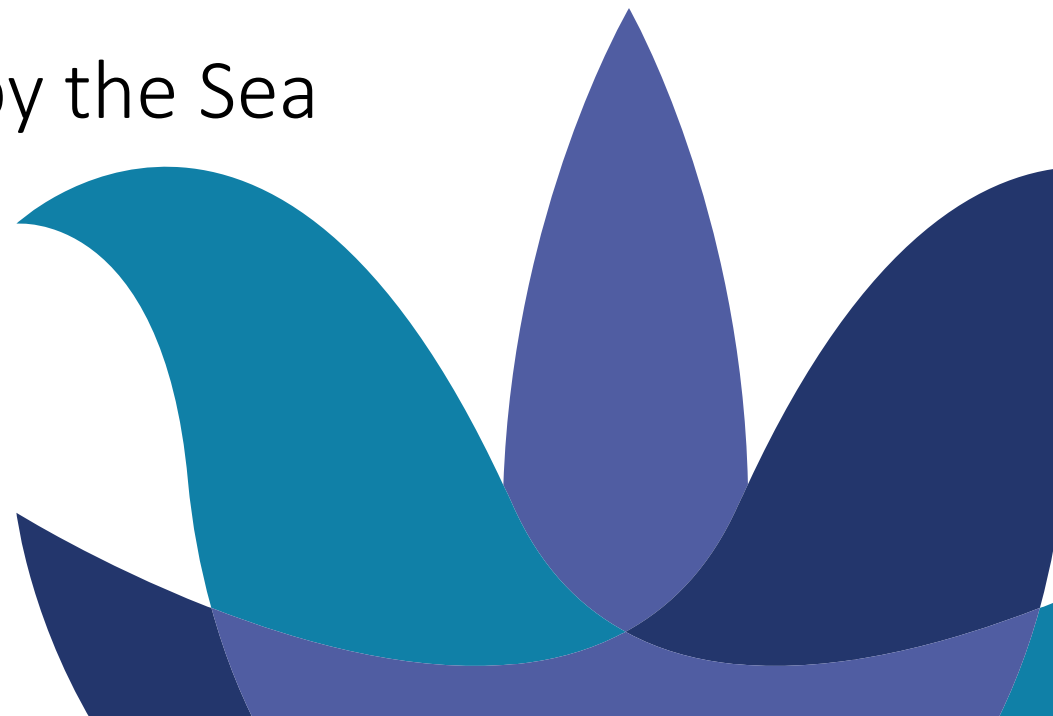


Providence Living

Providence Living Place, Together by the Sea

April 1, 2022





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Our story is rooted in caring



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The Providence Living difference






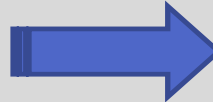
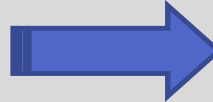

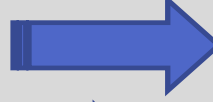
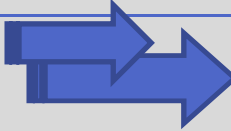
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The need for reinvented seniors' care

Moving from an Institutional to a Social/Relational model of care

Domaine	Institutional Model		Social/Relational Model
Primary Focus	Focus on Care		Focus on Living (and Care)
Resident/Team Routines	Scheduled Routines		Flexible Routines
Team Assignments	Team Members Rotate		Team Members Assist Same Residents
Decision-Making	Decisions for Residents		Decisions with Residents
Physical Environment	Environment = Workplace		Environment = Home
Activities	Structured		Planned, Flexible, Spontaneous
Department Structure	Hierarchical Departments		Collaborative Teams
Relationships	Team Members Care for Residents		Mutual Relationships
Sense of Community	Us and Them		Community

Our approach with the de Hogeweyk 7 Pillars

Favorable Surroundings

- Surround residents with familiar surroundings to reduce confusion, agitation, frustration, anger and desire to leave the household

Lifestyle

- Increased choice to live the life residents wish with people who share similar preferences, interests and values

Health

- Focus is on resident's quality of life and their overall health (physical, mental, emotional and spiritual)

Life's Pleasures & Meaning of Life

- Residents experience a normal life – enjoying simple pleasures and supported by a diverse offering of activities and events that are easy to participate in

Formal & Informal Networks

- Formal network of professionals developed to support Residents and family (i.e. dementia care coach) and an informal network of volunteers, family and community members to support Residents, community interaction and destigmatize people living with dementia

Organization

- Vision, guiding principles and educational curriculum taught to everyone and incorporated into care actions and behaviors and a staffing model that supports household living

Social Inclusion & Emancipation

- Residents feel part of a community that accepts them as they are and the community is open to the surrounding neighborhoods to share knowledge and amenities to help destigmatize people living with dementia



Home for Us Model of Care



WHY

Many people are resistive to the idea of living in Long-term Care, the way it is set-up now. The community of people living, visiting and/or working in Long-term Care are motivated to transform the experience of residents, making it home-like



WHAT AND WHERE

We are working to transform the culture of care across all Providence Health Care and Providence Living care homes, shifting away from an institutional to a social relational model of care, creating "Home for Us"



WHO IS COMMUNITY

Residents, Families, Loved Ones, Care Team, Health Care Systems



HOW:

- Seeking feedback on how to make the change identify: Asking resident, families and care teams what is important to them and how they think we can achieve this change
- PDSA – Quality improvement initiatives identified and carried out by residents, families and care team; learning from our mistakes
- Changing the way we do things
- Renovations and environmental modifications
- Ongoing education, training
- Frequent feedback opportunities (residents, families, care team) to determine if we are achieving what we have intended to do

EMOTIONAL CONNECTIONS MATTER MOST

"People won't remember what you said or did, they will remember how you made them feel"

- ❖ Emotional connections are social and positive
- ❖ I know who is supporting me and my family in each moment
- ❖ Your relationship with my family matters
- ❖ I have a friend who cares about me
- ❖ I know people around me and they know what brings me comfort and joy (and it may be risky).

RESIDENTS DIRECT EACH MOMENT

"Time is not measured by a clock, but by moments"

- ❖ RCAs and RAs are empowered to make decisions, taking their cues from the resident
- ❖ Meals are a pleasant and social experience
- ❖ Moments in my day are not always predictable
- ❖ The team helps me to spend the day the way I choose, working on things that are important to me
- ❖ I work with a team to get health services when I need them
- ❖ Focus is on resident living and care, not just a medical care plan

HOME IS NOT A PLACE, IT IS A FEELING

"Home feels friendly, relaxing, secure and familiar"

- ❖ This is my home
- ❖ Staff recognize they work in the resident's home
- ❖ I live in a household of about 10 people
- ❖ My environment engages me
- ❖ My family and loved ones are included in the team of people who care for me
- ❖ I live in a community where I feel I belong

MODEL OF CARE GOALS



Improve the way we deliver LTC for Residents

Remove the task-based approach to care
Replace with resident directed social/relational approach



Emancipate the Care Team

Remove the task-based approach to care
Replace with resident directed social/relational approach



Normalize life for Residents

Residents live their normal life with freedom
Life for residents is not centered on the care team and the organization



Change the Hierarchical Structures to allow Social Model of Care to be Successful

Care teams are supported to work together in a true team model
Develop a staffing model that provides the right support and skills

Home for Us

Enabling a resident-directed life

Enable a normal life – not an institutional life

- Easy and free connections to the outdoors
- Familiar surroundings – less confusion, agitation and stress
- More comfort, activity, friendships/relationships & independence
- Variety of spaces – public, communal and private
- Wayfinding (natural and recognizable signage)
- A community you belong to and are accepted
- Having something to do as part of normal life (shopping, meals, laundry)
- Holistic approach to health (happiness, health, medication, and self esteem)
- Using technology to improve communication, safety and independence
- Adding quality to days versus adding days to life



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A publicly funded investment in hope





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Children's play



Central plaza



Town square



Boardwalk

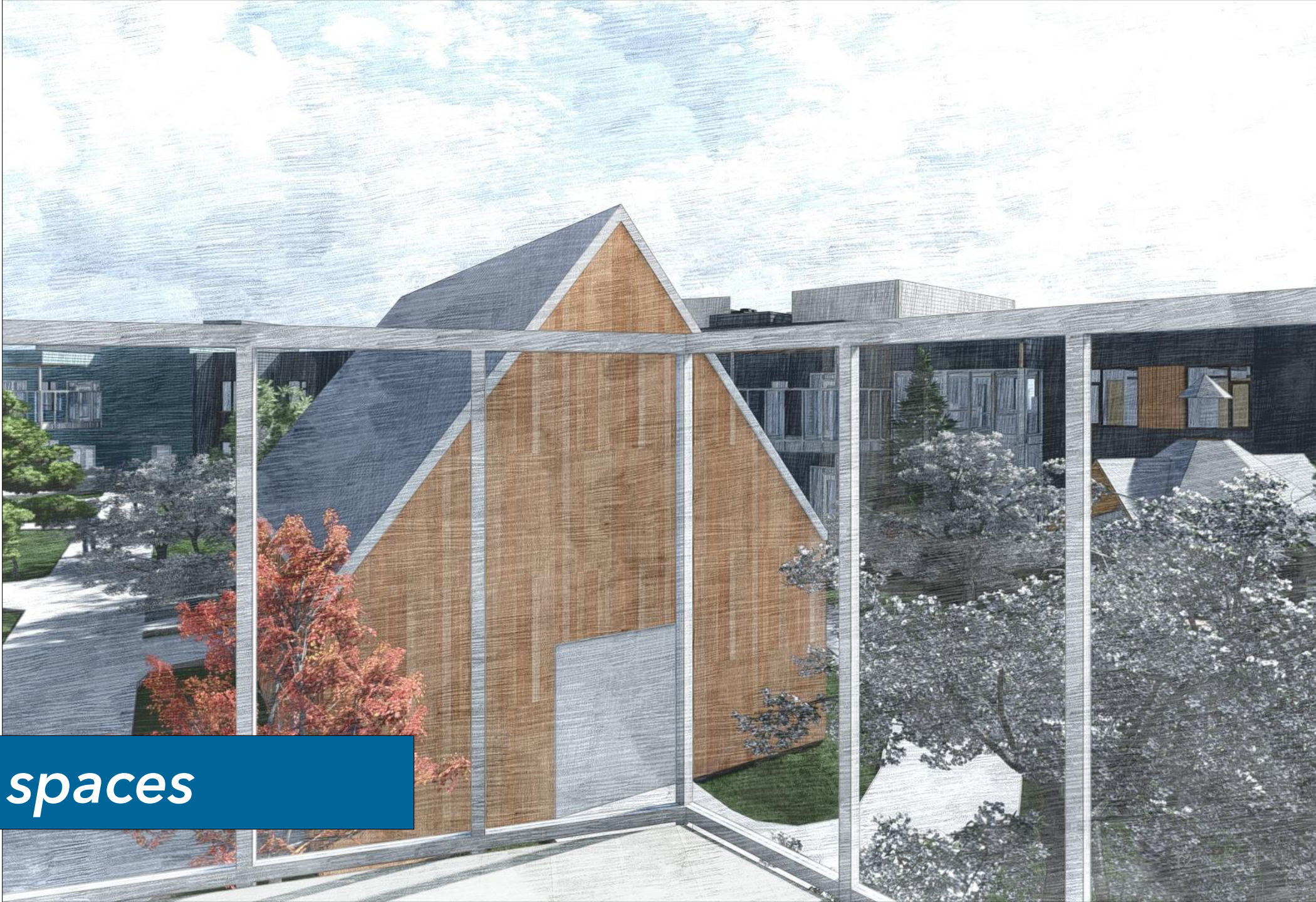


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Sacred spaces

2022-03-25



Working
with our
partners



island health



STpaul's
FOUNDATION



COMOX VALLEY HEALTHCARE FOUNDATION

JANUARY 2020

- Project Development Agreement signed and announced by Vancouver Island Health Authority

SUMMER 2020

- Consultation with K'ómoks First Nation initiated

FALL 2020

- Project proponents selected
- Detailed design and operational planning

2024

- Project completion and move-in

2022

- Ground-breaking and construction



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2022-05-23



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