



ALBERTA ASSOCIATION
ON GERONTOLOGY
Improving the Lives of Older Albertans

Next Practices Forum

November 24, 2025

A Vision for Change

Modernizing Existing Infrastructure





Objectives of the Presentation

- Acknowledge how momentum to shift from traditional institution to PCC / RDL can be supported by design.
- Discuss barriers to change.
- Learn about the use of the EASE (environmental Audit Scoring Evaluation) instrument.
- Demonstrate through examples how environmental design modifications can greatly improve older infrastructure.
- Provide insight to operators how to initiate projects from minimal low hanging fruit changes, to moderate (more commitment) modifications and through larger project (Greatest commitment) infrastructure changes.

What we know

We know the benefits of culture change, and we know we need buy in from all sides to be successful, and we know there is a strong will to move forward,... but we still run into barriers.

1

There is no denying the benefits of Culture Change in the way we perceive caring for our elders.

Benefits of Culture Change

2

We know that we must embrace the evolution of care from all sides of the spectrum including;

- 1.Operations
- 2.Environment
- 3.Policy.

Need all three to effect change

3

We know that there is a strong will by operators, families and non profit organizations to initiate changes to improve the quality of life for our elders.



Strong will to move forward

4

But we also know that the slowest moving entities to initiate change is government, and operators concerned about operating costs.

But there are barriers to get there

So lets
begin to
break
down
these
barriers



Operations, new staffing models, Eden Alternative training, PCC / RDL standards all can provide the roadmap to change.



Physical modifications to existing older infrastructure can support these changes. New design standards are necessary in most jurisdictions.



Government agencies and policy makers need to be more collaborative and engage in better dialogue to with stakeholders including residents, families, operators, and knowledge experts.

EASE in Practice:

The Practical Application of the EASE Assessment Instrument

Robert A.Wrublowsky MAA, RAIC, EDAC



Environmental Audit
Scoring Evaluation



The EASE research was instrumental in developing the new CSA guidelines as well as influences the newly developed Alberta Health LTC design standards.

National Standard of Canada



CSA Z8000:24 – Canadian healthcare facilities

CSA Z2000:25 Dementia Inclusive Home and Community Care (out for public review Nov 2025)

CSA Z8004:22 Operation and infection prevention and control of long-term care homes.



BASIC DESIGN

- **Building Layout**
- Social Density
- Spatial Hierarchy
- Outdoor Access



AMBIANCE

- Character
- Country Kitchen
- Autonomy
- Personal Space
- Art work/
Hobbies



ENVIRONMENTAL ATTRIBUTES

- Stimulation
- Lighting Design
- Color & Contrast
- Lighting
- Daylight Control
- Thermal Comfort



ASSIST MEASURES

- Toileting
- Incontinence
- Fall Reduction
- STS mechanics
- Furniture
- Flooring
- Ambulation



ORIENTATION

- Wayfinding
- Managing Exiting
- Locating Bedroom
- Signage

Total of 128 Statements to be assessed.

Summary of Scoring

BASIC DESIGN ATTRIBUTES

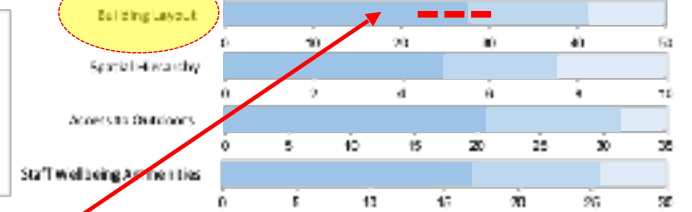
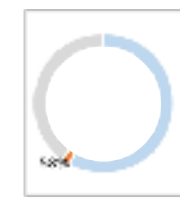
Building Layouts/ Population Sizes

1	The living area is organized as a household with its own entrance, kitchen, living, and dining rooms which do not rely upon shared spaces outside of the living area to function.		
2	The population sizes of the living area is based on small house concepts with limited number of residents.		
4	Living area has a dedicated staff meeting space that is acoustically private and allows for staff to transfer staff knowledge. The room may also be in a shared core between living areas.		
5	Living area entrance has been designed with a prominent portal into the living area that provides the same hierarchy of space similar to what a front porch / interior foyer provides for a residence.		
6	The resident bedrooms are close to main social spaces.		
7	The massing and exterior character of the building is consistent with the scale of the neighborhood. This might be single family, row or townhouse units or an apartment building in an urban setting.		
9	All Activities of Daily Living (ADL's) can occur within the living area (bathing/hair washing, dressing, transfer, continence and eating).		
10	Living areas include at least one space in addition to the main living and dining areas that allow for leisure/physical activity or hobbies.		
11	There is at least one room or nook within the living area where a resident can have quiet fellowship away from the main living area population.		
12	Doors to cleaner's cupboards, storage rooms and other areas where residents may find dangerous items are largely out of sight, are without large highly visible signage, and are able to be secured (door or cabinets).		
13	There is a room where a resident can gather with and/or have a private dinner with family members. This room does not have to be within the living area.		
14	Food, linen, trash, etc. can be delivered to/removed from storage areas without having carts pass by/through main socialization areas such as the living or dining room.		
15	The care residence/community is designed to create opportunities to connect/engage with the broader/outside community. This might be through shared spaces that support activities with children, church groups or businesses such as a farmer's market, or the neighbors. These spaces need not be within the living area.		
16	Accommodations are/can be made for a family member to spend the night when visiting a resident. This may entail accommodations in the resident room or in a den or lounge room.		
17	A dedicated family visitation room has been provided in each household to allow for families to visit loved ones during lock-down times.		
3	Living area is designed so that residents who are not at risk for unwanted exiting can leave the living area and go to other areas of the care community but those who are at risk remain in a secure area or technology is used to identify the relocation.		
5	The space is designed so that key destinations are easy to locate without the need of complex wayfinding markers (exclusive of code-required signs).		
Total Actual Score: 21.8 Total Target Score: 31.0			

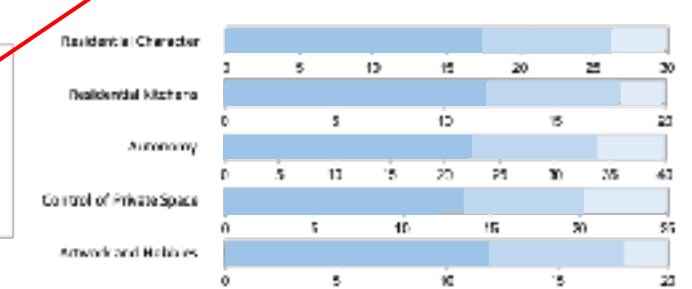
Environmental Audit Scoring Evaluation (E.A.S.E)

Site Location ID: Action Marguerite Winnipeg LPA1

Basic Design Attributes



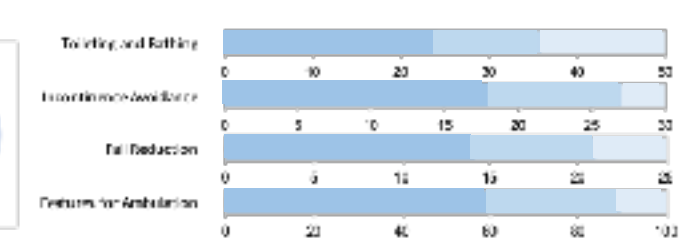
Ambiance



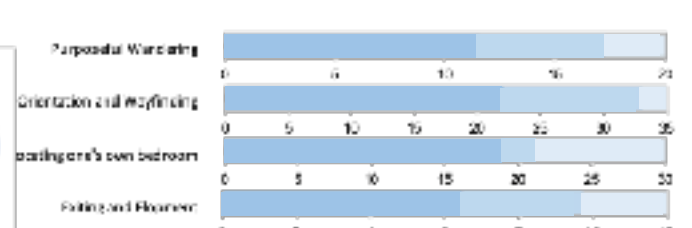
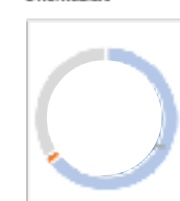
Environmental Attributes



Asset Measures

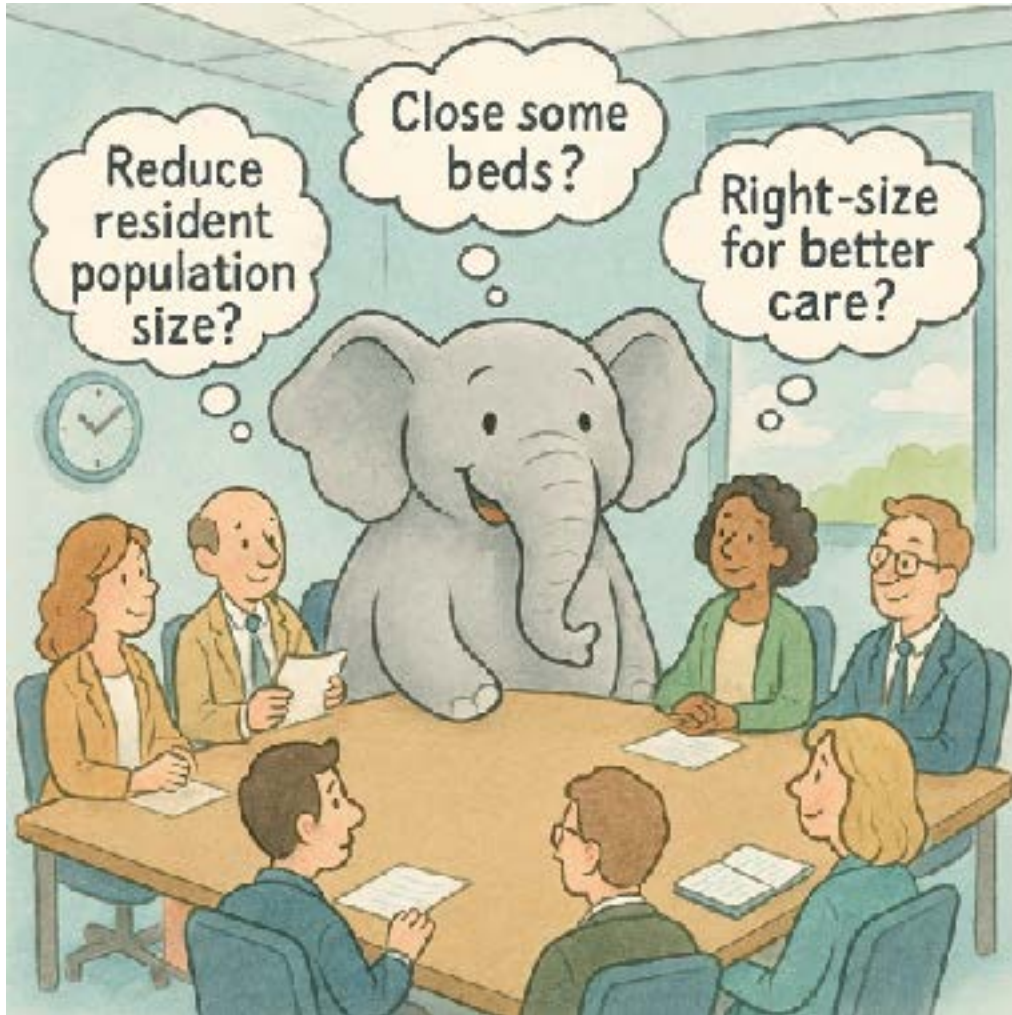


Orientation



11-15 Residents per living group.

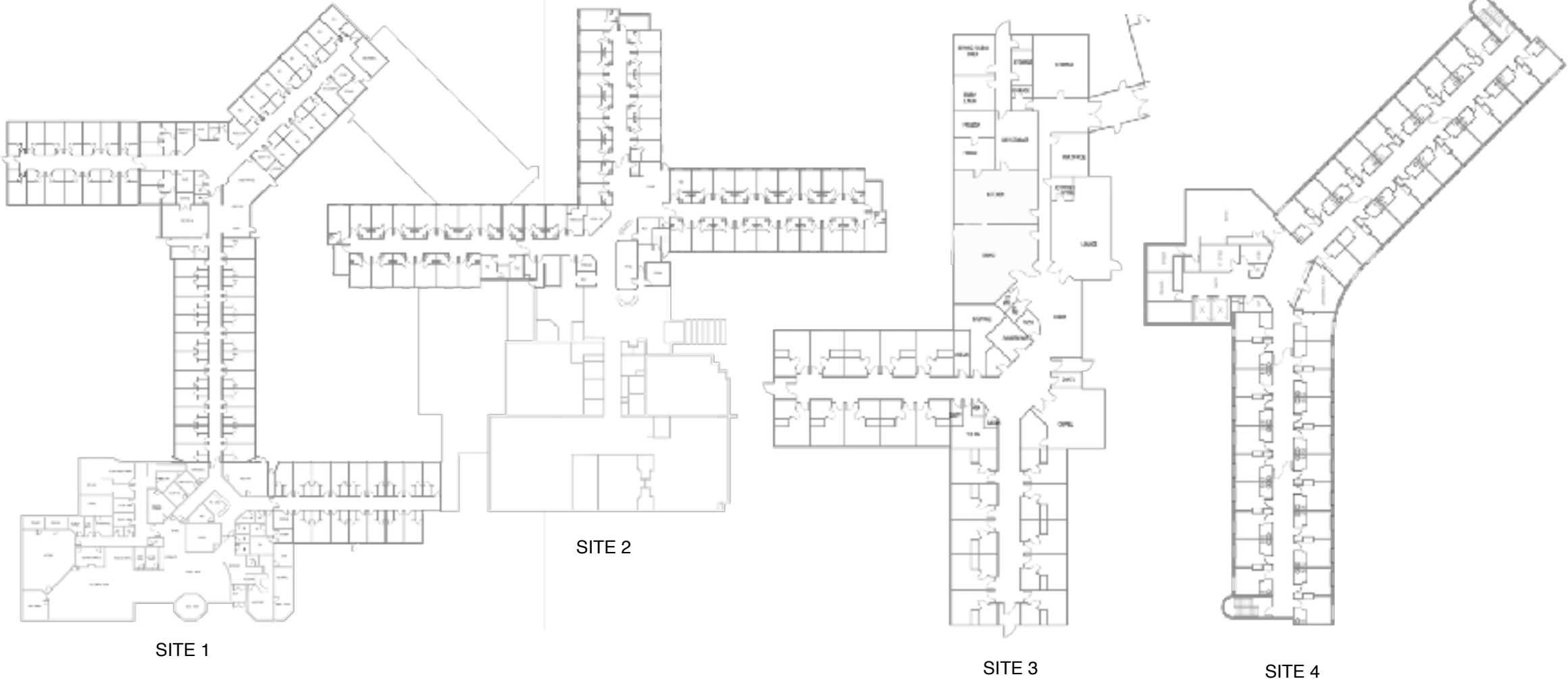
Research overwhelmingly supports reduced resident population sizes for better outcomes.



Less Functional decline (Reinhardt et.al 2019) (Longstaff et. al 2022)
Higher cognitive performance. (Longstaff et. al 2022)
Higher autonomy (Molony et.al 2011)
More privacy (Keefe et.al 2017) (Kaup, et. al 2016)
Less withdrawn (De Boer et.al 2018)
Higher social engagement (De Rooij et.al 2012) (Abbot et.al 2017)
Reduced Anxiety (Reimer et.al 2009) (Jeroene et.al 2018)
Better Quality of Life (Reimer et.al 2009) (Dyer et.al 2018)
Better ADL (Te Boekhorst et.al 2009)
Better staff job satisfaction (Lee et.al 2021)
Fewer physical restraints (Te Boekhorst et.al 2009)
Reduced psychotic drugs. (Verbeek et.al 2012)
More close staff – resident relationships (Verbeek et.al 2012)
Stronger MDS outcome metrics (Afendulis et.al 2016)
Decline Hospital Visits (Afendulis et.al 2016) (Dryer et.al 2018)
More task and oriented interactions with staff (Hermer et.al 2017)
Higher emotional well being (Kane et.al 2007)
Lower levels of aggression (Zeisel et.al 2003) (Longstaff et. al 2022)

Recent EASE Evaluation from PCH's in Manitoba

- Four Traditional Homes approaching 20- 45 years of age.



Step 1: Apply EASE Assessment



Reorganization of Space (Large Commitment)



Site 1

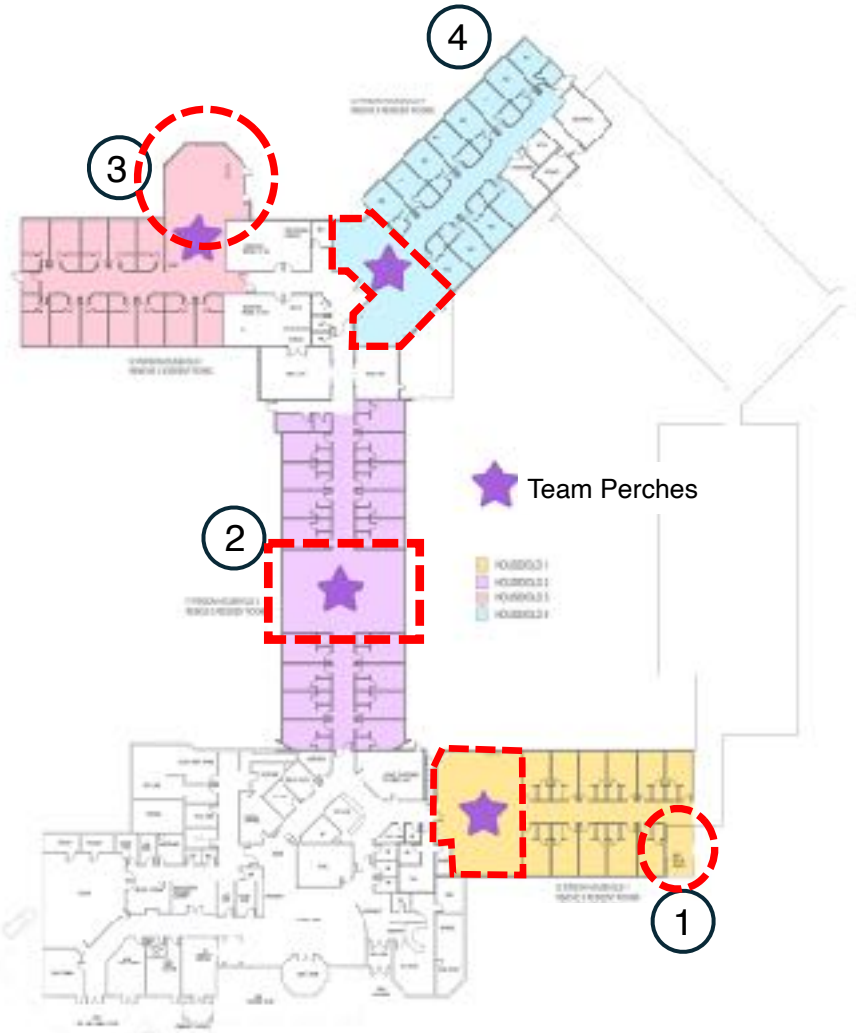
BUILDING TRANSFORMATION (Physical and Organizational)

Typical Institutional Plan has two central nursing stations controlling 4 Units of residents

Identify opportunities to redevelop spatial organization into smaller autonomous groups to create independent households.

This is a large commitment that requires bed closures and small building additions.

Reorganization of Space



Site 1

Each group becomes a household.
This requires removing some rooms
and small additions to complete each
household

Household 1
Remove 5 rooms and add one new room

Household 2
Remove 6 rooms

Household 3
Remove two rooms and build hearth expansion

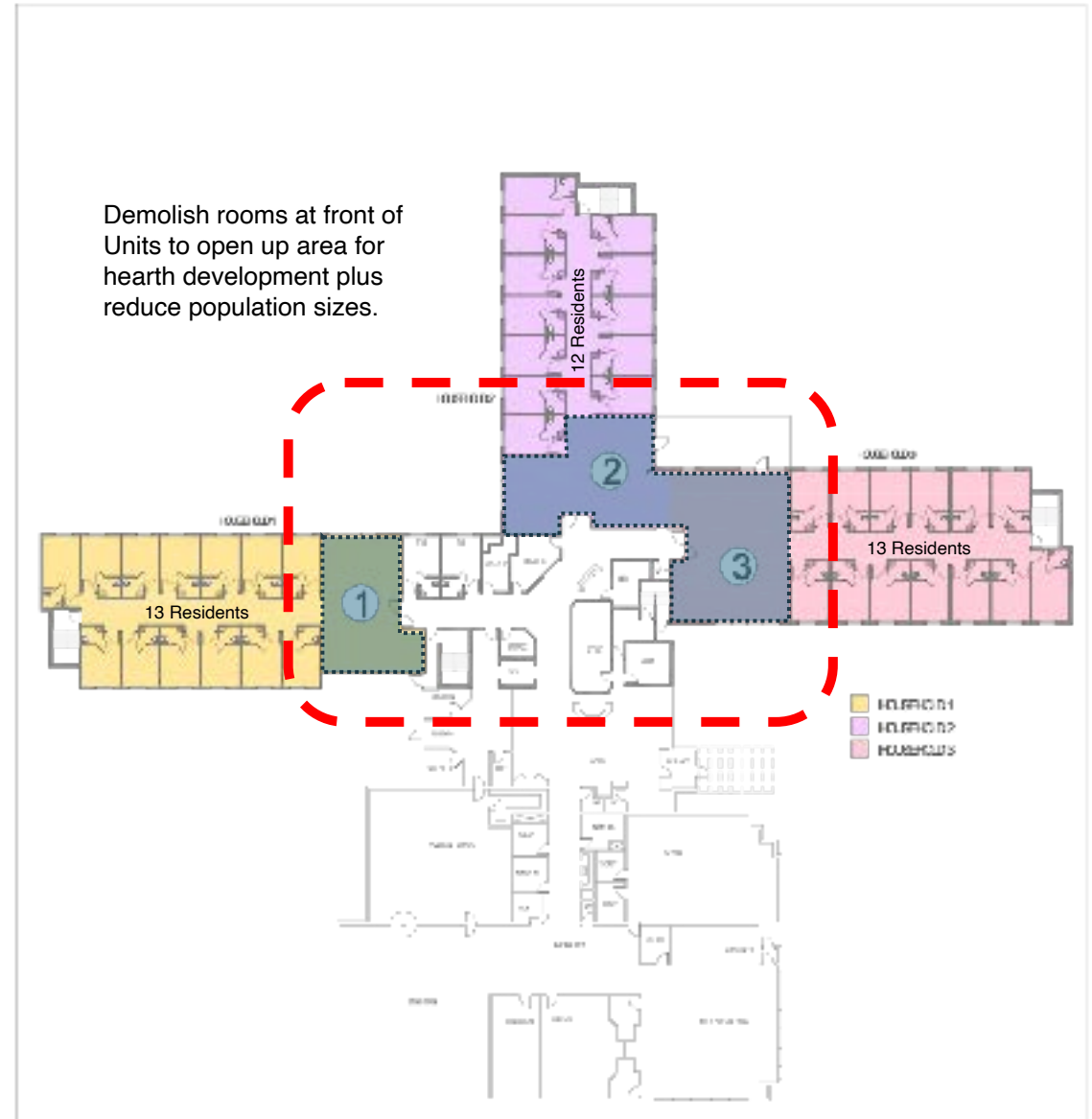
Household 4
No rooms removed, redevelop existing nursing station area.

Transforming Units (Wards) to Households

Traditional Plan Becomes Hybrid Household



Site 3



Demolish rooms at front of Units to open up area for hearth development plus reduce population sizes.

- HOUSEHOLD
- HOUSEHOLD
- HOUSEHOLD

Designing New Hearths

Each Hearth is designed as a Triad of spaces to include

- Residential kitchen
- Living room
- Dining room.





Additional Design Requirements of Each Hearth

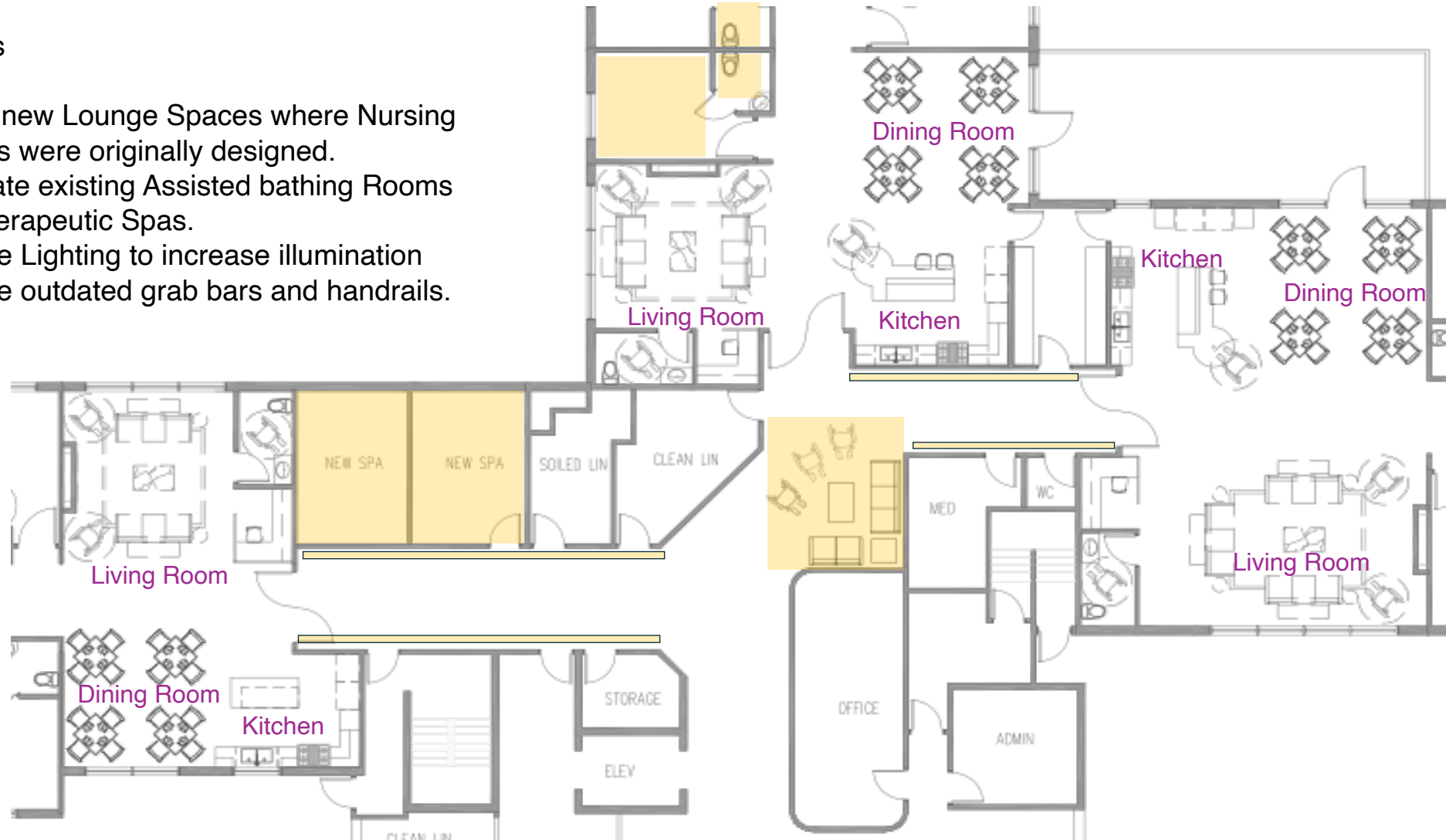
1. Remove Identified resident rooms to make space to include a new hearth (Residential Kitchen, Dining Room and Living Room).
2. Each household will have its own entrance complete with residential style door and front porch design.
3. Each Kitchen has a drop down counter or island to encourage resident engagement and socialization.
4. Each Hearth has an administration perch to replace the central nursing stations.
5. Each hearth includes a dedicated resident washroom that can be seen from the socialization spaces.
6. Each hearth has direct access to outdoor Courtyard Space.

Infrastructure Upgrades (Moderate Commitment)

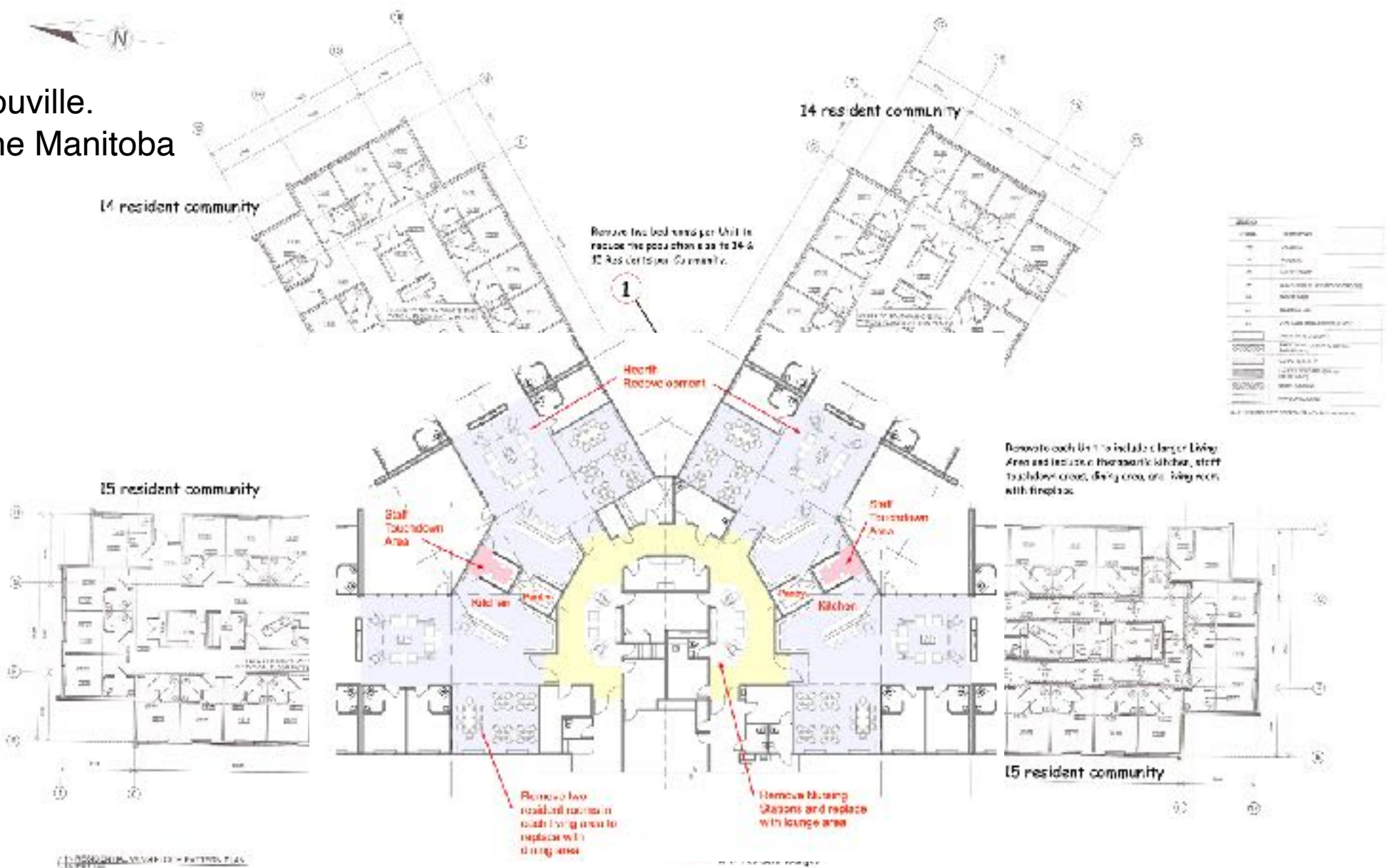
Renovated existing interior spaces to remove institutional feel.

Examples

- Create new Lounge Spaces where Nursing Stations were originally designed.
- Renovate existing Assisted bathing Rooms into Therapeutic Spas.
- Replace Lighting to increase illumination
- Replace outdated grab bars and handrails.



Villa Youville.
St. Anne Manitoba



Gaboury
Préfontaine
Perry
architectes

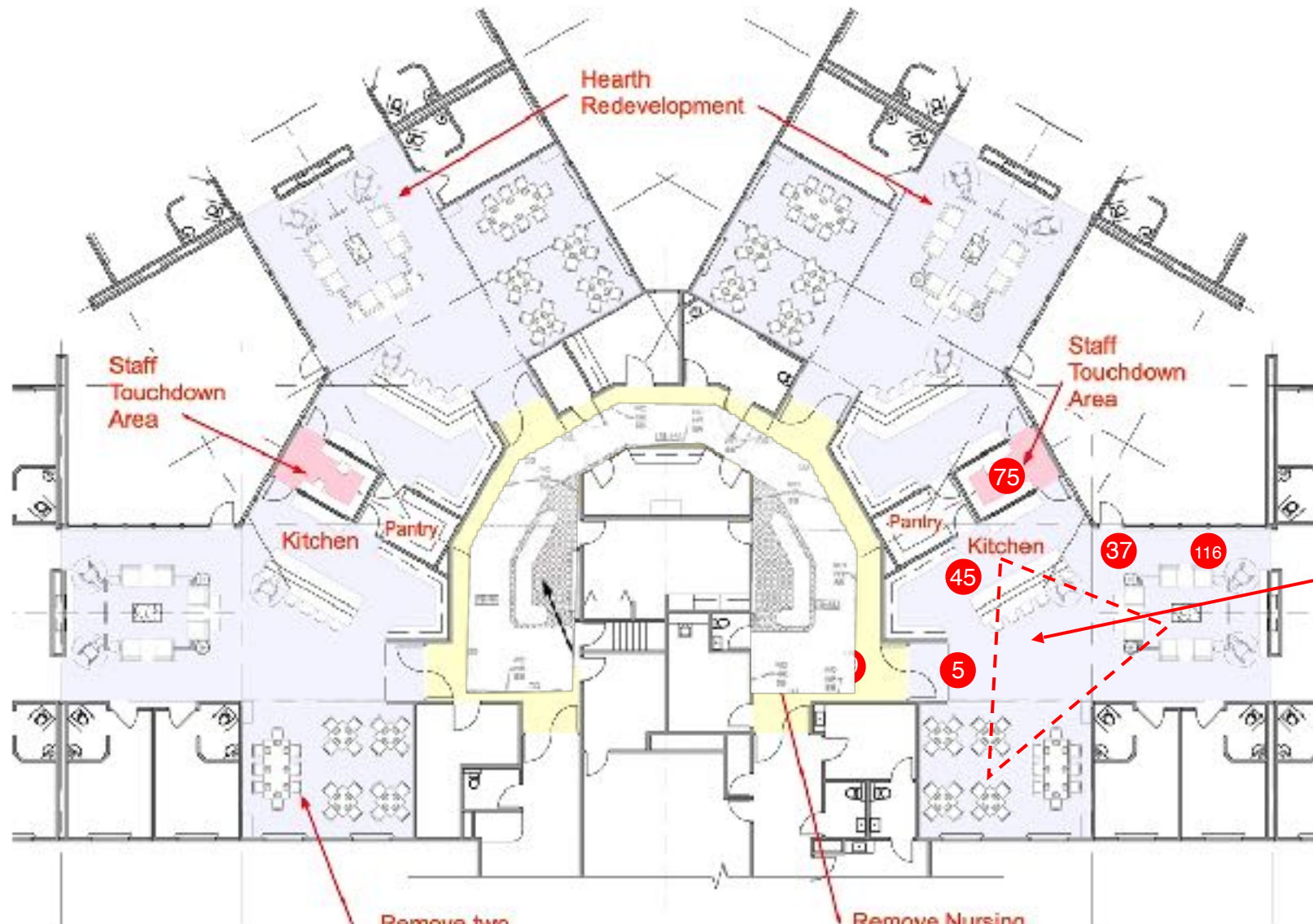
SYMBOL	DESCRIPTION
(Symbol)	WALL
(Symbol)	DOOR
(Symbol)	WINDOW
(Symbol)	CEILING
(Symbol)	FLOOR
(Symbol)	MECHANICAL
(Symbol)	PLUMBING
(Symbol)	ELECTRICAL
(Symbol)	FINISHES
(Symbol)	LANDSCAPE
(Symbol)	EXTERIOR
(Symbol)	INTERIOR
(Symbol)	MEASUREMENT
(Symbol)	PROPERTY



VILLA YOUVILLE
GERIATRIC
CARE HOME

1100 RIVERVIEW
WINDSOR, ONTARIO
L9A 5K1
519-251-1111
www.gpp.ca

A3.4



Staff Touchdown Area

Hearth Redevelopment

Staff Touchdown Area

Kitchen

Pantry

Pantry

Kitchen

75

37

116

45

5

Build out hearth to include Therapy kitchen, dining room and living room

Remove two resident rooms in each living area to replace with dining area

Remove Nursing Stations and replace with lounge area

Villa Youville RCH Infrastructure Upgrades

Nursing Station before renovation



**Infrastructure Upgrades
Villa Youville
PCH
After
Renovation**



**Infrastructure Upgrades
Villa Youville
PCH
After
Renovation**





Riverview Health Centre Winnipeg Manitoba

Infrastructure Upgrades

Transforming tub rooms into therapeutic spas





**Riverview Health Centre
Winnipeg Manitoba**

Infrastructure Upgrades

Transforming tub rooms into therapeutic spas





Riverview Health Centre Winnipeg Manitoba

Infrastructure Upgrades

Transforming tub rooms into therapeutic spas





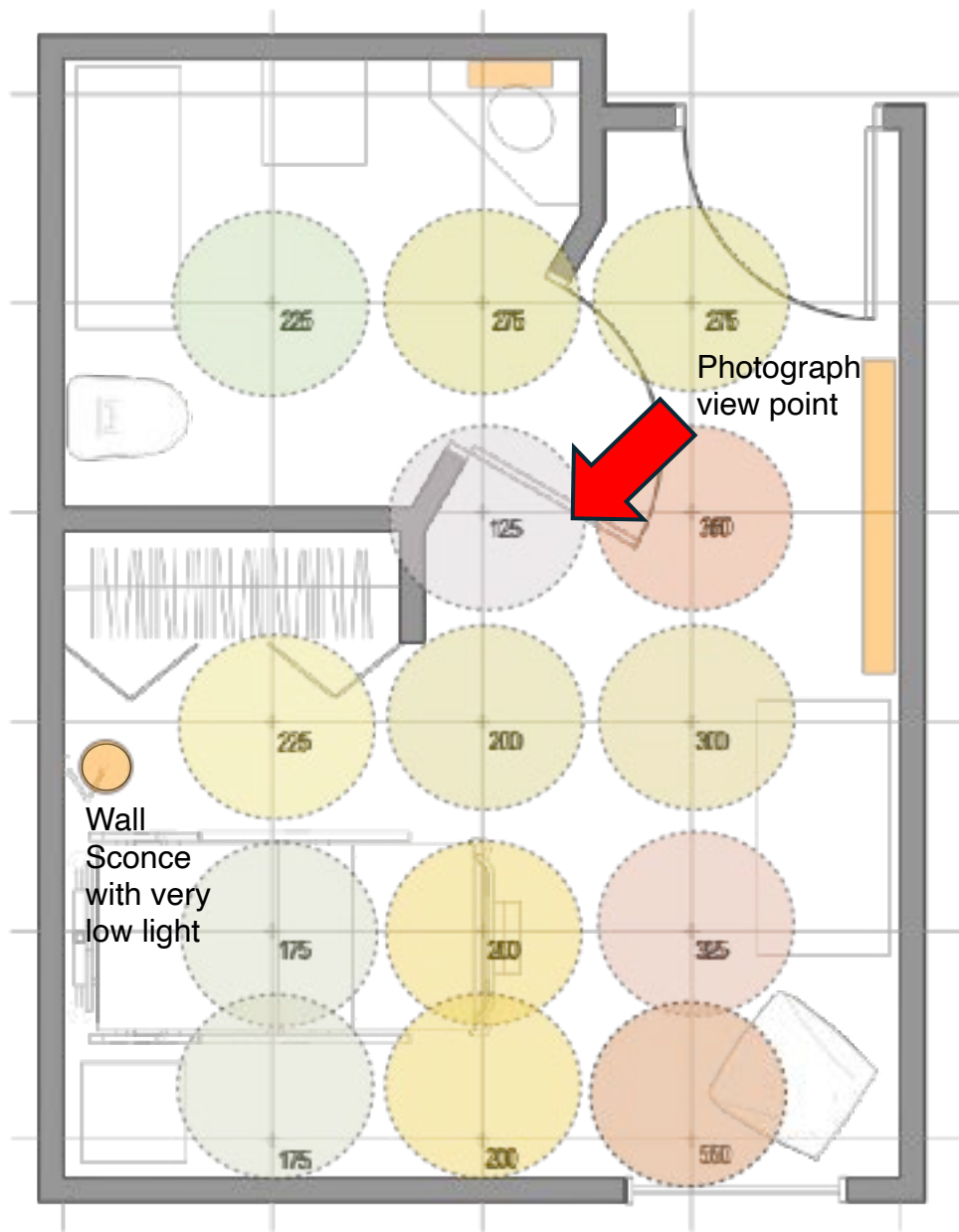
Infrastructure Upgrades include:

Replace inappropriate grab bars with new bilateral grab bars



Infrastructure Upgrades include:

Replace inappropriate grab bars with new bilateral grab bars



Infrastructure Upgrades include:

Upgrade all resident room lighting to meet new standards.



226

226









- Older “pinch style” handrails should be replaced with a more appropriate power grip rail.
- Wall Protection below handrails can be modified to look more residential such as a wainscot detail shown here.
- Randomly placed and poorly displayed artwork should be reconsidered and located at strategic wayfinding nodes, and hung respectfully.
- Each Corridor color scheme should be calming colors and uniquely different from adjacent corridors.







1

2



Cosmetic upgrades include:

Color and contrast awareness. All horizontal as well as vertical surfaces should provide good contrast



Cosmetic upgrades include:

Color and contrast awareness. All horizontal as well as vertical surfaces should provide good contrast



Cosmetic upgrades include:

Color and contrast awareness. All horizontal as well as vertical surfaces should provide good contrast



Thank you for your
time



“The work that SAGE does really resonates with us here in Canada, where we also need to rethink how we support seniors, especially in long-term care. I believe that by working with SAGE, I can help share the message with our policymakers that there's still a lot of room for improvement—and we all want to do better.”



Questions and Answers



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A Vision for Change

