



## THE CANADIAN ASSOCIATION OF EMERGENCY PHYSICIANS CALLS FOR COMPLETE ED DATA REPORTING AND ACCOUNTABILITY FROM HEALTH REGIONS

Crowded and dysfunctional emergency departments are a direct result of crowded hospitals.

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Ottawa, ON, November 30, 2017– Today, the Canadian Institute for Health Information released a new report indicating emergency department wait times have continued to increase since 2015 – 2016. **"This data confirms what EPs have known for years. The CIHI report shows that patients that should be efficiently transferred to an inpatient ward continue to suffer in the hallways of Emergency Departments. Canada's seniors, a rapidly increasing demographic, are the most acutely effected by these unnecessary wait times. Governments and health administrators need to collect complete data from all 13 health regions and must be held accountable for finding solutions to this ongoing crisis"** states Dr. Paul Pageau, President of CAEP.

Crowded and dysfunctional emergency departments are a direct result of crowded hospitals. They are rarely a result of the processes of care in the Emergency Department (ED).

The inability to transfer admitted patients to hospital ward or intensive care beds leads to congested Emergency Departments. Prolonged occupation of ED stretchers by admitted patients waiting for beds leads to an inability to provide newly arriving patients needing stretchers a place to be assessed and receive care, and creates delays in offload of ambulances. Research has convincingly shown that the longer an admitted patient waits in the emergency department, the greater the risk of medical complications including death for patients and increased costs to the health care system. This problem of ED crowding will only worsen with time as the baby boomer generation ages and enters their years of peak need of emergency services.

Measures of the time hospitals take to transfer admitted patients from the ED to in-patient units is a key system performance metric. In a 2013, position statement, CAEP called for a median wait time from order to be admitted to transfer to an inpatient bed of eight hours with a 90th percentile of twelve hours. This report from CIHI shows those targets are nowhere in sight for the majority of the country and are in fact, receding.

This report also shows why measurement and reporting of wait times and ED performance is critical for transparency and accountability in the health system yet there are still many jurisdictions where data is not being reported. Comparison of regional differences will be significantly more effective with a complete data set. This will drive innovation, conversation and thus lead to improvements in health systems across Canada. Therefore, CAEP calls for all Canadian provinces and territories to report their ED data to CIHI.

References:

CAEP Position Statement: Emergency department overcrowding and access block.

[http://caep.ca/sites/caep.ca/files/caep/PositionStatments/cjem\\_2013\\_overcrowding\\_and\\_access\\_block.pdf](http://caep.ca/sites/caep.ca/files/caep/PositionStatments/cjem_2013_overcrowding_and_access_block.pdf)

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