

CARE DEFICIT ASSESSMENT SERIES

With the assistance of the Joint Physician Advocacy Committee, the Alberta Medical Association 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 7 COMMUNITIES IN CRISIS – AIRDRIE - PHYSICIAN TALKING POINTS

Challenges and impacts on patients

- Opened in 2007, the Airdrie Urgent Care Centre (AUCC) now sees upward of 46,000 patients per year. The demands of the community have outpaced the facility's capacity to provide timely care to its residents.
- On average, 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.
- Although the facility has reconfigured 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 to its breaking point.
- 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.
- The demands on frontline health care workers have grown exponentially, driven by the impact of the pandemic, mounting system pressures and government decisions.
- 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.
- 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.
- 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.

Solutions

- Work 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.
- Work with EMS leadership to discuss patient care and expedite timely patient transport.
- Engage 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.
- Work with family medicine groups to listen to their concerns and discuss ideas for recovery, such as the re-establishment of comprehensive medical homes. Government and the AMA have reached an agreement and there is an accompanying primary care task force to develop strategies and consider what additional resources may be needed.
- Explore creative solutions with multidisciplinary community members such as local RCMP for safety discussions.
- Work closely with 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.
- Ultimately, Airdrie needs and deserves a hospital of its own.

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](#).

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