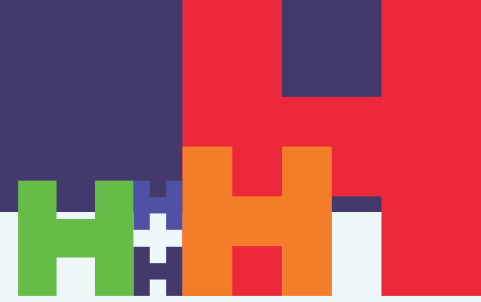


Ending Hallway Medicine



In recent years, Ontario's health care system has been under intense pressure to provide the appropriate range and volume of services to meet the needs of a growing and aging population. Current demographics, extraordinary fiscal restraint, and a lack of capacity planning have combined to create an environment where many people have difficulty accessing the health care services they need in a timely manner.

This is most evident in the hospital sector. Emergency department (ED) volume is a key barometer of health system performance, and growing wait times, high occupancy rates, and the current practice of "hallway medicine" are warning signs of a system under significant stress.

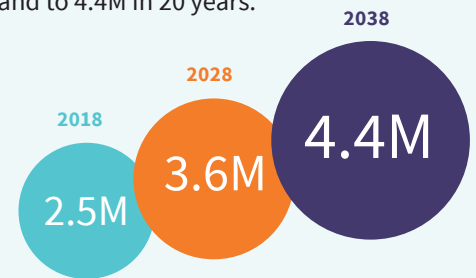
The government's recent action – including establishing the Premier's Council on Improving Healthcare and Ending Hallway Medicine, investments in long-term care, and surge funding – are critical first steps.

A Growing and Aging Population

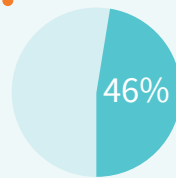
In only **10** years, Ontario's total population will grow by an additional **1.9M** people.



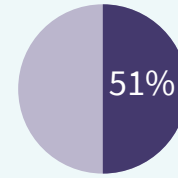
The number of seniors aged **65+** will grow from 2.5M today to 3.6M in 2028 and to 4.4M in 20 years.



In 2016, this age group accounted for:



of all health sector expenditures

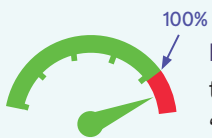


of all hospital expenditures

Hallway Medicine

is both a problem and a symptom of a system that is not the right size or configuration for the needs of the population.

Signs of a System Under Stress



Bed capacity has been exceedingly tight, with some patients located in "unconventional" spaces. Many hospitals regularly operate at over 100% capacity.



Many ED patients wait a long time to be admitted. In January 2017, 10% of patients waited more than 39 hours to be admitted; by January 2018, the wait grew to 41 hours.

What is ALC?

In October 2018, there were over 4,635 patients designated Alternate Level of Care (ALC). These patients wait in hospital for access to a different level of service or care better suited to their needs, such as home care, long-term care, community care, and supportive housing.

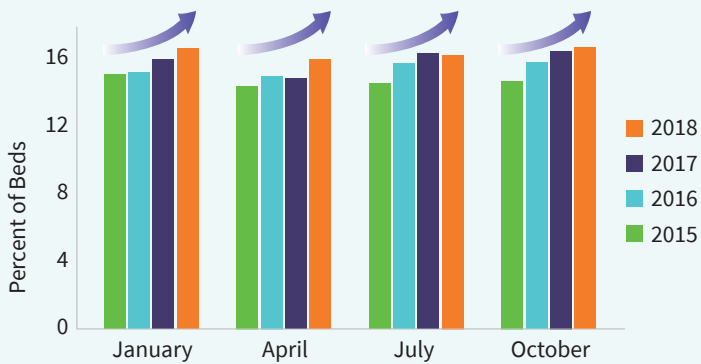
About **16%** of the people in hospital beds don't need hospital care.




There are **high and increasing numbers of ALC patients** who are experiencing progressively longer hospital stays, especially those who require specialized needs and supports. Demand is greatest for spaces in long-term care, home care, and assisted/supervised living, as well as for frail and elderly patients with cognitive, behavioural and mental health challenges, and with other complex, physical conditions. More ALC patients are staying longer. Waits can range from 1 month to almost 5 years.

Signs of a System Under Stress

Percent of Acute Beds Occupied By ALC Patients



 The winter 2018 **flu season**, a period when hospitals see a spike in patient volumes, resulted in the re-opening of hospital sites and new beds to accommodate surges in bed demand and high and increasing numbers of ALC patients. Experts agree that although this was necessary to avoid a care crisis affecting EDs and ambulances, it is a costly solution and more should be done to develop community-based care options.

Financial bottom-line

It costs more to keep ALC patients in hospital beds.

Average Daily Cost

Hospital
\$500
(ALC patients)

Long-Term
Care
\$150

A Vision for Ending Hallway Medicine



Hospitals agree that in the long-term, many of the solutions to ending hallway medicine lie outside of hospital walls. However, it will take time to transform the health system so that sufficient capacity exists outside of hospitals. Meanwhile, it's crucial that Ontarians continue to have access to hospital care as a safety net they can always count on.



Recommendations

Create an Integrated and Sustainable Health System

- 1** Create a **provincial health care capacity plan**, based on evidence and need, to ensure that the system includes an appropriate supply of housing supports and the right mix of health professionals required to support system change.
- 2** **Expand innovative and effective models of care** linking hospital and home, community and mental health services and supports, including bundled care, rural health hubs and virtual care.
- 3** **Facilitate direct hospital collaboration with home and community care.** Hospitals would like to use their funding, where appropriate, to work directly with their home and community care providers to find more cost-effective ways to care for great numbers of patients outside of hospital, particularly during flu season.
- 4** Direct a portion of government funding committed to mental health to **enhancing behavioural support capacity in long-term care and community settings**, to increase the capacity to provide care for patients with dementia and behavioural challenges. This funding should be directly tied to transitioning ALC patients out of hospital and into more appropriate care. The government should also invest in **high-support housing**.

The Ontario Hospital Association recommends a balanced path to ending hallway medicine focused on stabilizing and maintaining access to hospital care while making strategic policy changes to allow hospitals to innovate, reduce costs, and smoothly transition patients to more appropriate care settings.