



 THE CENTER FOR HEALTH DESIGN®

RESIDENTIAL HEALTH CARE FACILITIES  
2014 GUIDELINES REVISION PROJECT

# HOUSEHOLD AND SMALL HOUSE

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### The Hulda B. & Maurice L. Rothschild Foundation

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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.

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### The Center for Health Design

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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](http://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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- Jane Rohde, JSR Associates Inc. (Project Facilitator)



## HOUSEHOLD AND SMALL HOUSE

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Workgroup participants: *Jane Rohde, Jude Rabig, Margaret Calkins*

With the advent of culture change in the long-term care market, it was viewed as necessary to provide minimal guidelines that would assist authorities having jurisdiction and designers to identify different requirements based upon different models of care and facilities being provided for long-term care residents. Research is available for improving long-term care environments through culture-change initiatives (resident-centered models) and different types of environments that substantially differ from a traditional institutional model. However, because of existing institutional models, the guidelines also need to continue to support improvements in traditional settings as well.

After reviewing the existing 2010 *Guidelines* text, a comprehensive approach focusing on typologies was utilized as a basis for organizing different types of nursing home settings. Subsequent to the restructuring and rewriting of the text by this workgroup, the Specialty Sub-Group of the overall Health Guidelines Revision Committee utilized the same approach for not only nursing homes, but for other residential care facilities, including a new chapter on independent living, assisted living, hospice, and adult day care.

For nursing homes, different configurations of models are proposed as follows: institutional, cluster, and connected and freestanding household. Neighborhoods are defined as cluster, connected households, and freestanding households that may be grouped together in a neighborhood that provides shared activity, therapeutic, and support areas.

The following definitions have been proposed for the 2014 *Guidelines for Design and Construction of Residential Health, Care, Support, and Related Facilities*:

- An *institutional model* typically includes 40 or more residents in a double-loaded corridor configuration with centralized service/community areas, staff work areas, and resident support areas.

- A *cluster model* typically includes up to 10 residents that would be grouped in neighborhoods of 21 to 40 residents directly adjacent to decentralized service areas, optional satellite work areas, and optional decentralized resident support areas, such as dining.
- A *connected and freestanding household model* typically includes 10 to 24 residents in a grouping that may be freestanding or located within a larger facility and/or attached to another similar household. Households may share some support spaces/services. The model includes a residentially scaled kitchen and living room design in conjunction with a reorganization of staff to provide resident-centered care.

For each typology proposed for the main text, the related appendix material includes a clear description of each model, functional programming information, guidelines for the physical setting, and, where appropriate, additional resident and staff benefits of the model. In addition, a table that includes model type characteristics has been proposed to provide clear information for both designers and authorities having jurisdiction.

In summary, the overall goal of the workgroup is to provide both minimum requirements and additional best practices information within the appendix that support the trend of culture change and resident-centered care that is intended to improve not only the physical environment, but also the quality of life and outcomes for residents and staff.



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