

ITEM

26

MANAGER'S REPORT NO. 53

COUNCIL MEETING 89/08/21

*1988*  
*Community*  
*Health*  
*Services*  
*Annual Report*

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# ANNUAL REPORT 1988

It is my pleasure to present the 1988 Annual Report for the Burnaby Health Department.

Many varied services of the Department are detailed in the following pages. Figures given represent encounters between Health Department staff and Burnaby citizens, each one aimed at helping, listening, and educating, in our goal to promote the best possible health for our community. The figures are useful in indicating the amount of service provided, trends from year to year, and in allowing for comparisons between health departments. However, they do not adequately reflect the vast amount of human contact and hours of dedication given by our Health Department staff.

Our statistics show the success of Public Health in stopping the great epidemics of the past such as polio, typhoid and diphtheria. However, we wish there were more resources to help children and their families to live a healthier life style and to provide stronger supports and preventive programmes for the mentally and physically disabled living in our community.

While the focus of our work remains unchanged from the days when Public Health first began to recognize those "skills and beliefs which could be directed to the maintenance and improvement of the health of the people", the activities of our work are constantly changing to adapt to our increased knowledge. So while in many ways the same programmes continue, the content changes markedly.

For instance, this year, immunization programmes for children will include Hib-D vaccination against diseases caused by haemophilus influenza, an infection particularly damaging to young children.

Traditionally our Environmental Health staff have dealt with quite defined hazards to health such as contaminated food and water. Current concerns are: what are the contaminants, what are their effects and can we measure them? Increasing awareness and understanding of the influence of the "environment" on health, leads us to question many practices and the use of a variety of substances, because of their potentially adverse effects. For this reason, considerable attention was given to the start up of the GVRD refuse incinerator in the Spring, and to the quality of air emissions in North Burnaby.

Home Care Nursing and Rehabilitation Services in Burnaby now have programs that provide services in the home that could only have been delivered in a hospital a few years ago. We are convinced that in Burnaby, given sufficient resources, Home Care will continue to grow and in the near future, play a major role in lessening the demand for hospital beds.

As big institutions such as Woodlands and Riverview discharge their clients to smaller community homes, there is a need to ensure that these people with disabilities receive adequate support. We as a Health Department support the concept of "de-institutionalisation", but are concerned that community services are not yet fully in place to provide necessary services. We have tried to assist by providing whatever support we can, in co-operation with the School Board, Ministry of Social Services and Housing, and others involved. There is a need for increased speech therapy, rehabilitation therapy, nursing care, mental health services, both preventive and direct. These services will enable many of the children with handicapping conditions to attend preschools and schools with true advantage, over and above physical presence. The Health Department now has some services from a consultant pediatrician to help us assess health problems, and assist care givers in this complex field.

Long Term Care celebrated ten years of service in 1988. Among the many improvements this programme has brought, I would like to draw attention to one in particular.

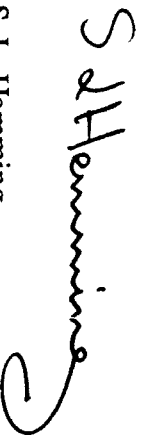
Years ago, it was quite common for the Medical Health Officer to be called by police, firemen or people in the community, to deal with a situation which was out of hand. The problem frequently centered around a sad elderly person who had been found derelict, disabled, starving, usually filthy and surviving in appalling conditions. Thanks to the Long Term Care program, and the ability of the staff to help in a non threatening way with earlier intervention, these situations seldom now occur.

This Health Department is fortunate in having a fine dedicated administrative staff, some of whom work directly with the programmes, and are often the people most known to the public when they phone. Others are less observed but essential to us all, as they wrestle with figures and computers, doing a great job of keeping this Health Department working.

We continue to marvel at the commitment and energy of our volunteers and never cease to be grateful for their service. Through their dedication many Burnaby residents are able to retain their independence, making important choices about their own lifestyles.

Finally, this year, talks again commenced with the Ministry of Health on cost sharing formulas. Many of our activities are jointly funded by the Municipality, the Provincial Government and the School Board, and we have always felt fortunate that throughout the years, there has been good will, interest, and a commitment to service on the part of all these groups and their staff. We are sure that the current talks will be productive.

I take this opportunity of expressing our thanks and appreciation to the Burnaby Municipal Council, officials and staff of the Corporation of the District of Burnaby, the Trustees and officials of the Burnaby School Board, the Staff of the Provincial Ministry of Health and the Burnaby Hospital, for their interest and support.



S. L. Hemming,  
M.B.Ch.B., F.R.C.P. (C)  
MEDICAL HEALTH OFFICER

# **PREVENTIVE SERVICES**

1988 has proven to be a very stimulating year. The Strengthening The Family Funds, made available to us by the Premier's office, challenged us to be creative as well as analytical, as we looked at our needs and gaps in service.

Now that the teaching of Prenatal Classes (at least the late 4 classes) has been transferred to Douglas College, we have been able to devote time to the "at risk" clients we could and should be serving.

To this end we were instrumental in developing the "Prenatal Risk Screening" Guide and Individual Assessment Tool. It is being used on a trial basis in a variety of Public Health settings throughout the Province.

We also started up on-going Prenatal Classes for "Singles". While our target group is Teenagers, we are not limiting access to only that group. Rather, the classes attract the pregnant girls who do not "fit" into the routine type of class.

Computerization of our records, at least the Preschool years, continues. This has resulted in the development of a more cooperative relationship with our Family Physicians, as each of us sees the advantage of a common source of information on the immunization status of the children. Especially when that information is easily printed up and readily available.

As 1988 closes, we look forward to developing collaborative action related to Senior's Wellness Programs with our Parks and Recreation Department.

The details of our activities, as relevant to each section of Prevention, are now presented.

## **A. MATERNAL HEALTH**

### **Prenatal Classes**

#### ***1. Early Prenatal Services***

With the transfer of the Late Prenatal class series to Douglas College in October of 1987, Burnaby Health Department now gives only Early Series and our numbers of clients have thus diminished. In 1988 - 27 series of early classes had approximately 369 couples or mothers attending.

#### ***2. "Singles" Classes***

When Douglas College established their classes, the Health Department then had the opportunity and staffing to start "singles" classes. We knew we had few teenage mothers in Burnaby but wanted to offer something especially to single mothers who might not fit into couple oriented classes. From August 4th to December 31st, 1988, we have had 11 women, all but 1 being a teenager. The classes have been given every week, are very informal and have included input from the Nutritionist, a Social Worker from Ministry of Social Services and Housing as well as a new organization set up to assist pregnant women and mothers called "SMILE" (Support to Young Mothers Integrating Love and Education). Referrals have come from Social Workers, Doctors and Community Health Nurses.

Because of the licensing of a new residence for single pregnant teens called "Mom's Place", run by a local Church situated near the Health Department, our classes are automatically available to these girls who have provided a core group for our classes.

Three of our "graduates" have delivered healthy babies and the mothers are keeping them. From the evaluations, the girls have found the classes supportive and helpful.

### 3. Prenatal Teaching In Other Settings

Periodically we receive requests from Oakalla Womens Clinic (Lower Mainland Regional Correctional Centre), Juvenile Detention Centre and Holly Cottage. We provide classes or videos (Baby's Best Chance) for these groups who frequently have pregnant mothers among their numbers.

Some mothers, for a variety of reasons, may wish to have prenatal instruction at home. This is done usually by the district Community Health Nurse.

### 4. Prenatal Class Statistics

	1984	1985	1986	1987	1988
Number of Early Pregnancy Series	40	52	29	29	27
Number attending Early Pregnancy Series	n/a	n/a	n/a	n/a	369
Number attending Single classes	n/a	n/a	n/a	n/a	11
Number visited in other settings	10	5	6	5	8

### 5. Birth Statistics 1988 with 1984, 5, 6 and 7 Comparisons

Category	1984	1985	1986	1987	1988
Births	1899	1940	1848	1876	1992
# of births	13.5	13.8	12.8	12.9	13.6
birth rate	98	107	84	141	110
# low birth weight (<2500g)	5.2	5.5	4.5	7.52	5.50
% low birth weight	895	930	600	933	996
# of primiparas	47.1	47.7	32.5	49.73	50.0
% of primiparas					
Teenage Births					
19 years	23	22	25	20	18
18 years	13	14	12	13	17
17 years	4	5	8	13	10
16 years	6	1	5	5	6
15 years	5	0	2	2	5
14 years	0	0	0	0	1
Total	51	42	52	53	57
Pregnancies					
35 years & over					
Primiparas	29	13	15	53	69
Multiparas	139	124	131	151	213
Total	168	137	146	204	281

## B. INFANT VISITING

All new babies born to Burnaby residents are visited by a Community Health Nurse. The Hospital Liaison nurse identifies those parents who need an early visit by the nurse. The nurse provides support, health counselling and information on Child Health Centres and other resources in the Community. The average number of new babies visited by each nurse is 75, with variations from 31 to 136. Many times more than one visit is made, especially to first time parents or for babies at risk. The "C.H.N. at Risk Assessment Form for Infants and Preschool Children" continues to be used as part of the routine for determining babies at risk.

	1985	1986	1987	1988
Births	1,940	1,848	1,876	1,992
Birthrate (Rate per 1000)	13.8	12.8	12.9	13.6
Low Birth Weight %	5.69	4.5	7.52	5.50
No. of Babies 2499 grams & under	107	84	141	110

## C. CHILD HEALTH CENTRES

Child Health Centres are located throughout the Municipality of Burnaby. During 1988 there were 17 clinics a month in 14 different locations. Three of these clinics were held during the early evening and these have continued to be three of our busiest clinics. During 1988 we saw 6,034 children in our clinics which is the busiest the clinics have been for more than five years. The clinics give parents an opportunity to discuss areas of concern to them. Much counselling is in the areas of nutrition, normal growth and development, and parenting skills. All babies are weighed and measured. Immunizations are also available at the Child Health Centres. In 1988 there were 6,174 immunizations done.

The clinics are staffed by Community Health Nurses, the Immunization Nurse and Health Department Physician. We also have excellent volunteers, who help keep things running smoothly.

Year	1984	1985	1986	1987	1988
Attendance	5,679	5,404	5,100	4,859	6,034

### Mothers and Infants Group

In January 1988, a new Mom's and Infants group was started at Maywood School. It was hoped it would attract some of the single mothers who live in a nearby apartment block. The series of 6 topics was repeated on a regular basis and mothers could join at any time. We were aiming at infants up to 6 months.

In the summer, the group was moved to the brand new Bonsor Community Centre and after a fairly slow start has continued to increase in numbers. With many mothers returning to work at six months or so, we have had a fairly good turnover.

**1988 ATTENDANCE: 156 parents**

## D. SCHOOL HEALTH PROGRAM

There continues to be a variety of health services provided to the Burnaby School Board. Activities of the Community Health Nurses in the schools include:

- Screening for
  - vision
  - hearing
  - scoliosis
  - dental
- Immunization.
- Classroom teaching on the revised Ministry of Education Family Life program and/or acting as a consultant to teachers.
- Participating on the School Based Team to plan programs for children with problems, especially the handicapped (physical, mental or emotional).
- Counselling students and their parents on health matters, at school or at home.
- Liaising with other community agencies when necessary, on behalf of the family or the school.

Steady diligence in maintaining a high percentage of children immunized against preventable diseases is of prime importance to us. Although it does not receive much overt attention, the measles outbreak of 3 years ago indicates that these diseases are still with us, and our time must be spent keeping the immunization status of our school children as much above 95% as possible.

Statistics	1985	1986	1987	1988
Grade 1				
Diphtheria, Tetanus & Whooping Cough	96%	96%	96%	96%
Measles, Mumps & Rubella	97%	97%	97%	97%
Polio	95%	96%	96%	96%
Grade 9				
Diphtheria & Tetanus	81%	88%	97%	97%

As in the past years, we have maintained excellent communication and working relationships with School Board staff. The Administrator attends the Principal's meetings, and a Health Advisory Committee continues to meet to discuss and work out items of mutual concern.



## ***E. STUDENT PROGRAMS***

### ***1. Degree Program Nursing Students***

In the spring of 1988 we had 3 students from University of Victoria and one from University of Saskatchewan taking their Community Health experience with us. Some Community Health Nurses "shared" a student which seems to not only relieve some of the extra work but also gives the students a well-rounded experience.

In September 1988 we welcomed 10 U.B.C. student nurses to Burnaby. They spent approximately two days per week during the fall term under the direction of their tutor Mrs. Gail Beddome, home visiting, counselling in Child Health Centres, teaching in the schools, and visiting a Home Care client.

### ***2. U.B.C. Medical Students***

U.B.C. medical students are scheduled to spend an afternoon at a Child Health Centre to observe the services provided at these clinics. They spend time with the Community Health Nurse as she counsels clients, and also observe the activities of the Doctor and the Immunization Nurse.

### ***3. B.C.I.T. Nursing Students***

As in the past the B.C.I.T. nursing students visit Child Health Centres and make home visits with Community Health Nurses. The early discharge of maternity patients from hospital does not allow students sufficient time to learn how to help new mothers, especially in regard to breast feeding. Also the opportunity to observe the interviewing and teaching skills of the Community Health Nurses provides good role models for the students. Knowledge of the resources in the Community is also essential information for the hospital nurse.

In 1988 from January to May we had 15 B.C.I.T. students. Because of our involvement in September with U.B.C. students, we were not able to accommodate B.C.I.T. students in the fall term of 1988.

## ***F. COMMUNICABLE DISEASE PROGRAM***

### ***Immunization***

Burnaby Health Department continues to offer counselling and immunization to travellers. This service is given through eight adult clinics held monthly at the Health Department, two of these clinics are in the evening. Attendance at adult clinics was 2,094 in 1987 as compared with 1,648 in 1988.

The influenza vaccine program continues to be very popular. We receive about 4,000 doses of vaccine annually from the Ministry of Health. Some of the vaccine is given out to Family Physicians, as well as to the Community Care Facilities.

We hold special "Flu Vaccine Clinics" in Burnaby Senior Citizen Centres; Bonsor, Confederation House, Edmonds House, Cameron Recreation Centre and Eastburn Community Centre. These are becoming very popular now that the seniors know to expect this every Fall. In 1988, 1,526 doses were given, as compared to 987 doses in 1987.

Administration of the Haemophilus Influenza B vaccine continued throughout 1988. Children 18 months to 5 years of age were offered the vaccine, especially those children involved in groups such as day cares or preschools since this is the group at highest risk. We gave a total of 1,227 doses in 1988.

Numbers of doses administered in total	1985	1986	1987	1988
	DPT/TTd	4,624	5,144	3,918
Diphtheria			38	28
Polio	2,906	2,746	2,465	2,318
Rubella	14	43	40	16
Mumps	2	1	1	0
Measles	0	0	2	3
Measles/Mumps/Rubella	1,196	1,039	721	740
Tetanus	275	276	275	120
Typhoid	517	353	520	449
Cholera	574	253	270	157
Heptavax	27	21	54	31
Flu	476	1,082	987	1,526
Hib-D Vaccine			734	1,227
Gamma Globulin				203

As usual, these statistics indicate that the major vaccines used are Diphtheria, Pertussis, Tetanus and Polio, primarily because more doses are required to give adequate protection. Measles, Mumps and Rubella (MMR) vaccine is given only once, from 13 months to 15 months of age. This vaccine is now administered primarily through the various Health Department clinics in our community locations and schools.

Note that the administration of polio vaccine is down slightly, due to eliminating the polio at 6 months in the immunization schedule and due to the eliminating of the polio at Grade 9.

### ***G. TUBERCULOSIS PROGRAM***

Statistics	1984	1985	1986	1987	1988
Newly diagnosed T.B.	23	23	21	11	20
No. receiving T.B. medications		63	58	78	65

From the above statistics it can be seen we maintain approximately the same number of new cases each year. One of the newly diagnosed patients lived in a seniors residence and as a result, skin testing and the mobile chest x-ray unit were called in to survey all the residents and staff.

## **H. GERIATRIC PROGRAM**

Nurses in the Preventive Program continue to visit seniors:

- in private homes for health counselling.
- in independent living senior citizens' residences for health counselling.
- to provide health education to interested groups of senior citizens. Several nurses liaise with Seniors Community Centres in regard to their health programs. Topics of interest, speakers, films, Health Fairs, "Choosing Wellness" programs.

In 1988 - 9 flu clinics were held in Seniors Centres - with a total of 1200 people attending.

## **I. MENTAL HEALTH**

The promotion of mental health and early detection and intervention of psychological problems in children and teenagers are our main goals for 1988.

To reach more preschoolers and their parents we have increased our contacts with daycares, preschools, kindergartens, moms and tots groups, parent education groups and child health clinics. Referrals for mental health services come mainly from community health nurses, teachers, daycare supervisors, school counsellors, school principals, physicians, social workers, psychiatrists, and, increasingly, parents themselves. Parents in our community are becoming more and more aware of the importance of social and emotional development in the early years of their children's total development and will not hesitate to seek assessment and consultation when they have concerns about their children's developmental process.

Our work over the past year covers the whole spectrum of childhood mental health areas. Problems dealt with usually concern disorders of biological functions (eating habits, sleep disturbance, bed-wetting or toilet training); disorders of habit (aggressive, oppositional behaviour, and sibling rivalry); and developmental immaturity (speech, language, and motor-coordination). Among older children, problems of poor academic achievement, low-motivation for school, anti-social or withdrawn behaviour, conflict with parents and teachers, peer group relationship, learning difficulties, etc. constitute the majority of the presenting problems.

### **Mental health statistics**

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Total number of assessments	1987	1988
Total number of consultations	442	411
	769	646

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### **Age Group of Children Seen**

2 - 5	1987	1988
6 - 9	42%	40%
10 - 13	28%	32%
14 - 17	21%	17%
	9%	11%

# J. NUTRITION PROGRAM

## Highlights

### 1. Nutrition Month Seminars

The national theme for Nutrition Month 1988 was "Healthy Weights for '88". Two public seminars were organized by the Burnaby Health Department Nutritionists to help adults identify their ideal weight range. The events were a successful collaboration between the Health Department, Canada Safeway and the Burnaby Now Newspaper.

### 2. Ministry of Health "Local Action Grant"

The Nutritionist applied for and received grant money to work with families in Burnaby who have limited food supplies. The goal of the project is to generate creative and nutritious ideas for using inexpensive foods. These ideas will eventually be incorporated into a booklet. The Burnaby Health Department, Burnaby Family Life Institute and the Greater Vancouver Food Bank jointly collaborated on this successful proposal.

### Statistical Summary

The following summary represents on-going service in the areas of consultation, counselling and health promotion activities.

#### 1. Consultation:

Re: Individuals, Families and Nutrition Resources.

Number of Consults by Source	CHN	MD	Self	Other
Preconception	0	0	4	0
Prenatal	43	17	9	2
Infant	95	9	117	1
Preschool	10	0	52	0
School	21	2	1	0
Young & Middle Adults	12	2	51	2
Seniors	1	0	13	0
<b>TOTAL</b>	<b>182</b>	<b>30</b>	<b>247</b>	<b>5</b>

## 2. Counselling:

Re: Nutritionally at risk individuals.

### Number of Referrals by Sources

	CHN	MD	Self	Other
Prenatal	*56	7	7	4
Infant	12	0	0	0
Preschool	4	0	0	0
School	**17	**4	0	0
Adult	0	1	1	0
Licensed Facilities	0	0	0	2
TOTAL	90	12	8	6

\* This increase is due to the introduction of the Single Mother's Prenatal Program as well as the Vancouver's Healthiest Babies Possible Program only accepting referrals from within Vancouver boundaries.

\*\* The number of school age individuals receiving counselling remains high due to the closure of Children's Hospital Weight Control and Allergy Clinics.

### Health Promotion and Education

- Nutrition Presentations
- For other educators  
The Nutritionist gave presentations to 5 groups of other educators who were interested in incorporating nutrition concepts into their own teaching.
- For community groups  
Presentations are given to groups who are considered "nutritionally vulnerable" populations eg. parents of premature infants. The Nutritionist gave 17 such presentations in 1988. Ten (10) were turned down because the groups did not fit the criteria.
- Students  
A two week field experience was organized for a diabetic intern and 2 orientation sessions were held for U.B.C. student nurses in 1988.
- Three (3) articles on the relationship between nutrition and cardiovascular disease were written and published in Information Burnaby and the Burnaby Now newspapers.

*Allocation of Nutrition Time*  
**Per Program Component**

	<b>% of Time</b>
Prenatal	15
Infant	20
Preschool	5
School	10
Adult	30
Administration	20
<b>TOTAL</b>	<b>100%</b>

**Per Function**

	<b>% of Time</b>
Planning	33
Consultation and Counselling	27
Promotion and Education	40
<b>TOTAL</b>	<b>100%</b>

***Trends and Future Directions***

The increase in health promotion activities, the increase in numbers of individuals requiring nutrition assessment and counselling and the implementation of a special project have collectively meant a greater demand for nutrition service in 1988.

To accommodate this, the waiting period for high risk clients increased from within 1 week to 2-3 weeks. This especially places pregnant clients at risk because normal growth and development of the fetus is completely dependent on the availability of nutrients at appropriate times.

As the waiting period continues to be lengthy, it is hoped that additional nutrition time can be implemented in the future.

The trend towards more community based promotion will continue in 1989 with activities such as supermarket tours and a healthy dining out program stated. Use of the print media will be co-ordinated with these activities.

## ***K. AUDIOLOGY***

The purpose of the audiology program is to provide relevant preventative identification, assessment, and rehabilitative management services to the communicatively hearing-impaired population of all ages residing in Burnaby. It is a direct service provided by the Provincial Ministry of Health.

The Audiology Centre is staffed by a full-time audiologist and an audiometric technician. A part-time audiologist also was available periodically until 1988 June. The Centre was without a technician for about three months, from 1988 July to September.

Referrals are accepted from physicians, community health nurses, and the Workers' Compensation Board. Priority on the waiting list is given to children.

In 1988, a total of 1,161 audiologic assessments were done at the Centre. This is an decrease of 685 assessments from 1987 due to the discontinuation of the part-time audiologist and lack of an audiometric technician for three months.

### ***1. Newborn Hearing Impairment Identification Program***

At the Burnaby General Hospital, a High Risk Hearing Registry identifies newborns with prenatal and neonatal histories which may indicate a risk of hearing impairment. All children considered at risk are seen at the Centre for a complete audiologic assessment and appropriate follow-up. In 1988, 739 were processed through the program and 19 infants considered at risk were evaluated at the Centre.

### ***2. School Screening***

The audiology department, with the support of the volunteer coordinator and nursing staff, conducted the hearing screening in the Burnaby School District including private and public elementary schools. The purpose of the program is to identify possible hearing impairment in children to prevent the educationally handicapping effects of hearing loss through early identification, medical follow-up, and proper habilitation to ensure optimal use of the child's hearing in the educational setting.

This fall 1988, trained volunteers screened 3,168 kindergarten and grade one children at the 44 public and private schools in Burnaby. Those who failed two screenings were referred to the audiology department for a full assessment. This year 193 children were referred, and 152 were seen for audiologic evaluation.

### ***3. Workers' Compensation Board***

The audiology department provides comprehensive audiologic assessments, hearing aid evaluations, fitting and follow-up services to Workers' Compensation Board claimants. A total of 28 claimants were seen at the Centre in 1988 for initial evaluation.

### ***4. British Columbia Hearing Aid Program***

Burnaby residents, who are evaluated at the Hearing Centre and demonstrate the need for auditory rehabilitation, after receiving medical clearance, can receive services through this Program. This includes complete and thorough hearing aid evaluation, selection and fitting. If indicated, the individual may purchase a hearing aid which is selected to best meet the individual's needs. Other services provided include comprehensive repair services, battery service, earmold services, and individual case follow-up and counselling service. In 1988, 230 hearing aid evaluations were performed, and amplification was recommended for 125 clients.

### ***5. Clinical Supervision of Audiology Graduate Students***

In 1988, two graduate students from the University of British Columbia performed their audiology externships at the Burnaby Speech and Hearing Centre.

## ***L. SPEECH LANGUAGE PATHOLOGY***

The Burnaby Speech and Hearing Centre provides speech and language screening, diagnostic assessments, therapy, counselling and education to residents of Burnaby. There is one speech language pathologist housed in the Burnaby Health Unit as part of the preventive health staff.

Speech and language services are offered to preschool children, students attending private schools and adults. Priority for service is given to the preschool population. Given this priority and the number of child referrals, no adults were seen at this Centre in 1988. This priority for service is based on early language intervention models.

Referrals are accepted from nurses, infant development programs, physicians, audiologists and other speech pathologists. In 1988, there was a total of 128 referrals which is a decrease of 19 referrals from last year. The decrease in the total referrals reflects a drop only in the number of adults and school aged children referred to this Centre. Twenty-eight percent of this year's referrals were for children under 3 years of age; 60% were for children 3-5 years of age; .8% were for children attending private schools and 2% were for adults.

This year, 105 initial assessments were performed which is an increase of 17 assessments from last year. Twenty two of these initial assessments were conducted during home visits. The number of home visits doubled from last year reflecting an increase in referrals for children under three years of age. This year, 57 reassessments were carried out at the Centre. Nineteen percent of these children required therapy and sixty percent received home programs. The remaining children were referred elsewhere or discharged. In 1988, forty-three children received therapy and 56 children received home programs and parent consultation. Forty-three individual training conferences with parents and preschool teachers were held. The average number of children seen each month for therapy was fourteen. The distribution of communication disorders exhibited by those seen for therapy was as follows:

articulation-language - 68%	articulation - 24%
voice - 3%	stuttering - 2%
language - 1%	other - .7%

This year, the speech pathologist continued to provide diagnostic assessments and remedial programs for the children at the Burnaby Early Childhood Diagnostic Centre (BECDC). A one-half day training workshop was given to the staff at BECDC. An educational presentation was provided to student nurses. As well, two graduate students from UBC completed an internship under the supervision of the speech pathologist.

A speech and language screening was conducted in six private elementary schools in Burnaby. Two hundred and twenty-two students were individually screened. Twenty-six of these children were referred to this Centre for further testing.

In the fall of 1988, a brief describing services available and services needed at this Centre and in Burnaby was submitted to a Government Expert Committee. The committee was reviewing the current speech and language services and issues existing in the province of British Columbia.

Program objectives for 1988 were attained.



## ***CONTINUING CARE***

The Continuing Care Division of the Burnaby Health Department is comprised of Home Care, Long Term Care, and Rehabilitation Therapy. These three programs provide direct care to clients in the community, in homes, schools and facilities including nursing, physiotherapy, occupational therapy, homemaking, adult daycare and facility placement. Services are based on an assessment by a member of the professional staff of Continuing Care. Extensive co-ordination and communication between the Continuing Care programs is necessary in order to achieve our goal of quality, comprehensive patient/client care.

The increase in the population of seniors in Burnaby in 1988 (22,710 from 21,803, a 4.16% increase) has created an impact on all components of Continuing Care. The projection of increased numbers of individuals over the age of 65 for the future places a responsibility on health care to examine ways of delivering care to this segment of the population in an economical and humanistic manner. Emphasis will be on the provision of care in the community.

The three components of Continuing Care are closely related and they have many clients in common as is demonstrated on pie graph, below. The Home Care program shares 37% of their clients with Long Term Care. Rehabilitation shares 52% of their clients with Long Term Care.

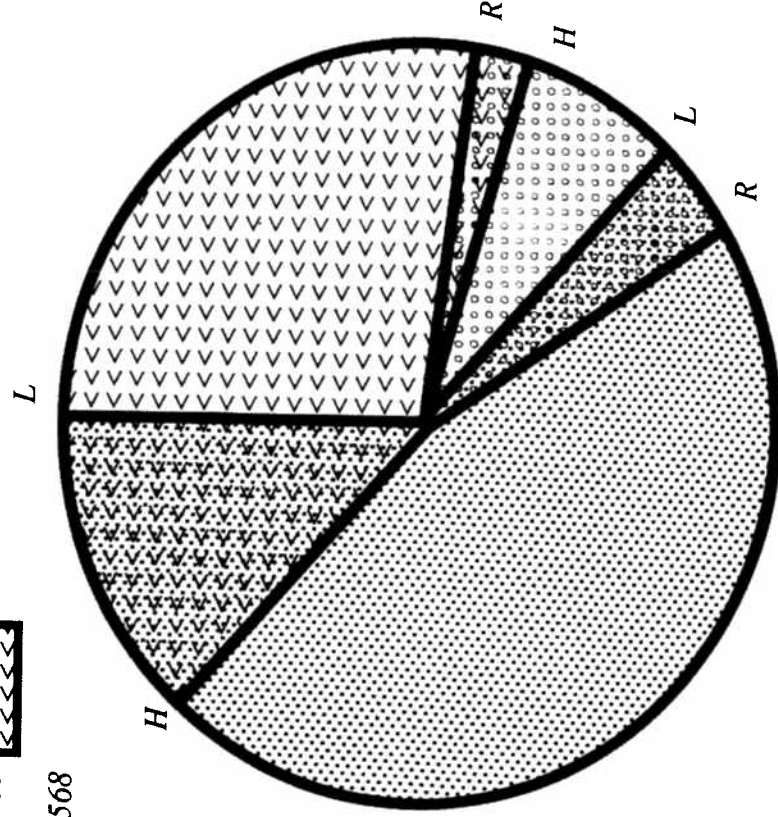
### ***CONTINUING CARE***

*Rehabilitation Client Caseload - 643*

*Long Term Care Client Caseload - 3628*

*Home Care Client Caseload - 2560*

*Continuing Care Caseload - 5568*



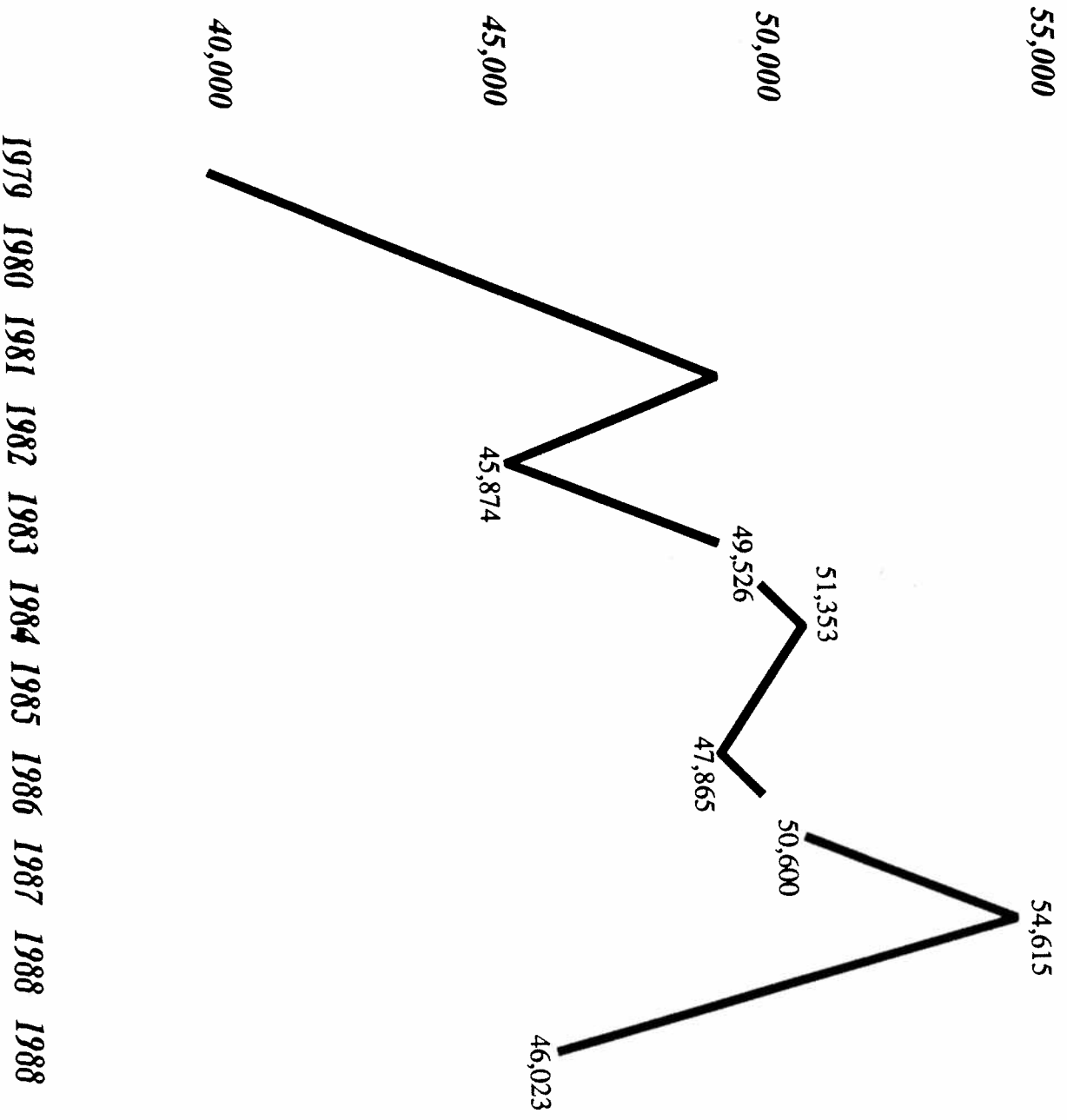
# HOME CARE

## A. OPERATIONAL GOALS FOR 1988

To provide a quality and comprehensive nursing service to individuals of all ages in their home environment during acute, chronic or terminal illness.

To encourage and facilitate independence and self care for all individuals admitted to the Home Care Program.

### TOTAL NURSING VISITS PER YEAR



To co-ordinate Home Care Service with Long Term Care and Community Physiotherapy and Occupational Therapy in the Continuing Care Division.

To establish co-ordinated and more comprehensive care for Palliative Care individuals in Burnaby.

## ***B. OBJECTIVES AND OUTCOMES FOR 1988***

1. To reduce the quantitative level of service delivery to narrow the gap between available program resources and quantity of service being delivered. In 1988 the number of visits decreased by 8,592 (15%) relative to 1987. This was accomplished by a minimal reduction in the number of referrals and therefore admissions (2,085 in 1987, 2,053 in 1988) and by concentration on patient teaching and promotion of self care. This was managed through an in-depth caseload review between each district nurse and the supervisor with emphasis of care plans focusing on patient independence. This is not new for Home Care but the gap between available resources and valid demand for service is ever widening. It is imperative to prioritize service delivery. The cost per visit rose from \$29.14 to \$34.30. The level of acuity and complexity of patients cared for by Home Care is continually increasing. The number of visits per patient admitted was 22.4 (21 in 1987). Extra time spent teaching is aimed at reducing the visit total and readmissions to the program.

2. To ensure that Home Care staff are prepared to manage patients requiring analgesic administration via Subcutaneous Infusion Pumps. Two inservices were held for staff and a manual outlining criteria for use of the Subcutaneous Infusion Pump, guidelines for care and reference material was developed. Six such patients were admitted to the program in 1988. Meetings with the RNABC and the B.C. College of Pharmacists were held to clarify roles and responsibilities in the management of these patients.

3. To establish guidelines for wound classification and to identify wound treatments appropriate to each classification. Wound classification and treatment guidelines were developed and distributed to nursing staff. Two inservices were held on this topic. A number of new treatments have been used with a goal of wound healing or, when maintenance and hygiene is the objective, the goal is reduction of the number of nursing visits.

4. To formulate an action plan, in conjunction with Burnaby Hospital, for a Quick Response Program, to address the issue of occupancy of Burnaby Hospital beds by long stay patients (18% of Burnaby Hospital's acute care beds) and to eliminate or reduce the length of hospital admissions for the elderly. A proposal was submitted to Victoria and tentative funding was approved. Final approval is subject to the submission of a detailed action plan. The commencement of the program is planned for early 1989.

5. To review and revise the clinical reference file. This was completed in the later half of 1988 by staff nurses who each assumed the responsibility for updating one particular clinical area.

The Home Care program ensures the provision of comprehensive health care to persons whose physical, social, and emotional needs can be met safely and adequately in the home environment. An increasing demand for hospital beds and the rising cost of acute care places a greater emphasis on community programs. The promotion of self-care and teaching families and/or homemakers is a major component of the Home Care program. The Home Care Program staff co-ordinate the multiple services required by an individual at home with an aim to reduce the number of days spent in acute hospital and to promote independent functioning at home. Care of oncology patients and support to their families is an integral part of the caseload supplemented by the Burnaby Hospice Society who train volunteers to work with the terminally ill. The Order of Eastern Star generously give of their time and resources to make dressings for clients with a malignancy. It is a widely used and appreciated service.

Home Care nurses provided 10.5 hours of respite care weekly to a multihandicapped child until his move to Montreal in August.

Burnaby Home Care nurses serve as liaison at Burnaby Hospital planning for client discharge from hospital and facilitating smooth transition from home to hospital and back again.

Of the 1,070 admissions during the six month period, April through September, the kinds of patients were:

Acute Phase of Illness	69.16%
Chronic Phase of Illness	17.57%
Palliative Care	9.35%
Assessed, Not Admitted, Not Eligible	3.92%

The majority of patients admitted to the Home Care Program have an acute illness on admission or an acute exacerbation of a chronic illness. Referrals to the program were received from 16 hospitals and from 423 physicians.

A provincial Home Care Policy Manual has been received and is being incorporated into the program. Two message pagers were introduced reducing the amount of nursing time required to respond to messages. Nursing bags were replaced in 1988. The weight of the old bags and the requirement to carry 2 or 3 bags was a problem for staff which has been addressed and resolved.

Performance Appraisals were completed on all Home Care staff during the year.

Home Care participated in a Health Fair in October at Edmonds House, a senior's recreation center, and made a presentation to Health Watch, a weekly preventive health program for seniors.

Inservice education in 1988 included two inter program sessions. One was presented by the RCMP on staff safety, Manage Yourself - Manage Them. A multicultural workshop was shared with all programs in the Health Department. Myths Associated with Aging, Team Building and Motivation, Denial and Bereavement, Professional Imaging and New Methods in Cancer Treatment were all topics addressed at inservice education sessions. Students from the R.N. program at BCIT, those in the Baccalaureate program at the University of Victoria and University of British Columbia and medical students in the family practice program at UBC have done field work in Home Care.

The Central Supply in Home Care provides staff with necessary sterile instruments and equipment for patient care. Students from the Consumer and Job Preparation Program for Adults with Special Needs at Douglas College regularly visit the work site and receive an introduction to the work environment. The Red Cross loan cupboard is the chief source of medical equipment such as crutches, walkers, wheelchairs, etc.

The services provided by Home Care are interdependent and interrelated with other services in the Health Department and the community. We continue to enjoy an excellent working relationship with the local hospitals and their attending physicians and remain grateful for their help and support.

# **LONG TERM CARE**

1988 has been an exciting year for Burnaby's Long Term Care Program because changing trends and heavier care demands were recognized and increased resources allocated. It has not been since the early 1980's when increased resources were approved for the community.

The program has focused on it's objectives, been strong in its organizational commitment and sensitive to the changing expectations and needs of its residents. The young disabled quadriplegic and the alert centenarian are challenging our health care services and requesting a more responsive and flexible system to meet their different and complex situations.

We have felt enriched by the current challenges and loyal to our fundamental philosophy. We believe stronger in our commitment to allow individuals the freedom to choose the lifestyle they desire either at home or in a care facility. We want the very frail to remain unique and precious and it is our responsibility to adapt to their different circumstances. We also want to encourage each person to work together with us and develop care plans that will best address their individuality and opportunities.

We are very proud that Long Term Care celebrated its ten years of operation. I want to thank our multi-disciplinary staff for their dedication and caring approach. It is a pleasure to work with such a talented and committed team. I specifically want to thank those individuals who have worked with the program since its inception and how their experience and history adds to the depth of our understanding.

## **A. CHANGING DEMOGRAPHICS**

Our elderly population continues to live longer.

In 1988, Burnaby had approximately 8,950 residents over 75 years. By 2000, we predict 14,800 residents or a 65% increase in this age category.

## **B. LONG TERM CARE CLIENTS**

### **LIVING AT HOME**

Jan. 1988

Dec. 1988

Personal Care 1287

Personal Care 1215

Intermediate Care I 261

Intermediate Care I 314

Intermediate Care II 110

Intermediate Care II 118

Intermediate Care III 52

Intermediate Care III 55

Extended Care 84

Extended Care 86

## LIVING IN FACILITIES

Jan. 1988		Dec. 1988	
Personal Care	429	Personal Care	372
Intermediate Care I	383	Intermediate Care I	412
Intermediate Care II	236	Intermediate Care II	314
Intermediate Care III	193	Intermediate Care III	284
Extended Care	517	Extended Care	518

The most dramatic change in 1988 was the decrease in personal care clients.

### C. CLIENTS WAITLISTED

An analysis of facility waitlists through 1988 shows a continued drop in personal care waitlist clients due to our current residential criteria. A rise in intermediate and extended care clients is also evident. The preferred waiting list in December 1988 showed 26 at personal care; 241 at intermediate care and 134 at the extended care level.

### D. CLIENTS IN ACUTE HOSPITALS

Both the Royal Columbian and Burnaby Hospitals continue to have increases in the number of long stay individuals occupying acute care beds.

In 1986, Burnaby Hospital had 45-50 long stay patients per month or 12% of the total hospital population. This increased to 17% in 1988 or 65-70 patients per month.

### E. HEALTH ASSESSMENT ACTIVITY

The number of new assessments, reviews and reassessments increased from 4,483 in 1987 to 4,520 in 1988 representing 2,551 at home (56.4%), 1,602 in facilities (35.4%) and 367 (8.1%) completed in hospital.

### F. OPERATIONS

Long Term Care welcomed three new permanent staff - Winifred Waterhouse as Case Manager, Marjorie Guse and Anne Semkuley, as Clerk Typists.

Clerical staff were increasingly busy on the telephones handling a record number of new referrals, an average of 130 per month. Changes in the office made the operation more efficient - new computers, integration of Long Term Care and Home Care files and the production of a Long Term Care resource manual.

### G. PLANNING & DEVELOPMENT

The 1987 planning document clearly outlined the major direction for Long Term Care over the next fifteen years and in 1988 we started to address each specific objective.

One of the objectives was to eliminate personal care admissions in Long Term Care facilities; convert appropriate personal care beds to intermediate care and allow PC clients to remain at home. This goal began with the Ministry of Health acceptance of our five year capital plan. This year, one personal care facility was phased out and two entered the planning phase of being converted to intermediate care.

A second major objective was to increase the auxiliary services in the community such as Meals on Wheels, Adult Day Care, Respite Care or Group Homes. We developed a joint pilot project with Edmonds Community Centre to allow individuals on the Adult Day Care waiting list the opportunity to attend a recreational program at their centre. This program provided valuable insight into the program needs of individuals as they become older and more frail and cannot continue to participate in the regular programs at the Seniors Centre. A gap in programming exists for those seniors who are no longer able to participate at a Senior's Centre, but who are also not sufficiently ill or frail to need Adult Day Care.

A third major objective was to increase the number of EC and IC3 beds in the Municipality. We have a growing problem with the number of EC clients awaiting placements in hospital as well as with waiting lists that are 2-3 years long. The announcement by the Minister of Health in February to add 125 new extended care beds in Burnaby was very significant in addressing this problem.

## ***H. EDUCATION & TRAINING***

Staff continue to provide leadership in offering training workshops and seminars to the general public, caregivers, professionals and non-professionals in facilities and with home support agencies. Medical, nursing, nutrition and social work students were all given field work experiences with the program. The nutrition and rehabilitation consultants provided twenty-eight inservice training programs for home care, homemaker agencies and facility staff.

All LTC staff had the opportunity to participate in a Myers-Briggs workshop whereby staff learned to examine how one's personality affects one's relationships with coworkers and with clients.

## ***I. FACILITY CARE***

The announcement by the Minister of Health in March to increase the user fee in facilities from 75% to 85% of the OAP/GIS had significant ramifications for the program and precipitated several months of protest from a variety of seniors and health care organizations.

The announcements of eight major capital projects affected the following Long Term Care facilities this year:

- Expansion of St. Michael's Centre by 90 extended care beds.
- Expansion of Fellburn Hospital by 35 extended care beds.
- Conversion of New Vista Care Home from personal to intermediate care.
- Conversion of Dania Home from personal to intermediate care.
- Master Planning for the Fairhaven/St. Michael's property.
- Phasing out of Kingsway Manor.
- Expansion of Willingdon Park Hospital.
- Expansion of Canada Way Care Centre with 32 private intermediate care beds.

Three intermediate care facilities (Dogwood, New Vista and Canada Way) were given approval to select Medical Coordinators for their operations. This will assist them to establish medical standards and provide effective consultation and staff education.

It is our belief that the quality of care improved in our facilities because of the leadership and initiatives taken by Administrators and Directors of Nursing. More facilities are working towards accreditation; sponsoring additional workshops and seminars for care aides and nursing staff; and increasing the number of nutritionists in the food service area.

### ***J. HOME SUPPORT SERVICES***

An annual review was completed on each homemaker agency with specific allocations awarded for the year. The review found that one agency's performance was below the minimum standard and therefore it was decided to discontinue their operation.

The number of homemaker hours continued to grow in 1988 with Burnaby receiving 278,000 hours.

The increased number of young multiply disabled living in our community has challenged the training and skills of our homemakers. Pearson Hospital agreed to train seven homemakers per session on specific personal care tasks especially in the area of bowel and bladder care.

Burnaby Meals-on-Wheels celebrated their 20th Anniversary in 1988 and delivered over 20,000 meals to local citizens.

Burnaby has one Adult Day Care offered at St. Michael's Centre. At one point in 1988, a record of 43% of the participants were either at the Intermediate III or Extended Care level illustrating how the most frail at home are able to take advantage of such a fine service.

### ***K. COORDINATION OF HEALTH & COMMUNITY SERVICES***

Long Term Care services cannot be delivered effectively without the cooperation and coordination of other health and community services. A few cooperative projects in 1988 illustrate our commitment in this area:

- **Mental Health**  
Dr. Black and Kathie Moorby have worked very closely with our staff in providing leadership for the psycho-geriatric population. Specifically they offered a series of training programs for Directors of Nursing.
- **Social Services & Housing/Services for the Handicapped**  
Regular meetings and joint case conferences have allowed joint funding for young long term care clients to live in new group home resources in Burnaby.
- **Burnaby Hospital**  
Joint projects have continued to grow because of cooperative attitudes - specifically the MERL Program, Hospice care, Quick Response Program.
- **Community Services**  
New developments in the community are assisting the elderly begin to address their own concerns and issues. A new federation of senior groups called the Network of Burnaby Seniors (NOBS) have the potential to address the issues seniors face from their own perspective.



# **REHABILITATION SERVICES**

## **A. OPERATIONAL GOALS FOR 1988**

To continue to provide quality, comprehensive, rehabilitation services to:

- Acute care patients in their own home.
- Chronically ill and handicapped persons in the community.
- Physically disabled students in Burnaby schools.

To provide these services to ensure optimal levels of independence and safety in the home/school environment in order to avoid unnecessary and more costly admission to hospitals or LTC facilities or to provide rehabilitation services where referral to an out-patient facility would be inappropriate or, in the case of school children, would involve much loss of school time.

## **B. OBJECTIVES FOR 1988**

### **1. Continuing Care Program**

- To provide rehabilitation services for all patients referred for direct care.
- To maintain the cost per visit to within 4%.
- To develop standards of practice in accordance with current Canadian Physiotherapy Association Guidelines.
- To provide opportunities for inservice training.
- To utilize computer to maximum degree.
- To develop a resource manual of local agencies and resources.

### **2. School Rehabilitation Program**

- To continue to provide individual physiotherapy services to the multidisabled students in the Burnaby School District.
- To revise the mandate for the school therapy program.
- To continue to provide individual physiotherapy services for students with gross motor problems referred from any Burnaby elementary school.
- To continue to provide consultation to CHN's, parents/caregivers and school staff.

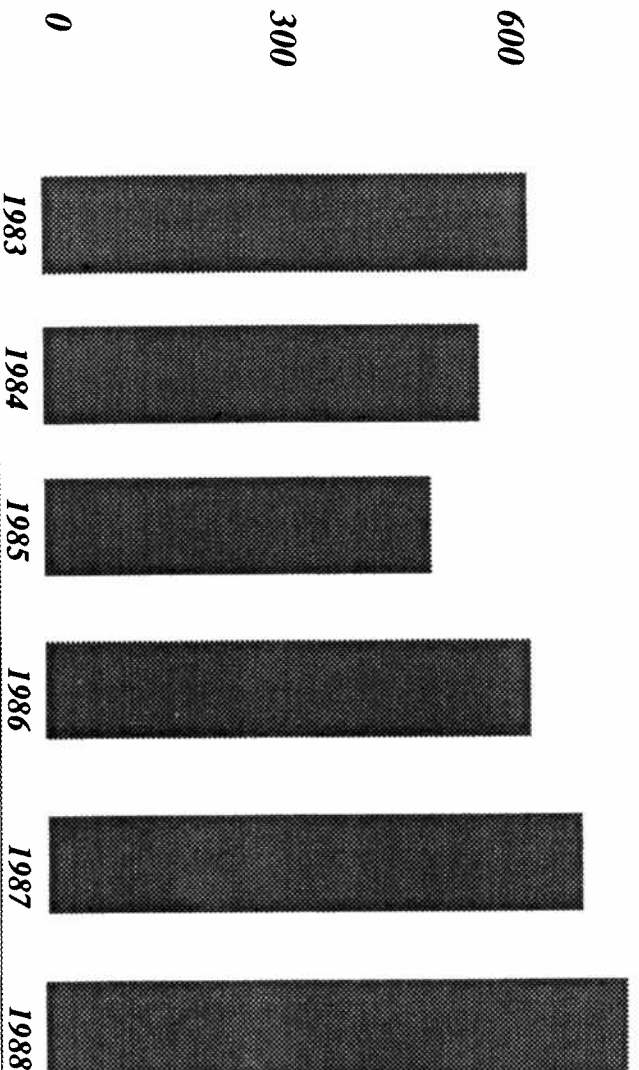
- To provide consultation to School Board employees with regards to environmental adaptations to suit the disabled population.

### **C. ACHIEVEMENT OF THESE OBJECTIVES**

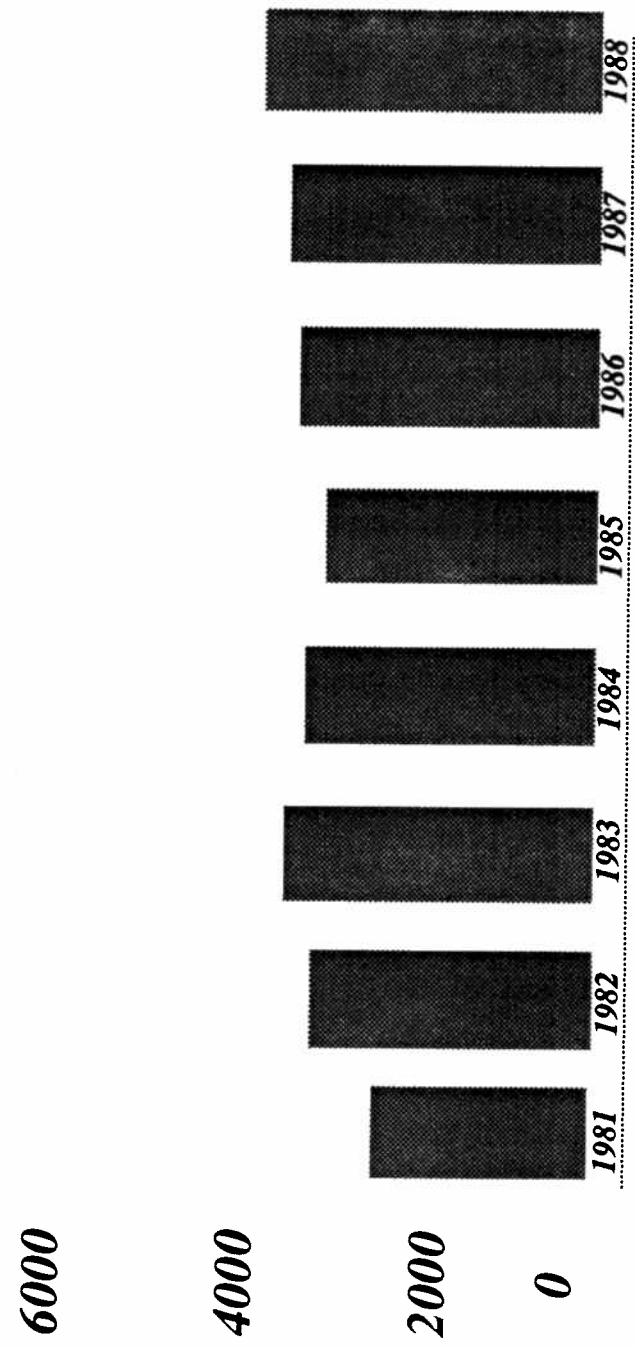
#### **1. Continuing Care Program**

- Rehabilitation services were provided for all those patients referred. A total of 643 patients were seen for a total of 4099 treatment visits. This is an increase of 40 patients or 6.6% and 135 visits or 3.4% over 1987. The number of visits per patient averaged 6.3 which is slightly less than 1987.
- The cost per visit increased to \$44.44 from \$41.49 or 7%. Much of this increase is due to the 5% CUPE union contract settlement.
- The development of standards will begin in 1989 in concert with senior therapists from other Metro areas.
- Many inservice opportunities were appreciated by all staff. There were six inservices organized by Rehab staff pertaining to Rehabilitation topics; all staff attended Skills Day, an annual inservice day for therapists from Metro areas; all staff attended a combined Health Department staff day; all staff were given the opportunity of attending other inservices scheduled by other Health Department programs and outside agencies ie. Burnaby Hospital.

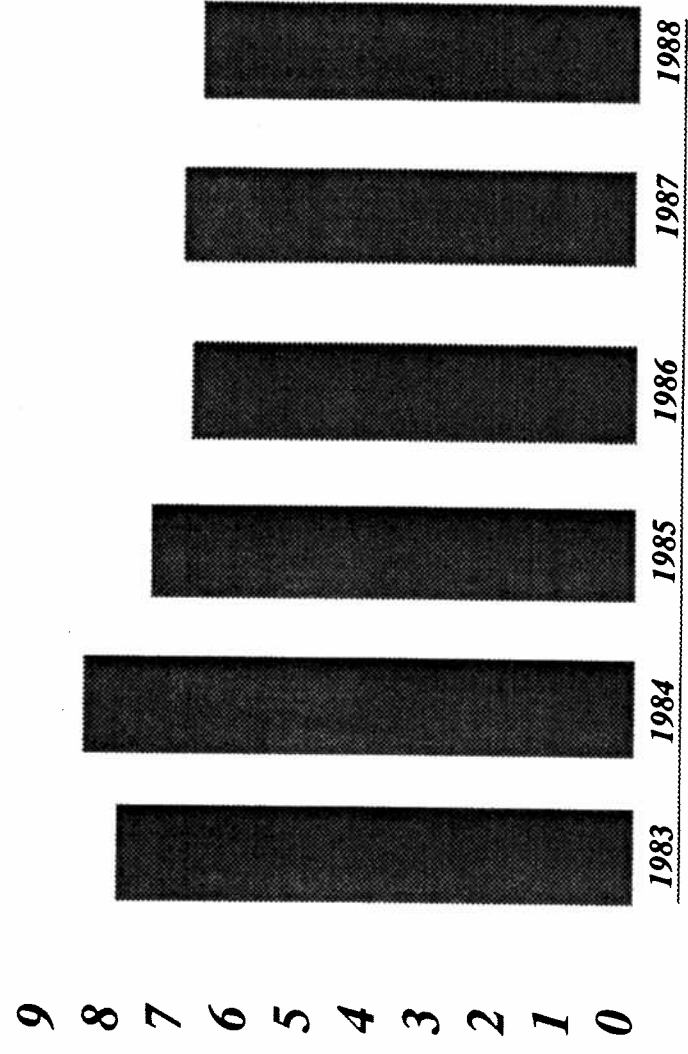
#### **REHABILITATION SERVICES NUMBER OF PATIENTS**



**REHABILITATION SERVICES NUMBER OF TREATMENT VISITS**

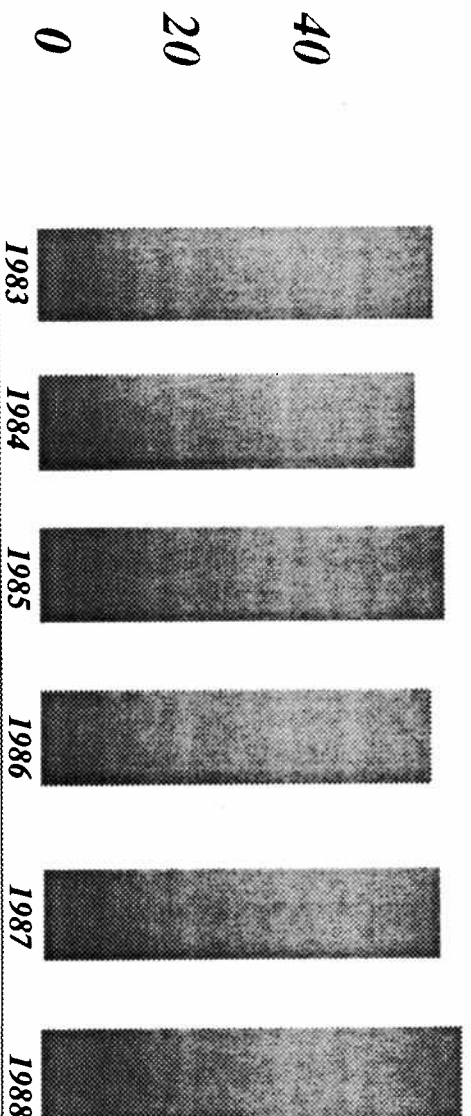


**REHABILITATION SERVICES AVERAGE VISITS PER PATIENT**



REHABILITATION SERVICES COST PER VISIT

COST IN  
DOLLARS



- The statistics kept by the Rehabilitation Program are kept on a spreadsheet on the VT220. Daily statistics are collected by the clerk and entered on a monthly basis. Performance appraisal standards, form letters and assessments, messaging and reports are all done on the word processor.
- The resource manual of local agencies and resources is still in the development stages and is undergoing current upgrading.

2. School Rehabilitation Program

- All students with moderate to severe disabilities are seen and followed by the physiotherapists. They may not all have individual treatment sessions but are kept on the active caseload and consultation is provided to the student, teacher or parent when requested. Between 45-50 of these students were on the therapists' caseloads during 1988.
- The mandate for the school therapy program was revised during 1988 as the therapists are receiving more referrals for multidisabled students and for students with fine and gross motor problems. Our first priority are the multidisabled students. Students with gross motor problems are assessed and treated as time permits. Students with fine motor problems were not accepted for referral as the physiotherapists did not feel they had the time or expertise to assess or treat them adequately.
- Individual treatments are provided on a short term basis for students with gross motor problems. Some of the students are assessed and not placed on active treatment but suggestions are discussed with teachers and parents as to how to help the student with his/her problems. About nineteen of these students are on the caseload at a time. Twenty-four or twenty-five would be seen during the school year. The number of these students has decreased from previous years as more time is spent with students with multihandicaps.

- **Consultation with CHNs, parents/caregivers and school staff** continues to be a major part of the role of the physiotherapists.

The number of direct treatment visits (ie "hands on treatment") for 1988 was 1203 which is down by 137 over 1987. Part of this decrease is due to the fact that there was no coverage for the part time therapist for two months as well as the fact that fewer students with gross motor problems were treated as those with multihandicaps required more time. The number of indirect visits (ie consultations with teachers, staff, specialists, families; ordering and set up of special equipment; liaison with other health department staff) soared in 1988 to 739 compared to 267 in 1987.

- The physiotherapists are consulted about environmental adaptations which are appropriate for the students with disabilities. This involves the building of ramps, accessible bathrooms and installation of elevators.

### ***D. HIGHLIGHTS OF 1988***

There were some staffing changes in the Rehabilitation Program during 1988. One full-time rehabilitation therapist position was changed to two part time positions after a request by the full time incumbent. This allowed us to keep two staff members who are valuable members of our team. One of the school therapists quit her part time position with the school program but continues to work on a part time basis for the Home Care program. Towards the end of 1988 an Occupational Therapist was hired to work two days a week in the school program. This proved very beneficial to the program so a proposal was presented to the School Board to hire her for two days a week during the school year. This would bring our staff complement to 3 full time physiotherapists (two of whom are combined Physio/Occupational Therapist trained), 4 part time physiotherapists and one part time Occupational Therapist.

The mandate for the school program was altered during 1988 to accommodate the increasing numbers of multidisabled students entering the school system. Referrals for students with fine motor problems were not accepted as the therapists did not feel they had the time or expertise to assess and treat them. As well, students with gross motor problems were not seen until the Spring term when the therapists have more time to accommodate them. All referrals were accompanied by background information, which was researched by the school nurse, and approved by the school team. This saved considerable time and avoided duplication of services (eg students who were previously seen by outside agencies were not assessed again).

With the Occupational Therapist on staff at the end of 1988 referrals for students with fine motor problems were being accepted and these students will be seen during school time so will avoid having to go to other institutions for this service.

The Rehabilitation Program continues to provide a Physiotherapist for four hours once a month for the Premmie Support Group. This group is very active and finds the therapists' input very important.

Rehabilitation staff will be involved in the Quick Response Program which will commence in 1989. Initial discussions were held with the administrators of Home Care Nursing and Long Term Care as to the set up of the program and it was decided to hire casual rehabilitation staff to cope with patients of the program until it is clear how much staff time will be involved. More details will be worked out in 1989 with the advent of the Co-ordinator of the program. The number of group homes for physically and mentally handicapped residents in the Burnaby area is increasing and staff from these homes are asking for consultation from both physio and Occupational Therapy services. At the moment we provide only minimal service due to staffing shortages. A request for a Full Time Occupational Therapist to work in the Home Care Program has been submitted to the provincial government as referrals for Rehabilitation Services

continue to increase and we would like to expand our program to meet these new needs as well as reduce our waiting list.

The room used for storage of rehabilitation; equipment was cleared out at the end of the year and converted into an office for the clerk. This has meant improved communication as she is now very close to the offices of the therapists. A VT220 terminal and an IBM terminal I have been ordered and will be installed in the office during 1989.

# ***VOLUNTEER SERVICES***

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## ***A. OPERATIONAL GOALS FOR 1988***

According to the Canadian Association of Gerontology, a male baby born today has a life expectancy of 71 years and a female of 78 years. The elderly, therefore, are living longer, and by the year 2000 16% of seniors will be 80 or older compared to 12.5% today. In 1984, 15% of these seniors were severely enough disabled so that in order for them to continue to live independently they needed additional support services.

Over the past years client care requirements have increased while the average homemaking hours per client have decreased from 22 hours per month to 13 hours per client per month. There has therefore been an increasing demand for Home Support Services run by volunteers. These volunteer services permit seniors to continue to live in their own homes and to continue to make choices about the things that are important to them.

## ***B. OBJECTIVES FOR 1988***

To maintain both the quality and level of existing volunteer services in the community. These services include:

- Therapeutic recreational bus trips for seniors living in 16 Burnaby care facilities and private hospitals.
- A home delivery grocery shopping service for over 445 housebound seniors and/or handicapped Burnaby residents.
- Hearing/screening for all grade one and kindergarten children in Burnaby schools.
- Volunteer support in baby clinics, one-to-one visitation to isolated seniors, transportation to view care facilities and emergency drives to doctor's offices.
- Regular weekly outings for housebound seniors to local shopping malls.
- A once monthly charter bus recreational outing for housebound seniors.

## ***C. ACHIEVEMENT OF OBJECTIVES***

Throughout 1988 the volunteer department provided:

- A full complement of volunteers in baby clinics and visitation programs.
- Recreational bus trips twice weekly for seniors living in care facilities.
- Grocery shop-by-phone service for housebound seniors which sent out 6,716 grocery orders amounting to \$256,000.

- A hearing/screening program which tested 3,168 children and referred 193 children to the health department audiologist
- “Shopping Buddies” a new program provided 450 housebound seniors with outings to local malls
- “Gadabouts” a recreational bus trip for housebound seniors provided 8 trips servicing 178 seniors.

#### ***D. FUTURE PLANS FOR 1989***

To provide a volunteer service which will help hearing impaired seniors familiarize themselves with wearing a hearing aide. Volunteers will also provide information about other optional hearing devices eg. speaker phones, special door bell and television captions.

#### ***E. SECTIONAL REPORTS***

The volunteer program can be divided into two sections: programs that deal primarily with children, and programs which specifically deal with the needs of the elderly.

##### ***1. INFANT AND CHILDREN PROGRAMS***

***Baby Clinics*** - In 1988, 198 baby clinics were held in various locations throughout Burnaby. The clinics are staffed by nurses and a doctor who counsel the parents. The volunteer at the clinic is responsible for weighing and measuring the babies, organizing the necessary paper work and arranging future appointments. When 21 volunteers were away, the necessary volunteer replacements were made. This program has 11 regular volunteers involved.

***Day Cares*** - Three volunteers helped at Burnaby day cares.

***Hearing/Screening*** - Twenty-five volunteers donated 334 hours and tested 3,168 grade one and kindergarten children in 44 Burnaby schools. Of this group 193 children were referred to the health department audiologist.

***Dental Clinic*** - Three volunteers regularly supervised 45 elementary school children on 24 separate bus trips to U.B.C. dental clinic.

##### ***2. SENIOR PROGRAMS***

***Transportation*** - Rides to doctors' or dentists' appointments are usually given by Burnaby Information and Community Services or by HandyDart. For seniors who are unable to arrange their own transportation, our department acted as an intermediary 19 times with Burnaby Information and HandyDart. When no space was available with either agency, health department volunteers undertook the task. Thirty-seven seniors were driven by Health Department volunteers either to a doctor or dentist appointment or to view care facilities.

***One-to-One Visitation*** - Nurses, social workers and homemakers refer isolated, lonely seniors to our department for inclusion in our one-to-one home visitation program. A special visitor is introduced to a confined elderly person. A friendship is slowly established based on the needs of the elderly person. In 1988, 94 volunteers visited weekly with 110 Burnaby residents.

***Phone Service*** - A phone “health watch” service was maintained by 7 volunteers who made daily phone calls to 20 seniors.



**Shop-by-Phone Service** - Seventy shoppers and 39 phoners provided 17,238 hours of volunteer grocery service time to over 445 seniors who were unable to shop for themselves. Groceries purchased by the seniors during the year totaled \$256,000.

**Care Facilities** - Several volunteers were actively involved with the recreational programs that care facilities provided for their residents. Twelve volunteers visited 6 facilities once weekly and helped with either craft or game programs.

**Bus Trips** - In 1988, 105 bus trips were organized providing 2,052 rides for residents and accompanying staff and/or volunteers of Burnaby's care facilities and private hospitals. Some residents remain in their wheelchairs during the trips. Others, who can only access the bus by wheelchair, are transferred to a regular seat by attending staff.

Although most of the residents who use our bus trips are now at Intermediate Care Level 2, the trips provide them with feelings of independence, self-worth and self-respect. The outings offer them the opportunity to improve their communication skills and afford them a special day to look forward to each month.

**Shopping Buddies** - Twenty-eight volunteers helped 365 housebound seniors and physically challenged persons with their personal shopping, hair appointments and banking at two local malls. These trips also promote socialization and the opportunity for seniors to meet other seniors with similar problems.

**Gadabouts** - Volunteer drivers take housebound seniors and physically challenged persons to central locations in order for them to join a chartered bus trip. The bus is wheelchair accessible. The trips have included such events as Christmas lights tour, a picnic at Peace Arch Park and a visit to Shannon Falls.

## **F. SPECIAL NEEDS**

In 1988 some volunteers met special needs within the community. A few examples are:

- two volunteers took six seniors to the ballet.
- a retired hairdresser volunteered her time to visit the homes of three terminally ill clients and attend to their hair care.
- a volunteer helped a disabled immigrant (who had both a language and mobility problem) find and establish himself in low-cost housing.
- five volunteers tutored special needs children in Burnaby.

## **G. WORKSHOPS**

Four training workshops were held for volunteers. The topics covered were Shop-by-Phone service, Hearing Screening Program, "Midlife Daughters and their Aging Parents" and "Coping With Loss".

## ***H. VOLUNTEER BRUNCH***

A champagne volunteer recognition brunch was held on December 1st. The guest speaker was Nicola Cavendish and the musical program was provided by 15 seniors of the Seton Villa Glee Club and 90 children from the Aubrey Elementary School Choir.

### ***I. SPECIAL EVENT***

Ninety children at Aubrey School and 15 members of Seton Villa's Senior Glee Club jointly prepared a musical program. During the planning and rehearsal stages long-lasting friendships between the seniors and children evolved. The months of intensive practice culminated in three fine concerts held at Seton Villa, Aubrey School and the Volunteer Champagne Brunch.

Volunteers are but one of the many spokes in the wheels that make the Burnaby Health Department turn smoothly.

# ***ENVIRONMENTAL HEALTH DIVISION***

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## ***A. OPERATIONAL GOALS FOR 1988***

- To ensure that the Municipality of Burnaby conforms to requirements of the Provincial Health Act, Community Care Facilities Regulations and Municipal Health and Environment Bylaws.
- To provide an efficient Environmental Health Program which protects, maintains and promotes public health and environmental quality.

## ***B. HIGHLIGHTS***

Public Health Inspectors continued their high standard of food premises inspections. Unfortunately there was a significant food poisoning in 1988 in which over 100 individuals were ill from food products purchased from a Burnaby bakery. The unsafe food handling practices which caused this outbreak were corrected immediately and court charges laid against the proprietor. The Provincial Foodsafe Program continues to be presented by Environmental staff at major institutions in Burnaby on a cost recovery basis.

1988 marked the first full year of the Burnaby Smoking Regulation Bylaw being in force. This Bylaw controls smoking in both public areas and in the office workplace. The availability of the required signs at cost through the Environmental Health Division has helped ensure the signing requirements of the Bylaw have been met and has been appreciated by the business community. The response of the public and the business community to the Bylaw continues to be positive.

The public swimming area at Deer Lake was closed several times during the swimming season due to high fecal coliform caused by the waterfowl and toxic algae bloom. In recognition to resolve this ongoing problem, the Deer Lake Water Quality Committee obtained funds to hire a project manager to provide design details and accurate cost estimates for dredging of the lake as a step in improving the water quality.

The G.V.R.D. refuse incinerator started operating at full capacity. Environmental Health Division staff were involved in reviewing the air emission testing results to ensure that the incinerator was operating within the allowable emission limits.

During 1988, the Environmental Health Division provided assistance to G.V.R.D by providing an air emission sampling site near the Forest Hills Subdivision for characterizing the concentrations and types of volatile organic compounds emitted from the petroleum products storage tank farms. The Division also hired a consultant to conduct public health risk assessment on the preliminary results of the study.

Trans Mountain Pipe Line Company Ltd. received approval through the National Energy Board for expansion of their facilities at the Burnaby Mountain Tank Farm. Staff reported to Council on a number of environmental concerns and Council directed staff to proceed with an application with the Federal Appeal Court for leave to appeal the National Energy Board's approval of Trans Mountain's expansion. The Leave for Appeal was denied by the Federal Court of Appeal. Environmental Health Division staff are continuing to review with a consulting environmental lawyer the legal aspects for local regulating of this industry.

Industrial Waste staff continued to expand and improve their ability in responding to environmental emergencies. An additional emergency response vehicle and protective clothing and equipment were purchased in 1988.

The job specifications and educational requirements for Public Health Inspectors were updated to reflect changing tasks and demands for our services. The preferred requirements of a BSc and Diploma of Technology in Environmental Health have been added.

1988 welcomed the addition of Mr. G. Quan to the Environmental Health Division. Mr. Quan is a graduate of Simon Fraser University and B.C.I.T. in fields of Biology, Environmental Health and Occupational Health. His expertise is a welcome addition to our Division.

## **C. SECTIONAL REPORTS**

### **1. Food/Communicable Disease Section**

#### ***(a) Food Control***

The food control program in the Environmental Health Division includes regular inspection of food premises (including retail, wholesale and manufacturing) and personal service establishments (hair salons, barber shops, tanning studios, massage therapy etc.) to ensure continued compliance with the Provincial Health Act Sanitation and Operation of Food Premises Regulations, Personal Services Regulations and Municipal Eating and Drinking and Health Bylaws.

Total inspections in 1988 2,979

Total complaints in 1988 231

**Formal Notices of Violations**  
(which, if not attended to would result in court action or closure of premises) 72

**Soft Ice Cream Sampling** - Total in 1988 141

Number of closures due to unsatisfactory results  
(Machines are closed immediately upon receipt of unsatisfactory sample and only opened when laboratory analysis of the product reveals no contamination.) 39

#### **Confirmed Food Poisonings**

During 1988 there were suspected food poisonings attributed to improper refrigeration and/or poor food handling techniques. Immediate action was taken to eliminate future food hazards. 5

#### **Food Handler Training**

14 Foodsafe Courses given, attended and exams written by 234 people. Four other general food handler seminars presented, attended by 113 people. 196 food handlers wrote the Burnaby Environmental Health food handler examination.

#### **Court Cases**

Food Premises - two cases 2

Bakery - unsanitary conditions - fined \$1,000.

Bakery - unsanitary conditions - fined \$ 300.

### *(b) Communicable Disease Control*

Diseases were investigated by public health inspection staff, as required by the Provincial Communicable Disease Regulations, and action taken to keep associated illnesses within the community to a minimum. This would include ensuring proper precautions are taken to prevent spread of infection especially when key occupations are involved eg. people caring for children or the elderly and other groups more vulnerable to infection such as food handlers.

Campylobacter Jejuni Coli	71
EEC	25
Giardiasis	31
Hepatitis A	16
Hepatitis B	7
Salmonella	86
Shigella	11
Yersinia	16
Other	<u>9</u>
Total cases of reportable communicable diseases investigated during 1988.	272

### 2. Community Environmental Health

The Community Environmental Health Section's scope of activity includes enforcement of the Municipal Unightly Premises Bylaw, Noise or Sound Abatement Bylaw in residential areas, Burnaby Smoking Regulation Bylaw, rodent control, licensing of public swimming pools under the Provincial Health Act, analysis of municipal drinking water quality and complaints regarding housing.

#### **Complaints received in 1988**

Housing	122
Residential noise - stereo/party	136
Residential noise - barking dogs	102
Unightly premises	226
Rodent control	348
Smoking	57
<b>Formal notices under Burnaby Noise Bylaw</b> (89 Barking Dog, 93 Party/Stereo and 28 other)	210

(warning of court action on receipt of next complaint)

#### **Notices under the Unightly Premises Bylaw**

117

## **Court cases in 1988**

Residential noise	2
One charge stayed - One guilty - fined \$200.	
Unsanitary Premises	4
All charges were stayed as properties were cleaned up and tenants moved or property redeveloped.	

## **Public Swimming Pools**

Samples taken for analysis of water quality in 1988	339
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## **Municipal Drinking Water**

Samples taken during 1988 to determine water quality	948
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## **3. Industrial Waste/Environmental Protection**

This section is responsible for conducting inspections and surveys of industrial/commercial premises to minimize the discharge of toxic materials to the environment and reduce environmental hazards within the Municipality, in cooperation with other Ministries and agencies.

Staff within this section are also responsible to respond to spills of toxic substances in order to safeguard public health and keep environmental damage to a minimum.

<b>Final notices for removal of illegal discharges to storm sewers or creeks</b> (if not attended to, court action would be initiated)	65
<b>Creek and lake samples taken for bacteriological and chemical analysis</b>	700
<b>Inspections regarding toxic materials</b>	407
Routine inspections of comm/indus. premises:	103
Complaints re: comm/indus. premises:	260
Complaints re: creeks & lakes	44
<b>Emergency Call Outs</b>	
Environmental Health Division Staff are available on a 24 hour call out for response to Environmental Health related emergencies, i.e. chemical spills, food premises fires, food recalls, etc.	
Responses to emergency call outs during 1988:	75

#### **4. Community Care Licensing**

The Provincial “Community Care Facility Act”, structures legal authority for Community Care licensing for both child and adult care facilities within the Province of British Columbia. The Burnaby Health Department is responsible to the Provincial Child Care and Adult Care Facilities Licensing Boards for the legal authority of issuing an applicant a license to operate a Community Care Facility within the Municipality.

The responsibilities of the Public Health Inspectors and the Community Care Consultant Nurse assigned to this section are, through regular inspections, to ensure compliance of the Community Care Facilities within Burnaby with the Community Care Facility Act, Child Care Regulations and Adult Care Regulations.

**Total Licensed Child Care Facilities** 145

- capacity approximately 1,885
- Community Care Licensing staff work closely with the Ministry of Human Resources Day Care Consultant on child care facilities staffing and program content.

**Total Licensed Adult Care Facilities** 41

- capacity approximately 1,969
- The Burnaby Health Department Long Term Care and Community Care Licensing staff work in close liaison to ensure adult licensed facilities provide an approved level of care to residents.

#### **5. Additional 1988 Statistics**

Plan approvals	502
Preliminary Plan Approvals	267
Rezoning applications	89
Subdivision applications	112
Business License applications	1,331
Strata Title applications	10

## 6. Staff Training

Buday, Brian

Workplace Hazardous Material Information  
Systems Workshop  
All-in-1 Basic  
Dioxin and Furan Emissions from Incinerator  
Services  
July 1988  
July 1988  
Oct. 1988

Dattani, Dipak

Indoor Air Quality  
B.C. Special Waste Seminar  
Workplace Hazardous Material Information  
Systems Workshop  
Dioxin and Furan Emissions from Incinerator  
Services  
Chemicals in the Environment  
March 1988  
March 1988  
July 1988  
Oct. 1988  
Nov. 1988

Edwards, Gwen

The Super Secretary Seminar  
The Working Woman as a Parent  
June 1988  
Oct. 1988

Embree, Glen

All-in-1 Basic  
Ministry of Health Licensing Officer Conference  
Canadian Institute of Public Health 54th Annual  
Educational Conference  
Dairy Inspection Course  
April 1988  
May 1988  
May 1988  
Oct. 1988

Garrett, David

Environmental Aspects of Solid Waste Incineration  
Indoor Air Quality  
Workplace Hazardous Material Information System  
Workshop  
Mar. 1988  
Mar. 1988  
July 1988

Hamilton, Bruce

Dairy Inspection Course  
All-in-1 Basic  
Oct. 1988  
Nov. 1988

Harvie, George

\*Industrial Relations  
\*Law in the Economic Society  
\*Microeconomics  
\*Comparative Economic Systems  
\*Macroeconomics  
\*B.C. Government & Politics  
\*All courses taken at S.F.U.  
Jan. 1988  
Jan. 1988  
April 1988  
April 1988  
Sept. 1988  
Sept. 1988  
Sept. 1988



Jenkins, David	All-in-1 Basic	June 1988
Johnston, Ken	B. C. Long Term Care Conference Emergency Preparedness Conference	May 1988 Oct. 1988
Lane, Gale	Management Skills for Secretaries The Working Woman as a Parent	Jan. 1988 Oct. 1988
Oraas, Rosalyn	List Processing All-in-1 Advanced Word Processing The Super Secretary Seminar	May 1988 June 1988 June 1988
Perley, Brenda	Medical Terminology, Level 1	Jan. 1988
Rehbein, Karen	All-in-1 Basic Dairy Inspection Course	July 1988 Oct. 1988
Ritchey, Greg	All-in-1 Basic Health Labour Relations I Course	July 1988 Sept. 1988
Ryan, Eileen	Creative Caring B. C. Long Term Care Conference	May 1988 May 1988
Sears, Ralph	All-in-1 Basic Dioxin and Furan Emissions from Incinerators Seminar	Aug. 1988 Oct. 1988
Small, Kathryn	Canadian Institute of Public Health 54th Annual Educational Conference All-in-1-Basic	May 1988 Aug. 1988
Standing, Brian	All-in-1-Basic	July 1988

**ORGANIZATION CHART DEPICTING REPORTING RELATIONSHIPS  
BURNABY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION 1988**

