



Children's  
Healthcare  
Canada

Santé  
des enfants  
Canada



Pediatric Chairs of Canada  
Directeurs de pédiatrie du Canada

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## Opening Statement:

Good morning and thank you for inviting me to participate today. My name is Emily Gruenwoldt. I am the President and CEO of Children's Healthcare Canada and the Executive Director of the Pediatric Chairs of Canada.

Children's Healthcare Canada is a national association representing Canada's 16 children's hospitals, and community hospitals, rehabilitation centres, home care, palliative and respite agencies that serve children and youth. Our members span the full continuum of care, giving us a unique perspective on the health systems that serve Canada's 8 million children and youth, a population that continues to grow.

The Pediatric Chairs of Canada are the department heads of pediatrics across Canada's 17 medical schools.

I am pleased to join you to provide input on how the shortage of children's analgesics are impacting the delivery of healthcare within hospital settings, and exacerbating strains on emergency departments, and across entire hospitals.

It's no secret: A large number of young children across the country are very sick. Whether influenza, RSV, enterovirus, or even COVID-19, parents and caregivers have their hands full. Typically, these (mostly) common respiratory infections can be managed at home with readily available over the counter pediatric medications including acetaminophen and ibuprofen. Of course, we know these products are and have been in short supply in the community for several weeks, if not months.

Parents are struggling to alleviate symptoms at home, and are seeking out the assistance of primary care providers, community pharmacies and, increasingly, emergency departments.

From coast to coast, children's hospitals in particular, but also many regional community hospitals are experiencing historic volumes of young patients visiting their

<sup>1</sup> The 200 figure was reported for Sunday, November 6: <https://atlantic.ctvnews.ca/it-s-just-chaos-in-here-all-the-time-iwk-emergency-department-sees-record-number-of-patients-1.6142862>

<sup>2</sup> <https://www.cbc.ca/news/canada/edmonton/albertan-wait-emergency-rooms-1.6630301>

<sup>3</sup> <https://www.cbc.ca/news/canada/british-columbia/respiratory-illnesses-bc-childrens-1.6643877>

emergency departments, in part due to a lack of pediatric formulations to treat the symptoms of this perfect storm of respiratory illnesses, which are showing no signs of abating. Here's what we're seeing and hearing across the country:

- At the Janeway Children's Hospital in St. John's, Newfoundland, emergency department occupancy topped 200% over the weekend. Their hospital is operating at 100% capacity.
- In Halifax, the IWK emergency department and ICU have declared a "Code Census" which reflects severe overcapacity for eleven days now. The IWK Emergency department recently<sup>1</sup> registered 200 patients over a 24-hour period, setting a hospital record. Making matters worse, that same day the IWK also saw its highest ever number of patients triaged as seriously ill and requiring admission. Last week, between 11 and 32 patients left unseen each shift.
- In Montreal last week, the emergency department at CHU St-Justine was operating at 300% occupancy; At Montreal Children's Hospital, 250%.
- In-patient occupancy at McMaster Children's Hospital hit 140% on Friday November 11th.
- As of yesterday, Sick Kids Hospital reduced surgical activity to focus exclusively on emergency and urgent surgeries to create capacity for critically ill children. As of Friday, half of the children in their ICU were on a ventilator.
- CHEO, our children's hospital here in Ottawa, announced last week that they have opened a second pediatric intensive care unit to care for the most critically ill children. As of Friday November 11<sup>th</sup>, they reported 280% occupancy of funded PICU beds.
- Last week, Ontario measured three times the number of children admitted to hospital with RSV compared to typical. Pediatric ICU capacity measured 130% for the province, up from 80% the week before. This week over week increase is alarming.

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- In Saskatchewan, the Jim Pattison Children’s Hospital emergency department volumes are two to four times higher than typical. 30% of children and families who visited the emergency department over the weekend, left without being seen. In Edmonton, wait times at Stollery Children’s Hospital have increased to as much as 20 hours, with some patients reporting wait times of up to 8 hours on return visits<sup>2</sup>.
- Many children’s hospitals have been forced to activate emergency operations centres to better manage patient access and flow.<sup>3</sup>

These are but a few examples. The story is consistent across each of Canada’s 14 children’s hospitals.

- Record numbers of children visiting the emergency department;
- Record numbers of admissions;
- Record acuity or severity of the patients being admitted,
- Record waits to be admitted
- Growing wait times for time-sensitive surgical interventions;
- Record staff shortages; and
- Mounting public frustration.

Beyond exacerbating challenges within an emergency setting, children’s and community hospitals commonly rely on analgesics prior and post surgical interventions to manage pain, but also to reduce the use of opioids, and reduce likelihood of developing chronic pain. Children’s hospitals across the country are now evaluating whether or not they can perform essential surgical interventions based on the availability of analgesics to manage patients’ care before and after surgery.

As many in this room will know, the Canadian Pain Task Force recently published an action plan for pain in Canada. A foremost goal was to ensure access to appropriate pain care for Canadians. The report shared three important recommendations that are relevant to our discussion today:

- First – the report shares evidence which reveals that treating pain with analgesics is not only the right thing to do, it also spares the use of opioids.

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From an access perspective, the report underscores the necessity to ensure appropriate pain management for vulnerable populations. Children are a vulnerable population by definition.

- And lastly, the report speaks to the moral and financial imperative to prioritize the prevention of chronic pain - which is not only disabling for children, but also creates a long term health system challenges.

I think we can agree that the current situation is both unacceptable and unsustainable. Elongated shortages of essential medications – whether over the counter or prescription medications, is inexcusable in a country like Canada. While this overnight crisis in pediatrics has been decades in the making, there are solutions that will provide much needed relief – even if just in the short term.

In order to address the shortages today, and plan for the future, Children’s Healthcare Canada recommends the following:

In the short term:

1. Work to facilitate trusted foreign product imports to bolster supply for both community/retail and healthcare institutions serving children.
2. Coordinate education and communications directed to families outlining when pain medications are required, and what other safe and effective interventions might be appropriate.
3. Coordinate a communications response to hospitals and children’s healthcare providers to provide timely updates on supply and the national response (similar to that undertaken for specialized infant formula);
4. Coordinate a national campaign to ensure children and youth prioritize immunization against COVID-19 and the flu (as well as all other routine childhood immunizations).

To build capacity for the future:

5. Establish a pan-Canadian list of critical medications for children and youth.
6. Evaluate the merit of strategic reserves of “essential OTC and prescription medicines” for children and coordinate an approach with provinces and territories; Convene an expert pediatric pharmacological advisory committee tasked with reviewing drugs in short supply and list alternative agents for consideration that accessible.

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