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# Care home bed shortage key contributor to ER overcrowding, other health-care system woes

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[A grey area: The challenges of long-term care in Manitoba](#)

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## OPINION

### Hey there, time traveller!

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A shortage of personal care home beds not only causes long wait times for seniors seeking appropriate places to live, it also contributes to hospital overcrowding and emergency-room congestion.

Like the rest of Canada, Manitoba's \$8.2-billion publicly funded health-care system is highly interdependent. Breakdowns or shortages in one area of the system usually have an impact on other parts of health-care delivery.

Delays in accessing diagnostic testing, for example, drive up wait times for surgical procedures because the latter often can't proceed before a detailed diagnosis is made.

A shortage of primary care — such as access to a family doctor — leads to more patients with acute

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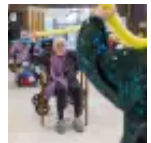
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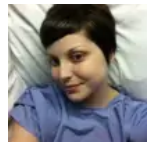
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illnesses showing up at hospital emergency departments. Poorly organized immunization programs with weak communications strategies lead to more acute illnesses in hospitals. The list goes on.

The chronic shortage of personal care home beds in the province is no exception. Hospitals are regularly filled with “panelled” patients waiting to get into a long-term facility. They are often too sick or too weak to look after themselves at home, but not sick enough to be cared for in an acute-care setting.

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So they wait, sometimes for weeks or longer, in hospital for placement in a personal care home, taking up scarce medical beds that should be used for incoming patients. That causes long wait times for admitted ER patients who need beds on medical wards.

The Canadian Association of Emergency Physicians, in a recent report titled *EM:Power: The Future of Emergency Care*, called it a domino effect.

“Delays to long-term care mean patients who should be in the community block hospital beds,” the report said. “Blocked hospital beds lead to blocked (emergency department) stretchers, compromising emergency care.”

It’s not a new problem. It’s been going on for decades. Governments are loath to spend the money required to build or expand personal care homes. For whatever reason, it’s not high on their priority lists.

Building and expanding personal care homes is expensive and is often one of the first things to get cancelled or delayed during the budgeting process.

The former Progressive Conservative government in Manitoba promised voters during the 2016 provincial election it would create 1,200 new personal care home spaces across the province. It came nowhere near meeting that target. In fact, the number of care home beds in the system declined while the Tories were in office.

That has had a severe impact on hospital overcrowding, which trickles down to emergency rooms and urgent-care centres.

The domino effect sometimes goes even further, the CAEP report found.

“Ambulance crews unable to offload patients at congested (emergency departments) cannot respond to emergencies in the community,” the report said. “At every level, access block compromises upstream programs, patient outcomes, system efficiency and costs.”

Like most aspects of health care, there is no quick fix to the problem. It takes years of planning and budgeting to expand personal care home capacity. Governments typically borrow the money to fund the projects and amortize the costs over time. But they also have to find the operating funds to subsidize new beds.

Personal care homes don't get the same level of attention from governments as more pressing issues in health care, such as

shortages of front-line staff or long wait times for surgical and diagnostic procedures. Part of the reason could be because governments don't prioritize the needs of seniors, generally. That is evident in the overall lack of monitoring and supervision of long-term care facilities.

That neglect not only affects seniors in care directly, it has a severe impact on hospital operations as health-care officials scramble to find ways to free up beds for incoming patients.

Adding more staffed hospital beds to the system would help. But it's also about improving patient flow through hospitals and reducing what ER physicians refer to as "access block" to medical beds.

Warehousing patients in hospitals for weeks on end as they await placement into personal care homes contributes to access block.

Meanwhile, the NDP government earlier this year announced 68 new transitional beds for panelled patients and others waiting in hospital for alternative measures,

including home care.

Construction on a new 95-bed personal care home in Lac du Bonnet has also begun.

Those measures will help take pressure off hospitals, but the system requires far more capacity than that to get long-term patients into nursing homes sooner.

Governments have to properly assess the demand for personal care home space and plan accordingly for the future. They also have to execute the capital spending plans around those proposed expansions and stick to them, not continually delay or cancel them as previous governments have done.

Those delays and cancellations have had a profound effect not only on seniors who need suitable living spaces, but also on the entire health-care system.

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**Tom Brodbeck**



Columnist  

Tom Brodbeck is a columnist with the *Free Press* and has over 30 years experience in print media. He joined the *Free Press* in 2019. Born and raised in Montreal, Tom graduated from the University of Manitoba in 1993 with a Bachelor of Arts degree in economics and commerce. [Read more about Tom.](#)

Tom provides commentary and analysis on political and related issues at the municipal, provincial and federal level. His columns are built on research and coverage of local events. The *Free Press's* editing team reviews Tom's columns before they are posted online or published in print – part of the *Free Press's*



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