



For Immediate Release
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Changes at the Continuing Care Centre at St Thomas Elgin General Hospital

St. Thomas, ON – The number of Alternate Level of Care (ALC) patients at St. Thomas Elgin General Hospital (STEGH) has steadily declined over the past year. Improved community placement of ALC patients will allow STEGH to remove twenty Transitional Care beds from service. These beds were allocated in 2004 as a temporary way to address the ALC issue. In fact since June of this year, 17 STEGH beds have been closed as part of the annual summer beds closure and with the continued decline in ALC occupancy they have remained out of service. These 17 temporarily closed beds (on CCC-C and on 4th and 5th floors) will reopen at the same time the 20 Transitional Care beds (CCC –B wing) are closed, to maintain the current overall beds in service at 146.

“It is rewarding to know that our work with the Southwest Community Care Access Centre (CCAC) has resulted in a better placement of ALC patients in the community,” explains STEGH President and CEO Paul Collins. “Removing the transitional care beds from service enables us to match our resources to demand and will not reduce access to any services at STEGH.”

It is expected that the patient moves will be complete, and the 20 transitional care beds will be out of service by February 15, 2010. “We have been meeting the demand for patient services with 17 fewer beds since June, and we are confident that we can meet the needs of our community effectively and safely with an additional 3 more beds out of service,” says Dr. Nancy Whitmore, STEGH Chief of Staff and VP Medical Affairs.

Consultation with staff and physicians about an option regarding the best use of the vacant CCC space is now underway. This option would see a possible move of the acute medical units from their current location on the 4th and 5th floors of the 1954 vintage patient tower to the 1990 vintage A and B wings of the CCC building. “Our capital redevelopment priorities have consistently been identified over the years as new, modern facilities for ER, Mental Health, and Surgical Suite. This leaves the problem of the existing medical in-patient beds on 4th and 5th being untouched for possibly the next 20 years,” adds Collins. He explains that using all of the newer ground floor CCC space for acute in patient care connects directly with STEGH’s most recent redevelopment plan submitted to the Ministry in July 2009.

Staff working in CCC-B wing where the transitional care beds are located will receive layoff notices as required by the collective agreement, however Collins anticipates the number of actual jobs lost will be minimal. “We are doing all that we can to minimize the job loss by not filling current vacancies, and we anticipate that with retirements and attrition, only 1 or 2 jobs will be lost,” says Collins. “Our staff serving patients in transitional care have done a fabulous job over the years and we are grateful for their caring service.”

STEGH continues to work on the 2010-2011 budget, considering how to responsibly address an expected 0% increase in revenue from the Ministry of Health and Long-Term Care. This change only addresses the decreased occupancy due to the reduction in the number of Alternative Level of Care patients.

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Background Information

Alternate Level of Care (ALC) patients are patients who no longer require hospital care, but can not be discharged because there are no available placements in a more appropriate setting in the community e.g. a long term care bed, home care, etc.

From 2004 until 2008, STEGH along with many other hospitals in the province had been experiencing an increase in the number of patients ready for discharge and waiting placement in a more appropriate setting. On average 53 patients were waiting placement each day, sometimes peaking at 60+ patients.

The number of the Alternate Level of Care (ALC) bed occupancy has been declining over the last 12 months as a result of the effective partnership with the Community Care Access Centre. Currently ALC occupancy on average is 31 and declining.