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CF H Svcs C (A) Surgical Services closes doors after 29 years

By Sarah Kester,
Base Public Affairs

It was a bittersweet ending for both past and present staff of the CF H Svcs C (A) Surgical Services unit, who gathered together for a closing ceremony on Friday, March 28 to reflect on the unit's past 29 years of providing health-care services.

The closure, which officially took effect on April 1, comes as a way to ensure that the unit is in adherence to the CAF clinical model that focuses on providing a family-based clinic environment. Both the ward and operating rooms, where approximately 400 surgeries were performed each year, will be shut down. These areas will be used by other departments within the hospital, such as the physiotherapy and mental health department.

Base Commander, Capt(N) Angus Topshee attended the ceremony to offer his condolences and express appreciation to

the unit on behalf of MARLANT. "It's a difficult moment, a transition like this and I think that it is both an occasion to celebrate the tremendous accomplishments of this unit over the past 29 years, and it's also a moment to reflect back on three decades of incredible change and transformation for the Canadian Forces health-care services."

While fighting back tears, LCol Sheila Ouellet, Commanding Officer of the CF Health Services Centre (A), who was presented with a plaque in recognition of the dedicated and excellence service of surgical services, expressed her thoughts on the closure. "I think that it is a very sad day for the staff because we're losing two things: camaraderie and the cohesion that you have among a team that works together all of the time."

In order to adhere to the CAF clinical model, the unit's military specialists will continue their work by providing support to



LCol Berger gives Capt(N) Topshee a tour of the surgical services operating room during the closing ceremony on Friday, March 28.

SARAH KESTER, BASE PUBLIC AFFAIRS

civilian healthcare organizations. The nursing staff will also work within the community by taking part of Capital Health's Maintenance and Clinical Readiness Program before being posted to the High Readiness Detachment. Former patients requiring surgical care will be transferred to civilian hospitals.

While the closure of surgical services may be a difficult transition, the staff can feel proud of the legacy that they're leaving behind. "We have provided such outstanding care and have received countless letters of appreciation," says LCol Ouellet. "I think it's a sad day because it's the end of an era."