



**RIVERVIEW
HEALTH CENTRE**
FOUNDATION
TAKING CARE WHEN YOU CAN'T™

Riverview Health Centre
Alzheimer Centre of Excellence

Introduction

Riverview Health Centre (RHC) includes a 60 bed Alzheimer Care building, a 228 bed PCH, and a 129 bed Palliative Care and Rehabilitation Care building. The centre was built approximately 20 years ago to best practice health care design standards of the time.

In the summer of 2014, RHC engaged Stantec Architecture to undertake a study which researched current day best practice design standards for Alzheimer Care facilities and developed an addition to support those best practices. In November of 2015, RHC was given approval from the Winnipeg Regional Health Authority (WRHA) to proceed with the renewal and development of the RHC Alzheimer Centre of Excellence. This project will be fully funded by the Riverview Health Centre Foundation.

The goal of the project is to create a “State of the Art” facility for Alzheimer Care. The project will see the renovation of the existing 60 bed Alzheimer building to meet present day Alzheimer design best practices and the development of an addition which provides therapeutic and recreational support for the residents.

Project Context

The existing Alzheimer Care building at RHC was originally designed to best practice concepts of the day. Since that time, research has brought to light enhanced methods of supporting and caring for residents suffering from dementia and Alzheimer’s Disease. The research produced as part of the Stantec Architecture study of 2014 highlights the benefits of promoting mobility and activity. It also documented the value of natural settings, home-like environments, and family scale residential groupings.

The residents supported by RHC with Alzheimer’s Disease are primarily in the mid to later stages of the disease. Approximately 50% of this population are ambulatory, while the balance is confined to a wheelchair or bed.

Although the facility is very well maintained, the Alzheimer Care building has seen significant wear and tear, due to the nature of the resident population. Walls, corners, doors and frames have been damaged over time. Resident room closets are in disrepair and are rarely used due to the fact that they do not lock and residents rummage through each others’ possessions. Freestanding furniture in the resident rooms has been determined to be inappropriate as it is regularly moved or damaged by the residents. Patterned floor finishes must be selected with caution, as small patterns can be seen as dirt and evoke the desire by the residents to clean the floor. All flooring should be similar in value, so that a change in material is not perceived as a change of plane, causing potential trips or falls.

The single door design of the resident room and resident washroom, although appropriate for the other patient rooms within the centre, is confusing for the Alzheimer residents. When the residents enter their rooms, the washroom is concealed, creating confusion for the resident and making it difficult for them to locate the facilities.

At present there are no distinguishing features to differentiate one resident room from another. This makes it difficult for the residents to locate their own rooms and leads to residents wandering into rooms other than their own, creating frustration, confusion, and sometimes agitation.

The research has also shown the benefit of creating smaller family sized resident groupings of 5 -10. Unfortunately the present units are organized around 15 residents, far larger than the current best practice promotes.

Over the years, RHC managers have also had the need to separate residents due to conflict. Given the fact that the units are currently laid out with a single common space accommodating 15 residents, it is impossible to separate individuals. It would be desirable to have the ability to compartmentalize portions of the units in order to separate individuals if and when necessary.

One of the beneficial aspects of the units is the double loaded corridor which enables wandering behaviour. It is the desire of the Health Care staff that the nurse/team centre be relocated from the outside wall of the unit to a central location between the two corridors, where staff have views of both sides of the unit.

Lighting is another important design element of Alzheimer Care Centres. Lighting which replicates the natural light spectrum over the course of the day has been shown to improve resident circadian rhythms and wake/sleep cycles. The project should look for ways to increase the lighting levels throughout the units, while replicating the natural light temperatures and allowing the dimming of lights when needed.

Exit seeking behaviour is common to Alzheimer's residents. Research shows that when exits are disguised, frustration and agitation is reduced and residents look for other forms of activity to engage in. Therefore, all exits should be disguised through the use of painted murals or photographic films.

A home-like aesthetic in scale and appearance is very important to the comfort of Alzheimer residents. The facility should reflect a home-like environment, with spaces which resemble dining and living rooms found in the residents' former homes.

Alzheimer facilities are now turning to various technologies to assist in the care and support of residents. Technologies are being developed to guide resident actions, improve communication, track location, enhance the quality of life for the residents, and ease care by the caregivers and nurses.

Cuing devices are also recommended by the research. These are visual and audio cues that instruct personal hygiene, dressing, and eating activities. Researchers are utilizing a variety of technologies to encourage and support individual abilities.

Considerable research has been conducted which works to promote recall by the Alzheimer residents. Two such devices include Memory Boxes, which are boxes containing meaningful articles from the resident's past, and recognizable music from an early period in the resident's life. Rather than large communal activities which are difficult for Alzheimer residents to follow, research also supports the idea of individual activities/play for the residents, such as cars, dolls, puzzles, rummaging, folding, cleaning, etc. Various activities should be spaced throughout the unit, so that residents can be engaged in appropriate activities as they move through their day. These are call "Activities on the Move".

Project Scope

The project scope encompasses the renovation of the Alzheimer Care building (units A1, A2, B1, and B2) and the addition of a 6,000 sf shared recreation building.

The renovation will see the reorganization of each 15 bed unit, from a single large communal zone to 2 or 3 smaller family sized groups. One grouping on each unit will have the ability to be compartmentalized, allowing the separation of individual residents. The renovation will primarily affect the core functions within the unit including the nurse/team centre, medication room, kitchen, dining, and living space. The resident rooms will remain essentially as is with modest modifications to the resident washroom, closets, lighting, and electrical/data outlets.

The addition will be situated at the northwest corner of the courtyard with corridor links to units A1 and B1. The addition will house a recreational kitchen, open recreational space, dining space, lounge space, snoezelin room, storage, mechanical/electrical rooms, washroom, janitor closet, and "Activities on the Move".

The addition will disrupt approximately 50% of the garden courtyard. The remaining courtyard landscaping will be assessed and modified to make use of the most valuable features. Enhancements will be made to the landscape in order to bring greater animation and engagement to the environment.

New technology will be sought to enhance the quality of life for the residents, work life of the caregivers, and safety of both. The technologies will look to assist the residents thereby creating greater independence and dignity. They will also promote greater recall, through which frustration and agitation will be reduced. Lastly, they will increase efficiencies for the staff, so that precious time is freed up and redirected to resident engagement.

The construction of the project will occur in a phased approach over 18 months, with one unit being renovated at a time. One 15 bed unit will be closed for the duration of the project.

This 8.5 million dollar project is being funded through private donors. Thank you for taking the time to review this document and consider funding this important project.

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