

YORK CENTRAL HOSPITAL'S health link

THE LATEST NEWS AND HEALTH CARE INFORMATION FROM YOUR COMMUNITY HOSPITAL

SPRING 2009

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Routine Screening Test Helps Save Newborn

After Greg Beros took a tour of York Central Hospital's Family Birthing Centre, he recalls what he said to his wife Heather. "I told her it's a beautiful centre, but we'll never need it," says Beros, Ward 1 Councillor for the Town of Richmond Hill.

The Beros family already had a daughter, Hannah, now 9, and had accepted that they'd have no more children. So when Heather became pregnant again last year, the couple was thrilled. "This was our miracle child," says Beros.

The couple had no way of knowing how prophetic that would be – or the pivotal role that York Central would play in saving their newborn's life. "York Central Hospital saved my son's life," says the proud father. "He might have had surgery at another hospital, but it was York Central that caught that he needed the special attention in the first place."

After a normal pregnancy and delivery, Jesse Beros was born at the hospital on October 30, 2008. The next day, shortly before discharge, a nurse gave him an oxygen saturation test (pulse



Greg and Heather Beros with their happy, healthy son Jesse. Just before going home for the first time York Central Hospital identified that Jesse had a potentially fatal heart condition that required immediate surgery.

oximetry), where a monitor placed on the finger or toes reads the baby's oxygen level. If the level is low, it alerts staff to the possibility of a cyanotic heart defect.

Cyanotic heart disease, a type of congenital defect, is relatively rare. Some children who have it are identified before birth by ultrasound – but some like Jesse, are not diagnosed until after birth.

"Unfortunately, babies with undetected cyanotic heart disease

appear to be perfectly healthy until one of their blood vessels closes," says Dr. Gerald Friedman, Chief, Department of Paediatrics. This usually happens between days 3-5 after birth, at which time most babies have been discharged home. "Once the vessel closes, the baby becomes critically ill and is identified as a 'blue baby'. So these babies need to be identified promptly, ideally before discharge."

Pulse oximetry for newborns who show no symptoms of a cardiac

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abnormality is a rarity among GTA hospitals. Fortunately for the Beros family, the test has been routine at York Central since late 2004. The hospital has administered the test almost 10,000 times, and has now caught heart defects with it twice – two cases that justify its use, according to Dr. David Gryn, Neonatologist.

“It’s well above the standard of care – it’s excellent care, and babies like Jesse are exactly why we do it,” says Dr. Gryn.

As soon as Jesse was tested, “all the bells and whistles went off,” says Beros. He was stabilized and within hours, was enroute to SickKids in Toronto.

The diagnosis – transposition of the great arteries. In this potentially fatal condition, the positions of the vessels that take blood away from the heart to the lungs and the body are switched. The aorta comes out of the right ventricle, while the pulmonary artery comes out of the left. This means that blood that already has oxygen flows to the lungs, while blood that needs oxygen flows around the body.

Jesse underwent open heart surgery at SickKids when he was 5 days old and spent three weeks there. Today, other than the large scar on his chest, you would never guess that he has ever had a health problem. “He’s a happy camper, lots of smiles, very easygoing,” says Beros.

Beros is full of praise for the staff at the Family Birthing Centre, and for York Central’s advances in

carrying for mothers-to-be, high-risk pregnancies, and healthy and ill newborns.

That includes Dr. Gryn, who made the initial diagnosis of Jesse. His arrival in July 2008 helped to ensure a consistency of care in York Central’s Level II nursery (often referred to as a neonatal intensive care unit or NICU) states Leanne McCullough, Manager of the hospital’s Woman and Child Program.

“Most Level II nurseries don’t have full-time neonatologists,” says Dr. Gryn. “The reason I came to York Central is that I saw the potential here, and the need for expanded services.”

About 10-15% of births end up in the nursery, for a stay that lasts anywhere from a few hours to several weeks. As a Level II nursery, York Central offers a wide range of specialized services, including short term ventilation and nasogastric (through the nose) feeding. The expert care team includes paediatricians; NRP-certified nurses (neonatal resuscitation); anaesthesiologists; respiratory therapists; physiotherapists; occupational therapists; a nurse educator; pharmacists; dietitians; lactation consultant; and social workers.

Having a full-time neonatologist means that “We can take care of sicker babies than in the past,” says Dr. Gryn, “babies that would have had to be sent to downtown hospitals not too long ago.”

For pregnancies with a higher than average chance of complications, York Central was the first



Dr. David Gryn, the hospital's neonatologist with a happy healthy Jesse at 6 months.

community hospital in Ontario with a full-time, on-site Maternal Fetal Medicine (MFM) service.

Risks can increase due to many factors – the mother’s age, previous problem pregnancies, pre-existing conditions or conditions that develop during pregnancy, multiple births, and fetal growth abnormalities. MFM services include a full-time perinatologist, a geneticist, 3D/4D ultrasound technology, and a paediatric cardiologist with expertise in fetal echocardiography.

York Central’s experienced and supportive team begins for families at the Family Birthing Centre, which features a family-friendly setting for labour and delivery. The suites are designed to provide a home-like feel, allowing mothers to go through labour, give birth, and recuperate in the calmest atmosphere possible.

The centre includes two operating suites and a recovery room when babies are delivered by caesarean section. There’s also a neonatal resuscitation room, with all of the equipment needed to provide essential care to babies who require extra help as soon as they’re born.

With a now thriving baby at home, Beros says “We’re blessed.” He thinks of what would have happened if York Central hadn’t administered the pulse oximetry test and can imagine only two results.

“If it was during the day, we would have noticed Jesse turning blue and rushed him to the hospital. But if we had put him to bed and a vessel closed at night, he would likely have died in his sleep. In my mind,” says Beros, “York Central Hospital saved my son’s life.”

Stroke Patients Experience “Miraculous” Recovery With Clot-Busting Drug

The ambulance pulls into York Central Hospital carrying a man who experienced sudden numbness in his face. His wife called 9-1-1, and York Region Emergency Medical Services (EMS) responded to the call just a half-hour earlier. Paramedics suspect a stroke. Now the clock is ticking.

A stroke is a sudden loss of brain function, which occurs when the blood supply to part of the brain is cut off. Without oxygen-rich blood, brain cells begin to die.

According to the Heart and Stroke Foundation, about 50,000 Canadians suffer strokes each year, and 300,000 Canadians are currently living with the effects of a stroke. Depending where the brain was injured (and how much damage occurred), a stroke can impact a person’s ability to move, see, remember, speak, reason, read and write.

In strokes caused by blood clots – about 80% of cases – patients can be treated with a drug called tPA (tissue Plasminogen Activator). The drug dissolves the clot and restores blood flow to the brain, but is only effective if given within the first three hours of a stroke. EMS take the patient to the nearest District Stroke Centre (DSC) where tPA could be administered – York Central Hospital.

“While it doesn’t work for everyone, the recovery can be miraculous,” says Andrew Lotto, Manager of the

DSC at the hospital. “In some cases within 30-40 minutes of receiving tPA, you can see a complete resolution of the stroke symptoms – everything is back to normal.”

York Central Hospital is one of 18 DSCs designated by Ontario’s Ministry of Health, the only one in York Region. The DSC has trained personnel at York Region EMS, Markham Stouffville Hospital and Southlake Regional Health Centre to recognize the signs and symptoms of stroke. Suspected stroke patients who might benefit from tPA are sent directly to York Central Hospital.

“We have a stroke specialist on call 24-7, and who responds with the proper assessment, diagnosis and treatment,” says Lotto.

Once patients arrive, diagnostics are ordered immediately. If a CT scan shows signs of hemorrhage (bleeding in the brain), tPA is not appropriate; if the stroke is ischemic (blockage of blood flow in the brain), tPA *could* work. Time is of the essence, so it’s critical to identify symptoms and get to a designated district stroke centre as quickly as possible (see box). At York Central, three dozen stroke patients were treated with tPA last year.

“Stroke patients require immediate assessment and care to mitigate the potentially devastating effects of a stroke,” says Dr. Indy Ghosh, the hospital’s Chief and Clinical

Director of the Emergency Medicine Program. “We rely on our partners at York Region EMS to bring medically appropriate patients from across York Region as soon as possible. The Emergency Department (nurses, secretaries and physicians) play a vital role in working as a team to stabilize the patient and provide a rapid assessment to determine if a patient is appropriate for this treatment. The “Stroke on call Physician” is then consulted and if appropriate, gives the patient tPA. It is a true TEAM effort.”

Last year, York Central Hospital cared for almost 600 stroke patients.

“We work closely with patients to achieve the best possible recovery and help reduce the amount of time they have to spend in hospital,” says Lotto.

Among the risk factors for stroke are age, family history, and many



Dr. Indy Ghosh, the hospital's Chief and Clinical Director of Emergency Medicine Program.

that are controllable: high blood pressure, high cholesterol, heart disease, diabetes, being overweight, excessive alcohol consumption, physical inactivity, smoking, and stress. “We saw more than double the number of patients last year compared to 2007,” says Lotto. “This gives us an opportunity to provide education or referrals around risks or surgical intervention to help prevent strokes in patients who would otherwise be at high risk.”

Know the Warning Signs

A rapid response is essential in treating a stroke. Call 9-1-1 immediately if you or someone close to you shows any of these five warning signs, even if they’re temporary:

- **Weakness:** Sudden loss of strength, or sudden numbness in the face, arm or leg.
- **Trouble Speaking:** Sudden difficulty speaking or understanding, or sudden confusion.
- **Vision Problems:** Sudden trouble with vision.
- **Headache:** Sudden severe and unusual headache.
- **Dizziness:** Sudden loss of balance, especially coupled with any of the above signs.

Town Of Richmond Hill Wing is “Beacon” of Hospital’s Redevelopment

The hospital is eagerly awaiting the completion of its Phase One redevelopment, slated for this June. This transformation will bring much needed space and advances to benefit our community. We are very close, but there is still work to be completed.

Already complete as part of this exciting project, are several new facilities, all located in the hospital’s Langstaff Wing including:

- the Family Birthing Centre
- new inpatient Mental Health
- the John and Josie Watson Breast Health Centre
- new Medical Staff facilities

New Town of Richmond Hill Wing now open!

In March 2009, the hospital celebrated the grand opening of its new wing, bringing the project much closer to completion.

The dedication of the new wing honours the Town of Richmond Hill’s \$10 million donation to support enhanced patient care. At the ceremony, Bill Leacy, President and CEO of York Central Hospital Foundation, called the town’s contribution a “transformational gift.” At the time of the commitment, the Town’s donation was the single largest donation from a municipality to a community hospital in the history of Canada.

“The Town of Richmond Hill Wing serves as a beacon of our larger redevelopment project,” said David Bannister, Chair of the Hospital’s Board of Trustees. “It’s a symbol of our hospital’s commitment to transforming the delivery of health care in our community.”

The new wing, located on the north end of the property, is a bright and spacious addition to the hospital campus and is the new home for several highly specialized patient care areas. Among the new and expanded facilities include:

- **Intensive Care Unit** (three times the size of the previous unit – now open)
- **Emergency Department** (three times the size of the former department – already partially open)
- **Paul B. Helliwell Inpatient Medicine Unit**
- new home of the **York Region Chronic Kidney Disease Program** (double the size of their former unit)

“On behalf of the residents of Richmond Hill, Council pledged this \$10 million in support of the increasing demands for quality health care in our community,” said Mayor Dave Barrow. “These funds were made possible through the sale of our hydro utility and, through the dedication of this new wing, we acknowledge the work of former Commissioners and staff of Richmond Hill Hydro as well as the doctors, nurses and staff here at this great hospital.”



Cutting the ceremonial ribbon at the Opening Celebration of the Town of Richmond Hill Wing (L-R) Councillor Godwin Chan; David Bannister, Chair, York Central Hospital; Councillor Lynn Foster; Councillor Greg Beros; Councillor Nick Papa; Regional and Local Councillor Vito Spatafora; Bill Bell, former Mayor; Mayor Dave Barrow; Deputy Mayor and Regional and Local Councillor Brenda Hogg; Councillor David Cohen and Bruce Harber, Hospital President and CEO. Absent from photo: Councillor Arnie Warner.



Dr. Larry Grossman (left), the hospital’s chief of staff, touring Mayor Barrow through the hospital’s new ICU following the opening ceremony.



Dr. John McKee, Director of Breast Imaging, reviews a digital mammography image with Clare Johnson, Operations Director for Diagnostic and Support Services.

What’s still to be completed?

The long-awaited grand opening of Phase One of the hospital’s major expansion and renovation project is set for June. Still to be completed in this project are:

- New In-patient Pharmacy (Langstaff Wing)
- Completion of the Medical Imaging Department (Langstaff Wing)
- Completion of the Emergency Department (Town of Richmond Hill Wing)
- New Chemotherapy and Medical Day Care facilities (Douglas Storms Wing)
- New Outpatient Mental Health Areas (Douglas Storms Wing)
- New Fractures, Plastics and Ophthalmology Clinics (Langstaff Wing)
- New location for the York Region Domestic Abuse and Sexual Assault facilities (Town of Richmond Hill)



(From left to right); Dr. Hy Dwosh, Clinical Director of Intensive Care Unit; Pat Young 1st Vice President and Incoming President of the Volunteer Association; Rhelda Stockall former President of the Volunteer Association cut the ribbon officially opening the new Intensive Care Unit (ICU), which was funded through money raised by the Volunteer Association of York Central Hospital.



Richmond Hill Mayor Dave Barrow (left) and former Mayor Bill Bell (right) share in the unveiling of a plaque commemorating the \$10M donation by the Town of Richmond Hill toward Phase One of the hospital’s redevelopment project. The plaque is located in the lobby of the new wing, immediately beside the elevators, outside the Emergency Department.



The hospital was pleased to partially open its new Emergency Department in July of 2008. This bright beautiful new space triples the size of the previous department and offers larger, more private and comfortable surroundings. This image shows part of the new ‘yellow’ zone where more acutely ill patients are treated.

Breast Cancer Screening Gets Boost

In 2008, an estimated 22,400 women (and 170 men) were diagnosed with breast cancer in Canada. With a one in nine chance of developing breast cancer, Canadian women need quick access to quality care to help reduce anxiety and save lives. That is why doctors and diagnostic technologists at York Central Hospital are absolutely passionate about the digital mammography units in the hospital's new John and Josie Watson Breast Health Centre.

The newly created Centre offers a new kind of care for women and men looking for clarity and quick answers when confronted with the possibility of breast cancer. The Centre features:

- three new digital mammography units
- breast biopsy capability
- breast ultrasound capability
- as well as new clinic and learning areas for those who have been diagnosed to learn more about their illness and their options for treatment.

"Thanks to the increased clarity of digital images, we can often identify an issue as we're acquiring the image," says Wendy McInnis, Technical Specialist, Mammography. "This enhanced technology has enabled us to shorten the turnaround time between identifying an abnormal finding and getting a pathology report and a diagnosis."

Images appear on screen within seconds, with a much higher

resolution than what was available with the previous analog units and film. Radiologists can also manipulate the size and contrast of the image to see all areas of the tissue.

With digital mammography, the Breast Health Centre features an enhanced biopsy capability. "We are seeing abnormalities at an earlier stage than before, which allows us to perform biopsies at an earlier stage in the disease process," says Dr. John McKee, Director, Breast Imaging.

While the centre had a breast ultrasound capability before, the procedure is now coordinated to happen during the same appointment as a mammogram. "There's a greater chance to figure out what's happening on the same day," says, Dr. Gary Hochman, Clinical Chief of Diagnostic Imaging.

With their efficiency, York Central's mammography units can accommodate more patients per day, reducing waiting times for a mammogram from 4-5 months to as little as six weeks. Adding to client comfort, the Breast Health Centre is bright and private, with its own waiting room. "We've seen a dramatic increase in patient satisfaction," says Joanna McKenna, Manager of Diagnostic Imaging.

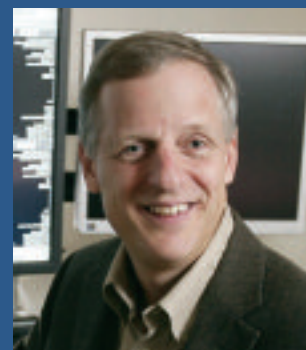
To help with early detection, the hospital is an accredited Ontario Breast Screening Program (OBSP) site. Women living in Ontario are eligible for the OBSP (operated by Cancer Care Ontario) if they're 50



and over, have no history of breast cancer or breast implants, are free of acute breast symptoms, and haven't had a mammogram within the last year.

Under the OBSP, women can be referred by a physician or may refer themselves. Call York Central Hospital's mammogram booking line at 905-883-2004.

Ask the Expert



Dr. Gary Hochman,
*Clinical Director,
Chief of Diagnostic Imaging*

When should women have a mammogram?

If you are between the ages of 50-74, you should have a mammogram every 2 years. The test should be done yearly for women who had dense breasts on previous mammograms. After age 74, discuss with your physician the usefulness of routine mammography. Between the ages of 40 and 49, have a clinical examination every 2 years by a trained clinician and discuss the risks of breast cancer along with the risks and benefits of mammography.

Women less than 40 also have mammography depending on their clinical situation and underlying risk factors.

What are some warning signs of breast cancer?

Recognize what's normal for you, and tell your doctor about changes to your breast – a lump or swelling, change in size or shape, dimpling or puckering of the skin, redness or increased warmth, or a nipple that turns inward, or has crusting, scaling or a discharge.

With signs like these, why are mammograms still so important?

Many people diagnosed with breast cancer do not notice any change. We're trying to find the cancer before the signs appear. It is better to make a diagnosis before a mass can be felt.

Can you reduce your risk?

Things like family history are beyond your control. But there's evidence that eating healthy, staying active, and limiting alcohol could help protect you against breast cancer.

New Unit Bolsters Mental Health Services

"Mental illness is still something that a lot of people don't want to talk about," says Carla Palmer, Director Community Programs, Partnerships and Alliances. "People should realize that it's important to connect with the health care system – and that they're not alone."

The hospital has improved its services to treat an illness that one in five Canadians will experience – mental illness. A high percentage of people who experience mental illness have never sought medical attention for a diagnosis or treatment. Now, with increasing education and by decreasing the stigma, people are more aware and willing to ask for help and at York Central, in partnership with community resources, help is available.

In February 2009, the hospital celebrated the opening of its new inpatient mental health unit on the third floor of the Langstaff Wing. This milestone will help in the effort to meet increasing demand for mental health services and in providing the highest quality of care.

The new unit has a 25-bed capacity (there are currently 17 beds, with the rest to be in place by the fall or next winter), including four psychiatric intensive care beds.

"This new unit will go a long way in providing expert, safe and compassionate care in a timely

fashion, for our patients," says Dr. Peter Zelina, the hospital's Chief and Clinical Director of Mental Health.

"We're bright and spacious, with quiet areas and space for group and social interaction," adds Palmer. "Research shows that your environment can be as much a factor in your healing, as your treatment."

At some point in their lives, "Approximately 17 percent of the population will experience mild to moderate illness, another 3 percent will experience a serious mental illness," adds Dr. Zelina.

Depression, anxiety disorders and other mental illnesses are caused by a complex mix of genetic, biological, personality and environmental factors. Mental illness affects people of all ages, educational and income levels, and cultures. Even if you're not personally affected, almost all of us will play a role in supporting a family member, friend or colleague who's facing the challenges of mental illness.

In some cases, mental health treatment means a period of hospitalization to help stabilize patients in crisis. Other times, short-term treatment, whether counseling or medication, will start patients on the road to recovery.

This spring, the hospital introduced a redesigned Day Hospital Program enabling patients to receive therapy in a day setting,



Carla Palmer (left) the hospital's Director of Community Programs, Partnerships and Alliances discusses a patient care plan with Gundel Lee the Mental Health Project Coordinator.

while maintaining their independence and returning home to the community each evening.

In addition to inpatient and outpatient treatment, crisis intervention, and the day hospital, York Central Hospital's mental health program offers a number of community-based services for ease of access, including an After Care Clinic, Psychogeriatrics Clinic, Attention Deficit Disorder Clinic, Behaviour Management Services, and Acquired Brain Injury treatment.

In 2008, the hospital was designated as a Schedule One mental health facility by the Ministry of Health and Long-Term Care. This now enables the hospital to provide care for people who are experiencing "acute" episodes of Serious Mental Illness.

"These are people in a heightened state of distress, who might be exhibiting behaviours that were threatening to themselves, others and/or neglecting themselves," says Palmer.

The new intensive care beds provide a totally secure environment for such patients. In the past, if people arrived at the hospital's emergency department requiring mental health acute care, the hospital had to refer them to another facility. Now, with the Schedule One designation, these individuals can remain right in their own community.

"They're closer to home, to their family, other social supports, and services that can help ease their way back into the community," says Palmer.

Upcoming Events

May 11 to 17

National Nursing Week

York Central Hospital will be hosting a series of events throughout the week recognizing and acknowledging the dedication of our nurses. This year's focus is recognizing nurses as knowledge professionals.

May 14 - 7:15 p.m.

3rd Annual Perinatal Bereavement Service

Elgin Mills Cemetery

If you are parents who have experienced a perinatal loss since May 2008 and would like to join us for this special service, please contact Reverend Karen Fox at (905) 883-1212 ext. 7562.

Tuesday, May 19

Volunteer Association's Thornhill Branch presents Theatre Night at The Curtain Club, 400 Newkirk Rd, Richmond Hill
 "Don't Dress for Dinner"

\$25 per person

Contact Monika Chapman at 905-881-4946 or Melanie Perchthold 905-731-8507 for tickets or further information.

Saturday, May 23, 2009; 9 a.m. to 3 p.m.

7th Annual "Trans-PLANT" Sale and "Baker's Dozen" Raffle

Temperanceville United Church Parking Lot (Bathurst Ave & King Road in Oak Ridges)

If you can help or wish to buy a raffle ticket, call: Anneli 905-773-4402, Eva 905-773-0118; Helen 905-773-5192, Stella 905-713-2360.

Monday, May 25

Proud Partners Golf Tournament

Thornhill Country Club

For further information contact the Foundation at 905-883-2032.

Wednesday, May 27 - 7:00 p.m. The Berwick Family Auditorium

A Celebration of Life of York Central Hospital Patients and Residents

Recalling the memory of our loved ones who died during January, February and March 2009. To RSVP or for further information, please call (905) 883-1212 ext. 3434.

Thursday, June 11 - 7:00 pm

Volunteer Association of York Central Hospital Annual General Meeting
 The Berwick Family Auditorium on the 1st floor of the Langstaff Wing.

Thursday, June 18 - 7:00 am

York Central Hospital Foundation Annual General Meeting
 In The Berwick Family Auditorium.



Thursday, June 18 - 8:30 pm

York Central Hospital Foundation Annual General Meeting
 In The Berwick Family Auditorium.

Tuesday, June 23

Volunteer Association's Richvale Branch presents its Annual Strawberry Tea

St. Mary's Anglican Church

10030 Yonge St.

1:00 to 3:00 pm

\$6 per person

905-889-3583 for tickets or further information.

Thursday, June 25

Stroke Awareness Day

The District Stroke Centre, located at York Central Hospital is pleased to offer various events and activities throughout the day to remind people of the warning signs of stroke. Featured event for the day is the Big Bike (fundraiser for Health and Stroke) as well as Community Information Display and stroke survivor testimonials in the hospital's Atrium. For further information please contact (905) 883-1212 ext. 3882 or 2778.

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**York Central
 Hospital**

