

Dear Manitobans,

In light of recent consolidation changes, the nursing staff at St. Boniface Hospital Emergency Department feel it's crucial that we speak out in regards to the negative impact the restructuring is having on our ability to provide safe and effective patient care.

We are aware that HSC and the Grace are experiencing similar issues, however we feel compelled to present our specific concerns.

The nurses are extremely frustrated and 'burnt out'. They are fearful on a daily basis to show up for their shift and are concerned that the opportunity for critical errors to be made is increasing. There are many factors that contribute to the ineffectiveness of the current state of the emergency department. We would like to enlighten our union, the hospital, the region, the government and most importantly, the public. Our role as critical healthcare providers, educators, mentors, patient advocates and support workers is collapsing and we are desperate to maintain the safe standards that has traditionally been the benchmark at St. Boniface Hospital.

The following is a glimpse into the issues we are facing on a daily basis that need immediate attention in order to prevent further deterioration of a crumbling system:

- The newly renovated Emergency Department is inadequate and substandard.
- The waiting room is smaller and with only 40 seats available, it is often overcrowded and unsafe. At times we have over 50 patients awaiting care in the waiting room, family members forced to stand and be separated from their loved one for extended periods of time.
- Wait times averaging 6-9 hours, longest times exceeding 11 hours at times (in the waiting room alone).
- The triage pods are placed in a way that compromises sightlines so we are unable to safely visualize all the people in the waiting room.
- Patients that require a stretcher or have been offloaded by paramedics are not visible by triage or floor staff. We often rely on family members or staff who pass by to alert triage to any issues that may arise, including patient deterioration.
- The layout of the current department is scattered and compartmentalized. This creates separate working areas and makes it difficult to support one another and ensure safe patient care.
- The renovation was supposed to create 3 new secure areas for the care of our psychiatric population, however, we are unable to staff those areas. This leaves us to care for aggressive, unpredictable patients in unsecured common treatment spaces, placing patients, family members and staff at increased risk for injury and/or assault.
- In light of the recent increase of methamphetamine (meth) presentations, unwell patients are receiving inadequate care in times when all staff resources are being used to manage these erratic patients.
- The newly built resus room remains unused due to inadequately trained nurses

and multiple unfilled positions within the department.

- A newly renovated area, designed to accommodate cardiac monitored patients, remains a mid to high acuity area as we are unable to staff it with telemetry trained emergency nurses.
- Our RAZ (rapid assessment zone) department currently closes every night at 2330 due to lack of staff, which impacts our patient flow and wait times.

Protocols are becoming more difficult to adhere to due to patient volumes, higher acuity and insufficient staff (inadequately trained, lack of retention/recruitment incentives), which require us to care for patients in an improvised fashion. We are seeing patient numbers we have NEVER seen in the past, regardless of the recent influx of influenza related presentations.

Large volumes of admitted patients (over 20% of our patient volume at times) are languishing in our department, frequently from 24 hours to several days, waiting for a bed to become available within the hospital. Recently, as many as 31 people have been admitted and waiting for a bed, in a department with approximately 52 treatment spaces. Imagine, if those 28 admitted patients actually went to their assigned ward beds, then we would be able to see 28 people in the waiting room (with undiagnosed unknown conditions).

At times there are multiple pending consults (upwards of 15) that hinder patient flow and the ability of ER physicians to treat patients currently occupying the waiting room. In Spring 2019, we were told by management that once the new addition of high acuity beds opened, our wait times would decrease. However, it is yet another place for admitted patients to sit and wait for a bed to become available. It is becoming a familiar sight to see LOS (length of stay) exceed 24 hours.

More frequently we have been caring for critically ill (intubated/ventilator-dependent/ICU patients) for prolonged periods of time due to lack of critical care beds in the city. Nurses are providing care to these ICU patients along with their usual patient assignments, placing patient care at risk. ICU patients are normally cared for in a critical care unit with a 1:1 nurse-patient ratio and an increased critical care educational component that most of our staff do not have. In recent weeks, we have had over 4 intubated, critically ill patients remain in our department for extended periods of time due to the lack of ICU beds. This gravely impacts our resources as we are not staffed to provide 1:1 nursing care.

Nurses are going several hours or entire shifts without meal breaks, bathroom breaks or an opportunity to sit down. This increases the risk of medical errors and the safety of patients.

Quotes from our nurses:

"Even if they blame the flu, the flu should not be pushing us past the breaking point anyways! We should be able to accommodate for fluctuations in community illnesses."

"We don't need a bigger Emergency department, we just need more in-patient beds, community beds and more nurses. In most cases, if we had beds to send patients to we would be fine and actually run an emergency department, but this is nothing new."

A nurse from our department has composed a reflective letter we believe gives a true picture of the current state of our Healthcare system: "I have been working as an RN for several years in several departments, including the Emergency Department. The health care retransformation happened in January 2018 and since then nurses, physicians, support staff, patients and families have felt the changes.

Staffing, beds, money and resources were cut and reprioritized.

Staff were left in the dark which left them without answers to patients questions. I have never felt so frustrated and helpless in my job. I love being a nurse because I am able to help people through some of the scariest times in their lives. However, these changes made my job more difficult through no fault of my knowledge, skill or capacity. Cardiology beds were cut citywide without expanding beds or resources at tertiary hospitals. This leaves people who present with cardiac emergencies to the emergency room waiting longer and placed at greater health risk.

Our communities are growing older and are getting sicker, creating more acutely ill patients who require critical care. Gone are the days of empty, under-census ICU beds. Today they are consistently at or above census, with not enough beds, resources or staff to care for complicated, acute patients and their concerned families.

Emergency rooms across the city are becoming increasingly violent, busy, crowded and acute. Staff are burning out, working 16 hour shifts, missing meal or bathroom breaks, juggling increasing and complicated daily tasks, all while hearing the blame and frustrations of patients and their families. We hear their concerns and complaints about the wait times, and asking why they have to wait 2-4 days for a cardiology or medicine bed. We are unable to effectively communicate to our patients and families because we are too busy or overwhelmed with other acute and busy patients surrounding them.

I love being a nurse. But we are being ignored by the government whose job it is to look after us and our communities. It's time for those in power to listen to its public workers and support Manitoba's health crisis."

We continue to lose valuable members of our health care team due to lack of training, lack of support, increased workload, increased acuity, and poor retention incentives. Flow is compromised due to the lack of available beds in our hospitals and in our communities. The current state of the emergency department at St. Boniface Hospital is

in crisis and unsustainable.

Respectfully,

The Nurses of St. Boniface Hospital Emergency Department