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HEALTH CARE CENTER

This chapter describes the basic three dimensions of the new health center. This chapter is organized by these three dimensions which define the personality of a setting—the organization, the residents, and the physical environment. The organizational description includes the mission philosophy, staffing patterns, admittance and discharge policies, as well as daily activities and programs which are planned for residents in the center. A resident's profile includes age, gender, marital status, duration of residence, common health problems, and required assistance for the eighty-seven residents in the new health center. The physical setting is described by the floor plans and selected photos for all three floors of the new health center.

ORGANIZATION

The concept of health care at Alexian Village is not confined to nursing services alone. A comprehensive approach to care is considered. This concept includes the philosophy and core values of the Alexian Brothers, pastoral care, and social services. The goal of the health center for its life-care residents is to provide “interdisciplinary” care to retain residents “independence” and “autonomy”. Following the Mission State-

Philosophy

ment, residents are encouraged to remain in control of their own lives and rehabilitation. A positive attitude of getting well is promoted to help residents regain health and when possible return to either assisted living or independent apartment status.

***Admission
&
Discharge Policies***

Since Alexian Village is a Continuing Care Retirement community there are three levels of care available for a prospective resident. Criteria based upon specific guidelines exist for deciding which level of care is needed for a resident. These guidelines are categorized as activities of daily living, instrumental abilities, social skills. activities of daily living include issues of eating, mobility, toileting, bathing, dressing, grooming/hygiene, medications administration and communication abilities. Instrumental abilities include meal preparation, obtaining supplies, housekeeping, travel safety, and finance. Socials Skills include orientation to person, place and time, relationships with others, disturbing characteristics, decision-making skills and navigation. If a prospective resident fits a significant number of criteria which warrants extensive or regular assistance, a suggestion will be made for placement in the Health Center.

The decision to be admitted to the health center is made under the direction of a physician. There is an established procedure followed for entering the facility. First, a pre-admission assessment is made of a prospective residents needs and to verify if a plan of care is available. Second, a mental illness screening is conducted. Residents with an Alexian life-care contract will immediately be admitted if a bed is avail-

able. If a bed is not available Alexian has always provided nursing assistance in the resident's independent living apartment. Residents entering under private or medicaid payment plans will be considered only if their admittance will not severely impact life-care contract residents current and future health needs.

Once a resident has been admitted and an attending physician has been identified and the appropriate medications and equipment are available, Alexian must find a suitable bed. A further classification will be made at that time for assignment to either the second or third floor. The second floor has residents requiring all levels of care including recuperative, rehabilitation and residents with cognitive impairments. The third floor has residents with chronic or unpredictable behavior problems which are disturbing to themselves or others. This classification is made to keep residents with similar cognitive abilities together. Placement on either the second and third floor is also dependent upon a residents anticipated length of stay and the availability of a vacant bed.

If a life-care resident condition changes such that only minor assistance or no assistance is required then the resident can be discharged to either an assisted living unit or their own independent living apartment. Alexian always follows the policy of having a two week trial discharge to the resident's apartment. During this time a supportive care department provides residents with a safety check and occasional visits. If need be this two week trial can be extended for an additional two

weeks. Subsequently, Alexian can easily bring the resident back to the care of the health center without additional paper work.

Health Care Payment Plans There are three payment plans available for residents entering the Health Care Center. A Life-Care Contracts guarantees skilled nursing care for residents entering from the Independent or Assisted Living centers of AVM. A limited number of residents, from both inside and outside, are also accepted by Alexian Village on the bases of Title 19 Medicaid program and private pay. The majority of the residents have life-care contracts with AVM. Some residents in the Health Center are under the program of title 19 or private pay. Overall, there are 71.26% residents from which entered the Health Center from inside Alexian while 28.73% entered from outside Alexian Village.

Staffing Patterns The Alexian Health Center has an average staffing ratio of 1 staff person for every seven residents over a period of two weeks. Table 3.1 describes the nursing staffing pattern for a three shift workday.

Table 3.1. Staffing Patterns for three shifts

Shift Time	Day Shift 7:00-3:00pm	PM Shift 3:00-11:00 pm	Night Shift 11:00- 7:00am
Staff: Resident	1: 4	1: 7	1: 10
RN Manager	1	0	0
Licensed Nurse	2	2	1
Certified NA	6	4	3
Unit Secretary	1	4	0

There are a 140.5 full time equivalencies which staff the health center. Full Time Equivalency represents the number of employees in a specified position which work 40 hours a week. Accordingly, full time equivalency numbers do not always represent actual employees but part-time employees and employees which work under more than one title. Table 3.1 outlines the number of full time equivalency employees which staff the health center.

Table 3.2. Full Time Equivalency

Title	# of Employee
Recreational Therapy	2.8
Dietary	18.5
Social Worker	2.1
Pastoral Care	.8
Housekeeping	9.4
Maintenance	1.5
Security	2.0
Registered Nurse	9.2
Licensed Practicing Nurse	12.1
Certified Nursing Assistant	40.3
Unit Secretary	3.1
Medical Records	1.0
Pharmacy	2.7
Transportation	.1
Beauty Shop	1.3
Accounting	1.8
Nursing care admn., Business office,Personnel	5.8

Daily Activities & Programs

The staff are in charge of a daily calendar of events as well as scheduled daily activities. These include meals, bathing schedules, social events, cultural events, and therapy sessions. Meals are scheduled for each of the two floors at staggered times.

Table 3.3. Meal Schedule

	2nd Floor	3rd Floor
Breakfast	8:00 am	7:30 am
Lunch	12:30 pm	12:00 pm
Supper	6:00 pm	5:30 pm

Pastoral services are available for the residents on a daily and weekly basis. Mass services are also provided each Saturday evening at 4:00 pm in the Health Center. Mass services held in the Chapel at Village West are also accessible to Health Center residents with the assistance of volunteers. Protestant services are held in the health center each Thursday at 2:00 pm.

On a daily, weekly and monthly basis a schedule of activities is provided for residents. Attendance at all events is by choice of the resident. Although staff supervise many of these events a group of volunteers from the Alexian Campus often assist. The following list provides some indication of the planned events.

RELIGIOUS ACTIVITIES

- *Mass*
- *Bible Study*
- *Prayer Service*

EXERCISE / PHYSICAL ACTIVITIES

- *Bowling*
- *Dancing*
- *Volleyball*
- *Exercise*
- *Parachute*
- *Strolls*

SOCIAL ACTIVITIES

- *Holiday Party*
- *Wine Music*
- *Men's Breakfast*
- *Gift Cart*
- *Sporting Events*
- *Parties*

ARTS & CRAFTS / SKILLED TASKS

- *Ceramics*
- *Needle Craft*
- *Art Craft*
- *Baking*
- *Individual Projects*

CULTURAL / MIND / MEMORY ACTIVITIES

- *Poetry Corner*
- *Discussion*
- *Resident Council*
- *Trivia*
- *Movie*
- *News*
- *Memory Game*
- *History Club*
- *Shut Box*
- *Reading*
- *Scavenger Hunt*

Population Characteristics The following tables (Tables 3.4, 3.5 & 3.6) give characteristics for the 87 residents which reside in the health center. The majority of the residents are female and are 85 to 89 years old. The majority of the residents are widowed but fourteen of the residents have remained single. There are some residents who have stayed in the facility for over five years, but most of the residents stay only a short period of time.. Residents have a variety of illnesses with the most common being Cardiovascular related illness and Dementia. Table 3.7 shows the types of assistance performed by staff for residents as part of their care plan.

Table 3.4. Age, Gender, & Marital Status

Years	# of Residents
65-69	1
70-74	2
75-79	5
80-84	15
85-89	30
90-94	26
95-99	7
100-	1
Gender	# of Residents
Male	17
Female	70
Status	# of Residents
Married	8
Single	14
Divorced	2
Separated	0
Widowed	63

Table 3.5 Duration of Residence

Time	# of Residents
0 to .5 years	26
.5 to 1 year	14
1 to 1.5 years	12
1.5 to 2 years	15
2 to 3 years	8
3 to 4 years	2
4 to 5 years	5
5 to 8 years	3
8 to 10 years	2

Table 3.6 Common Health Problems of Residents

Ailment	# of Resident
Cardiovascular Related	97
Neurological / Dementia	55
Arthritis	13
Depression	12
Pulmonary Related	8
Lowered metabolic rate	8
Urinary tract infection	8
Diabetes	7
Allergies	6
Decreased bone mass	6
Glaucoma	5
Cancer	5
Seizure disorder	4

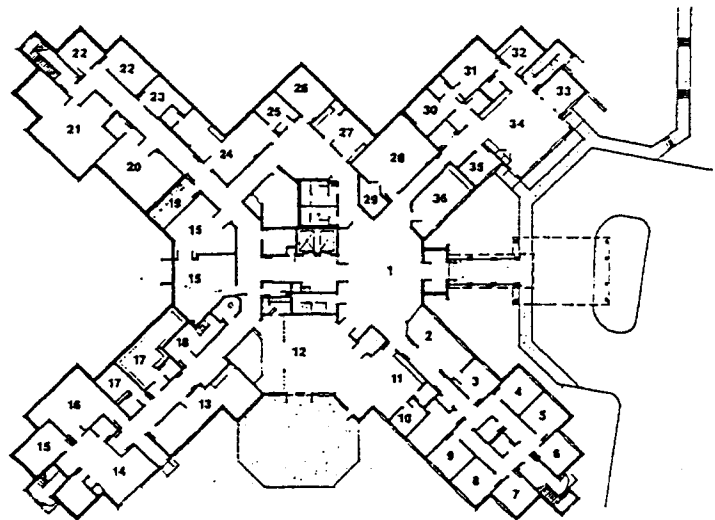
Table 3.7 Assistance

Assistance Required:	% of residents
Bathing	100%
Hygiene	95%
Dressing	92%
Toilet Use	80%
Transferring	74%
Wheelchair Use	71%
Locomotion	69%
Bladder Incontinence	68%
Cognitive Impaired Needs	60%
Visually impaired Needs	51%
Eating	48%
Hearing Impaired Needs	42%
Wandering	18%
Physically Abusive Needs	12%
Inappropriate Behavior	11%

The Setting

The following diagrams are the floor plans for the new Health Care Center which was completed in August 1991. The process of creating this facility will be discussed in the next chapter.

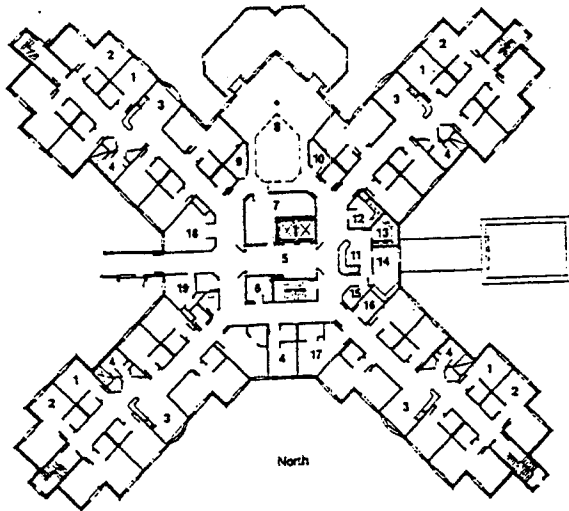
Figure 3.1 First Floor Plan



Legend

1 entry lobby	19 laundry
2 recreationist	20 housekeeping storage
3 work room	21 resident storage
4 social worker	22 medical storage
5 conference	23 clean linen
6 administration	24 physical therapy
7 director of nursing	25 OT/PT office
8 administration	26 occupational therapy
9 medical records	27 dental / podiatry
10 activity director	28 classroom
11 activity area	29 storage
12 multi-use / chapel	30 bathing
13 staff lounge	31 rest area
14 garage	32 med. trmt. charting
15 electrical / mechanical	33 small group
16 maintenance	34 day care activity area
17 locker room	35 day care director
18 compactor room	36 arts & crafts

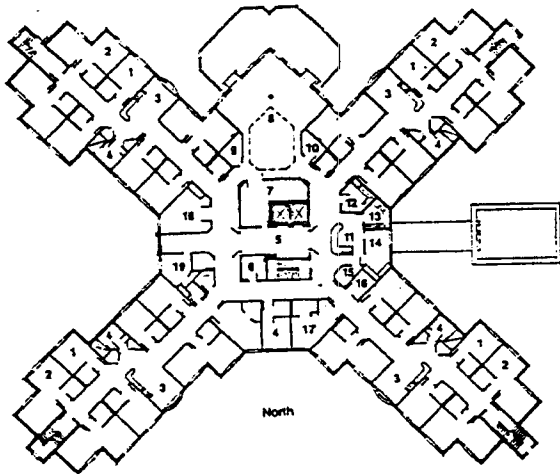
Figure 3.2 Second Floor Plan



Legend

- | | |
|------------------------------|--------------------------|
| 1 private resident room | 10 dietary office |
| 2 semi-private resident room | 11 nurse station |
| 3 lounge | 13 medication room |
| 4 bathing | 14 charting & conference |
| 5 elevator lobby | 15 equipment storage |
| 6 soiled utility | 16 social services |
| 7 warming kitchen | 17 isolation room |
| 8 dining room | 18 activity area |
| 9 storage | 19 nurse manager office |

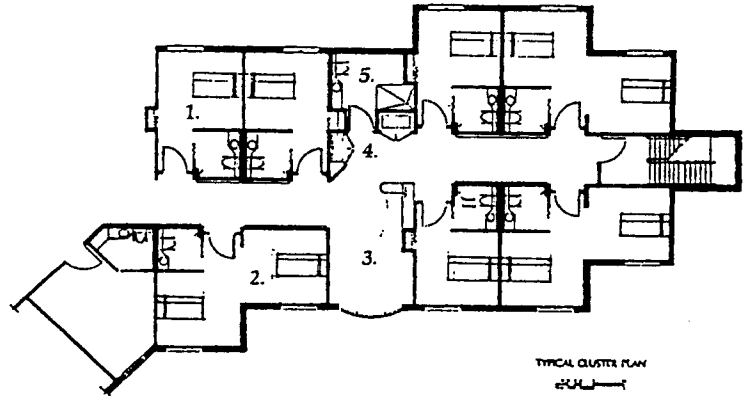
Figure 3.3 Third Floor Plan



Legend

- | | |
|-------------------------------|---------------------------|
| 1. private resident room | 8. dining room |
| 2. semi-private resident room | 9. storage |
| 3. lounge | 10. dietary office |
| 4. bathing | 11. nurse station |
| 5. elevator lobby | 13. medication room |
| 6. soiled utility | 14. charting & conference |
| 7. warming kitchen | 15. equipment storage |

Figure 3.4 Cluster Detailed Floor Plan



Legend

- 1. single room
- 2. double room
- 3. cluster lounge & kitchen
- 4. linen
- 5. shower & toilet