



ONA Position Statement

HALLWAY NURSING/HOSPITAL OVERCAPACITY

The Ontario Nurses' Association (ONA) believes that health care employers must provide quality practice environments that allows nurses to care for patients according to established best practices and to meet the College of Nurses of Ontario (CNO) Practice Standards. Hospital overcapacity protocols that result in hallway nursing put patients and nurses at risk. Employers must collaborate with nurses to put measures in place that mitigate the risks and enable nurses to maintain their professional accountabilities in line with the CNO Practice Standards.

We recognize that many Ontario hospitals are overcrowded and have long wait times. These overcapacity issues originate in hospital Emergency Departments (ED) but are now also impacting inpatient areas. In an attempt to move patients through the ED faster, overcapacity protocols have been enacted that move patients out to “unconventional spaces” in the inpatient units, which can include hallways, closets, quiet rooms, offices and tub rooms. The addition of these “unconventional spaces” on a unit allows for an increase in the patient census, which can negatively impact nurses’ workloads and cause moral distress.

Overcapacity in ED/unconventional spaces can also have a direct impact on the ability of Registered nurses (RNs) to meet ED triage standards and wait time targets. Patients are routinely assigned to hallway bed spaces and beds in unconventional spaces, and nurses struggle to work within the professional accountabilities set by the CNO Practice Standards. Many of these spaces provide little privacy or dignity, and this makes the development of a therapeutic relationship with patients and families next to impossible. The lack of privacy, physical space, proper supplies, equipment and nurse staffing negatively affect patient safety and health outcomes.

The problem of hospital overcapacity has many contributing factors, which include an aging demographic and population surges. Those seeking care in the ED/unconventional spaces may require chronic disease management, mental health and addiction care, but lack the support or ability to access it in the community. Thus, community and primary care enhancements are absolutely necessary to reduce the pressures on acute care hospitals. The availability and access to post-hospital care has also been a barrier to facilitating the flow of patients through acute-care hospitals. Long-term care and rehabilitation beds have specific admission criteria that preclude patients with particular care needs, which delays discharge from acute-care hospitals, leading to “bed blocking” and causing acute patients to be housed in “unconventional spaces.”

The health and safety consequences of hallway nursing are numerous, and affect health-care workers in multiple ways.

Physically, ONA members face challenges with maintaining Infection Control protocols in hallways that do not have the appropriate barriers or negative pressure options, There are hazards, such as tripping related to overcrowded hallways, and the ever-present risk of musculoskeletal injuries due to working without appropriate lifting aids or working with awkward body mechanic. Working in a situation that makes it difficult, or impossible, to respond to emergencies due to blocked hallways, exits or equipment, is a constant concern.

Stress, burnout and job dissatisfaction occur when nurses are forced into overcapacity situations that cause them to have heavy patient loads. Missed meals and breaks, not enough time to rest and high demands to work overtime all contribute to physical exhaustion and injuries.

There is moral distress when the health-care worker cannot deliver the high-quality care they want to, and ethical dilemmas arise when nurses must choose between their own health and safety and maintaining the standards of care of their profession.

The potential for ONA members to face violence from patients and their families is high in these situations. Patients are frustrated from long wait times in the ED/unconventional space and look forward to finally getting “a bed.” When they find out that their bed is in a hallway, with no privacy and limited opportunities for their families to visit, physical and verbal aggression can occur.

ONA opposes having patients in unconventional spaces and the creation of protocols to support this action. This option should be utilized in rare situations and not considered the standard, 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 all nurses, including nurse practitioners (NPs), to full scope in all areas of patient care (including acute care, primary care and community care areas)
- Increase supports in the community (such as increased use of NPs)
- 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.

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