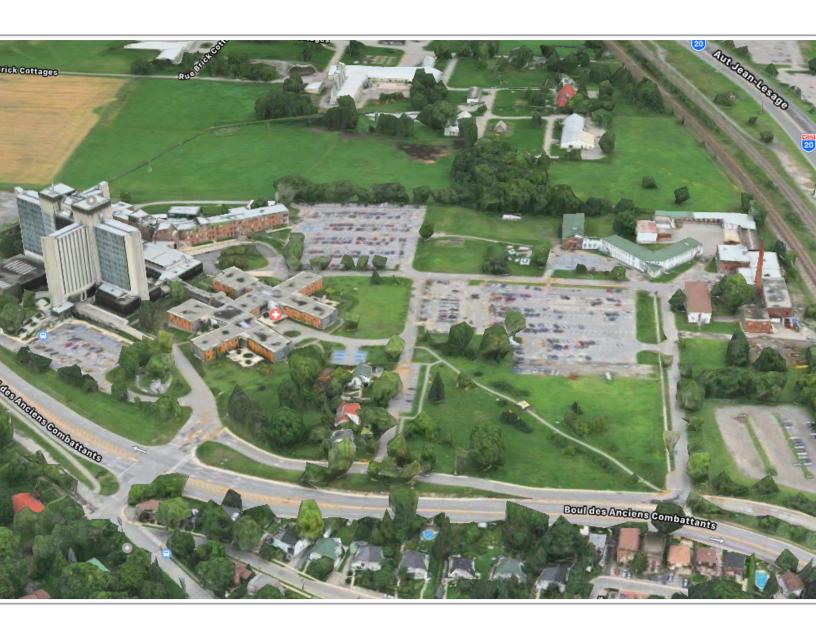
Le Campus

West Island Campus for Elder and Dependent Care

Pilot Project Proposal - April 1, 2018



Context/Background



SERVICES AT STE-ANNE

- Physiotherapy
- Occupational Therapy
- Snoezelen Therapy
- Art & Craft Therapy
- Zoo Therapy
- On-site Medical Services: dermatologist, dentist, ENT, ophthalmologist, orthopedist, physiatrist, urologist, X-ray, pharm, labs
- Recreation services & Social events
- Gardens, Terraces, Espaces communautaires
- Auditorium
- Hairdresser, Snack Bar, Cafeteria
- Volunteer Network

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- Ste-Anne's Hospital has a long, rich, respected history with multiple facilities, space and resources
- ▶ Veterans from WWII & Korean War are declining; now represent 50% of resident population
- As # of veterans continue to decline, plan is for elder civilians from region to take their place...

BUT

- ▶ For the first time in history, more persons with intellectual and/or physical disabilities are living in community, and are living longer than ever
- ▶ This too represents a growing elderly population
- Persons with intellectual and/or physical disabilities experience **medical issues** that manifest themselves earlier than the rest of elderly population (dementia, physical impairments)
- ▶ This represents huge responsibility, potential cost & societal impact to government
- Excellent opportunity to provide care and services to a wider population segment, i.e. persons who are not autonomous, personnes en perte d'autonomie
- Optimize Ste-Anne's facilities, space and expertise = innovative solution, comprehensive care





Opportunity

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The Village, Langley, B.C. Canada's first dementia village

- Other provinces & countries discovering advantages of grouping elder and dependent patients together
- Keys to success: community and learning based, mimics real-life environment, encourages autonomy, safe and secure

Evidence-Based Examples



Weinberg Village, Michigan, USA Special needs village



Hogeweyk, The Netherlands World's first dementia village

Benefits

SOBERING REALITY

- More persons with intellectual and/or physical disabilities are being diagnosed, and are living longer
- These aging individuals can no longer live with their elder parents and cannot live autonomously
- Result = growing waiting lists for suitable accommodation
- Result = high levels of stress and malaise among elderly parents and aging adult children

- Shared medical, recreational and educational resourcessocial, medical and economic benefits
- Solution for desperate elder parents of aging adult children with intellectual and/or physical disabilities
- Opportunity to match growing need with existing community resources
- ▶ Frees up beds elsewhere for more autonomous users, a key component of "soins évolutifs"
- ▶ Continuous learning environment, centre of excellence
- ▶ Pairing opportunities, work & volunteer options, addresses common issue of social isolation

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becomes focal point for comprehensive, value-added care, education, research, innovation for these specialized groups on a cost-efficient basis

Pilot Project

With CIUSSS support, implement and then evaluate integration of identified persons with intellectual and/or physical disabilities...



- ▶ Identify admission criteria
- ▶ Use existing wing, *e.g.* 2A
- Create stakeholder governance framework modelled after public/private partnership
- ▶ Pilot Project Committee: participants may include parents, CIUSSS senior management, subject matter experts, Foundations, municipality, JAC CEGEP
- Establish transparent, accountability framework





Future Possibilities

- Obtain CIUSSS buy-in
- Create detailed Business Plan including budget and cost/benefit analysis
- Determine launch date and timetable
- Establish admission criteria
- Clearly identify success criteria as basis for monitoring & performance evaluation
- Other improvements: respite & transition planning, renovations, future growth

