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ACTIVITY REPORT FOR THE YEAR 2003

The Health and Emergency Medical Services Committee recommends that:

1. **The presentation by Diane Bladek-Willett, Director of Health Information and Planning regarding the Impact of SARS on Health Services be received**

2. **That the recommendation contained in the following report, March 10, 2004, from the Commissioner of Health Services be adopted.**

1. RECOMMENDATION

It is recommended that:

1. Health and Emergency Medical Services Committee and Regional Council receive the Health Services Department Activity Report for the Year 2003 *(see Attachment 1)* for information.

2. PURPOSE

The Activity Report for the Year 2003 presents the Health and Emergency Medical Services Committee and Regional Council with data regarding programs and services provided by the Health Services Department over the past year. It also provides a comparison to the levels of service provided during 2002 and explanations of trends observed.

3. BACKGROUND

On a quarterly basis throughout the year 2003, the Health Services Department collected and analyzed data regarding programs and services provided by its three operational branches: Emergency Medical Services Branch (EMS), Long Term Care and Seniors Branch and Public Health Branch. This report presents the cumulative results for the year 2003.

3.1 Impact of the Severe Acute Respiratory Syndrome (SARS) Outbreak

The SARS outbreak had a significant impact on the Health Services Department's programs and services during 2003. SARS was first identified in the Greater Toronto Area in early March 2003. The date of onset of symptoms for York Region's first SARS case was March 15, 2003. On March 26, 2003, the SARS outbreak was declared a provincial emergency. The two waves of the SARS outbreak were deemed to be over on July 3, 2003.

During the 2nd Quarter 2003, a significant number of Health Services Department staff were re-deployed to assist with the management of the SARS outbreak. Approximately

341.1 FTEs from the Health Services Department were re-deployed to assist with SARS 1 (270.7 from Public Health, 40.4 from LTC, and 30 from EMS), and another 152.2 FTEs were re-deployed for SARS 2. As staff were re-deployed, all programs considered non-essential in the face of the emergency were suspended. Programs that were considered essential (e.g. the high risk screening portion of the Healthy Babies Healthy Children Program, direct service programs in long term care) were continued during the outbreak. However, even these programs were significantly reduced in scope.

4. ANALYSIS AND OPTIONS

4.1 Highlights of the Year 2003

Attachment 1 contains the percentage change in the Activity Reports from 2002 to 2003. The following are highlights of the report:

4.1.1 Emergency Medical Services Branch

Call Volumes

- **Total call volumes for the year 2003 have increased by 21% over 2002, from 77,627 calls to 93,672.**
- **Call volumes for deferrable/non-urgent transfers decreased by 11% from 2002.**
- **Call volumes for prompt/non life threatening and urgent/life threatening calls have increased by 9% and 14% respectively from 2002.**
- **Call volumes for Emergency Coverage Redeployment calls increased by 39% over 2002.**

Rationale:

The 11% decrease in non-urgent calls is attributed to reduced availability of York Region EMS resources to service these calls due to increased emergency call volume; increased time spent transferring the care of patients to hospital staff and the continued redirection of ambulances outside of York Region.

The 9% and 14% increase in prompt/non life threatening and urgent/life threatening calls respectively is attributed to the increasing Regional population and improvements in the System Status Deployment Plan. These improvements have resulted in greater use of York Region EMS resources to respond to emergency calls within the Region, rather than the use of outside neighbouring EMS operators.

The 39% increase in Emergency Coverage Redeployment calls can be attributed to revisions made to the System Status Deployment Plan and to the increase in prompt/non life threatening and urgent/life threatening call volumes. The changes made to the System Status Deployment Plan have resulted in the provision of minimal emergency coverage for all nine municipalities at any given time.

90th Percentile Response Time and Percentage Compliance to 11 minutes 39 seconds

- **The ninetieth (90th) percentile response time for all emergency calls within York Region was 12 minutes and 18 seconds (12:18) in 2003. This was a 7% increase over the 90th percentile response time in 2002.**
- **The 90th percentile response time increased in all nine local area municipalities during 2003, ranging from 1% to 15%.**
- **The compliance rate to the 11:39 standard for York Region EMS vehicles (not including other service providers) is 87.5% for the year 2003 as compared to 90.7% for the year 2002. This represents a 4% decrease in compliance.**

Rationale:
These increases can be attributed to a number of factors: Regional population growth, increased capture of urgent/life threatening calls by York Region EMS rather than outside operators in York Region, revisions to the System Status Deployment Plan to enhance response by Advance Care Paramedics in Paramedic Response Units to life threatening patient conditions, and increased traffic congestion on York Region roads.

4.1.2. Long Term Care and Seniors Branch

Admissions and Attrition Rate

- **The number of new admissions to York Region Long Term Care (LTC) facilities increased by 33% in 2003. The attrition rate increased to 28%; a 70% increase over the previous year.**

Rationale:
The 70% increase in the attrition rate is consistent with the trend that has been observed over the last several years in York Region's LTC facilities. Attrition rates historically have been on the rise due to the continuing increase in resident acuity, (increased care required) and the admission of clients for end-stage illness and palliative care. The province-wide attrition rate is 40%.

The 33% increase in new admissions over the previous year is largely attributable to an increase in vacancies due to the attrition rate.

Medical Diagnoses

- **The top three categories of medical diagnoses for residents in the Maple Health Centre and the Newmarket Health Centre were mental problems, circulatory disorders and musculoskeletal disabilities, respectively.**

Rationale:
For the first time in this Activity Report, the Long Term Care and Seniors Branch is reporting the types of medical diagnoses amongst residents of the two Regionally owned and operated LTC facilities and the percentage change in these diagnoses groups from 2002.

The top three medical diagnoses are the same for the residents in both facilities; however the percentage increase within these diagnoses groups varies. The percentage of residents in the Maple Health Centre who have mental problems as one of their diagnoses increased by 10% from 2002, while the increase was 26% for Newmarket Health Centre residents. The overall increase in this diagnosis category for residents in long term care facilities across the province was 6% during this same time period.

Increases in the circulatory disorders group from 2002 were 24% for the Maple Health Centre, 19% for the Newmarket Health Centre and 9% provincially. For the musculoskeletal disabilities diagnosis group, there was a 2% decrease in the Maple Health Centre, a 28% increase in the Newmarket Health Centre and a 7% increase provincially.

These data assist in the understanding of the care needs of the residents admitted to York Region's LTC facilities and demonstrate how York Region's population differs from that of other LTC facilities in the province. These data also demonstrate that the Regional LTC facilities continue to care for individuals with heavy and complex, physical, cognitive and/or psychiatric requirements.

Wait Lists

- **The average number of people on the LTC facilities wait list decreased by 33% from 2002 to 2003 while the Alternative Community Living (ACL) Supportive Housing wait list increased by 17% for the same time period.**

Rationale:
Several factors have accounted for the 33% decrease in the average number of people on the waiting list for a Regionally-operated LTC facility bed. These include: changes in placement regulations which reduce the number of facilities that an applicant can request or is required to make an application to (in the case of clients in the hospital), and an increase in the LTC bed capacity in York Region as a whole. Since January 2002, approximately 250 new LTC beds have opened in York Region.

The 17% increase in the ACL Supportive Housing wait list reflects the growing community need/demand for this type of accommodation with the increasing seniors population in York Region.

Respite Programs

- **LTC facilities respite days decreased by 21%, Day Centre respite units increased by 115% and ACL program respite days decreased by 6% in 2003, as compared to 2002.**

Rationale:
Respite programs are short stay programs that provide convalenscent, palliative and caregiver relief. Respite services are provided in the LTC facilities, ACL program sites and in the Day Centres. The decrease in LTC facilities respite days was largely attributable to activity restrictions during the SARS outbreak and cancellations within the

program as a result of several clients being placed in LTC facilities. A further contribution to the decrease is the greater availability of respite options in York Region due to new facility openings.

The increase in Day Centre respite units is due to an increased demand for this service, as more community caregivers became aware of the program in 2003.

Several clients who were utilizing the ACL respite program were placed in permanent residence/accommodations during 2003. This accounts for the 6% decrease in 2003 as compared to 2002.

Outreach Program Client Units

- **Cognitive disorder and acquired brain injury programs saw a decrease of 2% and 12% respectively in 2003.**
- **Communicative disorder and physically disabled programs saw an increase of 19% and 9% respectively in 2003.**

Rationale:
The Outreach Programs are all consumer driven programs. Statistical fluctuations occur from year to year, depending on the demand for a particular program.

Other LTC Programs

- **The Lunch Out program sessions decreased 40% from 2002 to 2003.**
- **Volunteer hours increased by 15% in 2003, as compared to 2002.**
- **Regional psychogeriatric and mental health consultations and participants increased by 169% and 214% respectively in 2003.**

Rationale:
The Lunch Out program is offered once per month. In March 2003, the program was cancelled as a result of inclement weather. During the 2nd Quarter of 2003, the Lunch Out program was suspended due to the SARS outbreak. At this time, restrictions were placed on visitors entering LTC facilities and therefore clients were not able to pick up their lunches. In July and August 2003, the program was cancelled again due to a summer break in the program.

The 15% increase in volunteer hours from 2002 to 2003 is due to an increase in Personal Support Worker students and adult volunteers. It is interesting to note that despite the decrease in volunteer hours in the 2nd and 3rd Quarters related to the restrictions placed on visitors/volunteers to LTC facilities during the SARS outbreak, the volunteer program still realized a large increase in hours this year.

The increase in the number of Regional psychogeriatric and mental health consultations and participants can be attributed to an increased community awareness and need/demand for this service over 2002.

4.1.3 Public Health Branch

The SARS outbreak had a significant impact on the operations of the Public Health Branch. As staff from the Public Health Branch were re-deployed during the SARS outbreak, a number of programs deemed non-essential were temporarily suspended. In addition, Public Health programs and services that would normally be deemed essential were significantly reduced in magnitude. In order to provide a clearer picture of the impact of the SARS outbreak on the program activities of the Public Health Branch during 2003, changes have been subdivided into those activities that significantly increased or significantly decreased as a result of the SARS outbreak and those activities that were impacted by factors other than the SARS outbreak.

Public Health Branch Activities that Experienced Increases during 2003

- **In 2003, the number of infectious diseases reports investigated increased 7% as compared to 2002.**

Rationale:

The 86 cases of SARS investigated in 2003 account for the largest part of the increase in investigations of infectious diseases in York Region from 2002 to 2003. SARS was an unknown (and therefore non-reportable) disease before 2003. These cases represent only a fraction of the case workload associated with the SARS outbreak, as they do not take into account the more than 19,000 SARS contacts that were investigated.

- **Health Connection received 51% more calls in 2003 compared to 2002.**

Rationale:

In 2003, the largest single impact on the number of calls received by Health Connection was the SARS outbreak. The over 25,000 SARS-related calls received during the outbreak accounted for 43% of the calls received to the Health Connection Nursing and Dietician Lines during 2003. This was followed by calls related to the care of new babies, child health, and infectious diseases control.

- **The Healthy Babies Healthy Children program conducted 10% more postpartum home visits in 2003 as compared to 2002.**

Rationale:

During the SARS outbreak parenting programs were not offered, therefore more Public Health Nurses were available to conduct home visits.

Public Health Branch Activities that Experienced Decreases in 2003 from 2002:

- **The number of children screened from birth to Grade 8 decreased by 12%.**
- **The total number of families attending prenatal classes decreased by 18%.**
- **The total number of families participating in the Just for You and Your Baby Program decreased by 28%.**

- **The Car Seat Safety Program reached 21% fewer parents and key influencers.**
- **The Healthy Choices for Healthy Living Program reached 16% fewer adults, children and key influencers.**
- **The number of food safety inspections decreased by 14% for high-risk inspections, 8% for medium-risk inspections, and 27% for low-risk inspections. There were 47 food safety charges laid in 2003, a decrease of 52% from 2002.**
- **Sexual health clinics experienced a 21% decrease in attendance for new clients and a 14% decrease in return visits.**

Rationale:
The SARS outbreak had a significant impact on the Public Health Branch. Of the 370.2 approved Public Health FTEs, approximately 270.7 were re-deployed during SARS 1 and 128.5 were re-deployed during SARS 2. The suspension of all non-essential Public Health Programs included the cancellation of sexual health clinics from April 7, 2003 to May 21, 2003, the suspension of dental screenings in schools, childcare centres, and Ontario Early Years Centres and the cancellation of all Childbirth Education Classes. Food Safety inspections were significantly decreased as most Public Health Inspectors were re-deployed to manage the SARS outbreak.

Public Health Branch Activities Influenced by Other Factors in 2003

- **The number of calls received by the Health Protection Information Line increased 25% from 2002 to 2003.**

Rationale:
The West Nile virus Program was the main contributor to the 25% increase in calls during 2003 as compared to 2002. This is mainly a result of York Region having the first positive bird reported in the province in 2003 and embarking on mosquito larviciding for the first time. An increase in public awareness through the media, pamphlets and open houses generated concern regarding standing water and inquiries surrounding the impact of larviciding and the potential impact of adulticiding.

- **The number of regular visits (return food bank recipients) to food banks increased by 13% between 2002 and 2003.**

Rationale:
An increasing number of York Region residents are relying on food banks and other emergency food programs to meet their food needs. Food banks provided assistance to 41,215 individuals in York Region in 2003. The 13% increase in the number of regular visits indicates that many food bank users continue to require emergency food assistance on a regular basis.

- **The number of visits by No-Smoking By-law Officers decreased by 49% from 2002.**

Rationale:
The 49% decrease in the number of visits can be attributed to a focus on the *Tobacco Control Act* program and the need to complete a specific number of compliance checks in accordance with the Ministry of Health and Long-Term Care requirements.

- **Infraction statements have decreased 59% from 227 in 2002 to 93 in 2003 and Part 1 tickets increased by 47%.**

Rationale:
Infraction statements are being replaced by tickets as indicated in the 2002 Activity report, hence the 47% increase in the number of Part 1 tickets in 2003. Although education and counselling remain a main-stay of the No-Smoking By-law program, the focus has shifted more to enforcement.

- **The number of rabies control biting incidents decreased by 19% from 2002 to 2003. Only one charge was laid in 2003 compared to seven in 2002.**

Rationale:
Animal bite investigations are complaint driven. Once complaints are received, all biting and potential rabies exposure incidents are investigated by Health Protection staff.

5. FINANCIAL IMPLICATIONS

There are no financial implications related to the analysis of data for this report. Costs associated with the delivery of programs and services and the reporting of these data are included in the Health Services Department's annual budget. The impacts of the SARS outbreak on the Heath Services Department will be part of an upcoming SARS Wrap-up report to Health and Emergency Medical Services Committee and Regional Council.

6. LOCAL MUNICIPAL IMPACT

During 2003, the York Region Health Services Department continued to provide mandatory and integrated programs and services to meet the health needs of the residents of York Region.

7. CONCLUSION

The extent of the SARS outbreak experienced in York Region had a significant impact on all programs and services normally offered by the Department and is the primary reason for the change in activity levels, as reported for the year 2003.

Performance will continue to be monitored and analyzed by the Health Information and Planning Branch of the Health Services Department and reported to the Health and

Emergency Medical Services Committee and Regional Council on a regular basis. The ongoing use of performance indicators assists with the efficient use of resources, the targeting of programs and services to those who require them, and planning for the future.

The Senior Management Group has reviewed this report.

(A copy of the attachment referred to in the foregoing is included with this report and is also on file in the Office of the Regional Clerk.)