



In-room Medication Storage Remains Effective

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Introduction/Background

The latest report from the Census Bureau indicates that the first of the baby boomers – the population born between 1946 and 1964 – turned 65 in 2011, and the last will turn 65 in 2029. By 2030, boomers over 65 will make up 20% of the total U.S. population. Surveys of this country’s largest aging cohort indicate the majority prefer the concept of aging-in-place, at home, whenever possible. However, family members will likely have less availability to provide caregiving for aging loved ones due to a higher population of childless population in older adults.

Long-term-care or Senior communities and nursing home care are no longer synonymous. Senior communities of the future will trend toward becoming more attractive to the “young old,” boomers who want to move into senior communities while they’re still healthy enough to enjoy the amenities.

Investors and administrators are being pushed, by the “Boomer tide” and by broad health care policy changes, to develop needs-based properties that are still cost-efficient in light of current economic realities, but that also appeal to the newer, more knowledgeable and discerning health care consumer. In this vastly expanding market, providers must still seek and incorporate opportunities to differentiate themselves. The trend toward building new and upgrading existing facilities to be “more like home” is achievable and affordable.

One simple but profoundly effective step down the path toward a household (rather than institutional) environment is the installation of staff workstations in each resident’s private room.

From Institution to Home

These complex market pressures are resulting in the steady rise of assisted living facility construction within the United States. Minneapolis, for instance, is one of the 31 primary markets with a lot of construction under way. The 31 markets have an overall penetration rate of 10.2 percent; Minneapolis has a penetration rate of 19.1 percent.

With more long-term care facilities for consumers to consider as they visualize their future or the present-day needs of loved ones, details necessarily come into sharper focus. Across the board, there is greater call for more home-like qualities of LTC facilities. The Household Model, as described by Norton and Shields in their book “In Pursuit of the Sunbeam” (Action Pact Press, 2006), presents a deeply resident-sensitive approach to addressing the needs of everyone involved with LTC — staff, administrators, and family, in addition to residents. According to the website of Action Pact, the first households based on this model of care were opened in 1997. The question presented by this advocacy and consulting organization is “Why would we ask anyone to give up home, just when they need it the most?” While not the only facet of The Household Model, one crucial step in the transition toward “an atmosphere of genuine home” is reshaping the physical environment.

Mapping the Path, One Step at a Time

The question must be asked: What makes a building a home? What are the differences between facilities that are institutional in ambiance and those that feel like home?

The Green House® model describes a fully developed, household living environment as having:

- Private home scale & décor
- 10 to 12 residents, each with a private bedroom and full bathroom
- A fully functioning and open kitchen where meals are prepared
- Expanded common space, i.e. dining area and living room, the house’s hub, that support typical social experiences
- Outdoor access via patio or balcony

Transitioning to a household model will incur both real and perceived costs. In “Financial

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Implications of The Green House® Model,” the authors review of related studies concludes “Capital costs are found to be equivalent or less than similar culture change models but higher than traditional designs” primarily due to the provision of far less space per resident in traditional LTC models. They go on to state a belief, based on their reviews, that because higher occupancy and more private-pay days are associated with household design (specifically in this review, the Green House Model), capital cost increases should be offset.

Besides related financial costs, the most common worries expressed by staff and administrators is in relation to changes in the time spent adapting to changes and any necessary training.

A Proposal for Simple, Meaningful Steps

Diving into such transitions is difficult and may not be feasible in every situation. Similarly, an incomplete attempt to change might be misread by staff and residents as half-hearted, placating nods. There are, however, some simple steps that can promote real transformation of LTC settings and, most importantly, of the working environment for staff and the daily lives of residents.

Something as Simple as a Medication Storage Workstation

Cheryl Patton, Director of Nursing at Meadowbrook Medical Care Facility in Michigan, played a vital role in creating a new way of implementing medication in seven household communities at Meadowbrook. Perception and respect from the community is essential to Meadowbrook, creating a person-centered care facility that the surrounding community could connect with. Creating a space that valued privacy by having public, semi-public and private rooms for the staff and residents to interact.

Patton reported that the steps taken toward the household model included the installation of 133 Proximity medication storage workstations in each resident’s private room.

“With the recent transformation, we are not your typical nursing home.” Patton said. “Providing the in-room medication supply storage has helped us secure one of the lowest employer turn-over rate compared to the industry standards while providing a more personalized approach.”

Meadowbrook is only the second facility in Michigan to re-organize around the Household Model.



Proximity Medication Storage Workstations

The workstation units selected by Meadowbrook were designed around meeting the specific needs of staff and residents. Creating an environment that is resident focused and allows us to build stronger relationships with each resident.

- Lower door that folds out into wireless computing space
- Programmable keypad locking system



The immediate benefit we noticed from this new system as it relates to the Household Model was the increase in resident privacy. Instead of distributing medications in commons areas, residents experienced a level of privacy (and dignity) as they would in their own family home.

The customized medication storage workstations blend in with resident room furnishings. “It really looks like a well-designed piece of furniture,” Patton said, “when compared to the traditional meds carts we used before.” Each workstation is mounted on and in some cases recessed into the walls, freeing up floor space and increasing safe mobility.

Meadowbrook staff has become fully adapted to the in-room dispensing of non-narcotic medications. The shift from dispensing medications in a dining area to in-room distribution has added the personal touch that Meadowbrook was looking to offer to their residents.

“This new process of dispensing non-narcotic medications has resulted in a 11% decrease in medication errors,” Patton stated. “This allowed for less medication needing to be stored in a small medication cart.” Due to the large number of narcotics being prescribed, a mini dispensing cart was needed as these medications cannot be kept in the resident’s private rooms. This is still an improvement in the minds of the Meadowbrook staff.

Benefits:

- **Space becomes oriented to people’s needs.** Everything is located in close proximity to the resident. The result is a more enjoyable staff-patient interaction.
- **Floor-space and visual aesthetics are more expansive.** The wall-mounted design optimizes room dimensions, and the products esthetics feel more inviting than the previous clinical carts.

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When asked to describe how this one simple step, the introduction of in-room medication storage workstations, has impacted Meadowbrook, Patton said “I feel that we have changed the culture of nursing homes and provided a person-centered home for our residents.”

“Medication carts then to be a natural focal point for staff, like a water cooler in an office. The Proximity workstations have placed the focus back on our residents.” Patton said. “This is our resident’s home, not merely a place for medical care. I enjoy seeing people congregating around the kitchen bar or the fireplace in the living room space.”

She added that the value applies on an administrative level too as the workstations have addressed concerns of families and prospective residents when looking for a Household Model care facility. Ultimately differentiating Meadowbrook in an increasingly crowded market.

Destination: Home

It may sound overly simplistic to give so much credit to a single furnishing. At Meadowbrook we have created an entirely new approach to long-term care by incorporating Household Model. The benefit crosses over the residents, staff, family, and prospective consumers. Rather than feeling overwhelmed, embark on a step-by-step transition to create a space our senior community deserves. In the case of Meadowbrook Medical Care Facility, administrators have witnessed the impact on staff morale and resident relations from pursuing changes in the physical environment. One key component of this transformation has been the installation of in-room medication storage workstations by Proximity.

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