CAEP | ACMU

Addressing the Crisis in Canadian Emergency Departments

“The significance of this meeting is profound. It’s potential to save lives across Canada surpasses the annual life-saving impact of our collective group of representatives.

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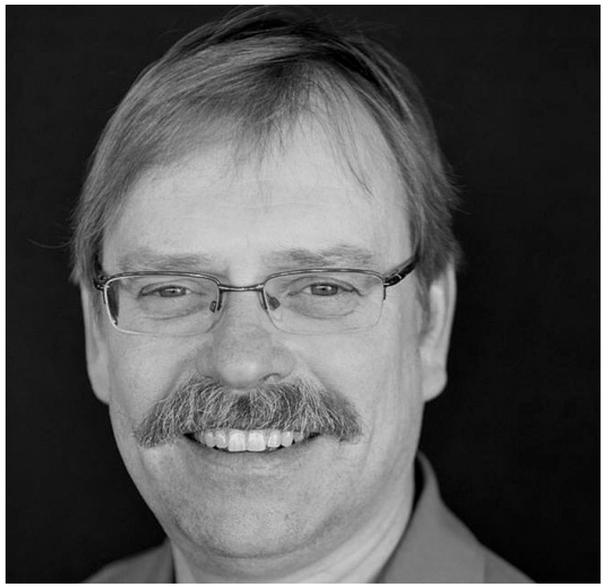
Our Team

Today's Speakers



DR. MICHAEL HOWLETT

CAEP President

Emergency Physician Oshawa, ON

(Lakeridge Health)

DR. ELIZABETH SHOULDICE

Chair, CAEP Public Affairs Committee

Director, CAEP Board of Directors

Emergency Physician Ottawa, ON

(Queensway Carleton Hospital)

DR. ALECS CHOCHINOV

Chair, EM:POWER Task Force on the Future of Emergency Care

CAEP Past President (2018-2020)

Emergency Physician Winnipeg, MB

(St. Boniface Hospital)

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Our Team

Accompanying Representatives

LYNN GARROW

BSOCSC (Criminology) MBA (KELLOGG)

Executive Director

Canadian Association of Emergency Physicians

CHRISTINA BOVA

Director, Member Engagement and Advocacy

Canadian Association of Emergency Physicians

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We can handle busy - its crowding that kills”

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Hard NO.

EM:POWER
The Future of Emergency Care in Canada

HALLWAY MEDICINE

Patients waiting or being treated in the hallway because appropriate care areas are full.

43 BED REQUESTS

7 HR WAIT TIME

47 BEDS

This MUST stop.

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The Future of Emergency Care in Canada

AMBULANCE OFFLOAD DELAYS

Unable to transfer patients because there is no room in the ED. Resulted in NO abulances left on the road to attend to calls for Ontarians in need.

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Code Black
Essex- Windsor, May 2023

FOR REAL?

EM:POWER
The Future of Emergency Care in Canada

UNCONVENTIONAL SPACES

Patients being housed in bathrooms due to lack of appropriate care rooms.

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CAEP would especially like to stress that low-acuity or what some deem "inappropriate" visits are NOT the cause of ED overcrowding.

This is a common misconception on that needs to be debunked.

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3 Ways you can improve emergency medicine in Canada:

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Public Recognition of the Crisis and Commitment for Continued Collaboration with CAEP

Immediate Action: Create a National Forum in Partnership with CAEP

Future Directions

The upcoming release of our EM:POWER report on the Future of Emergency Care in Canada will be integral for all stakeholders and help guide the repair of Canada's broken health care system.

Snapshot of Hospital Operations:

A Single Shift's Perspective

Red Deer, Alberta

of bed requests: 16 Ideal: 5 or less
Wait time: 11 hours Ideal: Max 2 hours for low acuity patients
Total # of beds: 31 Actual beds: (including 2 mental health rooms) and 20 minor treatment spaces (either chairs with curtain dividers or procedure rooms)
# of patients in the waiting room: 22 Ideal: Less than 10

Halifax

of bed requests: 28 Ideal: 8
# of consults pending : 24
Wait time: 12 hrs
Total # of beds: 36 original ED beds + 8 “pod 7” beds a hallway away + 12 informal ambulance offload beds
# of patients in the waiting room: 112

Vancouver

of Patients waiting to be seen: 25
Wait Time: 8.5 Hour
1 Emergency Physician Working in the Department

St. John’s, Newfoundland

of bed requests: 17
Total # of beds: 22
# of patients in the waiting room: 25
Wait time: 5 hrs

Snapshot of Hospital Operations:

A Single Shift's Perspective

GTA Hospital #1

of bed requests: 58 Reasonable: 30 or less
# of consults pending: 10
Wait Time: 9 hours.

- To be admitted to bed from ER >100 hours

Total # of beds: 60 + 14 hallway stretchers +10 assessment bays (not meant to be rooms with beds but often filled with boarded patients)

GTA Hospital #2 (Downtown)

of bed requests: 25 Ideal: 4-8
Total # of beds: 28 stretchers plus chairs and RAZ (Rapid Assessment Zone- area where patients share stretchers/wait in a chair nearby)
Wait time: 90 minutes Ideal: Less than 1 hr

GTA Hospital #3 (Downtown – Tertiary Care)

- # of bed requests: 36
- Longest wait time to be seen by ED MD: 5h40min
- Longest ED Length of Stay: 95 Hrs
- Total # of ED beds: 36 Acute + 8 Ambulatory (plus 18 admitted patients in unconventional spaces, with no monitors in hallways)
- # of patients in the waiting room: 12 (of which 9 were waiting for a monitored bed)
- # of patients the ED MD was assigned to (with no consult/disposition yet): 10 - of which 8 were being assessed in the hallway

Snapshot of Hospital Operations:

A Single Shift's Perspective

Quebec Hospital Statistics

677 patients on ED stretcher for more than 24h
254 patients on ED stretcher for more than 48h

Mean occupation rate in Qc EDs was 128%

That means that some eds were well above that
– Here are some record break EDs by region :

Laurentides

169% occupation rate

- Saint-Eustache ED: 175%
- Sainte-Agathe ED : 206 %

Montérégie

: 143% occupation rate

- Pierre-Boucher ED : 179%
- Anna-Laberge ED : 191%

Montréal

143% occupation rate

- Royal-Victoria Hospital's ED : 197%
- Montreal General Hospital's ED : 181%
- Jewish general hospital's ED : 257%