

THE ARCHITECT'S ANGLE

John W. Baumgarten Architect, P.C.

July 18, 2007

Vol. 16



John Baumgarten
R.A., AIA, NCARB, LEED

Do You Know That...?

- A new Building Code will become effective in New York City on January 1, 2008. This code is based on many of the national codes that Health Care Architects have been using in their day to day work. Of course, there will be specific modifications tailored for New York City. During 2008, professionals have the option of using either the current code or the new model code.

Contact us:

Principal

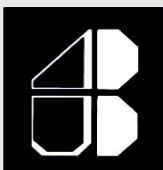
John W. Baumgarten, R.A.
john@jwbarch.com

Associate

Anthony Hatzioannou, R.A.
anthony@jwbarch.com

John W. Baumgarten
Architect, P.C.
366 North Broadway
Suite 207
Jericho, NY 11753

T – (516) 939-2333
F – (516) 939-0033
jwbarch.com



Skilled Nursing Fine Dining Programs...Dining Out, While Eating In

We all love to eat. The experience of preparing and/or choosing a meal can be one of the true joys of life. Conversely, when choice & interaction are removed from the dining experience it can become a chore instead of a pleasure. This is quite often the case for residents of long term care facilities.

The “traditional” food service model in nursing homes offers little variety of dishes which are usually served on cafeteria style trays with plastic tableware. Dining rooms, which are usually multi-functional spaces, have little or no ambiance. Tables are set up for dining well in advance of meal time, making dining areas inaccessible for other activities for long periods of the day.

In this “old” model, residents are usually seated for meals in their wheelchairs which only makes meal time feel even more institutional. There is also usually little correlation between programs/activities and food service in the traditional model.

Over the last decade the “Resident Centered” Care model has been recognized as producing increasingly better outcomes for long term care residents. The implementation of the model involves a certain amount of culture change as it is supported by different staffing models and requires significant infrastructure/architectural improvements.

A key component of resident centered care is the creation of a homelike environment. A comfortable, familiar dining experience is essential in making a resident feel at home. The change starts in the kitchen where the traditional tray line is removed and the resulting space is used to stage hot and cold food carts which will deliver food in bulk to each nursing floor.

On the typical resident floors, new food pantries are configured adjacent to or within dining areas. These pantries are usually equipped with hot and cold food tables, refrigerators, freezers, dishwashers, microwaves, toasters and storage space for dry goods and dining accessories. A separate beverage island is often located within the dining room for use by residents at meal times and throughout the day.

Depending on storage capacity, tables can be set up with table cloths, china and silverware. Flowers on the table and residential window treatments also add a homelike touch. The bulk food from the delivery carts is placed in open well hot & cold tables where it is plated by staff and served to residents restaurant style. The use of “steam tables” also ensures that food is always served hot and fresh. Depending on the space available for equipment, several menu options can be made available to promote resident choice. The open design of the pantry and the presence of hot/fresh food allow for aromas to stimulate appetites.

To further reinforce a homelike environment, dining rooms are renovated with residential style lighting, furnishings and finishes. Park and dine programs are used where residents are shifted from their wheelchairs into conventional seating. Pantries are designed with residential style counters & cabinets in lieu of the traditional & cold stainless steel look. Pantries are often configured as program kitchens where residents can undertake cooking and baking “classes” as part of an activities program.

Although the costs associated with pantry plumbing & electrical infrastructure work are not insignificant and the phasing/logistics of undertaking renovations to occupied resident areas are often difficult, the resulting improvement in resident quality of life can be priceless.

John W. Baumgarten Architect, P.C.: Recent Resident Centered Care Models:

