

September 16<sup>th</sup>, 2022

In last week's DA, the summer of 2022 was noted to be an "unprecedented" one on our wards. This week, the focus will be the **Emergency Department**, which also experienced unprecedented volumes and challenges this summer. The ED was routinely in Surge 2 or 3. Volumes were very high – and these were not low acuity patients. The volume of high-acuity patients was at 114% of usual for summer. Trauma code activations were at 206% of usual summer levels. The inter-dependence of all our services was in evidence daily in the ED. The high volumes on the wards led to an accumulation of admitted patients in the ED. The ED team was often managing the equivalent of a full ward of 25-27 acutely ill and injured children, while continuing to manage the constant influx of new patients. The ED team also regularly managed, for prolonged periods, patients who would normally have gone to the PICU due to lack of available PICU beds.

Amidst the deluge of patients, the ED team was also facing serious staffing shortages, with reductions of up to 30% of nurses and 50% clerks on some days. Despite these challenges, team members consistently went above and beyond to ensure high quality care and to support each other. It was commonplace for team members to work extra shifts and to tack on extra hours before or after their originally scheduled shifts to optimize patient care, cover last-minute sick calls, and to support colleagues taking much-needed vacation or urgent personal leaves. All staff showed exceptional flexibility in helping out in whatever area of the ED they were most needed, regardless of their assignment. The combination of high patient volumes and staffing shortages requires constant attention from leaders to make adjustments to processes, protocols, and patient flow strategies to ensure care needs are met and to support other areas of the hospital also struggling with overcapacity, short-staffing, and exhaustion. Kudos to Dr. Laurie Plotnick and her leadership team (Drs. Jessica Stewart and Suzanne Vaillancourt) for keeping the boat afloat.

The members of the ED team have also shown their characteristic compassion and support for the other members of their team, showing sensitivity and concern for the needs of their colleagues.

Despite these significant challenges, the ED has not stopped innovating and optimizing. They have continued to advance work on important projects, including enhancing the waiting room experience with screens and teaching videos and creation of a distraction room to reduce stress and anxiety of patients and families. They continue to revise processes and protocols to improve trauma care, conduct research projects, and prepare for the new provincial pediatric transport program. The ED team is preparing for a completely new PALS course, in addition to working on the MCH ED accreditation. Efforts also continue to implement online ordering through OACIS. At the same time, simulation projects continue to advance and members regularly do media interviews to raise awareness related to injury prevention and safety. These are just a few examples of the activities of ED members, in addition to their direct clinical care responsibilities.

The ED often serves as the portal to the MCH for the patients and families for whom we all provide care. It is reassuring to know that this foundational part of our 'machine' includes such devoted and effective individuals who exemplify exceptional teamwork. Congratulations to the entire ED team for continuing to excel under such challenging conditions.

Have a great weekend.

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