

# COVID-19 Amplifies Health System Capacity Shortfalls



## OVERVIEW

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As Canada continues to battle the COVID-19 pandemic, our healthcare system's capacity to cope is near its breaking point. Capacity, both in terms of our physical infrastructure and the number of health workers on the frontline, have been significantly stretched. Hospitals, which routinely run at 100 – 120% capacity are scrambling to avoid cancelling procedures as more resources are needed to treat patients with COVID-19. Direct care providers on the frontlines are working flat out, many to the point of exhaustion.

The Federal Government indicated in its Throne Speech that Canada must build back better from the COVID-19 crisis. [Building a stronger Canada must start on the frontlines of our healthcare system.](#)

## HEALTH SYSTEM CAPACITY

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The optimal level of capacity at hospitals should be below 85%. This enables hospitals to handle surges like the flu season. However, since the COVID-19 pandemic, Canada's hospitals and healthcare organizations have been operating at 100% - 120% capacity. This severely undermines the ability of healthcare facilities to deliver safe, effective and timely care, as surgeries and treatments are delayed or cancelled.

To ease overcrowding and over-capacity, hospitals across the country have built temporary units. For example, the Ottawa Hospital has a 40-bed unit in a parking lot beside one of its campuses. Inside Greystone Village Retirement Home in Ottawa, a temporary hospital unit was created for alternative level of care (ALC) patients. These new temporary hospital units have added up to 160 beds to The Ottawa Hospital capacity.

In addition to physical capacity issues, Canada also has a serious shortage of healthcare workers – those who diagnose, treat and care for patients; work in the laboratories; and provide ancillary services within our institutions. The pandemic has exacerbated this shortage by adding to the heavy workload and causing spikes in stress, anxiety, and depression among our dedicated frontline workers.

A survey of doctors and nurses in China caring for COVID-19 patients found that 41.5% of these providers experienced significantly more depression, anxiety, insomnia and distress than providers who did not care directly for COVID patients.<sup>1</sup> While no similar study exists on the impact COVID is having on the mental health of Canada’s frontline workers, a recent [study](#) examining the experiences, thoughts, fears and frustrations of Ontario healthcare workers related to the pandemic, found that all participants (10 frontline healthcare workers) reported feeling anxious, stressed, angry and afraid. If we extrapolate from these studies and from our experience with the SARS epidemic, where 36% of our health workforce experienced a high level of distress, we can assume that COVID-19 will have the same impact, if not much worse as there is no sign that the pandemic will subside in the near future.

Unlike increasing physical capacity, increasing health human resource capacity takes significant time. Educating and training doctors, nurses, and allied health professionals is a longer-term solution that extends well beyond the pressures being exerted by the second wave of the pandemic. More immediate and shorter-term solutions need to be considered to begin alleviating the stress, anxiety and burnout burden felt by Canada’s healthcare professionals.

## RESOURCES FOR HEALTHCARE PROFESSIONALS

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Recognizing the toll the pandemic is having on our frontline health workers, increased focus is being directed at supporting their physical and mental well-being. Several medical organizations have developed, gathered and published resources specifically for this group, including several of HealthCareCAN’s members (click logos to access resources):



These resources include self-referral for mental health care, self-care tools and distress management resources, mental health apps, professional support groups that offer mindfulness sessions, psychosocial supports and help lines.

HealthCareCAN, as the co-lead of the Quality Mental Health Care Network (QMHCN) with the Mental Health Care Commission of Canada, is also developing the Quality Mental Health Care Framework to focus on mental health in the workplace by addressing structural stigma, promoting recovery-oriented practice, and improving access to quality mental health care for both patients and healthcare providers. Information products, including key findings and infographics, are [being developed](#) and will be shared more broadly in the coming months.

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<sup>1</sup> <https://www.cmai.ca/content/192/17/E459>.

The federal government has also invested millions in COVID-19 mental health and substance-use research focused on priority populations, including frontline and healthcare workers. The Mental Health Commission of Canada has also created the [Wellness Together Canada](#) website to provide assessment tools, courses, apps, counselling services and immediate access to crisis support for frontline workers.

## MINISTER HAJDU ECHOES CONCERN

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HealthCareCAN's Board of Directors raised the issue of the effect on frontline workers of working during the COVID-19 pandemic with the Minister of Health at an October 28 meeting. We were pleased to hear that the Minister is acutely aware of the health human resource issues and is looking at options to augment and quickly build capacity. Minister Hajdu also expressed her concern and worry over the mental health of healthcare workers and indicated government is examining incentives for healthcare workers to care for themselves. In her closing statement, the Minister asked HealthCareCAN to provide her with some ideas on how to address these challenges.

## RESPONDING TO COVID: A RECENT STUDY FROM THE STANDING SENATE COMMITTEE ON SOCIAL AFFAIRS, SCIENCE AND TECHNOLOGY

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The Standing Senate Committee on Social Affairs, Science and Technology held hearings in the Spring to examine the government's COVID-19 response. The Committee heard from a select number of vulnerable population groups, including healthcare providers. Other vulnerable groups included those suffering from mental illness, children and youth, seniors, women, those living in rural areas, workers and inmates in correctional facilities, and charities. The Committee issued an [interim report](#) on the areas witnesses stressed needed more federal support.

The Committee heard that Canada's healthcare system's capacity, or lack of it, has had a detrimental affect on frontline workers. Healthcare providers felt that they were being put in an unsafe and vulnerable position due to the shortage of personal protective equipment (PPE) during wave one of the pandemic. Those working in the system felt more transparency was needed in terms of the production, procurement and distribution of PPE, and that the Public Health Agency of Canada must create, disseminate and communicate clearer guidelines related to accessing and using PPE.

Canada's mental health system, already underfunded, under-resourced and unable to meet current demand, will face additional pressures as vulnerable populations and healthcare providers require more support. The Committee heard that fear is growing that frontline workers will experience post-traumatic stress disorder similar to those serving members of the Canadian military.

## RESPONDING TO THE SHORTAGE OF HEALTHCARE PERSONNEL

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There are a number of options that government can consider and implement to address the shortage of healthcare workers, both in the short-term and long-term. Some of these measures were communicated to the Senate Standing Committee on Social Affairs, Science and Technology.

### SHORT-TERM

- During emergency situations, such as the COVID-19 pandemic, government and the provincial/territorial licensing bodies could expedite the competency assessment and licensure of internationally educated healthcare providers. This would add more workers in a short period of time, which would help alleviate the capacity issue and related stress and anxiety being felt by frontline workers.

- The scopes of practice for specific health professionals, such as pharmacists, paramedics and nurse practitioners could be expanded to supplement the services provided by physicians and nurses.
- The federal government needs to assume greater responsibility for long-term care (LTC), either by amending the Canada Health Act or implementing federal legislation or standards specific to this sector.
- Other measures for consideration by the federal government include requiring mandatory accreditation of and development of national standards for LTC to promote consistent quality; developing a national human resources strategy; and having an organization responsible for evaluating and/or scaling up innovative interventions in LTC.
- Institute or increase personal benefits, such as paid leave, so that frontline workers can take the necessary time to care for themselves without being penalized.

## LONG-TERM

- Increased involvement in – and leadership from – the Federal Government in health is required if Canada is to ‘build back better’. COVID-19 has placed undue infrastructure and financial pressures on our system that the provinces and territories can no longer shoulder alone. The Federal Government must increase health transfers to help establish the long-term sustainability of the health system. A recent [poll](#) undertaken for HealthCareCAN indicates that nearly three quarters (74%) of Canadians feel the federal government should play a leadership role in healthcare even if its a provincial responsibility. Increased funding must be complemented by efforts to continue to build on and strengthen the relationship the Federal Government has established with its provincial and territorial counterparts in fighting COVID-19.
- Canada needs a national health workforce strategy. Such a strategy would include all personnel working in the healthcare system, including the long-term care sector. A national health human resource strategy was a recommendation of the Hall Commission and the Romanow Commission. A national workforce plan will help ensure that Canada does not find itself in a workforce shortage when the next pandemic hits.

## IMPLICATIONS FOR HEALTHCARECAN MEMBERS

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As Canada continues to battle COVID-19, addressing overstretched health system capacity and its detrimental impact on patient care and the well-being of frontline workers is a major focus for HealthCareCAN. Addressing these issues will require a whole system approach.

HealthCareCAN member institutions and health organizations can play a role, particularly in providing mental health supports and resources for its frontline workers. A recent [article](#) in the Journal of the American Medical Association outlines that frontline workers want: 1) to be assured that their concerns are being recognized and that work is ongoing to mitigate these concerns; and 2) to be asked what they need and that efforts are being made to meet these needs.

Healthcare organizations can support their health workforce by: creating channels to provide input and feedback, such as listening groups, an email suggestion box, town halls, leadership walkarounds; providing rapid training to support critical knowledge and appropriate mentoring and access to experts for new direct care providers; and providing access to healthy meals and hydration, lodging for workers on extended shifts, transportation assistance for those who are sleep deprived, support for childcare needs, emotional support and regular check-ins.

At the federal level, HealthCareCAN will continue to draw attention to the challenges the pandemic is having on hospitals, healthcare organizations, academic health sciences centres and their healthcare workers. We will continue to push for member access to infrastructure funding programs to increase physical capacity, address our facility’s huge environmental footprint and build pandemic preparedness into our healthcare facilities.

HealthCareCAN is also committed to working with Minister Hajdu and her staff to address the shortage and well-being of our healthcare workers. We will continue to call for increased investments for research into both the short- and longer-term mental health impacts of this pandemic and the development of supports, specifically for healthcare workers.

Canada requires a strong healthcare system. The frontlines are where the COVID-19 battle and future global pandemic battles will be won.

## FOR FURTHER INFORMATION

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HealthCareCAN will continue to keep members apprised of developments on the health care landscape, including issues such as physical infrastructure in health care, health human resource capacity, the mental well-being of our frontline workers, initiatives of the federal Ministry of Health and the work of the Standing Senate Committee on Social Affairs, Science and Technology. If you have questions or feedback, we would be pleased to hear from you.

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