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## Healthcare Design In Flux

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### Long-Term Care Facilities Reflect Families, Patient Experience, and Memory Issues

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Patient experience can and should vary significantly across care populations and different segments of the healthcare market. In acute care, for example, patients should recover quickly and exit the facility. In resident facilities, such as assisted-living and skilled nursing, the goal is high-quality care over an extended stay. Patients have varying care requirements, but they also need a sense of community, autonomy, comfort, and empowerment.

Designing for seniors has changed significantly over the past three decades. In the past, the long-term care paradigm—the nursing home—was predominant. In recent years, increased private-pay and competing models of care have led to innovative design approaches aimed at the sensibilities of not only residents but also their family members, who are increasingly involved in the proactive care of aging loved ones.



The recently opened Stonebridge at Burlington in Burlington, MA, designed by The Architectural Team, Chelsea, MA, combines independent living and assisted living with a separate memory care wing. It incorporates a much younger feel, in part to appeal to the families of residents.

The recently opened Stonebridge at Burlington in Burlington, MA—which combines independent and assisted living with a separate memory care wing—incorporates a much younger feel, in part to appeal to the families. Like many senior projects designed by The Architectural Team, Chelsea, MA, the end-result is edgier and more contemporary than most designs. In addition, Stonebridge is among a new wave of senior-care developments located close to the homes of residents' families.

These building strategies are what differentiate senior-facility operators in an increasingly competitive market. The elegant, amenity-rich environments for Stonebridge, for example, use wood and stone finishes for their biophilic effects, creating a relaxing, healthful atmosphere. The design also encourages visits and assures family members that their relatives are having a high-quality experience while they are away.

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Another big influence on facility design is improved medical understanding of specific senior needs, such as the challenges of dementia and memory impairment. Growing awareness of the stresses that exacerbate dementia has led to the development of memory support models of care delivery. Architectural and interior design choices can provide optimal environments for residents in memory-support wings.



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Many of these design choices are focused on programming. Memory care units are often set up as pods serving 15 to 18 residents; a pod may be donut-shaped, providing secure enclosure with calming views of the outdoors. The main spaces open to each other creating simple circulation patterns—mazelike corridors are avoided.

Also avoided are double-loaded corridors, so that more windows are used. This allows patients a visual connection to features such as hedgerows or gardens. The design should take care not to present views of possible destinations—such as gates, fences, or parking lots—which might encourage dementia patients into elopement, the caregiver's term for fleeing. For the same reason, exit doors are concealed from easy view.

Other design features include the coordination of window shading systems with lighting systems to reduce the incidence of sundowning, a symptom set triggered by fading light and a growing preponderance of shadow. The interacting systems reduce the likelihood of the agitation, confusion, and wandering associated with sundowning.

While there are few surveys of memory-care patient populations to directly quantify patient experience, many senior-care providers say that these specific design improvements enhance care delivery and patient outcomes. The specialized solutions to marketplace demands provide discrete support and enable long-term care residents to live well, remain active, and better retain cognitive and motor function.