

## Critical conditions in Canadian emergency departments are due to lack of human resources and timely access to hospital beds

### For Immediate Release

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Crowding and lack of physicians and nurses continues to worsen in emergency departments (EDs) across the country. The Canadian Association of Emergency Physicians (CAEP) asks governments, hospital administrators, physicians and healthcare personnel, their unions, and associations to work together for better access to care for our citizens who present to Canadian EDs.

Record-high hospital occupancy with excessive numbers of patients needing community care, coupled with a critical shortage of health care personnel is evidence of a severely stressed system that is only exacerbated by the COVID-19 pandemic. More people than ever are going to the ED for care or calling EMS services because they have few good options. The consequences are:

- Emergency department closures increasing across the country, primarily affecting rural areas, but now also in urban areas
- Critical emergency department access block and crowding causing:
  - significant waiting times
  - delays in hospitalizations
  - adverse effects on quality of care
  - an increased burden to vulnerable patients (ex. mental health, addiction)
- Record patient volumes in EDs with increased disease burden
- Lack of timely access to primary care, community-based specialty care and diagnostic testing
- Ambulance offload delays with a decrease in the number of available ambulances to answer calls in the community

The cumulative effect of these factors not only constricts available health resources, but also creates a condition that affect ED team wellbeing and safety, increasing burnout, moral distress, and absenteeism. Across Canada we now experience record resignations of health care personnel, with a catastrophic workforce gap that in turn only worsens wait times and acute care hospital access.

In the past, CAEP has called on federal political parties to address worsening ED access block and offered to work with governments on solutions to the crisis (see [The Health Care Safety Net is Ripping Statement](#)). The time to act is now. This upcoming fall and winter we will see an even greater level of health care system duress. The solution to the crisis in Canadian EDs not only

lies in gaining capacity within its walls but must also be tied to the multiple health care delivery entities that are interdependent in the provision of adequate and timely care. We therefore ask that the following measures be put in place:

- Address systemic issues of community and long-term care that are insufficient for patient care instead of reliance on the ED and acute care hospital to solve all problems. (CAEP position statement: Emergency department overcrowding and access block).<sup>1</sup>
- Develop a hospital bed capacity strategy that reflects actual need. Canada has one of the lowest number of beds per capita of OECD countries.
- Develop a national human health resources strategy to stabilize and create a healthy workforce including working toward a national licensure.<sup>2</sup> Increase the training and education opportunities in nursing and medicine.
- Actively manage the health and wellbeing of ED front-line workers. All responsible parties should be required to monitor, produce, and disclose their burnout prevention and mitigation strategies and results for front-line emergency providers, and be incentivized based on results. Future systems rely on a healthy and robust workforce, but they are leaving in record numbers. The costs to hire and provide orientation to Health Care providers is more expensive than strategies to improve workplace satisfaction and safety.
- Address issues of ED escalating workplace violence (CAEP position statement on violence in the emergency department).<sup>3</sup>

The emergency department is a window on the health of health care. It has never been more important to pay attention to the current state of emergency departments. CAEP provides a roadmap to create a healthier health system. Governments and hospital leaders must be accountable and responsible NOW; They must use their authority to stabilize and rebuild the capacity of our emergency medical safety net before we effectively do not have one. Another COVID-like health care stress could be a disaster if we don't.

It is crucial that society support all emergency physicians, nurses, and front-line workers when we in turn speak out for patients, when the quality of their care is compromised and when our health care system is failing. We express our great pride and appreciation when they continue to show up every shift under duress to keep our emergency departments open. We must all turn our weakness to strength within our governments, communities, and health teams as we work together to overcome this crisis.

#### References:

1. Affleck A, Parks P, Drummond A, Rowe BH, Ovens HJ. Emergency department overcrowding and access block. *CJEM*. 2013 Nov;15(6):359-84. English, French. doi: 10.1017/s1481803500002451. PMID: 24176460.
2. <https://caep.ca/wp-content/uploads/2021/04/National-Licensure-Consensus-Statement-FINAL.pdf>

3. Drummond, A., Chochinov, A., Johnson, K. *et al.* CAEP position statement on violence in the emergency department. *Can J Emerg Med* **23**, 758–761 (2021).  
<https://doi.org/10.1007/s43678-021-00182-z>

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