Dear Dr. Jeff:

A new nursing home that will have all private rooms is opening across town from our facility. Our administration is panicked and wants to respond. Do you have any suggestions?

Dr. Jeff responds: Clearly, your administration is worried that a private room design will afford this competitor a significant competitive advantage. No one who buys a house expects to share the main bedroom with a stranger. When moving to a new nursing home, why should the expectation be any different?

Having a room of one’s own, as writer Virginia Woolf pointed out, is a form of control over one’s life that declares personal independence and adulthood. Issues—such as noise levels, ambient temperature and light levels, or bedtimes—don’t require negotiation with someone else whose preferences may be quite different from yours.

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Privacy: A Strong Selling Point?

The majority of long-stay nursing home residents exhibit significant cognitive impairment. Many of these residents are unable to recognize that they need assistance or need to comprehend the mechanisms to call for help. The physical plan for a nursing unit with private rooms virtually guarantees that there will be:

► Less direct observation of the resident.
► Fewer opportunities to make nursing rounds to inquire about or observe each resident.
► No roommate to alert the staff that, for example, a nonambulatory resident is trying to climb out of bed.
► A longer distance between the nursing station and the average resident in need.

If patients with significant dementia have been admitted to a facility because they need assistance and supervision, it makes no sense to design an environment that isolates them from these services.

Quality of Care Difficult to Assess

This is the key survey question. Happy families tend to ask everyone they know, particularly anyone in the health care profession, about their potential choices. Even professionals in the field have difficulty determining whether one facility is better than another. The results from state surveys displayed near the nursing home’s entrance are an inadequate measure. Indeed, I’ve never seen a touring family even look at them. The Medicare website’s Nursing Home Compare data and star ratings lack even face validity and often are based on information that is seriously out of date.

From the viewpoint of a resident, the quality statistics for the facility overall hardly matter because this person really lives on one particular unit. If that unit has warm and caring CNAs and a nursing care coordinator who knows the residents and can make the unit work, then that resident is in a good nursing home regardless of other units that might be dysfunctional. And if there is a physician or nurse practitioner who visits regularly and is knowledgeable about caring for the frail elderly, then it’s a terrific nursing home for that resident.

Word of mouth is the most powerful marketing tool. Nursing home placement is sufficiently common in that most people know friends and neighbors who have gone through the process. Families tend to ask everyone they know, particularly anyone in the health care profession, about their potential choices. Satisfaction surveys often ask, “Would you recommend this facility to others?” This is the key survey question. Happy residents and satisfied families are your best marketing strategy.

By Jeffrey Nichols, MD

Nursing homes are more like communities than private homes. Roommates are common in college dormitories, and soldiers share barracks or tents. Bathing and showers have to be scheduled to meet everyone’s needs. And, of course, the caregiving staff is shared.

From the inevitable financial perspective, the creation of private rooms with individual plumbing stacks is significantly more expensive to build. Such a facility is also more expensive to staff for some of the reasons noted earlier, and it forfeits many of the economies of scale that institutional care offers.

If your nursing home is worried about maintaining a competitive edge, I would suggest improving the appearance of the rehab gym with a fresh coat of paint, some shiny new equipment, and a few new computers. Give prospective post-acute patients (or really their families) a tour, and stress the notion that rehabilitation is the purpose of their admission and how they will spend most of their time at your facility.