



Pulling *Through*

David Swann's Emergency Plan for the Emergency Room

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Our health care system is lurching from crisis to crisis to crisis. Conditions in emergency rooms across Alberta are worse than ever before, with patients waiting dozens of hours, some dying before receiving the treatment they need. We must take the pressure off the system temporarily and treat the situation as if a major event such as a bus or plane crash or a serious disease epidemic existed. For a three month period we must anticipate and avert the potential for catastrophe by creating surge capacity in the system. A short-term investment will reduce costs in the longer term. We need to act *now*.

Official Opposition Leader David Swann and his Alberta Liberals have a plan to help Albertans pull through a growing catastrophe in health care.

The lack of front-line health care professionals is the number one cause of this crisis. The government must hire more health care professionals while at the same time creating enough long-term care spaces to meet Alberta's needs.

Step One

Create Emergency Task Force: ACCESS (Alberta Critical Care Emergency Systems Solutions)

Gather top-tier professionals to form the ACCESS squad. Their mission: to get people moving through emergency rooms more quickly, or create options so that people won't need to use emergency rooms in the first place; and to identify necessary short-term actions and monitor, with Alberta Health Services, the impacts of these actions in improving emergency care. Team ACCESS' first task would be to define early targets and staffing needs in emergency rooms and hospitals.

ACCESS would work with Alberta Health Services to develop staffing, accommodation and resource allocation protocols.

Step Two

Mobilize health care professionals

ACCESS would recruit all available health care professionals (including doctors, nurses, and diagnostic technicians), to help cope with emergency department demands until other long term measures have a chance to take effect. This would involve providing incentives to family doctors and their office staff to extend hours in the evening so that patients who are best dealt with in a non-urgent setting can be seen without setting foot in an emergency room. Talks should immediately begin with the Alberta Medical Association and other professional associations to work out logistics.

The same strategy also applies to mental health care providers. Patients who urgently need medication and treatment currently turn to emergency rooms as their only recourse. Longer hours for mental health workers will be necessary to get Alberta through this crisis.

The call would go out to all RN and LPN graduates who have not yet found employment and recently retired RNs and LPNs to help us get the immediate staffing needed in order to open more beds in hospitals. The assistance of the College and Association of Registered Nurses of Alberta and the College of Licensed Practical Nurses of Alberta would be needed in order to assess the skills and competencies of all those who desire to help the system, so that they can receive their practice permits as quickly as possible and provide relief to the staff who are already in the system. Those RNs and LPNs who take up this offer will have their practice permit fees paid for. ACCESS will allocate them to where they will have the greatest impact.

We recognize that many health care professionals are already working very long hours. This plan aims to bring in as many additional staff as possible as quickly as possible to spread the burden over a greater number of people. And naturally, overtime compensation would be provided. This will require the cooperation of all health unions and professional colleges to ensure that this can happen as quickly and efficiently as possible.

Step Three

Help Albertans navigate the health care system more effectively

Some studies suggest that a significant percentage of patients in ERs aren't actually in the midst of an emergency - they just don't have anywhere else to go for help, or they don't know where to go. A concentrated media campaign directing Albertans to other medical resources - including HealthLink to direct possible patients to the new, extended-hours clinics - will be maintained until the system is stabilized or for the duration of the overcrowding crisis.

Step Four

Immediately provide alternative long-term care settings

This crisis requires the government to make use of all available assets. Home care services must be increased immediately. RNs and LPNs with expanded homecare services are essential to care for more people in their homes. Any available beds in the community must be used to unclog the arteries of the ER system. Extended care beds, assisted living spaces, lodges – all must be used to relieve the pressure. Mobilized professionals will

be allocated to facilities that need staff so that more patients can be moved out of a hospital setting without jeopardizing patient care.

Step Five

Extend hours for diagnostic imaging and laboratory testing and diagnosis in urban and regional hospitals

Needing emergency or urgent care does not operate on a nine to five basis, so diagnostic imaging services should not either. While this may not be possible immediately, staffing can be managed so that hours can be extended so that more patients can be tested and receive results faster. This will help move patients either out into the community or into acute care beds quickly once they have received proper diagnosis. Without this measure, patients will occupy emergency department beds until they can receive their diagnosis the next day.

Step Six

As staffing comes on-line, open all the mothballed acute care beds in Edmonton and Calgary

A bottleneck is created when patients who have been treated and are stable, but can't be transferred out of the ER and into an acute care unit. The reason for this is simple: the Progressive Conservative government has systematically reduced acute care capacity. There are hundreds of beds that are sitting empty in Edmonton and Calgary because of poor planning and lack of staff. After sufficient staff has been mobilized, we can begin opening the empty beds at the Peter Lougheed Centre, the Rockyview General Hospital, the Royal Alexandra, and especially the East Edmonton Health Clinic, which could be operating as an urgent care center.

Step Seven

Plan for the future

Alberta's health care system can't operate in crisis mode forever. While we ease the pressures on emergency rooms, the government must begin to plan for a transition from the failed experiment of Alberta Health Services to a regional model for health delivery. While we should keep the advantages of centralized management of policies, standards, data, monitoring and finance, there must be a shift to more local control in perhaps five or more zones with new boards, including professionals who understand the local needs and teams needed for effective health care.

The Alberta government must invest in post-secondary spaces to train and retain the next generation of health care professionals. Thousands of new spaces are necessary. The cost will be high – but nowhere near as

expensive as allowing the crisis in public health care to continue or losing our young professionals to other countries.

Supplemental Actions

Recruit on-call specialists

Emergency doctors often need the help of specialists to deal with seriously ill patients. When there aren't enough on-call specialists available, patients must wait. Recruiting more on-call specialists from abroad (for the short term) and training more (for the medium to long term) will greatly reduce wait times in emergency rooms.

Align physician's rounds with patient discharge procedures

When a hospital patient is going to be discharged the next day, ensure that paperwork is prepared and ready when physicians come to do rounds. Then ensure that the physicians see every patient who is ready for discharge first, so that beds can be made available as soon as possible. This needs to be done in every unit in the hospital so that resources are used properly and patients aren't waiting to go home.

Improve protocols for bed turn-overs

Professionals in emergency departments have said that when they call up to an in-hospital unit to transfer a patient, too often they have to wait because housekeeping is not available to clean the bed. When a patient is discharged, housekeeping should be immediately turning over beds. If all discharges are done when physicians start their rounds, it should be planned in advance that as soon as the patient leaves, the bed is immediately cleaned and made available.

Utilize elective surgery day units which are empty on the weekends

The surgery units where elective surgeries are performed are empty on weekends. Patients who need to be admitted to hospital during the weekends can be admitted to these units, freeing up space in the emergency department for other patients to be seen.

