Elder Care of Dane County
Madison, WI

Theme
Recycled space.

What this case study shows:
· The challenges related to having a program on the second floor of a building.
· Issues associated with unwanted environmental stimuli, in this case, the noise generated by the activity of a nearby airport.

Place Profile

Director
Sharon Thornburg

Building size
Day care alone: 9,500 square feet
Building total: 16,500 square feet

Renovation
Conversion of office space for adult day center, rehabilitation services and administrative offices

Estimated cost/square foot
Approximately $15

Architect/designer
TJK Construction and Design, Madison, WI

Facility type
Adaptive reuse of a commercial/office building with adult day center on the second floor

Program

Mission and goals

Elder Care is a site associated with On Lok and the Program of All-Inclusive Care of the Elderly (PACE), a comprehensive service and financing model for long-term care of the frail elderly. Established in 1971 by On Lok Senior Health Services in San Francisco, PACE sites provide team-managed care to the significantly impaired, frail elderly. The PACE model, which is based on capitated financing from Medicare and Medicaid, offers an integrated program of acute and long-term health services in both inpatient and outpatient settings. By definition, PACE centers are staffed by an on-site physician and other medical professionals who are capable of providing the range of care
services typically required by an elderly population. For example, Elder Care's site houses physical exam and sick/respite rooms, a blood draw facility, pharmacy and rehabilitation area as well as ancillary space for medical records.

General description

Located in a renovated office building in a commercial/industrial area immediately adjacent to the municipal airport, the two-story facility houses the adult day center program on the second floor and a rehabilitation clinic and pharmacy on the first. This is one of three Madison sites operated by Elder Care of Dane County, which is a non-profit quasi-governmental agency that has been providing adult day care since 1972. Elder Care's other sites are located on Madison's west side. One program is located in the basement of University Heights Presbyterian Church, another occupies the second floor of the Attic Angels Nursing Home. Elder Care provides services to its participants from 7:30 a.m. to 4:00 p.m. Monday through Friday.

Staffing

Elder Care has a staff of 11 full time employees in the adult day center. Staff to participant ratio is 1:5. The rehabilitation clinic and pharmacy are staffed separately.

Participant profile

Although Elder Care draws its participants from an estimated 15-mile radius surrounding the facility, participants must be residents of Dane County to be eligible for covered services. It has 96 enrolled participants, and an average daily census of 52. Maximum capacity is 78.

Elder Care participants are 55 years and older, with an average age of 73. The gender ratio of participants is one male to eight females. Sixty-one percent of participants are white, 32 percent are black, five percent are Hispanic and two percent are Hmong. Cognitive impairment affects 41 percent with most of these individuals in the early stage of dementia. Thirty-one percent of participants use wheelchairs. Twenty-four percent are incontinent, and the majority are dependent in three or more activities of daily living.

Physical Setting

Elder Care is located in an office park near the county airport in Madison, WI. The building that Elder Care occupies was constructed in the late 1980's and originally intended for commercial and light industrial purposes. The building is situated next to a lightly wooded area and shares a parking lot with a neighboring office complex. Following renovation, Elder Care moved into the facility in May 1997.

Elder Care occupies both levels of the building, with administrative offices located on the first floor, and the adult day center and rehabilitative services area on the second. The building is faced with wood siding painted a light brown.
A small canopy offers protection at the main entrance to the facility. The canopied entrance leads to a small assembly area (staffed during morning arrival times). This assembly area leads to the elevator, stairs and administrative offices on the first floor. A secondary entrance offers a direct entrance to the elevator and administrative offices.

To reach the day care program space, one takes the elevator or stairs, both of which terminate in a second-floor central entry area. This area contains a reception desk and space for coat storage. To the left of this entry area is Rehabilitative Services, to the right is the adult day center.

Elder Care's adult day center encompasses a large central activity space, kitchen, offices for day care staff, bathing facilities, toilets, storage and a smaller group activity space. The central space has six activity-defined areas: the aviary, the radio, the piano, cards/puzzles, crafts, and the computer. The dining area juts into this central activity area. The walls of this central space are painted off-white and decorated with hanging plants and several varieties of crafts, including window valances that were made by participants. Natural light is admitted into the double height space via two rows of fixed windows fitted with horizontal blinds. The ceiling is acoustical tile with fluorescent commercial-style lighting fixtures. Some of the smaller activity areas have supplemental lighting provided by residential-style floor and occasional lamps. The floor is covered by a tan-colored low pile carpet.

The dining area is furnished with circular pedestal-style tables and contemporary cloth-covered chairs. The decorations include a large quilt hung on the wall, a small commercial-style popcorn machine, and a number of small craft objects. A commercial-style sink (a remnant from the building's light-industrial days) in the dining area is used by staff and participants. The dining area is marginally defined from the central activity space by sheet vinyl flooring. A lower acoustical tile ceiling with inset fluorescent lighting extends only over one-half of the dining area; the remainder is double height.
Meals are prepared off site and reheated/plated in the kitchen; snacks are prepared on site. A pass-through window located between the dining room and kitchen is secured when not in use by a metal tambour door. The monthly activity board, which lists upcoming events and news about the ADC staff and participants, is mounted next to the pass-through window. Adjacent to the kitchen are a small activity room, offices of the ADC administrator and staff, a storage closet, and staff toilet room.

The personal care area consists of bathing facilities, hair care area, personal garment storage, commercial-use clothes washers and dryers, and toilets. The men’s and ladies’ toilet rooms with two fixtures each are standard, with space for a one-person assist.

Elder Care’s bathing facilities consist of two large shower rooms, each containing a wall-mounted hand-held shower fixture, vinyl and stainless hospital shower seat, and toilet. Rather than having a separate shower enclosure, the room itself has been designed to serve as the enclosure; the shower room floor. Given the expectation of a high level of moisture exposure, the rooms are sparsely decorated and, as interior rooms, have no access to natural light. Each shower room has a supplemental curtain covering the door to provide additional privacy. The flooring is beige ceramic tile and the walls are larger white ceramic tiles accented with a horizontal tile detail at eye level. Toilets are outfitted with movable grab bars and enough space on each side to accommodate a two-person assist or Hoyer lift.

Adjacent to the shower rooms is a personal care area outfitted with a salon-style chair. This area is utilized by both male and female participants for hair washing, cutting and other personal care needs.

Also located in the personal care zone is a storage area in which participants’ personal items and extra clothing are stowed. There is additional organizational storage in a large closet and cabinets for bathing and toilet supplies. Two industrial-style washers and two dryers are used for cleaning towels and participants’ clothing as needed.
Institute: Why did Elder Care choose this site?
ADC: Initially it was because of cost. We were able to get a very good deal on this building. We weren't able to find anything on the west side that was comparable.
Institute: We're near an airport, and I notice the noise at times from airplanes going over. Is that necessarily a problem?
ADC: In the wintertime you don't hear it. I think it's like anything: You eventually get immune to it. In the summertime when you're sitting outside around the picnic tables and you're trying to have staff meetings it can be irritating, but other than that it's not a problem.
Institute: So not a problem from inside?
ADC: No. I think when we first moved in you heard it, but then it's like anything else, you get used to it after awhile. Outside you can hear it.
The Place In Use

Coming and going

Unlike many other adult day centers, Elder Care chooses to own and operate its own vehicles for participant transportation. The center currently has nine vans and hopes to purchase three more in the next year. Six to seven day care participants are transported per trip. Though director Sharon Thornburg estimates each transport trip averages around $17, this figure is still less expensive than through outside contract.

The front entrance to Elder Care.

Institute  We noticed you don’t have a covered entrance. Would you prefer one?

ADC  Ideally yes, it would really help especially...when the rain is going to turn to ice. For safety precautions, you bet.

Institute  How do you deal with rain or snow in terms of getting participants in and out? Is the van driver assisting people, or is there staff that also helps?

ADC  There is a combination of both. Early in the morning we have health care workers downstairs who meet the vans, so there are several people helping with the transfers of that need. Also, (we do things like) keeping it wet with salt.

Despite the challenges intrinsic to the second floor location of the day care program, a workable process of arrival and departure has evolved. A health care aide is stationed at the first floor entry through the morning “rush” of day care participants, usually until 10:30 a.m. Participants are assisted from the van into the building with the help of the aide and van driver. Participants are then ushered into the elevator (or up the stairs for the more able) to the second floor. Once on the second floor, another health care aide helps remove and store participants’ coats, hats, gloves and boots in the vestibule. From there, participants are led into the primary program space where they spend their day.

Afternoon departures have a markedly different tone. As vans approach the center, drivers radio the day care program transportation coordinator, who alerts staff by pager or overhead PA system. This announcement signals staff to dress that van’s participants for departure. After being helped with their outerwear, participants are seated in the second floor coat area/lounge until they are retrieved by their van driver for the trip home.

Institute  Could you comment about the difficulties of having a first floor entrance and participants on the second level?

ADC  This is not the ideal setting. There are difficulties. It would be much more efficient
if we were all on one level. The bus drivers would not have the frustration that they do of having to go up and get people. It takes time out of their day, and we could be better at having participants up and ready to go.

Primary program space

Elder Care’s primary program area consists of a single structurally undifferentiated space. It is furnished with a variety of chairs and tables in assorted styles and materials. Adjacent is a separate activity space in what was once a conference room. This space is used for small group activities, for example therapeutic discussion such as the Men’s Stroke Group, or current events/daily newspaper review.

A view of the activity area.

Institute Overall your thoughts on the one large space: advantages, disadvantages?

ADC It’s very noisy. There’s no privacy and that can invite disrespect. If you want to ask somebody if they need to go to the restroom or whatever, there is the potential of being heard by all. It’s not real conducive to being friendly and you have to be real aware of what you’re saying and what you’re doing. Voices carry. Even the health care workers have to be astute to what they’re saying.

Institute How do you refer to the space?

ADC We call the second floor the “day center.” It’s just called “day center.” In regard to activities, yesterday it was wonderful. We had two groups going on. We had an activity going on at the table out there and then in this room here we had another activity going on. All the participants were participating in something.

Institute So are you pushing for that to be the norm: two activities going on at one time?

ADC Yes.

Institute In terms of the furniture arrangements, it looks like the larger room has been set up for a couple of concurrent activities. There’s a smaller area off to the side with seating and another grouping adjacent to the TV, and a long table toward the other end of the room. How do you use these areas? How do you decide which activities happen where?

ADC The activities people usually decide it. And of course they make their decisions based on the space that’s best for the activity.
Institute  We’ve observed people just sitting quietly, not being part of an activity. Do you generally try to get everyone involved? Do you give them a choice?

ADC  It’s all in your approach. If your staff is truly trained in activities, they will know how to motivate people. So part of it is getting the skilled staff. It’s a choice, but you really try to get people to participate. If they say no, we honor that.

Rehabilitation area

PACE sites offer a variety of healthcare-related services to the elderly and physically impaired over age 55. Elder Care has experienced a steady demand for both pharmacy and rehabilitation services. On physician’s orders, therapy sessions are provided to both day care participants and on an a la carte basis to individuals from the community at large.

Institute  Since this is the only PACE site we’re looking at in this project, we have some questions about your rehab area. It’s large. How suitable is the space for your needs?

ADC  According to the therapists we need more room. We don’t have the space we need for all the walkers and the wheelchairs. Now we’re trying to think about getting a shed built to put the wheelchairs in...yeah, we need more space.

Institute  So a lot of space is used for storing things like wheelchairs and therapy equipment. Is there enough space to do things in terms of therapy?

ADC  They’d like to spread out a little more, considering all the activities that they do back there. They have an exercise bike, they’ve got the therapy machines, they’ve got the balls that you sit on for coordination and they’ve got the walk bar. With the amount of therapy work they have coming in here, though, they really could use more space.

Institute  If you could change anything about the rehab area, what would you change? Do they need more space or a change in the way they use the space? Do they need something specific?

ADC  What they would love to have is a dressing area where participants could actually go in and change their clothes or whatever. They talk a lot about that. They need an area that looks like an apartment so that they can do some teaching. Those are two things off the top of my head that I know are on their wish list. Just like with the rest of the building, they’re meeting the needs of their clients....
Kitchen and kitchen work

The kitchen at Elder Care was formerly a conference room. This space is rarely used by day care participants. The noon meal is delivered in bulk to the facility and plated by staff in the kitchen. Morning and afternoon snacks are also prepared by staff on site. The pass-through window is used to set out beverages and snacks for participants throughout the day. When the kitchen is not in use, the pass-through window is closed by the metal tambour door.

Institute
Is the kitchen a noise generator in terms of food preparation and dishes?

ADC
Yes. When it's time to wash dishes that dishwasher sound just comes right into the activities room.

Institute
The kitchen area is totally for staff use to prepare the meals?

ADC
Meals are brought in so some of the equipment we have back there we don't need. I'm not sure why we ended up with two ovens...

Institute
You don't use it?

ADC
Not the two ovens. We use the microwaves, but most of our food is brought in, other than the snacks and the breakfast snacks.

Institute
Do you ever have participants engaged in an activity in the kitchen?

ADC
Not to the way you would like to envision it. We have people out at the table (in the primary program space). Rehab will have an activity where maybe they'll peel apples and make an apple pie at the table and then Mary bakes it. They might make ice cream out of a coffee can. But those activities are all taking place out at the tables.

Institute
Would you prefer to have a kitchen that participants could use in some way or do you see your population as too physically or cognitively impaired to do that?

ADC
I would like to have a kitchen available for several reasons. There are those that do like to cook. There was one lady who was excited about making the dressing for the turkey for the Christmas holiday. We let her do that back there. There are also times we need to assess whether or not our participants can live alone and it would be really nice to have a kitchen that we could say, "Go in and fix a meal" and see if they could cook.
Dining

Dining activity at Elder Care consists of a morning snack, noon meal and afternoon snack. As noted, the dining room is ill-defined spatially. The arrangement of dining tables and chairs extends out from under the area with the dropped ceiling and well into the primary program space.

The dining area extends into the primary program space.

Institute  
In terms of dining there are groups of three or four to a table. Are they able to choose where they go to sit, or do you have some direction?

ADC  
It just turns out...that those that aren’t as cognitive end up together by nature, because you end up feeding some of those people. For the most part there is choice and there are groups that want to sit together and socialize. That’s fine. We encourage that.

Toileting

To accommodate its average daily census of 52, the facility has a total of seven toilet fixtures and a urinal. Two rooms have two ganged stalls each. Adjacent to the personal care area are two shower rooms outfitted with toilet fixtures as well as a third bathroom with toilet and tub (which is currently being replaced by two shower fixtures).

Toilet area.

Institute  
What’s your feeling about the number of toilets?

ADC  
It’s not enough.

Institute  
How many would you say would be good?

ADC  
Double of what we have...that would be nice.
Institute: What are your concerns about the shower rooms?

ADC: Right now two of them are working. There was a big tub (in the third room) and we took it out because it was one of those electronic-type tubs. We are going to put two showers in there.

Institute: In one room?

ADC: Yes, because we don't have enough showers either. We're replacing the tub because it doesn't work, it's very costly and the room is big enough that you could put two showers in, plus we don't have enough space. We only have two showers and we need a minimum of four.

Institute: Will you use two at a time?

ADC: We are going to put a curtain in there and build it for privacy. Our intent is to have two women in there at a time with some privacy.

Institute: Are there issues in terms of not enough space in the personal care area to get people ready for a shower and then dressed afterward?

ADC: It's all tight.

Institute: You do laundry in that area also. How many people do you do laundry for in a week or day?

ADC: We average three loads a day washing bibs and towels and doing some of the participants' laundry.

Wandering and elopement

To date, wandering and elopement have not been issues at Elder Care. Director Thornburg cites the second floor location, staff alertness and alarm system as important security measures. Known wanderers (currently two of a total enrollment of 96) are outfitted with a bracelet-type code alert band. Electronic sentries are located at both elevators as well as front and back stairways. More typically however, staff simply redirect wanderers to the primary program space.

Institute: We really didn't observe many at all, but I know that your activity director said you do have some wanderers.

ADC: We do have a few, maybe one a day or so, but not so many or to the degree that it's a problem.

Institute: How often does an alarm go off in a week would you say?
ADC  If it goes off once a month we’re lucky. I know when (we) first opened three or four years ago, the participants were fairly healthy. I think in this last year we’ve seen a lot of deterioration in the participants. Our participants now are just starting to even get more feeble than what they were when they came a few years ago. So we’ve been really fortunate that we’ve only had a couple of wanderers.

Institute  We didn’t see anything like a wandering path at all. Is that something you think about or consider?

ADC  Not really. I think that if and when we get to that level of participant, we’re going to need a different building.

Advice For Other Providers

Institute  Do you have some thoughts you’d like to share, things you’ve learned over time with this facility?

ADC  Never put a day center up on the second floor. Never, even if it’s cheap. Be methodical in preparing for growth, and put together a plan that looks five years ahead to where you’re going to be and the space you’re going to need. That level of infrastructure and planning never took place here. So the program’s already outgrown itself by the time we became fully staffed. Make sure you have that organizational conversation of where you’re going to be in the future and what you want to look like before you go out and buy the building.

If you’re going to do an adult day center be sure to look at the levels of care that you’re going to have in your building, and whether and how you’re going to address their needs. (At some point you have to say), “This is the level of needs that I’m going to take, and only to this level.” You need to be methodical in your service and not try to be everything to everybody if your building won’t allow you to.