

# TigerPlace: An Innovative ‘Aging in Place’ Community

Where older adults can stay through the end of life.

As part of its Raise the Voice campaign to showcase nurses who are key players in transforming health care, the American Academy of Nursing has identified nurses they call *edge runners*—“practical innovators who have led the way in bringing new thinking and new methods to a wide range of health care challenges.” With this article on Marilyn Rantz, a 2008 edge runner for the “Aging in Place Project,” *AJN* launches a series of profiles of these nursing innovators. Read and be proud of what nurses can accomplish.



TigerPlace founder Marilyn Rantz (left) with resident Carrie Wilkins and her poodle, Flash. Photo by Shoshana Herndon / MU Sinclair School of Nursing.

In 1996, at the annual meeting of the American Academy of Nursing (AAN), the AAN challenged schools of nursing to create projects that would change the paradigms about aging and the face of services for older adults. Marilyn Rantz, PhD, RN, FAAN, a professor of nursing in the University of Missouri (MU) Sinclair School of Nursing, and her colleagues were in attendance at the meeting and decided they had the necessary experience to meet the AAN’s challenge. Rantz herself had worked for 12 years as administrator and director of nursing at Lakeland Nursing Home of Walworth County in Elkhorn, Wisconsin, and many MU Sinclair faculty members had years of gerontologic nursing experience. The project they developed became the

innovative retirement community known as TigerPlace, named after MU’s mascot, a tiger—an independent living facility that older adults could move into and remain through the end of life.

## A CHALLENGE MET

Upon returning to the MU Sinclair campus, Rantz and her colleagues formed a large interdisciplinary team of students and faculty to discuss solutions to the AAN’s challenge. The team wanted to create an alternative to nursing homes—a new model of care delivery for older adults that would reflect what the adults themselves wanted. To find out, they ran a series of focus groups with seniors and their family members. During these meetings it became clear that the two groups had different objectives: the older adults were focused on maintaining their independence while their families were concerned about their safety. “It was hysterical,” says Rantz, remembering the lively focus-group discussions. “The sons and daughters would say, ‘We want you to be safe.’ But Mom would say, ‘I don’t care about safety, that’s your problem!’” It became clear that although the team needed to address concerns about safety, the priority was to provide older adults the independence they craved.

In her more than 30 years working with older adults, Rantz has often heard them say that one of their greatest fears is being forced to move from place to place as their health declines. “They stay in their homes until their kids pressure them to move because it isn’t safe anymore,” Rantz says. “So they move to senior housing. Then their health declines and the staff at senior housing says, ‘You need to live in assisted living.’ Then the folks at assisted living say, ‘You need more services than we can provide,’ so they move

them to a nursing home. This constant moving is difficult for older adults, it's stressful, and it can sometimes be the final straw." Rantz and her team decided to create a model of independent living where older adults could "age in place"—continue to receive health care while remaining in their preferred place of living.

The team toured several award-winning housing projects for seniors to get a sense of the design problems and possible solutions. They also looked at the results of the National Long-Term Care Channeling Demonstration, a research project begun in 1980 by the U.S. Department of Health and Human Services to test the value of delivering integrated home health care and community-based social services instead of standard nursing-home care. The team envisioned employing a home health care agency that would offer a full range of services, but which wouldn't be divided into three business components as home health care often is. Instead of having clients flip back and forth between private pay, Medicare, or Medicaid services, the team wanted to use RN care coordination to provide care to residents at lower cost. To accomplish this, Sinclair Home Care was established in the MU Sinclair School of Nursing with a \$2-million grant from the Centers for Medicare and Medicaid Services.

### A PLACE TO LIVE

TigerPlace opened in 2004 and consists of three different "neighborhoods," all of which are built near the MU campus. The first neighborhood consists of 32 "aging in place" apartments. The second neighborhood, of 23 apartments, was added in 2008, followed by a third section in 2011 consisting of five "skilled nursing" units of 17 residents each. Two of these units are for long-term care: one is a nursing home and the other is for patients suffering from dementia or Alzheimer's disease. The other three units are focused on rapid rehabilitation.

Operating in partnership with the long-term care company Americare, TigerPlace features single-story, apartment-style housing. The apartments are built without steps and with exits in both the front and back, which makes the residents feel safe. Residents can also rent garage space and are encouraged to drive if they are able. The apartments have complete kitchens, screened porches, and every bedroom has its own bathroom. Residents pay a monthly rent that includes housekeeping, meals, a basic health and wellness program, and a state-of-the-art, 24-hour response system.

Animals are a big part of life at TigerPlace. There is a veterinary clinic at the facility and MU School of Veterinary Medicine students offer on-site pet care, making sure the dogs get walked and the kitty litter is changed. The facility offers exercise classes such as t'ai chi, strength training, and workouts in the pool.

The dining rooms provide restaurant-style meals, and there are two popular sports bars.

When older adults move in to TigerPlace, they agree to get the care they need, but they don't have to buy it from the facility. They can use family members or an outside agency, although for safety reasons outside help must come from a licensed agency. "Although we wrap the services around the patients as they need them," says Rantz, "we also push for rehab and independence. When I worked in nursing homes, I would have people say to me, 'Now wait a minute; I'm not going to do that, that's what I pay you for!' Soon you see them moving around in scooters and wheelchairs, and before you know it, they can't walk and they need two people to get them to the toilet. At TigerPlace, as patients improve, we back those services off. We get people to go out and walk and start doing things on their own again."

### A PLACE FOR RESEARCH

Residents are also invited to participate in university research projects at TigerPlace. Recently Rantz challenged students from the MU engineering program to create environmentally embedded sensors to use for monitoring residents—sensors they wouldn't have to wear and wouldn't have to think about. Now bed sensors that measure pulse, respiration, and restlessness at night are in the apartments of willing residents. There are also motion sensors over the toilet, shower, and doorways. The monitoring system not only captures but also recognizes patterns in the data and can generate an e-mail alert to the RN care coordinator if a change that could affect the residents' health is detected. The team at Tiger Place is also using the Xbox Kinect to anticipate falls by monitoring the gait of residents. "We have to come up with solutions that will work, that the consumer will accept, that respects their privacy, and that they don't have to wear," says Rantz. "That's been our focus, and we've come up with some really cool solutions. We can detect changes in their health 10 days to two weeks before an event happens, before people even complain about it, and even before the nurses sense that something is wrong."

### THE FUTURE OF TIGERPLACE

Rantz feels that TigerPlace is in its final stage and is working well. Her team is now focused on encouraging others to duplicate their success, and they have had plenty of visitors to the TigerPlace facilities. Rantz says that her next challenge is the commercialization of the bed sensors, so they can be available in other facilities. "We need to keep ramping up our studies," she says, "and getting these services out to people in the community."—*Michael Fergenson, senior editorial coordinator* ▼