

Are Private Rooms the Future of the Long-term Industry?

Calkins, M. & Cassella, C.(2007). Exploring the cost and value of private versus shared bedrooms in nursing homes. *The Gerontologist*, 47 (2), 169-183.

Since the beginning of the long-term care industry, there has been a desire to constantly improve residents' quality of care and life. One of the ways to achieve these goals could be by assuring a private room to each resident. A new model of care, person-centered care, focuses on a resident's autonomy, dignity and privacy. With that in mind, a private room appears to best accommodate most residents' individualized needs, personalities and routines.

Presently, three types of rooms are available in most nursing homes:

- (traditional) a shared room, frequently called a semi-private room, where residents' private territories are usually separated by a curtain
- an enhanced shared room, where residents' territories are well defined within the room (for example, by a wall) or where each resident has a private room and only a bathroom is shared between two persons
- a private room, where a resident does not share a bedroom and a bathroom with others

There is strong evidence that the majority of older adults prefer a private room. The reasons for wanting to live in a private room are identified as follows:

- privacy for oneself and when visiting with others (including the-end-of life phase for a dying resident and his/her family)
- better sleep (uninterrupted by taking care of a roommate's needs)
- having control over one's lifestyle and environment, like deciding when to watch TV, what TV programs/shows to choose, following one's daily schedules and routines, controlling room temperature, etc.
- not having to feel uncomfortable while watching a roommate ("unwilling observer")

Research suggests that residents who live in private rooms are less susceptible to acquired infections. Analysis of private versus shared rooms from the perspective of providers has shown that it takes more time to market shared rooms and more staff time to resolve conflicts between roommates, especially when a solution requires transferring a resident to another room. Estimates of the average time spent on roommate issues could range from 2 to 25 hours per week. Extra staff time spent in finding the best solutions for roommate problems is not the only issue. Additional cost is accrued due to the need for extra room cleaning and maintenance. A big concern in person-centered care is that residents are given little choice when they must change rooms due to a conflict. An effective adjustment to a new living situation requires staff members' investment of extra time in getting to know a new resident, his/her clinical needs and daily routines.

Even though many benefits of a private room are self evident, the greatest barrier in the long-term care industry in considering its wide implementation is cost. Hence, researchers analyzed costs related to the three room configurations.

The cost of room construction was based on detailed dimensions of its wall length and consideration of elements like windows, a closet, a bathroom, fixtures, etc. Standard commercial-grade-construction assumptions, like 2X4 framing, vinyl flooring and 20-year shingles for the Cleveland, Ohio area was another part of the cost estimates.

Traditional room	Enhanced shared room	Private room
\$8,252 per person	\$10,301 per person	\$14,906 per person

Typically, a resident will pay an average of \$167 for a shared room and \$190 for a private room, a difference of \$23. The difference in costs (including debt) to construct a private room in comparison to a shared room (both types) can be recouped in 596 days. This calculation assumes that a shared room is fully occupied. However, if one bed is empty in a shared room, the time to recoup the cost of constructing a private room goes down to 82 days. In other words, the lost revenue for every 82 resident days below full census is equal to a cost of building a private room. This calculation is based on private fees, as Medicaid does not pay for a private room. The cost of analysis changes for the home whose residents are on Medicaid.

Implications: Knowledge about construction costs could be a starting point for discussions related to a deeper dissemination of the principles of person-centered care. Living in a private room accommodates residents' preferences and personalities more easily than sharing a living space with another person.