

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 - EXECUTIVE SUMMARY

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, the need for urgent care has grown with the population, requiring the centre to expand its scope from a 12-hour clinic into a 24-hour acute care facility in 2017, and to reconfigure its space to transform nine examination rooms into 12. Lines routinely snake past the front door and the acuity of required care stretches every resource severely. Physicians, patients and the entire community are desperate to find a solution that will ensure residents get the care they need when they need it. Physicians have been working closely with Alberta Health Services to find short- and long-term solutions but there are few easy fixes.

Facility challenges

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. Today, 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. Staff consistently cope with crowded lineups of patients and EMS struggling to access the building through a single door. AHS recently conducted a review of the facility and developed recommendations to optimize the available space, but the building is poorly equipped to handle this volume of patients: washroom facilities are inadequate to support the volume of people in the building and the 12 examination rooms are often bed blocked.

Staffing challenges

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 increasing struggle 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 are left with no other option but to head to urgent care. In conjunction with a new agreement between government and the AMA, a primary care task force has been created that will identify new strategies and the best use of any additional resources to help restore primary care.

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. 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 during the summer the facility had to temporarily reduce services for a five-week period. The facility returned to 24/7 service as of 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.

Impact on patients

Patients can often wait 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. People who are in pain and afraid are left waiting, which exacerbates their frustration. AUCC routinely sees trauma patients and critically ill patients who should be treated in larger hospitals. 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. In truth, three of the examination rooms don't even have beds – only 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.

Workarounds or temporary fixes and solutions

Frontline staff and leadership have worked closely with each key chain-link of care in the community to understand limitations, organize resources and create solutions. This has included:

- Working 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 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.
- Exploring creative solutions with multidisciplinary community members such as local RCMP for safety discussions (the 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.

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, but this does not address critically ill patients who may present. For the doctors working in the facility, Airdrie has simply outgrown the existing urgent care facility.

What's needed in the long run

Physicians believe that, ultimately, 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 the 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 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

We have compiled a [list of resources for patients, families and caregivers](#). We hope that it will be helpful. The list is not exhaustive, and the AMA is not associated with the delivery of any of these services. More information is available in the [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

DRAFT