

A Tree with Sturdy Roots:

Lyngblomsten provides cutting edge care to older adults on and off campus

By Sam Patet

Throughout its 110-year history, Lyngblomsten has faced “many a wind” as it has sought to provide care to older adults. In the second half of the 20th century, two of the most pressing winds Lyngblomsten faced were:

- How would it provide care to older adults in a way that respected their dignity and ability to make choices while fulfilling federal and state regulations for long-term care?
- Should it provide care to older adults not living in the nursing home, but in their homes in the community? If so, what would this assistance look like?

As it had in the past, Lyngblomsten rose to the occasion and implemented a number of solutions.

To start, it sought new and innovative ways to provide person-centered care to its residents that complied with federal and state regulations for nursing homes. These regulations—which expanded with the introduction of Medicare and Medicaid in the mid-1960s—were good for the industry overall. However, it set the course for nursing homes to be run similarly to the way hospitals were run.

Paul Mikelson faced this reality when he took the helm as the Administrator of Lyngblomsten Care Center in 1991, then later as President & CEO (1993–2013). “The nursing home model is based on the hospital model. When you go to the hospital, you have no say in what goes on; they are in charge. But luckily it’s only for a couple of days and then you go home. It’s not for the rest of your life,” Mikelson said. “To have a system for people living day-in, day-out which is structured that way—that’s ridiculous.”

Service House and neighborhood models cutting edge

How, then, would Lyngblomsten provide quality, personalized care to its residents as it faced new federal and state regulations? One way was by rethinking how care should be provided. Structural (and not simply cosmetic) changes to the Care Center’s interior helped bring this about.

After several years of study and planning, in October 1997, nine residents moved into newly designed units—called “service houses.” Drawing its inspiration from the way Sweden cared for its older adults, the service house model sought to bring as much normal life into a nursing home resident’s world as possible.

“No tree becomes rooted and sturdy unless many a wind assails it. For by its very tossing it tightens its grip and plants its roots more securely; the fragile trees are those that have grown in a sunny valley.” —Seneca the Younger, 1st century A.D. philosopher

“I think the Swedish philosophy was, ‘Just because you have some dependencies, you’re still a human being,’” Mikelson said. “You should be treated like a normal member of our society with the same amount of choice and decision-making that you had before.”

Each unit had its own bedroom, living space, kitchenette, and full bath, with a shared washer and dryer in a utility room nearby as well as a shared full kitchen and dining room. Residents had the opportunity (with the help of their families and licensed practical nurses) to shop for groceries, prepare their own meals, wash their own clothes, bathe themselves, and clean their own units. This was a radical departure from the way nursing homes operated, where residents got up and went to bed at set hours, staff prepared meals, and nurses and activity coordinators set the daily schedule. Still, Lyngblomsten forged ahead, getting over 70 waivers from the state health department to establish the service houses in a nursing home facility.

The service house model was quite successful and drew national attention for years. When the Lyngblomsten Care Center underwent extensive remodeling in 2002–2003 for conversion to the person-first neighborhood model of care through the whole facility, the service house concept was expanded to two more wings.

But the winds would blow, and change would come again. Eventually the service house model was discontinued in May 2010. That’s because the residents coming in were frailer than in the past. Thus, they were unable to perform many of the tasks the service house model required. In addition, family members were not able to help residents as much as needed, thus compounding the situation. While the service houses no longer exist, their legacy continues, Mikelson commented, in the neighborhood system that’s still in place today.

The 2003 conversion to a person-centered neighborhood model created 14 “neighborhoods.” This was another effort to be less hospital-like. These neighborhoods have between nine and 22 residents, a drastic reduction from the previous units that had between 36 and 53. Each of these

neighborhoods have different décor and their own kitchens, where breakfast is cooked to order for residents as they awake. Again, this was very different from the previous model, where all meals were prepared in the Care Center’s main kitchen and delivered to the units at a specific time. The neighborhood model also brought consistent staffing—meaning nursing staff no longer floated among multiple units—allowing them to get to know residents and their families on a personal level.

At the time Lyngblomsten created the neighborhoods, Mikelson commented, he only knew of two other care centers in the country—one in Wisconsin and another in the state of Washington—that were providing care in this manner.

Lyngblomsten reaches out into the community

Giving residents more choices in how they lived their lives within the facility wasn’t the only challenge Lyngblomsten faced. It also wanted to reach out to older adults living in the community.

“We knew—and it’s still probably the case—that if you’re looking at the 85-plus-year-old population, only about 20 percent of them live in facilities,” Mikelson said. “And so you think, ‘What about the other 80 percent that still live in their homes or somewhere else? Aren’t we called to provide some services to that 80 percent?’”

Indeed we are. Lyngblomsten’s roots of serving those in the community around our St. Paul campus began in 1979 with the opening of the Lyngblomsten Community Center. A number of other community-based services started and expanded between the 1980s and 2000s. These included Health Assessment/Community Wellness and Education, Parish Nurse Ministry, Care Team Ministry, and The Gathering.

Lyngblomsten supported these programs in part because they deepened the connections it had with its corporate congregations. But more importantly, Mikelson commented, Lyngblomsten did so because it aligned with its mission statement.

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Influenced by Christ, Lyngblomsten provides a ministry of compassionate care and innovative services to older adults in order to preserve and enhance their quality of life.

—Mission statement, 1990–present

“It doesn’t say anything about a building in that mission statement,” Mikelson said. “We were a community-sponsored nonprofit agency, and we are to serve the community. Well, that’s bigger than the 400 people who live on campus.”

Looking ahead, Lyngblomsten’s Community-Based Services are undergoing a major change that’s set to take effect this November 1. In an effort to support the growing number of older adults living in the community, Lyngblomsten is bringing together its individual programs and making them more accessible by offering them at multiple locations in the 5-5-1 zip code areas. The title of this new model is 2nd Half with Lyngblomsten and features life enrichment centers that take a continuum-style approach to supporting adults aging well in their communities. The centers are designed to connect older adults to community services, resources, and opportunities to enhance their quality of life as they go through many stages from ages 50–100+.

Lyngblomsten Foundation helps fund innovative projects

Lyngblomsten wouldn’t have been able to do any of the efforts highlighted in this article, however, if it hadn’t been for the foresight of Wallace Hauge, President and CEO of Lyngblomsten from 1984 to 1992. He helped establish the Lyngblomsten Foundation in 1985, a separate entity whose purpose is to raise funds to support Lyngblomsten’s mission—especially for projects and initiatives not covered by government dollars.

“Very little [government money] was ever for capital [improvements],” Hauge said. “Needless to say, the buildings would deteriorate over time. And so they had to be replaced or improved. ... So it [the Foundation] gave us the freedom that we didn’t have before.” Over the next 31 years, money raised by the Foundation would be used to

fund a variety of projects, including the expansion of Community-Based Services and the remodeling of the Care Center units into neighborhoods.

But perhaps the Foundation’s most important project was its first: raising the money for the building of the Newman-Benson Chapel at Lyngblomsten in 1987. Before then, residents had gathered in the basement of the Care Center for weekly services, Hauge commented. “The chapel was so important in my mind,” Hauge said. “I thought, ‘You know, when you get older, going to church—to a worship service—is important to you.’ And so we have to get the chapel up in the center of the courtyard somehow, connect it so that it can be used by all the entities, and that’s the way it worked out.”

The chapel cross is made from the wood of black walnut trees that were removed during construction of the Newman-Benson Chapel.



At the front of the chapel is a large cross made from the wood of black walnut trees that were cut down during the chapel’s construction. It’s possible that the first residents of Lyngblomsten saw these trees whenever they were outside. Even if they didn’t, one thing is certain: these trees were sturdy ones, trees with deep, secure roots as described by Seneca the Younger. It’s fitting that they now form the chapel cross, as Jesus Christ is the ultimate foundation for everything Lyngblomsten does (see 1 Cor 3:11) for everything Lyngblomsten has done for the past 110 years and for the next. **L**