



Designing a window to the world

The leaders of Byron Health Center in Fort Wayne, IN, already knew they had a special situation — residents mostly with mental or emotional problems and a nearly century-old building too big and out-of-date. So planning to address client and physical plant needs was a no-brainer. But Byron leaders also made a conscious decision to erect their building with staff members’ needs and opinions in mind. Byron Wellness Systems President and CEO Debra Lambert recently talked strategic moves with *McKnight’s* Editor James M. Berklan.

Q: What’s the thought process behind the project?

A: It’s going to be an intentionally designed building that will support the programing we’ve put in place for our supportive culture. We don’t look at the limitations of the residents but rather what they can do.

This entire thing is being built so residents can be independently successful, even if they use a walker or a wheelchair. The goal is to create a community where you would never hear [from staff], “Give me a minute. I’m helping X, Y or Z.”

Q: Who do you serve?

A: The average age of our residents is 67. In most long-term care communities it’s 85. The average

length of stay for most nursing homes is 2.5 years. Ours is over eight years. So for us to ‘bubble-wrap’ people in their mid-60s is not realistic.

Our profile is to take care of people who have a lot of comorbidities, with one factor being mental illness. We’re talking bipolar disorders, schizophrenia, anxiety disorders and various mental health issues.

We are licensed as a long-term care facility, though, not a mental health institution. We’re part of a continuum of solutions for folks with mental health issues who could use some supplemental care. We’re kind of a community of last resort for many folks.



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Q: What about capacity?

A: We will have space to provide care for 50 folks in our assisted living community. In long-term care, we will have space for 120. For many, this will be the first time in their adult life they will have their own room.

There will be five neighborhoods of 24 people, and each will have two shared rooms. We probably have fewer than 10 private rooms right now. Our current structure used to house 500 people so it's a monstrosity.

Q: What's a big physical change you look forward to?

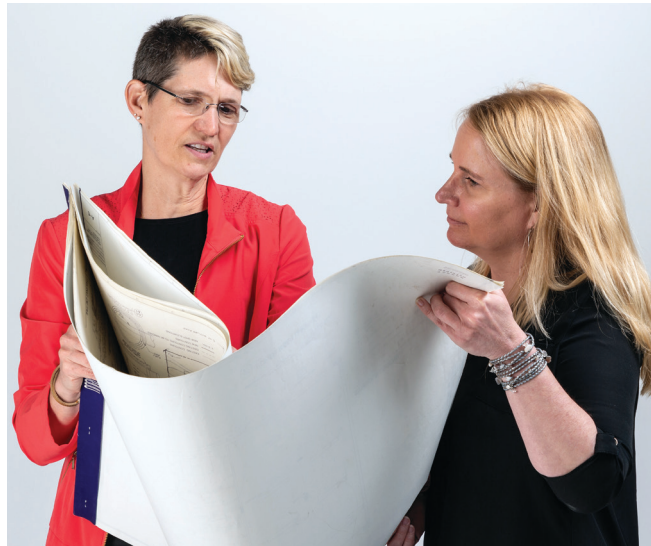
A: The biggest advantage is it will be 122,000 square feet, but it's intentionally designed to feel like you're in a large home. When you walk in our building now, it feels like a hospital.

The six neighborhoods have been designed to connect at the core of our new community, which will have a wellness center, cafe and family room.

But if you're not feeling social on a day, you can stay in your neighborhood which has a living room, den, sensory room, outside space and your own room. The center part of the neighborhood is a kitchen, not a nurses station. Most families gather in the kitchen, so we intentionally made the kitchens centers of neighborhoods.

Q: How can you afford this?

A: We have a state program through Medicaid where inter-governmental transfers take place. I take a check to various agency representatives in Indianapolis [the state capital] and the federal government provides additional funding based upon a formula the various agencies' representatives have predetermined. It's a supplemental payment program. It is designed to make up the cost



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between what Medicare would pay for services versus Medicaid's reimbursement rate. It helps those of us who are 98% Medicaid keep our doors open to continue servicing our vulnerable population.

It's taken us 20 years to save up money to help finance this new building. We also applied for, and received, \$12.5 million in tax credits. After seven years, we refinance \$8.5 million of debt but \$4 million is forgiven. Overall, this is a \$32 million project.

Q: What do you most like?

A: We wanted a building that is something that our residents never experienced, not like an institution. It must be home, and a space that allows us to let them go outside.

We'll have huge windows that look onto a courtyard space. We probably spent as much time designing the courtyard as the inside space. From the kitchenette, there will be handicapped accessible automatic doors that

will allow anyone to push a button and go outside.

Quite honestly, if we have a good night and it's 70 degrees out and they want to sleep outside, we will have chaise lounges for them.

Q: What feature are you especially proud of?

A: We involved staff very much in the planning of this. We went to the floors and said, “You do the day-to-day care. Will this kind of nurses station work? Is this spa room set up carefully enough, or should we move it?”

Our chef designed the kitchen. He was 100 percent involved. We took two dietary people once to spend time at another facility designed by our architect to see how meal service flowed. We also did it with laundry staff and said watch their flow and figure out how to do it more efficiently.

The staff really had a major voice in a lot of what we did. If an architect said it should be

this way, I could say, no, my team thinks it should be this way.

Q: Any other staff touches?

A: We also designed FOR staff. We have a lot of sensory rooms, for instance. We knew we had to create spaces for staff to be able to gather thoughts, and decompress from some of the things going on in the neighborhoods.

We will have a massage chair, aroma therapy, different kinds of music therapy. Soft sounds, nature sounds.

We have weighted blankets. We have team members with anxiety disorders — everybody does on their staff, whether they know it or not. We have team members who are bipolar, suffer from depression and anxiety. So we tried to create good spaces for them as well.

Q: They'd call you a 'player's coach' if you were in sports.

A: My job as CEO is to provide our team with the tools to meet the expectations for the care we give our residents. But it's also to take care of our 150 staff.

We've taken it to another step and provided tools to help them be successful personally. The break rooms have couches and chairs with built-in footstools. We have outside spaces for staff only. We really spent almost as much time designing the employee areas as the resident areas.

That's part of our culture here. I don't have to have all the answers. I'm just a facilitator, so we really work hard to empower our staff so when they see a system not working for the benefit of residents or staff, they speak up.

You don't always have to have a lot of money to have an intentional culture. We've proven that in the building we're in today. All it takes is interest on your part and trust in your team. Everybody can do it. ■