# NEWMARKET AND MAPLE HEALTH CENTRES

# MEDICAL DIRECTOR'S ANNUAL REPORT 2005

## OVERVIEW

The Newmarket and Maple Health Centres provide care and services to individuals residing in the Regional Municipality of York and surrounding areas. Special emphasis is placed on meeting the needs of hard to place/difficult to serve clients. These are individuals with heavy, complex care requirements and also individuals who endure a high degree of cognitive or psychiatric impairment, requiring a protected secure environment. Approximately 94% of the clients at the Newmarket and Maple Health Centres are incontinent of bowel and bladder and most have three or more debilitating chronic illnesses. A total of 100% of the residents requires assistance with meals and 99% require assistance with dressing.

For the year 2005, Dr. Carol Hughes was retained as Medical Director for both facilities.

The Newmarket Health Centre underwent a MOHLTC Compliance Review in March of 2005 and the Maple Health Centre had their Compliance Review in September 2005. The overall standards of care at both facilities were found to be excellent. The Centres were found to be in substantial compliance with the Ministry Standards and Guidelines for Long Term Care Facilities and to be in compliance with all Acts and Regulations.

The York Region Health Services Department, Long Term Care and Seniors Branch continued with its mandate to be the Regional Psychogeriatric and Mental Health Consulting Service (RPMHCS) for York Region clients.

The RPMHCS Program provides expertise in behavioural management to all long term care facilities and community support agencies in York Region, supporting staff and developing their expertise in dealing with clients with severe and difficult psychiatric and mental health disorders. The service provides ongoing external support through consultation and training. The Program provides services during the day and provides a 24 hour on-call system for urgent situations.

Through this service, both a psychiatric outreach and a memory clinic were developed in partnership with Whitby Psychiatric Centre to meet community needs. These clinics are operated at the Newmarket and Maple Health Centres.

Staff continued work on developing the partnership with Markham Stouffville Hospital and Participation House for an integrated health care complex. The plan has evolved to include the relocation of Grace Hospital and includes a long term care centre (the Region) supportive housing (the Region and Participation House), a chronic care centre and a rehabilitation centre (Grace Hospital).

## MEDICAL SERVICES

The Maple Health Centre continues to have a staff of three attending physicians and Newmarket has added an additional position with their new Convalescent Care program, making a total of four physicians at that site. All physicians provide services that meet the MOHLTC guidelines and standards. The attending physicians at both centers provide comprehensive after hours care [evening/nights, weekends and holidays].

### Newmarket Health Centre

The Newmarket Health Centre provides services to a mostly English speaking population. Clients range in age from 43 to 100 years, with an average of age of 80.26 years. Approximately 93.4% of the population is over 65 years of age while 6.6% are younger than 65. A total of 69.5% of the population is 75 years of age or older. The Centre has a large number of female residents, the ratio being 2:1 female:male. While predominately an English speaking population, 99% speak and understand English, 20.8% of the resident population has identified another language as their language of preference. The Newmarket Health Centre focuses on serving clients with heavy complex care requirements and clients with significant cognitive impairment and psychiatric care requirements.

Medical care at the Newmarket Health Centre was provided by Dr. Alfred Leung, Dr. Elaine Nabata, Dr. Carol Hughes and Dr. Kenneth Lai. All these physicians are appointed members of the medical staff in the "attending physician" category. Based on a formal compliance to contract review, it was determined that all of the physicians continued to be in substantial compliance with the standards set out in their contacts and all have been offered and signed new contracts for 2006. Drs Leung, Nabata and Hughes participate in the Dixon physician on-call service. Dr. Lai provides his own after hours coverage. To assist the physicians in providing medical care, we have a consulting Psychiatrist, Dr. Paramsothy, who makes regularly scheduled visits to the Centre.

Dental care is provided by Dr. Croppo, and podiatists, Dr. Haber and Dr. Marcus, provide specialized foot care services, both attend on a regular basis. Jack Knight is available for in house psychological counselling and services at both facilities. Laboratory services are provided by M.D.S. Laboratories. Diagnostic and Imaging services are provided by St. Louis Imaging Consults Inc. and Pharmacy services are provided under contract by Pharmasave and the attending pharmacist is Michael Gleason.

### Maple Health Centre

The Maple Health Centre has a different client profile. It is characterized by a high percentage of females, a greater demand for behavioural management care and a more Italian cultural background. Clients range in age from 44 to 97 years of age with an average age of 78.3 years.

The defined population of the Maple Health Centre is somewhat different from that of the Newmarket Health Centre. Approximately 75% of the population at the Maple Health Centre is 75 years of age or older and 13% is less than 65 years. The ratio of female:male residents is approximately 2:1. Although 69% of the Centre's population speaks and understands English,

43.3% of the resident population identified a language other than English as their preferred language. The most prominent preferred language is Italian (27.8%). Maple Health Centre services both the cognitively impaired and the heavy complex care client.

The following general practitioners provide care at the Maple Health Centre: Dr. Michael McAteer, Dr. Paul Randall and Dr. Randy Leifer. Their on-call schedule is shared amongst 8 other physicians that belong to their respective private practices. All are appointed members of the medical staff in the "attending physician" category. Based on a formal compliance to contract review, it was determined that all of the physicians continued to be in substantial compliance with the standards set out in their contacts and all have been offered and signed new contracts for 2006.

Dental care is provided by Dr. Michael Capocci, and podiatists, Dr. Haber and Dr. Marcus, provide specialized foot care services, both attend on a regular basis. In house psychological counselling and services are provided at both facilities by Jack Knight. Laboratory services are provided by M.D.S. Laboratories. Diagnostic and Imaging services are provided by St. Louis Imaging Consults Inc. and Pharmacy services are provided under contract by Pharmasave and the attending pharmacist is Michael Gleason.

## NURSING SERVICES

Marlene Battle R.N and Diana Dundas RN are Directors of Nursing at The Newmarket Health Center. Janice Britton RN and Venita Lovelace RN are Directors of Nursing at The Maple Health Center. Nursing services were provided 24-hours a day, seven days a week, by registered nurses, registered practical nurses and certified health care aides/personal support workers. The department is responsible for the provision of holistic nursing care encompassing preventive, educational, restorative and supporting services that assist residents and their families in the promotion and maintenance of health and palliative care.

The Nursing Department continued to implement an effective quality management system for promoting, evaluating and improving the quality of care and services it provides to residents. The Nursing Department maintains a departmental Quality and Risk Management Committee.

## ACTIVATIONAL AND THERAPY SERVICES

The Administrators are responsible for supervising and coordinating the Activation and Therapy Services provided to residents. Activation services at both Facilities included the provision of programs to meet the social, recreational, spiritual, therapeutic, rehabilitative and educational needs of the residents/clients in order to maximize their level of functioning and well-being.

These programs were staffed by Programs and Services Coordinators, Activationists, Social Workers and Volunteer Coordinators. Activation programming is provided 7 days/week during both day and evening hours. Physiotherapy was provided by under contract with Active Health

Management. These services are provided 4 days per week at each Centre. Occupational therapy services were provided through the York Region Community Care Access Centre (CCAC). Spiritual Care was coordinated and supported by Spiritual and Religious Care Advisory Committees and Community Faith Groups. Tai Chi, Snoezelen and music therapy were also part of the services offered to clients.

Activation services also continued to implement effective quality management systems for monitoring, evaluating and improving the quality of care and services provided to residents.

## NUTRITIONAL SERVICES

Nutritional Services at the Newmarket Centre were provided under the direction of Ms. Teri Veluz, a Registered Dietician and Manager of Support Services. At the Maple Health Centre, Ms. Spatzie Dublin, also Registered Dietician, carries out these functions. These departments work to ensure conformity with Long Term Care Facility Standards for regular, specialized and therapeutic diets.

## COMMITTEE ACTIVITIES

### Admission and Discharge Committee

This multi-disciplinary committee allowed for each member to review applications independently and for decisions to be made within a one-week time frame.

The waiting lists for both Centres has stabilized, however, complex care demands continue to rise as demonstrated by the Case Mix Measure. As of November 2005 the Ministry of Health and Long-Term Care has classified the Case Mix Measure (acuity level of our clients) as 93.44 at MHC and 99.10 at NHC. The provincial average Case Mix Measure being 93.39 which is up from 91.58 in 2004. The Provincial CMM has increased 23.46% since classification was implemented in 1992.

### LTC Administration and Quality of Care Committee

This Committee, chaired by the General Manager, met monthly and is comprised of the senior management of the various departments in the Long Term Care and Seniors Branch. Administrative, quality improvement, risk management, medical and resident/client care issues are all reviewed and coordinated by this group.

The Committee is responsible for ensuring that the Centres develop, implement, and maintain an integrated, comprehensive and effective Continuous Quality Improvement and Risk Management Program that facilitates and ensures continuous improvement in resident care and services and formal processes for identifying, managing and reducing risks.

**Medical Advisory and Therapeutics Committee (MATC)**
This Committee met quarterly to review and respond to issues related to medical practice, palliative care, ethics, medication administration and infection control. It was attended by all medical staff, representatives from administration, nursing, pharmacy, social work, dietary, activation and public health staff.

In 2005, this committee discussed and reviewed the following:

- Standards of Care
- Emergency Care in the Centres
- Patient/Family/Medical Staff Relations
- Medication Updates and Reviews
- Implementation of computerized Health Care Records
- Implementation of Department Policies
- Influenza Vaccination and Protocols
- Advanced Medical Directives

**Health Care Records Committee**
This Committee, which had representation from social work, nursing, dietary, activation and medicine, met quarterly for chart auditing and for revision and review of the forms used in charting. New forms were finalized and approved in 2005. All chart audits were reviewed at MATC meetings to ensure that consistent and high standards for documentation are maintained.

The committee was actively engaged in continuing the process of converting from a manual charting system to an electronic system. This process continued through 2005 and will continue to be monitored very closely by the Committee.

## OUTBREAKS/INFECTION CONTROL

Both Centres had mild respiratory outbreaks in 2005. Both Centres continue to screen residents on admission and return from hospital for ESBL, Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin Resistant Enterococci (VRE) and Clostridium Difficile (c. difficile).

The Infection Control Manual was reviewed and revised and a number of new policies were developed to meet new Infection Control practices.

## ONGOING INITIATIVES AND PROJECTS

In 2006 there will be the continued conversion of data and training of staff for the new computerized Health Care Record system. The implementation process is closely monitored by the Branch Administration and Quality of Care Committee, the Health Care Records Committee and the Medical Advisory and Therapeutics Committee.

The benefits we expect to realize when fully implemented include improvements in the quality of documentation and care planning, reduced time spent documenting and increases to our Case Mix Index funding.

The Ministry of Health and Long-Term Care has developed and issued a significant number of new standards and criteria for facility programs. A CQI Task Force was struck to review and revise, as necessary, current policies and practices to ensure compliance with these standards.

A Patient Safety CQI Task Force has also been established to conduct a thorough assessment and review of all LTCSB programs for compliance with new patient safety protocols issued by MOHLTC, Health Canada and CCHSA. The Branch will also adopt patient safety as a strategic direction/goal. A patient safety culture staff survey to assess the organizations baseline culture and understanding and perceptions about patient safety has also been conducted in partnership with CCHSA and the University of Stanford. The study findings, which compared health care organizations across the country, indicated that staff in the LTCSB was in the upper quartile in terms of their awareness of patient safety issues and their perceptions regarding the priority placed on patient safety in their workplace.

## CONVALESCENT CARE PROGRAM

In November 2005 the NHC was awarded 11 convalescent care beds by the MOHLTC. The goals of the program are: to provide appropriate, quality care to individuals who need time to recover strength, endurance, or functioning before returning home; to alleviate hospital pressures; and to make the most effective use of system resources. The convalescent care program is available to individuals 18 years of age and older that meet the admission criteria set by the Ministry.

The program promotes and encourages self care and sufficiency while providing the necessary rehabilitation services. An experienced Rehab RN co-ordinates the program. There are also program specific Occupational Therapists [OT], Physiotherapists [PT] and Physiotherapy Assistants [PTA] provided under contract by Active Health Management. A multidisciplinary team that includes nursing, medicine, dietary, social work, CCAC, OT, PT and PTA meet on a weekly basis to review each client's goals and rehab needs. They also determine and coordinate a discharge plan and date.

The addition of this program to the NHC has enhanced all aspects of care and lifestyle for all residents and staff, has proven to be a valuable service for the community and has helped to alleviate pressures in acute care hospitals.

## SUMMARY

The quality of care for the Region's Municipal Long Term Care Facility Program continues to be at a high level as confirmed by the Ministry of Health and Long-Term Care compliance reviews

and our client satisfaction questionnaires in which over 87% of clients and/or families reported the services they were receiving as either good or excellent.

In my professional opinion, the care, programs and services provided at the Newmarket and Maple Health Centres continue to be in compliance with the requirements of the legislation and regulations.

For the year 2006 we will continue to provide comprehensive medical care, focus on prevention of disease, continue interdisciplinary team building and continue educational development.

Original Signed by Dr. Hughes

Carol Hughes, MD, CCFP, MSc
Medical Director
York Region Long Term Care & Seniors Branch
January 31, 2006