00:31

Welcome to Bridge the Gap contributor Wednesday, I'm Jane Rohde from JSR Associates and founder of Live Together. Like today, I was thinking about what we should talk about, and I think what might be helpful is to talk about community planning and design framework. So our Live Together model is a concept about intergenerational living and various components. So instead of looking at it as a cookie cutter replacement or a cookie cutter process for the exact same application in every geographic location, we really think about it as components or a kit of parts. A kit of parts that can then be utilized to create an intergenerational community and provide a continuum of care in the best way possible within either the means of where the geographic location is located, the existing services that are already there and the amenities that are available, the partnerships that can happen there, whether they be from the training and workforce development side with community colleges and universities, or with looking at what is available in the community and the neighborhood. So is there access to transportation? Is there a grocery store? Is there a pharmacy? And is there a way for various folks to work together? So how can we look at that in an overall way? And part of that was discussed in a, in a recent call that I had and they asked, well, how do I get going with this? How do I start? What do I need to do? How could I get the mindset toward completely person centered, and what would be the framework for that?

2:12

So in a sense, we're looking for opportunities for design to be an intervention, but we're also looking at an intentional intergenerational community at the same time. Our first step in the project framework is starting with the premise that we're gonna provide person centered care. Period. That's what it is. That's what we're doing. It's going to be about the people who work there. It's gonna be about the people who live there and it's gonna be about the people who visit there. So those are our three categories of the person centered and putting the person in the middle to look at and highlight what's most important to them, and not necessarily important to anyone else on the outside, so to speak. But really looking at it from, not an institutionally driven perspective, but really evaluating it from the person in each individual basis. So that's what we mean by person centered care, in that context.

3:05

Second part of the project framework is the human interaction. Human interaction is the basis for design. It identifies where interactions actually occur. So one example would be if you are standing in a hospital waiting room, and you notice a sea of chairs, not uncommon, right? Could be an outpatient, could even be in a waiting room in a long-term care setting. What human interactions actually take place in that space have not been really firmly taken into account. So if you're looking at a space that is attached to an oncology wing and attached to a pediatric wing, there's all kinds of things that can happen within that space, right? People are waiting for a long period of time. They may need a bathroom. They may need access to water. They may need access to food and healthy food options. They may hear the worst news of their life. They may hear the best news of their life. But it all happens within a space where they may be eating, working, sleeping, communicating, trying to have private conversations, trying to have more public conversations and expressions.

That's a human interaction opportunity, not something that goes, yep, we need five chairs for that location. Or, oh, we need 10 chairs. That is not the programming process of understanding human

interaction. If we are looking at seeing where and who and what people do together, that's what we need to look at. We need to look at that for every opportunity for human interaction and then every intentional human interaction. So if you're doing a cafe, obviously you want the service to be set up so that people can easily access their options, that they can make choices, that those choices then can be delivered upon. So in a sense, we're looking at that for every different human interaction opportunity. And that goes for individuals, as well as for group events. So a lot of times I think we focus a lot on the group that is more of the outgoing, extroverted group versus thinking about some of the more introverted folks that may want to watch an activity or participate from a distance or be able to engage if they would like to, but not have to.

So I think this goes back to the person-centered care conversation about being unique and being wonderfully unique in your own right, by your own choice, your own dignity, and what you may want to do instead of what somebody is imposing on you. So that's what I'm talking about with human interaction, do an overlay of all planning and design, figure out where those interactions want to take place naturally, and where those we would like to drive attention or allow for. So when you look at outdoor areas, for example, one of the limitations that we see on human interaction is that if staff do not have Sightlines and are not able to see where residents are as their ultimate responsibility, they'll often lock down the doors that go to outdoor space. So simply put that outdoor space where human interaction can occur, but the visibility of the staff can also occur. That provides an opportunity for everyone to be able to be outside when they want to be, as well as have the oversight that is felt to be necessary. So really think through that. So you have your operational functions that you're looking at, but in addition to that, it's the human interaction overlay. With that, we'll take that lens to that project framework, to service and living.

6:41

So you really wanna determine all your operational functions. And I know this may seem tedious, but it really is about the functions and activities that are required. And it's a step by step process. Take it as a day in the life. I come from the front door, what is the delivery a process for a person? What is the delivery process for service items? What is the delivery process for cars and transportation? What is your comings and goings? And if you identify every one of those comings and goings as an event, as a functional operation and how things and goods and people are gonna move through a community space or a design, that's a good place to start. And then you can look at it from every different thing that you need, no matter how small, if you're doing residential assisted living or how large of a community that you're actually doing. So if you're doing a smaller house and a community, and it's in a community at large. The terminology is interesting to look at here because you still need to know what are the services that are gonna come and go? How are groceries going to be delivered? Or how is a resident going to be picked up by a family member?

Even though it's still a home, it still has certain conditions based on the fact that the resident may need certain types of accommodation, or the staff member may need to have the time set aside so that they know when deliveries are going to occur so that it doesn't disrupt their day, their activity, the residents' day, whatever other activity might be going on. So it helps to do that schedule, that we all do, the day to day schedule. But not just to look at the schedule, but to look at the actual comings and goings, the functions. When's laundry gonna take place? How are we gonna do laundry? What does that mean? If we're gonna do it in-house, how do we deliver that? Then, how are we gonna do that process in the

evening? Do we have accommodation for people to deliver laundry to residents without disrupting their sleep patterns?

All of those kind of conversations happen in that discussions around operational functions and activities. And those can be fun activities too. It's like, how are we gonna do the gardening piece? And if we're gonna do outdoor space, how are we going to engage that space? What are the activities that we want to surround in there? Whether it's a gardening activity or it's accommodating somebody who has a special need. Whatever it may be, plan for that. Plan for that in the beginning, because that way, when you open, the shakedown process is what we used to call it, of opening a new community or a new home can be more minimized when your actually looking at all the different operational functions and processes.

09:19

And fourthly, complete person-centered assessment. And what I mean by that is we have electronic health records often used. We have not really developed something that really is an effective life record, if you will. You train your staff to understand more about the individuality of each resident, that's person centered to understand that, but also how do we document that? So if you start to see a change in a behavior that is different, it may be because there is a health issue going on. Or does someone have a UTI and no one's really monitoring it, and that's why there's a change in behavior? But if you have a way to document who that person is, their background, and then train the staffing to understand that, that's the perfect way to do it. Because that way they understand who they're caring for.

This gets back to how many staff and what your staff ratios, but also can residents and staff get to know each other because your numbers and assignments are not for 60 people. It's for 10 people or 12 people. Having that staff member be able to do their job in a smaller environment, in addition to a smaller area of space or building, but also being able to have a specific number of residents that they get to know. Get to know them as unique humans and unique individuals with likes and dislikes, and certain times of day that are good for them and others that are nap time, and when they like eat, all those things. Really knowing that person inside out, that helps you do a better person-centered assessment, so that staff can be trained that way.

11:05

When I was working in China, we did what we call scenario training. We all developed a profile. I was grandma Jane. As grandma Jane, my prime moment was when I hadn't been there in about three months, and I came in and a young woman came running over. I was at lunch, eating, starting to eat my meal. And she's like, no soya, no soya. Because as grandma Jane, I was written down and I had written down in my profile that I was allergic to soy. She hadn't seen me in three months. She knew my profile inside and out, and she watched what I was eating. That's person-centered acknowledgement and understanding. I assured her, I was not actually allergic to soy, that was part of the profile. But, nonetheless, it transferred and translated completely with language barrier and other things that we had there. The scenario training took all that away. People could see how things were done. People could visualize it, they could see it in action, have the experiential training that they need.

12:08

I think often that's what we've been trying to do with Live Together, because we really do wanna have a workforce development demonstration project. We're working on them, we're working on several areas and hoping that one will pop to the top. Because if we have that experiential opportunity where people can come and train and see it, and hands on be there, we know that the outcomes can be more improved. People need to see what they're trying to attain. It can't be just words or how they learn, in terms of understanding how a lot of our staff members need to learn or want to learn. It can't be just simply a computer process or a written test. It needs to be experiential, and it needs to be hands on. So when you take all of that together, we kind of look at what's the best way to engage.

When we're trying to understand a variety of ways, just like we have varieties of ways we learn and share, we start out with the community needs assessment. And when we say community, we don't mean just the senior living proper. We mean the community needs assessment in terms of, if I'm developing a new project in a different area or a suburban area, or a rural area, what are the community needs? And I mean the community at large. Because once you identify those community needs, you can also see how does my project fit into that fabric? And how can I help not only support what we're trying to do, but support what the community needs are as well? We see this with a lot of the equity and environmental justice information that's going around right now and the different task groups. I sit on one for the general services administration. People are trying to figure out how their project can be more to the community at large, in which they serve.

13:50

Understand the demographic. We always do demographic needs assessments, but that's both for staff as well as for residents themselves. And coupling that with community needs. And then look at the gap analysis, look at what you're missing, and what's not there, and what your project maybe could fulfill. Or where your project, in the case of a Live Together project, we would look at how can we fill the continuum to the absolute best of our ability, if it's not going to be moving a resident through the continuum? If we brought services to them, what does it look like? Could it be that we do outpatient rehab? Could it be that we have a cost center that we do our own home healthcare agency and that home healthcare agency not only helps support the residents and the residents in the community at large, but also supports our residents living in a multifamily building.

14:40

There's all different ways of looking at it, coupling things together, adult daycare, the pace program, the program for all-inclusive care of the elderly. One of the best ever! That would be a great colocation to achieve with a multi-family home. So when we look at that, and we think about what that can be, we also want to evaluate the commonalities, right? So what are the commonalities that we all have and who are those partners that we can identify that can work with us? We don't need to replicate another food service venue when it's next door to us. We don't need to replicate the physical therapy and the OT with the fitness center when the fitness center's next door. And we could actually garner some of the use of their equipment and their expertise along with a trained occupational therapist.

There are ways to make the partnerships. We have to look at this in a bigger way, in a more community based way. We're never gonna get there otherwise, in terms of really fulfilling the needs of all the elders that are out there. You have to do strategic visioning and you have to be strategic. You can't be the “Nope” in the room. The Nope, that won't work. Nope. That won't work. Oh, no, reimbursement will never help that. Well then why not? And if it doesn't, how do we fix it? Or how do we get around it? Or

how do we create a new opportunity that keeps people safe and healthy, but also thriving and strengthening over time? How do we make this the best quality of life possible? So you always gonna have the nopee person. There's always one, at least, and a strategic visioning, really figure out what their issues are, their key points and ask them, how would they fix it if it was different, that's a different conversation.

16:23

So you have to change the dialogue and then the community and stakeholder engagement part. That's amazing when it happens really well. I've seen groups that have done a tremendous trust building exercise with the community at large and demonstrated that they really do want to follow up with that community and fulfill their needs. It takes trust building because people do not have trust right now for very many reasons, for all different kinds of reasons. So building that stakeholder engagement and allowing their voice to be heard, but then act on that voice. And once you act on that voice, report back to them. Do not leave people after working for months and months on something that may improve their city or their community or their town or their village or their rural farm community, and then don't tell them what you did. That's really not gonna help.

17:15

It's kind of like I had an opportunity many years ago when I was working in a community and I was asked to come down to do a sort of an aging in place analysis and they were presenting some ideas. I did not know I was walking into a schematic design signoff, nor did I know where the project stood in terms of the timing or any of that, but it was missing everything. It was missing the interactions, it was missing the conversation. They were just replicating exactly what they had from 20 years prior into buildings that were just nicer and newer. That was all, but they weren't really engaging anyone. So the executive director said, what can I do to keep my residents outta my office? I can't seem to answer their questions. I go, you need to engage them. Where's the focus groups? Where's the focus group information? We didn't do any. So they didn't do any with staff, and they didn't do any with the resident. We changed that. We did all the focus groups. And in honoring those focus groups, we also allowed people who had made assumptions, very strong assumptions, about what people wanted. And I said, no, you come and ask your questions. I don't wanna be the conduit for that because you'll think if I believe differently, which I did, but let you ask your own questions. And when they did ask their questions, they were surprised and honorably accepted that and did a much better design on a project that now could be repositioned. We repositioned assisted living rooms that weren't sellable. And we made those rehab private rooms, because that's what they needed. So just looking at things and looking at, going from something in the red to something in the black, simply by changing a licensure, or a location, or the activity that occurs there.So all those things can happen when you really do strategic visioning and take it very seriously and apply it to your community.

19:08

The other part is, and this is harder. This talks about post occupancy evaluation. This does not get done in a consistent manner. We've been working on this for a very long time. We're introducing a new software system called crosscheck, should be available hopefully by the end of July of 2022, this year. And we are looking at being a able to provide guidance and more of an electronic method for consistency, for post occupancy evaluations. And why is that important? Simply, because we'd like to have measured outcomes that are consistent, if everyone's doing it different and the methodologies are different, then we don't have consistent data. Therefore, we could be repeating mistakes over and over

and again, in replicated spaces or for certain care populations that we don't know that XYZ may not be a good thing, and we've been told it was. Or just redesigning something that isn't working.

20:04

I once awarded a building for a very prestigious award. It was lovely. I went to visit it becauseI happened to be in a city to go see it. And I thought, I'm gonna go look at that building I really wanted to see. And the first thing out of the operator, the project manager as well as the took care of the building itself, so he was also the property manager. He said to me, well, next time I really hope they have somebody who understands senior living working on the project. That was terrible. Right? Here, we had awarded something that really worked. And it really worked from a lot of ways, but the practicality was no one put the push plates in the right place for accessibility. And none of the doors were light enough for residents to open them themselves, or had the right hardware to do so including the outside doors because every apartment had a lovely patio. So when you look at something like that, that's when you really understand. If you didn't do the post occupancy, you wouldn't know any of that. So let's do the post occupancy, not just for design, but also for operations, figure out what works and doesn't work, and don't replicate it or change it if you can. So that's what I mean about doing the post occupancy and then the measured outcomes, cuz overall we'd really like restorative environments, right? Lifelong learning with all ages, contributing to a community, keep the communication and the conversations going cuz that's how you grow. Thanks very much for your time today. Thanks for listening to this week's Bridge the Gap Contributor Wednesday.