

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.

ISSUE 4 EMERGENCY DEPARTMENTS EXECUTIVE SUMMARY

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 EDs across Alberta.

What's Happening ...

Alberta's EDs are experiencing severe access block, where patients in the ED 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. Despite the best efforts of health care workers (HCWs), front-line physicians report that the care in EDs is often sub-optimal because of the growing pressures on our hospitals.

Patient Impacts

- Delays in assessment, diagnosis and interventions in EDs are increasing suffering and anxiety for patients and loved ones.
- Due to a growing shortage of family doctors, the only way many Albertans can access any care is to head to overcrowded, overburdened EDs.
- The care deficit has caused a dangerous delay in diagnoses, therapeutics and surgeries, which 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, dementias and severe and uncontrolled chronic illnesses are increasingly presenting at EDs.
- The province's opioid crisis has further strained already overwhelmed EDs.
- Waits for pediatric ED care are dramatically increasing.

EMS Impacts

- There is a parallel crisis in EMS services across the province.
- It has become increasingly common for ambulances to be on Red Alert, meaning ambulances are unavailable to respond to emergency calls in a specific area.
- EMS leaders are having trouble filling shifts. Wait times for response to 911 calls have become dangerously long.
- EMS must remain with their patient at the ED until care is formally transferred. Offload times can stretch for hours, meaning EMS are unable to leave the hospital to get back on the streets and answer new calls.

Staffing Impacts

- HCWs are experiencing stress-related burnout and absences that are leaving EDs understaffed.
- The increased transmissibility of the newer COVID variants also means more staff are testing positive for COVID, which requires them to isolate and recover.
- Remaining staff are often overloaded, leaving EDs to work with fewer staff members than would be the standard.

- Morale amongst physicians and other front-line HCWs is the lowest it has ever been.

Work-arounds or Temporary Fixes and Solutions

- Important for AHS to share objective data with physicians so they can track trends and offer advice on how to direct resources appropriately.
- Physicians are alerting AHS and government of the urgency of the on-the-ground situation and offering front-line clinical input and advice.
- HCWs need additional supports to deal with stress and stave off further burnout.
- It is important to educate Albertans about the challenges EDs are facing and to encourage them to utilize primary care resources whenever possible.

What's Needed in the Long Run

Our front-line physicians told us that solutions could include:

- Fixing the access block so that patients who require inpatient care get the beds and specialized care they need. DRAFT
- Ensuring access to transparent, objective data.
- Retaining and recruiting the family physicians who are needed to provide essential primary care.
- Emphasizing the importance of after-hours care.
- Encouraging physicians to work in hospitals and create/protect incentives for doing complex after-hours care.
- Consulting physicians and other front-line HCWs on what the system needs.
- Improving patients' understanding of primary, acute and specialist care so they can advocate for their own health.

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](#)

More information is available. [\(LINK TO FULL-LENGTH PAPER\)](#)

Thank you for your interest in this issue!

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.

www.albertadoctors.org