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Canadian Association of Emergency Physicians

Association canadienne des médecins d'urgence

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THE CANADIAN ASSOCIATION OF EMERGENCY PHYSICIANS SUPPORTS MEASURES FOR GREATER ACCOUNTABILITY OF HOSPITAL ADMINISTRATORS TO IMPROVE FLOW IN EMERGENCY DEPARTMENTS

Crowded and dysfunctional emergency departments are a direct function of crowded hospitals.

Ottawa, ON, August 31, 2017– On August 23, 2017, the *Montreal Gazette* published a report that Quebec Health Minister Dr. Gaétan Barrette was proposing an amendment to Bill 130 in which hospitals would no longer be allowed to keep patients in EDs for longer than 24 hours, except those who need to be isolated for public health reasons or because of a psychiatric episode.

While concerned with the with headlines and other comments that suggest emergency physicians have any responsibility in emergency department crowding, the Canadian Association of Emergency Physicians (CAEP) is nevertheless supportive of any measure that calls for greater accountability by hospitals for the improved flow of admitted patients from the emergency department to the hospital ward.

Crowded and dysfunctional emergency departments are a direct function of crowded hospitals. They are rarely a function of the processes of care in the emergency department and certainly have nothing to do with decisions made by the individual emergency physician.

The inability to transfer admitted patients to hospital wards or ICU beds leads to congested emergency departments. Prolonged occupation of ED stretchers leads to an inability to assess patients in the waiting room and an inability to offload waiting ambulances.

Internationally, a hospital is considered safe when bed occupancy rates approach 85%. At 90-95%, ED crowding is highly probable and at 100% it is a given.

Research has convincingly shown that the longer an admitted patient waits in the emergency department, the greater the risk of medical complications, death and increased costs to the health care system.

An essential component to addressing ED crowding is therefore to ensure that admitted patients are transferred to the wards in a timely manner.

In a 2013, position statement, CAEP called for a maximum wait time for transfer to an inpatient bed of eight hours, with a 90th percentile of twelve hours.

CAEP also called for better hospital bed management policies and direct administrative accountability to promote the factual concept that the solution to ED crowding lies outside of the ED and rests with hospital administrations to put the right patient, in the right bed at the right time.

To mitigate ED crowding, CAEP has also recommended the adoption of overcapacity protocols where the clinical burden of admitted patients boarded in ED hallways are transferred throughout the hospital in a distributive manner.

The recent announcement of Quebec's Health Minister, Dr. Gaétan Barrette, to hold hospital administrators directly accountable is consistent with CAEP's position that prolonged stays in the emergency department place the patient at increased risk and a hospital's administration must be responsive to the pressures in the ED. Furthermore, CAEP would like to see such accountability measures for administration adopted nationally.

While we are cautiously optimistic that Dr. Barrette's proposed reforms will change the conversation with respect to patient flow from the emergency department, we maintain that a 24 hour wait time remains excessive and unacceptable.

References:

CAEP Position Statement: Emergency department overcrowding and access block.
http://caep.ca/sites/caep.ca/files/caep/PositionStatments/cjem_2013_overcrowding_and_access_block.pdf

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