

Innovative models meeting needs of today's aging population

Mullen, A.J., (2006). *Innovative models provide one answer for outdated nursing home stock*. *Nursing Homes*, 55, 3, 85-87.

There has been a lot of discussion about the transformation of nursing homes from a traditional medical model to resident-centered care in the daily press and professional literature recently. One way to begin the process of transformation of an existing model of care is achieved through innovative architecture designs.

Anthony Mullen analyzes the senior housing and care industry from a financial point of view. He reports that independent living, assisted living, and Continuing Care Retirement Communities (CCRC) show signs of stability. The rates are high for independent living at 92% and for assisted living at 88.5% and have remained stable for a long time. In contrast, skilled nursing has the lowest occupancy rate in the entire industry. The median occupancy rate for free standing skilled nursing decreased from 87% in the second quarter of 2005 to 86% in the third quarter. For skilled nursing within CCRCs, the median occupancy rate declined from 86.5% to 84%.

Mullen identifies that most skilled nursing is housed in buildings averaging 29 years of age or older. Many of these homes have bedrooms occupied by four residents, and most have a design typical of a hospital model. These types of nursing homes are not marketable today. In some markets even semiprivate rooms in skilled nursing are hard to sell.

To meet the needs of today, some operators have come up with innovative models. Trilogy Health with homes in Indiana, Ohio, and Kentucky promotes a small-market, nontraditional CCRC, with a continuum including adult day health, assisted living, and skilled nursing. Most bedrooms in its skilled nursing units are semiprivate, but each room has its own bathroom with shower. Mullen predicts that this type of design will improve occupancy rates for the skilled nursing segment.

Trilogy's assisted living offers 35 apartments, and the skilled nursing can accommodate 68 residents. Both segments share common administrative and support space, the kitchen and service area. However, the two parts feel like separate living environments, as each has its own parking, entrances, dining room, and common-space areas. The campus provides rehab services, and it offers inpatient and outpatient services to residents from all units.

Recently, Trilogy opened independent living patio homes that surround the campus in two markets. They have seen residents transition from the independent to the assisted living segment of the campus. A tremendous number of referrals go from skilled nursing to assisted living apartments to accommodate post surgery rehabilitation or other temporary health setbacks. Using the adult health center leads people to consider living in one of the health care units in the future. This has been an effective way for marketing the Trilogy services to the community.

Another company, Sunrise Senior Living, offers a “condo full-service model” (independent living with on-site assisted living, dementia care, and skilled care) and a “condo-for life model” (all services are delivered to residents’ homes). Both have been very successful models, especially for higher-income consumers.

Some senior living companies try to meet the challenges and needs of today’s older people by creating new concepts of living and services provision. Traditional concepts of “skilled nursing” are revised to accommodate consumers’ diverse needs and expectations.

Implications: Nursing home administrators need to study innovative models to see what they can adopt in their environments to meet the needs of today’s aging population in order to increase or maintain their occupancy rates. Innovative models of care for the aging population are a reflection of listening to older people and recognizing their needs. This is congruent with a resident-centered model of care and validation that residents dictate where and how they want to live. Innovative models also help move away from the medical model. Sometimes, even small environmental changes can help transform culture and improve residents’ quality of life.