

A photograph of three women standing together indoors. The woman on the left has short brown hair, wears glasses, a patterned top, and a necklace. The woman in the center has short white hair, wears glasses, a blue top, and a necklace. The woman on the right has short grey hair, wears a denim jacket over a patterned top, and a necklace with a red poppy. They are all smiling. The background shows a brick wall and a green plant.

The Faces of ACE

What is ACE?

Why is ACE important
for people with dementia
and their families?

THE ACE PROJECT

Why do it?

Where would you want to live if you had dementia?

Most of us would likely answer “at home.” But we also know that, for those in the late stages of this disease, home is rarely an option because of the high level of care needed. So what’s the next best choice?

Not long ago, it was thought that a custodial model of care, where people lived together in large groups on a closed unit, was the best environment for those with advanced dementia. Locked doors and limited freedom were the keys to safety.

That line of thinking has been debunked by recent research.

“There has been a sea of changes in best practices for this special group of residents, and we want to keep pace,” says Norm Kasian, CEO of Riverview Health Centre. “We funded a **world-wide study** to find out what we needed to do to bring Riverview to the forefront.”

Led by an architectural firm with international offices, this evidence-based study identified changes in environmental design and service delivery that **provide the best possible quality of life** for people in the end stages of this devastating disease.

“Confirming best practices informed the design team as we strove to develop ACE, the Alzheimer Centre of Excellence,” says Kasian. “**We didn’t want just another dementia unit.** We wanted a home for people with advanced dementia – one that would be a model for other facilities to emulate.”



**Norm Kasian, CEO,
Riverview Health Centre**

Here’s What the Research Says:

Smaller is Better

Residents with advanced dementia benefit from living in smaller family-sized groupings. Individuals should be grouped with other residents who have compatible personalities and similar interests.

Open the Doors

Freedom of movement has been found to reduce agitation and anxiety. Residents should be able to move from one area to another, including the outdoors, without being impeded.

For resident safety, the perimeter of this expanded area is secure.

Adjust the Lights

Sunrise and sunset direct our natural circadian rhythm, telling us when it’s time to wake up and time to sleep.

It’s no different for those with late stage dementia. The research says that adjusting the light spectrum in artificial lighting to mimic night and day can minimize agitation, confusion and depression.

Provide Diversion

While those with advanced dementia tend to be solitary, they often show enjoyment when offered familiar activities that they can do on their own.

Units should include a variety of activity areas, such as a mock kitchen or mechanic shop, to encourage residents to engage with their surroundings in ways that are meaningful to them.



THE ACE PROJECT

What is it?

ACE is the acronym for the Alzheimer Centre of Excellence. Its purpose is to change the way Riverview cares for people who are in the advanced stages of dementia.

Riverview Health Centre is reinventing its Alzheimer and Dementia units **to reflect today's best practices.**

To that end, the building and renovation project currently underway is transforming the physical setting and the manner in which Riverview delivers service.

"These changes are needed now," says Cindy Rodych, ACE Project Manager. "The **number of Manitobans with dementia is growing**, and it's imperative that we develop facilities that will allow people with dementia - especially those in the late stages - to live with dignity."

PAUL ALBRECHTSEN ACTIVITY PAVILION

This 6,000 square foot new building, named for the ACE Project's benefactor, is linked seamlessly to the unit's two wings. It offers opportunities for activities suited for residents with advanced dementia. Individualized activity stations include:

- a mechanic shop with plastic tools
- a nursery with realistic dolls to replicate a day care centre
- a cooking centre to mimic a home kitchen



Out With the Old ... In With the New

[Custodial Care] → RESIDENTIAL LIVING

Riverview's old model of custodial care had 60 residents divided into four groups of 15. The new "residential living" model will have 60 residents divided into **12 groups of five.**

[Limited Movement] → ABILITY TO ROAM

Our residents' 1,500 square foot "world" is being replaced by a 9,000 square foot "world," providing **enhanced freedom within a safe perimeter.**

[Whose room is this, anyways?] → THIS IS MY ROOM, NOT YOURS!



Every resident in each five-person home environment has their own **identifiable and individualized front door**, minimizing confusion and agitation. In addition, each room has a curio cabinet at its entranceway containing items that are meaningful and memorable.



[Living Without Technology] → LIVING BETTER WITH TECHNOLOGY

Part of the ACE philosophy is to **utilize the best that technology offers** in order to enhance residents' quality of life. Each resident will have an iPad at their front door with images that are meaningful (and hopefully recognizable) to them. Another example is the use of electronic tracking to allow increased movement by residents while a watchful eye is still maintained by staff.



Cindy Rodych,
ACE Project Manager



THE ACE PROJECT

The Positive Approach

Left to right: Mandy Paradis-Juba, Patient Care Manager, AB2; Andrea Meakin, Director of Resident Care Services; Faye Ostrove, Patient Care Manager, AB1.

People with advanced dementia often lose their ability to communicate. To provide resident focused care, staff have learned to identify and find ways to meet residents' needs.

The resident care team has adopted a new philosophy of care called the "Positive Approach." Created by dementia expert Teepa Snow, this approach asks the health care team **to try to understand how it feels to live with dementia.**

"We recognize that a person with advanced dementia is not going to say, 'I'm thirsty' or 'I have a headache.' Instead, they may pace or call out, or they may resist care," explains Andrea Meakin, Director of Resident Care Services.

Our goal is for all team members, whether they are nurses, health care aides or staff from other disciplines, to be taught to **respond with empathy** to signs of distress exhibited by a resident.

STAFF TASKS vs RESIDENT NEEDS

Staff on the Alzheimer and Dementia unit at Riverview have moved from a task-driven nursing system - where boxes are ticked off as jobs get done - to a resident focused, flexible model of care.

This means that a person with dementia doesn't have to put on his pyjamas for bed if he doesn't want to. What does it matter if he sleeps in his shirt that night?

Similarly, if a resident is generally unsettled in the afternoon, a bath can wait until the evening, when she's usually calm.

"The approach improves the quality of life for our residents," says AB1 Patient Care Manager Faye Ostrove. "Our goal is to make them feel comfortable and safe."

Staff try to read the resident's cues and adjust their approach, including environmental considerations: Is the person being bothered by a loud television or too much light? Was the person taken by surprise?

"We recognize that residents are doing the best they can, and it's up to us to meet them at their level," Meakin explains. "We also understand that residents' reactions change over time as the disease progresses, and may even change day to day depending on how they are feeling. Being flexible is an important aspect of providing care."

Family Members Key to Care

Mandy Paradis-Juba, Patient Care Manager on AB2, **relies on families for information** about the residents' past interests. "The more we can understand about what a person was like before they had dementia, the better we are able to trigger positive memories," she says.

That may mean presenting a plush toy kitten to a cat lover or silk flowers to someone who enjoyed gardening.

Redirection and Distraction

Helping residents feel secure means redirecting them to another activity or distracting them from something that seems to be distressing.

This **resident focused model of care**, along with staff training and environmental enhancements on the unit, are in place to ensure the **highest quality of life** for the residents - a life where they are treated with dignity and understanding.





Dr. John Bond,
Manager of Research,
Riverview Health Centre

THE ACE PROJECT

Measuring Success

By embarking on the ACE Project, Riverview Health Centre committed to making comprehensive changes to environmental design and service delivery for residents in the advanced stages of dementia. What will be the impact of these changes on their lives?

This question, asked by Dr. John Bond, spurred the idea to undertake a pre- and post-construction research study of the ACE Project currently underway at Riverview.

“When planning for ACE first got started, it struck me that **this would be a perfect opportunity to do a study to evaluate the merits of all the changes,**” says Dr. Bond, Riverview’s Manager of Research. “Management agreed, so we put out a call for proposals.”

The successful proposal, from the Centre on Aging at the University of Manitoba, is a multi-faceted study being conducted by a team of researchers from a variety of disciplines.

Using a wide array of evaluation methods, this team is examining the effects of the transformations on the unit’s residents. Specifically, researchers want to find out whether the renovation **has its intended impacts on quality of life.** To accomplish this, a whole host of interacting variables are being investigated.

At the same time, the researchers are looking at the perspectives of families and staff members to obtain their viewpoints on the effects of the changes.

The pre-construction study began in April 2017, with post-construction investigations to begin in April 2019.

“When the study is completed, we’ll have important information about the correlations between changes on the unit and the quality of life of the people who live and work there,” says

Dr. Bond. **“The lessons learned can be shared so that facilities for people with advanced dementia can be built to meet best practices.”**

This study is being funded by Riverview Health Centre, its Foundation and Mitacs, a national not-for-profit organization supporting industrial and social innovation in Canada.

MEASURING SENSE OF WELL-BEING IN PEOPLE WITH DEMENTIA

The overarching goal of making comprehensive changes to Riverview’s Alzheimer and Dementia unit is to ensure the highest quality of life for the residents. The question is, **how can satisfaction with quality of life be measured in people with dementia** who may not be able to express themselves?

One method being used by the ACE research team is known as Dementia Care Mapping (DCM). This observational tool utilizes a trained “mapper” to **unobtrusively observe residents** over the course of the day in public environments of the facility, such as dining rooms and lounges.

The mapper **records how the residents respond and react to their environment** and how they use their time and space. This is done using a special instrument to track different domains that account for a high or low level of well-being or quality of life. The instrument was specifically designed for assessing the care of people with dementia from the viewpoint of the person with dementia.

The multidisciplinary team includes the following researchers affiliated with the Centre on Aging at the University of Manitoba:

PRINCIPAL INVESTIGATOR

Michelle Porter, PhD
(Kinesiology & Recreation Management)
Director,
Centre on Aging

COORDINATOR

Nicole Dunn, MA
Associate Director,
Centre on Aging

CO-INVESTIGATORS

Laura Funk, PhD (Sociology)
Lorna Guse, PhD (Nursing)
Christine Kelly, PhD
(Community Health Sciences)
I fan Kuo, PharmD (Pharmacy)
Shauna Mallory-Hill, PhD
(Interior Design)
Kerstin Roger, PhD
(Community Health Sciences)

COLLABORATORS

Lesley Koven, PhD
(Clinical Health Psychology, WRHA)
Colleen Millikin, PhD
(Clinical Health Psychology,
Deer Lodge Centre)
Richard Milgrom, PhD
(City Planning,
University of Manitoba)





Karen Kehler,
Daughter of Denise Ross

THE ACE PROJECT

The Right Place To Be

It's tough for Karen Kehler to say goodbye after a visit with her mother, Denise Ross, on the ACE unit at Riverview Health Centre. Denise thinks Karen has come to take her home and doesn't understand why she is leaving without her.

KEEPING BUSY

"Mom has always liked being busy - she had her routines at home when she was looking after Dad," says Karen Kehler, whose mother, Denise Ross, lives on the ACE unit. "She was a homemaker - she'd put on the coffee and make breakfast for Dad and do some cleaning."

For that reason, Karen is looking forward to the completion of the Paul Albrechtsen Activity Pavilion. She thinks her mom will make good use of the large space, which will be filled with numerous activity stations, including a cooking centre that mimics a real kitchen.



That's when staff members on the unit come to the rescue.

"Mom gets really upset when I'm getting ready to go - sometimes she'll hold my arm and won't let go," says Karen. "But a nurse or aide will come to help. **They'll distract her and get her interested in something else.** It makes leaving so much easier."

Denise came to the unit in January 2018, just a month after her husband, Albert (Karen's dad), passed away. The pair had been living independently in their home, but things had not been going smoothly. Albert had mobility issues, and Denise - who looked after all of Albert's needs - ended up hospitalized for heart problems.

Karen and her three siblings had noticed that **their mother wasn't remembering things, and they were concerned.** "She'd hang up the phone and not know who she'd been talking to," says Karen. "I'd sweep her floor and she'd say, 'Why are you doing that - I just did it,' when it was obvious she hadn't."

During Denise's hospitalization, a doctor recognized the signs of dementia, and after that, the ball started rolling to find a placement for her. For the family, availability at Riverview couldn't have come soon enough, but even so, they were worried.

"Mom is feisty and stubborn," says Karen. "She functions a bit better than others on the unit, but she's an exit-seeker - she's at risk for trying to get out. We didn't know if this was the right place for her."

Patient Care Manager Mandy Paradis-Juba and her team **assured the family that it was indeed the right place for Denise.** And although it's not easy for the siblings to see their mother wanting to go home all the time, they know that she's being well cared for on the ACE unit. Karen has even heard Denise say, "They are very nice to me here."

"The staff know what they are doing," says Karen. "They keep in regular touch with us, and if we ever have questions, we can call and they'll get back to us quickly with answers."

Karen is convinced that, with the wonderful care available, the ACE unit is the best place for her mom. **"This means that Mom is getting the care she deserves."**



The door to Denise's room.



THE ACE PROJECT

A Reason to Smile

The welcome sign in Bill Bergen's room on Riverview's ACE unit exemplifies the disposition of the man who lives there. If you go for a visit, chances are Bill will greet you with a mischievous smile and a hearty laugh.

Although Bill has been living with dementia for almost a decade, his wife, Pat, explains that **the upbeat part of his personality still shines through**. "He liked to joke around," she says. "There was always lots of laughing with our close group of friends."

It was shortly after Bill retired at age 65 that Pat realized something was wrong. "His driving became problematic - I'd ask him if he knew where he was going, and he'd say, 'No,'" she recalls.

That prompted a visit to the doctor, who recognized the early signs of dementia. Further tests confirmed those suspicions. Despite the diagnosis, Bill was able to live at home for a long time with Pat, who helped with his personal care.

By the time the couple reached their seventies, **Bill's increasing care needs had become too much for Pat to manage on her own** - she was getting worn out. Bill had three bad falls, the last one resulting in a broken ankle and a hospital stay. It was during that stay that their grown children, Christy and Garth, convinced Pat to look into a permanent placement for Bill.



The door to Bill's room.

Within a few months, a space became available at Riverview. Bill spent time on two other units before being transferred to the Alzheimer/Dementia unit in October 2017.

Pat recognizes that the staff on this specialized unit is **trained to understand people with dementia**. "They are totally equipped - and they love Bill!" she says.

Pat relates the story of one health care aide who told her, "When I come in that door and see Bill smiling at me, it makes me want to come to work."

Pat appreciates the small family groupings of residents, which means that people who have a similar nature can live in the same area. She also loves the personalized



Pat Bergen,
Wife of Bill Bergen

touches, such as the individualized doors. "We always loved antique things, so we chose the stained-glass look for Bill's door."

Bill is in a wheelchair, but he's still mobile - he can move the chair using his feet. He eats well, and Pat says the meals are great. She often takes him to the cafeteria, where Bill spends time people-watching.

"Dementia is something you can do nothing about, so you have to make the best of it," says Pat. With all the smiling Bill does, she's sure **he's getting the best care on the ACE unit**.

TRAIN STATIONS

One of Bill Bergen's hobbies was building model railroads. To keep those memories alive, his wife, Pat, filled Bill's curio cabinet - which greets Bill as he enters his room - with photographs of railway stations and trains. "I have to point out the pictures to him but he sees them and smiles," she says.





Deb May,
Daughter of Elsie Dudar

THE ACE PROJECT

A Dignified Place to Live

While Elsie Dudar can't articulate what's going on in her head, daughter Deb May is convinced that her mother appreciates the beauty of her home on the Alzheimer and Dementia unit at Riverview Health Centre.

"In her own way, Mom lets me know that she's happy here," explains Deb. "She'll walk around with a smile on her face and she'll say, 'My room is nice.'"

It's important to Deb that her mother feels comfortable and happy in her living environment. "Mom's surroundings were always important to her, and she always liked to be well-dressed with her hair done," says Deb. "Even though she has dementia now, she still has the same desires. **She deserves the dignity of a nice place to live.**"

A widow, Elsie had been living alone in her own apartment when Deb noticed the first signs of memory loss about six years ago. Eventually, a diagnosis of mixed dementia (where characteristics of more than one variety of dementia are exhibited) was made.

As the dementia progressed, it became unsafe for Elsie to live on her own, and Deb arranged for temporary stays in other facilities. She and her brother, Ray, felt lucky when a room at Riverview became available in December 2016.

Deb is amazed at the attention designers gave to the lighting, which simulates natural changes over a 24-hour period. The purpose is to mimic night and day to encourage normal wake and sleep cycles in residents. **"The lighting even puts me in a good mood!"** jokes Deb.

Deb also notices the acoustics; sound doesn't travel, so quiet areas can be found on the unit. As well, the striated flooring in the hallways, with a plain apron around the doorways to the rooms, provides a visual cue that helps prevent residents from entering others' rooms.

Along with the environment, Deb is impressed with the care her mother receives. **All staff members treat Elsie with love and respect** - they take the time to talk to her and go the extra mile. They even hold up her clothes and ask her what she'd like to wear that day.

Deb believes that, while we can't cure dementia, we can make sure people who have it are happy and safe and have a good quality of life.

"Mom has all of that at Riverview. She understands feelings and emotions even when she can't communicate. **She knows she's in a nice space that is matched by caring, empathic people.**"

"Every effort has been made to create a beautiful space that also stimulates cognition," says Deb, who visits Elsie on a daily basis. She's referring to the private rooms, the views and the attention to such details as individualized doors and personalized curio cabinets, which all work to **make the surroundings homey and familiar.**



The door to Elsie's room.

MESMERIZED BY MUSIC

Elsie Dudar and her late husband, Bruno, loved music. They owned a large collection of records and always had the radio turned on. No wonder, then, that Elsie listens intently to every note when there's live music playing. "When the Winnipeg Pops Orchestra performed in the cafeteria, Mom was quietly mesmerized," says daughter Deb. "The Recreation Facilitator on the unit also arranges for performers to come and play, and all the residents dance and sway to the songs."



THE ACE PROJECT

Where There is a Will ... There is Another Way

For one anonymous donor, giving to Riverview Health Centre through his will isn't enough.

In addition to the amount set aside in his estate for Riverview Health Centre, this generous individual decided to make a donation right now so that the Centre wouldn't have to wait.

Although the gift is anonymous, the direction is clear. **The donor has requested that the funds be directed towards ACE** (Alzheimer Centre of Excellence), a building and renovation project taking place on Riverview's 60-bed Alzheimer and Dementia Unit.

"The Centre needs money for this project now, not later," he says. "I have enough assets to live on; **I like the idea of being able to see the impact of my gift**, so I like the

For more information about making a donation to the ACE Project and to other initiatives at Riverview Health Centre, contact Sheldon Mindell at 204-478-6197 or smindell@rhc.mb.ca

idea of providing dollars to ACE today. ACE is going to help people with dementia to live better; a large number of people will benefit for a long period of time."

When asked why he prefers to remain anonymous, this donor says it's because the donation is not about him – it's about the need. "ACE is a specific project with big goals, and a lot of funding is required to see it through."

This donor's name may be an unknown, but **he hopes his actions will prompt others to consider supporting Riverview** in whatever way they are able – now and tomorrow.

While he specified ACE for his current contribution, this donor's estate donation will be undirected so that Riverview may identify the most appropriate needs at that time.

Laughter is the Best Medicine

WHAT IS THE RECIPE FOR A SUCCESSFUL GALA?

- Joanne & Greg Ward** Spice with an award (see photo)
- The Puchniak Family** Recognize for support of dementia research
- Educational Video** Insert to reveal flavour of Riverview's Stroke and Acquired Brain Injury Unit
- Successful Story** Reveal how an \$8.5 million capital campaign goal mushroomed into an achieved \$9.5 million result
- Comedian** Ice with jokes and laughter

Mix ingredients thoroughly; add a room full of Riverview Health Centre supporters; serve a delicious dinner; entertain with live and silent auctions.

**The result?
Over \$80,000
raised to
support ACE –
the Alzheimer
Centre of
Excellence!**



Joanne and Greg Ward,
Friends of Riverview Award Recipients

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In Honour of and In Memory of Donations



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Sheldon Mindell,
Executive Director,
Riverview Health
Centre Foundation

THE ALZHEIMER CENTRE OF EXCELLENCE (ACE) PROJECT

A Fundraising Story

It all started with Riverview Health Centre's decision to ask the question: "What does a state of the art Alzheimer/Dementia facility look like if it were to be built today?"

Six months later the research was clear. It said that what Riverview had was adequate, but did not reflect best practices based upon today's information.

The next question was: **"What do we do with this new information?"** One option was to ignore it, but we knew that would not sit well with Riverview, which is always working towards providing the best care for our residents and patients.

We took the other option - the Health Centre accepted the responsibility of considering and evaluating the recommendations gleaned from the research, including physical and service

delivery changes. **The Foundation was left to find the money;** at that point the actual amount required was unknown.

The ACE Project received strong encouragement from key donors, first from the Paul Albrechtsen Foundation and then from Adrian and Maylene Cancilla and professionals working in the dementia field. The Foundation started to imagine a \$5 million capital campaign to fund the project - **no small feat for a community facility** that was committed to funding 100% of the project from private donors.

Second stage budgeting took the project from \$5 million to \$9.5 million; however, the project needed to be kept both reasonable and doable. A final figure of \$8.5 million was established

by removing \$1 million worth of changes that could be added in at a later date.

Where are we today in our capital campaign? A total of \$8.3 million has been raised, with strong indications that there is more support to follow.

HOT OFF THE PRESS! Fundraising has been so successful that Riverview Health Centre is now committed to adding back those items that were originally removed from the \$9.5 million budget.

The Foundation is telling this story to show the power of having an idea and then encouraging others to support it. You, too, now have the opportunity to assist the ACE project fundraising to exceed its goal.

- I/WE WANT TO SUPPORT THE ACE PROJECT!
- I/WE WANT TO PROVIDE SUPPORT WHEREVER IT IS NEEDED!



My/Our gift to the Foundation is: \$200 \$100 \$50 Other _____

I/We enclose a cheque payable to:
Riverview Health Centre Foundation, 1 Morley Ave., Winnipeg, MB R3L 2P4

I/We prefer to pay by credit card: Visa Mastercard

Card # _____ Exp. Date: _____

Signature: _____

Mr. Mrs. Ms Dr. Name(s): _____

Address: _____ City: _____

Postal Code: _____ Phone: _____ Email: _____

DONATE ONLINE: give2rhcf.ca

- I/We would like to learn more about:
 - a) Monthly Giving
 - b) Planned Giving

Tax receipts will be issued.

*Charitable Registration
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Health Views is published regularly by Riverview Health Centre to provide information about the Centre's programs and initiatives to both the broader community and to its staff and patients.

Lorna Wenger
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