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Senior Living Summit To Identify Best Practices In Long-Term Care: Industry Leaders to Develop Planetree Senior Living Facility Affiliation Guidelines

Derby, CT (PRWEB) March 15, 2006 -- Leaders in the field of long-term care from around the country will convene March 15-16, 2006 in Shelton, Connecticut for a summit on best practices in providing relationship-centered, holistic care in senior living environments.

Hosted by Planetree, Inc. and Planetree-affiliated senior living campus Wesley Village (Shelton, CT), the Senior Living Summit will focus largely on developing a set of designation guidelines to guide long-term care facilities in their efforts to implement the Planetree Senior Living Model, a modified version of Planetree's internationally-recognized patient-centered healthcare model for acute care settings adapted to meet the needs of seniors in long-term care environments and their care givers.

Developed in conjunction with United Methodist Homes, the not-for-profit owner of Wesley Village, the Planetree Senior Living Model emphasizes the relationships that sustain a healthy and meaningful life, and is designed to celebrate both residents' and staffs' individuality while responding to their physical, mental, emotional, social and spiritual needs.

Industry leaders Rose Marie Fagan, Executive Director of the Pioneer Network, and Susan B. Frampton, Ph.D., President of Planetree, will join administrators and clinicians from Planetree-member senior living facilities across the country in sharing their practical experience with organizational culture change, best practices in providing relationship-centered care, and insights into the Planetree Senior Living Facility Affiliation Guidelines.

"We are so pleased to have this opportunity to collaborate with other leaders who are creating senior living environments that are more personalized, holistic and empowering for residents and staff," said Heidi Gil, Executive Director of Wesley Village. Attendees will tour Wesley Village as part of the Summit.

Representatives from the following organizations are expected to attend: Greenville Hospital System (Greer, SC); Halifax Regional Hospital (South Boston, VA); Louise Obici Memorial Hospital (Suffolk, VA); Planetree Nederland (The Netherlands); Qualidigm (Middletown, CT); Quality Partners of Rhode Island (Providence, RI); Sharp Coronado Hospital (Coronado, CA); VA New Jersey Health Care System (Lyons, NJ); Veterans Administration Medical Center (Albany, NY); Warrenton Overlook Health Rehab Center (Warrenton, VA); Wesley Village and United Methodist Homes (Shelton, CT).

"This Summit is about charting the future of long-term care, a topic of the utmost importance to a growing number of individuals as they consider the options available for their loved ones and for themselves," added Planetree President Susan Frampton. "And as we move forward with the development of Planetree's Senior Living Facility Affiliation Guidelines, we expect the dialogue generated at this Summit to be challenging, inspiring and informative."

The development of these guidelines and the process for "Mentor Site" designation for long-term care facilities is occurring in tandem with Planetree's efforts to create a similar set of guidelines and designation process for acute care hospitals. For both the acute care setting and the long-term care environment, the guidelines and voluntary designation process will be piloted in 2006 with a select number of facilities invited to participate as pilot sites.

Based in Derby, CT, Planetree is an internationally recognized leader in the growing movement to transform the healthcare experience by considering healthcare facilities, processes and protocols from the perspective of the consumer. Planetree affiliate sites operate in diverse healthcare settings throughout the United States, Canada and Europe, with each site adapting the Planetree model as required by its unique needs. These facilities range from small rural hospitals with 25 beds to large urban medical centers with over 2,000 beds. The Planetree model is implemented in acute and critical care departments, emergency departments, long-term care facilities, rehabilitation centers, mental health facilities, outpatient services, as well as ambulatory care and community health centers.

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