



 THE CENTER FOR HEALTH DESIGN®

RESIDENTIAL HEALTH CARE FACILITIES
2014 GUIDELINES REVISION PROJECT

CULTURE CHANGE

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The Hulda B. & Maurice L. Rothschild Foundation



The Rothschild Foundation is a national private philanthropy with a primary interest in improving the quality of life for elders around the country, in long-term care communities. Currently, the Foundation is supporting the development of alternative long-term care programs and built environment designs, as well as regulatory change.

The Center for Health Design



The Center for Health Design (CHD) is a nonprofit organization that engages and supports professionals and organizations in the healthcare, construction, and design industry to improve the quality of healthcare facilities and create new environments for healthy aging. CHD's mission is to transform healthcare environments for a healthier, safer world through design research, education, and advocacy.



Foreword

Residential Health Care Facilities 2014 Guidelines Revision Project

The *Guidelines for Design and Construction of Health Care Facilities* is used as code in over 40 states by facilities, designers, and authorities having jurisdiction for the design and construction of new and renovated health care facilities across the nation. The Facility Guidelines Institute (FGI) is responsible for the *Guidelines*, which are updated on a 4-year cycle by a group of volunteers, — the Health Guidelines Revision Committee (HGRC). The committee is made up of experts from all sectors of the healthcare industry: doctors, nurses, engineers, architects, designers, facility managers, health care systems, care providers, etc. For further information and/or to view the *Guidelines*, go to the Facility Guidelines Institute’s website at www.fgiguidelines.org.

The 2010 *Guidelines for Design and Construction of Health Care Facilities* has launched into the 2014 cycle for revisions. In preparation of the 2014 revision cycle, The Center for Health Design and the Rothschild Foundation teamed together to identify areas for improvement within the Residential Health Care Facility portion of the *Guidelines*, specifically related to nursing homes. This resulted in a working meeting of long term care experts that came together to work on proposals for the 2014 *Guidelines* on topics such as culture change, resident-centered care, alternative care models, utilization of mobility devices, incorporation of wellness centers and programming, improvements to resident rooms, and access to nature and outdoor spaces by residents. The work completed by this group has been developed into formal proposals that have been submitted through the FGI website for the 2014 *Guidelines*.

Concurrently, the FGI and the Steering Committee of the 2014 *Guidelines* revision process agreed that a separate volume for residential health care facilities is needed within the marketplace to support not only the positive culture change that has been occurring within the long term care field, but to also assist with updating guidelines currently utilized within different states. This has resulted in the proposal of the *Guidelines for Design and Construction of Long Term Residential Health, Care, Support and Related Facilities* as a separate standalone publication.

The public proposal process closed on October 31, 2011, and the HGRC voted on final proposals in the end of January 2012. A public comment period on all the proposals that have been made for both Volume 1 (acute care and ambulatory care facilities) and Volume 2 (residential health, care, and support facilities) will begin in May, 2012 through mid-December, 2012. Voting on the comments is slated for 2013 with the final publication completed in 2014.

Many thanks are extended to the following dedicated volunteers who have provided many hours in preparing and filling in templates for the formal proposals to be completed and their generous time in writing the following issue briefs that review the current 2010 *Guidelines* language, identify the needs for improvements, the provision of recommendations, and the supportive research and references required to submit a proposal to the HGRC for consideration.

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- Sara Marberry, The Center for Health Design
- Jane Rohde, JSR Associates Inc. (Project Facilitator)



CULTURE CHANGE

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The Nursing Home Reform Act of 1987 established quality standards for nursing homes nationwide that emphasized the importance of quality of life and residents' rights. Quality of life is perceived by residents partly as a product of their health, social supports, and environment and is related to their sense of well-being, level of satisfaction with life, self-worth, and self-esteem. Policies, practices, and operations of a facility have a direct impact on resident's quality of life; while the care model has an indirect effect—through the approach of the inclusion of family and community in daily life (Kane, 2003).

Culture change began as a movement to change long term care from an institutional model of care toward one that is residential in scale and person-centered. The culture change movement began promoting programs in an effort to deinstitutionalize long term care and is rapidly being adopted into every level of the continuum of care. The continuum of care includes independent living settings, adult day (health) care, assisted living facilities, nursing homes, and hospice settings. Over the past two decades state regulators, advocacy groups, and providers have introduced the concepts of culture change into the continuum of care—including but not limited to The Eden Alternative®, Wellspring™, Planetree®, The Green House Project®, and other types of small house, household, and neighborhood models.

It is critical to understand that culture change is driven by organizational philosophy that reevaluates roles of all staff, a resident-centered care model approach, and operational functions, focusing on positive outcomes of residents vs. simply changing the physical setting. The designed environment *supports* the organization, resident, staff, and operations to allow for positive culture change to occur.

Culture change has not been adequately addressed in the 2010 *Guidelines for Design and Construction of Health Care Facilities*. Information about culture change is found in two locations in the 2010 *Guidelines*:

1. Appendix (A4.2-1.2.2.2), which briefly states that, “Culture change in long term care should address movement away from an institutional model toward one that is residential in scale, has homelike amenities, facilities wayfinding and allows residents and direct care workers to express choice in meaningful ways.”
2. Appendix (A4.2-2.2.3.3), which states, “Family-centered care models and other forms of culture change are often implemented in pediatric long-term care facilities.”

As a result of reviewing the 2010 *Guidelines*, culture change needed to be defined and included within the continuum of care guidelines. Through further discussion, the Environment of Care section has been recommended as the appropriate location for information on culture change, because the discussion and direction of a project starts in the programming process prior to the actual physical design of all long term care settings. In addition, the specific nomenclature of “resident-centered” has been proposed for the 2014 *Guidelines* within the Environment of Care physical setting considerations, utilizing definition of culture change and resources within the appendix material to support the main body text. During the proposal review by the HGRC, this was further refined to “person-centered” to be more all-inclusive.

The Pioneer Network, a not-for-profit organization, advocates for culture change and supports the following definition of culture change that was utilized as a basis for 2014 *Guidelines* proposals:

Culture change: The common name given to the national movement for the transformation of older adult services, based on person-directed values and practices, where the voices of elders and those working with them are considered and respected. Core person-directed values are choice, dignity, respect, self-determination and purposeful living. Culture change transformation supports the creation of both long- and short-term living environments as well as community-based settings where both older adults and their caregivers are able to express choice and practice self-determination in meaningful ways at every level of daily life. Culture change transformation may require changes in

organization practices, physical environments, relationships at all levels and workforce models—leading to better outcomes for consumers and direct care workers without being costly for providers. (www.pioneernetwork.net)

In addition, to the Pioneer Network, the following resources provide information and processes to develop a culture change approach:

- Planetree: www.planetree.org
- Action Pact: <http://actionpact.com/>
- The Eden Alternative : www.edenalt.org
- National Alliance of Small Houses: <http://smallhousealliance.ning.com>
- The Green House Project: www.thegreenhouseproject.org
- SAGE P.L.A.C.E (Program for Living and Achieving Culture-change Environments): http://www.sagefederation.org/sage_place.aspx
- Senior Living Sustainability Guide®: www.withseniorsinmind.org
- Association of Households International: www.ahhi.org

In summary, proposals submitted to address culture change within the 2014 *Guidelines* include:

- Information within the Environment of Care section under ”resident-centered” and applicable to all residential health, care, support, and related facilities for both the main body text and the related appendix
- Definition of culture change provided for inclusion in the glossary
- Research listing provided for support of proposals

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