



Media Release

Tuesday March 18, 2008

High Occupancy Rates at STEGH Limits Bed Availability and Risks Surgery Cancellations

St. Thomas, ON – Bed occupancy at St. Thomas Elgin General Hospital (STEGH) has hovered close to 100% and has risen as high as 117% this winter. The results of these high occupancy rates include patients waiting overnight and longer in the Emergency Department for an in-patient bed, longer wait times for care in the Emergency Department, and cancelled elective surgeries.

The winter months are typically busier for the Hospital especially when seasonal influenza outbreaks occur, as the Hospital is currently experiencing. However, this year a long emerging problem is now severely affecting STEGH bed availability. Patients normally transferred from the hospital to longer term care and nursing homes in the community after their acute care episode is over must now stay in hospital because of the shortage of long-term care beds. On any given day, STEGH is now caring for 70 to 80 Alternate Level of Care (ALC) patients in their 166 beds. These ALC patients are simply waiting for an appropriate placement to long-term care, or for supports to be put in place so they can return home; their physician has determined they are ready for discharge and they no longer need acute hospital care.

This is a trend emerging across the province, as hospitals are increasingly accommodating ALC patients for extended hospital stays. As in St. Thomas and Elgin County, current inventories of long-term care beds in many regions can no longer keep up with demand.

Paul Collins, STEGH President and CEO observes that, “In our community long-term care beds have been at 100% occupancy for some time, and our population is aging, so this demand is steadily increasing. As a result, more and more people must stay in the hospital longer than necessary, because there is nowhere else for them to go.” When a bed is occupied by a patient waiting placement, it is not available for a new admission, thus elective surgeries must be cancelled, and patients wait in the emergency department overnight for an available bed, which leads to longer ED wait times. “It is a tremendously serious problem,” says Collins.

Not only does this create a problem of soaring occupancy rates, extended wait times and cancelled elective surgeries, these patients waiting placement are missing out on the specialized care provided in a long-term care setting that better meets their health care needs. “I am very concerned because a patient requiring an alternative level of care does not receive the same kind of care in hospital that they would receive following the right long-term care or nursing home placement. These patients deserve the kind of care appropriate to their unique needs,” says Dr. Lori Teeple, STEGH Chief of Staff. “Our hospital focus is on the acute episode of care and we must ensure that we have beds available so that the community can access emergency care, and in-patient surgical and medical care when needed.”

The STEGH Board of Governors views this issue as their number one priority. “This situation is affecting hospital accessibility for our community and the welfare of our staff, and the crisis is driven mostly by the lack of community capacity to accept these patients at discharge.” says Jerry O’Brien, STEGH Board Chair.

The high occupancy rate is also taking a toll on employees. Brenda Lambert, STEGH Chief Nursing Officer notes that “These sustained occupancy rates of 100% and higher are very stressful for our staff resulting in more sick time, overtime and frankly burn-out, as they meet this patient care challenge on a daily basis, month after month.”

The ALC problem in hospitals has also become an important priority for the Ontario Hospital Association which has worked with the Ministry of Health and Long-Term Care to put more urgency on developing short, medium and long-term solutions. STEGH is a participant in partnership with the South West Community Care Access Centre in an important Ministry-driven project called the ‘Flo Collaborative’. This project is not a short-term solution but will improve the flow of patients through the hospital and into Long Term Care Homes.

While STEGH will continue to work with the South West Local Health Integration Network, the South West CCAC, and the Ministry of Health to resolve this problem, there are no short-term solutions. Collins says “Despite our efforts, our concern is that this crisis is likely to persist for some time.”

-30-

For more information contact:

Cathy Fox, Communications and Public Relations
St. Thomas Elgin General Hospital
519- 631-2030 Ext. 2191, cfox@stegh.on.ca
www.stegh.on.ca