



 THE CENTER FOR HEALTH DESIGN®

RESIDENTIAL HEALTH CARE FACILITIES
2014 GUIDELINES REVISION PROJECT

WELLNESS CENTER

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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)



WELLNESS CENTER

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One of the current trends in healthcare is the inclusion of wellness programs offering complementary and alternative therapies and preventative screenings. A recent survey by the American Hospital Association indicates that 37% percent of hospitals are offering such programs, which are utilized by people in the community, as well as patients and staff in hospitals.

Many residents in residential health, care, support, and related facilities also have access to wellness programs. These programs may be offered in freestanding wellness center facilities that are adjacent to or affiliated with a continuing care retirement community (CCRC), community hospital, or other type of residential health, care, or support facility. They may also be offered in spaces that are located within CCRCs, hospitals, or residential health, care, and support facilities themselves. Wellness centers also may be part of community-based programming, such as within or adjacent to a YMCA or other type of service organization.

In the 2010 *Guidelines for Design and Construction of Health Care Facilities*, there is no reference to wellness centers in any type of healthcare facility. By not including any mention of wellness centers, the *Guidelines* are missing out on a critical trend that is occurring in residential health care and will soon get a boost in the United States from the health care reform law. Under the Patient Protection and Affordable Care Act signed into law by President Barack Obama on March 23, 2010, starting in 2014, employers can offer increased incentives to employees for participation in wellness programs or for meeting certain health status targets. In addition, wellness centers provide proactive ways for monitoring of chronic diseases to avoid/decrease frequency of acute episodes that often lead to hospitalization.

The health reform law increases the amount of the potential reward/penalty to 30% of the premium. The bill also would create a \$200-billion, 5-year program

to provide grants to certain small employers (fewer than 100 employees) for comprehensive workplace wellness programs. Coupled with the aging demographic, this could result in construction of new wellness center facilities and/or renovations to existing ones to support increased demand.

Therefore, language has been proposed into Volume I of the *Guidelines* that references the existence of wellness programs and explains the concept of a wellness center within the diagnostics section. In addition, proposed language about wellness centers has been included in the new Volume 2 of the *Guidelines*, which will focus on residential health, care, support, and related facilities.

A wellness center is a place where there is access to programs that support the integration of the physical, social, intellectual, emotional, spiritual, vocational (occupational), and environmental components of wellness to help people of all ages and fitness levels live healthy lifestyles. Meaningful programs should be multidimensional and may include:

- Acupuncture
- Aquatics
- Chiropractic
- Health care case management programs
- Physicals and wellness screenings
- Exercise and fitness training (both inside and outside, including healing gardens)
- Massage therapy
- Nutrition (often including bistros)
- Orthopedic medicine
- Personal training
- Physical therapy
- Special sports teams (i.e. Paralympics)
- Preventive imaging

- Spa services
- Complementary therapies: horticultural, animal, art, music
- Resource centers
- Other learning opportunities, such as lectures, trips, classes

These programs may be offered in separate facilities that are adjacent to or affiliated with hospitals, residential health, care, and support facilities, or adult day care centers. They may also be incorporated into spaces within acute care, residential health, care, and support, or adult day care settings. Supportive spaces include clinics, rehabilitation areas, fitness centers, aquatic centers, respite areas, classrooms, gardens, equestrian centers, etc.

The proposal for the 2014 *Guidelines* cycle include an outline and basic information that has been approved and accepted by the HRGC to be part of the Volume 2 text that will be issued for public comment.

Wellness is critical to preventative care and benefits people of all ages and vocations—from grade-school children to working professionals, stay-at-home parents, and retirees. A balance of mind, body, and spirit must be achieved if individuals are to have lifelong health and wellness. As the age demographic in the United States increases, successful aging in place as envisioned by the boomers will be dependent upon individual health, personal responsibility, and access to affordable services. To ensure quality of life, proactive wellness initiatives will successfully integrate lifestyle with longevity.

REFERENCES

AIA Design for Aging Knowledge Community, AIA Design for Aging for Review 9 (November 2006), The Images Publishing Group Reference Number: 680. p. 76. ISBN 1 86470 187 0. Retrieved on March 3 from <http://books.google.com/books?id=OB6ZLWOi5ZQC&printsec=frontcover#v=onepage&q&f=false>.

Lauer, C., Doster, D. (2010) Understanding the multiple dimensions of wellness and their impact on retirement communities. Published by Sodexo Senior Services, Health Ability, and Varsity. Retrieved on March 3, 2012 from http://www.sodexousa.com/usen/Images/HealthAbility%20White%20Paper%20with%20Senior%20Living%20NEW_tcm87-487858.PDF.

Mathers Lifeways. (2006), *National Whole Person Wellness Wellness Assessment* Retrieved on March 3, 2012 from http://www.matherlifeways.com/re_nationalwellnesssurvey.asp?gclid=CPD_kJHsy64CFeYERQodOwWhCw.

Mirabito, A., Berry, L., Baun, W. B. (December 2010) M., & Berwick, D. M. (2004). What's the hard return on employee wellness programs? *Harvard Business Review*. Retrieved on March 3, 2012 from <http://www.linkedin.com/pub/ann-mirabito/0/67/71a>.

Miller, S. (2010, March 25). Wellness programs get a boost in health reform law. *Society for Human Resource Management*. Retrieved on March 3, 2012 from <http://www.shrm.org/Publications/HRNews/Pages/WellnessReformBoast.asp>.