



**Save South Muskoka Hospital Committee (SSMHC)
Position Statement #2 -Alternate Level of Care Resources**

The Save South Muskoka Hospital Committee (SSMHC) has struck a Healthcare Advisory Subcommittee (HAS) comprised of individuals with many decades of healthcare experience. This position statement reflects the professional expertise of the physicians, nurses, paramedics, occupational therapists, social workers and hospital administrators who are members of that subcommittee.

Alternate Level of Care (ALC) is a system classification used in Canada to describe patients who occupy a hospital bed but do not require the intensity of services provided in that care setting. (Canadian Institute for Health Information)

ALC patients are most often the elderly. These patients are typically awaiting transfer to a more appropriate care setting such as Long-Term Care, Nursing Home/Convalescent Care, or Rehabilitation. Others are awaiting discharge to their own home once appropriate supports are in place (e.g. homecare). A small number of ALC patients are awaiting transfer to a mental health facility in another community - Orillia, Barrie or Penetanguishene in the case of south Muskoka.

According to data provided by Muskoka Algonquin Healthcare (MAHC):

- ALC patients occupy, on average, 20% to 25% of the existing 67 acute care beds in south Muskoka.
- The south Muskoka site regularly operates at an occupancy rate between 110% and 140%.

This situation is untenable for three significant reasons:

- Hospital resources are regularly stretched beyond capacity.
- Acute care beds are not designed to meet the specialized needs of ALC patients
- Because acute care beds are significantly more expensive to operate than ALC beds, the presence of large numbers of ALC patients in acute care beds results in the unnecessary expenditure of scarce healthcare resource

SSMHC believes that addressing the ALC issue is critically important to the success of any health system redesign – this one included. The presence of adequate community resources (community paramedicine, long-term care and rehab beds, among others) can

ensure that fewer people require hospitalization and that those who do are discharged more quickly to facilities that can better meet their needs.

Given these factors, SSMHC strongly urges the District of Muskoka, The Ministry of Health, the Ministry of Long-term Care, municipalities, partner agencies and other stakeholders to work together to create a patient-focused and cost-effective plan to increase ALC capacity, restorative care and community-based supports in south Muskoka

SSMHC believes that a future South Muskoka Hospital site with a minimum of sixty (60) beds (54 acute care and 6 ICU) and additional ALC capacity in the community, will be able to more adequately meet the growing medical and hospital needs of South Muskoka residents and cottagers in the future. We further believe that this creative and patient focused approach will, in our opinion, produce a more cost-effective solution.

Until such resources are in place, however, we will continue to rely on in-patient beds to address those needs. In addition to the need for the provincial government's long-term commitment to enhanced community services, SSMHC supports The District in taking further progressive steps to find more positive solutions to free up critically needed beds used by many ALC patients.

Note: During a community meeting hosted by MAHC on June 7, 2024, a question was asked by an SSMHC attendee "*why does the proposed plan for an acute care hospital contain the building of ALC beds?*" Cheryl Harrison (CEO) stated they have received assurances from the Ministry that they will fund the ongoing operational costs of the newly built ALC beds. The CEO did not say if the incremental costs of building these ALC beds would also be covered separately by the Ministry as the Capital Plan Budget should not be used for non-acute bed build.

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