May 24, 2023

Our fellow Albertans,

As emergency doctors we have front row seats to a critical system-wide healthcare crisis in Alberta. Despite our best efforts to provide comprehensive and accessible care 24-hours a day, 7-days a week, we are increasingly unable to do so. We are writing this letter to add our voices to the growing concerns of the state of healthcare in our province and as a call for action.

Signs of a capacity crisis are everywhere. The wait time in Calgary's Emergency Departments has skyrocketed, with patients sometimes waiting up to 15 hours to be seen by a doctor. These patients often become sicker while waiting. We worry about these patients every shift. It is now common to have 40 to 50 people waiting to be seen by a doctor at any given time in any of our emergency waiting rooms. Frail, elderly patients languish on stretchers in hospital hallways. Patients with mental health crises are housed in the emergency room, often for several days, while awaiting inpatient beds. Sections of our emergency departments are routinely closed due to a lack of our highly skilled specialized emergency nurses. Increasingly, there are gaps without surgical and cardiac specialist coverage in our city's hospitals. While all of this is occurring in Alberta's largest city, we are regularly asked to consider covering rural sites who are equally suffering with staffing shortages and intermittent closures of their urgent care and emergency departments.

Every one of these patients and their families have a personal story. What they have in common is they all come to us seeking help. They are our grandparents, our parents, our sons and our daughters. We have devoted ourselves and our careers to caring for our fellow citizens and our inability to help them in a timely or effective manner causes significant distress.

How did we get here?

It is not surprising that a pandemic would negatively impact health care delivery. The further erosion of our emergency departments, however, is a combination of the pandemic aftermath and unfortunate and untimely government policy . Outlined below are three critical areas of concern that we feel directly impact patient care: lack of access to primary care, lack of hospital beds, and critical healthcare labour shortages.

1. **Lack of access to primary care in Alberta**

Every doctor working in public health care will tell you that the backbone of our entire system is primary care. Four years ago we could proudly say there were enough family doctors for every Calgarian. Fast forward to today and it is estimated that 650,000 Albertans are without a family doctor. This is due, in no small part, to the destabilisation of primary care through government policy[1].

Through the payment structure imposed by Alberta Health, family doctors are discouraged from working in family medicine clinics providing longitudinal care, and are incentivized to work in specialty roles. During the pandemic, financial support was given to new, industry-sponsored, virtual care programs, instead of existing family medicine practices and Primary Care Networks (PCNs). This has led to loss of family doctors to other provinces/countries, to private clinics, or to hourly paid positions outside of traditional family medicine practices. A recent poll conducted by the Alberta Medical Association's sections of Family and Rural Medicine produced some alarming projections. More than half of the doctor respondents intended to reduce their family medicine practice in the next three years. Almost three quarters of the respondents indicated that the results of the upcoming election will further impact how or if they decide to continue practising medicine in Alberta.

Worse still, our ability to attract new doctors to Alberta is equally disheartening. A shocking 42 residency training spaces in family medicine in Alberta went unfilled this year after the first round of matching. This is compared to British Columbia having just 2 spots unfilled and Saskatchewan having $none_2$. The future looks bleak for primary care in this province when we cannot fill positions designated to train the next generation of family doctors.

When patients are unable to access a family doctor for their medical concerns, they present to the emergency department as their last resort, seeking help. Patients are often sicker than they would have been had they received timely and comprehensive care by a family doctor. Providing primary care in the emergency department directly erodes our ability to provide emergency services, leading to unnecessary financial costs to the system, and resulting in less effective care for chronic health issues.

2. Lack of Hospital Beds

Calgary hospitals often function at over 100% capacity. This is a complex problem with multiple causes, but is exacerbated by many patients admitted to the hospital who are unable to be discharged due to a scarcity of long term care spaces. An inability to discharge patients from the hospital creates a backflow into the emergency room. A patient may be admitted to an inpatient hospital bed but will physically remain in the emergency department as an "emergency in-patient" (EIP). These patients sometimes wait for days for an appropriate bed elsewhere in the hospital. On an average day across the Calgary Zone, these EIPs occupy approximately 25% of our emergency department beds. On a bad day, this number can reach 80%, leaving us with only 20% of our working spaces to treat patients from the waiting room with acute problems requiring emergency care.

These EIPs have complex care needs that are best met by the specialty nurses and health care team they are admitted to, such as cardiology, psychiatry and internal medicine. When these patients remain in the emergency department, their care is delayed, and puts increased demands on our emergency room nurses. This can cause unfavourable nurse to patient ratios and competing demands for their time. From the patient's perspective, languishing in the emergency department for days must be a horrific and inhumane experience. Sadly, these patients may suffer poor outcomes and significant morbidity.

3. **Critical Healthcare Labour Shortages**

During the pandemic, emergency nurses were mandated to work overtime at the end of already gruelling shifts. Due to significant labour shortages, their holiday requests have often been denied. Further, the understandable frustration that is felt by patients waiting long hours to see a doctor is often directed at our frontline nursing staff. Amidst this situation, the government suggested a nursing pay cut. The cumulative effect has been that many experienced emergency nurses have decreased to part time work, have gone to work as emergency nurses in other provinces/ countries or have left the emergency department altogether, creating an ongoing shortage of nursing staff.

With increasing staff shortages, there are many more circumstances of unsafe and unduly stressful work environments. Due in part to this lack of nursing staff, a significant proportion of the emergency room beds are "closed" every day. A lack of available staffed spaces means that while doctors may be available to see patients, safe and private areas in which to do so are not available. As a result, patients then wait extra hours to be seen. Alberta Health Services has made the decision to hire temporary travel nurses, who are paid 2-3x more per hour than a permanent nurse and they often lack emergency-specific training. This has further fueled discontent amongst the highly trained and hard-working nurses that have devoted their careers to emergency medicine.

The labour shortages are not confined to family doctors and nurses. We are now witnessing the effects of burnout on our own emergency doctors colleagues. Many doctors, including those early in their careers, are choosing to leave for other areas of medicine. The staffing crisis is real and only getting worse.

Our emergency departments are collapsing and frontline healthcare workers have truly had enough. We cannot bear to watch our patients suffer any longer with no end in sight.

How do we move forward?

First, we need the Alberta Government and Alberta Health Services to recognize the current crisis. This crisis will require resources and innovative solutions to move forward. Specific priorities include addressing patients' lack of access to primary care, inpatient bed deficiencies, and retaining our skilled emergency department workforce. It is a long road ahead to recovery. There are multiple paths we can take as we set about repairing a system that has degraded significantly over the past four years.

There is an election fast approaching and we hope that healthcare is a **top priority** for political parties and for voters. The health of our population depends on this. It is our sincere hope that whomever forms the next government will begin the process of repair, starting with the restoration of what was once a respectful relationship with frontline healthcare workers.

To our patients:

Are you having trouble finding a family doctor? Are you waiting for tests, treatment or surgery? Have you had a significantly long wait in the emergency department? We want your perspective. Submit your experiences to Patients First: https://www.patientsfirst.ca/.

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The opinions in this open letter are those of the individual doctors signed, not of Alberta Health Services or The Alberta Medical Association.

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