

CARE DEFICIT ASSESSMENT SERIES

With the assistance of the Joint Physician Advocacy Committee, the AMA is releasing a series of issue papers relating to different aspects of the COVID care deficit. These talking points are for you in case of conversations with patients or others.

ISSUE 4 EMERGENCY DEPARTMENTS PHYSICIAN TALKING POINTS

Impacts on patients

- A growing shortage of family doctors means the only way many Albertans can access any care is to head to overcrowded, overburdened emergency departments.
- The care deficit has caused a dangerous delay in diagnoses, therapeutics and surgeries, meaning people are presenting at emergency with later-stage illnesses that may not be treatable.
- Issues such as mental health challenges, dementias and severe and uncontrolled chronic illnesses are increasingly presenting at emergency departments.
- The province's opioid crisis has further strained already overwhelmed emergency departments.
- Waits for pediatric ED care are dramatically increasing.

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Impacts on EMS

- There is a parallel crisis in EMS services across the province.
- Ambulances are often 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.

Impacts on staff

- HCW 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 emergency departments to work with fewer staff members than would be the standard.
- Morale amongst physicians and other front-line health care workers is the lowest it has ever been.

Solutions

- Fix access block so that patients who require inpatient care get the beds and specialized care they need.
- Ensure access to transparent, objective data.
- Retain and recruit the family physicians who are needed to provide essential primary care.
- Emphasize the importance of after-hours care.
- Encourage physicians to work in hospitals and create/protect incentives for doing complex after-hours care.
- Consult physicians and other front-line health care workers on what the system needs.
- Improve patients' understanding of primary, acute and specialist care so they can advocate for their own health.