

# SMGH obstetrics may survive

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Posted 23 hours ago

Staff and administration at Strathroy Middlesex General Hospital (SMGH) have a plan to avoid closing the obstetrics department.

The plan involves moving services off the fourth floor into under-used areas of the hospital so the fourth floor can be closed, allowing 10 staff positions to be eliminated. Work to implement the plan is already underway and is expected to be completed by July 1.

Closure of the obstetrics department had been proposed by an external review as a way to eliminate the last roughly half a million dollars of a projected \$2.2 million operating deficit for the current fiscal year. Hospitals are forbidden by Ontario law to run deficits. Closing the fourth floor is expected to save enough money to avoid having to close the obstetrics department.

While the consolidation plan will see the fourth floor closed, it will leave service levels intact, said Dr. Paul Ferner, SMGH chief of staff. "Patient care will not be affected."

Even with the consolidation, there will still be enough beds available to meet the needs of the community, said Mike Mazza, chief executive officer for the Middlesex Hospital Alliance (MHA). "The beds that are being eliminated are not being utilized."

SMGH has not had the problems with overcrowding that have plagued other hospitals in the province, he noted. "We don't have patients in the halls."

"We're not cutting services," said MHA chief operating officer Nancy Maltby-Webster. "We're amalgamating services."

Mr. Mazza credited hospital staff for their initiative and creativity in finding ways to increase efficiency, and for their teamwork in forming the consolidation plan.

"The staff are driving this," he said. "The staff said 'We can do this.'"

While moving departments closer together and eliminating idle beds may seem like a fairly obvious idea now, this latest round of consolidation and increased efficiency wouldn't have been possible without the previous reorganization efforts, said Mr. Mazza. The success of previous efforts made it possible to go further, he said.

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Until recently, the fourth floor had 25 beds, but that number was reduced to 15, then to 12 as part of cost-cutting efforts over the past year. While there may have been some initial concerns with the original round of reductions, the transition went quite smoothly, said Dr. Ferner. "We've been able to manage very well."

The fourth floor at SMGH currently holds the "Continuing Complex Chronic Care" department, where two different types of patients receive care. There are "Low-Level Rehabilitation" patients who are recovering from things like strokes or major surgery, and "Long-Term Stay" patients, many of whom could be in nursing homes or at home with supportive care. Construction of over 600 new nursing home beds in and around London is expected to significantly reduce the number of the latter type of patient in hospitals in the area, said Mr. Mazza.

Under the consolidation plan, 10 of the 12 beds currently in use on the fourth floor will be moved to the second floor.

The second floor currently contains 19 beds, 15 of which are used for post-operative recovery and four of which are for obstetrics. There are also two modern birthing rooms.

The 15 bed post-operative capacity will remain unchanged. The obstetrics beds would be eliminated but adequate obstetrics capacity will be maintained by keeping mothers and babies in the birthing rooms after delivery.

With the decreased activity in obstetrics in recent years, it is rare that there are more than two births in a short period of time, said Mr. Mazza. In the case that there are, the mother and baby would be accommodated elsewhere on the floor.

With the 10 beds from the fourth floor, there will then be 27 beds in use on the second floor, which is three less than the peak of 30 that the floor originally held.

In addition to the movement of beds to the second floor, fourth floor rehabilitative services, like speech therapy, occupational therapy and physiotherapy, will be moved to the first floor. The move is expected to improve the efficiency of those services, said Loretta Bourke, Rehabilitation Manager Co-Chair.

Most of the savings from the consolidation will come through reduced staffing costs. Ten employees at the hospital, mostly nursing staff, have accepted voluntary retirement packages, said Human Resources Director Liz Grimster.

There will be no layoffs, she said, but some other staff members may be affected by the reorganization by including being moved to different areas of the hospital or having a change in their status.

Other savings will come from the consolidation will include reduced costs for equipment and drugs, as well as heat and lighting, said Mrs. Maltby-Webster.

There will be little or no savings in housekeeping, however, because of the need to maintain a high level of hygiene and vigilance against infection, she said.

The changes at SMGH are in keeping with a larger transition in health care that is happening all over the province, said Mrs. Maltby-Webster. Hospitals everywhere have been moving away from in-patient care to out-patient care, she said. Advances in technology in both diagnostics and treatment have led to far shorter hospital stays. Hospitalized recovery times from some types of surgery, for example, have been reduced to hours from days or even weeks.

As one example, in 1980, gall-bladder removal surgery typically involved a hospital stay of 10-14 days. With current surgical techniques and improved technology, gall-bladder patients are usually in and out of the hospital the same day, she said.

Similarly, a province-wide "End of Life" policy is also placing an emphasis on home-care for terminally ill patients, providing support needed to allow them to spend their last days at home rather than in the hospital. This policy is better for the patients and their families, it is also aimed at

reducing the palliative care load on hospitals.

While the consolidation plan is expected to save enough money to avoid closing the obstetrics department, the official decision about obstetrics won't be made until the April meeting of the MHA board of directors.

Article ID# 1534871