NEWMARKET AND MAPLE HEALTH CENTRES

MEDICAL DIRECTOR'S ANNUAL REPORT 2003

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 targets individuals who endure a high degree of cognitive or psychiatric impairment, requiring a protected secure environment. Approximately 96% 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 87% of the residents requires assistance with meals and 96% require assistance with dressing.

For the year 2003, Dr. Carol Hughes was retained as Medical Director.

MEDICAL SERVICES

Each Centre has a staff of three attending physicians who make regular weekly visits. There is an on-call schedule at both centres for evenings/nights, weekends and holidays.

Newmarket Health Centre

The Newmarket Health Centre provides services to a mostly English speaking population. Clients range in age from 46 to 102 years, with an average of age of 83. Approximately 90% of the population is over 65 years of age while 10% are younger than 65. A total of 74.5% of the population is 75 years of age or older. The Centre has a large number of female residents, the ratio being 3.5:1 female:male. While predominately an English speaking population, 96% speak and understand English, 9% 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 and Dr. Carol Hughes. 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 2004. The on-call schedule was shared by the Dixon Medical On-Call Group. Throughout the construction, we succeeded in maintaining a high level of care and satisfaction amongst our clients as demonstrated by the resident and family responses to our client satisfaction questionnaires. To assist the physicians in providing medical care, we have a consulting Psychiatrist, Dr. Paramsothy, who makes regularly scheduled visits to the Centres.

Dental care is provided by Dr. Croppo, and a podiatrist, Dr. Haber, provides specialized foot care services, both attend on a regular basis. Laboratory and diagnostic services are provided by M.D.S. Laboratories. Pharmacy services are provided under contract by Pharmasave and the attending pharmacist is Michael Gleason.

Maple Health Centre

The defined population of the Maple Health Centre is somewhat different from that of the Newmarket Health Centre. Clients range in age from 24 to 96 years of age with an average age of 83. Approximately 75.3% of the population at the Maple Health Centre is 75 years of age or older and 12.4% is less than 65 years. The Centre has a significantly larger number of male residents, the ratio being 1.4:1 female:male. Although 76.3% of the Centre's population speaks and understands English, 23.7% of the resident population identified a language other than English as their preferred language. The most prominent preferred language is Italian (20.7%). Maple Health Centre services both the cognitively impaired (85%) 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. Dr. Paramsothy is appointed as consultant Psychiatrist. 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 2004.

Dental care is provided by Dr. Michael Capocci, and a podiatrist, Dr. Haber, provides specialized foot care services, both attend on a regular basis. Pharmacy services are also provided at this site by Pharmasave and the attending pharmacist is Michael Gleason. Dr. Abara provides on-site urology consultations at the Maple Centre.

NURSING SERVICES

Nursing services were provided under the direction of Marlene Parsons, R.N. (Director of Care/Assistant Administrator) at both Centres. 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 also participated on the Quality and Risk Management Committee.

ACTIVATIONAL AND THERAPY SERVICES

The Director of Care/Assistant Administrator is also 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 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. Physiotherapy was provided by contracted physiotherapists. 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. Liz Gordon, Director of Support Services with Teri Veluz replacing her upon her retirement in June/03. Ms. Pat Crane, a contracted Registered Dietitian, provided her expertise to the service until her retirement in August/2003. At the Maple Health Centre, Ms. Spatzie Dublin, a Registered Dietician, carries out these functions. These departments work to ensure conformity with Long Term Care Facility Standards for regular 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. The 2003 acuity level at the Newmarket Centre was determined by the Ministry of Health to be 95.71 up from last years CMM of 92.36. At the Maple Centre the CMM was determined to be 94.44 which was up from 91.69 in 2002. The Provincial average CMM was 90.09 which is up from 88.84 in 2002. The Provincial CMM has increased 19.10% since classification was implemented in 1992.

Branch Management & CQI Committee

This Committee, chaired by the Administrator, met monthly and is comprised of the management of the various departments at both Centres. Administrative, quality control, medical and resident/client care issues are all reviewed.

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 2003, this committee discussed and reviewed the following:

- Standards of Care
- Emergency Care in the Centres
- Automated External Defibrillators
- Interdisciplinary Communication
- Patient/Family/Medical Staff Relations
- Medication Updates and Reviews
- SARS Monitoring and Review
- Implementation of computerized Health Care Records
- Implementation of Department Policies
- Medical Team Building
- Influenza Vaccination and Protocols
- Pnuemovax Revaccination Program

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 2003. 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 the process of converting from a manual charting system to an electronic system. This process continues through 2004 and will continue to be monitored very closely by the Committee.

OUTBREAKS/INFECTION CONTROL

Both Centres had a mild respiratory outbreak in July/03. Extended Spectrum Beta Lactamase (ESBL) continues to be identified at the Maple Health Centre. Both Centres continue to screen residents for ESBL, Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin Resistant Enterococci (VRE) and Severe Acute Respiratory Disease (SARS).

SARS Outbreaks

In 2003, Long Term Care staff at both Centres was presented with significant challenges meeting MOHLTC and Public Health guidelines for the control and prevention of Severe Acute Respiratory Symptom (SARS). No cases were reported at either Centre; however, the two SARS outbreaks placed a great deal of strain on the health care system and had a significant impact on the operation of our programs.

We were particularly hard hit at Maple where many of our staff and volunteers also worked/volunteered at York Central Hospital. For a period, no visitors or volunteers were allowed into the Centres and we had to cope with significant staffing issues. At it's peak, we had 23 LTC staff in quarantine and among other things, had to call all 600 staff and volunteers on several occasions to determine their contacts with various health organizations as new information became available. All persons entering the buildings were required to sign in and had to be screened and assessed for risk. Staff was required to work for extended periods of time with full Personal Protective Equipment which meant that they had to wear N95 masks, gowns, gloves and protective eyewear for entire shifts. Outreach and day programs operated from the centres were either closed or significantly curtailed.

In addition, the LTC Branch under the direction of the Acting Medical Officer of Health, assumed additional responsibilities as part of the York Region SARS Oubreak Team for co-ordinating and communicating with all 21 LTC Facilities in York Region throughout the SARS emergency and helped to ensure consistent interpretation of SARS protocols and directives.

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 2004 a major focus at both Centres will be preparing for an Accreditation review by the Canadian Council on Health Services Accreditation (CCHSA) in May.

In 2004 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 Management and CQI 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.

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 90% 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 2004 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 8, 2004