



# MEDIA RELEASE

## Minister of Health announces Infrastructure Funding for RMH

**LINDSAY, July 13, 2011** – The Ross Memorial has received funding to complete a much needed infrastructure project in the oldest wing of the hospital. Today, the Honourable Deb Matthews, Minister of Health and Long Term Care, visited RMH to make the funding announcement in person.

The funding, totaling more than \$9.1 million, will enable the Ross Memorial to complete an Infrastructure Renewal Project that includes replacing the air handling units supporting the operating rooms and the central processing department where surgical/medical tools are sterilized and a building system retrofit of the 1960's wing involving heating and ventilation systems, electrical services, plumbing systems and life safety upgrades.

“It might seem a little unexpected to some people that this funding announcement doesn't involve one of the clinical areas of the hospital, but even though it's not a project that will impact our patients directly, it is vitally important to the operation of the hospital,” said Karissa Ward, Vice Chair of the RMH Board of Governors. “We're very appreciative that the Ministry of Health recognizes the importance of infrastructure projects such as ours, and more than that, that it recognizes that the cost of such projects is beyond the means of the hospital to fund without assistance.”

The total cost of the Infrastructure Renewal Project is just under \$10 million. The Ross Memorial's share of the cost is \$900,000.

“This project will extend the useful life of facilities that have served us well for more than 50 years,” said Brian Payne, President and CEO of Ross Memorial Hospital. “It will help to ensure that these facilities function effectively for many years to come. While this \$10 million infrastructure project is clearly a very significant project and investment, it pales in comparison to the costs of completely replacing these areas of the hospital – costs which would be in the range of \$150 million.”

The work will begin immediately with the preparation of tender documents. The anticipated completion date is April 2013.

**During the Minister's visit, the Ross team took the opportunity to offer her a brief tour highlighting seniors' care initiatives such as the GERI program, GERI Acute, the GEM Nurse role and Home First. Details on these initiatives are included in the attached backgrounder.**

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**For more information, please contact**

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# BACKGROUND

## Seniors' Care at RMH

Seniors' care is an important focus at the Ross Memorial Hospital. The following initiatives are helping the Ross team to continually enhance the care we provide these patients, and assist them to return home safely.

### **GEM Nurse – Geriatric Emergency Management**

RMH has had a GEM nurse since October 2007. The GEM nurse's goal is to provide safe discharge for seniors out of the ER and back home with community supports and referrals. 25% of the patients who visit the ER are over the age of 75; their health needs are complex. The GEM nurse provides specialized care for those patients.

### **GERI Unit – Geriatric Engagement and Reintegration Unit**

In May 2010, RMH's Continuing Care program established the GERI Unit with a model of care which is abilities focused, encouraging activation, mobilization and socialization. Patients on this unit are over 65, medically stable and signed for long term care. The goal on the GERI Unit is to maintain or enhance patients' function and lead to a successful transition to a long term care facility.

### **GERI Acute Team**

This new program is designed to prevent functional decline in hospitalized elderly patients who are in acute care beds. The GERI Acute team consists of a Physiotherapist, two Rehabilitation Assistants and a Registered Nurse who work closely with the inpatient interprofessional unit staff to prevent complications in patients over 75 years of age, focusing on 4 key factors that increase the risk of harm from hospitalization: delirium, immobility, falls and skin breakdown. The team works to strengthen patients' physical and cognitive function, thereby improving their potential to return home.

### **Home First**

Home First is a philosophy that promotes safe and timely care, services and supports to meet the health care needs of patients and families in the most appropriate setting. The Home First philosophy helps patients transition from the hospital back home (or where they were living prior to being hospitalized) and with the services they need to safely continue their recovery. By working with patients and their families, the Central East Community Care Access Centre (CECCAC) and Community Care City of Kawartha Lakes can help them stay in their own homes or, if necessary, help them move to a more appropriate place for their care.

Together, these initiatives are enhancing seniors' care and helping to reduce the number of ALC patients at RMH. ALC stands for Alternate Level of Care, and it refers to patients who no longer require acute care at the hospital, but who are waiting for a space to open up in a long term care facility. Around the province, the growing number of ALC patients is a challenge for hospitals, where bed space is always limited, and back-ups mean longer wait times in almost every department.