



## **Canadian Association of Emergency Physicians: Official Statement Regarding ED Closures and Crowding Across Canada**

The Canadian Association of Emergency Physicians (CAEP) acknowledges the critical issue of hospital crowding and its impact on unexpected emergency department (ED) closures\* across the nation. As advocates for the provision of high-quality emergency care, CAEP emphasizes the need for collaborative efforts among stakeholders to address these challenges.

\*CAEP would also like to clarify that unexpected closures include full departments (common in rural centres) as well partial department closures (common in large urban centres). Both have significant negative effects in their community.

### **1. Recognition of the Problem**

Hospital crowding and subsequent ED closures pose substantial risks to patient care, safety, and overall healthcare delivery. These challenges can lead to compromised patient outcomes, increased wait times, and undue stress on healthcare professionals. Provincial governments and the Federal Government should declare the ED closures and increasing Access Block as an Acute Care medical emergency/crisis.

### **2. Causes and Contributing Factors**

Various factors contribute to hospital crowding and ED closures, including but not limited to:

- Insufficient inpatient bed capacity especially in ED “outflow” areas such as acute care and ICU
- Insufficient resources in the overall system especially with the ever increasing and aging population
- Inadequate resources for timely patient assessment and treatment
- Limited access to primary care and community-based services that result in advanced presentations of serious illness leading to negative outcomes or admission for workups because there is no access to appropriate follow up
- Complex administrative processes affecting patient flow
- When a department closes either fully or partially no resources are redirected to help the other areas that then receive patients

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 that needs to be debunked.



### 3. CAEP's Position

The CAEP underscores the following key points in addressing hospital crowding and ED closures:

- **Coordinated mission:** Stakeholders including governments, healthcare institutions, healthcare providers, and community organizations must work collaboratively to develop and implement comprehensive solutions that address both short-term pressures and long-term systemic issues.
- **Optimize Access Points:** There must be optimization of the number, distribution, capability, connections, coordination, and workforce of emergency departments and other access points in the emergency care system.

**Accountability:** Patient care accountability frameworks should be implemented to define program expectations and performance targets, and to hold individuals, programs and organizations to account. Patient safety, quality of care, and timely treatment should remain the central focus in all efforts to manage crowding and ED closures.

- **Resource Allocation:** Adequate resources, including both financial and human resources, should be allocated to emergency departments to ensure efficient patient flow, timely assessments, and appropriate care delivery.
- **Data-Driven Solutions:** Evidence-based decision-making should guide the development and implementation of strategies to mitigate crowding. Regular data collection and analysis are essential to monitor progress and adjust interventions as needed.
- **Continuing adaptation and evolution:** Emergency care systems must continually improve their approach to knowledge creation, implementation, and integration, within and beyond medicine, to adapt to a changing world.

### 4. Immediate Action Steps:

To address the immediate challenges posed by hospital crowding and ED closures, CAEP recommends the following steps:

- Continued bidirectional communication between CAEP and provincial health systems regarding the crisis.
- Increase hospital bed capacity to match the demands of the population and enhance inpatient flow.
- Implement effective patient flow management strategies within hospitals to reduce bottlenecks.
- Enhance support for primary care services and expand access to community-based healthcare resources.
- Facilitate seamless communication and collaboration between EDs, hospital administration, and primary care providers.



## 5. Future Directions

CAEP is committed to fostering ongoing dialogue, research, and collaboration to develop innovative and sustainable solutions to hospital crowding and ED closures. By working together, we can ensure that every Canadian receives timely and high-quality emergency care when they need it the most. 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.

### Conclusion

The Canadian Association of Emergency Physicians reaffirms its dedication to addressing hospital crowding and ED closures as critical issues affecting the healthcare system. Through collaborative efforts and evidence-based strategies, we aim to provide safer and more efficient emergency care for all Canadians.

### 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. 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>
3. [Without more acute care beds, hospitals are on their own to grapple with emergency department crises - CMAJ](#) (Varner, C)
4. [Waiting to die: the hidden pandemic of ED crowding and excess mortality – Canadian Journal of Emergency Medicine \(CJEM\)](#) (Worrall, J, Atkinson, P)
5. Related Statement: [The Health Care Safety Net is Ripping](#)

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