



## **RESCON: Seniors housing can help cure hallway medicine**

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Many hospitals simply don't have the facilities to accommodate elderly patients with the respect they deserve – and that's partly because not enough transitional housing near hospitals has been built.

Imagine you have visited your elderly mother at a hospital, and you see a lineup of patients in the hallway waiting to see a doctor. Why? They have nowhere to go.

Maybe you don't have to imagine. Maybe this has been your reality recently. Maybe you've swapped stories with other patients' family members as they wait alongside you for their elderly loved one to receive treatment.

The logjam of elderly patients doesn't end there. Many hospitals simply don't have the facilities to accommodate them with the respect they deserve – and that's partly because not enough transitional housing near hospitals has been built.

Michael Fenn, the founding CEO of the Mississauga Halton Local Health Integration Network, was asked by the Residential and Civil Construction Alliance of Ontario to identify solutions to hallway medicine. In response, he wrote the report “R, to Cure Hallway Medicine: Building Targeted Housing for Ontario's Seniors.”

The discussions that led to this report were driven by builder/developer Phil Rubinoff, who recognized that more temporary housing is required for outpatients and others, while some patients needed different solutions while undergoing care.

That means being more flexible about the choices made to care for the larger number of patients: building more hospitals, long-term care homes, palliative care wards in hospitals, and similar infrastructure for a whole generation of baby boomers will be too much for taxpayers to bear.

“We must embrace the principle of the right treatment, by the right provider, in the right place, at the right time, for the lowest cost to the taxpayer,” Fenn says.

We all need hospitals for complex care, surgery, medical research and education. But these facilities should not be the primary providers of healthcare services for patients dealing with chronic disease, minor or recurrent medical episodes, or recuperating from hospital-based medical or surgical procedures.

The key to handling this issue, Fenn suggests, may be building housing that simultaneously reduces the volume of patients seeking admission to hospitals and provides accommodation better suited to the needs of patients ready to leave hospitals.

In his report, “R to Cure Hallway Medicine: Building Targeted Housing for Ontario's Seniors,” Fenn came up with four recommendations to handle the “grey tsunami” gradually coming into force in Ontario:

1. Ontario's public investment focus should be on building seniors' accommodation to avoid hospital admissions and to reduce the length of hospital stays.
2. Wherever practical and medically sound, chronic disease should be treated in the home and in the community, rather than in hospitals.
3. Ontario must work with municipalities to free up suitable land assets for seniors' housing and adjust land-use planning objectives to produce a range of seniors' housing.
4. Use tax and pension policies to generate more seniors' housing.

If there is something industry can do to keep seniors out of hallways and create long-term solutions, this is an important discussion for everyone, including government. It was encouraging to see Health Minister Christine Elliott recently announce she will improve the staffing model to ensure that there are more registered nurses in long-term care homes, and introduce “reactivation care centres” to free up hospital beds. It's a great step.

So, how do we cure hallway medicine? Collaboration between government, industry and the public through dialogue, planning and being mindful about building the right housing for the future.

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