CMHC Nursing Home and Hostels Design
Guidelines Study

Working paper no.10

OUTLINE WORKING PAPER NO. 10

CROSS-CANADA SURVEY

CMHC NURSING HOMES AND HOSTELS DESIGN GUIDELINES STUDY

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CROSS CANADA SURVEY

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In addition to the Legislative Review, covering Provincial Nursing Home Acts across Canada, the regional issues and differences require more critical identification. It is therefore proposed that a series of visits be made across Canada to seek specific regional information.

Methodology:

As part of the Cross-Canada survey five geographic locations are to be visited, each of which is considered to represent a region of the country distinct from the others.

The tour will cover:

      The Maritimes - using Halifax as a base.

      Quebec   - using Montreal as a base.

      Ontario   - using Toronto as a base.

      The Prairies - using Winnipeg as a base

      Rockies/West - using Vancouver as a base.

The intent is to bring other regional directors and resource persons to these locations in order to reduce the consultant's travel expenses and time. A summary of costs and consultant's time is attached, together with outlines on the kind of information to be derived from the trips.

PROPOSED TRIPS: COSTS AND TIME FRAMEWORK

	Fare	Expenses	Time
1. Halifax	$192 x 2	$255.00	$1,157.52
2. Montreal	$116 x 2	$255.00	$1,157.52
3. Toronto	-	$100.00 (cash allowance)	-
4. Winnipeg	$214 x 2	$255.00	$1,157.52
5. Vancouver	$390 x 2	$255.00	$1,157.52
	$1,824.00	$1,120.00	$4,630.08

TOTAL: $7,574.08

(It is assumed that two people will be involved in the trips and three days
will be spent on each trip). Expenses include hotel accommodation and meals
for two persons in all cases. Time allowed is for two persons, extended in-
to actual ledger costs.

Rationale for Trips

To derive information regarding nursing homes and hostels in various geo-
graphic regions of Canada which cannot be derived from correspondance or
telephone calls. To visit facilities and to record through interviews
visual observation (and photographs where possible) regional variations in
standards for facilities, methods of management, philosophy and standards
of care.

In order to obtain the above information these five major centres have been
selected for working bases. It is assumed that regional directors and
significant others from other provinces as well as the region selected will
attend seminar-type sessions to provide perspective on regional issues and
to discuss working paper conclusions derived to date. It is also anticipated

that informal interviews will be held with administrators of a minimum
of two facilities in each geographic area, and such other persons as are
appropriate, e.g. Director of Social Service Delivery, Health Care and
Housing in the Provinces.

From the above trips a final summary report regarding regional variations
and issues will be drawn up and compared with base information identified
in the literature research and legislative reviews, etc. From the sum of
these sources a final identification of design criteria will be made follow-
ing the preparation, discussion and approval of the "Policy Statement".

The ultimate purpose will be to develop a comprehensive set of design
guidelines and criteria for Central Mortgage and Housing Corporation (CMHC)
which will deal with living spaces for the elderly in these facilities.
Particular attention will be given to the physiological, psychological and
sociological implications of design and user satisfaction.

A major objective of this study will be to both inform the public, and "change
the image of homes for the elderly, from that of a second class hospital
to a residential facility with optional medical attention". (Baldwin, 1977)
and to provide what Powell Lawton describes as a "prosthetic environment" -
i.e. a space wherein the physical environment is supportive of the residents'
needs, yet one which does not threaten independence.

For CMHC specifically, the objective will be to develop a clear policy on
the levels of facilities and "shelter" which it can financially support
through capital funding, and be secure in the knowledge that standards
across the country are appropriate and meet the essential requirements of
policy.

Methodology:

BASIS FOR QUESTIONNAIRE TO BE USED ON CROSS-CANADA TRIP
PHASE II & PHASE III

A format, similar to the one listed below, is expected to be used in
each of the cities.

- half day seminar with CMHC Regional personnel
  (i.e. pull them in from all the regional offices
  for the meeting)

- half day with CMHC Director of Region

- one day visit to facilities in community (approx. 2 per city)

- half day / one day, other visits, e.g. Ministry of Health, Ministry
  of Social Services, Ministry of Housing.

2. OVERVIEW THROUGH DISCUSSION

Superintendent or Administrator of Each Institution to be Visited

a) Philosophy

- ascertain present philosophy of facility.

- sense out whether or not the institutional philosophy as presented by the Administrator is in keeping with the image presented by the building itself (e.g.: interior social amenities and ambience), the staff (from passing in halls or scheduled discussions, as well as from their observable behaviour) - photographs will be used to supplement normal observation.

- ascertain where the operational philosophy was derived from, who can change it, why it is changed and who now has authority. Would the current administration like to see changes made, if so, how and why?

- ask administrator to identify those changes he/she would like to see; (these could range the entire gambit from size of bathroom to redesign of whole building).

- ascertain the satisfaction level of the administrator - is he/she 'satisfied' with the functioning of the facility (functioning in terms of programming, staffing and overall design).

- to obtain a satisfaction level 'reading', it may be necessary to engage the Administrator in extended conversation, eg: talk about those features which quickly catch the eye/notice on entering, or discuss features which are known to be exclusive to the institution.

- Try to obtain a sense of what the Administrator really feels and how this is reflected within his/her establishment - reflect on changes across Canada, so that specific questions can be posed.

- Does the institution have any religious affiliation - if so, does this have an affect on the programming, staffing, and resident population of the establishment?

- Are the residents in a position which allows them to control their own lives or are they involved in constant 'struggle against the environment' eg: loss of privacy, territory, and autonomy?

- Are the residents free to choose when they will eat meals (other than at set times), and when and what activities they will participate in?

- Are the residents at liberty to rearrange furniture, pictures, etc.; is this a well known and publicized practise within the institution?

- What specific activities or functions fall under the general heading of 'autonomy of residents'?

- How are the differing expectations of the residents - both new and old residents - dealt with; do these measures appear to be satisfactory, if so, how and why?

- Discuss with the Administrator his/her perception of the need for privacy - for staff and for residents; how is privacy provided for within the institution - if not provided, what are the reasons?

- Ascertain whether there are any major constraints working against the institution, eg: funding, lack of staff, physical isolation, lack of facilities, differences in administrative thinking, etc. - How these constraints have come about and when (eg. change the administration), try to ascertain how much power the administration feels it has to overcome poor situations or the development of improvements.

b) <u>Programming</u>

- Obtain a detailed account of the programming offered at the institution and for whom each is offered (that is, type of resident able to participate).

- Identify staff patterns, who supervises/instructs activities and, if possible, some data on required background and training.

- Question whether there are any particular implications respecting the sex ratio in most establishments for the elderly; does this status affect the programming provided (eg: predominance of females)?

- Ask whether the staff has been advised of the relationship between the environment in which they work, the programming established and the behaviour of residents.

- Determine the role(s) played by volunteers visiting the institution. What sort of activities do they promote, assist with or wish to incorporate into future programming?

- How often do outsiders come to the institution?

- What sort of groups or individuals are involved?

- Do the residents have a voice in volunteer selection?

- Have they ever voiced their opinions about volunteer participation?

- Are the residents used as catalysts within the institution?(some must be very talented and/or creative)

- Are the residents provided with opportunities to go out and sustain activities outside the facility.

- Are there any special programs such as 'adopt-a-grandchild' or 'adopt-a-grandmother'?

● Are residents ever asked to be volunteers at other institutions or in the community? Has this sort of activity ever been suggested? If so, what were the reasons for acceptance or rejection?

● In terms of visiting, questions should be asked about:-

1) internal visiting - that is the freedom and ease with which residents can visit with one another - either on the same floor or in other parts of the building.

2) external visiting - the rules and regulations governing family and friends visits - how often, screening procedures (if any), number of visitors, times, etc.

● For both types of visiting, determine:-

1) Who may visit controlled areas.

2) Where visitors may be taken, within the building, that are usually open to residents but perhaps not to visitors.

3) The sort of facilities available for residents to entertain guests.

c) <u>Data</u>

● Obtain where possible information on the resident population (eg. minimum age accepted). If below 65 years of age, are these residents considered 'senior citizens' or treated separately?

● Ascertain average mobility of residents.

● Obtain current institutional data regarding the residents by:-

- age distribution
- sex distribution
- health categories
- levels of care

- It is valuable to ascertain whether institutions can provide statistics for the past five years as well as any forecasting they have done on future trends, etc.

- How is the institution funded?

- Does the financial position and backing of the facility have an effect on the operational philosophy? If so, to what degree is this effect significant?

- A brief history of the institution would be useful as would any recent financial reports.

- Identify if possible average salary scale for employees.

- Identify if possible the per diem costs of the institution - are services such as laundry and supplies included, or are they carried out under contract with others?

- Are any other services contracted out (eg: food service)?

d) Regional Issues

- Determine the geographic area serviced by the particular facility.

- To obtain demographic information it may be necessary to contact several government offices either at the municipal, provincial or federal level.

- To discover the numbers of native persons in various locales across Canada, it may be useful to contact, in each of the five areas selected for the study, the local branch of the Canadian Association in Support of the Native Peoples.

- What other services in the community exist for the elderly? Are there any costs involved, or are they volunteer services?

- Financial support for services should be identified where possible, eg. provincial, federal and municipal or other.

- Is public transportation available and convenient?

- How are those unable to use public facilities transported? How often does this occur? What are trip functions?

- Do residents rely on the availablity of volunteers to drive them, or can they request transportation?

- Is the institution noted for any particular reason(s) throughout the region, province, or Canada?

- Do the residents produce any marketable items? If so, what? Has this always been a practise of the institution, and how long has it been in existence?

- Does the administration have any problem dealing with the cultural mix of its residents? Is there, in fact, such a mix? What impact if any does it have on programming, socialization, variances in diet, care needs.

e) Location

- Determine where possible the zoning by-laws for the area.

- Why was particular locale chosen for its present purpose, eg. size, site amenities, site adjacencies, transportation?

- Does the choice of site appear to have affected programming, or services provided to the residents (eg. shopping, visiting, etc.)?

- What is the Administrator's opinion of the location and site?

f) Dietary Needs

- Are there any problems associated with meeting these needs?

- Is the kitchen able to accommodate varied menus and diets?

- Are residents provided with an opportunity to prepare food - either for themselves or others? (Either a snack or an entire meal)

g) Space

- Discuss with the Administrator the types of spaces available and the uses to which each are put. Do these spaces vary vis-a-vis care levels within the institution?

- What are the Administrator's views on planning, eg. room use and size - disposition, etc.?

- Enquire about multipurpose spaces.

- Ascertain where possible net/gross areas. (eg. residents' rooms versus balance of facility)

- Determine whether the Administrator and his/her staff are satisfied with the space utilization. Would they like to see changes made? If so, what would these changes be?

h) Care

- What are the care levels being offered in the facility? Identify specifically.

- Determine whether the Administrator, or any of his/her senior assistants, has any suggestions for providing alternatives to the care now being offered by his/her facility.

- General points to be asked should include following:-
    - Is there a resident physician? If not, is there a regular timetable for his/her visits? How many doctors service the establishment? Does this appear to be a satisfactory arrangement? Can the residents continue to use the services of their own personal physician whilst in the institution?

- If facilities for health care - i.e. X-ray equipment - are not present within the building, what sort of arrangements are available for its use? Does this arrangement apply for all medical and rehabilitative programs as well.

- Does there exist a supportive relationship between the nearby hospitals and the institution? Is there transportation available for transfer to other facilities?

● Does the institution provide the following?

- orientation of resident
- occupational therapy
- physiotherapy and treatment
- whirlpool baths
- necessary dietary requirements
- mobility aids
- personal care services
- nursing care services
- medication
- regular health screening
- dental services, podiatry etc..
- recreational activities
- transportation services
- vacation opportunities
- sick bay/infirmary care
- library
- beauty/barber care
- religious services
- counselling (psychology services, etc).

2. PERSONAL OBSERVATION

Institutions

- Basically 3 levels of care may be provided and require identification -

   - supervisory care
   - personal care
   - nursing care

   Additionally, any other levels of care given should be noted.

- Examine routes of patient traffic, primary routes include: - patient/resident room, lounge, corridors, dining rooms, and bathrooms; secondary routes include: - entrances and lobbies, activity areas, occupational therapy area, physiotherapy area, beauty shops and barber shops, chapels and worship areas, and the outside areas and community.

- Do these routes, in fact, compare with those observed in the various institutions?

- Questions regarding the following areas, should be posed.

   1) Dietary needs - Does this pose a problem for staff - either nursing or kitchen staff?
   - Is the kitchen able to accommodate varied menus and diets?
   - Are residents provided with an opportunity to prepare food - either for themselves or others? Can this be a snack or an entire meal?

   2) Workshops - Are there workshop facilities? If so, what kind?
   - Are these facilities merely glorified craft rooms?

   3) Volunteer Programs
   a) - How often do outsiders come to the institution?
   - What sort of groups or individuals are these?

   b) - Are the residents used to initiate or sustain programmes?

   c) - Are the residents provided with opportunities to go out and do outside activities?

4) Transportation
- Is public transportation readily available and convenient?
- How are those unable to use public facilities moved, or are they? How often does this occur?
- Must residents rely on the availability of volunteers to drive them or can they request (from a service) to be picked up at a certain time?

5) Visiting Regulations
- Who determines when a visitor can come? Are there exceptions to the rules? If so, when and why?
- Do the residents have a say in determining visiting hours/regulations?
- Are there facilities available for residents to entertain guests in privacy?

6) Economy within the Institution
- Are residents allowed to keep money in their rooms or is it kept in the office?
- Are there any opportunities for residents to earn money?
- Is there a shop on the premises where residents can buy goods which they need?
- If residents need an object not obtainable within the facility, what provisions are available for securing item?

7) Design Details
- Photographs will be used to record specific design details, atmosphere of facility, etc.
- Questions should be asked about any specific detail.
- Use validity checks - that is, ask about the same features several times.
- Note the time of visit to each room (if possible), and if the rooms are in use at the time of visit.
- The following are some of the features which will be noted.
- Corridors: width, length, height, shape (straight vs. curved), color, wall texture, lighting, floor surface, resting spaces, seating arrangements (if any), handrails, observability by staff.
- Use of colour or other orientation devices.

7)	Design Details Cont'd.	- Ramps: number (too many/too few), locations, texture, gradient, grab bars, tead.

- Stair-ways : placement in buildings, brightness, coloring usefulness, floor surface, tread texture, wall finish, gradient.

- Elevators: placement in building, used by whom, how often, and why, size (room to turn wheelchair around in?), lighting, height of buttons.

- Doors/ Doorways: width (to comfortably accommodate a wheelchair or someone who is unsteady on feet), hardware on doors (functional vs. decorative), height of hardware.

- Signage: Appropriately designed and located?

- Windows: location in building/room, height of sill, type of window used, do windows open, if so are screens provided (for safety)?, if screen and windows don't open, does the HVAC seem adequate, or is its performance less than satisfactory, provision of awnings, shutters, drapes?

- Activity Spaces/ Hobby Rooms: placement of furniture and windows, floor surface, wall texture, lighting, doorways, location in building, relationship to adjoining rooms, height of furniture, properly signed, equipment provided, hours of operation.

- Residents' Bedrooms: Type/size, location of furniture, floor and wall finishes, lighting, use of space by residents, i.e. degree of personalization of areas, amount of space provided for the display of personal objects, also degree of personalizatic of areas if room is shared with another (how is this evidenced?), are there any verandas or balconies?

- Bathrooms: placement in building, features such as grab rails, height of toilet and sink, type of hardware used, color, size, floor and wall finishes, mirrors, accessories.

7) Design Details Cont'd.

- Observation/Nursing Stations: location on floor, relationship to adjoining rooms, esp. medical treatment facilities, openness, size, shape, brightness, additional uses, presence of kitchenette.

- Staff Space: location of, private vs. public (areas where residents are permitted to enter), washrooms (number and location).

- Institutional Production Facilities: i.e. kitchen, laundry, shops, storage spaces, photograph where possible.

- Dining Services: location in building, hours of operation, choice of foods, furnishings, furniture arrangement, floor surface, lighting. Separate areas for staff?

- Entrance to Institution: General impression; how many residents in the adjacent spaces, feeling of territorial invasion/control, seating arrangements, viewing for residents, temperature control, lighting - designed for what sort of functions?

- Exits: location of, sign indication, type - daily vs. emergency, convenience to living/work areas.

- Signs: size of lettering, placement on walls and doors, color, too many vs. too few.

- Sound Control: any facilities provided to diffuse noise, i.e. screens, noise barriers, extra carpet.

- Telephones: location, abundance, height, degree of privacy provided when in use, pay or free

- Lighting: Lighting levels in spaces serving various functions, eg: dining, sitting areas, bedrooms, work spaces, bathing facilities, etc.

7) Design Details
   Cont'd.

- Light Switches: height on walls, type (button model, flip type or dial), availability for control by residents (why is or is not this the case?)

- Communication
  Devices: presence of bulletin boards, number, height on wall, room locations, intercom system, type of intercom system.

- Fire Alarms: type, number, location and height on walls, fire evacuation regulations - where posted.

- Gardens, Terraces,
  Exterior Recreational
  Spaces: used when, how often, proximity to entrances/exits, size lighting.

3. RESOURCE PERSONS

The following regional managers of CMHC are being contacted in connection with the Cross-Canada Survey and proposed seminars.

Trip 1 - Maritimes: To be held in Halifax, Nova Scotia.

- Newfoundland - Mr. Joe P. Ryan - Regional Director (St. John's).
- P.E.I. - Mr. Mel Sherwood - Regional Director (Charlottetown)
- Nova Scotia - Mr. J. E. Thompson - Regional Director (Halifax)
- New Brunswick- Mr. G. N. Sneyd - Regional Director (Fredericton)

Trip 2 - Quebec: To be held in Montreal, Quebec.

- M. Pierre Brien - Regional Director (Montreal)

Trip 3 - Ontario: To be held in Toronto.

- Mr. K. D. Tapping - Regional Director (Toronto)

Trip 4 - Prairies: To be held in Winnipeg

- Manitoba - Mr. T. H. Extence - Regional Director (Winnipeg)
- Saskatchewan - Mr. R. D. Parkinson - Regional Director (Regina)

Trip 5 - Western Provinces: To be held in Vancouver

- Alberta - Mr. F. E. Hodgson - Regional Director (Edmonton)
- B.C. - Mr. K. B. Ganoug - Regional Director (Vancouver)

In addition to Regional Directors of CMHC it is also intended to contact:

a) Social Development Officers

b) Program Managers of Social Housing

c) Program - Co-ordination of Social Housing

d) ~~Regional~~ DRAFT Architects

e) Regional Co-ordinators

and such other resource persons from each community known to have a significant interest in the development of policies and/or solutions for housing the elderly. These will probably include representatives from the provincial government's Departments of Health, Social Services and Housing.

To date, the key persons to be involved in trips 1 and 2 have been contacted, but no specific date has been set for the trip due to the Christmas break. It is likely that all trips will therefore be held in January and February. A total of 18 days will be spent on the individual trips and a summary report of findings will be produced at the end of that time.