NEWMARKET AND MAPLE HEALTH CENTRES

MEDICAL DIRECTOR'S ANNUAL REPORT 2007

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 90% 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 100% require assistance with dressing.

For the year 2007, Dr. Catherine Meunier continued as the Medical Director for both facilities.

The Newmarket Health Centre underwent a MOHLTC Compliance Review in May of 2007 and the Maple Health Centre had their Compliance Review in October 2007. The overall standards of care at both facilities were found to be excellent. The Centres were found to be in 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 training and education 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. The Newmarket Health Centre also serves as the base for a new Psychogeriatric Outreach Program that provides clinical consultation to other LTC providers in managing clients with difficult behaviours.

MEDICAL SERVICES

The Maple Health Centre continues to have a staff of three attending physicians. The Newmarket Health Centre continues to have four attending physicians, with one assigned to the Convalescent Care Program. 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 51 to 102 years, with an average of age of 80.5 years. Approximately 92.4% of the population is over 65 years of age while 7.6% are younger than 65. A total of 75.80% 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, 90% speak and understand English, 20% 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. Pierre Khousam. 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 2008. Drs Leung, Nabata and Hughes participate in the Dixon physician on-call service. Dr. Khousam 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 podiatrist, 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 Medi-System Pharmacy and the attending pharmacist is Brenda Bruinooge.

Maple Health Centre

The Maple Health Centre has a somewhat different client profile. It is also characterized by a high percentage of females, but has greater demand for behavioural management care and a more culturally diverse client population. Clients range in age from 46 to 97 years of age with an average age of 79.7 years.

The defined population of the Maple Health Centre has approximately 82% of the population over the age of 75 years of age or older and 10% is less than 65 years. There is a preponderance of females to male residents with approximately 61% female population. Although 73% of the Centre's population speaks and understands English, 46.4% of the resident population identified a language other than English as their preferred language. The most prominent preferred language is Italian (26.8%). 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. After completing a formal compliance to contract review, all of the physicians were offered and signed new contracts for 2008.

Dental care is provided by Dr. Michael Capocci, and podiatrist, Dr. Marcus, provides specialized foot care services, both attend on a regular basis. In house psychological counselling and services is provided by Jack Knight 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 MediSystems Pharmacy and the attending pharmacist is Brenda Bruinooge.

The Medical Department continued to implement an effective quality management system for promoting, evaluating and improving the quality of care and services it provides to residents with a special emphasis on safety.

NURSING SERVICES

Marlene Battle R.N and Diana Dundas RN are Directors of Nursing at The Newmarket Health Center. Glencia Brookes-Dos Santos BscN, RN and Venita Lovelace RN are Directors of Nursing at The Maple Health Center. Nursing services provides 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 maintains a departmental Quality and Risk Management Committee. The Nursing Department continues to implement an effective quality management system for promoting, evaluating and improving the quality of care and services it provides to residents.

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

NUTRITIONAL SERVICES

Nutritional Services at the Newmarket Centre is provided under the direction of Ms. Teri Veluz, a Registered Dietician and Manager of Support Services. At the Maple Health Centre, Ms. Elaine Ryoji, also Registered Dietician, carries out these functions. These departments work to ensure the provision of dietary and food services that are in conformity with Long Term Care Facility Standards for regular, specialized and therapeutic diets.

CONVALESCENT CARE PROGRAM

At the Newmarket Health Centre a more intensive rehabilitation program is provided for clients in the Convalescent Care Program. The goals of the program are: to provide appropriate, quality care to individuals who need time to recover strength, endurance, or functioning before discharge to the community; 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. The program is co-ordinated by an experienced Rehab RN. There are also program specific Occupational Therapists, Physiotherapists and Physiotherapy Assistants. A multidisciplinary team that includes nursing, medicine, dietary, social work, rehabilitation staff and CCAC 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. The program has an 87.5% success rate in rehabilitating clients and discharging them back to the community and over 8,000 acute hospital bed days have been avoided as a result of the program.

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 continue to grow, however, complex care demands continue to rise. The Ministry of Health and Long-Term Care has classified the Case Mix Index (acuity level of our clients) as 106.7 at MHC and 106.1 at NHC. The provincial average Case Mix Index is 100. The Provincial average level of care/acutity across the province has increased 26% 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 2007, this committee discussed and reviewed the following:

- Falls Protocol – Improved and Enhanced Follow-up Protocols
- Emergency Care
- Enhanced Resident Incident Reporting
- Medication Updates and Reviews
- Morphine & Glucagon– Safe Administration
- Computerized Annual Health Exam Form
- Resource Palliative Care Physicians
- Infection Control Research Project
- Pharmacy review of Medical Orders
- Safety Engineered Medical Devices

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. 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 2007 and will continue to be monitored very closely by the Committee.

Patient/Client Safety Task Force
The Canadian Council on Health Services Accreditation, Health Canada and the Ministry of Health and Long Term Care have all made patient safety a higher priority and has developed new patient safety protocols and expectations for health care providers. The General Manager established a Patient/Client Safety CQI Task Force to oversee and co-ordinate a thorough assessment of all programs and policies for compliance with new the patient safety protocols and standards.

The CCHSA Surveyors found that the LTCSB had achieved good to excellent compliance in 84 of 86 criteria related to the required patient safety organizational practices and indicated that the organization had made great strides in becoming a recognized leader in the area of patient safety. These results were identified by the Council as being indicative of areas of organizational strength and excellence in patient safety.

Processes have been developed and implemented to ensure that a commitment to safety is embedded at all levels. Patient/Client safety has become a standing agenda item for all Branch standing and CQI committees.

OUTBREAKS/INFECTION CONTROL

Newmarket Health Centre had an enteric outbreak and two respiratory outbreaks in 2007. Maple Health Centre experienced an enteric outbreak in 2007. Both Centres continue to screen residents on admission and return from hospital for , Methicillin Resistant Staphylococcus Aureus (MRSA), and Vancomycin Resistant Enterococci (VRE).

The Infection Control Manual was reviewed and revised and a number of new policies were developed to meet new Infection Control practices. In collaboration with the Public Health Branch a comprehensive Pandemic Plan has been developed and implemented by the LTCSB.

ACCREDITATION by Canadian Council of Health Services Accreditation (CCHSA)

The Canadian Council on Health Services Accreditation ("CCHSA") is a national organization that assists health care organizations across Canada to examine and improve the quality of care and services that they provide to their patients, residents and clients. Participation in the Accreditation Program is voluntary. All health care facilities in Canada are not accredited.

One of the many benefits of participation in the Accreditation Program is an independent third party assessment of the standards of care and services being provided. That assessment is achieved through a comprehensive evaluation of programs and services, conducted by specially trained health care professionals, to determine the organization's level of compliance against the national standards established by the CCHSA. The Accreditation standards address all aspects of the facility's operations and practices with an emphasis on patient/client safety and continuous quality improvement.

The Branch prepared for and participated in the CCHSA Accreditation process in May, 2007. On the basis of the survey findings the Council has granted the Long Term Care and Seniors Branch a three year accreditation award without conditions, which is the highest level of accreditation a health service organization is eligible to receive.

A three year accreditation award, without conditions, is given only if all of the criteria and standards for continuous quality improvement and effective risk management are achieved and if the majority of all other standards are rated as substantial and no standard is rated as non-compliant or minimally compliant. The Branch was recognized for leadership in long term care.

ONGOING INITIATIVES AND PROJECTS

In 2008 there will be the continued conversion of data and training of staff in the pilot MDS-RAI Initiative funded by the MOHLTC. The implementation process is closely monitored by the Branch Administration and Quality of Care Committee.

The new regulations for the *Long Term Care Homes Act (*LTCHA*),* Bill 140 is an area that will continue to be followed closely in 2008 as there will undoubtedly be operational ramifications associated with the development and implementation of the regulations which will result final passage and enactment of that legislation.

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 94% 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 2008, we will continue to provide comprehensive medical care, focus on prevention of disease, continue interdisciplinary team building, safety and continue educational development.

Original Signed by Dr. Catherine Meunier

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York Region Long Term Care & Seniors Branch
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