affected by the changes.
    - C. Hold one meeting to inform only residents, not their families or staff, about the changes that will be occurring.
    - D. Expect everyone affected by the changes to view the changes positively.

3. If animals are introduced into a nursing home, it is a good idea to
    - A. Bring in large dogs or highly energetic cats.
    - B. Prevent animals and residents from having direct contact with each other to avoid spreading infections.
    - C. Start with smaller, docile animals and introduce them to interested residents.
    - D. Permit animals to access any area of the nursing home regardless of residents' wishes.

4. The addition of plants to the nursing home environment
    - A. Needs to be done carefully to respect the needs of residents with allergies and to avoid introducing other potentially harmful plants.
    - B. Will always encourage insect infestations and inflame indoor allergies.
    - C. Should be done entirely by staff without involving residents in the selection or care of the plants.
    - D. Will make the nursing home appear less homelike.

5. The area that cannot be changed to create a more homelike atmosphere in nursing homes is
    - A. Bedrooms.
    - B. Dining areas.
    - C. Bathrooms.
    - D. None of the above.

6. Community perceptions about a nursing home
    A. Do not affect the environment of the nursing home.
    B. Are always accurate and unchangeable.
    C. Have no effect on the number of residents living at the nursing home.
    D. Can be altered by building positive community connections.

7. Allowing residents to work and relax outdoors
    A. Encourages activity and can reduce depression.
    B. Exposes residents to unavoidable risks and should never be permitted.
    C. Has no effect on residents' activity levels or mental health.
    D. Should be permitted only in cooler months when the risk of heat related illness is lower.

8. Lighting in a nursing home
    A. Should always be very bright to ensure resident safety.
    B. Has no effect on the environment of the nursing home.
    C. Needs to strike a balance between functionality and enjoyable aesthetics.
    D. Should be provided only by overhead fluorescents to give a professional atmosphere.

9. Centralized nursing stations
    A. Create a homelike setting when residents, staff, and even visitors cluster around the station engaged in noisy conversation.
    B. Give homes an institutionalized feel and can often create loud congregations of people where normal conversation is impossible.
    C. Are the only way to give residents the secure feeling provided by knowing assistance is always easy to find and immediately available.
    D. Are vital to maintaining order and medicinal support within nursing homes.

10. Carpeted floors, upholstered chairs, and other fabrics
    A. Increase comfort, reduce noise, and create a homelike feel when used throughout a nursing home.
    B. Always spread disease and need to be constantly disinfected.
    C. Should be allowed only in residents' rooms.
    D. Should follow a single color scheme to provide a professional atmosphere.

Answers can be found on page 36.

Pretest and Post-Test Answers

1. D
2. B
3. C
4. A
5. D
6. D
7. A
8. C
9. B
10. A

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