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*For more information  
contact:*

## MEDIA RELEASE

*For Immediate Release*

**Michael Mazza**  
Chief Executive Officer  
519 245-5295 ext. 5592

### ***Board hears Hospitals finished 2009/10 in the Black***

At its regular monthly meeting on Wednesday, May 26<sup>th</sup>, the Middlesex Hospital (MHA) Board received a number of updates related to its recently approved Strategic Plan. (See web page [www.mhalliance.on.ca](http://www.mhalliance.on.ca))

Paul Long, Chief Financial Officer (CFO) for the Alliance reported that both hospital corporations, Strathroy Middlesex General Hospital (SMGH) and Four Counties Health Services (FCHS) in Newbury will be ending the fiscal year 2009/10 in a balanced position. The Strathroy site will have a modest 2% surplus while FCHS will end the year just under \$5,000 to the good. "It is great to see the black ink especially at the SMGH site, for the year just ended March 31, 2010," said Board Chair Ralph Coe. In accordance with the law, the Board had no choice but to ensure revenues matched expenditures. "This positions us well moving into the current fiscal year which started on April 1," reported Coe, "we are waiting to hear what the MHA hospitals' share of the 1.5% for institutional care will mean." The South West LHIN which allocates Acute Care Hospital budgets in Southwestern Ontario is preparing to release this year's increases to hospitals in the near future.

On another positive note, the MHA Board received a review and update on the number of patients staying in the hospital awaiting placement in long term care facilities such as nursing homes. Chief Operating Officer (COO) Nancy Maltby-Webster reported "in December 2009, the Strathroy Hospital had 16 patients waiting in acute care beds for placements in nursing homes. This number has dwindled to two and these two patients will be placed in appropriate nursing homes within the next few days." In answer to a query from the Board, Maltby-Webster reported the opening of two nursing homes, Oakcrossing in April and Village of Glendale Crossing in May along with retirement home beds being built in London has had the impact of providing appropriate care for many patients that previously were "stuck" in acute care hospitals. There are currently vacant beds in the long-term sector in London, Middlesex and Elgin. "This is the way the system should be operating," reported Maltby-Webster.

The Board raised the issue around negative community perceptions related to the closure of long term care beds over a three year period and the physical merger of the Middlesex Fourth Floor and Two South Nursing Units in June 2009. “It is true that there are no long-term care beds in either of the MHA’s two sites”, said Maltby-Webster. She went on to praise the Board’s endorsement of the Administrative Plan to close complex continuing care beds, noting that while the communities may react negatively to such decisions based on emotion, the facts clearly indicate that the Hospitals’ plan matched the investment that the government is making to shift long-stay care out of hospitals.

A more somber note was struck when Dr. Julie Copeland, Head of Emergency Department (ED) Services at the SMGH site reported to the Board on the challenging efforts to recruit medical manpower resources to the Strathroy ED, especially for the upcoming summer months. Efforts have been underway by Dr. Copeland to recruit sufficient resources to staff the ED for almost two years. The Hospital has benefited from HealthForce Ontario (HFO), but has been mandated by HFO to wean itself from its reliance on “doctors from outside the community”. In answer to queries from the Board, Dr. Copeland reported, “not all local doctors provide labour in local hospitals. Family Care Reform has changed the way local physicians work. There is a benefit in that Strathroy-Caradoc is well-supplied with family doctors who are operating in group practices; however, the downside is the doctors can sometimes relinquish their privileges of taking on shifts in the emergency department of the local hospitals and new physicians being recruited to our community have not included ED care as part of their spectrum of practice.”

Board members queried whether the South West LHINs and the local Provincial Member of Parliament were aware of how Family Care Reform has impacted the sustainability of ED in small community hospitals in the long term. The Board committed to developing an action plan to meeting with the MPP to ensure she understands the impacts of provincial strategies on the local hospitals.