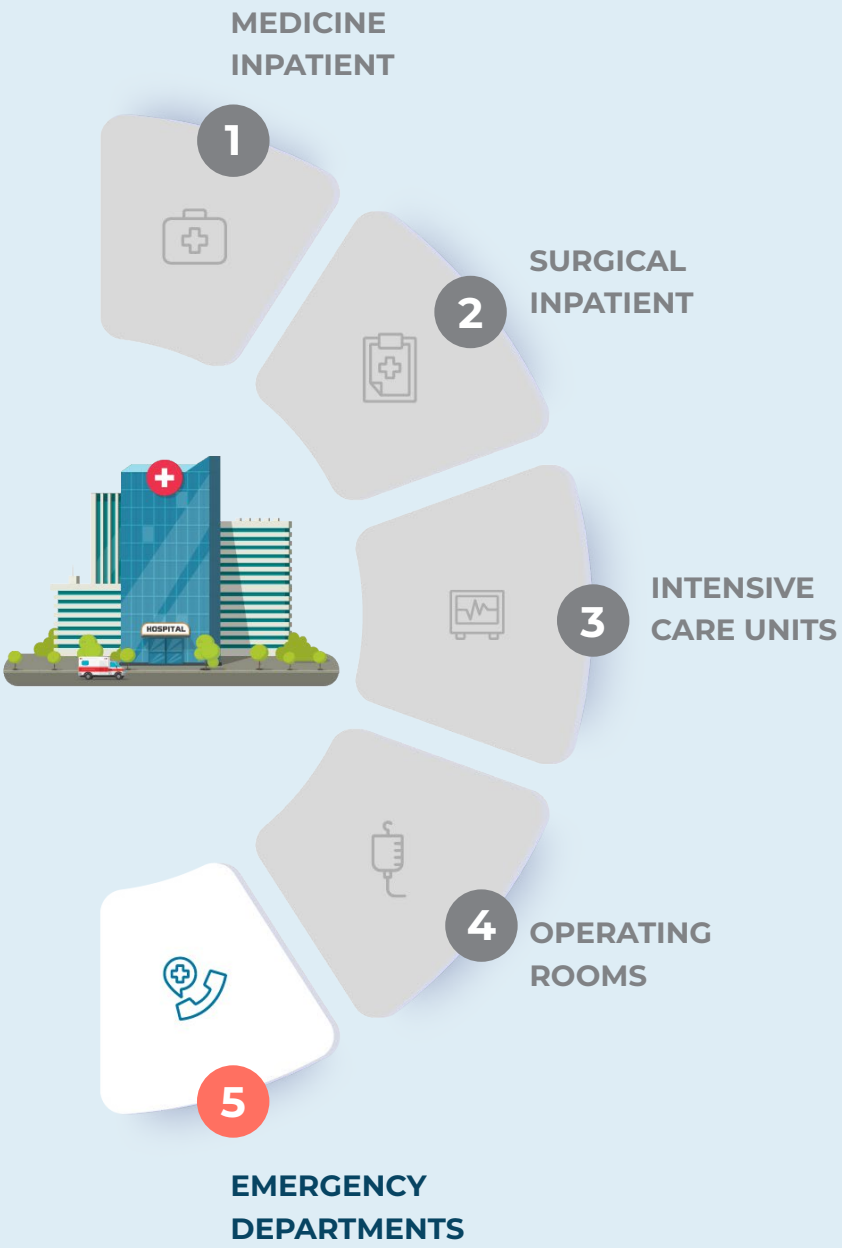
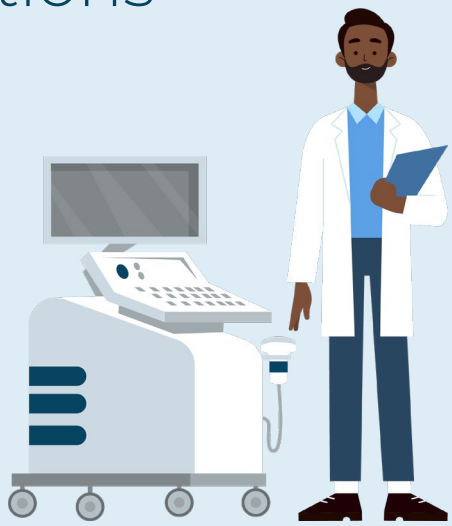
BIG HEALTHCARE | Benchmark Intelligence Group

COVID-19 PANDEMIC

Impact on Hospital Operations

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





PART 5

Emergency Departments

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.

EMERGENCY DEPTS

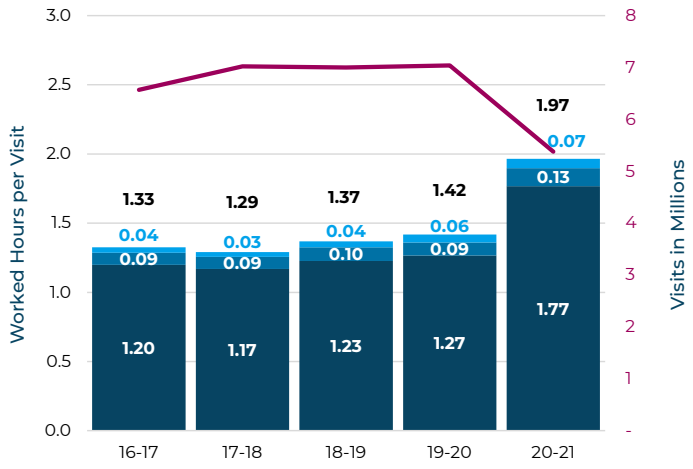
5

ONTARIO HOSPITALS

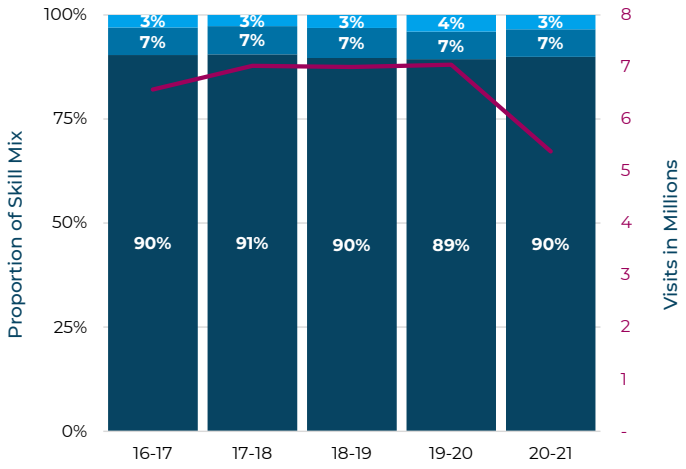
Ontario hospitals had relatively steady worked hours per visit from FY16-17 to FY19-20. **During the pandemic, ED visits decreased by 24% and worked hours per visit increased from 1.42 to 1.97 (39%).**

Skill mix in Ontario EDs has been stable over the past five years without much fluctuation in the proportion of worked hours attributed to RNs, RPNs, and unregulated/PSW staff.

Worked Hours per Visit



Proportion of Skill Mix per Visit



Registered Nurse | Registered Practical Nurse | Unregistered/Personal Support Workers | ED Visits

Ontario **Emergency Department visits decreased** by

24%

in the first year of the pandemic

Worked hours per visit increased by

39%

in the first year of the pandemic

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.

EMERGENCY DEPTS

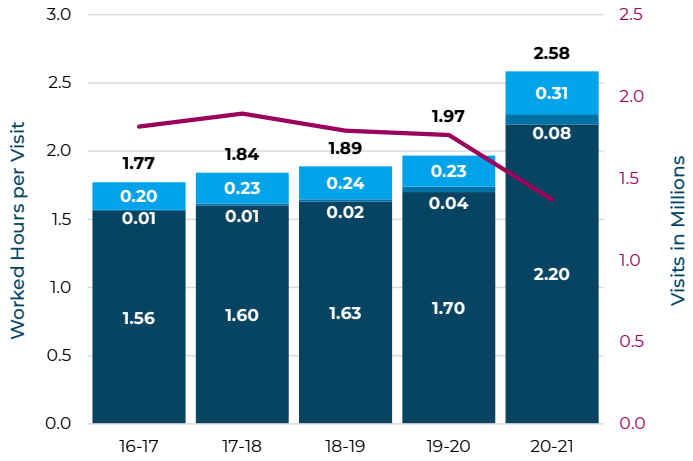
5

TEACHING HOSPITALS

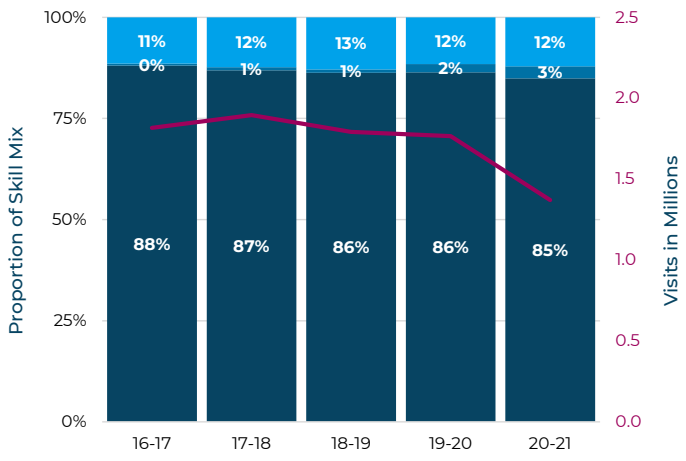
Teaching hospitals experienced a modest increase in worked hours per visit from FY16-17 to FY19-20 (11%). **During the pandemic, ED visits decreased by 22% and worked hours per visit increased from 1.97 to 2.58 (31%).**

Skill mix in teaching hospitals has slightly shifted over the past five years. **The proportion of worked hours attributed to RNs decreased from 88% to 85% with an increase in RPNs from 0% to 3%.**

Worked Hours per Visit



Proportion of Skill Mix per Visit



Registered Nurse | Registered Practical Nurse | Unregistered/Personal Support Workers | ED Visits

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.

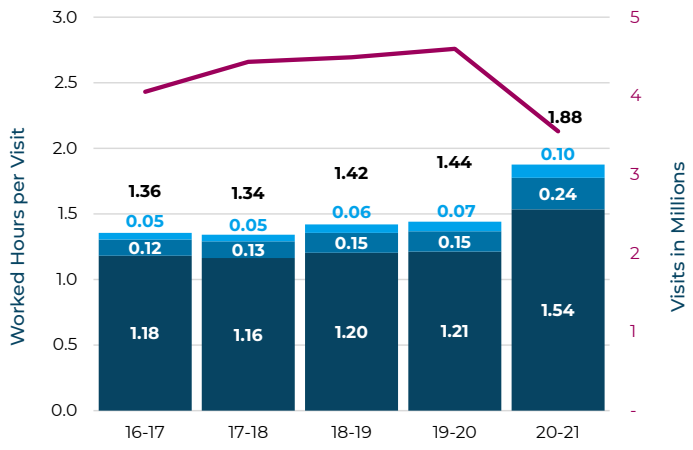
EMERGENCY DEPTS 5

LARGE COMMUNITY HOSPITALS

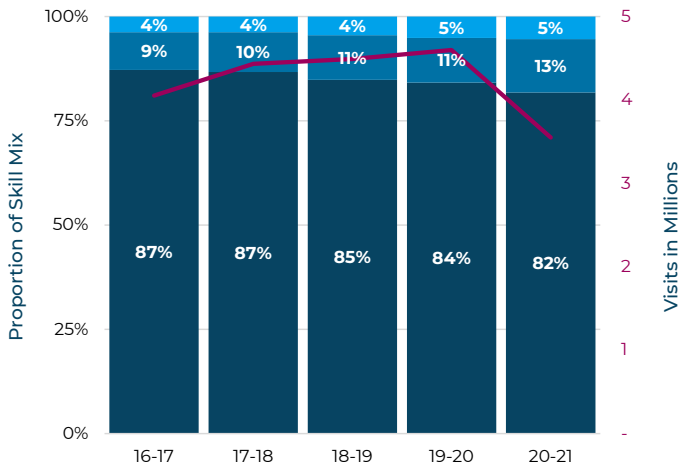
Large community hospitals followed a similar pattern to teaching hospitals; a modest increase in worked hours per visit from FY16-17 to FY19-20, then **during the pandemic ED visits decreased by 23% and worked hours per visit increased by 30%.**

Skill mix in large community hospitals also followed a similar pattern to teaching hospitals. **The proportion of worked hours attributed to RNs decreased from 87% to 82% while RPNs increased from 9% to 13%.**

Worked Hours per Visit



Proportion of Skill Mix per Visit



Registered Nurse | Registered Practical Nurse | Unregistered/Personal Support Workers | ED Visits

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.

EMERGENCY DEPTS

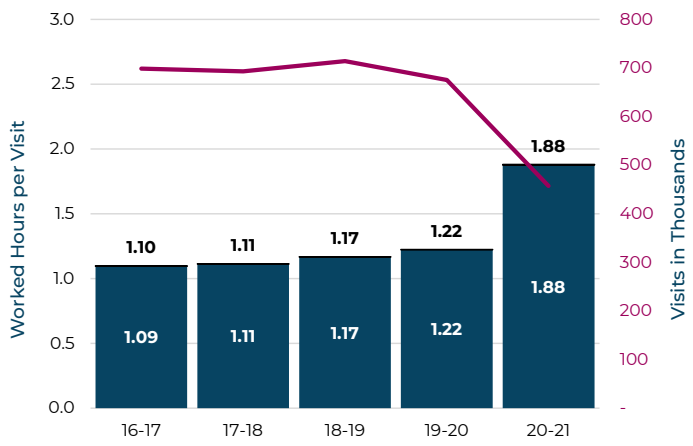
5

SMALL HOSPITALS

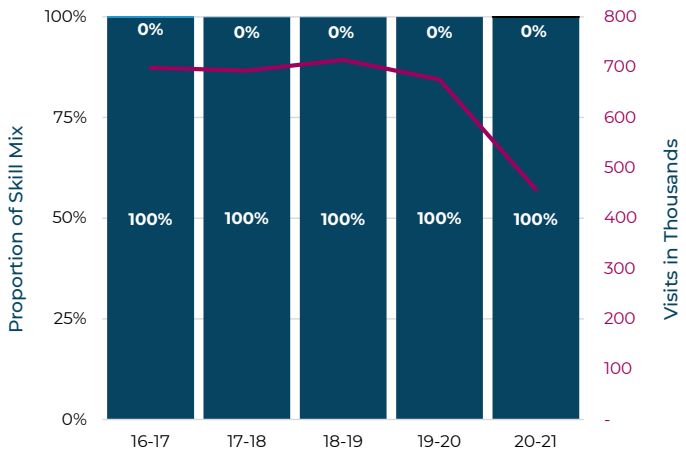
Small hospitals experienced the greatest change during the pandemic. **Visits decreased by 32% and worked hours per visit increased by 54%.**

Skill mix in EDs is predominantly an RN model.

Worked Hours per Visit



Proportion of Skill Mix per Visit



Registered Nurse | Registered Practical Nurse | Unregistered/Personal Support Workers | ED Visits

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.

EMERGENCY DEPTS 5

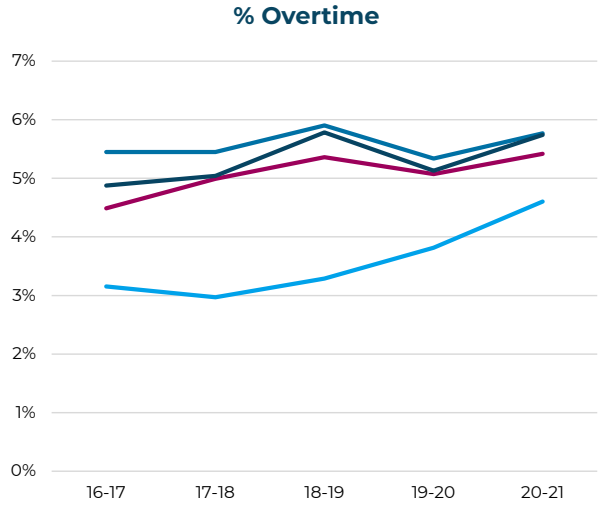
OVERTIME & SICK HOURS

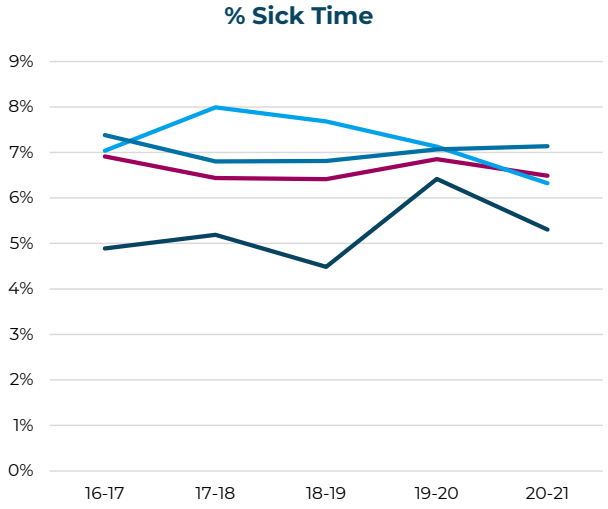
Overtime Hours

Ontario hospitals experienced a 20% increase in overtime hours during the first year of the pandemic. Teaching hospitals have had a steady rise in overtime since FY17-18, with a 21% increase during the pandemic. Small and large community hospitals increased by 18% and 6% respectively.

Sick Hours

Sick time in Ontario hospitals have generally been steady since FY16-17, and **experienced a 5% decline during the pandemic.** Teaching hospitals have decreased sick time since FY17-18 and continued to decrease through the pandemic by another 11%. Small hospitals also decreased sick time during the pandemic by 17%. Large community hospitals stayed relatively stable.



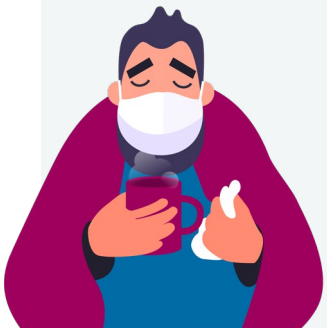


All Ontario Hospitals — Teaching Hospitals — Large Community Hospitals — Small Hospitals

Ontario **EDs experienced an increase of**

↑20%

of overtime hours during the first year of the pandemic



Sick-time hours in the ED decreased by

↓5%

during 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.