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# Addressing the Crisis in Canadian Emergency Departments

The significance of this meeting is profound. Its potential to save lives across Canada surpasses the impact of any individual on the front line of the emergency department.



# 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)



# Our Team

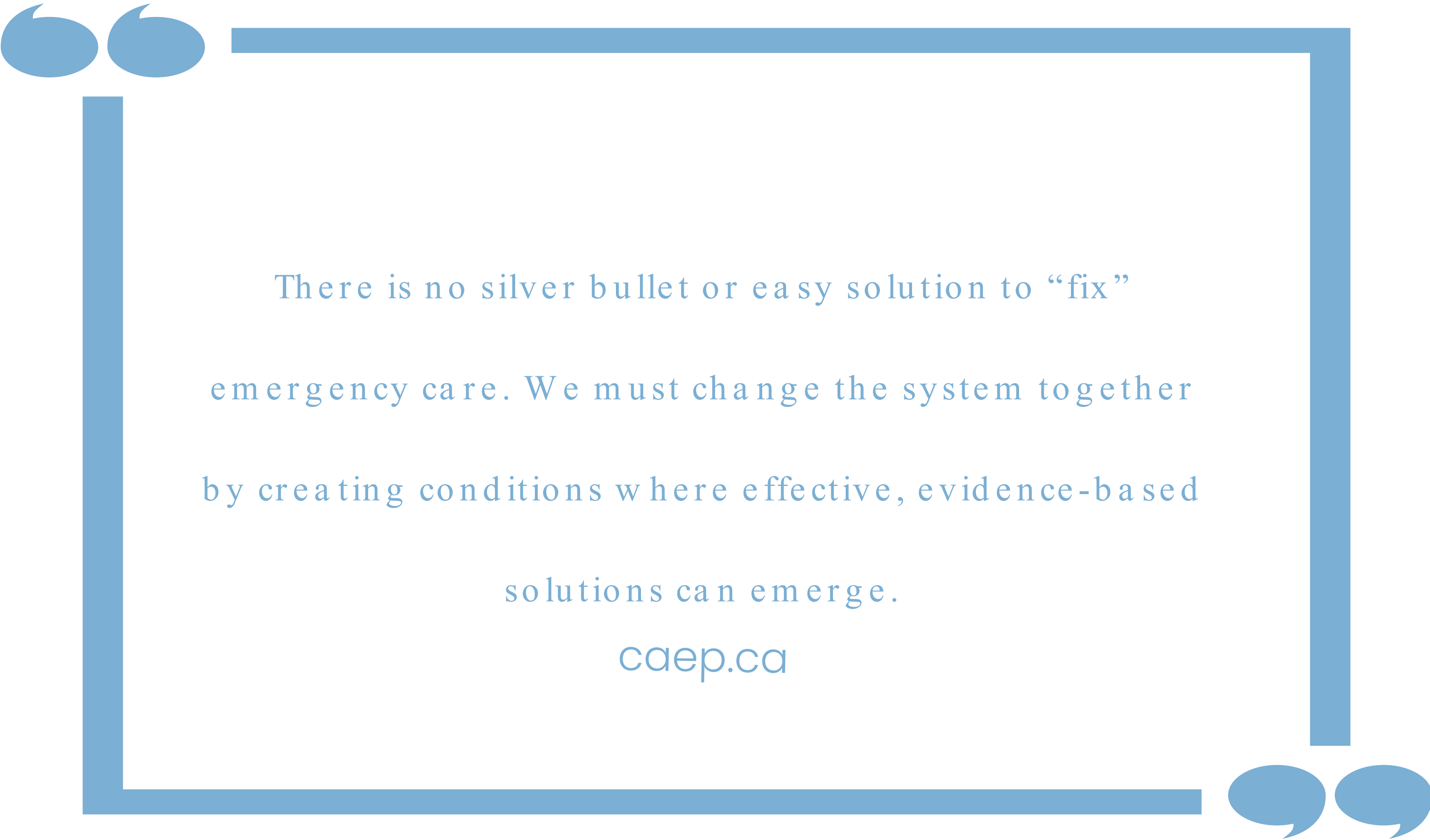
## Accompanying Representatives



**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



There is no silver bullet or easy solution to “fix”  
emergency care. We must change the system together  
by creating conditions where effective, evidence-based  
solutions can emerge.

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# How did we get here?

- Hospital capacity shortfalls
- Shortage of EM-trained physicians and nurses
- Increased presentations by vulnerable groups, e.g., mental health and addictions
- Lack of primary care home capacity to manage complex, continuing health issues



# Contributing Factors

## WHAT PEOPLE SEE

Patients present with advanced illness, unexpected closures of EDs, siloed services with no accountability, no redundancy for surges.

Patients languish in ED stretchers for days/weeks, long waits to be seen for new patients, overcrowding, increased morbidity and mortality.

## WHAT PEOPLE DON'T SEE

Aging population, increasing complexity of illness, insufficient capacity in hospital and alternate levels of care systems, collapse of primary care home, insufficient medical and nursing staff.



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# Current Challenges in Emergency Care





# Shortage of Trained EM Physicians and Nurses







# Unplanned Closures





Prolonged wait times & delayed care lead to poor patient outcomes and, in some cases, death





# Long Waits for Inpatient Beds



# !Myth!

Low acuity patients are the main cause of ED dysfunction and overcrowding.

This is a common misconception that needs to be debunked in order to implement effective solutions.



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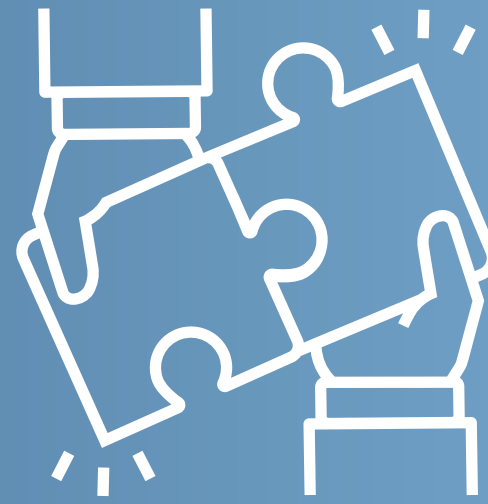


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We can handle  
busy – it's  
crowding that  
kills.

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2  
ways we can  
improve  
emergency  
medicine in  
Canada.



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.

# National Forum on the EM Crisis

## What is it and what does it mean?

The recommendations drafted by the EM:POWER Task Force should form the basis of the forum. EM leaders from all disciplines and government decision makers from across the country will be brought together to catalyze positive change based on evidence in the report.



# Overarching Recommendation

## Section 1

### SHARED PURPOSE, COORDINATED MISSION

The emergency care system is embedded in the broader healthcare system and its many interdependent subsystems. We must all understand our shared purpose and guiding principles, then coordinate our mission.



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# Overarching Recommendation

## Section 2

### ONE NETWORK, MANY ACCESS POINTS

The number, distribution, capability, connections, coordination and workforce of emergency departments and other access points must be optimized.



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# Overarching Recommendation

## Section 3

### ACCESS BLOCK AND ACCOUNTABILITY

Health ministries should implement accountability frameworks to hold individuals, programs, and organizations to account for meeting defined expectations and performance targets.



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# Overarching Recommendation

## Section 4

### DISASTER PREPAREDNESS

Ongoing, validated and adequately funded disaster preparedness must be integrated throughout healthcare systems and across jurisdictions.



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# Overarching Recommendation

## Section 5

### ADAPTATION & EVOLUTION

To adapt to a changing world, emergency care systems must continually improve their approach to creating, implementing, and integrating knowledge, within and beyond medicine.



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CAEP is Ready to Work With  
Your Ministries of Health

We stand ready to work with your  
governments in the renewal of the  
Canadian healthcare system.



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