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Healthcare Action Plan: Official Administrator 90-Day Report

CALGARY — Full-time paramedics, acute care staff and emergency department (ED) staff are being added to the front-line ranks of Alberta Health Services (AHS), as part of efforts to reduce ED wait times and improve EMS response times.

These initiatives — as well as other immediate action items and system improvements — are part of the [90-Day Report](#) from AHS Official Administrator Dr. John Cowell.

Additions to front-line staff include:

- AHS is adding 114 full-time equivalent nursing staff to our emergency department teams in our 16 largest hospitals and some of our suburban hospitals to ensure the transfer of responsibility for patient care from paramedics to ED staff is fast and safe. This will help reduce the time paramedics spend in our hospitals, ensuring more crews are available and ready to respond to emergencies.
- AHS is recruiting 127 full-time allied health staff, such as social workers, physiotherapists, and occupational therapists, to support patient flow through our 16 largest emergency departments.
- AHS EMS is transitioning 70 current temporary full-time paramedic positions to regular (permanent) full-time. These positions will be allocated to all five of our operating zones, with 20 positions in Calgary and Edmonton, and 10 positions in each of our three rural zones.
- A further 80 full-time regular paramedic positions will be posted shortly.

These initiatives are part of the Government of Alberta's Healthcare Action Plan, launched in mid-November 2022 to ensure rapid improvements in key areas of healthcare delivery.

AHS continues to place focus on four main priority areas: improving EMS response times; reducing wait times for surgeries; improving patient flow throughout the healthcare continuum; and decreasing emergency department wait times.

Significant work is ongoing, and improvements reported, across all priority areas. EMS response times have stabilized despite a sustained 30 per cent increase in call volume, the adult surgical wait-list has almost returned to pre-COVID-19 volumes, and capacity continues to be added to the system.

Improvements and successes over the past 90 days include:

Improving EMS response times:

- EMS response times are improving, despite a sustained 30 per cent increase in call volume across the province. Minutes really matter when responding to calls seeking help for life-threatening situations. Comparing November 2022 with January 2023, EMS response times for the most urgent calls are shorter:

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- 17 minutes in metro and urban areas, down from 21.8 minutes.
- 19.2 minutes in communities with over 3,000 residents, down from 21.5 minutes.
- 34.9 minutes in rural communities with under 3,000 residents, down from 36 minutes.
- 57.5 minutes in remote communities, down from 63.9 minutes.

Note: AHS is focusing its measures on the 90th percentile, meaning these are the response times for 90 per cent of activity.

- The frequency of red alerts is also coming down.
 - In January 2022, in the Edmonton Zone, there were 1,092 red alerts for a total of 39.7 hours, compared to 81 alerts and 1.8 hours in January 2023.
 - In Calgary Zone, in January 2022, there were 328 red alerts for a total of 8.1 hours compared to 134 red alerts and a total of 3.2 hours in January 2023.
- Between November 2022 and January 2023, EMS added 39 front-line staff, including paramedics, emergency communications officers, and front-line supervisors. Overall, EMS hired 457 new staff members in 2022, including 341 paramedics.

Reducing Emergency Department wait-times:

- ED wait-times are coming down. From November 2022 to January 2023:
 - Emergency department wait time to see a doctor has been reduced by 10 per cent to 6.4 hours.
 - Total time spent in the emergency department for admitted patients has been reduced by five per cent to 40 hours.
 - Total time in the emergency department for discharged patients remains stable at 11.8 hours.

Note: AHS is focusing its measures on the 90th percentile, meaning these are the response times for 90 per cent of activity.

Improving patient flow throughout the healthcare continuum:

- Between September 2022 and January 2023, AHS:
 - Opened an average of 255 net-new, non-ICU acute care beds across the province.
- Between November 2022 and January 2023, AHS:
 - Opened 292 net-new designated supportive living beds.
 - Opened 55 net-new long-term care beds.
 - Opened 26 net new mental health beds and 26 net new addiction beds (for a total of 52 beds).
 - Opened 362 net-new community spaces with wrap-around health supports.
 - Recruited 28 physicians to rural Alberta, including 12 in the North Zone, four in the South Zone, and 12 in the Central Zone.

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- Added 278 more registered nurses, licensed practical nurses and healthcare aides.
- Added 48 more allied health professionals, including social workers, recreation therapists, occupational therapists, and audiologists.
- In January 2023, the number of assessed patients waiting in the province's largest 14 hospitals for a continuing care space was 179, lower than the 218 patients who were waiting at the end of the 2018/2019 fiscal year, and also lower than the 253 patients waiting in November 2022.

Reducing wait times for surgeries:

- By March 31, 2023, it is anticipated that AHS and the chartered surgical facilities will have completed 290,000 surgeries, which is an increase of 11,400 surgeries — or 4 per cent over last year. On Oct. 31, 2022, the number of patients waiting outside the clinically recommended wait time was 39,246 and that number has decreased to 35,595 as of Feb. 20, 2023, and we expect a further decrease by March 31, 2023. The number of patients waiting the longest relative to their clinically recommended wait times will have decreased by 30 per cent between April 1, 2022, and March 31, 2023.
- Between November 2022 and January 2023, the number of patients who have been waiting at least three times longer than a clinically appropriate time for surgery has been reduced by five per cent — representing about 800 fewer Albertans on the waitlist.
- At the end of January, cancer surgeries in Alberta were up 11 per cent compared to the same time frame in the pre-pandemic 2018-19 fiscal year.
- AHS signed contracts with chartered surgical facilities in Calgary and Edmonton, for an additional 6,000 orthopedic procedures.
- Adding up to 1,200 additional surgical procedures annually at the recently opened fifth surgical suite at the Lois Hole Hospital for Women in Edmonton.

Alberta Surgical Initiative (ASI) – Surgical Waitlist Overview:

AHS has done considerable work over the past four years to introduce better management of the list of Albertans who are waiting for surgery.

Adult patients who have been waiting for one day, one week, months or longer are included in this list, which changes constantly as thousands of procedures are completed every month – often on an emergency basis – and more patients are newly assessed as requiring surgery.

The focus is to ensure that all surgeries are completed within clinically recommended timeframes, and the data is being used in more and more sophisticated ways to analyze the waitlists of individual surgeons, factors that inform the appropriate treatment of individual patients, the appropriate utilization of all available operating room capacity, and the most efficient scheduling of surgeons, anesthesiologists, and nurses.

AHS is focused on ensuring that the approximately 35,595 patients waiting longer than clinically recommended wait times get their surgeries as soon as possible, with those who are most clinically urgent and who have been waiting the longest receiving their surgery first.

The wait time for scheduled surgery starts at the point in time when the surgeon and patient make the decision that surgery is appropriate, and the patient is socially, medically and functionally ready to proceed to surgery. The time from this date to the date the patient receives their surgery is the calculated service wait time.

The clinically recommended wait-time window is different for each procedure. AHS focuses on ensuring urgent and life-saving procedures are completed immediately. As surgeries are assessed within their clinical target window, it is not possible to draw comparisons across all surgeries for an average wait time.

In Alberta, we have a provincial tool, Adult Coding Access Targets for Surgery (ACATS), that helps us prioritize surgery by individual patient clinical diagnosis by assignment of a clinical diagnostic code. This tool allows us to provide information to surgeons to prioritize those patients that are the sickest and need surgery urgently before those who are not as urgent. This helps us manage our available capacity and aids in prioritization.

Diagnosis and wait-time targets are evidence-based when possible and consensus-based by surgeons, from all surgical services across Alberta. ACATS codes, including a Decision To Treat (DTT) date and a Ready To Treat (RTT) date, are the data points used in surgical wait-time measurement, management and reporting.

For a number of reasons, some surgeons experience longer wait-lists than others. For example, some surgeons may have high wait lists as they provide specialized service limited to a few sites (for example, specialized cancer surgery). AHS is working directly with surgeons who have the longest wait lists to help find solutions that will enable their patients to receive surgery more quickly. Some steps to engage surgeons with high wait lists include:

- Increased surgeon accountability for long waiting cases.
- Looking closely at cases in which the waitlist is three times above average or longer to understand and help remediate the issue.
- Ensuring beds and operating room time for the most complex cases.
- Using the ACATS tool.

In addition, a previous lack of central access and intake has meant that primary care physicians may have referred to one specialist more than another. However, the Alberta Facilitated Access to Specialized Treatment (FAST) program is being implemented province-wide to help balance the referral process.