Ontario Health Coalition
Fact sheet & myth buster on "bed blockers"

March 12, 2025

Public hospitals are not just "acute care facilities". Hospitals provide acute care, chronic care (complex continuing care), palliative care, mental health care, and rehabilitation, among other levels of care.

Acute care is short term treatment for severe illness or injury. Hospitals provide acute care but they also provide elective surgeries and a whole range of other levels of inpatient and outpatient care. Patients that require post-acute or non-acute levels of service are not "bed blockers", which is, in any case, an odious term that blames patients when they need compassion and care. Patients who require post-acute care often have a right to public hospital care under our Public Medicare laws.

The Canada Health Act expressly defines hospital care as including chronic and rehabilitative care.[i] Under the Canada Health Act, patients have the right to reasonable access to care on equitable terms and conditions without extra user fees and extra billing. Fees specifically for accommodation or meals for chronic care patients[ii] are allowed but it is untrue to claim that chronic care (or complex continuing care as it is now called) is not hospital care that expressly falls under our public medicare and public hospital laws. Ontario's Public Hospitals Act designates public hospitals as providing specific types of care, including chronic/complex continuing, rehabilitative, and convalescent care.[iii] Under Ontario's Health Insurance Act, patients are covered by public health insurance in hospitals providing this full range of care.[iv]

It is not true that 10 – 20 percent of patients are "Alternate Level of Care" patients or "bed blockers", "taking up" acute care hospital beds when they should be discharged.

Alternate Level of Care (ALC) is an administrative designation not a diagnosis, and the number and type of patients designated as ALC has changed over time. The term ALC refers to patients waiting in a hospital bed for another level of care. That care might be hospital care – for example inpatient rehabilitation, palliative care, intensive care, complex continuing care mental health or other. That care might also be care outside of hospitals – for example long-term care homes, home care, assisted living, community care and others.

Some patients designated as ALC to long-term care are not accepted by long-term care homes because their care needs are too high. They are likely more appropriately complex continuing care patients who have been mis-designated in the rush to try to clear out beds. Some patients requiring rehabilitation are denied that service and they and their families have to advocate to try to get it, even though the hospital may be trying to discharge them somewhere else without it. In addition, patients' status changes. ALC patients may become acute care or intensive care patients if their condition becomes more unstable or deteriorates.

In Ontario, the extreme downsizing of public hospitals has resulted in a drive to classify patients as ALC earlier and earlier in their hospital stay in order to clear out beds but ALC is a catch-all and it is subjective. **Furthermore, the data shows that it is simply untrue that there is any significant number of ALC patients who refuse to go to long-term care for months or years in order to stay in a hospital bed unnecessarily.**

The facts on ALC:

By January 31, 2023, Ontario had a total of 4,740 ALC patients in all types of hospital beds (acute and post-acute), thus approx. 15.3% of all types of hospital beds were in use by ALC patients, not just acute care. Of those, 1,686 (5.4%) were waiting for long-term care, 545 (1.75%) were waiting for rehabilitation (which is hospital care), 561 (1.8%) were waiting for home care 260 (0.8%) were waiting for assisted living and 1,688 (5.4%) were waiting for another unidentified level of care.[v] Those patients were in complex continuing care, acute care, mental health, rehabilitation, and other units.

From 1990 to 2014, more than 6,100 complex continuing care (also known as chronic care) hospital beds were closed down, thereby eliminating 54% of Ontario's chronic care hospital bed capacity.[vi] At the same time, Ontario's population grew from 10.3 million in 1990 to 13.62 million in 2014 (32%) – and had grown by a further 2.5 million to a total of 16.12 million by 2024. In addition, population aging has accelerated, which means that the proportion of the population that is elderly has increased. According to the most recent data, Ontario now has the fewest hospital beds per capita of any province in the country and ranks third last in number of hospital beds among all countries in the OECD.[vii] Ontario's policy of downsizing hospitals has been radical and is a departure from the public policy norms of peer jurisdictions.

In order to accommodate the most extreme hospital downsizing policy in the developed world, successive Ontario governments have implemented strategies to re-categorize patients with ever-increasing acuity (complexity of care needs) as being ready for discharge. The standardized designation of "Alternate Level of Care" or ALC was adopted in 2009,[viii] following widening use of the designation over the prior decade. ALC patients are not a homogeneous group but rather have unique and varied care needs. They are nevertheless routinely treated as "bed blockers" who do not require hospital care – despite provincial and hospital data showing that a significant proportion are actually in hospital waiting for another appropriate level of care in hospital, including rehabilitation, complex continuing care, and others

Long-term care is not "custodial care" and patients in hospital waiting for long-term care require 24-hour nursing support, support with activities of daily living and other care. Their care needs are not inconsequential.

To be eligible for long-term care in Ontario, the criteria are as follows:

(a) the person is at least 18 years old;

(b) the person is an insured person under the *Health Insurance Act*;

(c) the person,

(i) requires that nursing care be available on site 24 hours a day,

(ii) requires, at frequent intervals throughout the day, assistance with activities of daily living, or

(iii) requires, at frequent intervals throughout the day, on-site supervision or on-site monitoring to ensure their safety or well-being;

(d) the publicly-funded community-based services available to the person and the other caregiving, support or companionship arrangements available to the person are not sufficient, in any combination, to meet the person's requirements; and

(e) the person's care requirements can be met in a long-term care home.

Exaggerated numbers

The cost of a complex continuing care bed in Ontario is approximately $477 per day.[ix] Complex continuing care patients – who are patients that require chronic care that keeps them in hospital -- may be charged a co-payment for their food and accommodation. (They may not be charged also, depending on their ultimate destination in or out of hospital.) Effective July 1, 2024, the maximum co-payment rate is $66.95 per day, or $2,036.40 per month.[x] Transitional care beds and temporary beds opened for ALC patients are generally funded at the complex continuing care rate. Many patients deemed to be ALC to long-term care are in complex continuing care or other levels of hospital care, aside from acute care. Often the proponents of coercive measures to force patients out of hospital overstate the numbers.

More information for patients and their families regarding hospital discharges or moving patients to different units

Patients are often put under a lot of pressure to move to different levels of care or to be discharged. For more information about what rights patients have and answers to common questions please go to: https://www.ontariohealthcoalition.ca/index.php/briefing-notes-video-no-room-at-the-inn-webinar/

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[i] https://laws-lois.justice.gc.ca/eng/acts/c-6/page-1.html

[ii] In Ontario, the term complex continuing care (CCC) is used interchangeably with chronic care. Chronic care provides continuing, medically complex and specialized services to both young and old, sometimes over extended periods of time. Chronic care is provided in hospitals for people who have long-term illnesses or disabilities typically requiring skilled, technology-based care not available at home or in long-term care facilities. Chronic care provides patients with room, board and other necessities in addition to medical care. https://www.ontario.ca/page/hospital-chronic-care-co-payment

[iii] https://www.ontario.ca/laws/regulation/900964

[iv] https://www.ontario.ca/laws/regulation/900552#BK6

[v] Exhibit B https://www.ontariohealthcoalition.ca/wp-content/uploads/Affidavit-of-Dr.-Samir-Sinha-March-21-2023.pdf

[vi] https://www.ontariohealthcoalition.ca/wp-content/uploads/hospital-beds-staffed-and-in-operation-ontario-1990-to-2014.pdf

[vii] https://www.ontariohealthcoalition.ca/index.php/health-system-facts-trends/hospital-bed-cuts/

[viii] Cancer Care Ontario, "Alternate Level of Care Reference Manual, Vol 2" (January 2017) at p 13; see also Peter Nord, "Alternate level of care: Ontario addresses the long waits" (August 2009) 55(8) Canadian Family Physician 786

[ix] https://rehabcarealliance.ca/wp-content/uploads/2025/01/Frailty-to-Resilience-Orthogeriatric-Rehab_Jan-13-2025_Final.pdf

[x] Rates can vary. For complete information see: https://www.ontario.ca/page/hospital-chronic-care-co-payment