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BOOSTING LONG-TERM CARE TO IMPROVE HOSPITAL ACCESS IN ALBERTA

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Hospital overcapacity is a persistent issue across Canada.[1] In Alberta, as elsewhere, one contributing factor is patients who no longer need inpatient care continuing to occupy hospital beds.

These patients remain in hospital while waiting for more appropriate services. Improving access to long-term care services for the elderly, who represent a majority of these "bed-blockers," would therefore help improve access to hospital care for Albertans.

A HIGH PROPORTION OF "ALTERNATE LEVEL OF CARE" PATIENTS

Patients who occupy beds while not requiring the level of care and the amount of resources normally associated with them are called "alternate level of care" (ALC) patients.[2] While the proportion of hospital beds occupied by such patients varies somewhat over time, it is a consistent problem.[3] Figure 1 shows the variation in the average percentage of time hospital beds were occupied by alternate level of care patients across seven cities in Alberta over five years.

Although this percentage decreased over the period, hospital beds are still being used a significant proportion of the time by patients who do not require such an acute level of care.

On a daily basis across the entire province of Alberta, there were on average approximately 1,500 acute care bed-blockers in early 2024 (or 18%).[4] This is equivalent to permanently dedicating the entirety of the Foothills Medical Centre, one of Canada's largest hospitals with 1,093 beds, in addition to another large hospital with 400 beds, just to dealing with Alberta's alternate level

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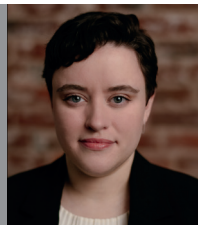


of care patients.[5] All of those beds could instead be used to treat patients in need of actual hospital care.

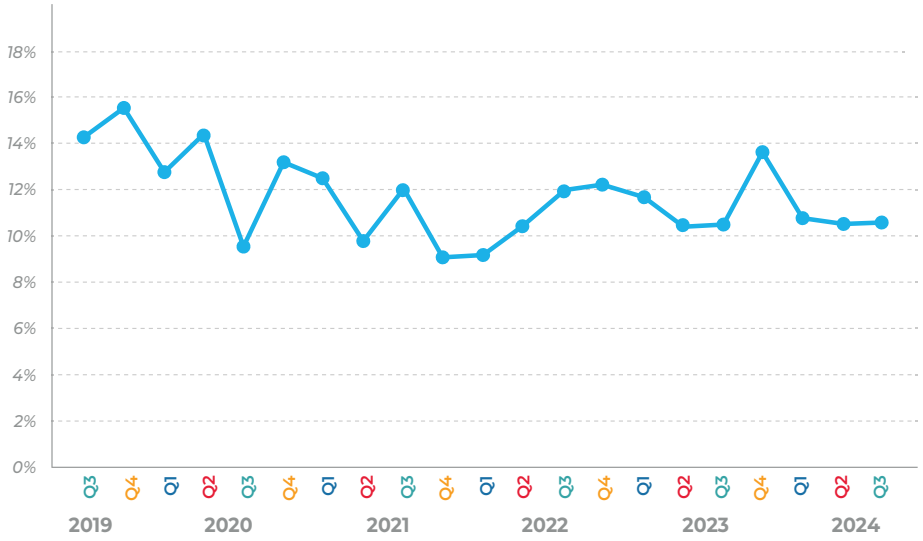
THE CASCADING IMPACT OF BED-BLOCKING

Having a high proportion of hospital beds occupied by alternate level of care patients significantly impacts the rest of the healthcare system, in particular by increasing hospital occupancy rates.

Data shows that hospitals in Alberta are often close to full capacity, and even beyond. Occupancy rates in the University of Alberta Hospital, for instance, have not been under 100% since October 2021.[6]

Figure 1

Average portion of time hospital beds were occupied by ALC patients, 7 Alberta cities



Note: These are unweighted averages of quarterly figures for the seven medium and large population centres in Alberta that have full hospitals: Calgary, Edmonton, Fort McMurray, Grande Prairie, Lethbridge, Medicine Hat, and Red Deer. Weighting by number of hospital beds in each urban centre would give Calgary and Edmonton more weight, which would produce a similar curve, with somewhat higher percentages for most quarters in the period studied. Edmonton results exclude ALC day data from the University of Alberta Hospital.
Source: Author's calculations. Health Quality Council of Alberta, Healthcare Areas, Emergency Department, Delivery of care, Hospital patients who require an alternate level of care, consulted on January 7, 2025.

When beds in inpatient departments are occupied by patients who do not need them, it prevents emergency room patients who no longer require emergency care, but still need to be hospitalized, from being admitted to the appropriate departments.[7] This leads to what is often referred to as "hallway medicine," with stretchers in hallways or even closets, and increasing numbers of patients squeezed into the same room.[8] Hallway medicine can interfere with patients receiving the specialized care they should normally receive.[9]

The inability to admit ER patients to the appropriate departments due to the lack of beds in turn impacts people waiting for care in emergency rooms.[10] When ERs are already at overcapacity, dealing with patients who should have been transferred to other departments further slows down the process of providing treatment to new patients. Indeed, a single patient ready for transfer but still occupying an emergency room bed will, on average, prevent four patients per hour from accessing care in that emergency department.[11]

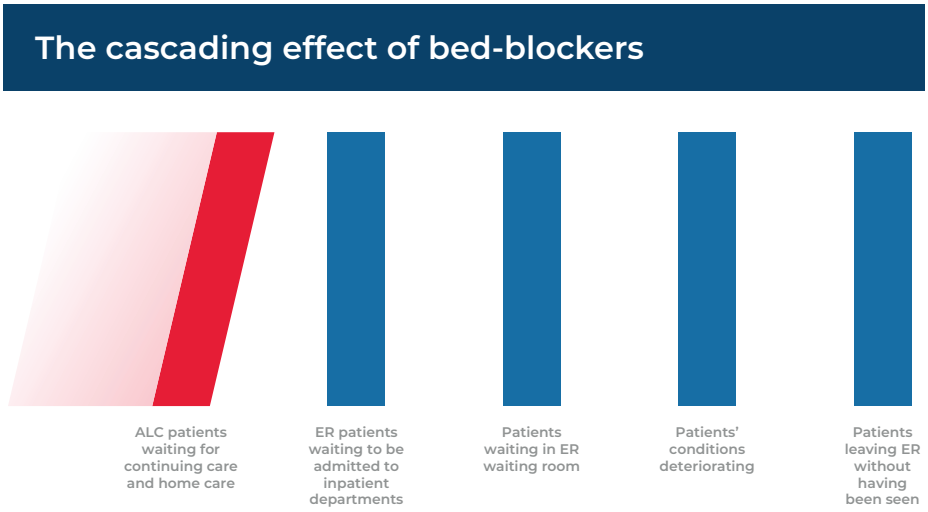
Hospital beds are being used a significant proportion of the time by patients who do not require such an acute level of care.

This, in turn, can negatively impact patients' prognoses, as serious conditions can have a detrimental effect on their health if not diagnosed or treated in time.[12] Long waits can also lead patients to leave the emergency room before receiving treatment, further increasing the risks that their medical condition will deteriorate.[13]

This type of situation also has a negative impact on hospital personnel, who are

overburdened and burning out due in part to the stresses of overcrowding. This leads to increased staff departures and worsening staffing shortages, creating a vicious cycle for those who remain.[14] Nursing staff, for example, work under strenuous conditions that leave many of them feeling some level of burnout.[15] This can also lead to a decrease in the quality of care provided, a further negative for patients.

Figure 2



WASTED HEALTHCARE RESOURCES

In addition to effects on both patients and healthcare professionals, this phenomenon also affects the allocation of hospital resources in general. Different departments use specific equipment and trained staff to deliver specialized care. Having patients in the wrong departments—a stabilized heart attack patient waiting in ER for a bed in cardiology, or an elderly patient waiting for a room in a retirement home before being discharged—is a misallocation of resources, meaning that the use made of medical equipment and highly-specialized health professionals is suboptimal.[16]

A single patient ready for transfer but still occupying an emergency room bed will, on average, prevent four patients per hour from accessing care.

There have been, for instance, numerous cases of elective surgeries either delayed or cancelled due to emergency rooms being beyond full capacity. Resources and staff are thus redirected from their normal departments to manage the influx of patients into ERs.[17] While such an approach might be necessary in a time of crisis, having hospitals regularly operating beyond full capacity increases the likelihood of such measures, thereby increasing surgery wait lists which are already far too long.[18] Patients must often wait many weeks and months for elective surgeries, with some being on waiting lists for over a year.[19]

Moreover, such a misallocation of hospital resources is costly for Alberta's healthcare system. A 2024 study estimated the cost of a single alternate level of care patient to be between $730 and $1,200 a day. In comparison, long-term care was estimated to cost between $225 and $253 a day.[20] Costs can be even lower if patients simply need some basic support at home, which can often be provided by informal caregivers and less specialized non-medical staff. It is difficult to properly quantify these costs, however, as there are very large variations in the types and levels of home care services required by different patients.[21]

IMPROVING CONTINUING AND IN-HOME CARE FOR THE ELDERLY

Over the past five years, almost 23,800 patients stayed longer than medically required in Alberta hospitals while waiting for continuing care beds, representing an

average of 4,760 patients annually.[22] In Canada, recent data shows that one in ten hospitalized patients waiting for home care see their hospital stays being extended.[23] (This works out to the equivalent of 3,135 Albertans in 2023-2024.[24]) Fully half of such patients blocked beds for an extra 13 days or more while waiting in the hospital.[25]

The majority of alternate level of care patients are elderly.[26] One study found that the rates of alternate level of care are significantly higher for patients over 80 years old, and higher still for patients aged 86 and older.[27] Some of these patients are temporarily in need of continuing care in rehabilitation centres. Others need long-term care homes, which are equipped to treat patients requiring specialized medical care, or assisted living facilities, which aim to provide a more home-like environment for those with less complex medical needs.[28] The latter are generally privately owned, whether for-profit or non-for-profit.

Solving the lack of access to long-term care services is crucial to improving Albertans' timely access to hospital services.

While efforts to create new spaces in such facilities have been made in recent years, they remain insufficient.[29] Albertan authorities need to make sure that all obstacles to the creation of new spaces, including by the private sector, are removed, so that progress can be accelerated.

Another even less expensive avenue would be to improve access to home care services. This can mean, for example, requiring the help of medical professionals to provide insulin injections, or needing support when it comes to daily tasks such as bathing, cooking, or cleaning.[30]

Models like cash-for-care, common across Europe, usually involve monthly monetary transfers to patients in need of long-term care, allowing them to choose how to spend that budget, either purchasing the services of a professional or compensating informal caregivers.[31]

CONCLUSION

Struggles in the transitional process of ensuring that patients quickly get access to care after being discharged from the hospital highlight the problems of coordination in Alberta's healthcare system. Smoothing these transitions to both continuing care facilities and home care services would have widespread benefits.

Solving the lack of access to long-term care services, most notably for the elderly, is crucial to improving Albertans' timely access to hospital services. Ensuring that patients needing alternate levels of care are able to access it more quickly would free up hospital beds, reducing hospital occupancy rates and overcrowding, both in inpatient departments and in the emergency room. It would also allow a more efficient use of human, material, and financial resources, helping patients receive better, faster care and improving working conditions for hospital personnel.

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