

Evidence based design in LTC

Jenny Munro June 14 2023

Institutional

- Focus is on physical needs; “clinical gaze”
- Corridors in the sky, ground floor devoted to administration
- Little or no access to safe outdoor space
- Medicalization of ageing, drugs as management tool
- Hierarchical staffing structure, rigid schedules
- Residents’ mental and emotional health suffers
- Careworker burnout. Chronically understaffed, to the detriment of all

Home Care

Family member or in-home care

- Gives stability and security of home
- Highly personal care delays physical and mental decline
- Caring for a family member with dementia can shorten the primary caregiver's life by an average 6 years
- Help from Community Care Support Services and Victoria Order of Nurses
- Private home care agencies. Expensive. Partly tax deductible.
- Need more public funds and subsidies for homecare support services. The best solution in many cases.

Humane

fellowship, feelings, well-being

- Resident-centred, compatible groupings, focus on individual needs
- Homelike environment, family-sized households, 9 to 12 per household
- Easy access to safe outdoor space
- Flexible schedules, familiar routines, connection to community
- Self-managed caregiver teams look after meals, housekeeping, activities
- Higher staff to resident ratio. Fewer deaths from infection
- Built with community consultation. Many of these household models are already thriving in Europe, Japan and the US. Example from Langley BC



After Covid 19

challenges

- Since Covid19 Ontario standards have changed, mostly for infection control. Inoperable windows meant for temperature control. Hepafilters to limit infection Private rooms; also more modern equipment; anti-fall devices.
- Large LTC homes are being built, fulfilling “urgent need” while paying only lip service to best practices in elder architecture
- Billions in federal and provincial funding goes into LTC, most of it for speedily built, profit taking institutions



What is next? Can we do better?

redesigning care, redirecting funds

- What is best for everyone? Focus on the whole person
- Fund more staff, and train staff. Make the work rewarding financially
- Thoughtful design inside and out
- Invest in bigger sites with generous green space
- Honour what doesn't change, which is our duty of care.

What Quebec is planning after its disaster during Covid19. A complete design overhaul for LTC.







Port Hope

- Already retirement community with a healthy environment for seniors. We need beautiful, green, humane alternatives to any large chain's version of LTC
- You can't blame private equity for doing what they do best, which is squeeze every asset they invest in for every dollar possible
- It might just not be the right fit for Port Hope, which is full of entitled Utopians
- One eldercare building model I'll show here uses "households", or "pods" of 11 seniors each. Two or more staff would oversee each pod and look after the cooking, laundry and personal care.
- The pods can be configured into a "neighbourhood", to fit any site, and more pods can be added as the neighbourhood expands
- I arranged a neighbourhood on the centre pier. It could also work at 95 Mill St



Household
Resident rooms around shared living/dining/kitchen spaces



Neighborhood
Households clustered around shared activity spaces

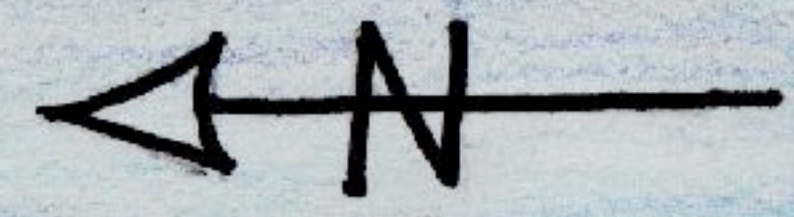
Sample household of 11, clustered to suit any site

HAY WARD ST

420'
TOTAL WIDTH AT HAY WARD

GENERAL STORE

ELDER NEIGHBOURHOOD
73-BED LTC
7 HOUSEHOLDS



DAYCARE

WINDBREAK

SHEDS

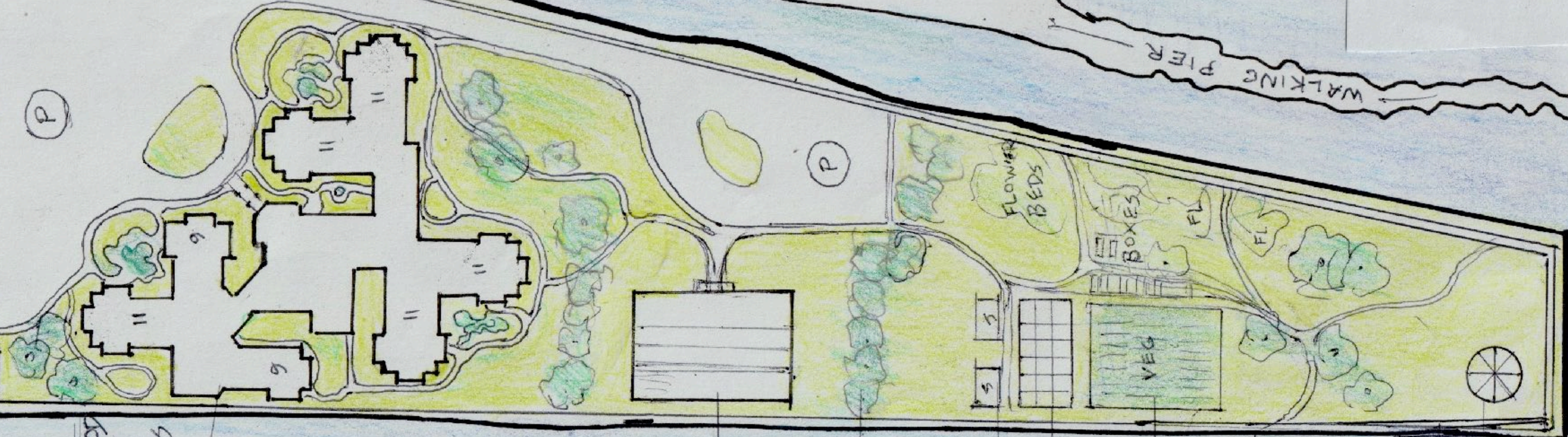
GREENHOUSE

COMMUNITY GARDENS

GUARD RAIL

BOARDWALK

GAZEBO



(P)

(P)

FLOWER BEDS

BOXES

FL

FL

VEG



170'

NOTES:

- SOLAR PANELS
- RAIN BARRELS
- NATURAL LIGHT
- NATURAL VENTILATION

100 FEET SCALE

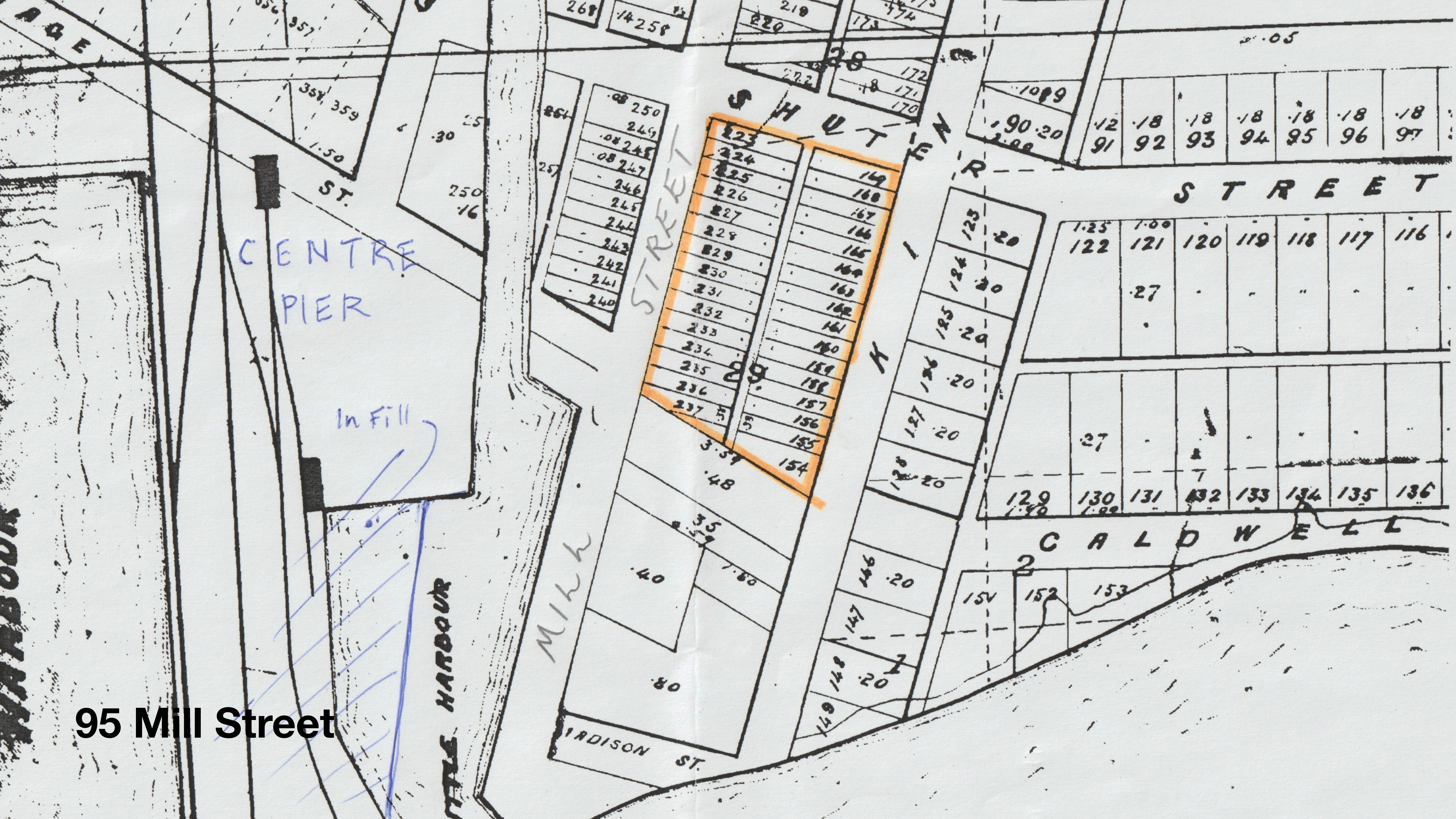
EAST

WALKING PIER

MILL ST.
BOARDWALK

CENTRE PIER
PROPOSAL, PO

DRAWN BY JENNY
JUNE 10,



95 Mill Street

Honour our heritage

- 1911. A new hospital was urgently needed. Fundraising by dedicated townswomen
- Citizens donated generously
- A doctor's house was built on site
- A Hamilton architect is hired. Citizens objected to parts of the plan. It was revised.
- Cornerstone laid 1915, opening 1916
- Served the town including veterans of both world wars, became a retirement home in 1964.
- 1976. A new LTC built on site
- Bought by Southbridge, 2016





Managing risk,
nurturing health.





- We can learn from previous generations
- We can honour the good things they accomplished
- and not settle for anything less than the best