



22 febbraio 2008 - Roma
Paradigma dei Sostegni e Qualità della Vita

Quality of Life paradigm applied

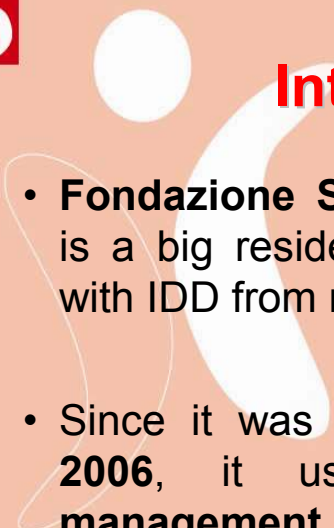
**AAIDD and SIS experience
at Fondazione Sospiro**

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In collaboration with:

Fondazione Sospiro



Introduction

- **Fondazione Sospiro** (Cr, Northern Italy) is a big residential facility for 408 adults with IDD from mild to profound
- Since it was created in **1896** until May **2006**, it used a merely **medical management system**

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Population features

- 408 adult subjects with Intellectual Disabilities from mild to profound
- Male : Female = 2.7 : 1
- Age (average): 53.1 ± 10.5 (DS) years
- Long standing (average): 34.2 ± 14.8 (DS) years

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Comorbidity

- Epilepsy: 33%
- Medical diseases (ICD-10): 83%
- Mental disorders (DSM-IV): 62%
- Behaviour disorders: 48.8%

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Objectives

1. To implement a data-driven (evidence-based) QOL system
2. To implement an economic budget-driven management

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Shift in paradigm

- ⌚ 1896-1980: Religious Model care
- ⌚ 1980-May 2006: Medical Model care
- ⌚ June 2006 to present:

AAIDD 10° System (Luckasson et al., 2002) plus
QOL (Schalock, 1999) Models

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May 2006: “Day zero”

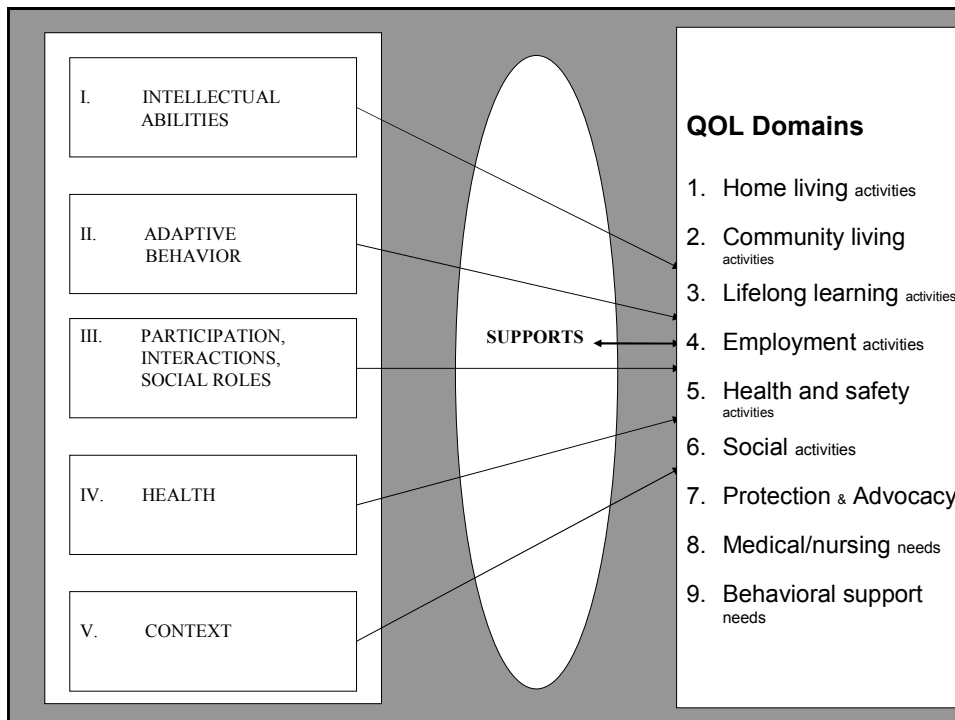
How to care people with IDD as *individuals*?


(Nirje, 1969; Cummings, 2000; Felce & Perry, 1997; Schalock, 1999)






We started and implemented a structural and functional re-management based on...

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From hospital to residential model



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Change process methodology

- A. Analysis of population needs and features
- B. Planning of new groups
- C. Models implementation:
towards an outcomes evidence-based system

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Quality of Life Assessment Framework

QOL Factor	QOL Domain	Exemplary QOL Indicators
Independence	Personal Development	Personal Skills (e.g. Adaptive Behavior) ADLs / IADLs
	Material Well-Being	Income Professions
	Self-Determination	Choices/Decisions Autonomy/Control
Social Inclusion/ Civic Participation	Interpersonal Relations	Social Networks Friendships Social Activities
	Social Inclusion	Involvement in Community Community Roles (e.g. Volunteer)
Well-Being	Emotional Well-Being	Safety and Security Protection from Abuse Positive Experiences/Success
	Physical Well-Being	Health Status Nutritional Status Recreation/Physical Exertion
	Rights	Equal Opportunities Respectful Treatment

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Quality Improvement Strategies

Persons with Disabilities and Their Families

- Participant Involvement
- Individualized Supports

Source Providers

- Quality of Life as a Change Agent
- Quality of Life Assessment and Feedback
- Organizations Redefining Their Roles
- New Management Strategies
- Quality Improvement as a Continuous Process

Policy Makers

- Consensus Building
- Supports Provision (Technical, Legislative, Regulatory)
- Fostering an Attitude of Change

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First results: improvement in QOL indirect indexes

As a first step emerging from new sanitary approach integrated with Psychoeducational CBT strategies

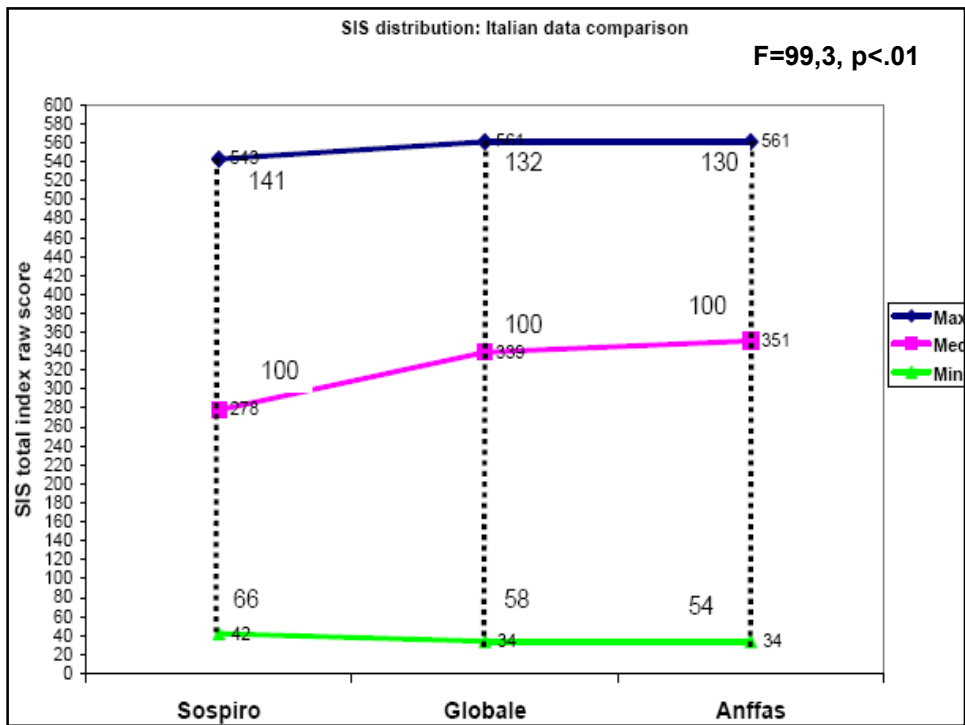
- Significant reduction in drugs administration
- Drastic decline in physical restraint for challenging behaviors
- Quick drop of sedative intervention for acute behavioural problems
- Decrease of emergency medical interventions
- *Preventive care vs Emergency care*

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SIS profiles:
group perspectives...

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The future has already happened,
and what we need to do is to use
the changes as opportunities

Peter Drucker

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