



Speaking Remarks

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to

The ALC Challenge: Making the Most of a Difficult Situation Conference

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255 Front St. W.

Good morning. Thank you for coming to this extremely important and timely conference.

I know that with the burden of our health system's ALC challenge, it is difficult for you to get days away from your workplaces, so I especially appreciate your attendance today.

The subject of today's conference – the growing ALC problem – needs discussion and opportunities for professionals like you to get together and share your innovative strategies and solutions with one another.

About six to nine months ago, I was hearing debates about the root cause of the ALC problem and questions about data-gathering and the reliability of information when it came to the ALC issue.

But now, I think, there is consensus that the issue really exists.

ALC challenges continue to grow; they are significant, and will be here for a long while.

In fact, the growing number of ALC patients in hospital beds has been trying for both patients and professionals alike.

Patients are being transferred out of their local areas or are waiting on stretchers in hospital corridors due to unavailable rooms.

Some hospitals have had backups in their Emergency Departments, making it difficult for ambulances to offload patients.

Other hospitals have reported concerns that the backlogs caused by ALC patients could impact their ability to deliver on the government's Wait Times Strategy.

To get an up-to-date provincial picture on what's going on with the ALC challenges, the OHA has been conducting monthly ALC surveys with Ontario hospitals.

The surveys allow us to get an accurate look at the severity of the problem, analyze trends and inform the development of useful solutions.

We share the results with the Ministry of Health and Long-Term Care, as well as our other health care partners, to help keep everyone informed of the issues and their effects.

From the last survey that was conducted, we know there are over 2,900 patients currently waiting for an alternate level of care on a daily basis.

This represents 19% of acute beds that are staffed and in operation.

More than half of these patients are waiting for long-term care beds.

There are a few areas, such as the North, Niagara, Kingston, and Ottawa, that showed signs of an ALC problem years ago, but now it is a province-wide issue that each LHIN area is experiencing.

We believe the ALC problem is the symptom of a larger capacity issue across the continuum of care.

Ontario's population is growing and aging very quickly. This means that the pressures on our health system are also increasing significantly and at a steady pace.

The 75,000 long-term care beds in the province have seen their occupancy rates go from 95.6%, two and a half years ago, to a current 98.4% occupancy.

These occupancy rates are not just the mark of a busy season, or an isolated issue. Long-term care homes are full.

In response to the problem, Ontario's hospitals, CCACs, long-term care homes, community agencies, municipalities, and other community-based organizations have done tremendous work in finding innovative solutions to help cope with the ALC problems.

Community partners have been innovative out of necessity, and have found ways to work within our traditional structures and programs to provide the best possible care and support to patients and their families during some very trying times.

Leaders from across the sector have been working diligently to find both innovative solutions to the ALC issues.

Because the problem is so big, we know that there are no easy fixes and no simple solutions.

The issue is system-wide and requires the system-wide attention we've all been providing.

Last February, the Ministry of Health and Long-Term Care invested \$13.7 million to help build community capacity to deliver care for patients in 18 high-need communities across the province.

The funding announcement was a good start and certainly demonstrated an understanding on the part of decision-makers that the ALC issue is a critical one.

In addition to the Ministry's funding support, the OHA has developed a two-pronged approach for addressing the ALC issue intended to initiate both short-term and long-term solutions.

Our short-term plan involves providing key decision-makers with real-time information and data about the realities of the ALC situation.

As well, we are organizing days like today to support the health care system with opportunities to disseminate best practices, to share successes and lessons learned, and to network and discuss ways that we can do better with existing resources.

Our longer-term plan involves supporting the development of the government's "Aging In Place Strategy," while also providing additional, results-oriented recommendations to the government on ways to positively enhance our health system.

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Truly, the government's "Aging In Place Strategy" is the pivotal long-term solution, and it is vital to easing the problem over time.

By investing in less expensive, less capital-based programs, like home care or supportive housing, health care organizations will be able to provide the best – and most appropriate – care possible to their communities.

The OHA will also continue to call for additional investments to be made in long-term care, home care, mental health, complex continuing care and rehabilitation, and supportive housing sectors beyond what is currently planned.

We need to continually see changes in our health system, if we are going to successfully address the ALC problems.

At the OHA, we, of course, believe that enhancing existing capacity to ensure the availability of long-term care beds and community-based services and supports will help.

We are also encouraging the government to designate, where necessary, a 1A ALC designation and immediate first-available bed policy for patients awaiting placement to long-term care.

As I have mentioned, expanding capacity for specialized care will ensure patients can be transitioned safely and that the need for inpatient care is reduced.

Targeted funding and additional health human resources are needed to ensure hospitals and their community partners can continue providing the best quality of care possible while operating efficiently and effectively.

If the issue is not systematically addressed, the inability to transition ALC patients to appropriate levels of care will only intensify and will further compromise access to hospital and emergency care for Ontarians.

Thankfully, through active collaboration, like the examples we will learn about today, we are building strategies to improve patient flow, allow hospitals to continue caring for patients, and actively work towards new solutions.

Today's conference will allow us to reflect on the realities of the ALC issue across the province and will also give all of you an opportunity to share your community's innovations with one another.

I hope that you benefit from today's opportunity to connect with one another and work towards new solutions.

I assure you, the OHA will continue to monitor the situation, propose solutions and recommend policy-change and additional investments to help mitigate our province's serious ALC issues.

Thank you.