



# Task Force on the Future of Emergency Medicine



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## CAEP's EM:POWER Task Force: A Systems Approach to the Future of Emergency Medicine in Canada

Canadian emergency departments (EDs) play a vital role in the delivery of care to acutely ill and injured patients. They also increasingly act as a safety net for a broad swath of the population for whom the larger healthcare system is unable or unwilling to provide timely care. As dysfunction has increased in our system, EDs have been disproportionately impacted, making it difficult—impossible, at times—to provide the essential services for which they were designed. COVID-19 further exposed and exacerbated the system's pre-existing lack of readiness and responsiveness, leaving many EDs on the verge of collapse. Nurses and physicians are burning out, ambulance offload delays are soaring, and patients are leaving emergency departments without care or recourse.

Over the years, the Canadian Association of Emergency Physicians (CAEP) and other international emergency medicine (EM) societies have produced multiple statements aimed at improving patient access to emergency care. The changes required were clearly articulated, but there has been very little meaningful improvement. In part, this is because EDs are an inseparable part of a complex health ecosystem, which itself requires a fundamental redesign.

As health systems prepare for a post-pandemic world, worsening patient *access block* and a legitimate crisis of confidence in the ability of the healthcare system to fulfill its mission make it clear that we cannot simply return to old models and expect different results.

Governments, health leaders and the medical community require a more evolved and collaborative approach to future planning.

In response to these challenges, CAEP has commissioned the **EM:POWER Task Force**, with an ambitious mission to propose a new framework for the future of emergency care in Canada. Given the ramifications that inadequacies in other parts of the system have for emergency care, the Task Force will necessarily consider the broader health system in which EM is practiced.

The **EM:POWER** Task Force will develop a set of guiding principles and define the purpose of emergency medicine within the healthcare system, identifying core roles and future opportunities. We anticipate three major areas of focus:

1. **System Design, Integration and Workforce** – will re-examine the organization of our system, the populations we serve, and contemplate a redesigned role of the ED within integrated networks of care, where *form follows function*. Based on patient needs, it will also propose categories and standards for emergency departments to inform the modeling of current and future workforce training within those networks.

CAEP Office Contact:

Christina Bova

Director, Member Engagement & Advocacy

[cbova@caep.ca](mailto:cbova@caep.ca)

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2. **System Readiness, Responsiveness and Resilience (R3)**- will look at how EDs and the broader system could more effectively deal with daily patient flow surges resulting from demand/capacity mismatches, as well as more severe and protracted stresses, such as disasters and pandemics.
3. **System Innovation and Secular Trends in Emergency Medicine (SISTEM)** - will review potentially disruptive technologies, changing perspectives and societal forces that will redefine the future of emergency medicine. These will include science and scholarship, digital health, health equity and environmental issues.

In addition to CAEP's membership, the Task Force will seek input from medical leaders and practitioners, as well as stakeholders in government, nursing, paramedical professions, health administration, medical education, research, and society at large. This entire enterprise is predicated on the notion that we must adapt and improve our systems to benefit the next generation of emergency physicians, and the patients they serve.

As Albert Einstein famously said, "In the midst of every crisis, lies great opportunity." We are in crisis, and we must seize this opportunity to redesign our healthcare system.

**CAEP Office Contact:**  
**Christina Bova**  
**Director, Member Engagement & Advocacy**  
[cbova@caep.ca](mailto:cbova@caep.ca)  
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