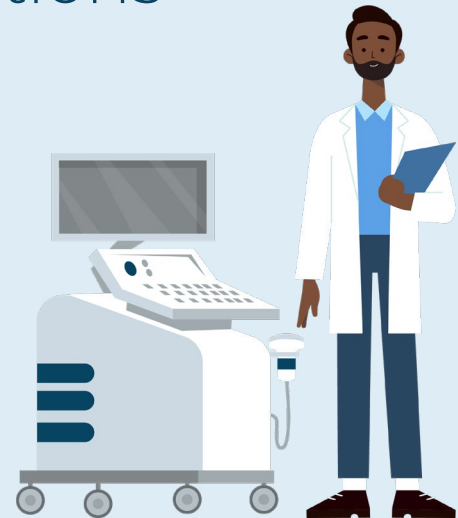
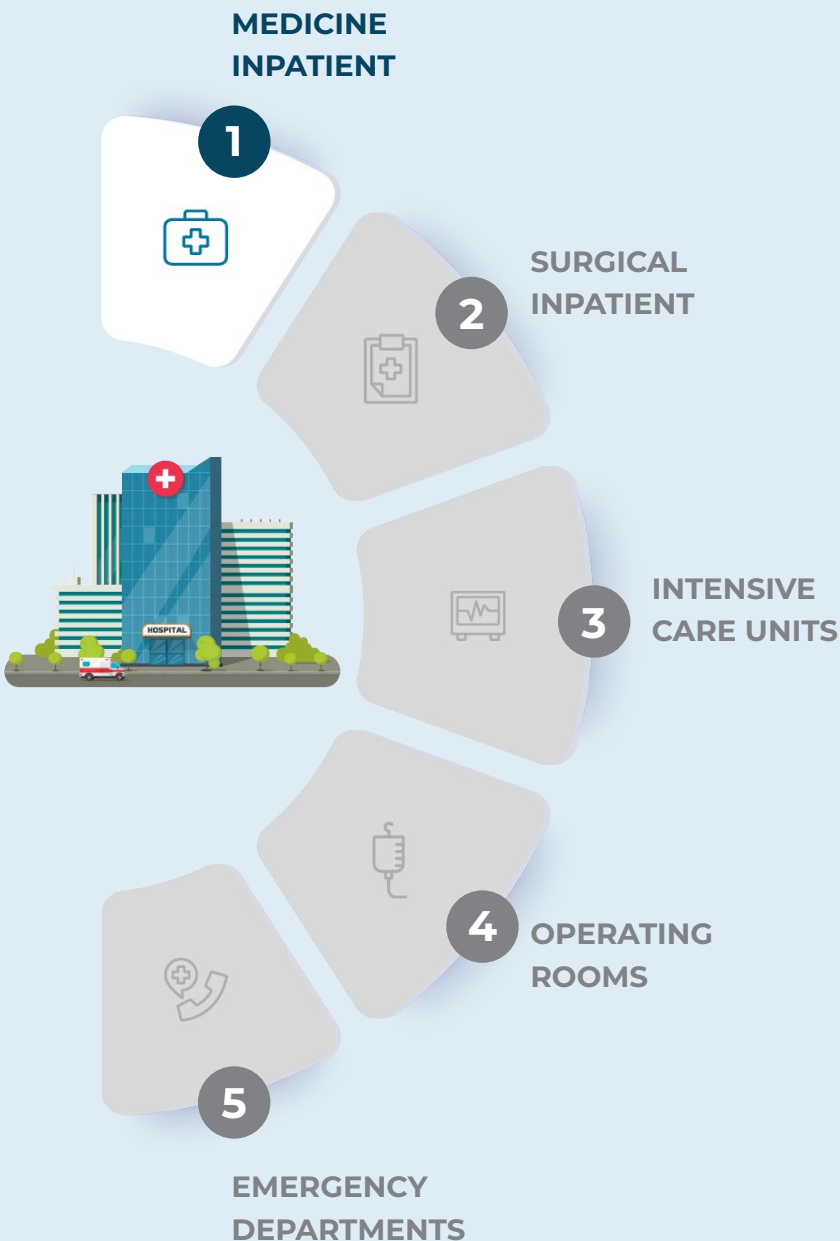


COVID-19 PANDEMIC

Impact on Hospital Operations

How the first two waves of the pandemic impacted Ontario hospitals' staffing utilization.



PART 1

Medicine Inpatient

Ontario hospitals experienced substantial operational challenges during the first year of the COVID-19 pandemic in Canada. The following report highlights changes in staff utilization, patient volumes, and staffing skill mixes in the past five years and more prominently during FY2020-21 when hospitals were most impacted by the pandemic. The report also highlights overtime and sick-time trends that were in some instances exacerbated by the pandemic.

The information is taken from the Benchmark Intelligence Group (BIG) Healthcare dataset comprised of over 125 Ontario hospitals' MIS Trial Balance files. We have summarized the MIS Trial Balance files from FY2016-17 to FY2020-21. The third, fourth, and Omicron waves of the pandemic occurred during FY2021-22; data for these periods will be available in July 2022.



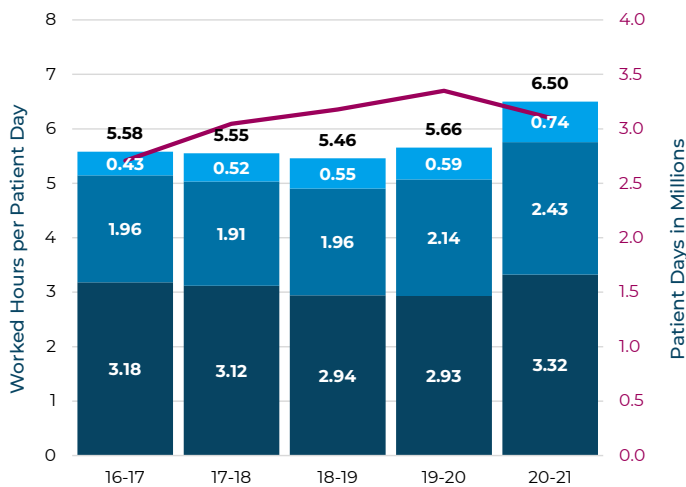
MEDICINE INPATIENT

1

ONTARIO HOSPITALS

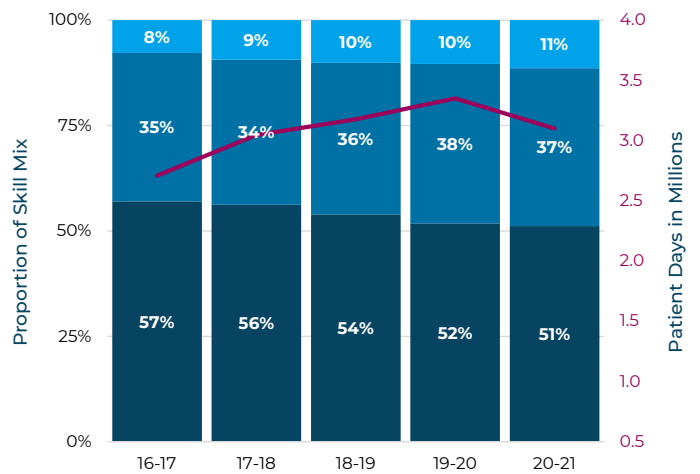
Worked Hours per Patient Day

Ontario hospitals had stable worked hours per patient day from FY16-17 to FY19-20. **In FY20-21, worked hours per patient day increased by 15%.** This increase of course coincided with the COVID-19 pandemic. Numerous reasons could help explain the increase including decreased patient days in medicine units (7%) without a corresponding change in staffing levels, redeployed staff to other units, and increased staffing to accommodate higher acuity COVID-19 patients.

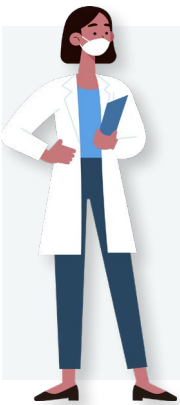


Proportion of Skill Mix per Patient Day

While worked hours per patient day remained stable prior to the pandemic, the **proportion of worked hours attributed to RNs decreased by 6% over the past five years;** the difference was made up of both RPNs and to a greater extent by unregulated/PSW staff.



Registered Nurse
 Registered Practical Nurse
 Unregistered/Personal Support Workers
 Patient Days



Medical inpatient **worked hours per patient day increased** by

↑15%

in the first year of the COVID-19 pandemic



The proportion of Medical Inpatient hours **worked by RNs decreased**

↓6%

over the most recent five years

Worked hours per workload is a standard measure of operating efficiency. A functional centre's total worked hours is divided by the functional centre's workload (patient days, cases, or visits). Medical staff hours are not included. This report uses the Median performance level.



MEDICINE INPATIENT

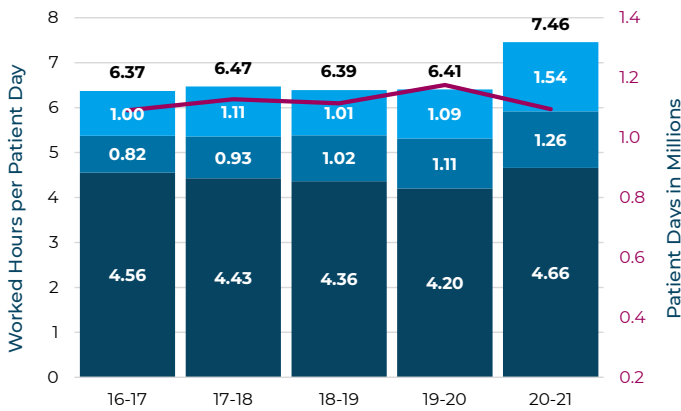
1

Teaching and large community hospitals experienced the greatest increase in worked hours per patient day during the pandemic. Teaching hospitals increased worked hours per patient day by 1.05 hours (16%), and large community hospitals increased by 1.05 hours (19%). Both experienced a decrease in patient days by 7% and 8% respectively.

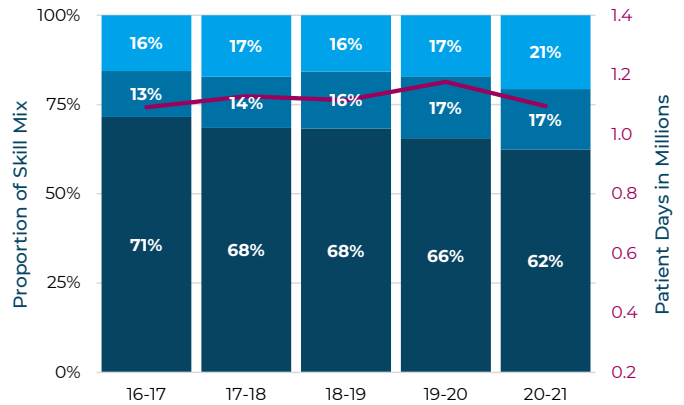
Both hospital types also increased the proportion of unregulated staff (e.g. personal support workers) in their skill mix during the pandemic with a corresponding decrease in RNs.

TEACHING HOSPITALS

Worked Hours per Patient Day

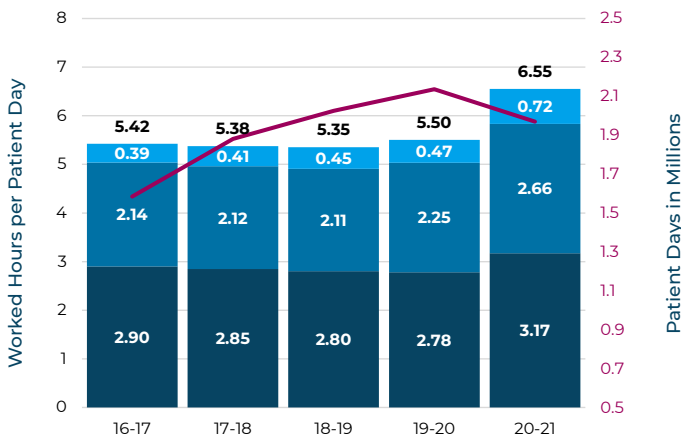


Proportion of Skill Mix per Patient Day

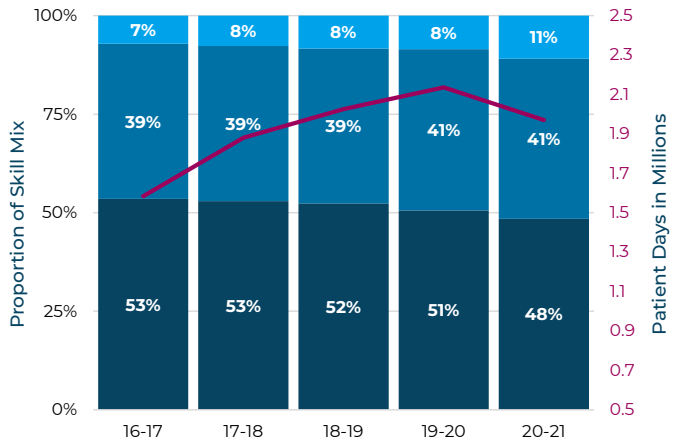


LARGE COMMUNITY HOSPITALS

Worked Hours per Patient Day



Proportion of Skill Mix per Patient Day



Registered Nurse Registered Practical Nurse Unregistered/Personal Support Workers Patient Days

Worked hours per workload is a standard measure of operating efficiency. A functional centre's total worked hours is divided by the functional centre's workload (patient days, cases, or visits). Medical staff hours are not included. This report uses the Median performance level.



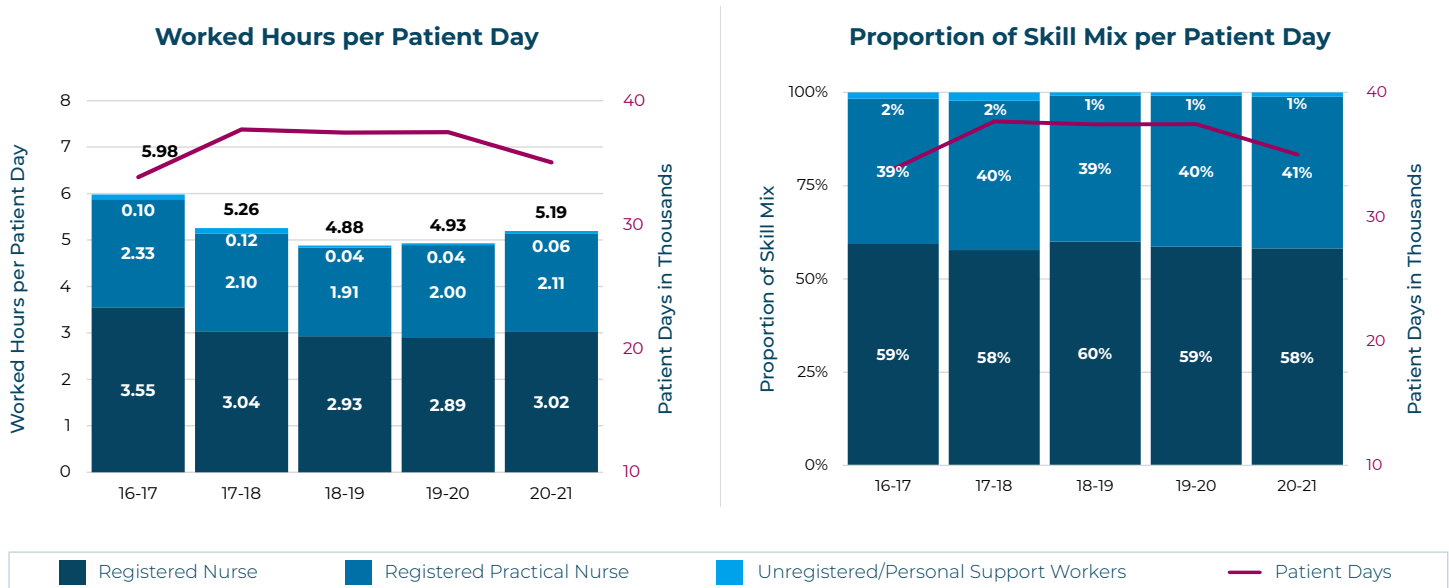
MEDICINE INPATIENT

1

SMALL HOSPITALS

Small hospitals had a different trend in worked hours per patient day than Teaching and Large Community hospitals. **Compared to 16/17, and even in the pandemic year, worked hours per patient day was lower than the other hospital types.**

During the pandemic **small hospitals did not experience the same level of staffing change on medicine units.** Worked hours per patient day increased by 5%. The decrease in patient days was similar to other hospital types at 7%. Skill mix has remained relatively steady since 16/17.



Worked hours per workload is a standard measure of operating efficiency. A functional centre's total worked hours is divided by the functional centre's workload (patient days, cases, or visits). Medical staff hours are not included. This report uses the Median performance level.



MEDICINE INPATIENT

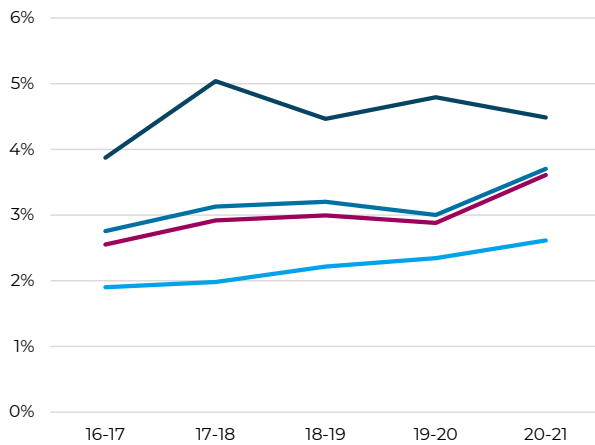
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OVERTIME & SICK HOURS

Overtime Hours

Ontario medicine units overall experienced an increase in overtime hours as a percent of worked hours during the pandemic from 2.5% to 3.6%; an approximately 25% increase from 19-20 to 20-21. This increase was largely faced by large community hospitals with an increase from 3.0% to 3.7%, representing a 23% increase in overtime during the pandemic. Teaching hospitals experienced a 12% increase, whereas small hospitals experienced a 6% decrease.

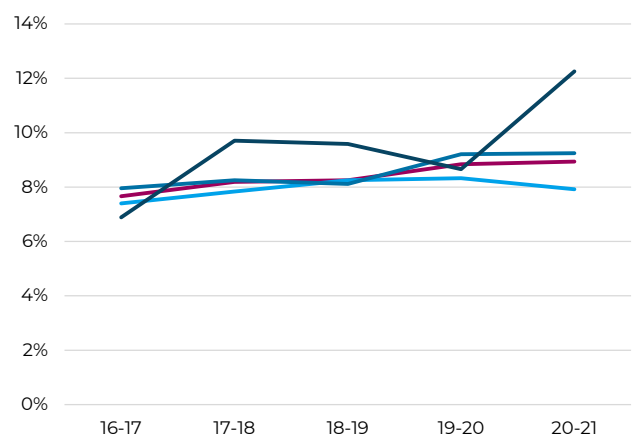
% Overtime



Sick Hours

Sick time across Ontario medicine units increased from 7.6% to 8.9%; approximately a 1% increase from 19-20 to 20-21. Small hospitals faced the greatest increase from 8.6% to 12.3%, representing a 42% increase in sick time during the pandemic. This follows an increasing trend in sick time for small hospital over the past five years. Teaching and large community hospitals were relatively stable in sick time comparatively.

% Sick Time

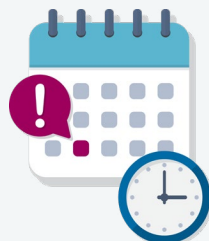


— All Ontario Hospitals
 — Teaching Hospitals
 — Large Community Hospitals
 — Small Hospitals

Overtime hours for medicine increased by

↑ 25%

in Ontario in the first full year of the pandemic.



Sick-time hours remained stable at

↑ 1%

increase in the first full year of the pandemic



Overtime is calculated as a percentage of total worked hours and excludes purchased service hours and medical staff. Sick time is calculated as a percentage of full time staff total worked hours and excludes medical staff.