

THE HEALTH CARE SAFETY NET IS RIPPING

Canadians should know how the next federal government will ensure timely access to emergency care in their time of need.

For Immediate Release

Ottawa, Ontario: September 14, 2021

The Canada Health Act (CHA) describes five foundational principles to guarantee the provision of medically necessary care for Canadians. Of those, the principle of “accessibility” articulates the expectation that patients have reasonable access to doctors and hospitals. This is most critical in emergencies – we take it for granted that our emergency department (ED) will be there in a time of need for us or our loved ones.

For over 20 years, the Canadian Association of Emergency Physicians (CAEP) has identified “access block” as the biggest impediment to the provision of timely emergency services. Long-stay patients blocking access to beds in the ED, due to lack of capacity elsewhere in the system, contribute directly to prolonged waits for care, patient dissatisfaction, caregiver distress and adverse patient outcomes, including preventable deaths.

Wait times are at unprecedented levels in many EDs across the country and may well worsen over the coming months, with the potential for increased adverse events. Simultaneously, a critical staffing crisis has forced many smaller communities across the country to face unscheduled closures of their EDs, and large urban hospitals to close areas in their EDs due to lack of staff.

In addition to looking after acute injury and illness, Canadian EDs have functioned as a health care safety net for a wide swath of the population who have nowhere else to turn. The dual threats of worsening access block and inadequate staffing have created a tear in that net and, with it, the promise of the Canada Health Act. The reasons for this have been well-articulated by CAEP and others, but, in brief, include:

- Visits to EDs are increasing to pre-pandemic levels, but with higher overall acuity, representing patients whose care has been delayed or have been afraid to come to hospital.
- We have entered the fourth wave of the pandemic, leading to increased presentations and hospitalizations for COVID-19, especially in the unvaccinated population. At the same time, attempts to address delays in scheduled surgery, amounting to hundreds of thousands of cases nation-wide, will compete for limited capacity in our hospitals.
- Infection prevention protocols (e.g., donning, and doffing PPE with each patient encounter) while necessary, are time-consuming and overlay an additional barrier to efficient patient assessments.
- The flu season is nearly upon us and may bring with it an additional, and confounding, burden of respiratory illness, as we have seen the resurgence of other common respiratory viruses that were absent during the first year of the pandemic.

- Burnout in health care workers, especially highly skilled ED and ICU nursing staff, will result in shortages of health care providers and closed beds. Closed acute-care beds anywhere in the system exacerbate crowding in the ED.

Although the delivery of health care is largely a provincial responsibility, the problems facing our EDs are national in scope and require a coordinated national strategy. A functional system with reasonable access to care is an expectation of all Canadians and has become a defining feature of our country. Additionally, provinces must fulfill the requirements of the CHA in order to qualify for the Canada Health Transfer.

Canadians have a right to expect that the promises articulated in the CHA will be a priority for their government. CAEP calls upon all parties in the upcoming election to deliver a vision of a healthcare system that will address the worsening access block in our hospitals and the attendant dangers that it portends.

CAEP stands ready to work with governments at all levels who are serious about addressing the worsening access blocks in our health care system, particularly in our EDs. A health care system without a robust safety net is not a system at all.

*** If you would like more information about this topic, please contact Christina Bova at 613-523-3343 x17 (office), 613-793-0926 (cell) or email at cbova@caep.ca

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