



health

V • I • E • W • S

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Photo: Ruth Bonneville

Dr. Harvey Chochinov (left), one of the founders of the Canadian Virtual Hospice, watches a demonstration during the launch at Riverview Health Centre. Senator Sharon Carstairs and Simone Stenekes, a clinical nurse specialist who responds to queries on-line, look on.

Pastoral Care: Helping to Nurture the Spirit

During his last years at Riverview Health Centre, Len Peto was an eager participant in Sunday worship services. Despite being on a respirator, he attended faithfully with his wife Pauline. He once said: "A hospital must provide more than treatment for the body – the soul must be cared for to give people the strength to carry on."

Since the early years of the hospital, pastoral care has been an integral part of Riverview Health Centre. The first of many interdenominational services was held on-site in the mid-1920s. When the new Centre opened in 1997, it included a Worship Centre for people from all faiths.

"The Worship Centre is at the heart of spiritual care at Riverview," acknowledges Glen Horst, Coordinator for Pastoral Care. "It is an amazing space committed to nurturing people." However, he stresses, the Centre's Pastoral Care Program is not limited to the Worship Centre.

Pastoral Care works closely with other members of the interdisciplinary teams throughout the Centre to provide care and healing. "The focus of Pastoral Care is to provide a caring presence to residents, patients, families and staff members in the midst of emotional or spiritual struggles," says Horst.

These struggles often revolve around issues of loss, grief and transition, such as moving from the community to the Centre. The role of Pastoral Care involves assessing spiritual or religious needs and responding in a supportive and meaningful manner.

Explains Horst: "It's about entering a person's story, helping them reflect on what they've created to this point, and exploring what kinds of resources in that story they can draw upon in this difficult time so as to write the rest – often the final chapter."

Rituals can be an important part of feeding the spirit. Besides the Sunday Ecumenical service, the Centre holds Wednesday morning Catholic mass, Anglican Communion services and a monthly sharing circle led by an elder from the aboriginal community. As well, the Pastoral Program facilitates occasional rituals, such as sweet grass ceremonies and Hanukkah celebrations. Several lay people also bring communion onto the units.

The Centre has developed its own rituals, such as the Service of Remembrance and Consecration, whereby staff and residents gather to honour a deceased person and to bless the room for the next person coming in. Recently, some units have added a welcome ceremony to formally invite the new resident or patient to participate in the life of the community.

"Chaplaincy is not only about one-on-one ministry, but about helping people experience a sense of community in Riverview," notes Horst. One unit holds regular hymn singing, another organizes a men's group, while the Alzheimer's unit has worship services for those whose severe impairment precludes participation in Centre-wide services.

Recently, Pastoral Care added a new full-time chaplain, whose expertise includes bringing

"Pastoral Care" continued page 8...

Riverview Hosts Launch of Canadian Virtual Hospice Website

Nobody wants to get sick and die. But the painful truth is, some people do. And when it happens, the goal is to make the experience as painless and comfortable as possible, not only for the dying person, but for their families as well.

To make that happen, people need information about death and dying, along with emotional support to sustain them through the experience. Traditional resources include hospice organizations, support groups, physicians and other health professionals.

People don't know what to expect when they learn that they have been diagnosed with a life-threatening illness.

– Dr. Harvey Chochinov

As of February 6, a new and nontraditional resource became available to the public. Called the Canadian Virtual Hospice, this national, bilingual, interactive website provides high quality health information about death and dying, as well as a forum for Canadians to share their experiences with illness or grief. Riverview Health Centre hosted the well-attended national press conference and launch, which featured several key speakers and attracted health care professionals, media representatives and Riverview Health Centre staff members.

One of the key speakers was Dr. Harvey Chochinov, co-founder of the site and co-chair of the Canadian Virtual Hospice. "People often don't know what to expect when they learn that they have been diagnosed with a life-threatening illness," he says. "They may feel

confused, fearful and uncertain about what lays ahead. If ever they needed information and support, it's at this stressful time in their lives."

This comprehensive website provides detailed information on a variety of topics, including physical symptoms of illness, emotional reactions and spiritual questions that may emerge for patients and families. It also includes chat rooms, bulletin board discussion areas and a place for people to email questions to a health care professional.

Users include patients, family, friends, health care professionals and volunteers who are looking for easily accessible, credible information and support on end-of-life care and the issues associated with it.

Riverview Health Centre was the first to provide financial support (\$150,000 in seed money) for the site during the initial planning stages. "We have one of the largest palliative care units in the country, and our program's philosophy and technology is among the most modern," says Norman Kasian, Riverview's CEO. "When

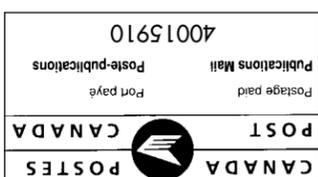
"Virtual Hospice" continued page 8...

Inside This Issue

Stroke Care	2
Redesigned Website	2
Lori Yaworsky Award	2
Humour in Palliative Care ...	3
The Archives Project	3
An Event for the Birds	4
Cycle on Life	4
Tree of Lights Festival	4
Bereavement Care	5
Video Production Studio	5
Foundation Contributors	6
Smoking Cessation	6
Workplace Safety & Health ...	6
Snowman City	7
Quality Initiatives in OT	7
Long Service & Retirements ...	8



Pastoral Care initiated a remembrance service held to honour a deceased patient and to bless the room for the next person.



Toward Improved Stroke Care

The improvement of stroke care is an ongoing concern among health care providers. To address this concern, a number of staff working in the area of stroke care at Riverview Health Centre organized a one-day conference, which took place at the Centre's Day Hospital on February 27, 2004.

Health care providers who work throughout the city were in attendance to learn about current practices and future directions for stroke care in Winnipeg. Exhibits from various community organizations and support services were on display throughout the day.

"We wanted to promote Riverview's stroke rehabilitation program to other health professionals in Winnipeg who work in stroke care and combine that with learning from some of the leading experts in our city," explains Andrea Bellamy, Occupational Therapist at the Centre and member of the conference organizing committee.

Dr. Brian Anderson, Head of Neurology at Health Sciences Centre and St. Boniface Hospital, spoke about innovative medical treatments to minimize the impact of brain attack. Dr. Barry Campbell, Medical Director of Geriatric Psychiatry at St. Boniface General Hospital, discussed mood disorders and other psychosocial impacts of stroke.

"Because of an aging population, we are going to have more and more people with strokes. And with newer technology in terms of treating acute stroke, more people are going

to survive and will have to deal with the residual disabilities," notes Dr. Campbell. "It's going to be important for all health care providers to understand the effects of stroke and the ways people can overcome the deficits to their quality of life as a result of a stroke."

Christa Ferreira, Project Manager of the Winnipeg Stroke Project (Winnipeg Regional Health Authority), talked about regional directions in stroke care, while Ted Stevenson, Physiotherapist from St. Boniface General Hospital, explained his program on constraint-induced movement therapy, which he runs with Leyda Thalman, Occupational Therapist.

Riverview staff presentations included Heather Jacobson, Speech-Language Pathologist, who talked about the management of dysphagia (swallowing disorders), and Fran Rosenberg, Nurse Continence Advisor, who addressed the issue of incontinence in a talk entitled "Bladder to Brain and Back Again." Andrea Bellamy, Occupational Therapist, and Carole Hamel, Clinical Nurse Specialist, spoke about the Functional Independence Measure (FIM) and its use to assess change during rehabilitation.

"We were pleased with the positive feedback we received about the conference," says Bellamy.

Riverview will assess the feedback and needs for further education in improved stroke care and will consider hosting future educational sessions.

CD4 Staff Member Receives First Annual Lori Yaworsky Award



Riverview President and CEO Norman Kasian presents the first annual Lori Yaworsky Quality Champion Award to Sharon Andert, Health Care Aide on CD4.

The 2003 Lori Yaworsky Quality Champion Award went to Sharon Andert, a Health Care Aide on CD4. The award, presented by Mr. Kasian during Quality Week in October 2003, includes a gift certificate, a gift from Riverview Health Centre and an engraved carved glass trophy.

Colleagues nominated Andert for her commitment to providing quality to all aspects of her job. They describe her as "always kind and considerate to patients" and note that she "spends extra time with patients doing special things like hair, nails." Her co-workers believe she truly exemplifies patient-focused care. The nomination also included a letter of support from a family member who attested to her commitment to providing quality care to all patients.

"I'm very honoured to be the first recipient of the Lori Yaworsky Award," says Andert. "It puts real value on my work."

The annual Quality Champion Award – named in honour of the life and dedicated work of Lori Yaworsky – recognizes a staff member who has demonstrated

exceptional and consistent quality customer service.

Lori Yaworsky, a staff member at Riverview for over 20 years, passed away after a brief illness in April of 2002. As Manager of Support Services, she actively participated on the Corporate Quality Management Committee. Her management philosophy and values crossed the boundaries of organizational roles. She had the ability to make all staff realize they can make a difference. She always found a reason to celebrate.

Congratulations to Sharon Andert for being the Riverview Quality Champion for 2003!

Also nominated and recognized for their commitment to ensuring quality at Riverview Health Centre are: Crystal Caron (SP, AB2); Bogumila Szcapaniak (RN, CD4); Sandy Hiatt (HCA, 2W); Lori Butler (Laboratory); Nancy Steski (Supervisor Support Services – Food Services); Marlene Smith (Material Management); Jacqui Hopkins (Outpatient Physiotherapy/Continence Clinic); and Heather Jacobsen (Speech Language Pathology).

YOU MAY BE ELIGIBLE FOR A STUDY IF YOU ARE AN RN WHO GRADUATED BETWEEN JULY 2003 & MAY 2004.

This study will evaluate the effectiveness of a new role within the WRHA, designed to assist the transition of new graduates into the workplace. This role is called the Transition Facilitator role. Transition Facilitators provide support to new graduates during the first fifteen months of employment.

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Website Features Virtual Tour

Log on to www.riverviewhealth-centre.com.

Those who haven't visited Riverview Health Centre's website recently are in for a surprise when they do. The site has been completely redesigned and newly developed. Its eye catching design lets visitors navigate with ease through the expanded content.

The new site includes a virtual tour of the Centre. Visitors can see first-hand a "clipstream" view of the Atrium area, Cycle on Life Conservatory, Thomas Sill Auditorium, Worship Centre, Day Hospital, a patient/resident room, health club and museum.



Content on the site is now more comprehensive, providing visitors with descriptions

of programs, research and education activities, employment and volunteer opportunities, a site map and directions to various destinations throughout the Centre. Main tabs provide the signposts to more detailed information, which appear as "pull down" tabs. Some tabs take the visitor for an even more in depth look through the use of "fly-outs," accessible with a click of the mouse.

"We discussed design and function with website development experts before deciding on the new look," explains Sandra Stewart, Public Relations Manager at Riverview. "We are excited about launching our new site and believe it will help familiarize people with our Centre, giving them ready access to the information they need in an advanced user-friendly format."

Throughout the site, contact numbers are listed so viewers can follow-up on information they require.

Imagine yourself in a peaceful place.

It's easy when you tune in to Channel 60, Riverview Health Centre's in-house Relaxation Station featuring nature photography, inspiring music and natural sounds.

Channel 60
The soothing alternative to other channels.

Humour in Palliative Care: Research Shows Laughter is the Best Medicine



During her clinical practice, Ruth Dean spent many hours caring for the dying. "We laughed a lot," she recalls. Intrigued, she decided to dedicate her doctoral thesis to the phenomenon of humour in palliative care.

Dean's research project was chosen as the winner of Riverview Health Centre's Research Competition in 2001. After two years of research and analysis – including 12 weeks shadowing six nurses in Riverview's palliative care unit – Dean, a senior instructor at the Faculty of Nursing, University of Manitoba, has completed her dissertation, entitled "Transforming the Moment: Humour and Laughter in Palliative Care."

"I found that humour is extremely significant in this area," she stresses. "Staff used humour to put patients at ease and establish connections right from admission."

Dean wanted to identify the function of humour, as well as circumstances in which it is inappropriate. She discovered that staff preferred to work with colleagues who used humour,

while patients who used it received more visitors.

"People would use humour to say something otherwise too horrible to say," she adds. For instance, a woman who brought a fancy recliner to palliative care was fond of telling the staff that, considering she had bought the chair with no payments for two years, she would never have to pay a cent.

Humour, Dean found, helps people contend with circumstances. Both patients and staff sought tension relief in playful interaction. "It can't change the situation, but for a moment, it helps you put it aside," says Dean. When something particularly difficult would happen, staff might later joke about it together as a means of restoring a sense of proportion.

At the same time, humour can help staff and families affirm patients' personhood and preserve dignity. "I find that when people took time to laugh and joke with us, they were seeing us as people, not just as part of their work,"

a patient's wife told Dean during the study.

Humour can also be a useful distraction when helping the very ill complete the most intimate tasks, such as toileting and dressing. Dean recalls a patient who rebuffed his daughter's attempt to help him to the washroom. Taking the cue, the nurse asked the elderly man to dance and waltzed him to the toilet.

Cues such as eye contact, reaction to a joke, and timing are all helpful in determining when humour is appropriate. Dean identified intense pain, paranoia and emotional peaks as moments when staff and family members should be most cautious.

As well, the culture of the family must be considered. "What is appropriate in one culture is not necessarily in another, especially with language differences," she adds.

Dean noted that, at times, humour even occurred at the deathbed. "It never came from staff in those moments," she stresses. "It would come from families reminiscing about the

patient with a gentle and loving "heart-to-heart" humour."

Since completing her research, Dean has delivered a number of presentations at provincial and national conferences and on the radio. She is presently sending her findings to several professional journals for publication. "I really think researchers have an obligation to get their findings out there where people can use them," says Dean.

She sums up humour in palliative care this way: "Combined with sensitivity and caution, humour in palliative care can be very valuable."

*Reprinted from:
On Manitoba, April 2004*

The Archives Project: Preserving Riverview's History for Future Generations

Throughout the 20th century, a number of Riverview Health Centre staff members had the foresight to file away material describing historically significant events.

The resulting fragmented collection was stored in a number of locations, including the vault in the King George Hospital, various offices, the nurses' residence and Education Services. When the original buildings on the Riverview site were designated for demolition in the 1990s, gathering and preserving this material became urgent. The result has been the creation of an historical video, a museum and an archives room.

Jean Bissett, Coordinator of Education Services from 1975 to 2001, remained after retirement to work on the Museum and Archives Projects. With the completion of the historical video and the September 2003 opening of the Heritage Museum at Riverview, Bissett turned her attention to sorting through and cataloguing the materials that had been used as the foundation for these earlier projects.

The archives are a small but focused collection of materials that are original and unique to Riverview.

The Riverview Health Centre archives, explains Bissett, are a small but focused collection of materials that are completely original and unique to this facility. The collection includes documents,



Jean Bissett checks over material stored in Riverview Health Centre's new Archives Room in the Princess Elizabeth Building.

photographs, films, videotapes and artifacts that capture the history of the first century (1911-2000) at Riverview.

These archives have been a valuable source of information required over the years by staff members, students, film makers and scholars working on various projects. Bissett is organizing the materials into a system that will allow access to anyone who is interested in the information for historical purposes.

To determine how best to manage the historic collection now being catalogued and processed, Bissett consulted Diane Haglund, an archives advisor from the Manitoba Association of Archives.

"Archives are records that have permanent value. They are

the gift of one generation to another," says Haglund. "Ensuring their ongoing care is a matter of stewardship and trust."

Haglund notes that archival collections have often survived through a combination of serendipity and the foresight of individuals with a commitment to and a passion for the mission of the creating agency. Bissett agrees this certainly was the case at Riverview Health Centre.

"It was just sheer chance that people throughout the years were putting documents aside. It wasn't anyone's assigned responsibility," she says.

The archives are housed in Room 436 of the Princess Elizabeth Building. A consultant from the Manitoba Museum tested the

room's temperature and humidity over a two-week period. The test proved the room was within standard limits to ensure long-term preservation of the collection. Materials must be handled with gloves, however, due to the age of some documents.

"We have newspaper clippings dating back to 1910 that are quite fragile," notes Bissett. "It's amazing that we have all of the minutes of the board meetings dating back to 1913, along with copies of all newsletters."

The Archives Project has great personal meaning to Bissett, who has been one of the ardent collectors of materials over her years at Riverview.

"I've always felt the story of the Winnipeg Municipal Hospital (the Centre's original name) has been an important part of the city's history. With the demolition of the old buildings, there was a possibility that the whole story could be lost. Now it's preserved, it's accessible and will be known as part of the history of this region," says Bissett.

Archives are records that have permanent value – they are the gift of one generation to another.

For more information on the Archives Project or the Heritage Museum, call 478-6271. The Historical video can be purchased at Financial Services on Level 2 of the Princess Elizabeth Building.

An Event for the Birds: Are You Ready to Feather Your Nest?

This spring, as the birds start flocking northward, Riverview Health Centre will be getting ready for their arrival. On April 22, a brand new event will take place.

It's called An Event for the Birds, and it includes a live auction of one-of-a-kind designer birdhouses built by some of Winnipeg's top architectural, design and contracting firms, artists and hobbyists.

We're not talking just any old birdhouse. Guests can bid on unique birdhouse masterpieces, ranging in design from classical to contemporary, humorous to high-tech. The sky was the limit for those who took up the building challenge. Successful bidders will take home a nest-feathering creation that will make their yard the talk of the town.

Not only that, but guests at this event will get a chance to bid

in a silent auction featuring many attractive prizes with a leisure activity theme. One of the featured silent auction packages is a scenic trip to see polar bears and their natural wildlife habitat in Churchill.

Those in attendance will enjoy a buffet dinner prepared by the chefs of the Fort Garry Hotel, one of the event's major sponsors. As well, there will be entertainment and bird watching experiences to attract flocks of enthusiasts.

Of course, all money raised at An Event for the Birds will help the Riverview Health Centre Foundation in its efforts to support programs and services that will enhance the quality of life for patients and residents at the Centre.

An Event for the Birds starts at 5:30 p.m. in the Atrium at Riverview Health Centre on Thursday, April 22. Tickets are

only \$50.00 each, or a table of ten can be reserved for \$500.00. To order tickets, call the Development Officer at 478-6197.



Get Ready for Another Successful Ride!

It's that time of year again – time to start thinking about participating in the Riverview Health Centre Cycle on Life 2004! So put on your helmets, oil up your gears, and get ready to ride!

Now in its sixth year, the Cycle on Life is the Foundation's most successful fundraiser. Last year, it raised an unprecedented \$86,700 in profit, bringing the cumulative amount raised over five years to \$319,000. This year, organizers are hoping to grow this success further.

Two participants enter as a team and commit to raising a minimum of \$1000 by collecting pledges. Then on Sunday, June 6, they take to the streets on their bikes to enjoy a 15 kilometer fun ride on a leisurely scenic route along the Red River.

After the ride, all cycling teams will be treated to a catered Champagne Brunch at the Centre. There will be lots of door prizes,



along with a grand prize of dinner and an evening stay for two at the Fairmont, sponsored by Neil Bardal Inc. The grand prize is awarded to the cycling team who raises the most in pledges.

The money raised from the Ride has provided Riverview's patients, residents, staff and families with several substantial projects that can be enjoyed by all. In 2003, the event funded the construction of the Cycle on Life Conservatory, a year round solarium located near the front entrance of the facility. Previous Rides have funded walking paths and an audio video link between the Worship Centre and the Thomas Sill Auditorium.

Funds raised in the 2004 Cycle on Life will be dedicated to the purchase of furnishings for the Conservatory. As well, some funds will be used for future Riverview education and research projects.



2003 is Memorable Year for the Tree of Lights Festival

The 2003 Tree of Lights Festival was once again a fabulous success. The lighting ceremony held on November 26 was one of the most memorable to date, with over 200 staff, patients and residents, families, volunteers and visitors in attendance to watch the Centre's grounds light up with holiday spirit.

Many guests saw the lighting ceremony from a brand new vantage point – the Cycle on Life Conservatory. This spacious, windowed room allowed for spectacular viewing of the light display all through the holiday season.

On the night of the Festival, guests enjoyed carols sung by the East Fort Garry Fourth Brownies, Guides and Sparks, as well as some inspirational holiday music and song provided singer Cristine Wollman and her daughter Shania,

with accompaniment by Shirley Burton of Burton Music.

Riverview's light display is becoming well known around the city. It was once again on the list as a destination for the City of Winnipeg Holiday Lights Bus Tours. Riverview was awarded first place in the regional business category in the Take Pride Winnipeg Candle Power 2003 contest.

The Festival of Lights attracted students from Churchill High School, who partnered with the Riverview Health Centre Foundation again to raise their highest total in three years. This partnership is evidence of the outreach aspect of the event.

Groups, such as the Churchill High students, and other individuals raise money for Riverview Health Centre by purchasing Festival of Lights cards for \$2. Thanks to all who participated!



Appreciation is extended to confirmed sponsors to date:



Bereavement Care Provides Strength During the Grief Journey

Riverview Health Centre's Palliative Care unit provides compassionate and innovative care for patients with life-limiting illnesses. The goal is to achieve the best quality of life possible for patients by controlling symptoms such as pain.

But at Riverview, the caring does not stop at the patient: the Centre's Bereavement Care Program offers help and support to family members and friends as they experience the illness and death of a loved one. The Program recognizes that the grief experience is painful, requiring hard work and time to complete. Trained bereavement care counsellors are available to help people in their grief journey.

Recently, a bereavement care package was made available to family members and friends through a grant from the Riverview Health Centre Foundation. The package, available to anyone in need, addresses many aspects of the grief process. It identifies the common emotions of grief, describes the grief process, and emphasizes the importance of caring for oneself through the experience.

"One of the overall themes of the information presented is that grief is a natural and necessary reaction to the death of a loved

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Bereavement Care Program



one," says Donna Goodridge, Patient Care Manager on the Centre's Palliative Care Unit. "Our program gives everyone permission to grieve in their own way. We recognize that every person's way of grieving is unique – there's no 'right' way to grieve."

The package also provides information about numerous resources, including a bibliography of reading material and the names and contacts of support groups available throughout the city.

The bereavement package has been given out to numerous family members who are grieving the illness and loss of a loved one, and the feedback has been very positive.

"I remember one family member who found the written information particularly helpful," Goodridge recalls. "He was grateful that he could read and absorb the material at his own pace, using it as needed in his own unique situation."

"Grieving is as natural as crying when you are hurt, sleeping when you are tired, eating when you are hungry, or sneezing when your nose itches. It is nature's way of healing a broken heart."

– Don't Take My Grief Away: Doug Manning

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The Winnipeg Foundation helps Support Video Production Equipment



Studio and state-of-the-art equipment enables Riverview to produce and edit its own video productions.

Over the years, the Winnipeg Foundation has shown ongoing support for the innovative programs and services offered at Riverview Health Centre. Canada's first community Foundation provides grants to support initiatives that will help Winnipeg citizens enjoy a productive and healthy life.

The Winnipeg Foundation recently showed its support to Riverview by giving a substantial grant to help fund video equipment for the in-house production and post production of video presentations.

The request for funding was initiated by the Riverview Health Centre Foundation, which funded the remainder of the project. The Riverview Foundation was responding to the need for improved technologies in the areas of patient care and education in a cost effective manner. Riverview has a long history of offering educational and promotional programs using this highly effective visual medium to share expertise and knowledge in the field of geriatric medicine.

"We found in our research that visual instruction is significant to the success of learning," explains Sandra Stewart, Riverview Health Centre Foundation's Executive Director. "It has been proven that people can and do learn more from educational technologies such as video and multi-media presentations."

The new production studio and the equipment enables the Centre to produce its own broadcast quality videos. Space was allocated for the studio, complete with a drapery track and a lighting grid, which includes a variety of television lighting fixtures and a dimmer control panel. Equipment includes a state-of-the-art video camera, a digital videocassette recorder, wireless microphones, a portable lighting kit and a Media 100 non-linear digital editing system.

"There is huge potential for this type of equipment," says Hugh Walker, Riverview's multimedia specialist. "The camera is a broadcast quality digital camera capable of digital signal processing. High resolution video and audio footage can be digitized and stored on a computer."

Walker explains that the editing system is also state-of-the-art. The Media 100 is capable of assembling the digital footage with more flexibility and in less time than traditional editing methods, resulting in a high quality digital end product.

Then, the product can be output to a variety of video tape formats, or it can be burned to CD and DVD for distribution. In addition, video clips with audio can be used to enhance other visual presentations, such as Powerpoint.

Having this equipment available saves Riverview thousands of dollars. As well, being able to produce its own work enables the Centre to keep control of project deadlines.

There are more advantages. Riverview can also maintain full control over confidentiality, and can carefully film and edit topics that are sensitive in nature. The resulting productions, whether they be for internal or external audiences, are consistent in their approach, convenient to use, economic to produce and high in their impact upon viewers.

Riverview is in a position to provide production services to other facilities, thus offsetting the Centre's costs.

The Winnipeg Foundation's generous grant allows Riverview to proceed with the long list of requests for video presentations. Some examples are: back care protection for long term and chronic care health care providers; complex wound care; fire safety; geriatric nursing education; and specific patient discharge videos addressing multiple care instructions.

As well, Public Relations often sees opportunities to promote Riverview's programs and services to a broader audience in a way that consistently reflects the Centre's professionalism and expertise.

"We are grateful to The Winnipeg Foundation," says Stewart. "This grant helped place Riverview on the cutting edge of video communication."

The
Winnipeg
Foundation
Established in 1917

...Foundation Continued

Riverview Health Centre Foundation Contributors

Contributions to the Riverview Health Centre Foundation help the Centre to meet community needs by providing funding for new equipment, special services, updated facilities, innovative programs, research and education that are above and beyond the Centre's day-to-day operations. Donations can be made to the Foundation as memorial gifts, honorariums, or to commemorate special occasions and important milestones. These donations are listed in this newsletter on an annual basis.

DONOR RECOGNITION LEVELS

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In Memory or in Honour Of

Gifts were received for the following people from Oct. 15/03 to Feb. 15/04:

Jean Anema	Desmond Hill	Kazuko Nagasaka
Verna Bailey	Johann Hirsch	Thomas Nauta
Muriel Beech	Garry Hoffmann	John B. Orvis
Edna Bennett	Elsie Hornsby	Mary Penner
Nicholas Bilenki	Arthur Hughes	Elizabeth Peters
Bernice & Rudy	Robert Hunter	John Piggott
Blanchet	Sophie Jacob	Bernice Pinch
Donald Boone	Jacob Jantz	Charles Reiach
Marcelle Bourque	Anne Jaworski	Kathy Roberts
Eleanor Brown	Valerie Kasmerski	Edith Rooke
William Budd	Rae Khan	Sherri Rose
John Burgess	Margaret Jean Kilgour	Marguerite Ross
Yvonne Calvez	Christian Kohli	Victor Sanderson
Lynne Cassidy	Helen Kuhtey	Anna Schroeder
Alpheda Catellier	Nick Kymanick	Brian Seale
Robert E. Clements	Louis Landa	Bernard Shaw
Pearl Cooper	Howard Langford	Lie Min Shih
Beth Cramp	Florence LaRoque	Jo Ann Stephen
Gail Danchuk	Shirley LeClair	Winnifred Stephens
Nicolas Danyluk	Douglas Lockhart	Margaret Stevenson
Christine Denhard	Candace Logan	Alice Strutt
Edward Denich	Norman Lowry	Jeanette Taylor
Ernest Dodd	Jose Machado	Joseph Telford
Gerhard Dubrow	Helmut Maskus	James Thompson
Helen Evans	Maria McAllister	Adeline Thomson
Sid Fien	Margaret McDermott	Marvin Thorsteinson
Betty Fraser	Doreen McGowan	William Titz
Clifford Gardner	Beverly McKay	Melvin Todd
Rose Gibbs	Lyle McKay	Eileen VanDekerkhove
Frances Gillies	Brian McLaughlin	Joe Vielgut
Lorna Hanks	Gertrude Meijering	Jacob Wall
Norman Hanson	Russell Miller	Paul Wasney
Cora Harrison	Gary Mitchell	Louis Wesa
Douglas Hay	Catherine Moir	Glenn Wilkinson
Barbara Hayter	Daisy Morley	L.P. Williams
Verna Hein	Edna Moyer	Gregory Wilton
Collin Hicks	Peter Muzyka	Eugene Yakimoski



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Smoking Cessation Program Helps Staff to "Kick Butt"

Employees of Riverview Health Centre recently had the opportunity to participate in a smoking cessation program. Held from September 2003 to January 2004, the program was provided through an arrangement between the Centre's Employee Wellness Subcommittee and Seven Oaks Wellness Institute.

The Subcommittee decided to look into smoking cessation because of the well known negative health effects of tobacco use. "Smoking is widely recognized as a leading preventable cause of chronic disease and death," says Sheree Meyer, a member of the Subcommittee and the Centre's occupational health nurse.

Another impetus for offering the program was the passing of the new City of Winnipeg bylaw in September 2003 that prohibits smoking in enclosed public places, such as retail stores, restaurants, day care centres, schools and health care facilities.

The eight participating Centre staff attended individual and group sessions with experts from the Seven Oaks Wellness Institute. Arranged by Meyer, the sessions were held on site at Riverview.

First, participants met individually with a behaviour

counsellor, who assessed their motivation to quit. Second, a private appointment with a physician for a treatment assessment was scheduled. Then, over the ensuing three months, four group sessions were held: three with the behaviour counsellor and one with a fitness/lifestyle expert.

At the end of the program, half the participants considered themselves non-smokers. The

Wellness Institute will do follow-up surveys at the six month and one year mark to ascertain the longer term success rate.

An evaluation completed at the end of the program indicated that participants were generally very satisfied with how

the program was run, and 80 percent reported being completely satisfied.

Meyer says the smoking cessation program may be held again in the future if there is sufficient interest from employees. As an incentive, the Centre covers half the cost for each participant. Then, any participants who are non-smokers at the end of the three month program will be reimbursed the other half.

Anyone who wants to "kick butt" can send an email to smeyer@rhc.mb.ca or call 478-6860 to indicate interest in this program.



Improving Workplace Health and Safety

Riverview Health Centre places great importance on workplace safety for its employees. This commitment will expand further in response to amendments to Manitoba's Workplace Safety and Health Act, which became law in 2002. In part, these amendments seek to reduce workplace accidents and injuries within the health sector overall. Riverview has already recorded a significant improvement over the past three years, with a third successive reduction in WCB premiums, resulting in an assessment rate of \$1.45 per \$100 of assessable payroll for 2004.

Building on extensive work underway by its Workplace Safety and Health Committee and senior management, Riverview Health Centre is taking a proactive approach to comply with these amendments to the Act. A total of 17 "improvement orders" have been identified for the Centre to meet. In fact, this involves over 50 issues that will have to be addressed to ensure full compliance.

For example, specific safe work procedures are to be developed for each job where hazards are identified through an analysis program. The first round of analysis will take place between May and

September, with the cycle repeating itself until the tasks associated with over 90 position descriptions at Riverview Health Centre are reviewed.

Another requirement involves new record keeping related to training provided to each employee. There will be a greater focus on the safety component and employees will sign off as having received the training and understanding their responsibilities in doing things safely, which would include the use of appropriate protective clothing or equipment where required.

To ensure full compliance as quickly as possible, Riverview Health Centre is recruiting an individual who is familiar with the health system and has particular expertise regarding the requirements of the Workplace Safety and Health Act.

After an extensive analysis of the Centre's current practices, new policies and procedures will be developed and introduced to further prevent and minimize workplace accidents and injuries, and to promote a healthier working environment. The Workplace Safety and Health Committee, which is comprised of front line workers and management, will be consulted extensively.

Riverview Teams Build Their Own Snowman City



This winter may have been a cold one, but that didn't stop six teams of snowman builders from braving the elements to create their icy masterpieces.

This effort came about after Riverview Health Centre challenged employees, families, friends, children and even pets to form a team and enter the Centre's own Snowman City contest, in recognition of the post-polio residents who have lived at the Centre for 50 years.

"We liked the idea of encouraging people to have fun and get outside while recognizing the 50th anniversary of the polio epidemic," says Patient Care Manager Susan Manson, who helped plan the contest. The Rotary Club also held a city-wide contest to raise awareness and to support their goal of eradicating polio globally.

The six teams who entered Riverview's contest created all shapes and sizes of snowmen, which were photographed by Hugh Walker, Riverview's multi-media specialist. A team of post-polio residents have been recruited to judge the entries. The top three teams will receive pizza parties, courtesy of the Centre.

At the time of publication, judging of these snow creations was in the process of being completed. Watch for an announcement of the winners in the next issue of Health Views.



Quality Initiatives in OT: Improving Quality of Home Visits and Seating Assessments

In keeping with the Quality Management Program at Riverview Health Centre, Occupational Therapy staff looked closely at those areas of their client services that represent high risk, high volume or high cost.

Occupational Therapy (OT) provides service in two distinct areas:

- the active treatment part of the facility where people are being discharged;
- the personal care area where people are not being discharged and have different needs.

In active treatment, home visits after discharge stood out as the activity that scored high in risk, volume and cost. In personal care, seating assessments for wheelchairs rated high. Each activity was studied to determine where improvements in OT practice could be made.

Discharge & Home Visits

To start the research in this area, staff conducted an extensive literature review about OT and home visits with the elderly, and wrote an evidence-based practice guideline for use at Riverview.

One of the practices undertaken by OT during a home visit is collaborating with the client in making recommendations that will ensure a safe and successful discharge. For this study, the OTs chose as an indicator those recommendations that were NOT being fulfilled after an eight week period at home. The findings could then be used to determine how OT

practice might be changed so that the recommendations made in the initial meeting could be met.

A document created for each therapist to complete at the time of the first home visit summarized the recommendations made. As part of Riverview's commitment to include clients in decision-making, clients review and sign the document to show they agree that these activities must be done to allow them a safe and good

OT staff looked at areas of their client services that represent high risk, high volume or high cost.

discharge into the community. A total of 30 clients participated in the study, which took place over a six-month period ending in November 2002.

With \$5,000 from Riverview Health Centre acquired through a funding competition for research studies, OT hired research assistant Rosemarie Bushuk. Bushuk contacted participants eight weeks after the home visit and arranged to see the clients in their homes. She worked through the list of recommendations with the client and documented which had been fulfilled and which had not.

Data was separated into two groups: in-patients and Day Hospital patients. Of the 16

in-patients, 70% of their total 139 recommendations were met. Of the remainder, 25% were not met and another 5% represented actions that fell into a "no action" category, as circumstances did not allow the recommendation to be completed. Notably, for the 14 patients from Day Hospital, 62% of their total 53 recommendations were not met.

"It was the recommendations that weren't met that we wanted to look at," notes Lynda Wolf, Occupational Therapist at Riverview. "Naturally, we also had all sorts of questions as to why there was this difference between in-patients and Day Hospital patients – this is something we need to continue investigating."

Next, another group of occupational therapists from outside Riverview will be asked to analyze and discuss the data in a group setting. Riverview therapists then will compare the group's suggestions with their own findings to identify where practice could be changed.

Seating Assessments for Wheelchairs

The other area of OT service that ranked high in terms of risk, volume and cost is the time it takes to do a seating assessment for a wheelchair. All referrals for wheelchair seating assessments were identified from February to July in 2003. There were 73 referrals for seating – for a whole chair, cushions or back – received by the three therapists over that six-month period.

In tracing back through these cases, OT found the time between the referral and the therapist initiating the seating assessment was an average of 12 days. The time between the therapist starting the assessment and setting goals was an average of 50 days. The time between the goals being set and goals being met was an average of 58 days.

"These are long periods of time," says Wolf. "We then looked at the factors that caused these delays and found some possible explanations, including difficulty in contacting family members and delays in delivering equipment from dealers."

She explains that the clients involved are medically and functionally unstable and have very complex seating needs. They are people who are unable to maintain an upright body position or who have joint contractures, high risk of skin breakdown or a progressive condition that requires re-evaluation as the condition changes.

The next step will be determining how to shorten the time that it takes to do a seating assessment. In the meantime, OT is already using the postural seating guidelines for residents of Riverview that were prepared as part of the seating study. These guidelines are based on evidence from a literature review and represent the unique needs of this resident population.

...“Virtual Hospice” continued from front

we were approached for funding, we thought the project was a leading edge and innovative idea – it was a natural fit to be a partner.”

After Riverview committed support, other funders followed, including Western Economic Diversification Canada, Manitoba Health, and Health Canada. Funding so far amounts to over \$1 million, with in-kind donations being provided by the Winnipeg Regional Health Authority, Riverview Health Centre and CancerCare Manitoba.

Demand is High

By the end of February, only three weeks after the launch, the site had already received 210,000 hits and almost 8,200 visits.

As well, 40 individual consultations had been provided on-line by either the half-time physician or the full-time clinical nurse specialist hired to undertake this responsibility. These included questions about morphine from a family member in the Maritimes, an inquiry (within hours of the launch) from Northern Manitoba about liver cancer, and several queries about loss and the grieving process.

The bulletin board forums on the site also received their share of

activity. So far, there are 2,127 members visiting and posting messages. These include patients, family and friends, and health care professionals. Several postings are information based (for example, questions related to test results, prostate cancer, treatment of dry mouth, etc.), while others seek and provide support for counterparts in similar situations (such as preparing and dealing with the death of a loved one, planning a funeral, etc.).

The physician and clinical nurse specialist answer all questions on-line. However, exceptional circumstances may arise where some telephone contact may be required. The objective is to keep communication with visitors web and/or email-based. The physician’s and the nurse’s primary role is information/consultation with all visitors, but referral to local resources and agencies are factored into the discussions.

The staff will also monitor bulletin board/chat rooms, develop operational policy and procedures and oversee ongoing website development, particularly as it relates to the clinical content.

The Canadian Virtual Hospice is at www.virtualhospice.ca. For more information, call 204-475-1494 or toll free 1-866-288-4803.

...“Pastoral Care” continued from front



Riverview’s Worship Centre provides a sacred context to mark significant moments in people’s lives, including the passing of a loved one, weddings & anniversaries. Here, Rev. Glen Horst leads a service.

chaplaincy to people with cognitive impairments. Ina Baas-Penner’s position comes via a pilot project focusing on Palliative Care.

“Irreversible health problems often bring a sense of brokenness,” says Horst. “Our role is to nurture a sense of wholeness and dignity.” Having two full-time chaplains will help sustain services over the summer months, when meeting the commitment of round-the-clock on-call services becomes difficult.

Chaplain Residency Program

From September to May, Pastoral Care benefits from the presence of Health Care Chaplaincy students, many completing Masters Programs in affiliation with the University of Winnipeg. Accredited by the Canadian Association of Pastoral Practice and Education, Riverview’s chaplain residency program has offered three annual bursaries for chaplain residency since its beginning in 1995.

This year, a fourth position has been funded by the Riverview Health Centre Foundation, with matching funds from the Manitoba Scholarship and Bursary Initiative. Riverview’s residency program prepares graduates to work in health care chaplaincy throughout the province.

Beyond the Centre, the Pastoral Care Program provides educational services to Hospice and Palliative Care Manitoba, The Alzheimer’s Society and to health care providers across the province via Manitoba Tele-health. The chaplains also deliver in-services on spiritual, emotional and ethical issues to Riverview staff. Supporting staff in difficult situations is an important part of Pastoral Care’s mandate.

Staff members of all faiths use the Worship Centre, as well. And, Pastoral Care regularly invites family members, patients, residents and staff to group memorial services to commemorate patients and residents who have died over a specific time period.

“This space provides a sacred context to mark significant moments in their lives, particularly death, but others as well,” says Horst. Several weddings and a bris have been held in the Worship Centre over the years.

And so it was that Len and Pauline Peto celebrated their fiftieth anniversary by renewing their wedding vows in the Worship Centre. Their act of faith marks the importance of nurturing not only individual spirituality, but also the spirit of community.

Long Service Awards Honour Employees

Riverview Health Centre’s Annual Long Service Awards recognition ceremony was held on Wednesday, November 19, 2003 in the Thomas Sill Auditorium. The following employees were recognized for commitment and dedication to the Centre.

10 Years of Service

Joanne Burns
Erlinda Carganilla
Maila Duque
Marsha Dwyer
Marie Feldschun
Rhonda Kowalyk
Eleanor Parent
Roberta Popoff
Catalina Soriano
Bogumila Szczepaniak
Cheri-Lyn Voth
Wendy Yousif

Corona Foronda
Amelia Holowczak
Barbara Hooper
Mervyn Kitt
Maureen Koley
Kenny Pelletier
Brad Penner
Epitacio Ramos
Juanita Rubiano
Gabriella Szilvasi
Marlyn Tailor
Teresita Tweten
Tina Whittom
Liana Wingert
Pat Zaborniak

Lourdes Mary
Linda Nobiss
Maria Nosyk
Antonella Vacchio
Karin Weiss

25 Years of Service

Vincentia Ashton
Catherine Hill
Shirley Huntrods
Dorothy McBride
Joanne Procyshyn

30 Years of Service

Barbara Fox
Renate Kozeluh
Catherine Williams-Stewart

35 Years of Service

Gail Roberts

20 Years of Service

Richard Dabrowski
Jacqueline Glowatsky
Margaret Katzeley
Peter Krahn
Philip Malzensky

Honouring Riverview’s Retirees

Best wishes to the following individuals, who retired from Riverview Health Centre in 2002 and were honoured at last spring’s Annual Retirement Celebration Dinner:

Rufina Bambalan	Virginia Hernando	Roberta Mark
Violet Clacken	Lavina Kowalski	Diane Perron
Ligaya Ganaden	Maryana Krukoff	Joan Poitras
Natalie Gulenchyn	Adelaide Lameg	Helen Yesis
	Clarita Madriaga	

Riverview Health Centre is a 388-bed extended care facility catering to the needs of the elderly and rehabilitation patients. For more information about our programs and services, please contact the President at:

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