SLAYING CANADA'S HEALTHCARE HYDRA

COORDINATED MISSION OR MISSION IMPOSSIBLE?

EDAC 2023

EM:POWER
The Future of Emergency Care in Canada

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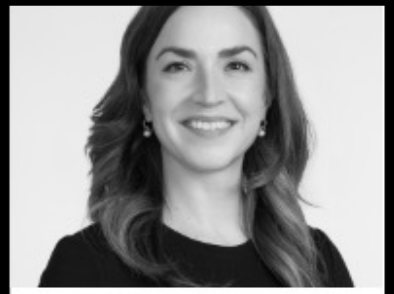
Methodology



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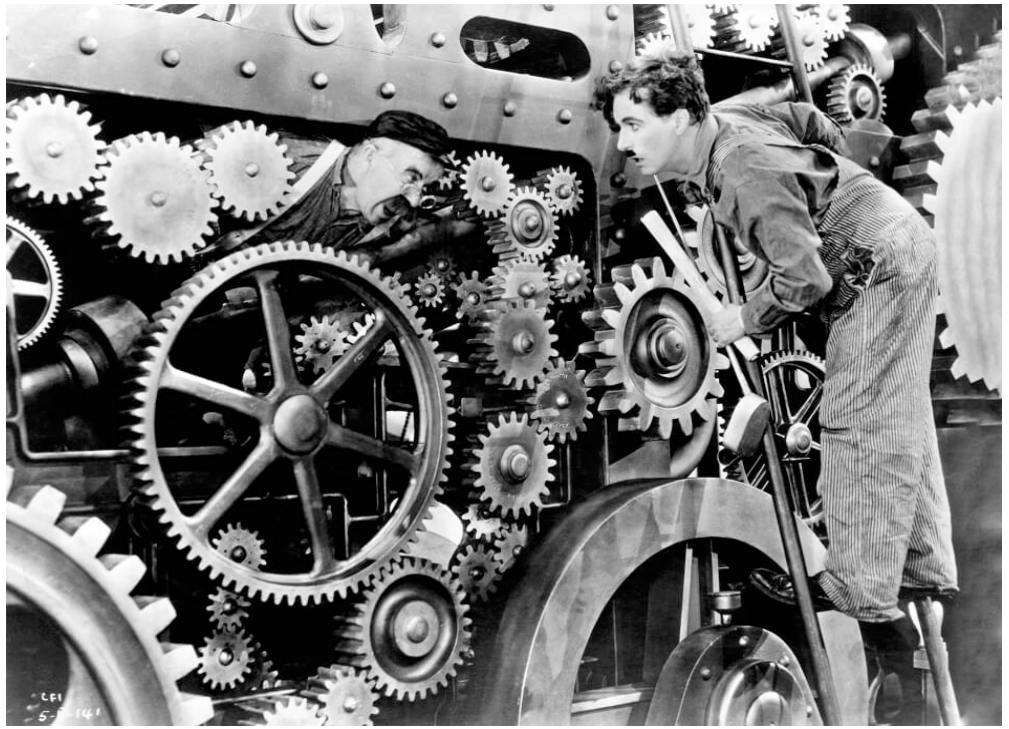
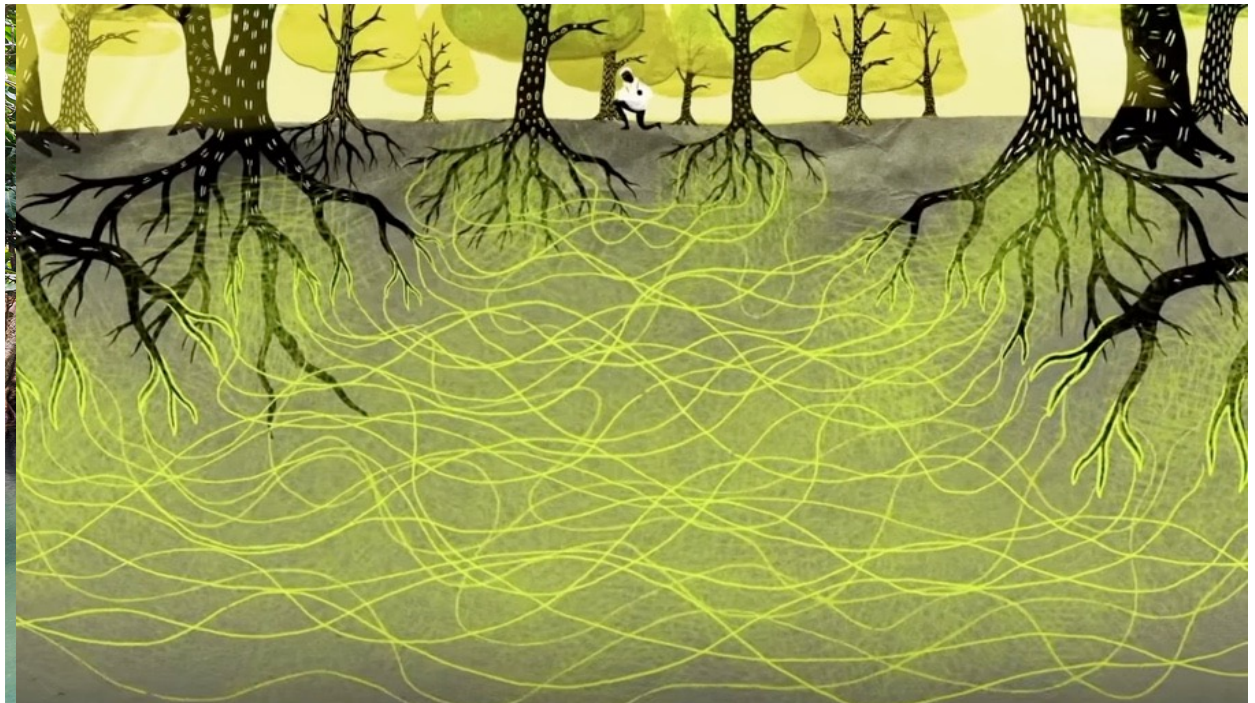
Orientation of EM:POWER

Not a series of simple fixes, but rather understanding, then redesigning an integrated health ecosystem





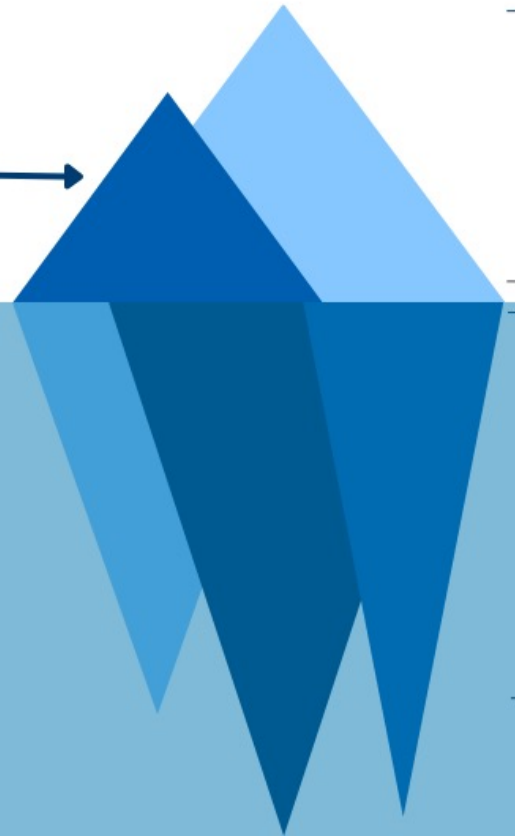
Addressing the DMs/MoH on the Crisis in Canadian EDs

"The potential (of such meetings) to save lives across Canada surpasses the impact of any individual on the front line of the emergency department. "

"There is no silver bullet or easy solution to fix emergency care. We must change the system together by creating conditions where evidence-based solutions can emerge (emergence)"

WHAT PEOPLE SEE

Patients present with advanced illness, unexpected closures of EDs.



Patients languish in ED stretchers for days/weeks, long waits to be seen for new patients, overcrowding, insufficient medical and nursing staff.

Siloed services with no accountability, no redundancy for surges.

WHAT PEOPLE DON'T SEE

Increasing complexity of illness, insufficient capacity in hospital and alternate levels of care systems, collapse of primary care home. Moral distress and burnout exacerbating workforce crisis.

Prolonged wait times & delayed care lead to poor patient outcomes and increased mortality

CJEM 2023 Sept

Waiting to die: the hidden pandemic of ED crowding and excess mortality

James Worrall [1], Paul Atkinson [2]

The Myth of Low Acuity Patients

Low acuity patients are not the root cause of ED crowding & dysfunction.

This common misconception must be debunked in order to implement cost-effective solutions, fulfill the quintuple aim.

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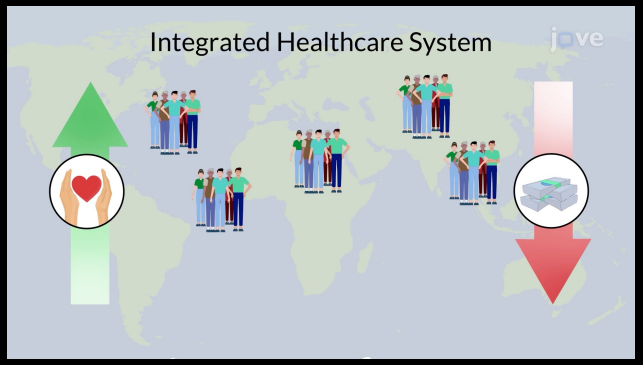
Section I - A Systems Approach to the Future of Emergency Care

Where/what are we? How did we get here?
What is our destination and what will guide us?

Overarching Recommendation:

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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Section II – Overarching Recommendation

ONE NETWORK, MANY ACCESS POINTS

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

Unplanned Closures*

*as opposed to “optimizing access points” in an integrated plan

- Are more better?
- Emergency Clinical Care Networks (ECCNs) coordinate clinical services planning (CSP)
- Form follows Function, i.e., CSP first determines quality and standards of emergency care for diverse populations. Number/level of EDs, and workforce follows.
- Shortage of trained EPs clear, need better model
- Certification, competencies, CAEP Definitions

SECTION III: ACCESS BLOCK AND ACCOUNTABILITY

Overarching Recommendation

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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Long Waits for Inpatient Beds

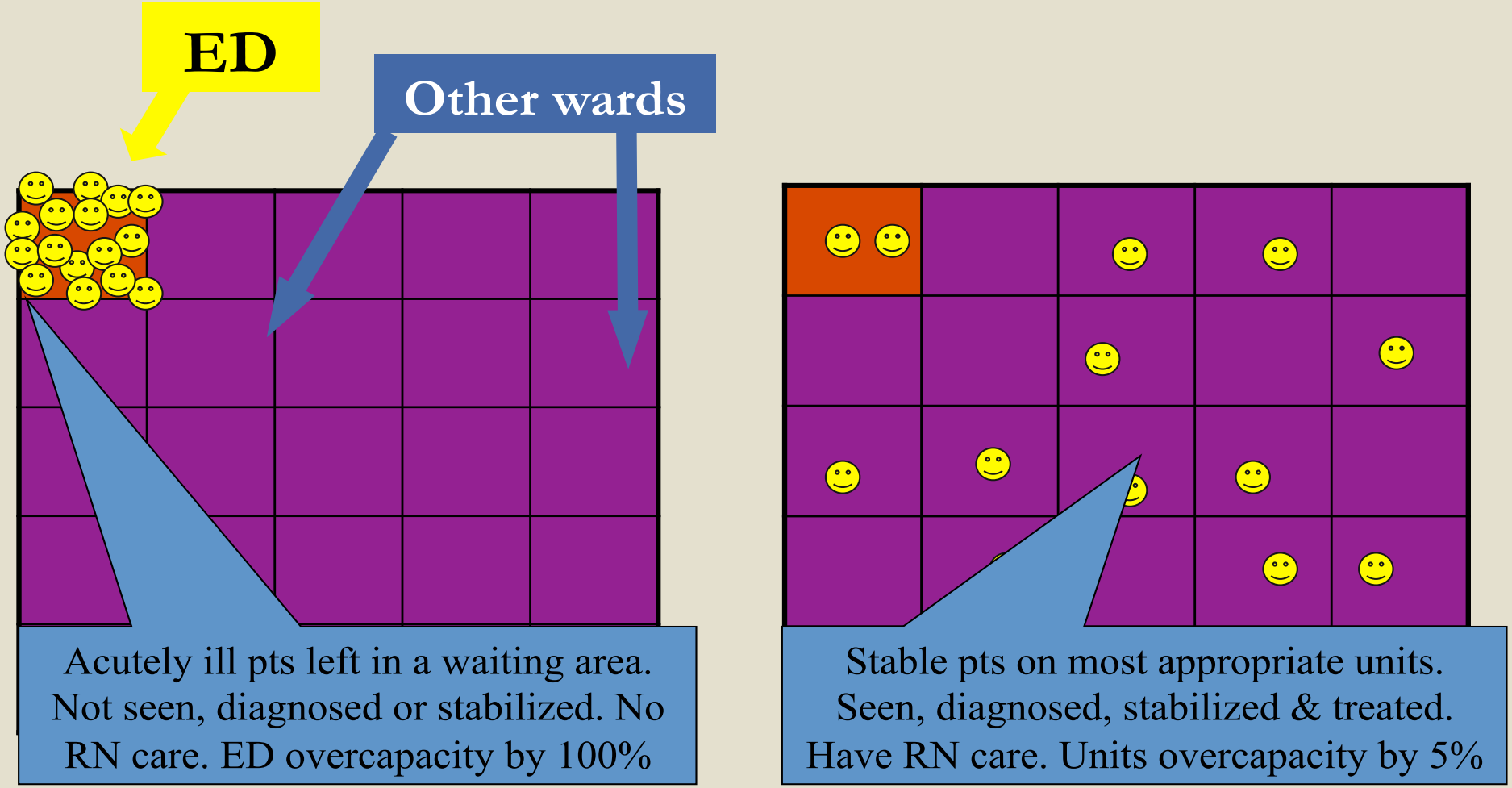
"Effective flow requires a demand-driven OCP across the continuum (including ALC/community care)"

"Accountability is the evolutionary stressor required to promote system adaptation to EDOC"

"In a rationed system we have a duty of care to those most in need"

*"Demand for beds from ED is variable, but predictable They must be **pulled, not pushed** from ED. This requires real (vs virtual) redundancy."*

Two overcapacity plans

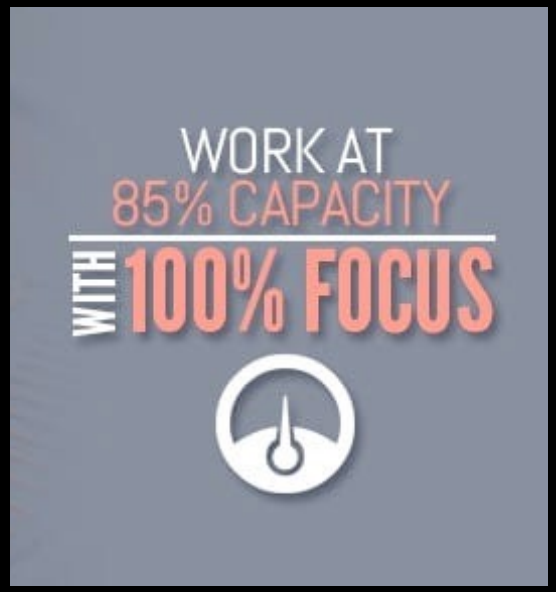


Plan A **Plan B**

Section IV: DISASTER PREPAREDNESS

Overarching Recommendation

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



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Readiness and Preparedness

CAEP is ready and prepared to support your health ministries in the renewal of the Canadian healthcare system.

Section V: ADAPTATION & EVOLUTION

Overarching Recommendation

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

RESEARCH ECOSYSTEMS

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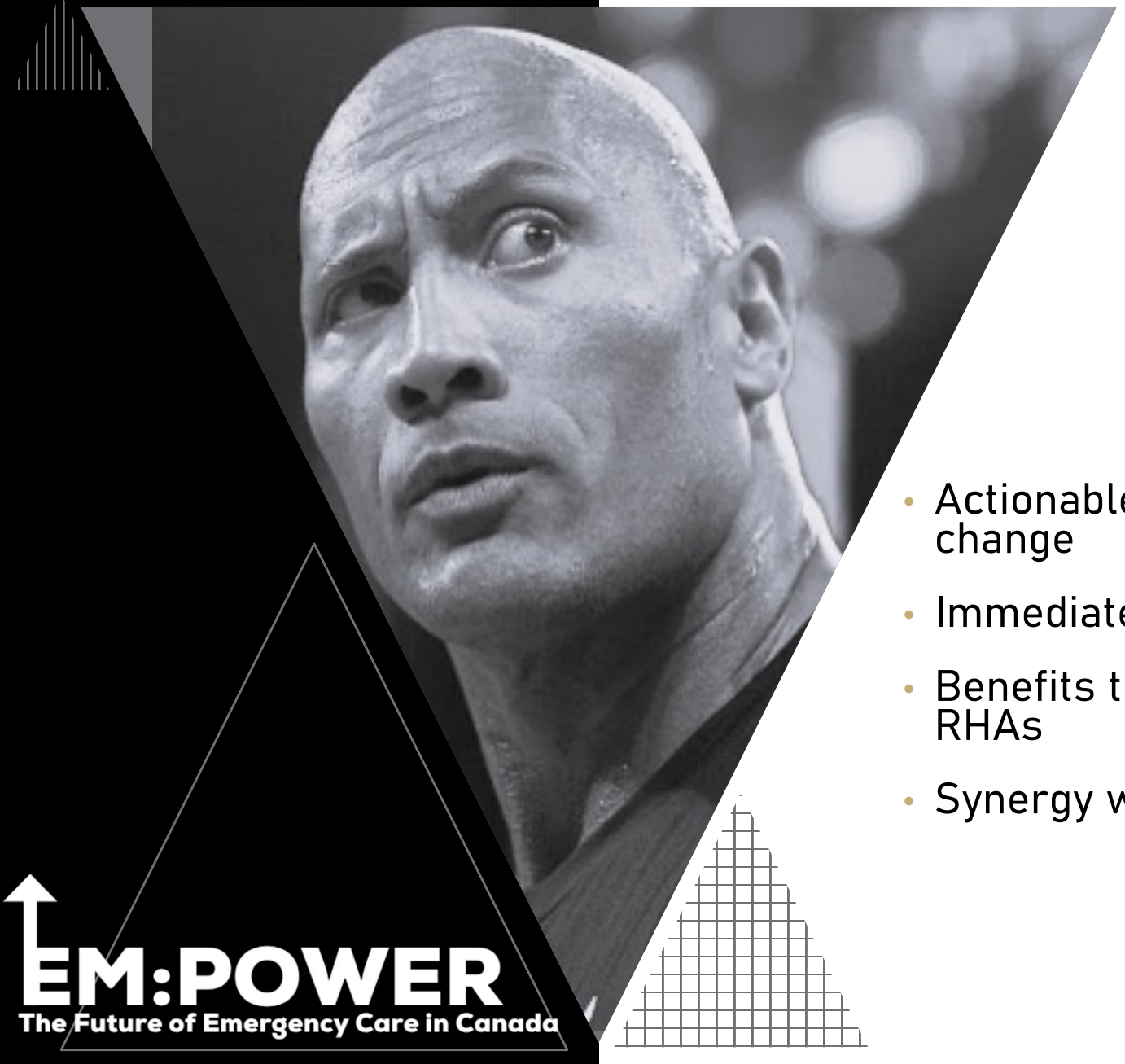

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Now What?

- Actionable recommendations vs framework for local change
- Immediate vs intermediate vs long-term plan
- Benefits to EPs & nurses, but also to governments and RHAs
- Synergy with CAEP Public Affairs and Board

The Ask: National Forum on Crisis in Canadian EDs—what does it mean?

- *Learning Health System*-Leaders and decision-makers will be brought together to catalyze change, utilizing the framework and evidence-based recommendations in the EM:POWER report.

- Knowledge exchange (best practices), policy discussion, interdisciplinary collaboration

- Starts with EM, but gathers mass, momentum from other players

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e·mer·gence
/əˈmərjəns/
Noun

- The spontaneous formation of properties, or collective behaviours, not predicted by the parts (or even the sum of the parts).
- Emergence is complexity arising form the integration of simple things and is everywhere, from ant colonies to the human body. It allows the whole to be greater than the sum of the parts