



Nurse Practitioner  
Association of Canada

Association des  
infirmières et infirmiers  
praticiens du Canada

## **Prince Edward Island Nurse Practitioner Association (PEINPA) & Nurse Practitioner Association of Canada (NPAC): Evidence-Informed Statement on Nurse Practitioners in Acute Care**

The Prince Edward Island Nurse Practitioner Association (PEINPA) in collaboration with the Nurse Practitioner Association of Canada (NPAC), is aware of statements made by Dr. Trevor Jain on February 2nd, 2026 on CBC Compass PEI regarding Nurse Practitioners (NPs) working in acute care settings (including emergency departments). While these comments may have been well-intentioned, they risk undermining the NP profession and misrepresenting the advanced education, clinical expertise, and demonstrated effectiveness of NPs within emergency departments. When these narratives receive a public platform, they may inadvertently erode public confidence in NPs and discredit evidence-based solutions to PEI's current healthcare challenges, an issue both PEINPA and NPAC take seriously.

Health workforce planning must be grounded in evidence and peer-reviewed research, not opinion. A substantial and consistent body of Canadian literature shows that NPs working in emergency departments improve patient flow, access, and quality of care. Research clearly demonstrates that NP integration in emergency departments are associated with reduced wait times, shorter length of stay, less patients leaving without being seen (LWBS), and improved patient satisfaction for low-acuity presentations.<sup>1,2,3</sup> This evidence is directly relevant to healthcare climate in PEI, where emergency departments face significant system challenges. The emergency departments in PEI have some of the longest wait times in the country, have admission times more than double the national average and have prolonged stays for low-acuity patients who get discharged.<sup>4</sup> PEI also has the highest proportion of patients leaving emergency departments without receiving care, almost double the national average.<sup>5</sup>

Canadian studies have demonstrated that NPs in emergency department settings can safely and effectively manage patient care, reduce overcrowding, and improve wait-times.<sup>2</sup> Further studies have confirmed these findings by showing a reduction in wait times, length of stay, and LWBS rates in emergency departments, as well as improved patient satisfaction.<sup>3,6</sup> National and system-level analyses further support the implementation of NPs as part of the emergency department staffing solutions. The Canadian Association of Emergency Physicians even identifies NPs as “key members of multidisciplinary staffing models to address the emergency care crisis.”<sup>7</sup>

The Canadian Institute for Health Information (CIHI) emphasizes that emergency department overcrowding is multifactorial and not driven solely by lack of primary care access.<sup>8</sup> This information contradicts the previously voiced statements that were made on CBC. While PEINPA and NPAC recognize that improving primary care access on PEI is essential, this reality in no way diminishes the proven effectiveness of integrating NPs into emergency departments. Across Canada, NPs work safely and effectively across the full spectrum of emergency department acuity, from routine presentations to critically ill patients, demonstrating the depth and versatility of NP clinical expertise. PEI is the last Canadian jurisdiction to implement these models.<sup>9</sup> It is worth noting that there are currently three NPs working in acute care settings in PEI, one NP is working in the emergency department at Western Hospital and two NPs are working in the Intensive Care Units, one at PCH and one at QEH. These models allow emergency physicians to focus on high-acuity and complex presentations while ensuring that other patients also receive timely and high-quality care.<sup>610</sup>

While it is disappointing to hear statements that do not reflect this overwhelming evidence, PEINPA and NPAC remain committed to respectful, interprofessional collaboration with all healthcare providers, government, and health authorities. The PEINPA and NPAC will continue to welcome discussion on how NPs can be utilized to their full scope of practice to improve access, patient care, and system pressures. As NPs, we view all providers as our colleagues and collaborate with them daily. Nurse Practitioners bring advanced clinical expertise that spans far beyond primary care, including the delivery of high-quality care in acute care and emergency medicine.

PEINPA and NPAC stand firm in their position: Nurse Practitioners are an essential part of the solution to the healthcare crisis, not a barrier to it.

## Notes

1. T. Bazavluk et al., “A Scoping Review of the Impact of Emergency Department Nurse Practitioners on Healthcare Outcomes in Canada,” *International Journal of Critical Care* 16, no. 2 (2022): 12–31.
2. J. Ducharme et al., “The Impact on Patient Flow after the Integration of Nurse Practitioners and Physician Assistants in Six Ontario Emergency Departments,” *Canadian Journal of Emergency Medicine* 11, no. 5 (2009): 455–61.
3. I. P. Steiner et al., “Impact of a Nurse Practitioner on Patient Care in a Canadian Emergency Department,” *Canadian Journal of Emergency Medicine* 11, no. 3 (2009): 207–14.
4. J. Morse, “P.E.I. ER Wait Times among the Worst in the Country in 2023–24,” *CTV News Atlantic*, March 21, 2024.
5. Jennifer Banfield, “P.E.I. Has Worst Rates of Patients Leaving ERs without Being Treated, Says Think Tank,” *CBC News*, September 19, 2025.
6. S. J. Plath et al., “Nurse Practitioners in the Emergency Department: Establishing a Successful Service,” *Collegian* 26, no. 4 (2019): 457–62.
7. Canadian Association of Emergency Physicians, *CAEP Ministry of Health Meeting Documents* (Ottawa: CAEP, 2023).
8. Canadian Institute for Health Information, “Emergency Department Crowding: Beyond Primary Care Access” (Ottawa: CIHI, 2024).
9. CBC News, “P.E.I. expanding nurse practitioners into hospital critical care, emergency departments,” June 14, 2024.
10. S. Lartey et al., “The Impact of Nurse Practitioner Role in Emergency Departments: A Protocol for a Mixed Studies Systematic Review,” *Canadian Journal of Emergency Nursing* 47, no. 1 (2024): 6–13.