ACTIVITY REPORT FOR YORK REGION HEALTH SERVICES DEPARTMENT

Mid Year, January 1 – June 30, 2004

Prepared for the Health and Emergency Medical Services Committee

Describing the Activities of:

- Emergency Medical Services
- Long Term Care and Seniors Branch
- Public Health Branch

Submitted by:
Health Information and Planning Branch

Health Services Department

Rationale

Emergency Medical Services

Table 1 **CALL VOLUMES**

CALL VOLUMES BY DISPATCH PRIORITY	Mid Year (Jan – June)		% Difference	Year End
	2003	**2004**	**(2004-2003)**	2003
1) Deferrable/non-urgent transfer (Patient condition not dependant on timely treatment or transport)	2,114	**1,811**	**-14%**	4,120
2) Scheduled transfer (Patient scheduled to arrive at a health care facility or medical appointment)	675	**635**	**-6%**	1,329
3) Prompt/non life threatening (Non-life threatening requiring a timely response)	4,319	**4,894**	**13%**	9,250
4) Urgent/life threatening (Patient conditions requires emergency response)	18,647	**21,117**	**13%**	41,007
8) Emergency Coverage Redeployments (Relocation of an ambulance to facilitate balanced emergency coverage)	16,685	**16,094**	**-4%**	37,966
Totals	**42,440**	**44,551**	**5%**	**93,672**

Table 2a **RESPONSE TIMES**

EMERGENCY RESPONSE TIME York Region EMS resources in York Region Time crew notified to crew arriving at scene	Mid Year (Jan – June)		% Difference	Year End
	2003	**2004**	**(2004-2003)**	2003
90th Percentile Response Time maximum response time for 9 out of 10 calls	12:28	**11:42**	**-6%**	12:18
Percent Compliance to 11:39 Responses (arrive on scene) within 11min 39sec	87%	**89.9%**	**3%**	87.6%
Average Emergency Response Time	7:58	**7:35**	**-5%**	7:55

Table 2b **RESPONSE TIMES BY MUNICIPALITY**

LOWER TIER MUNICIPALITY	Mid Year (Jan – June)				% Difference		Year End	
	2003		**2004**		**(2004-2003)**		2003	
	90TH	Avg	**90TH**	**Avg**	**90TH**	**Avg**	90TH	Avg
Whitchurch-Stouffville	14:26	8:32	**13:20**	**8:15**	**-7.6%**	**-3.3%**	13:55	8:32
Vaughan	13:11	8:41	**12:19**	**8:14**	**-6.6%**	**-5.2%**	13:02	8:40
Richmond Hill	10:44	7:09	**9:55**	**6:36**	**-7.6%**	**-7.7%**	10:32	7:03
Newmarket	10:25	6:43	**9:32**	**6:28**	**-8.5%**	**-3.7%**	10:09	6:39
Markham	11:39	7:37	**10:49**	**7:13**	**-7.2%**	**-5.3%**	11:18	7:27
King	16:54	11:01	**15:54**	**10:09**	**-5.9%**	**-7.9%**	17:04	10:54
Georgina	13:45	8:25	**13:26**	**8:23**	**-2.3%**	**-0.4%**	13:48	8:23
East Gwillimbury	14:17	9:17	**13:46**	**9:35**	**-3.6%**	**3.2%**	14:17	9:22
Aurora	10:20	6:48	**9:35**	**6:21**	**-7.3%**	**-6.6%**	10:13	6:47

- The 90th percentile response time for York Region EMS decreased 6% from 12:28 mid-year 2003 to 11:42 mid-year 2004. In March 2004 York Region EMS developed a strategy to increase the presence of EMS management at each of the Regional hospital emergency department at peak times of call activity. The increased supervision of paramedic staff at hospital emergency departments assists in the processing of patients with hospital staff and facilitates paramedics returning to service in a timely matter, thus increasing ambulance availability.

- The York Region EMS Deployment Plan provided to the Central Ambulance Communication Centres in Barrie and Mississauga was revised in early 2004 to facilitate improved balanced emergency coverage throughout the Regional Municipality of York. Response time improvements and the reduction in the number of code 8 stand-by calls (4% decrease) may be attributed to these Deployment Plan revisions.

Table 3 **CUSTOMER SERVICE**

CUSTOMER SERVICE RECOGNITIONS & COMPLAINTS (number per 1000 times units arrive on scene)	Mid Year (Jan – June)		Year End
	2003	**2004**	2003
Recognitions	.82	**.56**	.84
Complaints	.63	**.49**	.66

Data Source: Table 1, 2a & 2b Ministry of Health and Long-term Care; ARIS link as of August 6, 2004
Table 3 Emergency Medical Services as of August 6, 2004

Long Term Care and Seniors (LTC) Branch

Table 4 **LTC FACILITY PROGRAMS**

	Mid Year (Jan – June)		% Difference	Year End
	2003	**2004**	**(2004-2003)**	2003
Percent Occupancy				
- Newmarket Health Centre	99.4	**98.6**	**-1%**	99.1
- Maple Health Centre	99	**98.6**	**-0.4%**	98.8
Attrition Rate	14.3	**12.8**	**-11%**	28.7
LTC Facility Wait List				
- Newmarket Health Centre	167	**96**	**-43%**	143
- Maple Health Centre	138	**102**	**-26%**	100
Percent of Municipal Beds to Total Beds in York Region	6.8	**6.8**	**0%**	6.8
Total Volunteer Hours	11,918	**17,109**	**44%**	24,727

- The LTC Facility Wait Lists at both the Newmarket Health Centre and the Maple Health Centre have decreased by 43% and 26 % respectively between mid-year 2003 and mid-year 2004. The decrease in wait list numbers can be attributed to the opening of new LTC beds within the Region in 2003 and 2004.

Table 5 **LTC DAY PROGRAMS**

	Mid Year (Jan – June)		% Difference	Year End
	2003	**2004**	**(2004-2003)**	2003
Cognitive Disorders	3,403	**2,930**	**-14%**	6,705
Acquired Brain Injury	558	**587**	**5%**	1,059
Communicative Disorders	246	**267**	**9%**	510
Physically Disabled	635	**616**	**-3%**	1,192

Table 6 **RESPITE PROGRAMS**

	Mid Year (Jan – June)		% Difference	Year End
	2003	**2004**	**(2004-2003)**	2003
ACL Program Respite Days	863	**412**	**-52%**	1,266
LTC Facility Respite Days	478	**453**	**-5%**	1,090
Day Centre Respite Units	202	**185**	**-8%**	435

- A decrease of 52% in ACL Program Respite Days between mid-year 2003 and mid-year 2004 is attributable to two factors: 1) many patients were spending unusually long periods of time (8-9 months) in respite units as they were not suitable for hospitalization or home care therefore inflating the number of respite days in 2003 and 2) the addition of 26 new ACL units, acquired with the opening of Armitage Gardens, has reduced the need for respite services.

Table 7 **COMMUNITY OUTREACH PROGRAMS**

	Mid Year (Jan – June)		% Difference	Year End
	2003	**2004**	**(2004-2003)**	2003
Regional Psychogeriatric & Mental Health Consulting Services				
- Consultations	114	**464**	**307%**	227
- Number of participants	1,370	**2,842**	**107%**	2,888
Alternative Community Living (ACL Program)				
- ACL Supportive Housing Client Days	122	**146**	**20%**	124
- ACL Supportive Housing Wait List	257	**308**	**20%**	262

- The number of consultations with the Regional Psychogeriatric and Mental Health Services program increased by 307% between mid-year 2003 and mid-year 2004. This is largely attributable to increased awareness by the community and Long Term Care Facilities of the services provided by the Regional Psychogeriatric and Mental Health Consulting Services.

- The opening of Armitage Gardens in February 2004 at the Newmarket Health Centre site can account for an increased capacity to accommodate clients in Alternative Community Living (ACL) programs (ACL Supportive Client Days increased by 20% from the same period in 2003).

- The unique partnership that has been developed between Armitage Gardens and the Long Term Care facility has increased the demand on the ACL Supportive Housing Wait List by 20% between mid-year 2003 and mid-year 2004.

Table 8 **CLIENT SATISFACTION**

	Mid Year (Jan – June)		% Difference	Year End
	2003	**2004**	**(2004-2003)**	2003
LTC Client Satisfaction – percent of clients rating the services as either good or excellent	96.5	**89.5**	**-7%**	93.5

Public Health Branch

General

There is a significant change between the first 2 quarters of 2004 and 2003. The reasons for the changes will be discussed below.

SARS

- The SARS outbreak had a significant impact on the Public Health Branch during the 2nd Quarter 2003. As staff from the Public Health Branch were re-deployed during the outbreak, a number of non-essential Public Health Programs were temporarily suspended. In addition, Public Health Programs and services that would normally be deemed essential were significantly reduced in scope, including Healthy Babies Healthy Children (HBHC), Health Protection, and regular operations of Infectious Diseases Control.

- As expected, a number of Public Health Programs demonstrated increased volumes in the first 2 quarters of 2004 compared to the first 2 quarters of 2003 (during SARS) including the HBHC Program (e.g. Visits to "high risk" families increased by 14%), dental screenings (eg. Number of children screened increased 19%), sexual health (e.g. Number of new clients to clinics increased 18%) and food safety inspections (eg. High-risk food safety inspections increased 29%).

Prevention and Control of Infectious Diseases

Table 9 INFECTIOUS DISEASES CONTROL

	Mid Year (Jan – June)		% Difference	Year End
	2003	**2004**	**(2004-2003)**	2003
Number of new infectious disease reports	2,457	**2,983**	**21%**	4,981
- Rate of new infectious disease reports per 100,000 population	288.4	**332.0**	**15.1%**	584.6
Number of infectious disease outbreaks	74	**77**	**4%**	144
Number of reportable diseases	1,309	**1,241**	**-5%**	3,181
- Rate of reportable diseases per 100,000 population	153.6	**138.1**	**-10.1%**	373.3
Tuberculosis				
- Number of people on medical surveillance	255	**276**	**8%**	571
- Number of tuberculosis cases	22	**14**	**-36.4%**	49
- Rate of confirmed cases per 100,000 population	2.6	**1.6**	**-39.7%**	5.8
Immunization				
- Number of vaccines distributed*	77,255	**91,987**	**19%**	463,396
- Number of shots given through York Region Health Services Public Clinics**	9,049	**8,841**	**-2%**	31,621
- Percent of school-aged children up-to-date for MMR (Measles/Mumps/Rubella)	90.7%	**90.7%**	**0%**	90.7
Sexual Health				
- Number of new clients to clinics	480	**564**	**18%**	1,037
- Number of client revisits to clinics	1,445	**2,060**	**43%**	3,524
- Rate of Sexually Transmitted Infections (STI) per 100,000 population	46.8	**41.1**	**-12.3%**	102.7

* All publicly-funded vaccines
** Influenza, Hepatitis B (Grade 7) and any other school age general shots (i.e. MMR, DPTP)

- The number of new infectious disease reports during the first six months of 2004 increased by 21% as compared to the same time period in 2003 (526 additional cases). This was largely due to an increase (566%) in influenza investigations. The 2003/2004 influenza season saw an increase in cases all over the country as the circulating strain was particularly virulent and was only partially covered by that season's vaccine. The increase in the number of infectious disease reports can also be partly accounted for by the growth in the population in York Region between 2003 and 2004.

Table 10 **FOOD SAFETY**

	Mid Year (Jan – June)		% Difference	Year End
	2003	**2004**	**(2004-2003)**	2003
Units as of April 30, 2004*				
- Inspections High Risk [1,637 Units] * (3/year)	1,749*	**2,263**	**29%**	4,108*
- Inspections Medium Risk [1,781 Units] * (2/year)	1,497*	**1,868**	**25%**	3,185*
- Inspections Low Risk [2,691 Units] * (1/year)	1,090*	**1,512**	**39%**	2,009*
Total number of inspections	4,336*	**5,643**	**30%**	9,302*
- Total number of re-inspections	803	**1,072**	**33%**	1,839
Infractions/Charges				
- Total number of charges laid	13	**35**	**169%**	45
- Number of restaurant closures	1	**4**	**300%**	5
Certifications				
- Number of food handlers certified	805	**807**	**0.2%**	1297

* Revised 2003 figures as of July 2004

- The Health Protection Division Inspection staff was deployed from their regular duties in 2003 to deal with SARS which resulted in fewer inspections to all levels of establishments. In 2004, Inspection staff has been able to devote their time to meeting mandatory core program requirements. There have been an increased number of food safety charges laid (169% increase) from mid-year 2003 to mid-year 2004.

Table 11 **INFECTION CONTROL**

Infection Control Audits and Inspections (totals do not include Food Safety Inspections)	Mid Year (Jan – June)		% Difference	Year End
	2003	**2004**	**(2004-2003)**	2003
Day Nurseries as of July 4, 2004 – [232 Units] (2 inspections per year)				
- Total number of daycare infection control inspections	125	**200**	**60%**	247
- Percent of daycare infection control inspections	27%	**43%**	**59%**	53%
LTC Facilities as of July 4, 2004 – [75 Units] (1 audit per year)				
. - Total number of LTC Facility infection control audits	32	**13**	**-59%**	69
- Percent of LTC Facility infection control audits	43%	**17%**	**-60%**	92%

Table 12 **DENTAL SERVICES**

	Mid Year (Jan – June)		% Difference	Year End
	2003	**2004**	**(2004-2003)**	2003
Number of children screened from birth to grade 8	30,643	**36,388**	**19%**	57,006
Number of cases with urgent dental needs (will be reported on annual basis)	1346	1463	**9%**	2944
Number of urgent cases resolved – (will be reported on annual basis)	NA†	NA†	UNDEFINED†	2855

† The number of urgent cases resolved is reported on an annual basis due to the MOHLTC follow-up criteria which allows parents a certain time period to ensure their child receives care.

Health Information Lines

Table 13 CALL VOLUMES TO HEALTH INFORMATION LINES

CALL VOLUMES TO HEALTH INFORMATION LINES	Mid Year (Jan – June)		% Difference	Year End
	2003	**2004**	**(2004-2003)**	2003
Nursing and Dietitian Line (Health Connection)	26,473	**22,375**	**-15%**	58,080
Sexual Health Line	3,362	**4,244**	**26%**	7,011
Health Protection Information Disclosure Line (HPIDL)	9,171	**4,410**	**-52%**	14,861**
Total number of calls	**39,006**	**31,029**	**-20%**	**79,952**
Number of calls from HPIDL related to Safe Water (incoming calls only)	1,061	**789**	**-26%**	2200

** Revised 2003 figures as of July 2004

- There was a 52% decrease in the number of calls to the Health Protection Information Disclosure Line between mid-year 2003 and mid-year 2004. West Nile virus calls were the main contributors to the large volumes of calls to this line in 2003. This is mostly a result of York Region having the first positive bird reported in Ontario in 2003. Additionally, an extensive education program conducted in 2003 around the issues of personal protection and standing water as a breeding source may also account for the decrease in calls as the public is more aware of West Nile virus messaging.

Health Promotion

Table 14 CHILDREN (ages 0-6)

	Mid Year (Jan – June)		% Difference	Year End
	2003	**2004**	**(2004-2003)**	2003
Healthy Babies Healthy Children (HBHC)				
- Number of births York Region Health Services received notice of	3,956	**4,357**	**10%**	8,560
- Number of families contacted after discharge from hospital	3,671	**4,053**	**10%**	7,590
- Number of families who received a postpartum home visit	1,156	**1,499**	**30%**	2,508
- Number of families identified as “high risk” who received home visiting	220	**287**	**31%**	328
- Number of visits to “high risk” families	2,612	**2,965**	**14%**	5,211
- Number of referrals to HBHC from Health Connection	469	**609**	**30%**	1,054
Injury Prevention				
- Percent of car seats used incorrectly checked through car seat clinics	87%	**83%**	**-5%**	88%

- During the first six months of 2004, 110 car seats were checked through the Region’s Car Seat Safety Clinics. Of these 110 car seats, 83% (91) were used incorrectly. This is a slight improvement compared to the same time period in 2003 where 87% (111 of 128) were used incorrectly. It is important to note that the number of car seats being checked through car seat safety clinics reflects the more motivated and interested element of the population. The percent of car seats used incorrectly is estimated to be higher in the general population.

Table 15 **ADULTS**

	Mid Year (Jan – June)		% Difference	Year End
	2003	**2004**	**(2004-2003)**	2003
Breastfeeding				
- Number of breastfeeding clinic units	37	**99**	**168%**	118
- Number of breastfeeding clinic visits	162	**693**	**328%**	469
Tobacco Control Act				
- Number of visits to vendor establishments	NA†	**191**	**UNDEFINED**	792
- Number of compliance survey visits	NA†	**64**	**UNDEFINED**	166
- Percent of non-compliance identified during compliance survey visits	NA†	**26%**	**UNDEFINED**	13%
No-Smoking By-law				
- Total number of visits (workplaces and public places)	1,809	**1,562**	**-14%**	2,859
- Total number of charges laid (workplaces and public places)	252	**225**	**-11%**	397
Injury Prevention (pool, spa, waterslide) [301 Units] (677 inspections required) as of July 4, 2004				
- Number of inspections	368	**348**	**-5%**	656
- Number of closures	2	**4**	**100%**	6
Workplace Wellness [25,000 businesses in York Region]‡				
- Number of worksites subscribing to newsletter or other promotional material	1,129	**1,076**	**-5%**	4,418
- Number of companies receiving direct services	60	**64**	**7%**	261
Chronic Diseases				
- Number of presentations/workshops (related to the Healthy Choices for Healthy Living Program)	72	**87**	**21%**	152

† 2003 data is unavailable at this time.
‡The number of businesses in York Region are approximate. Source: York Region Economic Development, 2002/2003

- Breastfeeding clinic visits have risen dramatically between mid-year 2003 and mid-year 2004 (increase of 328%). The reason for this increase in attendance at the clinics is three-fold:

  1. the level of staff expertise at the breastfeeding clinics has increased with the addition of public health nurses who are lactation consultants
  2. women seeking assistance are presenting with increasingly complex issues which the clinic staff has been able to assist them with. This information regarding support is then shared with friends and acquaintances, thereby promoting the breastfeeding clinic services and
  3. HBHC is unable to meet the requirement of providing a home visit to every new mother, and as such the public health nurses are providing information about breastfeeding clinics during telephone assessments. Public health nurses suggest that if new mothers are experiencing breastfeeding difficulties they may call the Health Connection Line for information and support or they may attend the clinics.

Table 16 **NUTRITION AND SCHOOL SERVICES**

	Mid Year (Jan – June)		% Difference	Year End
	2003	**2004**	**(2004-2003)**	2003
Nutrition				
- Number of workshops/presentations provided to professionals (e.g. child care staff, school staff, community agency staff)	NA‡	**30**	UNDEFINED‡	NA‡
- Number of workshops/presentations provided for the public (e.g. parents, workplace employees, community members)	NA‡	**92**	UNDEFINED‡	NA‡
- Total number of workshops/presentations	64	**122**	**91%**	112
Schools				
- Number of comprehensive school activities‡‡	1	**1**	0	1
- Number of schools involved	4	**1**	-75%	4

‡ Tracking of reported indicators commenced in January 2004 and therefore data for 2003 is unavailable

‡‡ Comprehensive activities involve the four components of comprehensive school health, school curriculum, support services, psycho-social environment and a healthy physical environment.

General Manager, Emergency Medical Services

General Manager, Long Term Care and Seniors

Associate Medical Officer of Health and Director, Public Health Programs

Director, Health Information and Planning

September 16, 2004