NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

FACT SHEET-Emergency Departments

Emergency Medicine Defined

- Emergency Departments were primarily established to treat seriously ill and injured patients who need immediate care, 24 hours a day, seven days a week. In practice, however, Emergency Departments strive to provide timely care to all patients regardless of why they are seeking care.[i] Every year, Canadians make over 14 million visits to hospital emergency departments resulting in more than one million admissions to acute care hospitals via the Emergency Department.[ii] According to a 2005 Canadian Community Health Survey by Statistics Canada, an estimated 3.5 million Canadians aged 12 or older, or one in seven individuals, were treated for their most recent injury or had their most recent contact with a health professional in an Emergency Department.[iii]

- Emergency medicine specialists are primarily based in hospitals and treat trauma victims and people in need of emergency care. They give the immediate care necessary to prevent death or disability due to accident or acute illness such as a heart attack.[iv] Emergency rooms are also common practice settings for family physicians [v] especially in rural Newfoundland and Labrador.

Emergency Departments in Newfoundland and Labrador

- Emergency Departments play an important role in the health care system in Newfoundland and Labrador and close to 420,000 visits to the province's emergency rooms each year. In 2008-09 there were 212,245 emergency room visits within Eastern Health.[vi] In 2008-09, Central Health recorded 96,341 visits its emergency rooms.[vii] Western Health reported 60,918 emergency room visits in 2009 to its two Category A hospitals.[viii] There were 50,052 emergency room visits within Labrador-Grenfell Health in 2008-09.[ix]

- There are 13 Category A sites in the province, which have 24/7/365 on-site emergency room coverage. Most sites have single coverage (one physician on at a time). The General Hospital and St. Clare's in St. John's, as well as Western Memorial Hospital in Corner Brook, have varying levels of double coverage (more than one physician on at a time). There are approximately 23 physicians in the province who have listed adult emergency medicine as their primary specialty; however, all of the province's Emergency Departments are also staffed by family physicians. St. John's presently has an equivalent of 25 full-time physicians whose major practice is dedicated solely to the Emergency Department.

- Based on the average number of hours worked by ER physicians throughout the country, the NLMA projects that Newfoundland and Labrador needs about 122 full-time practicing ER physicians in the province. Thirty of these should be located at St. Clare's and the Health Sciences Centre in St. John's.

- The two St. John's adult sites currently have 80.3 hours of funded coverage per day.[x] Physicians at these sites have determined a need to increase the coverage to at least 100 hours because of the demands being placed on these two sites from high patient volumes.

- In its proposals to government, the NLMA requested a review of the entire Category A and Category B system. This joint review would take place over a two-year period and would include a review of all aspects of the service ranging from the basic categorization of these institutions to the total hours of ER coverage required at each site.

Emergency Room Wait Times

- On average, it tends to take longer for patients to be seen by a physician in Emergency Departments that treat a higher volume of patients. These patients also tend to have longer visits in the Emergency Department than people treated in hospitals with lower patient volumes.[xi]

- Emergency Room wait times can also vary by patient characteristics. A triage protocol is used to systematically ensure that patients who need the most immediate care are assessed by physicians first. Following arrival at an Emergency Department, patients are assigned categories according to urgency.[xii]

- People who present with more urgent conditions tend to have shorter waits for their initial physician assessments but typically spend a longer time in emerge.[xiii] Patients who are admitted to hospital via the Emergency Department also tend to have longer stays in the ER because they may require additional testing, consults with specialists or, in some cases, they must wait for an inpatient hospital bed to become available.[xiv]

- As the age of patients visiting the Emergency Department increases, so too does their total lengths of stay, regardless of the severity of their condition.[xv] Newfoundland and Labrador has the fastest aging population in the country. Over the last 30 years, it has aged faster than any other province. It is estimated that 20 per cent of the people of the province will be over age 65 by 2017.[xvi]

Emergency Department Overcrowding

- Emergency Department overcrowding is the most serious issue facing Canada's Emergency Departments and is a very serious patient health issue. Overcrowding results in increased patient suffering, prolonged wait times, deteriorating levels of service, and on occasion, a worsened medical condition or even loss of life. Unless action is taken to effectively deal with this need, patient health will continue to be compromised.[xvii]

- Emergency department overcrowding occurs when the demand for emergency services exceeds the ability of an emergency department to provide quality care within appropriate time frames.[xviii] The primary cause of Emergency Department overcrowding is hospital overcrowding. Hospital overcrowding arises from several factors, including a shortage of acute care beds, staffing shortages, limited community care resources and a lack of integration of community and hospital-based resources. With the shortage of hospital beds, hospitals increasingly have more patients requiring admission than there are beds to accommodate them.[xix]

- Patients waiting to get in to the Emergency Department often have to wait hours to get a bed or end up on stretchers in the corridors because there are no beds vacant in the Emergency Department. The Emergency Department can be filled with patients who are waiting to be placed in an acute care bed on one of the hospital wards. Often times there are no acute care beds on the wards as many are being used by patients who have been medically discharged from the hospital, but require ongoing long term care. If there are no long term care beds available in community nursing homes, which is often the case, the system becomes backlogged.

- Acute care bed capacity is significantly affected by patients who require an "alternate level of care" (ALC), patients who could be served at home, shortages in home care resources as well as a lack of chronic and palliative care beds. These patients can account for up to 20 per cent of acute care hospital beds and act as "bed blockers", thereby contributing to the problem of Emergency Department overcrowding by preventing the admission of emergency patients to hospital beds.[xx]

- The current approach to dealing with hospital overcrowding involves an excessive and unsafe use of Emergency Departments to inappropriately "warehouse" admitted patients, both stable and unstable, for long periods of time. This causes a blockage in the outflow of admitted patients from the emergency department to hospital inpatient areas, which in turn results in Emergency Department overcrowding.[xxi] On average, one patient "warehoused" in the Emergency Department denies access to four patients per hour to the Emergency Department, directly contributing to prolonged wait times and patient suffering.[xxii]

- According to a recently released *Patient Flow Study* for Eastern Health, the health authority's lack of community-based support for discharged patients who no longer require acute care but require varying levels of ongoing care and homecare services are affecting the organization's ability to discharge patients to their community. Without a fully funded community-based model of homecare support, Eastern Health will not be successful in achieving length of stay targets and its commitments to the community and the province.[xxiii]

- A significant consequence of hospital and Emergency Department overcrowding is "access block". This is a situation in which referring hospitals and ambulances are unable to access secondary and tertiary care facilities or their Emergency Departments in a timely fashion. Access block is a particular issue for rural physicians who are frequently unable to transfer patients requiring a higher level of care because the urban receiving facilities are full. Access block also occurs within hospitals when elective surgery cases are cancelled in an effort to deal with hospital and Emergency Department overcrowding.[xxiv]

Admissions to Hospital via the Emergency Department

- According to the Canadian Institute for Health Information (CIHI), more than one million Canadians are admitted to hospital via the Emergency Department every year. In 2007, CIHI reported that over half (60 per cent) of patients hospitalized in Canada were admitted through the Emergency Department. Furthermore, the 1.1 million patients admitted via the Emergency Department accounted for 65 per cent of acute care inpatient days.[xxv]

- Within its facilities, Eastern Health operates 921 acute care beds. In 2008-09, there were 34,513 admissions to acute care beds with 302,233 acute care inpatient days.[xxvi] There are approximately 269 acute care beds in Central Health. In 2008-09, there were 8,235 admissions to acute care and about 72,948 patient days for acute care within Central Health.[xxvii] Labrador-Grenfell has about 90 acute care beds throughout the region. In 2008-09, there were a total 4,304 admissions to the region's three hospitals with 6,352 patient days.[xxviii] Acute care statistics for Western Health are not published.

- As a whole, patients admitted to hospital via the Emergency Department account for a larger proportion of the acute care caseloads across hospitals in Canada than patients admitted via other means.[xxix] Patients admitted to acute care hospital beds via the Emergency Department are also more likely to be older, sicker and have multiple and/or more severe conditions or diseases. On discharge, these patients are also more likely to be transferred to further facility-based care.[xxx]

- There are approximately 209 hospitalizations per 1,000 individuals in Newfoundland and Labrador each year. Diseases and disorders of the circulatory system, such as acute myocardial infarction (heart attack) and stroke, were the most common cause of acute care hospitalizations for residents of the province in 2004/05. The top five major clinical categories of hospitalizations were caused by diseases of the circulatory system, diseases of the digestive system, pregnancy and childbirth, diseases of the respiratory system and mental health diseases and disorders.[xxxi]

- While the length of hospital stay has been decreasing across Canada for a number of years, compared to Canada as a whole, Newfoundland and Labrador's average length of hospital stay was higher than the national average in 2007-08. The total length of stay was highest among patients over 65, who accounted for more than 225,000 total length of stay days.[xxxii]

Emergency Room Benchmarks

- With the exception of Ontario, provincial governments provide no maximum wait-time targets for patients to receive emergency care.[xxxiii] Medically acceptable wait times in Canadian Emergency Departments have already been identified and are defined by the Canadian Triage and Acuity Scale (CTAS). Patients are assigned a triage level on initial registration in the Emergency Department based on the perceived urgency of their presenting complaint.[xxxiv]

- The five CTAS triage levels and the appropriate physician response time are: Level I, Resuscitation (e.g. cardiac arrest) requiring an immediate response from the physician; Level II, Emergent (e.g. chest pain) requiring a response within 15 minutes; Level III, Urgent (e.g. moderate asthma) requiring a response within 30 minutes; Level IV, Less Urgent (e.g. minor trauma) requiring a response within 1 hour; Level V, Non-Urgent (e.g. common cold) requiring a response within 2 hours.[xxxv]

- The Emergency Department length of stay is the time of the patient's first encounter (usually with a triage nurse) until the time of the patient's departure from the Emergency Department whether they are discharged or admitted to hospital. The Canadian Association of Emergency Physicians (CAEP) have called for national wait time benchmarks where Emergency Department length of stay should not exceed six hours in 95 per cent of cases that are Level I-III and should not exceed four hours in 95 per cent of cases for Level IV-V patients.[xxxvi]

- CAEP also says that all admitted patients should be transferred out of the emergency department to an inpatient area within two hours of the decision to admit. CAEP has also called on governments to sufficiently increase the number of functional acute care beds to achieve regular hospital occupancy rates that do not exceed 85 per cent.[xxxvii]

- Canada has only 3 hospital beds per 1,000 Canadians, ranking 26th out of the world's 30 OECD countries.[xxxviii] British studies have shown that Emergency Department overcrowding rarely occurs when bed occupancy rates approach 85 per cent, but consistently occurs when occupancy is greater than 90 per cent.[xxxix] Our lack of acute care beds means that most Canadian hospitals frequently operate at unsustainable occupancy rates of higher than 90 per cent, a level at which regular bed shortages, periodic bed crises, and hospital overcrowding are inevitable.[xl]

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