

CARE DEFICIT ASSESSMENT SERIES

The Alberta Medical Association 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 7 COMMUNITIES IN CRISIS – AIRDRIE - DETAILED OVERVIEW

The care deficit

Since its opening in 2007, Airdrie's Urgent Care Centre (AUCC) has worked to meet the evolving demands of a city and a population whose health care needs are ever-growing. Airdrie now has a population of almost 80,000 making it the sixth largest and the seventh fastest growing municipality in the province. Not surprisingly, and similar to other communities, the need for urgent care has grown with the population. In response, in 2017 the center expanded its scope from a 12-hour clinic into a 24-hour acute care facility and reconfigured its space to transform nine examination rooms into 12. Lines routinely extend past the front door and the acuity of required care stretches every resource. Over the past few months, physician supply challenges have forced the centre to reduce hours and even close for extended periods of time. Physicians, patients and the entire community need to ensure residents get the care they need when they need it. Airdrie physicians are working closely with AHS to find solutions. There are certain challenges that are unique to this site such as infrastructure, but we explore this specific case as an addition to our earlier paper on [emergency departments](#) and our [patient research](#) in this area.

Facility challenges

The AUCC operates out of the Airdrie Community Health Centre, a shared space that also houses several community services including audiology, environmental public health, the School Health Program and Well Child Services, among many others. Once the home to a food bank, the space was repurposed to provide urgent care services to residents of Airdrie and surrounding areas. It was, however, never intended to handle the volume or acuity of care the community now requires. This small urgent care centre now sees upward of 46,000 patients per year, and the demands of the community have outpaced the physical space capacity to provide timely and necessary care to its residents.

Data gathered by the AUCC demonstrates how much demand for urgent care has increased over the past few years. There has been an 18% increase in visit volumes, with the AUCC seeing an average of 139 patients per day with peak volumes recently surpassing 150 per day. On average, 54% of all visits have a wait time of 'triage to first provider' greater than two hours, with 75% spending greater than four hours in the department, 34% spending greater than six hours and 11% greater than eight hours. Most concerning, there are 20 patients per day or 19% of the total volume, who are coded as having left without being seen or against medical advice. This does not include those patients who walk in, see an overcrowded department and decide to leave without checking in.

AHS recently conducted a review of the facility and developed recommendations to optimize the available space. While the physicians and staff at the AUCC appreciate these efforts and are eager to see those recommendations move forward, it is important to remember that this same building houses other essential community services that could be disrupted by attempts to expand urgent care space. Realistically, there is only so much one can do given the limited space. The 12 examination rooms are often bed blocked. Washroom facilities are also inadequate for the volume of patients.

Staff consistently cope with crowded lineups of patients and EMS struggling to access the building through a single door. They work amidst scared, ill and frustrated patients, some waiting in cars or lying on floors because there is simply no physical room to provide a bed or a waiting room chair for them to rest in.

Although the AUCC became a 24-hour acute care facility in 2017, no additional operational budget was made available. Instead, AUCC has simply stretched their budget to make this happen, with creative assistance from the managing AHS directors for the area.

The recent announcement that AHS has committed \$1 million to add three more care spaces and staff at the facility to support a new “Fast Track” care model for less critical patients is welcome news. At the same time, from the physician perspective Airdrie has simply outgrown the existing urgent care facility. Without significant support, AUCC will be unable to deliver the care the people of Airdrie need and deserve, and the demands for those critically ill in the community.

Staffing challenges

DRAFT

Over the past two and a half years, the demands on frontline health care workers have grown exponentially, driven by the impact of the pandemic and mounting system pressures. One of the biggest challenges is the increased struggle for Airdrie residents to access primary care. Available data can lag what is happening on the front lines, but it appears that very few family physicians in Airdrie are accepting new patients and many residents are searching for a family doctor. Without access to essential primary care, many people with chronic or emerging issues that family physicians would typically manage are left with no other option but to head to urgent care, which further strains resources, creates longer waits and demands more from urgent care physicians. We note that government has created a taskforce as part of the Modernizing Alberta’s Primary Health Care System (MAPS) in conjunction with the new agreement between government and the AMA. The pressures being experienced in Airdrie are common across the province and we hope to be part of solutions developed and resources made available. We note, though, that the unique aspects of the situation in Airdrie and the infrastructure there continue to create significant challenges.

Physicians at the AUCC are at their breaking point and are concerned that they are no longer able to continue in a safe manner. All AUCC staff are facing extreme stress, exhaustion and burnout at a time when the demand for urgent care has never been greater, with more acuity and higher volumes, and the demands to off-load the Calgary ER system. Staff are being asked to work longer and more frequent shifts, something that would have seemed unthinkable just a few short years ago. Imagine working a shift in urgent care during COVID, then heading home for a short four-hour break before returning to complete another full shift in urgent care. Several of the AUCC physicians do this regularly, and many others also work in neighbouring communities and dedicate 70 or more hours each week to patient care. Our staff are incredibly resilient, but they are struggling to meet the ever-urgent, ever-increasing demands.

This pace comes with an unfortunate price. Physicians are increasingly dealing with health issues of their own, due to burnout and increased exposure to COVID-19. One of the most recent closures at the centre was prompted by a physician calling in sick and having no one experienced in emergency medicine available to cover their shift. AUCC currently has inadequate staff coverage for every weekend and has been unable to recruit staff to provide adequate shift coverage. Efforts to work with AHS continue, but the challenges are significant.

Right now, there are approximately 13 core physicians who work to provide care in the AUCC. Recently as many as seven of these physicians indicated that they are considering reducing their hours or even leaving the community entirely. If that exodus of physicians happens, the AUCC will face more than temporary closures.

Despite active and aggressive hiring, the centre has struggled to recruit or fill vacant position postings. The resulting gaps in doctor coverage made it impossible to operate safely, and with two of the most recent locum hires resigning, they were left with skeletal summer coverage. As a result, this past summer the facility had to temporarily reduce services for a five-week period, closing on Friday, Saturday and Sundays from 10 p.m. to 7 a.m. the following morning. The facility returned to 24/7 service August 19, due to the hiring of four new physicians in a creative hiring strategy of recruiting directly out of medical schools and training the staff themselves to develop skills necessary for urgent care work. The ongoing recruitment and retention of physicians, RNs and LPNs must remain a priority. The physicians have developed a “shadow shift” program, aimed to train the new recruits into their urgent care provider roles. With this initiative, it is hoped the new hires will transition into their roles successfully within eight weeks, with ongoing support for the next year in practice.

Impact on patients

This steady growth of urgent health care needs is also met with some sobering realizations. In addition to extremely high patient visits, there are 9,000 patients per year who leave without being seen, frustrated at the length of wait. In addition, we can't know how many patients walk into the facility, see the length of the lineup of patients at triage waiting and decide to leave without even registering or talking to a health provider. Those that do stay and wait to be seen, can often find themselves waiting anywhere from five to nine hours to be seen for acute care, while those with less urgent issues can wait as long as 12 hours. In one instance, a patient who presented with multiple rib fractures and pneumonia waited five hours for a bed, because there simply wasn't enough staff and care spaces to address the needs of patients. This means people who are in pain and afraid are left waiting, which exacerbates their frustration. It is becoming more common for patients to lash out at staff, which increases the stress and anxiety of an already overburdened system.

The AUCC routinely sees trauma and critically ill patients present at the centre when they should be treated in larger hospitals. Right now, the facility is poorly equipped to handle the acuity of many of these cases, as none of the 12 examination rooms have suction and most have no oxygen. Three examination rooms are equipped only with chairs. While AUCC staff are highly skilled, it is difficult to address patient needs because of the limits of the facility. At the same time, it is becoming more difficult to transfer those patients to the city emergency room. It is not unusual for patients to wait at the AUCC for six to 18 hours before they are transferred. In some instances, staff have advised people who are safe and able, to drive themselves to larger hospitals to expedite their essential care.

Workarounds or temporary fixes and solutions

Like many other health facilities, the challenges facing the AUCC have intensified over the last two years. Frontline staff and leadership have worked with each key chain-link of care in the community to understand limitations, organize resources and create solutions. This has included:

- Engaging in ongoing discussions with AHS leadership, who have become a vital part of the discussions and are actively reaching out to support the centre, as well as work within available resources to make important improvements.
- Meeting with EMS leadership to discuss patient care and find ways to support them in their work and expedite timely patient transport.
- Engaging with Highland PCN to collectively address the needs of the community, the rebuilding of the care home and the lack of family doctors in Airdrie. Right now, the exodus of family physicians means there are no open walk-in clinics in town.
- Working with family medicine groups to listen to their concerns and discuss ideas for recovery, such as the re-establishment of comprehensive medical homes.
- Working with nursing group/managers on ongoing initiatives, such as working to establish an on-site fast-track area supported by nurse practitioners.

- Exploring creative solutions with multidisciplinary community members such as local RCMP for safety discussions (AUCC does not currently have a safe room and relies upon RCMP for calls during gaps in security staff on site), etc.
- Working closely with all the urgent care site leads across the province, as well as the AUCC supervising medical director, to discuss concerns and solutions, and combine workforce coverage and manpower.
- AUCC employs paramedics and nurse practitioners as integral interdisciplinary care teams to assist in patient care delivery.

Over the past few months, the physicians at AUCC have done their best to juggle schedules to ensure the centre remained open and able to care for patients. Often, this has meant staff had to consistently work longer and more frequent shifts, with only rare days off and sometimes with only a few hours of rest between shifts.

Despite active and aggressive hiring, the centre was unable to recruit or fill any vacant position postings. As the summer months loomed, concerns were once again shared with government. As previously mentioned, the AUCC was forced to temporarily reduce services, closing on Friday, Saturday and Sundays from 10 p.m. to 7 a.m. for a five-week period. This was necessary due to safety concerns relating to staffing challenges. During those periods, people who live in Airdrie and surrounding areas had to travel to Calgary for urgent care or rely upon 911/EMS resources for assessment and advice.

AUCC has attempted to ensure the safety of patients and mitigate the strain on the health care system wherever possible by exploring other workarounds, including requesting the hiring of another triage nurse and an extra LPN, and the setting up of a fast-track area within AUCC for the less acute patients. In response, AHS recently announced that it had successfully recruited four new physicians, who will be starting in the coming weeks, and that the province had committed \$1 million to add three more care spaces and staff at the facility to support a new “Fast Track” care model for patients with less critical concerns. While this is welcome news, it will not address all of the shortcomings in the current facility when dealing with critically ill patients or fully alleviate the strain on overburdened staff who continue to see increasingly complex and high acuity patients.

The City of Airdrie has begun exploring the establishment of an attraction and retention committee to attract new physicians to the community, but amid an ongoing national health-human resources crisis, recruitment will continue to be a challenge. The Airdrie Health Foundation has also been fiercely advocating for the AUCC, helping to fundraise for vital equipment, and championing the importance of having a facility that can meet the growing needs of the community.

What’s needed in the long run

In an effort to address some of the most concerning facility issues, the physicians at the AUCC have been working with AHS on short-term space solutions, including recommendations to explore:

- Internal renovation of the existing footprint to better utilize the space to meet the needs of multiple departments. This will result in five additional spaces for urgent care, a better nursing station and walled exam rooms with oxygen.
- Re-organization of the facility entry and triage area.
- Relocating security to allow for a better view of the waiting area and triage and optimization of the waiting room, with the addition of a “safe room” for agitated or aggressive patients.

Unfortunately, even these short-term solutions could take three to five years to be implemented. At a time when AUCC is facing the possible loss of as many as seven core physicians and is struggling to recruit new physicians, in part because of the limitations of our facility, the centre may not be able to survive for three to five more years. We are working with AHS and all partners to seek solutions.

Local physicians believe that Airdrie needs and deserves a hospital of its own. The inadequacy of the current site has been a topic of ongoing discussion for over 10 years now, and it has become a major stumbling block in AUCC's ability to recruit and retain staff and manage patient care. A request to have the Airdrie Community Health Centre added to the zone capital submission list as a short-term future project was re-submitted in March 2022. This will allow the AUCC to begin work on a submission, including a refreshed community needs assessment and strategic operations analysis with the AHS Capital Management team. The AUCC is hopeful that this work will commence in the fall, pending confirmation of approval to proceed with this work.

Resources for patients

[Alberta Emergency Department Wait Times](#)

[Alberta Find a Doctor](#)

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