



Our Values:

- **Respect**
- **Compassion**
- **Commitment**
- **Ethics**
- **Service**

Message from the Volunteer Coordinator- Kate Merkowsky

Happy Spring Everyone!

We have survived another long winter and so happy to embrace spring and the beauty of the season. We are excited to see the interest in volunteering increase after the winter slowdown, so please welcome our new volunteers as you meet them in the facilities.

We continue to need volunteers to assist at meal times, so if you are coming in to help with an activity or program and could give us a bit more of your time to help out with this important part of the resident's day we would appreciate it! Please contact me directly if you can help.

In addition, we have recently added a new volunteer position called '*Unit Assistant*'. If you or someone else that you know (over the age of 18 years) who may be interested in more information about this new volunteer position, please contact me at: 403-255-4969 ext. 116

The educational topic contained on page 2 of this newsletter - '*Understanding and Working with Residents who have Dementia*' - will be the first (1st) of a two (2) part information series on working with and understanding dementia. Please feel free to send me any feedback (comments, questions, suggestions) that you may have regarding this important educational topic.

Message from the Life enrichment Coordinator – Jennifer

Myths about Palliative Care:

Myth: Palliative care makes death occur sooner.

Fact: Palliative care does not make death occur sooner. Palliative care focuses on helping improve the individual's comfort and quality of life, from diagnoses to end of life.

Myth: Palliative care is only for people who are dying of cancer.

Fact: Palliative care can benefit individuals who have been diagnosed with any type of life-shortening illness. Palliative care can also be of benefit to families, loved ones and friends.

Myth: Palliative care is only provided in a hospital.

Fact: Palliative care can be provided in a variety of settings/locations: at home; in a continuing care facility (e.g. long term care or assisted living); in a hospice or in a hospital.

Myth: Palliative care means the person's doctor has given up and there is no hope.

Fact: Palliative care providers help individuals achieve their best quality of life, for the duration of their life; hope changes from curing the disease to living life as fully as possible.

Myth: If my family member or friend does not get to die at home, I am letting them down.

Fact: There are times when an individual's care needs cannot be appropriately met at home, despite best efforts and intentions. Ensuring the best possible care is being provided at such times, regardless of the setting/location, is not a failure.

Understanding and Working with Residents who have Dementia

Dementia is not one specific disease. Rather, it is a general term used to describe a range of symptoms associated with a decline in memory, reasoning, or other thinking skills. There are many diseases that cause dementia, however Alzheimer's disease is the most common cause of dementia, accounting for approximately 60-80% of all diagnoses.

Alzheimer's disease is a brain disorder that slowly destroys memory, thinking skills and, eventually, the ability to carry out the simplest tasks. In most people with Alzheimer's, symptoms first appear later in life.

Signs and Symptoms of Alzheimer's Disease

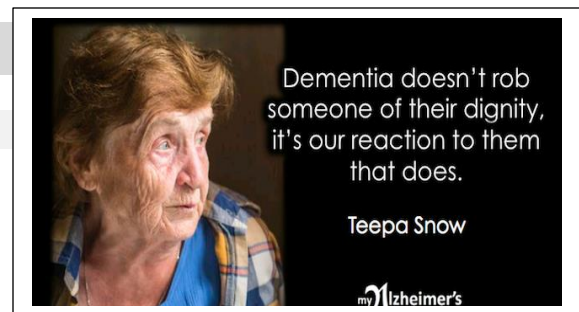
Memory problems are typically one of the first signs of cognitive impairment related to Alzheimer's. The first symptoms of Alzheimer's vary from person to person. For many, decline in non-memory aspects of cognition, such as word-finding, vision/spatial issues and impaired reasoning or judgment may signal the very early stages of the disease.

Stages of Alzheimer's Disease

'Early Stage'

At this stage, the person is experiencing:

- Awareness of changes and issues
- Appearance of orientation
- Fears of becoming "crazy" or losing control
- Fears of loss of independence
- Maintaining a good social façade to hide short term memory loss



'Middle Stage'

At this stage, the person is experiencing:

- More diffuse brain damage
- Visible disorientation
- Lost sense of chronological time
- Disinhibition (i.e. social rules not being used / followed)
- Frequent repetition of words, sounds and/or phrases
- Deterioration of language functions
- Poor eye contact

'Late Stage'

At this stage, the person is experiencing:

- Little movement or vocalization
- Appears to have shut out the world
- Eyes often remain closed
- Continuing responsiveness to positive stimulation such as nurturing voices and touch