



# Closing gaps in emergency care: The vital role of Advanced Practice Nurses in serving vulnerable populations

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## Abstract

Current socio, political, and economic events may disproportionately affect those who are identified as vulnerable, as well as their presentation to Canadian emergency departments. The housing crisis, food instability, and concurrent issues with mental health and addictions are a harsh reality for many of these individuals. The emergency department may not be suited to complex health and social issues, but it provides an essential safety net for the vulnerable who cannot access care through traditional primary care routes. Alternative, patient-centred solutions to the problem are necessary, and advanced practice nurses can be the key to appropriately organizing and delivering integrated care innovative models. Raising awareness and influencing public policy to drive meaningful social change and address alarming health inequities is an important consideration for nurses working in emergency departments.

*Keywords:* Advanced practice nurses, Emergency departments, Health equity, Models of care, Vulnerable populations

## Introduction

For privileged Canadians, the summer of 2023 may be remembered for cottage trips escaping the heat and competition for Taylor Swift tickets. However, the reality of life in Canada included extreme climate events, raging forest fires, unaffordable housing, and the closure of emergency rooms. Sadly, certain groups of people commonly identified as

'vulnerable populations' were disproportionately affected by dangerous events. Vulnerable populations encompass a variety of marginalized groups susceptible to unfavourable outcomes because of health disparities or systemic inequalities, for example, the underhoused, those with mental health or substance abuse issues, Indigenous peoples, lesbian, gay, bisexual, transgender, queer and two spirited (LGBTQ2+; Kirkbride et al., 2024). Recent data provides a grim picture of the harsh truths for vulnerable populations in Canada. An average of 235,000 people in Canada experience homelessness each year (Statistics Canada, 2023) and wait times to see mental health specialists and psychologists are climbing (Becken, 2023).

The stigma connected to vulnerable populations is a societal problem. Existing stigmas in the healthcare system and unconscious biases among providers create barriers to access and quality care (Knaak et al., 2017). Increased emergency department (ED) use among these populations reflects poor access to primary care, lack of mental health and addiction support, and the limited options for those without affordable housing. The impact of health disparities, unmet social needs, and inequitable access to regular care is increasingly obvious in ED presentations. Because the system has fallen short in addressing necessary socioeconomic environments, EDs are the essential safety net for the vulnerable who cannot access care through the traditional "office environment" delivery system.

Recognition of this "new normal" means preparing emergency providers and creating emergency models of care to meet different patient needs. Advanced practice nurses (APNs) such as clinical nurse specialists and nurse practitioners (NPs) are in key positions to provide innovative and integrated care for these individuals by facilitating a coordinated, systematic approach to care delivery (Bryant-Lukosius et al., 2017; Gordon et al.,

2019). A recent scoping review of the international literature (Horvath et al., 2023) identified several ED models of care utilizing APNs including fast-track, generalized emergency, minor injury, orthopedics, pediatrics, geriatrics, and triage. When compared to other providers, many studies reported similar or improved patient and organizational outcomes. These outcomes included improved wait times, left without being seen rates, length of stay, and faster care. However, the review also identified a lack of evidence on ED models focused on improving care for vulnerable populations such as those with mental health issues, substance abuse disorders, and those who are underhoused.

APNs can play a crucial role in care delivery to vulnerable populations with advanced skills in comprehensive assessment, cultural competence, trauma-informed care, advocacy, crisis intervention and community outreach (College of Nurses of Ontario [CNO], 2023). Standards of practice for NPs also includes advocating for patients and supporting the needs of the vulnerable (International Council of Nurses, 2021). Establishing and implementing effective APN models of care to meet the needs of these populations may help to decrease frequent return visits to the ED, in turn easing the burden on the system.

EDs are at the hub of providing immediate, unscheduled care for all patients. When EDs close, it removes the first point of contact for many vulnerable populations without primary care access and, for some, it removes a place to meet basic needs such as shelter, food, or human contact. A greater investment in primary care and additional utilization of NPs should help to support vulnerable populations and ease ED overcrowding. The need to provide a more holistic, integrated approach for the vulnerable who enter the ED requires innovative new models.

We have conducted a provincial survey to describe and document APN models of care that are currently being utilized across Ontario EDs. Our preliminary findings suggest that these APNs provide care for multiple vulnerable populations: people with low socioeconomic status, frail older adults, patients with substance abuse disorders, and people with no fixed address. Respondents also identified priority patient groups that would benefit from APN models of care in the ED, among these included those with mental health disorders. An APNs' expansive scope of practice matches a large proportion of the care that these populations seek in the ED, and the specialized experience these APNs provide with different foci such as primary care, geriatric management, pediatrics, and mental health and addictions support could be a part of the solution to the range of patient types presenting. We hope our research will inform health human resource planning within the provincial government and hospital organizations, so EDs can utilize APNs and meet priority patient needs in different communities.

### Implications for emergency clinical practice

1. Innovative models of care led by APNs could provide the holistic, integrated approach needed for vulnerable populations, and address lack of access to care.

2. EDs will continue to be the hub for both immediate, unscheduled care as the first point of contact for many vulnerable populations without primary care access. The addition of NPs to provide primary care across sectors could address the needs of underserved populations.
3. The expertise and skill sets of all nurses in EDs must correspond with the populations they are serving and should include caring for all vulnerable populations including patients with mental health and addictions illnesses.

### About the authors

*Samantha Horvath is a PhD Student at McMaster University, Hamilton, ON, an RN, and a Clinical Manager. Her research interests focus on advanced practice nursing models of care within emergency departments, and specialty certification for advanced practice nurses.*

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### Land Acknowledgement

*We begin by giving honour and thanks to the Haudenosaunee and Anishanaabe nations as the traditional inhabitants of the lands where McMaster stands and that is protected by the Dish with One Spoon Wampum agreement. We acknowledge a debt to those who were here before us and recognize our responsibility, as guests, to respect and honour the intimate relationship Indigenous peoples have to this land. We seek a new relationship with the original peoples of this land, one based in honour and deep respect.*

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### Conflicts of interest

*I, Samantha Horvath, hereby declare that we, the authorship team, have no conflicts of interest to declare related to this manuscript.*

### Contributions of the Authorship Team & CRedIT author statement

*Samantha Horvath: Conceptualization, Writing-Original Draft, Writing – Review & Editing, Project administration.*

*Nancy Carter: Validation, Writing-Review & Editing, Supervision.*

Samantha Horvath conceived the editorial. Samantha Horvath drafted the editorial and Samantha Horvath and Nancy Carter revised the editorial critically, reaching consensus on submission for publication.

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