

## New dental clinic at Runnymede key to oral health

By Kearie Daniel

When Dr. Natalie Archer learned that a new state-of-the-art facility would be built for Runnymede Healthcare Centre, the Toronto dentist knew she had to be part of the venture.

A long time member of The Royal College of Dental Surgeons of Ontario, Dr. Archer, who graduated as valedictorian of her class at Dalhousie University, was recently elected as Vice President of the RCDSO.

As a dentist with over 10 years experience, promoting good oral care has always been a top priority for her. So in a chance meeting with Runnymede Healthcare Centre's President and CEO, Connie Dejak, she outlined her vision for a marriage of her dental skills with the hospital's mandate to provide excellent specialized complex continuing care to its patients. It was a vision Dejak shared.

"This clinic is really a patient-focused and accessible approach to dental care. It fills an immediate need for specialized dental care within our hospital and will eventually provide our community with more locally based health care options," Dejak says.

In keeping with Runnymede's inter-professional approach to providing specialized complex continuing care, Dr. Archer, worked in collaboration with hospital management and the executive team to set up a fully operational dental clinic designed to



Using a mechanical patient ceiling lift, Dr. Natalie Archer and Dental Assistant Sandra Juarez work together to lift Runnymede patient Cassandra Berry into a floating dental chair.

offer all aspects of dental care to our patients which opened in the hospital on January 28<sup>th</sup> 2011.

"We really saw this as an opportunity to promote good oral health amongst our patients," says Lisa Dess, Vice President of Clinical Programs. "Improved oral hygiene is so important, because it reduces the likelihood of infections in those with chronic illnesses."

Dr. Archer agrees, adding, "Study after study has shown that there is a real link

between oral healthcare and your physical well being. There is a link between periodontal disease and heart disease, diabetes and even epilepsy. So, my first priority is to focus on thorough, comprehensive and preventative care."

For many patients at Runnymede Healthcare Centre, limited mobility and dexterity, as well as swallowing impairments or medical conditions that may decrease their salivatory flow rate, means that maintaining opti-

mum oral hygiene can be a challenge. To combat this, in addition to running the onsite clinic, Dr. Archer will also assist hospital staff in identifying some of the signs of periodontal diseases which may help to address this challenge.

In line with Runnymede's forward thinking and commitment to incorporating evidence-based best practices and technology, the new dental centre is fully digital, allowing for the electronic transfer of patient files where needed. It is also equipped with specialized medical and dental instruments and a spacious wheelchair accessible layout.

Additionally, to accommodate the specialized needs of Runnymede's patients, each dental treatment room is equipped with mechanical patient ceiling lifts, designed to lift patients unable to stand, from their wheelchair to the dental chair.

The clinic also includes floating dental chairs. Unlike the stationary chairs in general dental clinics, these seats can be moved aside in the treatment room. This is particularly beneficial and convenient for patients who sit in specialized wheelchairs, which can tilt and recline, as it allows them to be treated in their wheelchair without being moved.

"We wanted to meet the needs of our patients and the community," continues Dess. "This clinic allows our patients access to dental care in a more timely and cost effective manner. We used

to transport any patients with dental concerns to a downtown Toronto facility. Now, with our inpatient clinic, we can treat them onsite."

Interest has been tremendous and while it is left up to Runnymede patients and their decision maker to decide whether or not they would like to receive treatment, it is hoped that 100 per cent of the hospitals patients will eventually see Dr. Archer.

Now heading into its second month of operation, the clinic has been an incredible success. While initially only seeing Runnymede patients, Dr. Archer plans to eventually expand to provide dental services to the broader community and Runnymede staff.

"We are going to have thorough comprehensive oral exams; oral cancer screenings and we are going to be very preventative," she says determinedly. "That is my vision."

With the addition of 57 new beds, announced December 8th by the Hon. Deborah Matthews at the official Grand Opening, Runnymede Healthcare Centre's growth and expansion continues. For both the hospital and Dr. Archer, that growth means striving to continue to provide excellent dental care to the patients that need it, ever mindful of the hospital's legacy as a leader in specialized, complex, continuing care.

*Kearie Daniel is a Communications Specialist at Runnymede Healthcare Centre.*

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**EVERYWHERE**

## One size doesn't fit all for osteoarthritis treatment

*Volunteer participants recruited for the  
second wave of a groundbreaking study*

By Jenny Cheadle

Osteoarthritis is a painful and debilitating disease that affects approximately one in 10 Canadians. While there are a variety of treatment options available for those suffering from extreme osteoarthritic pain, statistics show that many patients are under-treated.

That's why Dr. Gillian Hawker, senior scientist at Women's College Research Institute and chief of medicine at Women's College Hospital, is recruiting participants for a new wave of A Study of Arthritis in Your Community – a study that began in 1996 examining the access to and outcomes of care for people

living with painful osteoarthritis.

This next phase of the study is recruiting participants 45 and older to better understand what motivates people to choose different treatment options – in particular, whether what motivates women, or older individuals, is different from what motivates men or younger individuals, respectively.

"Traditionally, there has been a one-size-fits-all kind of approach when it came to treating patients with osteoarthritis," says Dr. Hawker. "Because osteoarthritis is not life-threatening, and treatments are given to improve quality of life by reducing pain and disability, people's beliefs and

preferences for care have to be taken into consideration. Today, we recognize there are a number of factors influencing the way people make decisions about their health care, and these factors likely differ for women compared with men."

Through this study, Dr. Hawker aims to identify those factors that motivate patients to make osteoarthritis treatment decisions, focusing specifically on the differences between women and men when it comes to the choices that they make.

"Women tend to ask more questions than men; women tend to be more risk-averse than men; women tend to live

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