OVERCAPACITY PROTOCOLS AND CAPACITY IN CANADA'S HEALTH SYSTEM

CNA POSITION

The Canadian Nurses Association (CNA) believes that overcapacity protocols represent an interim practice to address the issue of overcrowding in emergency departments and must not be accepted as standard business practice. Overcapacity protocols create new challenges that may affect the safety of patients and nurses[1] and the integrity of nursing practice:[2]

- inadequacy of staffing to meet patient needs;

- lack of privacy and dignity for patients and families;

- compromise of therapeutic relationships between nurses and patients;

- increase in the number and severity of adverse events;

- lack of essential equipment;

- increase in violence and tension; and

- concerns regarding control of infectious disease.

CNA believes that complex system issues are at the root of overcrowding in emergency departments and in hospitals more generally and that such issues are leading to the use of overcapacity protocols. These system issues include but are not limited to:

- lack of community resources and long-term care alternatives;

- lack of available hospital beds;

- shortage of nurses, physicians and other health-care providers;

- lack of alternatives to the use of emergency departments for urgent or ambulatory care; and

- need for improved strategies for health promotion and disease prevention.

All of these issues are having a negative impact on the health of Canadians.[3]

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[1] In this document, *nurse* refers to registered nurses, including nurse practitioners, licensed practical nurses and registered psychiatric nurses.

[2] (College of Registered Nurses of British Columbia [CRNBC], 2007; Ontario Nurses' Association, 2007)

[3] (Bond et al., 2007; Canadian Association of Emergency Physicians & National Emergency Nurses Affiliation [CAEP & NENA], 2001; Rowe et al., 2006)

CNA believes that leadership is needed to develop sustainable solutions that will eliminate the need for and use of overcapacity protocols. Leadership through an interprofessional, intersectoral and multi-faceted approach is required to reduce capacity pressures, to ensure the safety of patients and health-care professionals and to ensure the provision of high-quality nursing care. Therefore, nurses in all sectors should collaborate with government officials, patient safety experts, non-governmental and voluntary organizations, other health-care providers and the public to identify and advocate for sustainable solutions to capacity pressures.

CNA believes that solutions to the problems of overcapacity can be achieved through changes across the health-care system. Nurses, including clinicians, educators, researchers, administrators, educators and policy-makers, should be actively involved on interprofessional teams and should collaborate with other health-care stakeholders to guide needed system reforms.[4] System reforms include but are not limited to:

- access to more community resources and alternative levels of care, including home care and services to support families and caregivers;

- effective management of chronic disease;

- greater access to primary care services;

- improvements in Canadians' capacity for self-care;

- innovations in geriatric care across the health-care continuum;

- innovations in discharge assessment, planning and follow-up;

- investment in health promotion and disease prevention strategies;

- investment in nursing recruitment and retention;

- maximization of care services for home care clients: and

- removal of legislative barriers to the participation of nurse practitioners in primary and tertiary care.

CNA believes that maximizing the quality of health outcomes across the system will eliminate the need for and use of overcapacity protocols. As the Quality Worklife-Quality Healthcare Collaborative has stated, "A fundamental way to better healthcare is through healthier healthcare workplaces. It is unacceptable to work in, receive care in, govern, manage and fund unhealthy healthcare workplaces."[5] Employers are responsible for protecting and supporting nurses by taking appropriate measures to ensure adequate staff, space, equipment and supplies to provide safe, ethical care.

CNA believes that more comprehensive integration of information technology will improve the efficiency of the health system. This would in turn alleviate some of the pressures on emergency departments and other parts of the health-care system. Governments and health service organizations are responsible for accelerating the adoption of electronic health records, and electronic tracking and sharing of information about available beds for acute and community care.[6]

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[4] (CAEP & NENA, 2001; Home Care Sector Study Corporation, 2003; Jokovic, Baibergenova, Baldota & Leeb, 2006; Thornicroft & Tansella, 2003)
[5] (Quality Worklife-Quality Healthcare Collaborative, 2007, p. 6)
[6] (Health Council of Canada, 2005; Rowe et al., 2006)

CNA believes that although these longer-term system reforms are essential to improve capacity in Canada's health system, nurses must act now. Nurses need to use their expertise to:

- identify, plan for and mitigate delays in care;

- participate in safe and timely discharge of patients from hospital;

- develop policies to increase capacity and streamline workflow and patient flow;

- advocate for efficient planning of care for in-patients;

- maximize care in the community;

- advocate for a span of control for nurse managers that permits adequate supervision of and support to nurses and that ensures patient safety; and

- ensure that nursing students who are doing clinical work while overcapacity protocols are in place are given appropriate support, guidance and debriefing.

CNA believes that evaluation and research are needed to guide health system planning and resource allocation. Nurses should advocate to governments, accreditation bodies, health service organizations, academic institutions and researchers to advance research (including prospective studies in a variety of settings) and evaluation of the following topics:

- solutions to improve patient flow across health-care sectors;

- development of valid, sensitive and reliable indicators and outcome measures;

- system-wide solutions that ensure interprofessional collaboration; and

- definitions of emergency department overcrowding.[7]

CNA believes that continued hospital and emergency department overcrowding and the use of overcapacity protocols will lead to a more frequent need for nurses to engage in ethical problem-solving. Competing obligations, including the need to make fair decisions about the allocation of resources, may lead to ethical (or moral) distress[8] and an exodus from the workplace. Nurses in clinical practice will need support in identifying ethical issues. Such support must come from nurse ethicists, nursing organizations and nurse administrators, all of whom must advocate for quality practice environments that support patient and staff safety.[9]

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[7] (Ospina et al., 2006; Schull, Slaughter & Redelmeier, 2002)

[8] "Ethical (or moral) distress arises in situations where nurses know or believe they know the right thing to do but for various reasons (including fear or circumstances beyond their control) do not or cannot take the right action or prevent a particular harm. When values and commitments are compromised in this way, nurses' identity and integrity as moral agents are affected and they feel moral distress." (CNA, 2008, p. 6)

[9] (CNA, 2008)

BACKGROUND

Emergency department overcrowding has been defined as "a situation in which demand for service exceeds the ability to provide care within a reasonable time, causing physicians and nurses to be unable to provide quality care."[10] It reflects complex, systemic problems within the health-care system.[11]

Overcapacity protocols represent one strategy among many that are being implemented across Canada, on a daily basis in some hospitals, to address the issue of overcrowding in the emergency department. They are "short-term [strategies] which an agency may use when the demand in an emergency department exceeds the capacity to provide the necessary care."[12] The intent of such protocols is to move admitted patients from the emergency department to wards and other areas of the hospital when regular in-patient beds are not available and the emergency department has reached full capacity.[13] This approach differs from the response that may be required when there is a surge within the system – for example, during an influenza pandemic – and measures must be put into place to promote and protect the safety of both staff and patients.[14] In addition to using hallways during times of overcrowding, some facilities use larger private tub rooms (with call bells and other equipment in place), patient lounges with dividers or additional beds in semi-private rooms. Nurses have indicated that when overcapacity protocols are in effect, they feel compromised in their ability to ensure safe, effective, high-quality care for patients and to ensure their own safety.

The Canadian Agency for Drugs and Technologies in Health has identified only limited Canadian research on the impact of emergency department overcrowding and on potential solutions and alternatives that would support better outcomes.[15] One report stated, "No evidence of effectiveness could be identified for many broadly adopted interventions in Canada such as float nurse pools, senior emergency department physician flow shifts, community care workers assigned in emergency departments, over census on wards, orphan clinics, and overload units for in-patients."[16] An analysis of patients in acute care hospitals who no longer require acute care services, recently released by the Canadian Institute for Health Information, indicates that more information is needed to identify whether the current health-care system has sufficient capacity to provide necessary care in the most appropriate setting for patients, and whether specific strategies can "relieve the strain on staff and patients if [these patients in acute care hospitals who are] waiting for placement [in other facilities] are transferred more quickly."[17]

Ethical (or moral) distress is experienced by nurses working in overcapacity situations. Professional codes of conduct, such as CNA's *Code of Ethics for Registered Nurses*, provide direction on ethical considerations and help clarify providers' ethical responsibilities in such situations. Nurses are committed to providing safe, compassionate, competent and ethical care.[18]

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[10] (CAEP & NENA, 2001, p. 82)

[11] (Rowe et al., 2006)

[12] (CRNBC, 2007, pp. 1-2)

[13] (British Columbia Nurses' Union, 2007)

[14] (CAEP & NENA, 2001)

[15] (Bond et al., 2007; Rowe et al., 2006)

[16] (Bond et al., 2006, p. 21)

[17] (Canadian Institute for Health Information, 2009, p. 13)

[18] (CNA, 2008, p. 8)

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Also see:

Related CNA position statements:

Patient Safety (2009)

Staffing Decisions for the Delivery of Safe Patient Care (2003)

Joint position statement with the Canadian Federation of Nurses Unions:

Practice Environments: Maximizing Client, Nurse and System Outcomes (2006)

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