

September 16, 2024

Dear Dr. Victoria Lee,

We would like to express our appreciation for meeting with us during the town hall in the summer of 2023. However, we must voice our disappointment at the lack of follow-up since then. Despite repeated and urgent attempts to alert you to the worsening conditions in our Emergency Department (ED), we have received little response directly from you. It is particularly disheartening that our recent efforts to address the severe staffing shortages and the subsequent decline in patient care have been set aside, most notably our staffing stabilization proposal. We implore you to visit the ED, observe firsthand the deteriorating conditions, and engage with the patients whose lives are directly affected by these shortcomings.

In addition to provincial and regional leadership, we have included Surrey MLAs in this correspondence as a follow-up to our meeting with MLAs Bains, Starchuk, and Sims (*rep.*) in March 2023. We hoped that multilevel advocacy could lead to improvements in our ED. However, there has been no meaningful engagement from your office to pursue solutions to the challenges we face. As healthcare professionals, our primary concern is the quality of care provided to patients, but we are met with silence from those who have the power to implement changes.

We hope that you read this letter and respond with a sense of urgency, recognizing the critical role that SMH plays in emergency care south of the Fraser, given that we handle 50% of all emergency visits in this area. This comes at a time when neighboring hospitals have either temporarily closed or are at high risk of closure, amplifying the importance of maintaining acceptable levels of service at our site. Simply put, SMH cannot fail, and we are currently failing our patients.

Deteriorating Conditions at SMH Emergency Department

The deteriorating conditions in our ED are unequivocally leading to substandard care. These conditions create an increasingly toxic work environment that discourages emergency physicians from showing up to work. This, in turn, creates a vicious cycle, as growing staffing deficits make it impossible to meet the demands of a growing patient population. Ultimately, this leads to a further decline in patient care, which exacerbates the already negative environment in which we work.

***Unanswered Questions:** Despite the thoughtful proposals presented to you, along with VPs Belle and Leith, by your emergency physicians, why do conditions continue to deteriorate? Additionally, why has there been a lack of presence from you in our Emergency Department during this critical time?*

Concerning Data

The data we are presenting is both grave and undeniable:

- **Congestion:** Comparing the two fiscal years before and after our initial meeting, ED boarding (defined as midnight occupancy) has worsened by 17%. Not a single month since our meeting has the ED operated at an acceptable level of congestion.
 - 2021-2023 average: 61.6 patients
 - 2023-present average: 72.8 patients
- **Department Volume:** Our department volume has increased by 30% over the past four years while the size of the department remains unchanged. We are now the busiest ED in Canada and the third busiest in North America (Becker's Hospital Review):
 - 137,000 ED visits in 2020/2021
 - 179,000 ED visits in 2023/2024.

Despite the increasing patient volume and acuity, SMH's ED has impressively maintained a steady admission rate of 11%. This consistency is a testament to the extraordinary resilience and skill of our emergency physicians, who continue to provide high-quality care under challenging conditions; simply put, we are doing our part.

- **Department Conditions / Patient Care Metrics:**
 - The rate of patients "left without being seen" (LWBS) has tripled since 2020/2021 (8.4% compared to 2.9%).
 - The "10-hour rule" (admitting patients from the ED within 10 hours) has remained below 20% since COVID-19, far below the CAEP standard of over 65%. The goal for admission is two hours, a benchmark critical to patient safety and mortality.
 - Time to see an emergency physician in Zone 2 (for unwell ambulatory patients) often exceeds 12 hours, and we are projecting to be at risk of 24-hour waits in the short term.
 - We have had four instances of no available CT scanner over the past 18 months (an available and functional CT scanner is an absolute bare minimum standard in ED care).

***Unanswered Question:** How does your office justify both the lack of action and lack of transparent acknowledgment, given that these metrics clearly indicate a worsening crisis?*

Crisis Inaction and Code Orange Declarations

On multiple occasions, emergency physicians have identified situations that pushed the department beyond a safe level to maintain quality care, leading them to call a Code Orange Activation. Despite the in-house physician determining that Code Orange criteria had been met, 24 out of 25 requests were denied. To our knowledge, only one was granted temporarily. Physicians have since become reluctant to call for assistance, knowing that no help is forthcoming, meaning the current situation may be even worse than these figures suggest.

***Unanswered Question:** Why have 95% of Code Orange calls been declined without an adequate response, despite lacking necessary resources such as beds and nurses AND the observation from the in-house physician that care demands greatly exceed care resources?*

Staffing Concerns

Staffing trends in the ED are alarming and unsustainable:

- Since 2021, we have only been able to increase staffing from 438 to 478 shifts per month, an increase of just 8%. Patient volumes have increased 30% in this timeframe.
- Over the past year, we have lost 8% of our monthly coverage, meaning fewer physicians are available to treat more patients.
- New graduates are opting to work in safer departments with lower patient volumes and better pay, rather than apply at Surrey Memorial.

Despite assurances from the Minister of Health that "everything and the kitchen sink" is being thrown at the staffing problem, we have yet to see any practical solutions. Although it was not our responsibility to provide a solution, we invested hundreds of hours in creating and presenting a comprehensive strategy to yourself and the Ministry that aimed to improve staffing and patient care at SMH. Unfortunately, these discussions consumed valuable clinical resources and resulted in no meaningful action.

***Unanswered Questions:** Can you provide an update on the support (or lack thereof) for our "staffing stabilization strategy" submitted in June 2024? If no support is forthcoming, what practical solutions are being proposed to improve staffing deficits?*

Disparity Between Vancouver Coastal and Fraser Health

There is minimal geographic difference between VCH and FHA, yet significant differences are evident. There is a clear disparity in staffing between VCH and FHA, leading to an uneven allocation of resources and a corresponding disparity in the quality of care.

These patient-to-physician ratios mean that emergency physicians at comparable sites in VCH can spend three times as much time per patient compared to those at SMH. For instance:

- Vancouver General: 44 minutes per patient
- BC Children's: 39 minutes per patient
- Surrey Memorial: 16 minutes per patient

Emergency physicians at the majority of FHA sites, including SMH, are compensated less per patient than those in VCH. This compensation disparity further aggravates recruitment and retention challenges. New physicians are gravitating toward better-paying and less stressful positions, leaving Surrey Memorial increasingly vulnerable to staffing shortages.

Physicians in FHA report feeling significantly less supported by their leadership compared to those in VCH. In the most recent "Health Authority Engagement Survey (2023)," which assessed health and safety, trust in medical leaders, and overall workplace satisfaction, FHA physicians showed 10% lower engagement with their leadership under your supervision. If the survey had focused solely on emergency physicians, these numbers would be even more concerning.

- VCH: 42%
- FHA: 32%

Other concerning trends from this independent comprehensive review include that less than 25% of us feel that FHA values physician contributions, and that only 14% of physicians feel that senior leaders' decision-making is transparent; This trend is worsening compared to last year.

***Unanswered Questions:** How does your office plan to address the disparity in physician coverage and remuneration, particularly as it pertains to recruitment and retention at Surrey Memorial Hospital? Why is there growing mistrust and dissatisfaction with FHA leadership? How will your office ensure equitable care and resource distribution between VCH and FHA?*

Meditech Expanse Electronic Health Record System

The rollout of the Meditech Expanse Electronic Health Record (EHR) system has imposed numerous burdens on our already strained department, costing hundreds of millions of dollars. Despite the intended goal of streamlining operations, the system has instead reduced emergency physician productivity by at least 20% at its initial launch site at Eagle Ridge Hospital. Much of this productivity loss is attributed to the shift of clerical tasks—previously handled by support staff—onto physicians themselves. This additional workload directly impacts the number of patients seen per hour, a crucial metric in a high-volume ED setting.

After over a year, there has been no meaningful improvement in productivity, suggesting that this decline may represent a permanent and unsustainable norm. Given our staffing deficits, it is essential that our physicians perform optimally, but the Meditech Expanse system undermines this with no proven improvement in patient safety to our knowledge. This not only affects the quality of care but also the overall capacity of our department to meet rising patient demand.

Beyond the loss in productivity, the Meditech Expanse system has exacerbated systemic inequities. Emergency physicians trained on superior platforms, such as Epic and Cerner, are increasingly seeking positions at institutions that use these more efficient systems. This trend has hindered our ability to recruit new talent, worsening our staffing challenges.

In terms of system efficiency, the Expanse platform is limited. It does not easily interface with other regional systems, such as Cerner, or with community-based systems used by outpatient specialists and family practice offices. This lack of interoperability forces emergency physicians to spend additional time locating critical patient information or ordering duplicate tests, which leads to further delays and increases healthcare costs. The redundancy of testing and the extra time required to access patient data further stretches our limited resources.

Furthermore, there are growing concerns about the future of this system. We have been informed that Expanse may be replaced by Cerner as the province rightly moves toward a unified EHR system across all health authorities. If this occurs, it would render the significant capital already invested in Meditech Expanse useless—a gross misallocation of resources, especially when the healthcare system is already under tremendous strain.

***Unanswered Questions:** How does your office plan to mitigate the productivity losses and recruitment challenges imposed by Meditech Expanse? Why does Fraser Health get an inferior platform? What justifications can be provided for pursuing this platform given the possibility of its near-term replacement? How much has been, and will be spent on Expanse? How do you justify this massive capital expense when funding is desperately needed for direct patient care and bed capacity with evidence-based health outcomes?*

Mental Health and Physician Well-being

The well-being of physicians in general is at record lows. The well-being of emergency physicians at Surrey Memorial is the lowest within the hospital. A recent review of physician well-being shows that SMH emergency physicians scored nearly twice as poorly as those in other departments. This is alarming, especially when considering the psychological toll of working in one of the busiest EDs in North America.

The combination of long shifts, overwhelming patient volumes, high acuity, inadequate support, compensation disparities, and the invalidation of our lived experiences has contributed to significant burnout among our staff. Physicians are facing exhaustion, anxiety, and an overall decline in their mental health, which ultimately compromises patient care. The atmosphere in the ED is frequently described as "demoralizing," and many emergency physicians are struggling to maintain resilience in the face of seemingly insurmountable challenges.

***Unanswered Question:** What practical steps will be taken to improve the mental health and well-being of your staff, especially in light of the review indicating our department has the lowest well-being in the hospital?*

For the sake of our patients and community, we have been in urgent need of your attention and action on this matter, which has not been provided by you or your team. We are calling for new leadership that will engage directly with our department, observe the daily challenges of substandard patient care and the moral distress we face, and be fully committed to meaningful improvement. Through recognition, understanding, and transparency, we can move forward and enhance the quality of patient care.

Sincerely,
The Emergency Physicians of Surrey Memorial Hospital