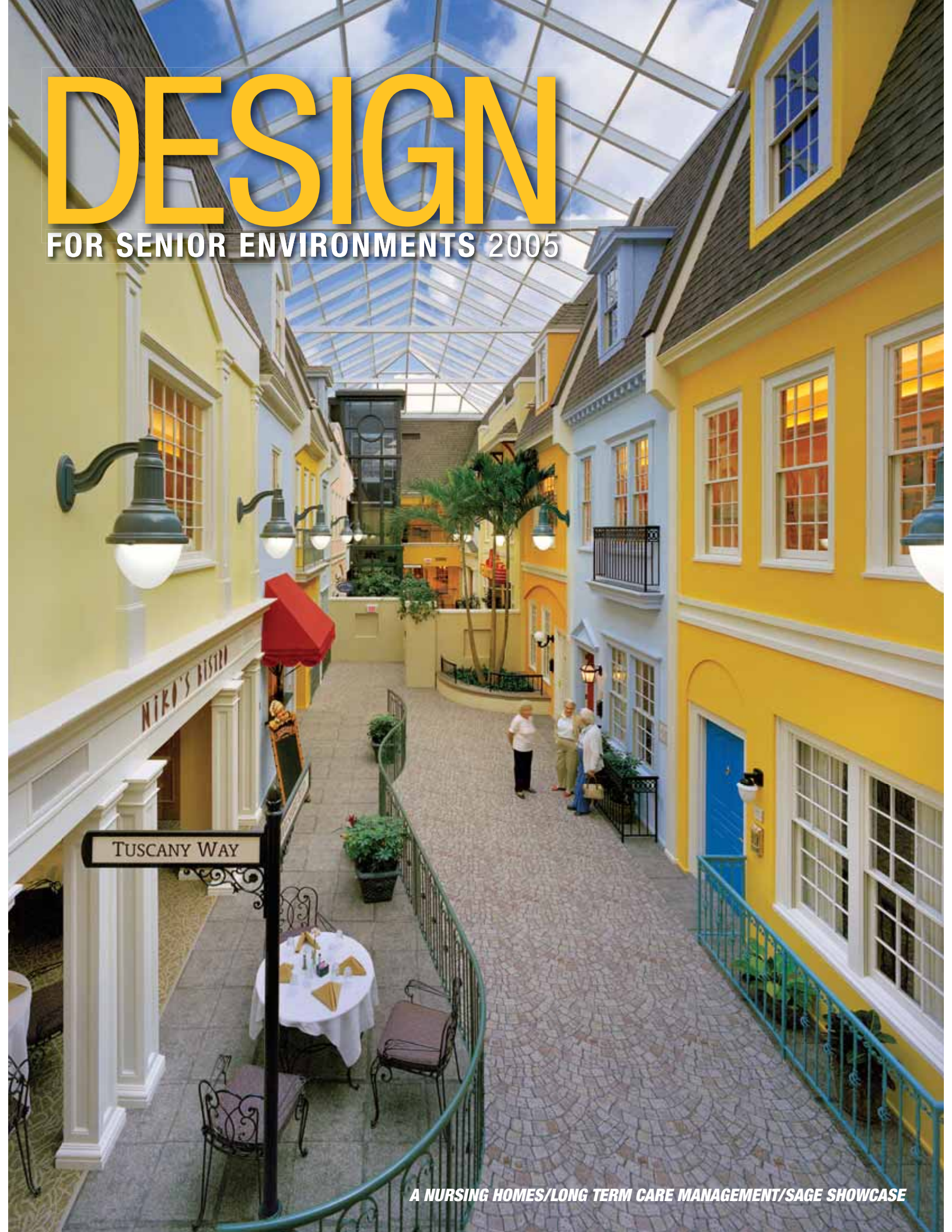


# DESIGN

FOR SENIOR ENVIRONMENTS 2005



*A NURSING HOMES/LONG TERM CARE MANAGEMENT/SAGE SHOWCASE*

# Obstacles and Solutions in real-world design

## HOW ENTRANTS SUCCESSFULLY OVERCAME SOME SPECIAL CHALLENGES

One of the new features of this year's review was a request to participants to tell the judges and editors of *DESIGN 2005* about their troubles; specifically, the obstacles they encountered in realizing the designs you see on these pages and how they surmounted them. It was a reality check, if you will—a recognition that in the real world of design, things seldom go as planned. We thought it would be educational for readers, and help them relate to the subject at hand, to see how long-term care projects really are shaped. We also thought it would be fairer to participants, in that the *DESIGN* judges sometimes saw features in their submissions that seemed mystifying, even off-putting, with no obvious explanations for them. "Obstacles and Solutions," we thought, would help rectify that.

Many participants responded, often with considerable candidness and detail. What follows is one highlight of those responses.

**Walker Methodist Health Center, Minneapolis**  
**Architect: WAI Continuum, St. Paul, Minnesota**

Walker Methodist Health Center, prior to this project, had completed other significant remodeling projects in an attempt to secure its position as a leading provider of quality Alzheimer's care. Unfortunately, earlier renovation attempts at this particular facility had proved fruitless. Problematic resident behaviors and care-delivery concerns recurred in as little as six months post-renovation. This project had to address why these renovations had not maintained long-term solutions.

With the understanding that simply updating or freshening up

the environment would not in itself bring about the long-term solutions they were seeking, the project principals sought to reposition the Alzheimer's unit as a whole. This meant addressing numerous issues, including changes in resident demographics, the occurrence of problematic behaviors, operational inefficiencies, and changes in service delivery. By taking a closer look at the facility's resident composition and service-delivery models, as well as growing trends in seniors healthcare environments, the project principals aimed to create an entirely new environment, with a new paradigm for care services and an ability for residents to participate in their own care delivery. The end result of this process has included improved

resident behaviors, along with a reduction in use of psychotropic medications, reduced slips and injuries, increased family involvement, modified service-delivery costs, and a higher quality of resident life.

With a steady market and consistent demand for the facility's Alzheimer's unit, it was vital that any renovation to the unit would not cause a reduction in bed space. Because this was a five-story facility with renovation confined to the second and third floors, the project would not allow for expansion to "create" space. However, maintaining the same bed count within the constraints of the planned physical structure would prove to be challenging.

The answer was to remove or reconfigure service-delivery spaces in the corridor's core, ultimately breaking up the standard institutional model. The goal was to absorb the entryway and other underutilized spaces into the newly opened corridor to create large pockets for new common areas or themed areas (figures 1 and 2). By broadening the original corridor in this manner, the principals were able to create multiple points of interest that created choices for the residents. For example, they could sit on a porch and watch the village activity, participate in a conversation at a café table, or join a card-playing club in the town square.

With a 24/7-occupied facility, it was necessary to carefully plan and implement the construction phase. While using basic construction strategy would provide some answers, a significant part of the solution would be the creation of a temporary adult day-care program. In this program, unit residents were transferred during the day to another floor, where they would spend the bulk of the day and receive all meal, activity, and daily living services. After the workday, residents would be returned to their rooms. For this undertaking to be successful during the construction, it required careful coordination and approval involving the Minnesota Department of Health and the project principals, contractors, facility staff, and residents. ■

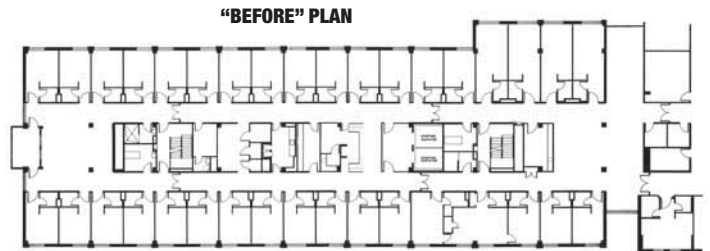


**Figure 1.** Transparent nurses' station. Photo: Saari & Forrai Photographers



**Figure 2.** Clock tower and Village façade. Photo: Saari & Forrai Photographers

**Walker Methodist Health Center** [MINNEAPOLIS, MINNESOTA]  
**WAI Continuum** [ST. PAUL, MINNESOTA]



To address advances in medical research and growing expectations of residents with Alzheimer's disease and their families, Walker Methodist Health Center sought to renovate two existing floors in its skilled nursing facility dedicated to dementia care. Unfortunately, prior renovation attempts had proved fruitless, with resident behaviors and unit concerns returning after little more than six months after renovation was completed. Also, preventing the loss of any beds would prove to be a significant hurdle to overcome.

With this in mind, the project goal

would be to reposition the facility, a fairly new concept in the senior housing and healthcare industry. While remodeling can update or freshen an environment, repositioning would address a myriad of issues facing the facility, including problematic resident behaviors, obsolete features or inefficiencies in the facility, changes in service offerings or delivery models, and growing competition in the market. With this in mind, the principals worked to create a natural, noninstitutional environment that would offer a higher quality of life for its residents with Alzheimer's.



As a result, a therapeutic environment was developed simulating the winding streets of a village. Long, monotonous hallways give way to intimate residential neighborhoods. Residential units and neighborhoods are connected by a "town square" complete with "street-side" cafés, park-scapes, fruit stands, an outdoor patio, and a transparent service-delivery system. In this new village environment, resident behaviors are not controlled but rather are compensated for. Wayfinding and orientation were addressed with a central clock tower, the Apple Lounge, and multiple points of choice that provide both sight and touch stimulation.

**PROJECT CATEGORY:** Remodel/Renovation  
**CHIEF ADMINISTRATOR:** Lynn Starkovich, President/CEO  
**FIRM:** WAI Continuum, (651) 221-0644  
**DESIGN TEAM:** David Wolterstorff, AIA, Project Principal/Architect (WAI Continuum); Sherry Smith, Interior Designer (Interiors by Design)  
**PHOTOGRAPHY:** Saari & Forrai Photographers  
**NUMBER/TYPE OF HOUSING UNITS:** 83 Alzheimer's Care units  
**TOTAL AREA (SQ. FT.):** 17,060  
**TOTAL COST (EXCLUDING LAND):** \$2,050,000  
**CONSTRUCTION COST/SQ. FT.:** \$120  
**COMPLETION:** June 2002