

# York Central Hospital Prepares For Future Growth

By MARGARET LADE

The changing role of health services in Ontario was described by Alan Backley, Assistant Deputy Minister of Health, at a jam-packed annual meeting of York Central Hospital in the hospital's cafeteria on April 9.

People were packed into the serving area, kitchen and hall as a procedural range developed over election of trustees. Officers and administrators presented reports on the hospital expansion program.

There was keen interest in reports of the effect of changes in services that may be anticipated when the new Langstaff Wing opens in the fall, increasing capacity from 126 to 403 beds.

Statistically this will mean 74 pediatric beds—there are now 12—and increase in staff from 330 to 1,000. Nursing staff will jump from 100 to 400 and staff payroll from \$2,250,000 to \$7,500,000.

Introduced by the hospital board's Vice-Chairman Sam Cook, Mr. Backley said that the role of health services is changing. There are many steps between the office of the general practitioner and the institution.

## IMPORTANCE OF PREVENTION

De-emphasising of the institution, however, is not to underestimate the importance of the institution. In its study of health services the province has studied the importance of and the role of prevention, pre-care, rehabilitation and extended care, trying to determine top standards of health care and at the same time achieve top stand-

ards for the best dollar.

The level of care should be compatible with the need of the patient, said Mr. Backley—for example the needs of the neurosurgical patient as compared to the needs of the nursing home patient in order to ensure that the care offered is compatible with the most rapid recovery of the patient.

The Ministry, he said, is not just interested in cost, but in the best interest of the patient. This encompasses many areas—active treatment, the health unit, psychiatric service, social services, home care, in order to achieve a balanced integral service.

## SACRIFICE AUTONOMY

These services can no longer operate in isolation if the best interests of the public are to be served said Backley. Some autonomy must be sacrificed as all work in a team in the home rehabilitation centre, the office of the general practitioner, social services, public health services, community health centres. "The team is important."

The active treatment hospital can no longer be regarded as the only alternative to the general practitioner's office.

Non-professionals are important members of the team as volunteers working in the home of the patient, in nursing homes, in hospitals and homes for the aged.

Much of this is already in operation in the York Regional community, said Mr. Backley, with community organizations working together.

"The most important change in the future is to make the hospital the community resource centre." This makes sense not only in economics, but for the good of the patient.

## NEW HEALTH COUNCILS

Replacing individual boards, integrating them into a district health council, would make it possible to co-ordinate all health-related activities in the area in a balanced economic service, sensitive to how the community feels about the health service it is receiving; not just conforming to general rules set up by Queen's Park.

There has to be much more decision making at the local level Mr. Backley continued.

"We want you to respond to the reports (from services) within the community and get back to the Ministry on how health care services are serving your community." In some communities this could mean one board for two or three hospitals.

In conclusion he challenged the meeting, "If you do not react, how is the government to know how to react in planning for health services in the province?"

Richmond Hill Mayor William Lazenby, chairman of York Regional Health and Social Services Committee, thanked the speaker, observing that his remarks were very apt, adding that York Central Hospital and Richmond Hill place high priority on co-ordinating of services.

## HONORS LANGSTAFF

Board Chairman Mrs. Grace Jackson observed that Mr. Backley's talk had given all members of the hospital association a great deal to think about, since York Central will be in a state of mobility for the next several months.

The new expansion is being called the Langstaff Wing, said Mrs. Jackson in her report, to honor Dr. James Langstaff, the founder of the hospital and its first chief of staff; his mother, Dr. Lillian, who is honorary chairman emeritus of the hospital auxiliary; his father, the late Dr. Rolph; and his grandfather, the late Dr. James Langstaff.

"Together they have served the health needs of a large area of our community for more than a century. The first hospital in Richmond Hill was located in the same Langstaff home which they still occupy," said Mrs. Jackson.

"Growth" is the most descriptive word for York Central, which opened its doors in December, 1963. There has been growth in response to change effecting change in the internal growth of the hospital building, and affected by the fast and unprecedented external changes taking place in the world—health, social, economic, technological and legislative, Mrs. Jackson.

## HOSPITAL TRAINING CENTRE

Last fall Seneca College assumed responsibility for the two year nursing diploma program, formerly carried out by the York Regional School of Nursing. Students from both the first and second year participate in all of York Central's in-patient areas for their clinical experience, Mrs. Jackson reported. Mrs. Gloria Croftin, assistant executive director of nursing and a member of the hospital's senior administrative team, and Dr. John Heard from the board are members of the advisory committee for nursing education at Seneca.

The hospital assists in other areas of training. Post-graduate physicians have been serving in the emergency department and a medical student has been observing in family practice. Physiotherapy students gain experience at York Central, and a program for pharmacy students and interns is being developed by the hospital's pharmacy Director Miss Jane Gillespie, who has also initiated a successful pilot project with a unit dosage system ready for the opening of the new wing.

## HOSPITAL COMPUTER

The hospital's mini-computer has been approved by the Ministry of Health as a pilot project to assess its potential for use in other hospitals and has been accepted by several other hospitals.

A carpet research project has attracted attention from other hospitals as various cleaning materials and methods of spot removal are tried, and it is anticipated the new transportation system will attract visitors from hospitals all over the continent.

Regional public health nurses are conducting pre-natal classes in the hospital as well as weekly sessions for new mothers. Another new development in the obstetrical area is the presence of some fathers at the birth of their children.

## NEED ALCOHOL CENTRE

Mrs. Jackson expressed regret that a joint alcohol education program had to be discontinued when a special grant terminated. "This is regrettable since there is also urgent need for a detoxification unit in our area for which provision has not yet been made."

Currently among young people, alcohol and sex problems seem to be more of a hazard than drugs, she reported, although this problem (drugs) has not gone away.

In co-operation with the York Regional Public Health Service, birth control and VD clinics have been established at York Central and at the York Regional Health Unit in Newmarket.

"There is a very real need for education regarding sex and sexuality, venereal disease and birth control and the reduction of people's expectations that abortion can be just another method of contraception," said Mrs. Jackson. These are the problems of today's society and the hospital has to cope with the casualties society creates.

## ABORTION COMMITTEE

When the law with respect to abortion was changed in response to public demand, an abortion committee was established at York Central.

"This legislation and its implementation is a very, very contentious issue between the federal and provincial governments, but no helpful solution has emerged to date," said Mrs. Jackson. Responsibility for therapeutic abortion was delegated to health care services, she said, it was not asked for.

The out-patient services of the mental health clinic now in temporary quarters on Yonge Street will be moved into the new building, and there will be facilities for resident psychiatric and other longer term patients.

"During the past few years we have been increasingly concerned about the out-placement of patients after an all-too-short stay in our hospital because of our lack of beds," said Mrs. Jackson. The region's home care program has expanded considerably, but suitable home-makers are very scarce.

The hospital's catering staff prepares food for the Meals on Wheels volunteer service.

## NEED MORE VOLUNTEERS

"We do want to thank all volunteers in co-operating agencies and in our own hospital. We simply can't navigate successfully without your support." She urged the volunteers to make every effort to double their numbers to meet the new admission flow that will come with the opening of the Langstaff Wing.

It was a hard fight to get the necessary funds for construction of the new wing, Mrs. Jackson said, and an additional \$1 million is needed to help equip it.

"A million dollars takes a lot of getting, but with your help that goal can be reached ready to receive patients this fall. . . . A truly dedicated effort from the whole community is necessary to fulfill our objective."

## BUILDING RENOVATIONS

Treasurer Neville Evelyn presented the financial and campaign report for 1973 and building committee Chairman John Griffin gave a progress report on construction of the



(Photo by Susan Samil)

Prior to the annual meeting of York Central Hospital Association April 9, the board of trustees held an awards dinner to honor 51 staff members for faithful service. Seventeen received five-year pin awards, 27 received ten-year pin awards. There were four retirement presentations to members of the nursing staff, and three past Chiefs of Staff, Dr. James Langstaff, Dr. Jim McPhee and Dr. Victor

Zuck, were honored. In the group were representatives of administration, dietary services, engineering housekeeping, laboratory, medical records pharmacy, X-ray, linen, physiotherapy, purchasing and nursing. Pictured above, hospital board Chairman Mrs. Grace Jackson presents a ten-year pin to Nurse Catherine Carter.



(Photos by Claus Plock)

A highlight of the annual meeting of York Central Hospital Association was presentation of a cheque for \$10,000 from the hospital auxiliary to the board of trustees to help equip the huge Langstaff wing which is scheduled to open in the fall. Auxiliary President Mrs. Joan Paton is pictured above making the presentation to the board's Vice-Chairman Sam Cook. Mrs. Shirley Bruce also presented a cheque for \$1,000 to the board from the Memorial Fund.

## LECLAIRE, A FORMER VICE-CHAIRMAN OF YORK COUNTY ROMAN CATHOLIC SCHOOL BOARD.

The hospital's board of trustees is made up of the mayors of Richmond Hill, Vaughan and Markham, six additional ex-officio members, and 15 members elected for three year terms in rotation, with five elected each year.

The board proposed that all members eligible to vote must mark five names on their ballots, that any ballot bearing less than five names would be declared invalid.

Mr. LeClaire asked why this change in election procedure had been proposed. Why, he wanted to know, could a member of the association not vote for just one or two of the nominees?

The suggestion had been put forward in order to have a reasonably speedy election, to fill the board, explained board member Stuart Parker, also a Richmond Hill lawyer. If the meeting wished to approve ballots bearing only one or two names, the recommendation could be withdrawn, he said.

"You are trying to tell the majority how to conduct himself, it is not democratic," Mr. LeClaire charged.

## NO JOSTLING FOR POSITION

The practice of filling

## UNDENOMINATED

Richmond Hill Lawyer Alfred Stong was nominated from the floor.

As the meeting dispersed to vote, LeClaire warned, "dangerous, undenominated thing has been done this year for the first time. It makes it impossible for a minority to have any voice. You will find next year there will be a majority here who will not elect any one of the five you have chosen."

Mrs. Howden pointed out that no one is permitted to be on the board for more than 12 years, so vacancies do occur. "It is a very demanding job, and it is very difficult to get able people to give the vast amounts of time and energy required to serve on this board."

Before the nomination was declared closed, Mr. Parker pointed out that according to the constitution members must be a member of the association for 30 days before he is eligible to vote.

Mr. Stong had been a member for 16 days. It was agreed, however, that though Mr. Stong could not vote, he could stand for election.

It was well after midnight when the ballots were counted and the slate presented to the nominating committee elected for a three-year term.

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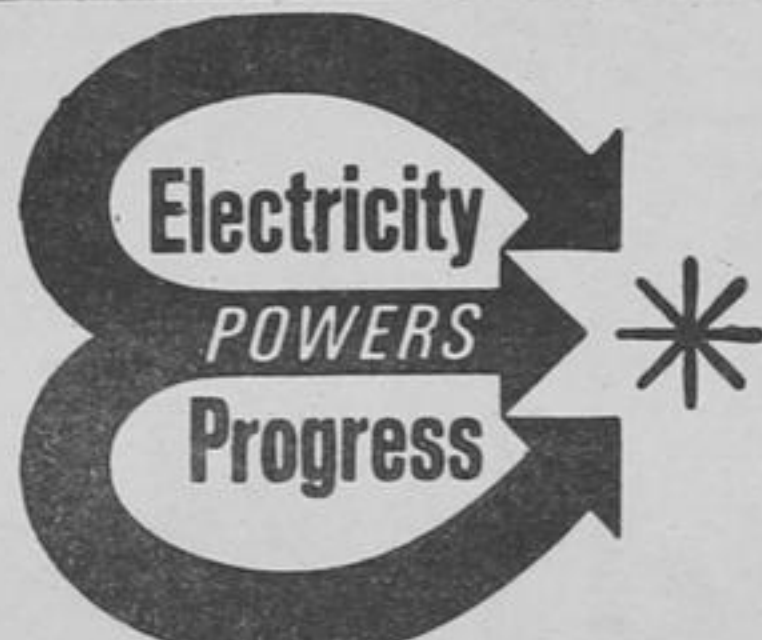
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