

CARE DEFICIT ASSESSMENT SERIES

The AMA asked some of our physician experts how their patients have been impacted by the COVID care deficit. In this series, physicians share insight from the frontlines and the opportunities they see for improvement.

It will take all of us, working together, to recover from the care deficit. We hope to generate discussion among physicians, patients and our health system partners to help find a way forward.

ISSUE 4 EMERGENCY DEPARTMENTS DETAILED OVERVIEW

The Care Deficit

Alberta's emergency departments (EDs) are at the breaking point. Even before the pandemic arrived, pressure on primary care and other factors had put immense pressure on our province's EDs. Now, the combined demand of treating emergencies, COVID-19 cases, pandemic-related delays in care and gaps in the management of conditions created by changes in family physician supply have overwhelmed emergency departments across Alberta and impacted untold numbers of Albertans. The combined effect is a severe access block, where patients in the emergency department requiring inpatient care can't access the hospital beds they need, leading to overcrowding and delays in care. Increasingly, new patients face long waits to be triaged, admitted patients are held for hours or days, and urgent care is delivered in hallways.

Patient Impacts

Alberta's emergency room physicians have been expressing concern about the crisis in emergency departments long before COVID, but have become increasingly worried during the pandemic. Last fall, a group of emergency physicians penned an [open letter to Albertans](#) detailing some of what they were witnessing regarding physician supply and emergency department closures. At that time, some front-line physicians estimated that emergency departments in larger centres were seeing a 10-20% increase in the volume of visits compared to before the pandemic. Many physicians report that those numbers have since increased.

Early in the pandemic there was a marked decrease in emergency room visits across Canada, with many Canadians avoiding emergency departments for fear of contracting COVID-19. This included some patients who experienced serious health events that required urgent care. [The Canadian Institute for Health Information \(CIHI\)](#) reports that the biggest drops occurred during the first and second waves when people were isolating at home. By the time Wave 3 arrived, numbers had rebounded toward pre-pandemic levels and have continued to increase. These emergency department visits were often driven by the lack of care that specific patient populations were experiencing, including [pediatric mental health, women's health and the care of the elderly](#).

Right now, patients across the province are being forced to wait too long for essential, urgent care in Alberta's emergency departments. People who arrive at emergency departments sick, injured, afraid and confused are facing increasingly prolonged waits, even to be triaged. The accompanying delay in assessment, and the growing length of time it takes for diagnosis and interventions, including pain relief, are adding to suffering and anxiety for patients and loved ones.

Despite the best efforts of health care workers, front-line physicians report that the care in emergency departments is often sub-optimal because of the growing pressures on our hospitals. In part, this is because of the challenges Albertans are experiencing accessing primary and preventative care due to a growing shortage of family doctors.

It is currently estimated that there are 40-50,000 unattached Albertans in the Lethbridge area alone. The [Alberta Find a Doctor website](#) indicates a serious decline in the number of family physicians accepting new patients in communities across the province. Without a family physician, the only way many Albertans can access any care is to head to overcrowded, overburdened emergency departments. Even those that have a family physician may have to wait longer for appointments, because primary care doctors are so overwhelmed and overloaded that they can't accommodate next-day visits or facilitated access. Instead, those patients are turning to EDs as well.

When people can't access primary care their health issues worsen. The care deficit, which has caused a dangerous delay in diagnoses, therapeutics and surgeries, means people are presenting at emergency with later-stage illnesses such as metastatic cancers that have progressed so far they are now only palliative. Issues such as mental health challenges or dementias are presenting at emergency departments because of family physician shortages. By this stage, people are often severely distressed or even violent.

Similarly, people with severe and uncontrolled chronic illnesses, who have either delayed care because of the pandemic or have been unable to see a family physician, arrive at emergency departments desperate for diagnosis and interventions. Unfortunately, the care they receive can only be episodic. Some people have even turned to emergency departments for prescription refills, simply because there is no other option. Even those that have a family physician often find it now takes longer to get appointments, which means if they have health issues that need to be addressed quickly, their only option is to visit emergency departments.

At the same time, the province's opioid crisis has further strained already overwhelmed emergency departments, with patients often treated and stabilized only to be sent back into the community without addictions or mental health supports to prevent future overdoses.

This concerning increase in the demand on emergency departments makes it harder for health care workers to deliver the level of care patients need. The result is missed diagnoses, poorer outcomes and even death. [Research studies](#) have shown that delays in hospital inpatient admission are associated with an increase in all-cause 30-day mortality.

While the impact on all Albertans has been devastating, the impact on Alberta's children has been especially concerning. [A recent CBC article](#) discussed the wait many pediatric patients are facing, with some children waiting up to two hours in lines outside the doors of emergency departments. Reports of children waiting as long as 10 hours have become increasingly common at the Alberta Children's Hospital in Calgary, and the Stollery Children's Hospital in Edmonton is also reporting serious pressure.

As the wait for emergency care increases across Alberta, [some communities are finding themselves dealing with emergency department closures due to health care workforce supply challenges](#). It's a situation that is forcing many Albertans to drive to neighbouring communities or to larger centres, increasing pressure on urban emergency departments.

It's impossible to discuss the crisis in Alberta's emergency departments without exploring the parallel crisis in EMS services across the province. Over the last two years, the pandemic and resulting care deficit have also stretched already-strained EMS services to the breaking point. It has become increasingly common for ambulances to be on Red Alert, meaning there are no ambulances available to respond to emergency calls in a specific area. EMS leaders say they are having trouble filling shifts and the wait times for response to 911 calls have, in many instances, become dangerously long. Once ambulances arrive at the hospital, EMS staff must remain with their patient until care is formally transferred to the emergency department. With emergency departments overflowing, front-line health care workers report these

offload times can stretch for hours, meaning EMS staff are unable to leave the hospital to get back on the streets and answer new calls. The most recent EMS events information from AHS is available [here](#).

Staffing Impacts

Front-line physicians note that the crisis in Alberta's emergency departments is also taking its toll on health care staff. Many emergency departments are facing escalating staffing shortages, with physicians and nurses experiencing stress-related burnout and absences that often leave emergency departments understaffed. This severely impacts routine care delivery. The increased transmissibility of the newer COVID variants also means that staff are more frequently testing positive for COVID, which requires them to isolate and recover. Remaining staff are often overloaded, leaving emergency departments to work with fewer staff members than would be the standard. This impacts shift coverage and the ability to provide timely and compassionate care to patients. Unfortunately, many of these staffing changes are permanent and will continue to make it challenging to provide timely care delivery even after the impact of the pandemic lessens.

There is a sense that morale amongst physicians and other front-line health care workers is the lowest it has ever been. The unrelenting demands on emergency departments and the broader health care system have led to extreme fatigue. This has been compounded by tensions with government that have left health care workers feeling unappreciated and demoralized. Some health care workers have had to take time away from work to deal with the emotional and physical impact of working through the pandemic.

Several recent studies have explored the impact the pandemic has had on health care workers. [The National Physician Health survey, which was conducted by the Canadian Medical Association in November 2021](#), indicated that physician burnout nearly doubled during the pandemic. More than half of physicians and medical learners (53%) experienced high levels of burnout, while nearly half (46%) of Canadian physicians who responded are considering reducing their clinical work in the next 24 months. [Similar studies by national nursing organizations](#) have shown elevated concerns around safety and worsening rates of anxiety and depression. Some studies indicate as many as one-third of nurses have considered leaving their current employment location or the profession.

Any conversation about the care deficit must also acknowledge that the people who provide care in EDs are also people – people who are physically and emotionally exhausted. And without people to look after patients, there is no system.

Short-Term Strategies, Work-Arounds and Solutions

- Alberta's emergency physicians have been advocating for government and AHS to share objective data on what is happening so they can track trends and offer advice on how to direct resources appropriately. Regular access to high value data would include:
 - EIP numbers in the ED – time from when a patient is admitted but is left in the ED because there is no room on dedicated, specialized floors.
 - PIA (physician initial assessment times in the EDS) – this tells us how long it takes for a patient to be seen by an emergency physician so that their diagnosis and treatment can begin.
 - AHS tracks all the metrics for ED-related access block, this needs to be shared widely with health care workers and the public.
- Physicians are alerting AHS and government of the urgency of the on-the-ground situation and offering front-line clinical input and advice. Without meaningful discussions between the policy makers and those implementing policy on the front lines, often the only way concerns can be expressed is through the media.

- Physicians and other health care workers will continue to do their best to care for patients amid the serious issues created by access block.
- Health care workers are attempting to bolster each other but need additional supports and resources to deal with stress and stave off further burnout.
- It is important to educate Albertans about the challenges emergency departments are facing and to encourage them to utilize primary care resources whenever possible.

What's Needed in the Long Run

- Fix access block so that patients who require inpatient care get the beds and specialized care they need, when they need them.
- The public needs access to transparent, objective data so they can better understand the challenges facing our health care system and the reality of what is happening in our emergency departments.
- Improve primary care access – every Albertan needs a family physician. We need to measure how many Albertans are unattached to a family physician and create a plan to improve primary care capacity.
- Retain and recruit the family physicians who are needed to provide essential primary care and help keep people out of emergency departments. Our focus should be on timely primary care instead of simply delivering critical and acute care to patients with advanced disease.
- Emphasize the importance of after-hours care. Fewer physicians are offering after-hours care, and it is becoming harder for Albertans to access after-hours care other than in emergency departments.
- Encourage physicians, especially specialists, to work in hospitals and create/protect incentives to do complex after-hours care.
- Consult physicians and other front-line health care workers on what the system needs to deliver the best care for patients and improve the efficiency and sustainability of the system.
- Ask patients what they want and what they understand by primary care, acute care and specialist care. Improving understanding will help them advocate for themselves and their health needs.

Information and Indicators

- Canadian Institute for Health Information – [Hospital Deaths details for Alberta](#)
- Alberta Health Services - [Quarterly Emergency Medical Services Dashboard](#)

Resources for Patients

Where can I look for a doctor?

- Alberta Find a Doctor: albertafindadoctor.ca

Is my rural hospital operating as usual?

- [AHS Facilities Temporary Bed/Space Reductions](#)

Thank you for your interest in this issue!

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