Office of the Auditor General of Ontario
Bureau du vérificateur général de l'Ontario

Emergency Departments

2023 Value-for-Money Audit

Why we did this audit

- Emergency departments are a crucial part of Ontario's health-care system, providing medical treatment for urgent and emergent illnesses and injuries 24 hours a day, 365 days a year. It is important to identify bottlenecks and ways to improve patient flow at emergency departments.
- Since our Office's 2010 audit of emergency departments, there have been significant changes in how services are delivered, tracked and reported.

Why it matters

- Managing patient flows and staffing levels at emergency departments is impacted by patient choices about where they access care, including walk-in clinics or family doctors.
- Funding issues and staffing shortages exacerbated by the COVID-19 pandemic have put further strain on Ontario's emergency department system.
- When emergency departments are unable to operate efficiently and effectively, patients may not receive timely and high-quality care, which can lead to negative or even fatal health outcomes.

What we found

No Comprehensive Provincial Strategy Is in Place to Prevent Emergency Department Closures

- Unplanned closures of emergency departments were very rare before 2019/20. However, between July 2022 and June 2023, there were 203 temporary emergency department closures, involving 23 hospitals in rural or remote areas, largely due to nursing shortages.
- The absence of a comprehensive province-wide and centralized strategy to help hospitals maintain nurse staffing levels to avoid closures means that hospitals have to manage these situations independently.

RECOMMENDATION 1

The Locum Program Cannot Keep Pace with Hospital Demand

- In 2006, the Ministry created the Emergency Department Locum Program to provide urgent coverage for hospitals facing challenges filling physician shifts. In 2022/23, hospitals requested over 96,000 hours of support from the program, which was able to cover only about 60,000 hours.
- If it wasn't for the Locum Program, there could have been an estimated 400 emergency department closures in 2022/23.

RECOMMENDATION 2

Long Wait Times for Emergency Care Have Gotten Longer

- Since the COVID-19 pandemic, there has been a significant spike in patient wait times to see doctors in emergency rooms. In 2022/23, patients waited an average of about two hours after being triaged, about 30 minutes longer than they waited in 2013/14. Patients in the 90th percentile waited almost four and a half hours in 2022/23, up from about three hours in 2013/14.
- Because of longer wait times, many patients chose to leave an emergency department without being seen by a doctor. For example, in 2022/23, one hospital with wait times of close to three hours had about 14% of patients leave the emergency department without being seen.
- Lower-acuity patients accounted for approximately 23% (or 1.29 million) of all emergency department visits in 2022/23. Some of these patients did not require emergency care but choose to visit the emergency department as they did not have other options, such as a family doctor.

RECOMMENDATION 3

Medical Directives Are Not Used Consistently Across Hospitals

- Medical directives are orders developed by physicians to help nurses and other hospital clinicians start assessing patients and performing procedures (such as ordering blood work) before their physician initial assessment.
- However, we noted significant variations in their use. At the hospital sites we visited, the number of medical directives in use ranged from nine to 37, with variation in their use for specific conditions.

RECOMMENDATION 4

Emergency Patients Sometimes Have to Wait More Than 24 Hours for an Inpatient Bed

- In 2022/23, patients waited an average of 13 hours for an inpatient bed, a significant increase from eight hours a decade ago. Patients in the 90th percentile waited 35 hours for an inpatient bed, up from an average of about 21 hours in 2013/14.
- Long wait times are partly the result of a lack of inpatient beds and "hallway patients" who do not require hospital-level care but are waiting for rooms elsewhere in the health-care system.

RECOMMENDATION 5

Long Wait Times Impact the Quality of Emergency Department Care, Resulting in Poor Patient Outcomes

- In 2022, patients made 274 return visits to emergency departments soon after their initial visit with a severe or significant diagnosis; of these incidents, 104 of such visits were due to a quality issue or adverse event such as lack of follow-up, a delayed or missed diagnosis, or an unsafe discharge.
- Our review of return visits also noted numerous examples over the last five years where long wait times resulted in poor outcomes, such as requiring a surgery and being admitted to the critical care unit.

RECOMMENDATION 6

Ambulance Offload Times Contribute to Even Longer Wait Times for Patients and Risks to Communities

- In 2022/23, 20% of patients were brought into the emergency department by ambulance. While 30 minutes or less to offload patients is considered best practice in the industry, this target has not been consistently met.
- Offload delay is mainly due to a lack of nursing staff to quickly triage patients and limited assessment of room availability. These issues delay paramedics from returning to the community to respond to other emergency calls.

RECOMMENDATION 7

Triaging Process Has Improved but More Oversight and Further Changes Are Needed

- In response to our 2010 audit recommendations, the electronic Canadian Triage and Acuity Scale system (eCTAS) was implemented to help nurses assess the level of care patients need. Currently, 44 emergency departments do not use eCTAS. While Ontario Health is in the process of onboarding 11 more in 2023/24, 33 emergency departments work outside the system.
- Triage nurses can manually override the system by increasing the eCTAS level to prioritize care for any patient. In the last five years, the provincial average override rate has consistently exceeded the 10% threshold. In 2022/23, about 13 hospitals' override rates exceeded 25%. Some overrides were attributable to nurses who may not have been adequately trained.

RECOMMENDATION 8

Hospitals Are Filling Staffing Gaps by Hiring Agency Nurses at Significantly Higher Hourly Rates

- Emergency departments we visited experienced a significant increase in nursing vacancy rates between 2019/20 and 2022/23. For example, one emergency department's vacancy rate for full-time registered nurses increased from 6% to 26% and for part-time nurses from 23% to 51%.
- Worsening staffing shortages are forcing hospitals to hire agency nurses at significantly higher hourly rates than permanent staff. Our review of spending on agency nurses found one hospital spent about $8 million on agency nurses in the emergency department in 2022/23, compared with $2.4 million a year earlier.
- Collective agreements also limit the ability of hospitals to move nursing staff between units, leading to increased reliance on agency nurses.

RECOMMENDATION 9

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Inconsistencies in Physician Payment Structure Can Impact Timeliness and Oversight of Emergency Department Care

- Most emergency department physicians are compensated through an alternative funding arrangement (AFA) that includes a base funding component that, which is essentially a salary divided among doctors. Others use a fee-for-service (FFS) model to bill the Ontario Health Insurance Plan directly.
- There is a lack of oversight of pay and performance of individual physicians who are part of an AFA. Hospitals do not provide the Ministry with data on the funding doctors receive or how many patients they see.
- The FFS model inherently incentivizes physicians to see more patients in order to receive payment, which in turn could result in shorter wait times.

RECOMMENDATION 10

P4R Program Showed Initial Successes but Is Now Less Effective

- The Ministry created the Pay for Results (P4R) program in 2008 to incentivize hospitals to improve patient flow in emergency departments.
- Early on, some key performance indicators showed a reduction in wait times. However, a significant number of hospitals have seen their performance deteriorate in recent years.

RECOMMENDATION 11

Effective Diversion Practices at Emergency Departments Are Not Shared with Hospitals Province-Wide

- To reduce emergency room pressures, some hospitals diverted patients away from the emergency department to a more appropriate setting within the hospital to receive care. For example, using a rapid assessment zone for low-acuity patients can expedite and improve care for patients.
- While these best practices have shown success, hospitals often do not share them province-wide. The Ministry and Ontario Health also do not track or evaluate the use of these effective practices.

RECOMMENDATION 12

Urgent Care Centres Can Be Expanded to Treat Low-Acuity Patients

- Urgent Care Centres (UCCs) are designed, equipped and staffed to care for patients without prior appointments who are seeking prompt or immediate treatment for non-life-threatening conditions and injuries. At the time of our audit, there were 11 UCCs in Ontario. In 2022/23, approximately 230,000 patients visited seven UCCs that reported data to Ontario Health.
- Patients receive care much quicker in UCCs than in emergency departments. In 2022/23, patients spent an average of 2.3 hours in the UCC, three times less than those visiting an emergency department.

RECOMMENDATION 13

Virtual Urgent Care Pilot Program Has Shown Success but Subsequent Changes to Program May Result in Worse Outcomes

- In 2020, the Ministry approved about $4 million in one-time funding to support a virtual urgent care pilot program. In 2022/23, patients made over 50,000 virtual urgent care visits, more than double the previous year.
- Ontario Health plans to integrate elements of the virtual urgent care pilot program into the provincial Health811 call service to connect patients with a registered nurse 24 hours a day. However, this centralized model may not be as effective as programs managed directly by hospitals.

RECOMMENDATION 14

Conclusions

- The Ministry of Health, Ontario Health and hospitals do not have fully effective systems and processes to oversee the delivery of care and manage resources efficiently to ensure continuous availability of timely and patient-centred emergency care.
- The Ministry and Ontario Health also do not measure and assess all areas of emergency department performance.
- Some emergency departments do not always triage and assess patients appropriately based on needs. Hospitals need to do more to safely admit, discharge and/or transfer patients to other appropriate care settings in a timely manner.

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