

Policy Solutions to End Hallway Medicine

Ontario's health care system is under enormous pressure



Ontario's population is rapidly growing and aging, and these population changes are already having an enormous impact on the health care system. Occupancy and wait times are increasing and patients receive care in hallways and spaces that aren't meant for providing care. As in previous years, this number is expected to spike during winter flu season.

Signs of a System Under Stress



High ALC Rate: In October 2018, there were over 4,635 patients designated alternate level of care (ALC) occupying 16% of hospital beds, or almost one in six hospital beds. They are waiting for a more appropriate level of care, such as home care or long-term care.



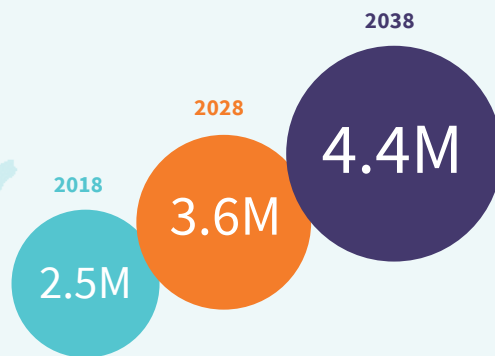
Lack of Capacity: Many hospitals regularly operate at over 100% capacity. Capacity is so tight that hospitals no longer have any extra space left to accommodate an unexpected surge of patients, especially during flu season.

Demographic Pressures: The number of seniors aged 65 and older will grow rapidly over the next 20 years. Nearly three-quarters of seniors have at least one health condition, and as they age, many develop complex needs that require specialized care.

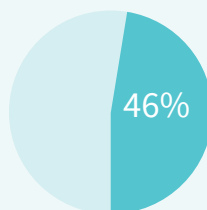
In only **10** years, Ontario's total population will grow by an additional **1.9M** people.



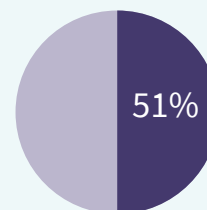
The number of seniors aged **65+** will grow from 2.5M today to 3.6M in 2028 and to 4.4M in 20 years.



In 2016, this age group accounted for:



of all health sector expenditures



of all hospital expenditures

Solutions to End Hallway Medicine

Ontario's hospitals are well-positioned to help accelerate change to build tomorrow's health care system – one that's sustainable and patient-centred. We see a number of opportunities to move forward together.



Ontario's hospitals

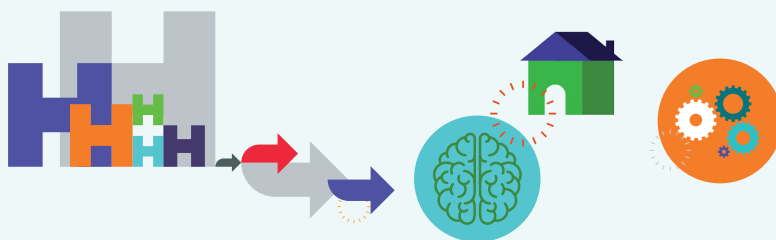
are ready to work with the new government and system partners to streamline processes, remove unnecessary barriers and get the capacity balance right between the hospital and community sectors.

1 Strengthening Formal Linkages 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 greater numbers of patients outside of hospital, particularly during flu season.

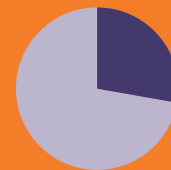


2 **Enhancing Behavioural Support Capacity:** Direct a portion of government funding committed to mental health at enhancing behavioural support capacity in long-term care and community settings, to increase the capacity to provide care for patients with dementia and behavioural challenges. This funding 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.

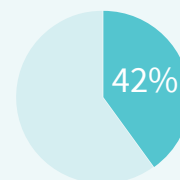


There are currently **404** individuals waiting in mental health hospital beds.

28% of these patients have been waiting in hospital for more than a year due to having specialized needs and barriers to discharge. Many of them are waiting for supervised or assisted living or long-term care.



3 **Government Investments in LTC:** As of October 2018, 42% of ALC patients are waiting for long-term care (LTC). Expanded capacity in LTC recently announced by government will help improve patient flow and enhance access to care across the continuum.



42% of ALC patients are waiting for long-term care