



Position Statement

Hallway Nursing/ER Overcapacity

The Ontario Nurses' Association (ONA) has long held the belief that health care employers must provide a quality work environment that allows nurses to care for patients according to best practices and to meet the College of Nurses of Ontario (CNO) standards. We believe hospital overcapacity protocols that result in hallway nursing put patients and nurses at increased risk and must be stopped.

We recognize the overcrowding and long wait times that exist in hospital emergency units across the province. Emergency Room (ER) overcapacity is having a negative impact on the ability of registered nurses to meet ER triage standards. This situation is the direct result of a lack of government funding for hospital beds and sufficient staff to allow patients to be admitted to hospital or transferred to long-term care or home care. The solution to this funding problem is not to have nurses manage more patients without appropriate supports in unsafe environments such as hallways. The lack of privacy, physical space, proper supplies, equipment and nurse staffing negatively affect patient safety and health outcomes.

Hallways provide little privacy or dignity and this makes development of a therapeutic relationship with patients and families next to impossible. Nurses are not able to practice to the best of their ability and therefore must advocate for client safety and their professional practice, as required by the following CNO standard:

Every nurse is accountable for:

- Providing, facilitating, advocating and promoting the best possible care for clients.
- Advocating for patients, the profession and the health care system.
- Ensuring practice is consistent with standards of practice, guidelines and legislation.
- Taking action in situations where client safety and well-being are compromised.

Administrative nurses have accountability to the patients and other nurses on the unit to provide a quality practice setting and to staff it in the best interest of clients and professional practice. Allowing hallway nursing appears to be in direct conflict with what is expected of an administrative nurse by the CNO standards as follows:

- In addition, a nurse in an administrative role is accountable for:
 - Ensuring that mechanisms allow for staffing decisions that are in the best interest of patients and professional practice.
 - Ensuring appropriate utilization, education and supervision of staff.
 - Advocating for a quality practice setting that supports nurses' ability to provide safe, effective and ethical care.

Research tells us that inadequate nurse staffing is considered one of the work conditions that precipitate errors and violations of standards, increased nurse injuries and that adding one patient to a nurse's average caseload in acute care hospitals is associated with increases of failure to rescue by 7 per cent, patient mortality by 7 per cent, nurse burnout by 23 per cent and job dissatisfaction by 15 per cent. (Aiken et al. 2002. "Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction." *Journal of the American Medical Association*. Vol. 288, No.16.)

An adverse event is an unintended injury or complication which results in disability, death or prolonged hospital stay, and is caused by health care management (rather than by the patient's underlying condition). In 2004, according to *the Canadian Adverse Events Study*, 7.5 per cent of Canadian patients admitted to acute care experienced adverse events and between 9,000 and 24,000 patients die annually following a preventable adverse event in hospital. These numbers will only climb with the implementation and/or continuance of hallway nursing.

ONA opposes the current trend in hospitals to implement the practice of hallway nursing as it increases the risk to patients and nurses. We believe the basic principle of do no harm by providing safe, quality care is at risk.

ONA calls upon the Ontario government to implement appropriate solutions and take action to eliminate overcapacity protocols that result in hallway nursing. These solutions include:

- Fund public home care, long-term care and hospitals to meet the current realities of patient demographics.
- Utilize nurse practitioners in ER.
- Increase supports in the community (such as increased use of nurse practitioners).

- Increase number of general practitioners to address problem of patients without family physicians.
- Invest in community non-urgent care, which is publicly funded, administered and delivered.
- Invest in illness prevention.