

Item 14, City Managers Report
No. 47, 1993 August 09

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DA DADEY • DIPAK DATTANI • JANE DAVIS • DEBBIE DE MEDEIROS • ANNE
• PATRICIA DONNELLY • LYDIA DRASIC • ROY DUNCAN • SHIRLEY DUNFIELD •
IN EMBREE • EMILY EXELL • JAN FISHER • SHAWNA FITZGERALD • ELAINE FJOSER
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DREY GRANGER • PAT GROTKOWSKI • MARY HAMALIUK • BRUCE HAMILTON •
SAN HARBORNE • COLLEEN HAWES • CINDY HAYTO • JUDY HEDBERG • DR. SALLY
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JOHNSTON • CAROL JONES • JUDY KELLY • PAMELA KHEONG • ROSEMARY KIAZYK
TA • SUSAN KRAUTTER • JEAN KYLE • MARION LADKIN • MEGHAN LAHTI • GALE
AU • SANDRA LEASK • SUSAN LEGRESLEY • PEGGY LEMON • JEANETTE LEONG •
I • JUDY LIBBY • CONNIE LOCKE • JANET LOGAN • DR. JOY LONGLEY • CORY LOZEJ
MCCOY • AMELIA McDONALD • DAWN Mc DONALD • LYNNE MacFARLAN
McLACHLAN • CINDY McLEOD • LYNN McPHILLIPS • ARLENE MALLIN • ELAINE
ESNA MILKOVIC • LORRAINE MOORE • LILLIAN MUZYKA • KIRSTEN NANSON •
ELY • MAGGIE NEWMAN • MICHELINE NIMMOCK • DR. KAREN NISHIO • LEANNE
OLSON • ROSALYN ORAAS • JOAN O'REILLY • SHIRLEY OTTEWELL • SUZANNE
AREN PETERSEN • WENDY PRENTICE • SUSAN PREVOST • LYNNE PROCTOR • GALE
UAN • BILLIE RANDI • CAROLYN REEVES • KAREN REHBEIN • ALETHEA REITH •
DS • PENNY ROBERTSON • ANN ROBINSON • DAWN ROBSON • CATHERINE ROPER
EDGE • OLGA RYCHLIWSKI • RUMINA SAJAN • MARGARET SAUNDERS • AUDREY
SEARS • LYNN SELBERIS • ANNE SEMKULEY • DAWN SEREK • MARGARET SHAW
OD • MARGARET SHORT • SONJA SIMONSEN • ROSE SIMPSON • SHELLEY SING •
BRENDA SMITH • KALPNA SOLANKI • ARLENE SOLOMON • JACQUELINE SOON •
SQUIRE • BRIAN STANDING • LIES STEER • SHIRLEY STERLINGER • JOAN STORY •
MER • SHARON THOM • DALE THOMAS • SHIRLEY THOMASSON • GRACE THOMPSON
ON • KEN THWAITES • BETTY TIBBITS • PATRICIA TYMIAK • BARBARA UBELS • LILLIAN UBERALL • DIANNE WADE
WATERHOUSE • DR. MERVYN WEIR • DEV WESTENDORP • DIANA WESTBROOK • SUSAN WILKINSON • SHANNON
CAROLE WONG • VINCENT WONG • CATHIE WRIGHT • KAREN YOSHIOKA • SHIRLEY YOUNG



BURNABY HEALTH DEPARTMENT

1992

Annual Report



BURNABY ...WELL INTO THE FUTURE



*Arlene King, M.D., C.C.F.P., M.H.Sc.,
F.R.C.P.(C), the City of Burnaby's newest
Medical Health Officer.*

The year 1992 was one of significant change for Health Department staff, not the least of which was my appointment in December as the Medical Health Officer for the newly-designated City of Burnaby. A summary of the year's activities would not be complete without first mentioning the enormous public contribution made by Dr. Sally Hemming during her long tenure as the municipality's Medical Health Officer. I am privileged to have truly inherited a "Healthy Community"; the challenge with which I am faced is to continue to improve it.

During the upcoming year, there will clearly be a number of forces necessitating additional, and perhaps more dramatic, change in the Department.

**POSITIONING OURSELVES,
BOTH PHYSICALLY AND
ORGANIZATIONALLY, TO ENTER
A NEW ERA OF HEALTH CARE
DELIVERY WILL ENSURE THAT
WE MAINTAIN A TRADITION OF
EXCELLENCE**

The move to larger premises on Canada Way, although long-awaited and badly-needed, will challenge the organizational and time management skills of everyone on staff.

The recruitment of a number of senior managers – the Chief Environmental Health Officer, Manager of Finance and Administration, and Continuing Care Manager – will undoubtedly have a significant impact on each of our programs and the way in which they are delivered.

The formation of the Children's Services Resource Team will enhance the integration of services offered to children and adolescents with

special needs between the ages of five and nineteen.

Finally, the Royal Commission on Health Care and Costs and the newly-released New Directions document, a blueprint for health care in British Columbia, have the potential to further change the face and function of our Department as we approach the twenty-first century.

We must accept and manage these challenges with excitement and optimism. Positioning ourselves, both physically and organizationally, to enter a new era of health care delivery will ensure that we maintain a tradition of excellence and that Burnaby is "...Well into the Future."

Arlene King



*Sally Hemming M.B.Ch.B., F.R.C.P.(C),
leaves a "Healthy Community".*

HEALTH PROMOTION & PREVENTION

In April of 1992, Community Health Nurse Suzanne Gaby was introduced to Linda, a 22-year-old mother who had just given birth to her third son.

"Linda was single and she was struggling," Suzanne said. "I knew the instant I entered her home that she had her hands full."

Suzanne contacted Crissy George, a Mental Health Worker in the Health Promotion & Prevention Division, who visited with Linda and her children.

"Sadly, Linda had a background that she wanted to get away from," Crissy recalled. "In fact, she ended up in Burnaby to get her life in order. She needed to develop a support system to learn behaviour management skills."

After assessing the situation, Suzanne and Crissy were able to connect Linda and her children to the services in the community that could help.

"We acted as a liaison with the Ministry of Social Services, Burnaby Psychiatric Services - Children's Team and a special daycare centre to provide this family with the essential support to help them function better. Our work is prevention; we refer our patients to agencies whose job is treatment."

In the year that followed, Linda and her children moved twice within Burnaby. With each move, the young mother was contacted by the community

health nurse in the area so that continuity of service was ensured.

According to Suzanne, Linda has made astonishing changes in her parenting skills. She loves children and is now expecting her fourth child.

"When I learned Linda was pregnant again, I made a visit to tell her about the Burnaby Pregnancy Outreach Program (POPs). I was astounded at the changes she demonstrated. She is no longer timid with the children - she's assertive and has a level of competence that was not evident a year ago."

By referring Linda to POPs, Suzanne brought into the picture yet another staff member of Burnaby Health Department, nutritionist Susan LeGresley. The POPs program offers high-risk mothers essential vitamins, milk, bread, education and support that they might not otherwise receive.

Linda's oldest child will be starting school this fall, which means that the Community Health Nurse's role will now include liaison with the School Board. If



Participant from Volunteer Services assists Health Promotion and Prevention staff at a Well-Baby Clinic.

her housing needs change when the new baby arrives, or if she requires in-home assistance, staff at the Burnaby Health Department will help her communicate with the Ministry of Social Services.

Each Community Health Nurse in the Burnaby Health Department is notified through hospital birth notices when new babies are born in their districts. Contact is made with each mother to offer home visits, assistance with breast-feeding, support and advice.

WE ACTED AS A LIAISON
... TO PROVIDE THIS
FAMILY WITH THE
ESSENTIAL SUPPORT TO
HELP THEM FUNCTION
BETTER.

IMMUNIZATION STATISTICS - BURNABY PUBLIC AND PRIVATE SCHOOLS

| | 1988 | 1989 | 1990 | 1991 | 1992 |
|--|------|------|------|------|------|
| GRADE ONE | | | | | |
| NUMBER OF CHILDREN | 1595 | 1691 | 1711 | 1922 | 1449 |
| DIPHTHERIA/TETANUS & WHOOPING COUGH | 96% | 96% | 95% | 93% | 93% |
| MEASLES/MUMPS/RUBELLA | 97% | 97% | 96% | 95% | 94% |
| POLIO | 96% | 97% | 97% | 94% | 94% |
| GRADE NINE | | | | | |
| NUMBER OF CHILDREN | 1534 | 1319 | 1513 | 1528 | 1569 |
| DIPHTHERIA/TETANUS | 97% | 91% | 89% | 87% | 83% |

CONTINUING CARE

LONG TERM CARE

Over 2,000 Burnaby residents receive some type of support from Long Term Care in their homes. The primary focus of this care is to enable people with significant health problems to live independently at home. With the help of staff members, clients continue to have choices about their lifestyle.

One couple who faced major changes due to health problems was able to benefit from this community-based program.

"Mrs. C. was 59 years old and married to her second husband for 11 years when she suffered a severe stroke that left her physically disabled," recalled the Case Manager. "Her husband was 78 and very caring. He was devastated, but was strong in his commitment to support his wife at home. Long Term Care staff became involved after two years when Mr. C. was unable to cope alone."

At age 63, Mrs. C. was diagnosed with cerebellar atrophy. She gradually became weaker, experiencing difficulty with speech and eventually with breathing and swallowing. Still, the couple kept their sense of humour and displayed remarkable courage.

Over the past two years, coordinated support has been provided by the Long Term Care Case Manager, Home Care Nurses, Nutritionists, Home Support

Workers, Physiotherapists, Occupational Therapists, Specialists in Geriatric Medicine, Volunteers, the Adult Day Program and the Kinsmen AIL program.

The Case Manager remembers the spirit of cooperation amongst everyone involved.

"All those involved worked in a cooperative way and were committed to providing this couple with the amount and type of assistance that would help them face the challenges that chronic life threatening health problems bring. The primary goal of care for Mrs. C. was to maintain dignity and foster independence. The goal for her husband was to provide respite to him as primary care giver in view of his own major health problems. It was very rewarding to be part of a program that could assist this couple in such a meaningful way."

Eventually, Mrs. C. moved to an Extended Care Unit, where home support workers and adult day staff continue to visit her. Long Term Care staff are still in contact with Mr. C., who is adjusting to living alone. He visits his wife several times a week.

"This is not a situation Mr. and Mrs. C. expected to face at this time in their lives," said the Case Manager, "but we have all learned a great deal from them



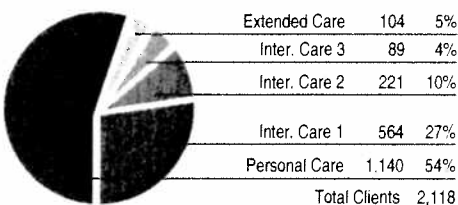
Clients continue to have choices about their lifestyle with the help of Continuing Care staff.

and feel that we were able to help this couple extend their time together in the community."

REHABILITATION SERVICES

Over the past few years, Betty, who is 72, has become increasingly disabled by essential tremor and severe asthma, the latter requiring full-time administration of oxygen. Betty, with the assistance of family, friends and Handidart, lives in her daughter's home, manages her own care and maintains her outside social contacts. She was referred

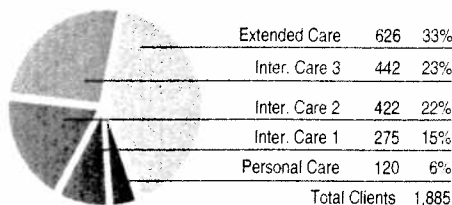
BURNABY CITIZENS RECEIVING HOME SUPPORT ASSISTANCE 1992



MINISTRY OF HEALTH COSTS FOR LONG TERM CARE SERVICE IN BURNABY 1992

| | |
|-------------------------------|--------------|
| RESIDENTIAL CARE | |
| 1,432 CLIENTS | \$36,041,672 |
| HOME SUPPORT SERVICES | |
| 2,118 CLIENTS | \$5,898,929 |
| ADULT DAY PROGRAMS (2) | |
| 107 CLIENTS | \$451,417 |

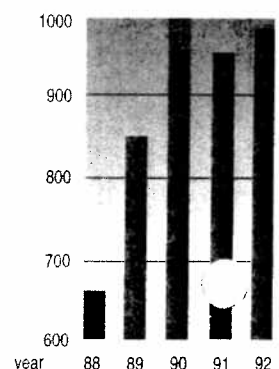
BURNABY CITIZENS RECEIVING RESIDENTIAL CARE 1992



* NOTE - FIGURES INCLUDES 458 CLIENTS RESIDING IN HOSPITAL CARE FUNDED EC UNITS - NOT INCLUDED IN LONG TERM CARE BUDGET.

1992 REHABILITATION SERVICES

TOTAL NUMBER OF REFERRALS:



to the Burnaby Health Department's Rehabilitation Services following a compound fracture of her ankle, which required surgery.

"After surgery, immobilization in a plaster cast and non-weight bearing restrictions for eight weeks, Betty's entire picture declined to one of marked dependency and loss of the ability to transfer or move about without assistance," said Marion Ladkin, Physical and Occupational Therapist. Betty represents a typical client served by Rehabilitation Services - her case presents multiple problems that require a broad-based management approach.

Early intervention included talking to Betty's long term care assessor about her increased need for home support to ensure her safety and care. A loan through the Red Cross and Aids for Independent Living provided toilet and bath aids, a walker and a narrow wheelchair to assist her mobilization. Later, a long term loan of a suitable wheelchair was arranged through the same agencies. Physiotherapy treatment, including exercises and massage, increased her respiratory function and built her endurance to a level where she could proceed to out-patient care.

"When the cast was removed," said Marion, "Betty was given exercises to increase ankle function, and gradually learned to walk without a walker. In time she will be assessed for a long term loan of a scooter that will expand her social horizons."

HOME CARE

Judy Wolfe is a Home Care Nurse in the Continuing Care department of Burnaby Health Unit. When Gerald's chart crossed her desk in September 1992, she took a deep breath and gathered her resources to deal with another family that was hurting; Gerald's diagnosis was terminal cancer and he had come home to die.

"As I drove to the isolated farmhouse on the far edge of my district, I wondered what tasks lay ahead," said Judy. A primary focus of home care nursing is palliative care - tending to the client and family in an active, compassionate manner at a time when the goals of cure and prolongation of life are no longer paramount. The emphasis of care is on comfort and the quality of life until death.

Gerald had cancer of the pancreas with lymph node and lung involvement. He had been admitted to hospital for rehydration and pain control, but was unhappy there and returned home to be with his partner, Louise. The couple valued their privacy and did not want a lot of people intruding on their final days together.

Judy's role became a collaborative one, working with Gerald's physician and other community resources in order to keep his death simple and dignified.

Throughout his 40 days at home, Gerald was often angry at his situation, but always grateful for the home care

nurse's visits. During the final days, those visits were sometimes cancelled because Gerald did not want the nurse that day. Even in the advanced stages of the disease, he wanted desperately to direct his own care.

Louise suffered from fatigue and a home support worker came for a few visits to allow her time away. Eventually, an evening home care nurse trained Louise to insert a morphine suppository to replace the oral morphine Gerald could no longer swallow.

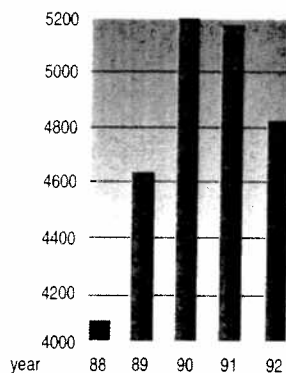
On a bereavement visit one week after Gerald's death, Louise and Judy talked over coffee.

"She spoke of future plans to return to college," Judy said. "There were no tears... just gratitude that Gerald's death had evolved as he wished. She expressed appreciation for Home Care Nursing saying, 'You prepared us for what lay ahead so we were never frightened - we knew we could cope'."

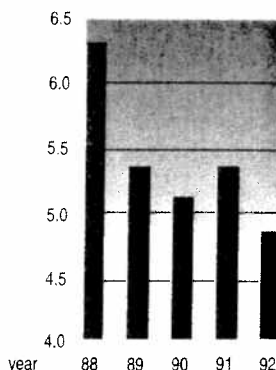
Judy believes that care of the client is one of the most challenging aspects of Home Care Nursing and infinitely rewarding.

"To go all the way to the end of the road is a privilege that Home Care Nurses value. You can be sure we never pass by the house of a former palliative client in our district without remembering our involvement with that particular family."

TOTAL NUMBER OF VISITS:

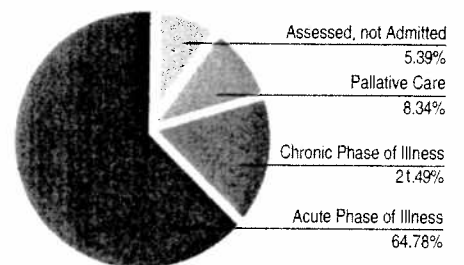


NUMBER OF VISITS PER PATIENT (AVERAGE):



1992 HOME CARE

| | |
|---|-------------------|
| AVERAGE NUMBER OF NURSING VISITS PER MONTH: | 3,126 |
| HOURS OF NURSING TIME PER MONTH: | 3,238 |
| TIME NEEDED PER VISIT REMAINS AT: | 63 MINUTES |
| NUMBER OF NEW PATIENTS ADMITTED TO PROGRAM: | 2,206 |



VOLUNTEER SERVICES

Imagine you are 42 years old, have a degree in Philosophy and spend your time writing plays and poetry. Now, imagine suffering a stroke that damages the left side of your brain. You are unable to speak and you are unable to write. Your doctors tell you that you may never do those things again. What would you do?



John and Monica work on goals John has set for himself.

If you are John, you prove the doctors wrong. He did it with the help of Monica, a first-year Arts and Science major at UBC. She became his personal coach, cheerleader and friend, visiting

him at least once a week.

Monica met John when his physiotherapist contacted the Burnaby Health Department's Volunteer Services and asked if someone would be willing to help John reach his goal of writing plays again.

"Monica jumped at the chance to help John," Mary Hamaliuk, Acting

Assistant Coordinator of Volunteer Services, said. "She hadn't decided whether to major in physiotherapy or speech therapy, but what she is doing with John every Saturday will help her make her career decision."

IN VOLUNTEER SERVICES ALL OF OUR STORIES ARE SPECIAL.

Monica visits John every Saturday for several hours. She uses flashcards that have helped him relearn basic phonics, and he is now able to talk in broken, but miraculous speech.

"John's mother made the flashcards before I came on the scene," said Monica. "But together, he and I worked on them one word at a time and then moved on to creating sentences. Now we are working on the 1994 goals John has created for himself; he wants to read and write poems again, to learn to play the synthesizer and to practice the Zen religion more fervently."

According to Raylene Burke, Administrator of Volunteer Services, it truly is a special story.

"But in Volunteer Services all of our stories are special," she said.

IN 1992 – 222 HEALTH DEPARTMENT VOLUNTEERS PROVIDED SERVICE TO APPROXIMATELY 625 CLIENTS. IF ONE ESTIMATES \$10.00 PER HOUR SERVICE CHARGE, AND ALLOTS FOUR HOURS PER WEEK OF SERVICE DELIVERY, PER VOLUNTEER, ONE CAN ASCERTAIN THAT BURNABY HEALTH DEPARTMENT VOLUNTEERS WILLINGLY CONTRIBUTED \$461,760 OF SERVICE TO THE BURNABY COMMUNITY.

VOLUNTEER SERVICES

| | 1991 | 1992 |
|--|-----------|-----------|
| \$ GROCERIES TO THE HOMEBOUND | \$287,482 | \$262,995 |
| # OF VOLUNTEERS PARTICIPATED IN SHOPPING BUDDIES | 28 | 25 |
| # OF CLIENTS SERVED | 470 | 600 |
| # OF NEW VOLUNTEER VISITORS | 34 | 55 |
| # OF BUS TRIPS | 107 | 109 |
| TOTAL HEALTH DEPARTMENT VOLUNTEERS | 220 | 222 |
| TOTAL NUMBER OF CLIENTS | 561 | 625 |
| VALUE OF VOLUNTEER HOURS | \$457,770 | \$461,760 |

ENVIRONMENTAL HEALTH SERVICES

According to Tim Shum, Chief Environmental Health Officer, "The staff of Burnaby Health Department's Environmental Health Services are mandated to enforce the Provincial Health Act, the Community Care Facilities Act, and local health and environmental bylaws." On any given day of the year, they can be found inspecting food premises, recreational facilities, commercial and industrial facilities, licensed community care facilities and personal services facilities; presenting educational seminars; or responding to complaints related to watercourse pollution, noise, unsightly premises and rodents. It is a varied, and often hectic, service.

FOOD SERVICES

"The next time you're dining out, ask the proprietor if he or she is FOODSAFE," suggested Glen Embree, Supervisor - Food/Communicable Disease Program. "The food service industry recognizes that it is in their best interest to serve food to the public in a safe and sanitary manner."

Along with their traditional role of inspection, environmental health officers are increasingly aware of the vital role food-handler education serves in ensuring a safe food supply to consumers. FOODSAFE is an internationally-recognized food safety course for food handlers that is offered in the City of



Environmental Health Services works to ensure watercourse protection.

Burnaby at a variety of educational centres, including public high schools.

PROTECTION OF WATERCOURSES

Environmental Health Services also strives to ensure that watercourses are protected through education, monitoring and enforcement of the Burnaby Watercourse Bylaw. According to Dipak Dattani, Supervisor - Environmental Control Program, citizens can support the

department by ensuring that contaminants are disposed of correctly, not in the closest ditch or drain.

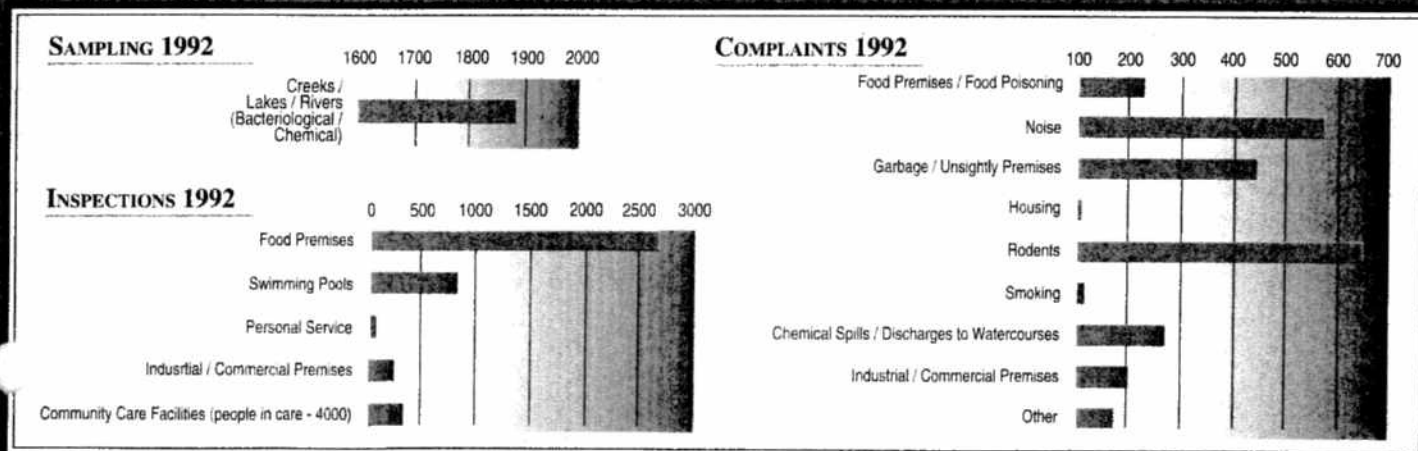
"Almost daily, without any further thought, substances such as animal faeces, waste oil, antifreeze, paints, solvents, pesticides and other chemicals are disposed of into ditches and drained onto roadsides, in lanes or in parking lots," said Dipak. "Most people do not realize that these drains and ditches discharge to watercourses such as creeks, streams, lakes, rivers and oceans. Burnaby's watercourses are frequented by walkers, children, dogs, cats, fish and wildlife."

CHILD CARE

"We want to improve the quality of life for all citizens of Burnaby," said Ken Johnston, Chief Community Care Facilities Licensing Officer. "One of our challenges is to meet the community demand for quality child care services, because child care is important to all British Columbians."

Licensed child care services are governed primarily by the Community Care Facilities Act and the Child Care Regulation. Burnaby's Community Care Licensing Officers and the Ministry of Health are working together to amend this legislation in order to promote the quality of child care services.

The Department sponsors local community forums, inviting individuals and organizations to comment on relevant child care issues and to make recommendations for progressive changes.



RESOURCE DIRECTORY

ADMINISTRATION

294-7260

Dr. Arlene King – Medical Health Officer
Carol Arnold – Manager, Finance /Administration

CHILDREN'S SERVICES RESOURCE TEAM

664-5523
FAX 660-7050

Members of this team provide nursing and therapy services to school-aged children/youth with complex medical needs and those children/youth with a mental or physical disability.

CONTINUING CARE:

The Continuing Care program provides in-home nursing, nutrition, social work, physical therapy and occupational therapy services for individuals with acute, chronic, palliative or rehabilitative needs.

HOME CARE

294-7270
FAX 660-7051

LONG TERM CARE

294-7492
FAX 660-7051

REHABILITATION SERVICES

294-7928
FAX 660-7051

ENVIRONMENTAL HEALTH PROTECTION

294-7390
FAX 660-7050

Public Health Inspectors and Community Care Consultants inspect food premises and commercial/industrial facilities, license community care facilities, and enforce smoking bylaws and rodent and noise control.

GENERAL ENQUIRIES

294-7260

HEALTH PROMOTION AND PREVENTION

294-7260
FAX 660-7050

In addition to Community Health Nursing, Mental Health and Nutritional Services, the Health Promotion and Prevention division offers residents of all ages: immunization; speech-language screening, assessment and intervention; hearing assessment and hearing aid evaluation, selection, fitting, repair and battery service.

VOLUNTEERS

294-7497
FAX 660-7051

Volunteers provide a wide range of services, including grocery shopping, personal shopping and house visits to the housebound elderly and the disabled.



CAROL ABLETT • ELEANOR ALLAN
BERGERON • SANDRA BETKER • A
BYRNE • IRENE CALBICK • JUDY C
• MARGARET COATES • ANN COE
CUNNOLD • SANDRA DABBS • L
DESROSIERS • DR. MARY DONLEY
GWEN EDWARDS • PAT ELMER • G
• SHIRLEY FOX • KAREN FRANCHI
GILROY • MICHELLE GOUTSIS • A
WENDY HAMPE • LISA HANSEN • S
HEMMING • MARION HERITAGE •
HUNTER • KAREN HUNTER • MY
JOHNSON • KAREN JOHNSTON • KE
• DR. ARLENE KING • SUMI KINOS
LANE • SUSAN LANYON • HELEN
MARICA LESTER • MARY LETKEM
• DUSTY MCAULEY • DOREE
• LINDA MCGOWAN • CATHERINE
MARTEN • YOLANDA MILLER •
THERESA NAUGHTON • LISA NES
ODEGARD • JULIA O'GRADY • JA
OXTOBY • SANDRA PARFENIUK • J
PROULX • ANNE PULLAR • GREG
LOUISE RHEAULT • JANET REYNG
• GAYLE ROWDEN • SHARON RU
SAVAGE • RUTH SCHIEBE • RALPH
• WINONA SHAW • RUTH SHERW
KATHRYN SMALL • JULIE SMED
BARBARA SOULSBY • DR. PAMEL
BETTY LOU SUNDQUIST • LISA TH
• JANET THOMSON • LYNDA THOR
• MARTIN WANNELL • WINIFRED
WILLIAMS • JUDY WOLFE •