

Hospital beds

BY BRIAN LOCKHART

Fortunately, I've never had to experience a hospital stay.

My only visits as a patient were the result of a couple of sports injuries ? a hockey stick to the eye, ouch! - and two work-related mishaps that resulted in a minor head wound (always wear your hard hat!) and an injured foot that swelled up like a football and temporarily interrupted any aspirations of becoming a professional tap dancer.

A few stitches and a bandaid and I was on my way.

The last couple of times I was in a hospital I did see patients in a hallway. It was very awkward walking past a person who was obviously uncomfortable from either illness or injury.

You can't really stop and introduce yourself, and I'm pretty sure being sick and lying in a hallway while strangers walk past and you feel and probably look your worst is a very uncomfortable feeling.

I'm sure no one, not the patient, not the medical staff, wanted a patient to be in a hallway waiting for treatment. But hospitals are physical structures. If it gets busy all of a sudden and you run out of rooms you have to do something.

The Ford government in Ontario announced it will increase funding by \$90 million to address overcrowding in hospitals after reports of patients being left in hallways or being treated in unconventional areas.

The idea is to make a preemptive effort prior to flu season when there is influx of patients every year.

Through my work with local hospitals, as a writer, not in any type of medical capacity, I learned at least a little bit about how hospitals work.

The medical profession in Ontario is filled with dedicated people who really offer exceptional care.

In the course of interviews I had some very interesting discussions with long-term emergency room nurses who have pretty much seen it all. After many years on the job they have the skills and experience to understand what may be a minor situation and which cases may have more serious underlying problems..

They also don't want you in their hospital bed unless it is absolutely necessary.

It used to be if you ended up in a hospital, you might be there until it was deemed you were healed and could go home.

Over the years the philosophy has changed. Now, if you are only in a bed because you are recovering and don't require round-the-clock care, the thinking is you can easily have bed rest in your own home and free up the hospital bed for another patient with a greater need. That makes perfect sense.

Additional funding to help ease the burden in hospitals sounds great ? on paper. However throwing money at a problem is never a solution without first having a plan.

If the government is going to place \$90 million into a fund to ease overcrowding, that's terrific, but unless there is a definite and dedicated plan in place, ready to go, and approved as a logical solution, that \$90 million will quickly disappear ? as usual in government ? in administrative costs, consulting fees, airline tickets, lunch meetings, approvals, re-approvals, committees, sub-committees, swizzle-sticks, and the list goes on and on.

After all the talk, the consultations, the fees, the meetings, and the elevator rides, the guy in the gurney is still in the hallway.

Hospitals are built to service the needs of a population and the expected number of people that will arrive each year. If they run out of room, they make do.

Unless the plan is to build an overflow building with a convenient garage door complete with automatic opener for such emergencies, having extra money won't ease the problem.

To come up with a real workable plan you have to speak directly to the people in the hospital ? the doctors, the nurses, the assistants, the orderlies (sorry, that title might be outdated), and find out why patients are in the hallways in the first place and get the opinion and solutions from those who actually do the job.

Then put a real plan together with a budget and make it work.

Have a qualified person with a small team put the plan together. Keep it out of the hands of bureaucrats, because you know it no time at all there will be 300 people working on it and a year later they will produce a report with their recommendations and nothing will have actually been accomplished.

I'm all for funding that alleviates an overcrowding problem in hospitals; I just don't want see another \$90 million go to waste with no results.