

# Alberta Doctors' Digest

## Acute care concerns

Alberta has been facing a crisis in acute care for months and it's only compounding. As the population increases, health care resources continue to decline or remain stagnant. In December 2023, AMA submitted the [Acute Care Stabilization Proposal](#) (member login required) to government, which provides a comprehensive framework with solutions necessary to stabilize acute care. The proposal addresses physician retention, recruitment and patient care. It should be noted that the AMA is the only group with an immediate proposal with cross-specialty solutions and measurable improvements it can provide to:

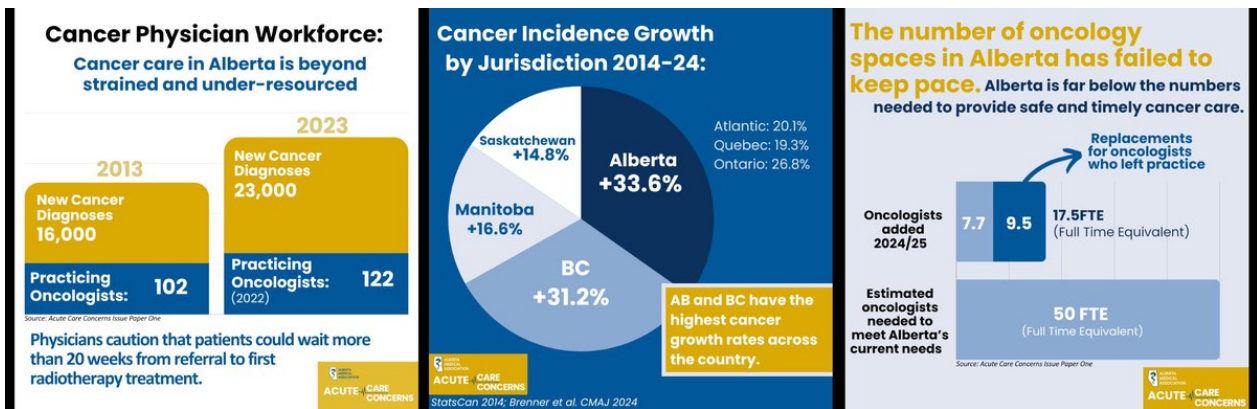
- ER waiting times
- surgical waits
- patient flow
- admissions/discharge process
- patient outcomes
- surgical recovery
- after-hours care
- specialist availability

The AMA *Acute Care Concerns* campaign highlights areas of the acute, hospital and community specialist world to increase awareness of parts of the health care system that many Albertans don't see. Here are the first few issues of our campaign:

### Oncology

Alberta's cancer care system delivers some of the best treatments in Canada but is dangerously overloaded and under-resourced. As Alberta's population grows and new treatments allow patients to live longer, there are not enough cancer care doctors to take care of these patients. Wait times for a radiologist are up to 13 weeks and many cancer surgeries are not being performed within Alberta's target times.

We focused the [oncology campaign](#) on workforce supply not keeping pace and dangers of the delays that follow. Cancer care doctors are overstretched. For years Alberta has not had enough specialists to stabilize the current cancer patient population, making it nearly impossible to match the ongoing population increases while compensating for the doctors leaving practice. Without timely care, Alberta's cancer patients face higher risks of complications, remissions and death. Recruitment and retention of specialists are necessary.



Cancer physician workforce, Cancer incidence growth, Failure to keep pace



Timely diagnosis, Referral to first consult

## General surgery

General surgeons are a lifeline to the acute care system, providing a range of life-saving procedures daily. In order to perform these urgent surgeries, there needs to be an open OR, a general surgeon but most also enough Tier 1 supports, which include anesthesiologists, physician assistants, clinical assistants, nurse practitioners, in hospital family physicians and surgical residents. Without Tier 1 teams, operating rooms and other hospital services are essentially "closed" resulting in "diversions." Without the support staff available, patients who need urgent surgery must be transferred to another hospital. Diversions are a last-resort option yet are becoming concerningly common in Alberta hospitals.

[General surgery advocacy](#) focused on the need for health human resources in the form of Tier 1 supports along with the patient and systemic dangers of diversions. Alberta's hospitals are finding it harder and harder provide urgent emergency care and there needs to be proper teams in place to alleviate ER wait times and provide urgent care.

**What is General Surgery?**

General surgeons provide upper gastrointestinal, colorectal, pediatric, pancreatic, oncologic, bariatric, breast, head and neck surgery.

**such as:**

- appendicitis
- hernias
- bowel obstructions
- gall bladder
- stomach cancer
- hemorrhoids
- thyroid nodules
- tissue infections
- muscle-skeletal injuries

**and much, MUCH more...**

Alberta's general surgeons are facing growing human resources shortages that are limiting their ability to provide urgent, life-saving care to patients.

**Tier 1 Supports include:**

- Surgical residents
- In hospital family physicians
- Physician assistants
- Clinical assistants
- Nurse practitioners
- Anesthesiologists

**“Diversion”**

**Hospital A** → **Hospital B**

**DELAY**

Ambulance transport to another hospital for readmission, assessment, and the procedure.

You arrive at **Hospital A** needing immediate emergency surgery. An operating room and general surgeon are available, but you can't get your surgery done at that time.

**DELAY** to Hospital B often leads to complications, increased morbidity and sometimes even preventable death.

The difference between hospitals A and B is the availability of staff teams who work with the surgeon to provide pre-operation, surgical and post-operation care (known as “Tier 1 Supports”).

General surgery defined, Tier 1 supports, Diversion

## General internal medicine

General internal medicine specialists are in primary and acute care settings. Patients are admitted in hospital under the care of GIM range from sick to medically complex to requiring surgical support. The increasing patient volume, complexity and work hours has put unsustainable pressure on GIM specialists. GIM specialists provide a majority of after-hours care but are not given after hours compensation or supplied with enough allied health care teams to sustainably care for an increasing patient load.

[Advocacy for GIM](#) looked at the specialty's ability to continuously fill the cracks of the acute care system, but as they reach their breaking point due to overstretched hours, too many patients and not enough support, the acute care system is at risk of a full collapse. Compensation models must be updated along with team organizational to ensure that enough health care support staff are available to help GIM specialists provide the quality care they want to deliver.

**General internal medicine doctors shift to fill the gaps in the most complex and vulnerable patients. Preventing imminent disasters when patients are diverted or when acute services are critically understaffed**

We are now at a point where General Internal Medicine teams have run out of capacity to fill the burgeoning cracks in the acute care system

**General internal medicine specialists provide 55% MORE after-hours patient care**

**BUT, there are only 13% MORE internal medicine physicians in our hospitals**

**MESSAGES** now

**Alberta General Internal Medicine doctor**

The lack of appropriate care support leads to delayed discharges, increased patient load and massive physician burn out. As more of my colleagues retire, move and limit/leave acute care work we are limited in the number of patients we can safely admit.

Our physical, mental and personal well being is suffering, and the inability to safely care for our patient is causing unprecedented moral injury.

General internal medicine defined, After hours patient care, Lack of appropriate care support

## What's next?

Every physician, specialist and health care support staff member plays a crucial role in the acute care system. We must continue to spotlight and advocate for these professionals who work tirelessly to keep Albertans as healthy and safe as they can with

the current limited capacity and resources they have. Next up in *Acute Care Concerns* we will be focusing on OBGYN, pediatrics and psychiatry, with more to come.