

**TAB 3**



**CITY OF PORT COLBORNE  
TOWNSHIP OF WAINFLEET  
HEALTHCARE SERVICES COMMITTEE**

**REPORT FROM THE  
SENIORS/DISABLED  
SUBCOMMITTEE**

PORT COLBORNE & WAINFLEET SENIORS/DISABLED SUB-COMMITTEE 'S RESPONSE  
TO THE NIAGARA HEALTH SYSTEM HOSPITAL IMPROVEMENT PLAN (HIP)

SEPTEMBER 2008

Committee Members: Jack O'Neil (Chairman), Linda Vincent, Liz Seger, Beryl Smallbone, Robin Smallbone, Barb Mynlieff, Mayor Vance Badawey.

Seniors groups contacted for input: Portal Village Seniors, Friends over 55, Royal Canadian Legion Branch 56, Golden Age Club, Northern Pointe Long Term Care Facility, Niagara Centre for Independent Living

The committee met formally three times, the second meeting was a "Town Hall Meeting", open to all Port Colborne and Wainfleet seniors and/or disabled. The "Town Hall Meeting" had an attendance of over 100. Minutes from the meetings are attached to this report.

***\*Over the course of a year, nearly 90% of seniors consult a general practitioner or family doctor, 14% are hospitalized, and 15% receive home care. As well, 92% of seniors report taking at least one type of medication in the past month. Michelle Rotermann, Senior's Health Care Use, Statistics Canada***

This sub-committee analyzed the concerns related to the impact on our ever growing senior demographic in the City of Port Colborne and the Township of Wainfleet, including the impacts of removal of 24/7 ED and centralized services. Decentralizing services to the local level, and providing 24/7 ED within their community, is essential for healthy aging of our senior population.

#### Demographics

According to the 2006 Canada Census, 34.1% of Port Colborne's population were age 55 plus. While 28.1% of Wainfleet's population were age 55 plus. Port Colborne has the oldest population of municipalities in Niagara, and the fourth oldest population in Canada. One in seven Ontarians are disabled.

Our senior population will only increase, as many Baby Boomers who moved away, are returning and retiring to, Port Colborne, Wainfleet, Ridgeway and Sherkston in their senior years. Their return could be attributed to quiet, safe small town lifestyle that community provides. Many return to care for ill parents, siblings, or spouse, or they have become disabled themselves. We need to maintain and in the near future expand our current hospital and ED, to make provisions to care for this ever increasing aging demographic.

### Transportation/Parking

This sub-committee is adamantly against any modifications being made to the hours of the emergency department (must be 24/7). There is no regular public transit for many seniors/disabled throughout our municipality to get to our hospital, or any other hospital, at any time day or night for either their health care needs or visits of family and friends. There is no evidence that the region, the city or anybody is putting in place a transportation system that would provide access to an emergency department, if the PCGH is closed.

NHS did not take into consideration the unique weather conditions which can befall Port Colborne and Wainfleet in winter and summer, which may indeed prevent drivers and patients from reaching Welland, Niagara Falls or St. Catharine hospitals in due time. Railway crossings and bridges over canal could prevent a patient from getting to hospital on time.

Costs to travel to other specialist centres are prohibitive for many seniors on pensions or disabled on ODSP. Volunteer agencies who provide transportation are struggling to maintain their volunteer services due to aging volunteers and prohibitive costs of gasoline.

There is currently free parking at the PCGH, the cost of parking at the other hospitals is ever increasing and getting more and more expensive for those on fixed incomes. Larger hospitals typically have long distances from parking lots to the actual hospitals, creating walking issues for both seniors and disabled.

### Physicians & Nursing

The City currently has a shortage of doctors and specialists. If more changes are made we will certainly not have the leverage to attract new doctors. What physicians will come without a hospital or a functioning ED?

Not all physicians have privileges at all NHS hospitals. Local GP's would have to hand over patients due to lack of privileges creating unfamiliarity, and lack of coordination of information about patients, further jeopardizing patient health care and recovery.

Why is the NHS not currently recruiting nurses, and techs, for PCGH. Is closure a fait accompli?

### Funding and Financial Support

Seniors in our community remember well that community dollars built our hospital. PCGH was built with public money and always ran in the black. When amalgamated in 2000, departments and equipment disappeared. Where has the equipment gone? As it was paid for by the Port Colborne Community Foundation with our donations, is there an accounting of this missing equipment?