Cancellations Due to Pandemic or Phase Issues - Zone 1

Date	*Facility*	*# COVID Bed-related Cancellations*	*# Other COVID-related Cancellations*	*Total COVID Related Cancellations*	*Notes*
21-Sep-21	TMH	0	0	0	
	SMH	0	0	0	
23-Sep-21	TMH	0	0	0	
	SMH	0	0	0	
24-Sep-21	TMH	0	0	0	
	SMH	0	0	0	
27-Sep-21	TMH	0	0	0	
	SMH	0	0	0	
28-Sep-21	TMH	0	0	0	
	SMH	0	1	1	21(2)(a) [redacted]
29-Sep-21	TMH	2	0	2	21(2)(a) [redacted]
	SMH	0	0	0	
30-Sep-21	TMH	0	0	0	
	SMH	0	0	0	
1-Oct-21	TMH	0	0	0	
	SMH	1	0	1	21(2)(a) [redacted]
4-Oct-21	TMH	0	0	0	
	SMH	0	5	5	21(1) [redacted]
5-Oct-21	TMH	0	0	0	
	SMH	0	0	0	
6-Oct-21	TMH	1	0	1	ortho case - no bed
	SMH	0	0	0	
7-Oct-21	TMH	0	0	0	
	SMH	0	0	0	
8-Oct-21	TMH	0	0	0	
	SMH	0	0	0	
12-Oct-21	TMH	0	0	0	
	SMH	0	0	0	
13-Oct-21	TMH	4	0	4	Outbreak on surgery unit - cancelled 21(2)(a) [redacted] - not replaced
	SMH	0	0	0	
14-Oct-21	TMH	0	8	8	Outbreak on surgery unit - cancelled 21(2)(a) [redacted]
	SMH	0	0	0	
15-Oct-21	TMH	0	7	7	Outbreak on surgery unit
	SMH	0	0	0	
18-Oct-21	TMH	0	4	4	Outbreak on surgery unit - cancelled 21(2)(a) [redacted] - replaced with SDC where able
	SMH	0	0	0	
19-Oct-21	TMH	0	4	4	Outbreak on surgery unit - cancelled 21(2)(a) [redacted] - replaced with SDC where able

	SMH	0	0	0	
20-Oct-21	TMH	0	3	3	Outbreak on surgery unit - cancelled 21(2)(a) - replaced with SDC where able
	SMH	0	0	0	
21-Oct-21	TMH	0	5	5	Outbreak on surgery unit - cancelled 21(2)(a) - replaced with SDC where able
	SMH	0	0	0	
22-Oct-21	TMH	0	6	6	Outbreak on surgery unit - cancelled 21(2)(a) - replaced with SDC where able
	SMH	0	0	0	
25-Oct-21	TMH	0	4	4	Outbreak on surgery unit - 21(2)(a) - replaced with day cases where able
	SMH	0	0	0	
26-Oct-21	TMH	0	3	3	Outbreak on surgery unit - cancelled 21(2)(a) - replaced with day cases where able ; 1 case did not isolate following swab
	SMH	0	0	0	
27-Oct-21	TMH	0	1	1	Outbreak on surgery unit - cancelled 21(2)(a) replaced with day cases where able
	SMH	0	0	0	
28-Oct-21	TMH	0	11	11	Outbreak on surgery unit - cancelled 21(2)(a) - replaced with day cases where able
	SMH	0	0	0	
29-Oct-21	TMH	0	3	3	Outbreak on surgery unit - cancelled 21(2)(a) - replaced with day cases where able
	SMH	0	0	0	
1-Nov-21	TMH	0	0	0	
	SMH	0	0	0	
2-Nov-21	TMH	0	0	0	
	SMH	0	0	0	
3-Nov-21	TMH	0	0	0	
	SMH	0	0	0	
4-Nov-21	TMH	0	0	0	
	SMH	0	0	0	
5-Nov-21	TMH	0	0	0	
	SMH	0	0	0	
8-Nov-21	TMH	0	0	0	
	SMH	0	0	0	
9-Nov-21	TMH	0	0	0	
	SMH	0	0	0	
10-Nov-21	TMH	0	0	0	
	SMH	0	0	0	
12-Nov-21	TMH	0	0	0	
	SMH	0	0	0	
15-Nov-21	TMH	0	0	0	
	SMH	0	0	0	
16-Nov-21	TMH	0	0	0	
	SMH	0	0	0	
17-Nov-21	TMH	0	0	0	
	SMH	0	0	0	

18-Nov-21	TMH	0	0	0	
	SMH	0	0	0	
19-Nov-21	TMH	0	0	0	
	SMH	0	0	0	
22-Nov-21	TMH	0	0	0	
	SMH	0	0	0	
23-Nov-21	TMH	9	0	9	Outbreak Units in Hospital. Cancelled 21(2)(a)
	SMH	0	0	0	
24-Nov-21	TMH	0	3	3	Outbreak Units in Hospital. Cancelled 21(2)(a) - replaced with day cases where able
	SMH	0	0	0	
25-Nov-21	TMH	0	2	2	Outbreak Units in Hospital. Cancelled 21(2)(a) - replaced with day cases where able
	SMH	0	0	0	
26-Nov-21	TMH	0	6	6	Outbreak Units in Hospital. Cancelled 1 21(2)(a) - replaced with day cases where able
	SMH	0	0	0	
29-Nov-21	TMH	0	3	3	Outbreak Units in Hospital. Cancelled 21(2)(a) replaced with day cases where able
	SMH	0	0	0	
30-Nov-21	TMH	0	7	7	Outbreak Units in Hospital. Cancelled 21(2)(a) - replaced with day cases where able
	SMH	0	0	0	
1-Dec-21	TMH	0	1	1	Outbreak Units in Hospital. Cancelled 21(2)(a) - replaced with day cases where able
	SMH	0	0	0	
2-Dec-21	TMH	0	8	8	Outbreak Units in Hospital. Cancelled 21(2)(a) - replaced with day cases where able
	SMH	0	0	0	
3-Dec-21	TMH	0	6	6	Outbreak Units in Hospital. Cancelled 21(2)(a) - replaced with day cases where able
	SMH	0	0	0	
6-Dec-21	TMH	0	0	0	
	SMH	0	0	0	
7-Dec-21	TMH	5	5	10	Outbreak Units in Hospital. Cancelled 21(2)(a) - replaced with day cases where able. 5 DOSA cancellations for lack of beds
	SMH	0	0	0	
8-Dec-21	TMH	1	0	1	1 ortho cancelled with no bed
	SMH	0	0	0	
9-Dec-21	TMH	2	2	4	Outbreak Units in Hospital. Cancelled 21(2)(a) replaced with day cases where able. 21(2)(a)
	SMH	0	0	0	
10-Dec-21	TMH	0	3	3	Outbreak Units in Hospital. Cancelled 21(2)(a) - replaced with day cases where able
	SMH	0	0	0	
13-Dec-21	TMH	0	0	0	
	SMH	0	0	0	
14-Dec-21	TMH	0	1	1	Outbreak Units in Hospital. Cancelled 21(2)(a) - replaced with day cases where able.
	SMH	0	0	0	
15-Dec-21	TMH	0	0	0	
	SMH	0	0	0	
16-Dec-21	TMH	0	2	2	Outbreak Units in Hospital. Cancelled 21(2)(a) - replaced with day cases where able.

	SMH	0	0	0	
17-Dec-21	TMH	0	0	0	
	SMH	0	0	0	
20-Dec-21	TMH	0	6	6	Outbreak Units in Hospital. Cancelled 21(2)(a) - replaced with day cases where able.
	SMH	0	0	0	
21-Dec-21	TMH	0	2	2	Outbreak Units in Hospital. Cancelled 21(2)(a) - replaced with day cases where able.
	SMH	0	0	0	
22-Dec-21	TMH	0	3	3	Outbreak Units in Hospital. Cancelled 21(2)(a) - replaced with day cases where able.
	SMH	0	0	0	
23-Dec-21	TMH	0	1	1	Outbreak Units in Hospital. Cancelled 21(2)(a) with day cases where able.
	SMH	0	0	0	
24-Dec-21	TMH	0	0	0	
	SMH	0	0	0	
29-Dec-21	TMH	0	0	0	
	SMH	0	0	0	
30-Dec-21	TMH	0	0	0	
	SMH	0	0	0	
31-Dec-21	TMH	0	1	1	
	SMH	0	0	0	
4-Jan-22	TMH	0	7	7	Red Phase - Category I/II and urgent/time-sensitive cases only
	SMH	0	3	3	Red Phase - Category I/II and urgent/time-sensitive cases only
5-Jan-22	TMH	0	9	9	Red Phase - Category I/II and urgent/time-sensitive cases only
	SMH	0	6	6	Red Phase - Category I/II and urgent/time-sensitive cases only
6-Jan-22	TMH	0	2	2	Red Phase - Category I/II and urgent/time-sensitive cases only
	SMH	0	6	6	Red Phase - Category I/II and urgent/time-sensitive cases only
7-Jan-22	TMH	0	5	5	Red Phase - Category I/II and urgent/time-sensitive cases only
	SMH	0	3	3	Red Phase - Category I/II and urgent/time-sensitive cases only
10-Jan-22	TMH	0	10	10	Red Phase - Category I/II and urgent/time-sensitive cases only
	SMH	0	0	0	Red Phase - Category I/II and urgent/time-sensitive cases only
11-Jan-22	TMH	0	9	9	Red Phase - Category I/II and urgent/time-sensitive cases only
	SMH	0	6	6	Red Phase - Category I/II and urgent/time-sensitive cases only
12-Jan-22	TMH	0	10	10	Red Phase - Category I/II and urgent/time-sensitive cases only
	SMH	0	4	4	Red Phase - Category I/II and urgent/time-sensitive cases only
13-Jan-22	TMH	0	12	12	Red Phase - Category I/II and urgent/time-sensitive cases only
	SMH	0	6	6	Red Phase - Category I/II and urgent/time-sensitive cases only
14-Jan-22	TMH	0	10	10	Red Phase - Category I/II and urgent/time-sensitive cases only
	SMH	0	0	0	Red Phase - Category I/II and urgent/time-sensitive cases only
17-Jan-22	TMH	3	6	9	Red Phase - Category I/II and urgent/time-sensitive cases only; Multiple units in outbreak - unable to place patients based on beds
	SMH	0	5	5	Red Phase - Category I/II and urgent/time-sensitive cases only
18-Jan-22	TMH	3	8	11	Red Phase - Category I/II and urgent/time-sensitive cases only; Multiple units in outbreak - unable to place patients based on beds
	SMH	0	4	4	Red Phase - Category I/II and urgent/time-sensitive cases only

19-Jan-22	TMH	1	13	14	Red Phase - Category I/II and urgent/time-sensitive cases only; Positive pre-op swab this morning
	SMH	0	5	5	Red Phase - Category I/II and urgent/time-sensitive cases only
20-Jan-22	TMH	0	6	6	Red Phase - Category I/II and urgent/time-sensitive cases only
	SMH	0	0	0	Red Phase - Category I/II and urgent/time-sensitive cases only
21-Jan-22	TMH	2	5	7	Red Phase - Category I/II and urgent/time-sensitive cases only; Multiple units in outbreak - unable to place patients based on beds
	SMH	0	0	0	Red Phase - Category I/II and urgent/time-sensitive cases only
24-Jan-22	TMH	0	5	5	Red Phase - Category I/II and urgent/time-sensitive cases only
	SMH	0	0	0	No cases Booked
25-Jan-22	TMH	0	11	11	Red Phase - Category I/II and urgent/time-sensitive cases only
	SMH	0	0	0	No cases Booked
26-Jan-22	TMH	0	9	9	Red Phase - Category I/II and urgent/time-sensitive cases only
	SMH	0	0	0	No cases Booked
27-Jan-22	TMH	0	6	6	Red Phase - Category I/II and urgent/time-sensitive cases only
	SMH	0	0	0	No cases Booked
28-Jan-22	TMH	0	11	11	Red Phase - Category I/II and urgent/time-sensitive cases only; Positive pre-op swab this morning
	SMH	0	0	0	No cases Booked
31-Jan-22	TMH	0	1	1	positive pre-op swab this morning
	SMH	0	0	0	no cases booked
1-Feb-22	TMH	1	1	2	no ICU bed available; positive swab but deemed old covid and not new infection (Anes cancelled case)
	SMH	0	0	0	
2-Feb-22	TMH	0	0	0	
	SMH	0	0	0	
3-Feb-22	TMH	0	0	0	
	SMH	0	0	0	
4-Feb-22	TMH	0	0	0	
	SMH	0	0	0	
7-Feb-22	TMH	0	0	0	
	SMH	0	0	0	
8-Feb-22	TMH	0	0	0	
	SMH	0	0	0	
9-Feb-22	TMH	1	0	1	
	SMH	0	0	0	
10-Feb-22	TMH	0	1	1	21(2)(a) [redacted]
	SMH	0	0	0	
11-Feb-22	TMH	0	0	0	
	SMH	0	0	0	
14-Feb-22	TMH	0	0	0	
	SMH	0	0	0	
15-Feb-22	TMH	0	2	2	Physician positive for COVID
	SMH	0	0	0	
16-Feb-22	TMH	0	0	0	

	SMH	0	0	0	
17-Feb-22	TMH	0	1	1	21(2)(a) [redacted]
	SMH	0	0	0	
18-Feb-22	TMH	0	0	0	
	SMH	0	0	0	
22-Feb-22	TMH	0	1	1	21(2)(a) [redacted]
	SMH	0	0	0	
23-Feb-22	TMH	0	0	0	
	SMH	0	0	0	
24-Feb-22	TMH	0	0	0	
	SMH	0	0	0	
25-Feb-22	TMH	2	0	2	
	SMH	0	0	0	
28-Feb-22	TMH	0	0	0	
	SMH	0	0	0	
1-Mar-22	TMH	0	0	0	
	SMH	0	0	0	
2-Mar-22	TMH	0	0	0	
	SMH	0	0	0	
3-Mar-22	TMH	0	0	0	
	SMH	0	0	0	
4-Mar-22	TMH	0	1	1	21(2)(a) [redacted]
	SMH	0	0	0	
7-Mar-22	TMH	0	0	0	
	SMH	0	0	0	
8-Mar-22	TMH	0	0	0	
	SMH	0	0	0	
9-Mar-22	TMH	0	0	0	
	SMH	0	0	0	
10-Mar-22	TMH	0	0	0	
	SMH	0	0	0	
11-Mar-22	TMH	0	0	0	
	SMH	0	0	0	
14-Mar-22	TMH	3	0	3	21(2)(a) [redacted]
	SMH	0	0	0	
15-Mar-22	TMH	0	1	1	21(2)(a) [redacted]
	SMH	0	0	0	
16-Mar-22	TMH	1	1	2	Lack of bed r/t overcapacity/covid admits; 21(2)(a) [redacted]
	SMH	0	0	0	
17-Mar-22	TMH	0	0	0	
	SMH	0	0	0	

18-Mar-22	TMH	0	0	0	
	SMH	0	0	0	
21-Mar-22	TMH	0	3	3	21(2)(a) cancelled - physician tested positive
	SMH	0	0	0	
22-Mar-22	TMH	0	2	2	21(2)(a) for lack of staff 21(2)(a))
	SMH	0	0	0	
23-Mar-22	TMH	2	1	3	21(2)(a) cancelled for no beds; 21(2)(a) - cancel by anesthesia
	SMH	4	0	4	Physician positive for COVID
24-Mar-22	TMH	0	0	0	
	SMH	0	5	5	Physician positive for COVID
25-Mar-22	TMH	0	0	0	
	SMH	0	4	4	Physician positive for COVID
28-Mar-22	TMH	2	0	2	21(2)(a) cancelled
	SMH	0	0	0	
29-Mar-22	TMH	0	0	0	
	SMH	0	6	6	Physician positive for COVID
30-Mar-22	TMH	4	0	4	21(2)(a)
	SMH	0	0	0	Physician positive ofr COVID - List moved to moncton
31-Mar-22	TMH	1	1	2	no iCU bed available; 21(2)(a)
	SMH	0	0	0	Physician positive for COVID - List moved to moncton
1-Apr-22	TMH	1	0	1	21(2)(a)
	SMH	0	7	7	Physician positive for COVID
4-Apr-22	TMH	0	3	3	21(2)(a)
	SMH	0	0	0	
5-Apr-22	TMH	0	1	1	21(2)(a)
	SMH	0	1	1	21(2)(a)
6-Apr-22	TMH	0	0	0	
	SMH	0	0	0	
7-Apr-22	TMH	0	0	0	
	SMH	0	0	0	
8-Apr-22	TMH	0	0	0	
	SMH	0	0	0	
11-Apr-22	TMH	0	1	1	21(2)(a)
	SMH	0	0	0	
12-Apr-22	TMH	0	0	0	
	SMH	0	0	0	
13-Apr-22	TMH	0	0	0	
	SMH	0	0	0	
14-Apr-22	TMH	0	0	0	
	SMH	0	0	0	
19-Apr-22	TMH	0	2	2	21(2)(a)

	SMH	0	1	1	21(2)(a)
20-Apr-22	TMH	0	2	2	surgeon positive - cases replaced
	SMH	0	0	0	
21-Apr-22	TMH	0	1	1	21(2)(a)
	SMH	0	0	0	
22-Apr-22	TMH	0	0	0	
	SMH	0	0	0	
25-Apr-22	TMH	0	1	1	21(2)(a) replaced with another case
	SMH	0	0	0	
26-Apr-22	TMH	0	1	1	21(2)(a)
	SMH	0	0	0	
27-Apr-22	TMH	0	0	0	
	SMH	0	0	0	
28-Apr-22	TMH	0	0	0	
	SMH	0	0	0	
29-Apr-22	TMH	0	1	1	21(2)(a)
	SMH	0	0	0	
2-May-22	TMH	0	0	0	
	SMH	0	0	0	

Cancellations Due to Pandemic or Phase Issues - Zone 2

Date	*Facility*	*# COVID Bed-related Cancellations*	*# Other COVID-related Cancellations*	*Total COVID Related Cancellations*	*Notes*
Sept 21/21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
Sept 23/21	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a)
	SHC	0	0	0	
Sept 24/21	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a)
	SHC	0	0	0	
Sept 27/21	SJRH	0	0	0	
	SJH	0	3	3	21(2)(a)
	SHC	0	0	0	
28-Sep-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
29-Sep-21	SJRH	0	1	1	DOS cancellation - 21(2)(a)
	SJH	0	0	0	
	SHC	0	0	0	
30-Sep-21	SJRH	0	2	2	2 pts cancelled because post-op staff were required to work on Covid unit
	SJH	0	2	2	21(2)(a)
	SHC	0	0	0	
1-Oct-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
4-Oct-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
Oct 05/21	SJRH	0	0	0	
	SJH	0	1	1	DOS cancellation 21(2)(a)
	SHC	0	1	1	21(2)(a)
6-Oct-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	1	1	21(2)(a)
7-Oct-21	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a)
	SHC	0	0	0	
8-Oct-21	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a)
	SHC	0	1	1	21(2)(a)
12-Oct-21	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a)
	SHC	0	0	0	
13-Oct-21	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a)
	SHC	0	0	0	
14-Oct-21	SJRH	0	1	1	21(2)(a)
	SJH	0	2	2	21(2)(a)
	SHC	0	0	0	
15-Oct-21	SJRH	0	0	0	

	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	0	0	
18-Oct-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	2	2	21(2)(a) [redacted]
19-Oct-01	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
20-Oct-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	2	2	21(2)(a) [redacted]
21-Oct-21	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	0	0	
22-Oct-21	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	2	2	21(2)(a) [redacted]
25-Oct-21	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	0	0	
26-Oct-21	SJRH	0	0	0	
	SJH	0	2	2	21(2)(a) [redacted]
	SHC	0	1	1	21(2)(a) [redacted]
27-Oct-21	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	0	0	
28-Oct-21	SJRH	2	1	3	21(2)(a) [redacted]
	SJH	0	0	0	
	SHC	0	0	0	
29-Oct-21	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	0	0	
	SHC	0	0	0	
1-Nov-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
2-Nov-21	SJRH	0	0	0	
	SJH	0	3	3	21(2)(a) [redacted]
	SHC	0	2	2	21(2)(a) [redacted]
3-Nov-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	3	3	21(2)(a) [redacted]
4-Nov-21	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	2	2	21(2)(a) [redacted]
5-Nov-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
08-Nov-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
09-Nov-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
10-Nov-21	SJRH	0	0	0	
	SJH	0	0	0	

	SHC	0	0	0	
12-Nov-21	SJRH	0	0	0	
	SJH	0	2	2	21(2)(a) [redacted]
	SHC	0	0	0	
15-Nov-21	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	0	0	
	SHC	0	0	0	
16-Nov-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
17-Nov-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	2	2	21(2)(a) [redacted]
18-Nov-21	SJRH	0	0	0	
	SJH	0	2	2	21(2)(a) [redacted]
	SHC	0	0	0	
19-Nov-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
22-Nov-21	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	0	0	
23-Nov-21	SJRH	0	0	0	
	SJH	0	2	2	21(2)(a) [redacted]
	SHC	0	0	0	
24-Nov-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
25-Nov-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
26-Nov-21	SJRH	2	0	2	2 DOS cancellations due to nursing staff unavailable on SICU
	SJH	0	2	2	21(2)(a) [redacted]
	SHC	0	0	0	
29-Nov-21	SJRH	2	0	2	DOS - lack of beds due to outbreak at hospital
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	0	0	
30-Nov-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	1	1	21(2)(a) [redacted]
1-Dec-21	SJRH	4	0	4	Lack of beds due to outbreak at hospital
	SJH	0	0	0	
	SHC	0	1	1	21(2)(a) [redacted]
2-Dec-21	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	1	1	21(2)(a) [redacted]
3-Dec-21	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a) [redacted].
	SHC	0	0	0	
6-Dec-21	SJRH	3	0	3	1 DOS and 1 cancelled day before due to lack of beds due to outbreak at hospital, 1 due to nursing staff unavailable in SICU
	SJH	0	2	2	21(2)(a) [redacted]
	SHC	0	0	0	
7-Dec-21	SJRH	2	0	2	2 pts - Lack of DOSA beds due to outbreak at hospital
	SJH	0	2	2	21(2)(a) [redacted]
	SHC	0	0	0	

8-Dec-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
9-Dec-21	SJRH	0	0	0	
	SJH	0	7	7	6 due to Surgeon unavailable - was on Covid unit, 21(2)(a)
	SHC	0	2	2	21(2)(a)
10-Dec-21	SJRH	0	0	0	
	SJH	0	2	2	21(2)(a)
	SHC	0	0	0	
13-Dec-21	SJRH	0	3	3	2 -Surgeon Unavailable - will be on Covid Unit, 1 21(2)(a)
	SJH	0	1	1	21(2)(a)
	SHC	0	0	0	
14-Dec-21	SJRH	0	1	1	21(2)(a)
	SJH	0	0	0	
	SHC	0	0	0	
15-Dec-21	SJRH	0	2	2	21(2)(a)
	SJH	0	1	1	21(2)(a)
	SHC	0	0	0	
16-Dec-21	SJRH	0	0	0	
	SJH	0	2	2	21(2)(a)
	SHC	0	0	0	
17-Dec-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
20-Dec-21	SJRH	0	1	1	21(2)(a)
	SJH	0	0	0	
	SHC	0	0	0	
21-Dec-21	SJRH	0	1	1	21(2)(a)
	SJH	0	2	2	21(2)(a)
	SHC	0	1	1	21(2)(a)
22-Dec-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
23-Dec-21	SJRH	0	14	14	7 DOS, 7 day before - non-medical staff unavailable
	SJH	0	3	3	21(2)(a)
	SHC	0	5	5	21(2)(a)
24-Dec-21	SJRH	0	3	3	21(2)(a)
	SJH	0	0	0	
	SHC	0	0	0	
29-Dec-21	SJRH	0	6	6	2 DOS - non-medical staff unavailable, 4 day before - physician unavailable
	SJH	0	0	0	
	SHC	0	0	0	
30-Dec-21	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
31-Dec-21	SJRH	0	8	8	8 day before - Non-medical staff unavailable
	SJH	0	0	0	
	SHC	0	0	0	
4-Jan-22	SJRH	1	5	6	5 due to Province moved to Red Phase, 1 due to no post-op bed available in ICU
	SJH	0	26	26	Province moved to Red Phase
	SHC	0	7	7	6 due to moving to Red Phase 21(2)(a)
5-Jan-22	SJRH	2	4	6	2 DOS no beds, 4 due to Red Phase
	SJH	0	26	26	24 due to Red Phase, 21(2)(a)
	SHC	0	6	6	Red Phase
6-Jan-22	SJRH	0	1	1	1 Red Phase

	SJH	0	20	20	19 Red Phase, 21(2)(a) [redacted]
	SHC	0	5	5	5 Red Phase
7-Jan-22	SJRH	0	2	2	2 Red Phase
	SJH	0	26	26	24 Red Phase, 21(2)(a) [redacted]
	SHC	0	2	2	2 Red Phase
10-Jan-22	SJRH	0	5	5	4 Red Phase 21(2)(a) [redacted]
	SJH	0	30	30	30 Red phase
	SHC	0	5	5	5 Red Phase
11-Jan-22	SJRH	0	3	3	3 Red Phase
	SJH	0	22	22	22 Red Phase
	SHC	0	2	2	2 Red Phase
12-Jan-22	SJRH	0	4	4	2 Red Phase, 21(2)(a) [redacted]
	SJH	0	14	14	14 Red Phase
	SHC	0	5	5	5 Red Phase
13-Jan-22	SJRH	0	7	7	2 Red 21(2)(a) [redacted]
	SJH	0	26	26	26 Red Phase
	SHC	0	6	6	6 Red Phase
14-Jan-22	SJRH	0	5	5	4 Red Phase 21(2)(a) [redacted]
	SJH	0	16	16	16 Red Phase
	SHC	0	0	0	
17-Jan-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	11	11	Red Phase
	SHC	0	0	0	
18-Jan-22	SJRH	0	0	0	
	SJH	0	14	14	Red Phase
	SHC	0	0	0	
19-Jan-22	SJRH	0	3	3	Red Phase
	SJH	0	0	0	
	SHC	0	0	0	
20-Jan-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	13	13	13 Red Phase
	SHC	0	0	0	
21-Jan-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	21	21	Red Phase
	SHC	0	0	0	
22-Jan-22	SJRH	0	2	2	21(2)(a) [redacted]
	SJH	0	0	0	
	SHC	0	0	0	
24-Jan-22	SJRH	0	2	2	21(2)(a) [redacted]
	SJH	0	0	0	
	SHC	0	0	0	
25-Jan-22	SJRH	0	0	0	
	SJH	0	13	13	Red Phase
	SHC	0	0	0	
26-Jan-22	SJRH	0	2	2	Physician unavailable
	SJH	0	0	0	
	SHC	0	0	0	
27-Jan-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	12	12	Red Phase
	SHC	0	0	0	
28-Jan-22	SJRH	0	2	2	More urgent cases to be done
	SJH	0	4	4	Red Phase
	SHC	0	0	0	
31-Jan-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	0	0	

	SHC	0	0	0	
1-Feb-22	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
2-Feb-22	SJRH	0	0	0	
	SJH	0	2	2	21(2)(a) [redacted]
	SHC	0	0	0	
3-Feb-22	SJRH	0	3	3	21(2)(a) [redacted]
	SJH	0	11	11	21(2)(a) [redacted]
	SHC	0	0	0	
4-Feb-22	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	0	0	
7-Feb-22	SJRH	0	2	2	21(2)(a) [redacted]
	SJH	0	3	3	21(2)(a) [redacted]
	SHC	0	1	1	21(2)(a) [redacted]
8-Feb-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	0	0	
9-Feb-22	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	2	2	21(2)(a) [redacted]
10-Feb-22	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	0	0	
11-Feb-22	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
14-Feb-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	1	1	21(2)(a) [redacted]
15-Feb-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	2	2	21(2)(a) [redacted]
16-Feb-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	0	0	
	SHC	0	3	3	21(2)(a) [redacted]
17-Feb-22	SJRH	0	0	0	
	SJH	0	4	4	21(2)(a) [redacted]
	SHC	0	0	0	
18-Feb-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	3	3	21(2)(a) [redacted]
	SHC	0	1	1	21(2)(a) [redacted]
22-Feb-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	5	5	21(2)(a) [redacted]
	SHC	0	0	0	
23-Feb-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	9	9	21(2)(a) [redacted], 6 cancelled due to staff unavailable, 21(2)(a) [redacted]
	SHC	0	1	1	21(2)(a) [redacted]
24-Feb-22	SJRH	0	0	0	
	SJH	0	4	4	21(2)(a) [redacted]
	SHC	0	1	1	21(2)(a) [redacted]
25-Feb-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	2	2	21(2)(a) [redacted]
	SHC	0	0	0	

28-Feb-22	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a)
	SHC	0	0	0	
1-Mar-22	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a)
	SHC	0	3	3	21(2)(a)
2-Mar-22	SJRH	0	1	1	21(2)(a)
	SJH	0	3	3	21(2)(a)
	SHC	0	1	1	21(2)(a)
3-Mar-22	SJRH	0	1	1	21(2)(a)
	SJH	0	4	4	21(2)(a)
	SHC	0	0	0	
4-Mar-22	SJRH	0	1	1	21(2)(a)
	SJH	0	0	0	
	SHC	0	0	0	
7-Mar-22	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a)
	SHC	0	0	0	
8-Mar-22	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	
9-Mar-22	SJRH	0	0	0	
	SJH	0	2	2	21(2)(a)
	SHC	0	2	2	21(2)(a)
10-Mar-22	SJRH	0	2	2	Staff unavailable
	SJH	0	4	4	21(2)(a)
	SHC	0	0	0	
11-Mar-22	SJRH	0	1	1	21(2)(a) .
	SJH	0	0	0	
	SHC	0	0	0	
14-Mar-22	SJRH	0	2	2	21(2)(a)
	SJH	0	5	5	21(2)(a)
	SHC	0	0	0	
15-Mar-22	SJRH	0	1	1	21(2)(a)
	SJH	0	4	4	21(2)(a)
	SHC	0	2	2	21(2)(a)
16-Mar-22	SJRH	0	1	1	21(2)(a)
	SJH	0	0	0	
	SHC	0	2	2	21(2)(a)
17-Mar-22	SJRH	0	0	0	
	SJH	0	2	2	21(2)(a) tact
	SHC	0	1	1	21(2)(a)
18-Mar-22	SJRH	0	1	1	21(2)(a)
	SJH	0	0	0	
	SHC	0	0	0	
21-Mar-22	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a)
	SHC	0	0	0	
22-May-22	SJRH	0	0	0	
	SJH	0	13	13	13 due to staff unavailable, 21(2)(a)
	SHC	0	0	0	
23-Mar-22	SJRH	0	0	0	
	SJH	0	4	4	21(2)(a)
	SHC	0	0	0	
24-Mar-22	SJRH	0	2	2	21(2)(a)

	SJH	0	5	5	21(2)(a) [redacted]
	SHC	0	1	1	21(2)(a) [redacted]
25-Mar-22	SJRH	0	0	0	
	SJH	0	5	5	21(2)(a) [redacted]
	SHC	0	0	0	
28-Mar-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	1	1	21(2)(a) [redacted]
29-Mar-22	SJRH	0	2	2	21(2)(a) [redacted]
	SJH	0	4	4	21(2)(a) [redacted] da
	SHC	0	1	1	21(2)(a) [redacted]
30-Mar-22	SJRH	0	3	3	21(2)(a) [redacted] 2 due to staff
	SJH	0	9	9	21(2)(a) [redacted] 7 due to staff
	SHC	0	3	3	21(2)(a) [redacted]
31-Mar-22	SJRH	0	4	4	21(2)(a) [redacted]
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	0	0	
1-Apr-22	SJRH	0	3	3	21(2)(a) [redacted] 2 staff unavailable
	SJH	0	10	10	21(2)(a) [redacted] 7 staff unavailable
	SHC	0	0	0	
4-Apr-22	SJRH	0	3	3	21(2)(a) [redacted]
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	2	2	21(2)(a) [redacted]
5-Apr-22	SJRH	0	0	0	
	SJH	0	4	4	21(2)(a) [redacted]
	SHC	0	3	3	21(2)(a) [redacted]
6-Apr-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	0	0	
	SHC	0	2	2	21(2)(a) [redacted]
7-Apr-22	SJRH	0	0	0	
	SJH	0	8	8	21(2)(a) [redacted], 4 due to staff, 1 21(2)(a) [redacted]
	SHC	0	2	2	21(2)(a) [redacted]
8-Apr-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	0	0	
	SHC	0	0	0	
11-Apr-22	SJRH	0	2	2	21(2)(a) [redacted]
	SJH	0	0	0	
	SHC	0	0	0	
12-Apr-22	SJRH	0	3	3	21(2)(a) [redacted]
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	0	0	
13-Apr-22	SJRH	0	2	2	21(2)(a) [redacted]
	SJH	0	0	0	
	SHC	0	0	0	
14-Apr-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	2	2	
	SHC	0	1	1	
19-Apr-22	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	1	1	
20-Apr-22	SJRH	0	2	2	
	SJH	0	3	3	
	SHC	0	0	0	
21-Apr-22	SJRH	0	0	0	
	SJH	0	2	2	21(2)(a) [redacted]

	SHC	0	0	0	
22-Apr-22	SJRH	0	2	2	21(2)(a) [redacted]
	SJH	0	0	0	
	SHC	0	1	1	21(2)(a)
25-Apr-22	SJRH	0	1	1	[redacted]
	SJH	0	0	0	
	SHC	0	0	0	
26-Apr-22	SJRH	0	1	1	21(2)(a) [redacted]
	SJH	0	0	0	
	SHC	0	0	0	
27-Apr-22	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	0	0	
28-Apr-22	SJRH	0	0	0	
	SJH	0	1	1	21(2)(a) [redacted]
	SHC	0	0	0	
29-Apr-22	SJRH	0	0	0	
	SJH	0	2	2	21(2)(a) [redacted]
	SHC	0	0	0	
2-May-22	SJRH	0	0	0	
	SJH	0	0	0	
	SHC	0	0	0	

Cancellations Due to Pandemic or Phase Issues - Zone 3

Date	*Facility*	*# COVID Bed-related Cancellations*	*# Other COVID-related Cancellations*	*Total COVID Related Cancellations*	*Notes*
21-Sep-21	DECRH	0	1	1	21(2)(a)
	OPH	0	0	0	
	URVH	0	1	1	Procedure cancelled due to influx of COVID pt on unit
24-Sep-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
27-Sep-21	DECRH	0	1	1	21(2)(a)
	OPH	0	0	0	
	URVH	0	11	11	Staffing - had to redeploy some staff to COVID areas Surgeon Cancelled entire list
28-Sep-21	DECRH	0	1	1	No time due to droplets precautions
	OPH	0	1	1	21(2)(a)
	URVH	0	13	13	No OR staff as Manager had to redeploy to other areas
29-Sep-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	10	10	No OR staff as Manager had to redeploy to other areas
30-Sep-21	DECRH	0	2		21(2)(a)
	OPH	0	1	1	21(2)(a)
	URVH	0	14	14	No OR staff as Manager had to redeploy to other areas
1-Oct-21	DECRH	0	8		21(2)(a)
	OPH	0	0	0	
	URVH	0	9	9	No OR staff as Manager had to redeploy to other areas
4-Oct-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	7	7	No OR staff as Manager had to redeploy to other areas
5-Oct-21	DECRH	0	0	0	
	OPH	0	1	1	21(2)(a)
	URVH	0	11	11	No OR staff as Manager had to redeploy to other areas
6-Oct-21	DECRH	0	3	3	21(2)(a) , Public Heath Emergency
	OPH	0	0	0	
	URVH	0	7	7	No OR Staff as Manager had to redeploy to other areas
7-Oct-21	DECRH	0	2	2	21(2)(a)
	OPH	0	0	0	
	URVH	0	13	13	No OR Staff as Manager had to redeploy to other areas
8-Oct-21	DECRH	0	2	2	21(2)(a)
	OPH	0	0	0	
	URVH	0	6	6	No OR Staff as Manager had to redeploy to other areas
12-Oct-21	DECRH	3	0	3	No beds relating to COVID
	OPH	0	1	1	21(2)(a)
	URVH	0	11	11	No OR Staff as Manager had to redeploy to other areas
13-Oct-21	DECRH	0	2	2	21(2)(a)
	OPH	0	0	0	
	URVH	0	8	8	No OR Staff as Manager had to redeploy to other areas
14-Oct-21	DECRH	0	0	0	
	OPH	0	1	1	21(2)(a)
	URVH	0	7	7	No OR Staff as Manager had to redeploy to other areas
15-Oct-21	DECRH	2	2	4	21(2)(a)
	OPH	0	0	0	
	URVH	0	9	9	No OR Staff as Manager had to redeploy to other areas
18-Oct-21	DECRH	0	2	2	21(2)(a)
	OPH	0	1	1	21(2)(a)
	URVH	0	1	1	Not booking
19-Oct-21	DECRH	0	5	5	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	

20-Oct-21	DECRH	0	4	4	21(2)(a) [redacted]
	OPH	0	1	1	21(2)(a) [redacted] "
	URVH	0	0	0	Not booking
21-Oct-21	DECRH	0	1	1	21(2)(a) [redacted]
	OPH	0	0	0	
	URVH	0	1	1	Red Phase Staff redeployment
22-Oct-21	DECRH	0	1	1	DOSA cap cancelation
	OPH	0	0	0	
	URVH	0	5	5	Red Phase Staff redeployment
25-Oct-21	DECRH	0	2	2	21(2)(a) [redacted]
	OPH	0	0	0	
	URVH	0	0	0	Red Phase Staff redeployment and zero bookings
26-Oct-21	DECRH	0	2	2	21(2)(a) [redacted]
	OPH	0	0	0	
	URVH	0	1	1	Staff redeployed due to Red Phase
27-Oct-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	8	8	Staff Redeployment/ Red phase
28-Oct-21	DECRH	0	1	1	21(2)(a) [redacted]
	OPH	0	0	0	
	URVH	0	11	11	Staff Redeployment/Red Phase
29-Oct-21	DECRH	0	1	1	21(2)(a) [redacted]
	OPH	0	2	2	21(2)(a) [redacted] --- replaced by other surgeries
	URVH	0	0	0	
1-Nov-21	DECRH	0	1	1	21(2)(a) [redacted]
	OPH	0	0	0	
	URVH	0	0	0	
2-Nov-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	Has not had anything scheduled
3-Nov-21	DECRH	0	1	1	21(2)(a) [redacted]
	OPH	0	0	0	
	URVH	0	0	0	Has not had anything scheduled
4-Nov-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
5-Nov-21	DECRH	0	0	0	
	OPH	0	1	1	21(2)(a) [redacted]
	URVH	0	0	0	
8-Nov-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
9-Nov-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
10-Nov-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
12-Nov-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
15-Nov-21	DECRH	0	2	2	21(2)(a) [redacted]
	OPH	0	0	0	
	URVH	0	0	0	
16-Nov-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
17-Nov-21	DECRH	0	0	0	
	OPH	0	0	0	

	URVH	0	0	0	
18-Nov-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
19-Nov-21	DECRH	0	6	6	3 staff redeployed 21(2)(a)
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
22-Nov-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
23-Nov-21	DECRH	0	2	2	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
24-Nov-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
25-Nov-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
26-Nov-21	DECRH	0	0	0	
	OPH	0	2	2	21(2)(a)
	URVH	0	0	0	
29-Nov-21	DECRH	5	0	5	All of our DOSAs canceled last Friday for today relating to COVID and occupancy
	OPH	0	0	0	
	URVH	0	0	0	
30-Nov-21	DECRH	1	0	1	DOSA cap
	OPH	0	0	0	
	URVH	0	0	0	
1-Dec-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
2-Dec-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
3-Dec-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
6-Dec-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
7-Dec-21	DECRH	1	1	2	21(2)(a) 21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
8-Dec-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
9-Dec-21	DECRH	0	6	6	Closed OR rooms due to staff being off due to expsure 21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
10-Dec-21	DECRH	0	10	10	Closed OR rooms due to staff being off due to expsure 21(2)(a)
	OPH	0	2	2	21(2)(a)
	URVH	0	0	0	
13-Dec-21	DECRH	0	4	4	Closed OR rooms due to staff being off due to expsure from 21(2)(a)
	OPH	0	2	2	21(2)(a)
	URVH	0	0	0	
14-Dec-21	DECRH	0	13	13	Closed OR rooms due to staff being off due to exposure 21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
15-Dec-21	DECRH	0	2	2	21(2)(a)

	OPH	0	0	0	
	URVH	0	0	0	
16-Dec-21	DECRH	0	4	4	4 Closed OR rooms due to staff being off due to exposure 21(2)(a)
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
17-Dec-21	DECRH	0	1	1	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
20-Dec-21	DECRH	0	3	3	21(2)(a)
	OPH	0	1	1	21(2)(a) S
	URVH	0	0	0	
21-Dec-21	DECRH	0	3	3	rooms closure in OR due outbreak on post op unit
	OPH	0	2	2	21(2)(a)
	URVH	0	0	0	
22-Dec-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
23-Dec-21	DECRH	0	1	1	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
24-Dec-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
29-Dec-21	DECRH	0	2	2	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
30-Dec-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
31-Dec-21	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
4-Jan-22	DECRH	0	14	14	Elective procedures cancelled for RED phase
	OPH	0	6	6	Elective procedures cancelled for RED phase
	URVH	0	1	1	Elective procedures cancelled for RED phase
5-Jan-22	DECRH	0	12	12	Elective procedures cancelled for RED phase
	OPH	0	16	16	Elective procedures cancelled for RED phase
	URVH	0	9	9	Elective procedures cancelled for RED phase
6-Jan-22	DECRH	0	14	14	Elective procedures cancelled for RED phase
	OPH	0	0	0	
	URVH	0	9	9	Elective procedures cancelled for RED phase
7-Jan-22	DECRH	0	13	13	Elective procedures cancelled for RED phase
	OPH	0	5	5	Elective procedures cancelled for RED phase
	URVH	0	0	0	
10-Jan-22	DECRH	0	17	17	Elective procedures cancelled for RED phase
	OPH	0	7	7	Elective procedures cancelled for RED phase
	URVH	0	1	1	Elective procedures cancelled for RED phase
11-Jan-22	DECRH	0	22	22	Elective procedures cancelled for RED phase
	OPH	0	7	7	Elective procedures cancelled for RED phase
	URVH	0	3	3	Elective procedures cancelled for RED phase
12-Jan-22	DECRH	0	18	18	Elective procedures cancelled for RED phase
	OPH	0	11	11	Elective procedures cancelled for RED phase
	URVH	0	1	1	Elective procedures cancelled for RED phase
13-Jan-22	DECRH	0	8	8	Elective procedures cancelled for RED phase
	OPH	0	14	14	Elective procedures cancelled for RED phase
	URVH	0	1	1	Elective procedures cancelled for RED phase
14-Jan-22	DECRH	0	12	12	Elective procedures cancelled for RED phase
	OPH	0	13	13	Elective procedures cancelled for RED phase
	URVH	0	5	5	Elective procedures cancelled for RED phase

17-Jan-22	DECRH	0	9	9	Elective procedures cancelled for RED phase
	OPH	0	21	21	Elective procedures cancelled for RED phase
	URVH	0	1	1	Elective Procedures Not being scheduled due to RED phase
18-Jan-22	DECRH	0	15	15	Elective procedures cancelled for RED phase
	OPH	0	4	4	Elective procedures cancelled for RED phase
	URVH	0	2	2	Elective Procedures Not being scheduled due to RED phase
19-Jan-22	DECRH	0	10	10	9 cancelled by US, 1 pt has Covid
	OPH	0	15	15	Elective procedures cancelled for RED phase
	URVH	0	1	1	Elective Procedures Not being scheduled due to RED phase
20-Jan-22	DECRH	0	15	15	Elective procedures cancelled for RED phase
	OPH	0	28	28	Elective procedures cancelled for RED phase
	URVH	0	3	3	Elective procedures cancelled for RED phase
21-Jan-22	DECRH	0	7	7	Elective procedures cancelled for RED phase
	OPH	0	3	3	Elective procedures cancelled for RED phase
	URVH	0	0	0	Elective procedures cancelled for RED phase
24-Jan-22	DECRH	0	13	13	Elective procedures cancelled for RED phase
	OPH	0	18	18	Elective procedures cancelled for RED phase
	URVH	0	1	1	Elective procedures cancelled for RED phase
25-Jan-22	DECRH	0	12	12	Elective procedures cancelled for RED phase
	OPH	0	26	26	Elective procedures cancelled for RED phase
	URVH	0	0	0	Elective procedures cancelled for RED phase
26-Jan-22	DECRH	0	15	15	Elective procedures cancelled for RED phase
	OPH	0	10	10	Elective procedures cancelled for RED phase
	URVH	0	0	0	Elective procedures cancelled for RED phase
27-Jan-22	DECRH	0	9	9	Elective procedures cancelled for RED phase
	OPH	0	25	25	Elective procedures cancelled for RED phase
	URVH	0	0	0	Elective procedures cancelled for RED phase
28-Jan-22	DECRH	0	14	14	Elective procedures cancelled for RED phase
	OPH	0	0	0	No scheduled procedures for this day
	URVH	0	0	0	Elective procedures cancelled for RED phase REPORTED
31-Jan-22	DECRH	0	1	1	Elective procedures cancelled for RED phase
	OPH	0	0	0	
	URVH	0	0	0	
1-Feb-22	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
2-Feb-22	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
3-Feb-22	DECRH	0	1	1	21(2)(a) [redacted]
	OPH	0	0	0	
	URVH	0	1	1	21(2)(a) [redacted]
4-Feb-22	DECRH	0	1	1	21(2)(a) [redacted]
	OPH	0	0	0	
	URVH	0	0	0	
7-Feb-22	DECRH	0	1	1	21(2)(a) [redacted]
	OPH	0	0	0	
	URVH	0	0	0	
8-Feb-22	DECRH	0	0	0	
	OPH	0	1	1	21(2)(a) [redacted]
	URVH	0	0	0	
9-Feb-22	DECRH	0	1	1	21(2)(a) [redacted]
	OPH	0	2	2	21(2)(a) [redacted]
	URVH	0	0	0	
10-Feb-22	DECRH	0	2	2	21(2)(a) [redacted]
	OPH	0	2	2	21(2)(a) [redacted]
	URVH	0	0	0	
11-Feb-22	DECRH	0	1	1	21(2)(a) [redacted]
	OPH	0	0	0	

	URVH	0	0	0	
14-Feb-22	DECRH	0	1	1	21(2)(a)
	OPH	0	2	2	21(2)(a)
	URVH	0	0	0	
15-Feb-22	DECRH	0	3	3	21(2)(a)
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
16-Feb-22	DECRH	0	2	2	21(2)(a)
	OPH	0	2	2	21(2)(a)
	URVH	0	0	0	
17-Feb-22	DECRH	0	11	11	9 due to Dr reported + with COVID. 21(2)(a)
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
18-Feb-22	DECRH	0	1	1	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
22-Feb-22	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
23-Feb-22	DECRH	0	1	1	21(2)(a)
	OPH	0	0	0	
	URVH	0	2	2	21(2)(a)
24-Feb-22	DECRH	0	0	0	
	OPH	0	3	3	21(2)(a)
	URVH	0	0	0	
25-Feb-22	DECRH	0	0	0	
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
28-Feb-22	DECRH	0	3	3	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
1-Mar-22	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
2-Mar-22	DECRH	0	0	0	
	OPH	0	3	3	21(2)(a) .
	URVH	0	0	0	
3-Mar-22	DECRH	0	0	0	
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
4-Mar-22	DECRH	0	3	3	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
7-Mar-22	DECRH	0	1	1	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
8-Mar-22	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
9-Mar-22	DECRH	0	1	1	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
10-Mar-22	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
11-Mar-22	DECRH	0	1	1	21(2)(a)
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
14-Mar-22	DECRH	0	7	7	21(2)(a)

	OPH	0	0	0	
	URVH	0	0	0	
15-Mar-22	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
16-Mar-22	DECRH	0	0	0	
	OPH	0	2	2	21(2)(a)
	URVH	0	0	0	
17-Mar-22	DECRH	0	4	4	21(2)(a)
	OPH	0	2	2	21(2)(a)
	URVH	0	0	0	
18-Mar-22	DECRH	0	0	0	
	OPH	0	0	0	
	URVH	0	0	0	
21-Mar-22	DECRH	0	1	1	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
22-Mar-22	DECRH	0	2	2	21(2)(a)
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
23-Mar-22	DECRH	0	7	7	3 cancelled as Dr isolating, 3 21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
24-Mar-22	DECRH	0	3	3	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
25-Mar-22	DECRH	0	1	1	21(2)(a)
	OPH	0	2	2	21(2)(a)
	URVH	0	0	0	
28-Mar-22	DECRH	0	1	1	21(2)(a)
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
29-Mar-22	DECRH	0	4	4	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
30-Mar-22	DECRH	0	5	5	21(2)(a)
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
31-Mar-22	DECRH	0	5	5	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
1-Apr-22	DECRH	0	2	2	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
4-Apr-22	DECRH	1	3	4	21(2)(a) 1- no post op on unit due to COVID outbreaks
	OPH	0	0	0	
	URVH	0	0	0	
5-Apr-22	DECRH	3	12	15	5 patients canclled as Dr + 21(2)(a) 3 - No DOSA post op beds. 21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
6-Apr-22	DECRH	5	3	8	21(2)(a) . 5 - No DOSA post op beds. 21(2)(a)
	OPH	0	2	2	21(2)(a)
	URVH	0	0	0	
7-Apr-22	DECRH	1	10	11	9 cancellation because the surgeons are COVID + **1 - No DOSA post op beds.** 21(2)(a)
	OPH	0	3	3	21(2)(a)
	URVH	0	0	0	
8-Apr-22	DECRH	0	4	4	4 - No DOSA post op beds.
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	

11-Apr-22	DECRH	3	8	11	6 cancellations due to- 2 Surgeons COVID. 3- No DOSA post op beds . 21(2)(a)
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
12-Apr-22	DECRH	0	6	6	21(2)(a)
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
13-Apr-22	DECRH	0	0	0	
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
14-Apr-22	DECRH	0	4	4	21(2)(a)
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
19-Apr-22	DECRH	0	1	1	21(2)(a)
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
20-Apr-22	DECRH	0	2	2	21(2)(a)
	OPH	0	2	2	21(2)(a)
	URVH	0	0	0	
21-Apr-22	DECRH	0	1	1	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
22-Apr-22	DECRH	0	1	1	21(2)(a)
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
25-Apr-22	DECRH	0	2	2	21(2)(a)
	OPH	0	2	2	21(2)(a) S
	URVH	0	2	2	1 + COVID, 1 travel related
26-Apr-22	DECRH	0	0	0	
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
27-Apr-22	DECRH	0	2	2	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
28-Apr-22	DECRH	0	1	1	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	
29-Apr-22	DECRH	0	4	4	21(2)(a)
	OPH	0	1	1	21(2)(a)
	URVH	0	0	0	
2-May-22	DECRH	0	3	3	21(2)(a)
	OPH	0	0	0	
	URVH	0	0	0	

Cancellations Due to Pandemic or Phase Issues - Zone 7

Date	*Facility*	*# COVID Bed-related Cancellations*	*# Other COVID-related Cancellations*	*Total COVID Related Cancellations*	*Notes*
21-Sep-21	MRH	0	0	0	
23-Sep-21	MRH	0	0	0	
24-Sep-21	MRH	0	0	0	
27-Sep-21	MRH	0	0	0	
28-Sep-21	MRH	0	0	0	
29-Sep-21	MRH	0	0	0	
30-Sep-21	MRH	0	0	0	
1-Oct-21	MRH	0	0	0	
4-Oct-21	MRH	0	0	0	
5-Oct-21	MRH	0	0	0	
6-Oct-21	MRH	0	0	0	
7-Oct-21	MRH	0	1	1	21(2)(a) [redacted]
8-Oct-21	MRH	0	0	0	
12-Oct-21	MRH	1	0	1	Cancelled do to inpatient capacity level 21(2)(a)
13-Oct-21	MRH	0	0	0	
14-Oct-21	MRH	0	0	0	
15-Oct-21	MRH	0	0	0	
18-Oct-21	MRH	0	0	0	
19-Oct-21	MRH	1	1	2	21(2)(a) [redacted]
20-Oct-21	MRH	0	0	0	
21-Oct-21	MRH	0	0	0	
22-Oct-21	MRH	1	0	1	1 cancelled(rescheduled) due to red phase schedule adjustment
25-Oct-21	MRH	0	0	0	
26-Oct-21	MRH	0	0	0	
27-Oct-21	MRH	0	0	0	
28-Oct-21	MRH	0	0	0	
29-Oct-21	MRH	0	0	0	
1-Nov-21	MRH	0	1	1	21(2)(a) [redacted]
2-Nov-21	MRH	0	0	0	
3-Nov-21	MRH	0	0	0	
4-Nov-21	MRH	0	0	0	
5-Nov-21	MRH	0	0	0	
8-Nov-21	MRH	0	0	0	
9-Nov-21	MRH	0	1	1	1 cancelled(rescheduled) due to red phase schedule adjustment
10-Nov-21	MRH	0	0	0	
12-Nov-21	MRH	0	0	0	
15-Nov-21	MRH	0	0	0	
16-Nov-21	MRH	0	0	0	
17-Nov-21	MRH	0	0	0	
18-Nov-21	MRH	0	0	0	
19-Nov-21	MRH	0	0	0	

22-Nov-21	MRH	0	0	0	
23-Nov-21	MRH	0	0	0	
24-Nov-21	MRH	0	0	0	
25-Nov-21	MRH	0	0	0	
26-Nov-21	MRH	0	0	0	
29-Nov-21	MRH	1	0	1	Hospital preparations for covid
30-Nov-21	MRH	0	10	10	Hospital preparations (staffing adjustments) for covid cases
1-Dec-21	MRH	0	13	13	Hosptial preparations (staffing adjustments) for covid cases
2-Dec-21	MRH	0	4	4	Hospital preparations (staffing adjustments) for covid cases
3-Dec-21	MRH	0	5	5	Hospital preparations (staffing adjustments) for covid cases
6-Dec-21	MRH	0	3	3	Hospital preparations (staffing adjustments) for covid cases
7-Dec-21	MRH	0	5	5	Hospital preparations (staffing adjustments) for covid cases
8-Dec-21	MRH	0	5	5	Hospital preparations (staffing adjustments) for covid cases
9-Dec-21	MRH	0	0	0	
10-Dec-21	MRH	0	1	1	21(2)(a) [redacted]
13-Dec-21	MRH	0	0	0	
14-Dec-21	MRH	0	0	0	
15-Dec-21	MRH	0	0	0	
16-Dec-21	MRH	1	0	1	2 units closed (COVID Outbreak) and no bed availability on Surgical Floo
17-Dec-21	MRH	0	0	0	
20-Dec-21	MRH	0	0	0	
21-Dec-21	MRH	2	0	2	no beds on surgical floor for post op pts
22-Dec-21	MRH	2	0	2	all dosas cancelled- no beds
23-Dec-21	MRH	1	0	1	all dosas cancelled- no beds
24-Dec-21	MRH	0	0	0	
29-Dec-21	MRH	0	0	0	
30-Dec-21	MRH	0	0	0	
31-Dec-21	MRH	0			
4-Jan-22	MRH	0	3	3	red level schedule adjustments
5-Jan-22	MRH	0	7	7	red level schedule adjustments
6-Jan-22	MRH	0	2	2	red level schedule adjustments
7-Jan-22	MRH	0	2	2	red level schedule adjustments
10-Jan-22	MRH	0	1	1	red level schedule adjustments
11-Jan-22	MRH	0	1	1	red level schedule adjustments
12-Jan-22	MRH	0	5	5	red level schedule adjustments
13-Jan-22	MRH	0	4	4	red level schedule adjustments
14-Jan-22	MRH	0	1	1	red level schedule adjustments
17-Jan-22	MRH	0	4	4	red level schedule adjustments
18-Jan-22	MRH	0	0	0	
19-Jan-22	MRH	0	1	1	red level schedule adjustments
20-Jan-22	MRH	0	0	0	
21-Jan-22	MRH	0	1	1	red level schedule adjustments
24-Jan-22	MRH	0	4	4	red level schedule adjustments
25-Jan-22	MRH	0	0	0	
26-Jan-22	MRH	0	5	5	red level schedule adjustments

27-Jan-22	MRH	0	1	1	red level schedule adjustments
28-Jan-22	MRH	0	0	0	
31-Jan-22	MRH	0	1	1	21(2)(a) [redacted]
1-Feb-22	MRH	1	0	1	red level bed capacity leve
2-Feb-22	MRH	0	0	0	
3-Feb-22	MRH	1	0	1	21(2)(a) [redacted]
4-Feb-22	MRH	0	0	0	
7-Feb-22	MRH	0	0	0	
8-Feb-22	MRH	0	0	0	
9-Feb-22	MRH	0	0	0	
10-Feb-22	MRH	1	0	1	red level bed capacity leve
11-Feb-22	MRH	0	0	0	
14-Feb-22	MRH	0	0	0	
15-Feb-22	MRH	2	0	2	DOSA cancellations due to floor exposures
16-Feb-22	MRH	3	0	3	DOSA cancellations due to floor exposures
17-Feb-22	MRH	2	0	2	DOSA cancellations due to floor exposures
18-Feb-22	MRH	0	1	1	21(2)(a) [redacted]
22-Feb-22	MRH	0	0	0	
23-Feb-22	MRH	1	0	1	DOSA cancellations due to floor exposures
24-Feb-22	MRH	2	0	2	DOSA cancellations due to floor exposures
25-Feb-22	MRH	1	0	1	DOSA cancellations due to floor exposures
28-Feb-22	MRH	0	3	3	21(2)(a) [redacted]
1-Mar-22	MRH	0	0	0	
2-Mar-22	MRH	0	0	0	
3-Mar-22	MRH	1	0	1	DOSA cancellations due to floor exposures
4-Mar-22	MRH	0	0	0	
7-Mar-22	MRH	0	0	0	
8-Mar-22	MRH	0	0	0	
9-Mar-22	MRH	0	0	0	
10-Mar-22	MRH	1	0	1	DOSA cancellations due to floor exposures
11-Mar-22	MRH	0	1	0	21(2)(a) [redacted]
14-Mar-22	MRH	0	0	0	
15-Mar-22	MRH	0	0	0	
16-Mar-22	MRH	0	0	0	
17-Mar-22	MRH	0	0	0	
18-Mar-22	MRH	0	1	1	21(2)(a) [redacted]
21-Mar-22	MRH	0	0	0	
22-Mar-22	MRH	0	0	0	
23-Mar-22	MRH	0	0	0	
24-Mar-22	MRH	0	0	0	
25-Mar-22	MRH	0	0	0	
28-Mar-22	MRH	0	0	0	
29-Mar-22	MRH	0	1	1	21(2)(a) [redacted]
30-Mar-22	MRH	0	0	0	
31-Mar-22	MRH	0	0	0	

1-Apr-22	MRH	0	1	1	21(2)(a)
4-Apr-22	MRH	0	0	0	
5-Apr-22	MRH	0	0	0	
6-Apr-22	MRH	0	0	0	
7-Apr-22	MRH	0	0	0	
8-Apr-22	MRH	0	0	0	
11-Apr-22	MRH	0	0	0	
12-Apr-22	MRH	0	0	0	
13-Apr-22	MRH	0	1	1	21(2)(a)
14-Apr-22	MRH	0	0	0	
19-Apr-22	MRH	0	1	1	21(2)(a)
20-Apr-22	MRH	0	1	1	21(2)(a)
21-Apr-22	MRH	0	0	0	
22-Apr-22	MRH	0	0	0	
25-Apr-22	MRH	0	1	1	21(2)(a)
26-Apr-22	MRH	0	0	0	
27-Apr-22	MRH	0	0	0	
28-Apr-22	MRH	0	0	0	
29-Apr-22	MRH	0	0	0	
2-May-22	MRH	0	0	0	

CHIRURGIE - RSV																				
	Date : 1 novembre 2021				**Date :** 2 novembre 2021				**Date :** 3 novembre 2021				**Date :** 4 novembre 2021				**Date :** 5 novembre 2021			
	Lié au Covid	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	
Zone 1B	0	0	0	19	0	0	0	27	0	0	0	28	0	0	0	23	0	0	0	24	121
Zone 4	0	0	0	8	0	0	0	19	0	0	0	18	0	0	0	33	0	0	0	8	86
Zone 5	0	0	0	0	0	0	0	4	0	0	0	7	0	0	0	6	0	0	0	0	17
Zone 6	0	0	0	4	0	0	0	9	0	0	0	20	0	0	0	28	0	0	0	31	92
RSV :	316																				

CHIRURGIE - RSV																				
	Date : 8 novembre 2021				**Date :** 9 novembre 2021				**Date :** 10 novembre 2021				**Date :** 11 novembre 2021 **FÉRIÉ**				**Date :** 12 novembre 2021				
	Lié au Covid	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	
Zone 1B	0	0	0		21(2)(a)		0	0	0	0	0	0	21(2)(a)		0	0	0	0	0	3	33
Zone 4	0	0	0				0	12	0	0	0	10			0	0	0	0	0	0	25
Zone 5	0	0	0				0	0	0	0	0	0			0	0	0	0	0	0	0
Zone 6	0	0	0				0	7	0	0	0	5			0	0	0	0	0	4	23
RSV :	81																				

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 15 novembre 2021				**Date :** 16 novembre 2021				**Date :** 17 novembre 2021				**Date :** 18 novembre 2021				**Date :** 19 novembre 2021				
	Lié au Covid	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	
Zone 1B	0	0	0		21(2)(a)		0	1	0	0	0	2	0	0	0	1	0	0	0	1	6
Zone 4	0	0	0				0	1	0	0	0	0	0	0	0	0	0	0	0	1	2
Zone 5	0	0	0				0	0	0	0	0	0	0	0	0	0	0	0	0	3	9
Zone 6	0	0	0				0	6	0	0	0	4	0	0	0	3	0	0	0	5	22
RSV :	39																				

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 22 novembre 2021				**Date :** 23 novembre 2021				**Date :** 24 novembre 2021				**Date :** 25 novembre 2021				**Date :** 26 novembre 2021				**TOTAL**
	Lié au Covid	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	
Zone 1B	0	0	0	1	0	0	0	1	0	0	0	5	0	0	0	4	0	0	0	1	12
Zone 4	0	0	0	2	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	4
Zone 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Zone 6	0	0	0	3	0	0	0	6	0	0	0	6	0	0	0	5	0	0	0	0	20
RSV :	36																				

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 29 novembre 2021				**Date :** 30 novembre 2021				**Date :** 1 décembre 2021				**Date :** 2 décembre 2021				**Date :** 3 décembre 2021				**TOTAL**
	Lié au Covid	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	
Zone 1B	21(2)(a)		0		21(2)(a)		0		21(2)(a)		0	1									6
Zone 4			0				0				0	0									0
Zone 5			0				0				0	0									0
Zone 6			0				0				0	4									28
RSV :	34																				

CHIRURGIE - RSV																				
	Date : 6 décembre 2021				**Date :** 7 décembre 2021				**Date :** 8 décembre 2021				**Date :** 9 décembre 2021				**Date :** 10 décembre 2021				
	Lié au Covid	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	
Zone 1B	21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0	2	8
Zone 4			0				0				0				0				0	0	2
Zone 5			0				0				0				0				0	0	3
Zone 6			0				0				0				0				0	2	34
RSV :	47																				

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 13 décembre 2021				Date : 14 décembre 2021				Date : 15 décembre 2021				Date : 16 décembre 2021				Date : 17 décembre 2021				
	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	
Zone 1B	21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0	0	3
Zone 4			0				0				0				0				0	1	4
Zone 5			0				0				0				0				0	0	0
Zone 6			0				0				0				0				0	5	34
RSV :	41																				

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 20 décembre 2021				**Date :** 21 décembre 2021				**Date :** 22 décembre 2021				**Date :** 23 décembre 2021 **Urgences zones 1B et 4**				**Date :** 24 décembre 2021 **Urgences zones 1B, 4, 5 et 6**				**TOTAL**
	Lié au Covid	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	
Zone 1B	21(2)(a)		0		21(2)(a)		0	1													1
Zone 4			1				0	0													1
Zone 5			0				0	0													1
Zone 6			0				0	5													10
RSV :	13																				

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 3 janvier 2022 Urgences zones 1B, 4, 5 et 6				Date : 4 janvier 2022 Urgences Zone 6				Date : 5 janvier 2022 Urgences Zone 6				Date : 6 janvier 2022 Urgences Zone 6				Date : 7 janvier 2022 Urgences Zone 6						MOYENNE
	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre			
Zone 1B	21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		4	0	20	5.5	3.6
Zone 4			0				0				0				2				2	0	10	0	0
Zone 5			0				0	0			0				0				0	0	10	1	7
Zone 6			0				0				0				0				0	0	0	0	0
TOTAL RSV :	40																						

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 10 janvier 2022				Date : 11 janvier 2022				Date : 12 janvier 2022				Date : 13 janvier 2022				Date : 14 janvier 2022					Salle	MOYENNE
	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre			
Zone 1B	21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0	0	22	3	3
Zone 4			0				3				0				0				0	8	25	2	5
Zone 5			0				0	0			1				1				1	0	8	0	0
Zone 6			0				0				0	1			3				0	0	27	4	6.5
TOTAL RSV :	82																						

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 17 janvier 2022				Date : 18 janvier 2022				Date : 19 janvier 2022				Date : 20 janvier 2022				8Date : 21 janvier 2022					NOMBRE de	MOYENNE
	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre			
Zone 1B	21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0	1	93	15.5	5.8
Zone 4			8				6				11				9				8	0	43	7	6
Zone 5			1				1	0			1				1				1	0	34	5	6.6
Zone 6			1				0				0				0				0	5	61	9	4
TOTAL RSV :	231																					36.5	5.6

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 24 janvier 2022				Date : 25 janvier 2022				Date : 26 janvier 2022				Date : 27 janvier 2022				Date : 28 janvier 2022					NOMBRE de	MOYENNE
	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre			
Zone 1B	21(2)(a)		1		21(2)(a)		0		21(2)(a)		0		21(2)(a)		2		21(2)(a)		1	1	67	14.5	4.5
Zone 4			5				5				5				23				5	0	43	6	7.2
Zone 5			1				1	0			1				1				1	0	29	5	5.6
Zone 6			0				0				0				0				0	5	65	10	5
TOTAL RSV :	204																					35.5	5.575

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 31 janvier 2022				Date : 1 février 2022				Date : 2 février 2022				Date : 3 février 2022				Date : 4 février 2022					NOMBRE de [redacted]	MOYENNE
	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre			
Zone 1B	21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0	0	77	15.5	5
Zone 4			0				0				0				0				0	0	22	2	11
Zone 5			1				1	0			1				1				1	0	17	3	5.3
Zone 6			0				0				0				0				0	4	27	6	3
TOTAL RSV :	143																					26.5	6.075

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 7 février 2022				Date : 8 février 2022				Date : 9 février 2022				Date : 10 février 2022				Date : 11 février 2022					NOMBRE de	MOYENNE
	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre			
Zone 1B	21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0	0	25	10	2.3
Zone 4			0				0				0				0				0	0	3	0	0
Zone 5			0				0	0			1				0				0	0	4	0	0
Zone 6			0				0				0				0				0	5	36	5	3
TOTAL RSV :	68																					15	1.325

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 14 février 2022				Date : 15 février 2022				Date : 16 février 2022				Date : 17 février 2022				Date : 18 février 2022					NOMBRE de	MOYENNE
	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre			
Zone 1B	21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0	0	31	6	4.6
Zone 4			0				0				0	2			0				0	0	13	1	8
Zone 5			0				0	0			0				0				0	3	5	0	0
Zone 6			0				0				0				0				0	5	35	2	5
TOTAL RSV :	84																					9	4.4

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 21 février 2022 FÉRIÉ				Date : 22 février 2022				Date : 23 février 2022				Date : 24 février 2022				Date : 25 février 2022					NOMBRE de	MOYENNE
	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre			
Zone 1B	0	0	0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0	0	5	0	0
Zone 4	0	0	0				0				0				0				0	0	6	0	0
Zone 5	0	0	0				0	0			0				0				0	0	5	0	0
Zone 6	0	0	0				0				0				0				0	5	23	0	0
TOTAL RSV :	39																					0	0

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 28 février 2022				**Date :** 1 mars 2022				**Date :** 2 mars 2022				**Date :** 3 mars 2022				**Date :** 4 mars 2022					**NOMBRE de**	**MOYENNE**
	Lié au Covid	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**			
Zone 1B	21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0	2	**2**	0	0
Zone 4			0				0				0				0				1	0	**2**	0	0
Zone 5			0				0	0			0				0				0	0	**1**	0	0
Zone 6			0				0				0				0				0	5	**26**	0	0
TOTAL RSV :	**31**																					**0**	**0**

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 7 mars 2022				**Date :** 8 mars 2022				**Date :** 9 mars 2022				**Date :** 10 mars 2022				**Date :** 11 mars 2022					**NOMBRE de**	**MOYENNE**
	Lié au Covid	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**			
Zone 1B	21(2)(a)		0		21(2)(a)		0		21(2)(a)		0	2	21(2)(a)		0	0					**14**	1	0
Zone 4			0				0				0				0	0					**1**	0	0
Zone 5			0				0	0			0				0	1					**7**	0	0
Zone 6			0				0				0				0	5					**20**	0	0
TOTAL RSV :	**42**																					**1**	**0**

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 14 mars 2022				Date : 15 mars 2022				Date : 16 mars 2022				Date : 17 mars 2022				Date : 18 mars 2022					NOMBRE de	MOYENNE
	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre			
Zone 1B	21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0	2	10	0	0
Zone 4			0				0				0				0				0	1	4	0	0
Zone 5			0				0	0			0				0				0	0	2	0	0
Zone 6			0				0				0				0				0	6	28	0	0
TOTAL RSV :	44																					0	0

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 21 mars 2022				Date : 22 mars 2022				Date : 23 mars 2022				Date : 24 mars 2022				Date : 25 mars 2022				TOTAL	NOMBRE de salle annulée/ raccourcie	MOYENNE de patient annulé/salle
	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre			
Zone 1B	21(2)(a)		0		21(2)(a)		0		21(2)(a)		0		21(2)(a)		0	1	21(2)(a)		0	0	**9**	1	4
Zone 4			0				0				0				0				0	3	**6**	0	0
Zone 5			0				0	1			0				0				0	3	**8**	0	0
Zone 6			0				0				0				0				0	5	**34**	0	0
TOTAL RSV :	**57**																					**1**	**1**

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 28 mars 2022				Date : 29 mars 2022				Date : 30 mars 2022				Date : 31 mars 2022				Date : 1 avril 2022				TOTAL	NOMBRE de salle annulée/ raccourcie	MOYENNE de patient annulé/salle
	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre			
Zone 1B	21(2)(a)		0		21(2)(a)		3		21(2)(a)		0		21(2)(a)		0	1	21(2)(a)		0	3	**15**	1	2
Zone 4			0				0				0				0	1			0	0	**5**	0	0
Zone 5			0				0	0			0				0	0			0	0	**7**	0	0
Zone 6			0				0				0				0	5			0	7	**26**	0	0
TOTAL RSV :	**53**																					**1**	**0.5**

CHIRURGIE - RSV																				
	Date : 4 avril 2022				**Date :** 5 avril 2022				**Date :** 6 avril 2022				**Date :** 7 avril 2022				**Date :** 8 avril 2022				**TOTAL**	**NOMBRE de salle annulée/ raccourcie**	**MOYENNE de patient annulé/salle**
	Lié au Covid	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**			
Zone 1B	21(2)(a)		0	1	21(2)(a)		0		21(2)(a)		0	0	21(2)(a)		0	0	21(2)(a)		0	0	**23**	4	5
Zone 4			0	1			0				0	0			0	0			0	0	**14**	3	4
Zone 5			0	0			0	0			0	0			0	0			0	0	**9**	1	4
Zone 6			0	6			0				0	5			0	5			0	5	**30**	3	1
TOTAL RSV :	**76**																				**11**	**3.5**	

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 11 avril 2022				**Date :** 12 avril 2022				**Date :** 13 avril 2022				**Date :** 14 avril 2022				**Date :** 15 avril 2022 **FÉRIÉ**					**NOMBRE de**	**MOYENNE**
	Lié au Covid	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**			
Zone 1B	21(2)(a)		0	0	21(2)(a)		0	1	21(2)(a)		0		21(2)(a)		0		21(2)(a)		0	0	**24**	4	4.5
Zone 4			0	0			0	0			0				0				0	0	**3**	2	1.5
Zone 5			0	0			0	0			0				0				0	0	**5**	3	1
Zone 6			0	5			0	5			0				0				0	0	**52**	8	4
TOTAL RSV :	**84**																					**17**	**2.75**

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 8 avril 2022 **FÉRIÉ**				**Date :** 19 avril 2022				**Date :** 20 avril 2022				**Date :** 21 avril 2022				**Date :** 22 avril 2022				**TOTAL**	**NOMBRE de salle annulée/ raccourcie**	**MOYENNE de patient annulé/salle**
	Lié au Covid	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**	**Lié au Covid**	**Refusé par le patient**	**Lié à la capacité de lit Covid**	**Autre**			
Zone 1B	0	0	0	0	21(2)(a)		0	0	21(2)(a)		0		21(2)(a)		0	1	21(2)(a)		0	1	**7**	0	0
Zone 4	0	0	0	0			0	2			0				0	0			0	1	**13**	1	6
Zone 5	0	0	0	0			0	0			0				0	0			0	0	**7**	0	0
Zone 6	0	0	0	0			0	5			0				0	5			0	5	**36**	1	15
TOTAL RSV :	**63**																					**2**	**5.25**

CHIRURGIE - RSV
ANNULATION PAR JOUR

	Date : 25 avril 2022				Date : 26 avril 2022				Date : 27 avril 2022				Date : 28 avril 2022				Date : 29 avril 2022				TOTAL	NOMBRE de salle annulée/ raccourcie	MOYENNE de patient annulé/salle
	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre	Lié au Covid	Refusé par le patient	Lié à la capacité de lit Covid	Autre			
Zone 1B	21(2)(a)		0	0	21(2)(a)		0	2	21(2)(a)		0	0	21(2)(a)		0	0	21(2)(a)		0	0	3	0	0
Zone 4			0	1			0	0			0	1			0	1			0	0	4	0	0
Zone 5			0	0			0	0			0	0			0	0			0	0	5	0	0
Zone 6			0	5			0	0			0	5			0	1			0	5	16	0	0
TOTAL RSV :	28																					0	0

Access Manager Meeting

Réunion du gestionnaire d'accès

April 27, 2022 / 27 avril 2022

Round Table / Tour de table

Vitalité Zone 1

- Plusieurs annulations de cas 48-72h preop en raison de patients qui test positif pour covid
- Journées opératoires under ou overbooked en raison d'annulation dernière minutes

Horizon Zone 2

- Further access has been reduced due to staff or surgeons having Covid and rooms being cancelled.

Vitalité Zone 4

- **Patients preop annulés souvent car infectés par la covid (au moins 1 patient par jour)**

Vitalité Zone 5

- **Chirurgies annulées dernière minute covid positif**

Vitalité Zone 6

- **Recent increase in last minute cancellations because of patients either testing positive for Covid or displaying covid symptoms or close contact with a positive case.**

Access Manager Meeting

Réunion du gestionnaire d'accès

February 7, 2022 / 7 février 2022

Vitalité Zone 1
Pressure Points during COVID-19 / Points de pression pendant COVID-19

- **Diminution du # de salles opérationnelles de 6 à 2.5-3.5 / Reduction in # of OR from 6 to 2.5-3.5**
- **Limiter à céduler P I et II et cancer / Limited to scheduling Cat I and II, and Cancer**
- **Limite le # cas soins et ext/adm / Limited the number of case types**
- **Personnel salle d'op redéployés sur d'autres unités / OR staff redeployed to other units**
- **Impact sur les arthroplasties et les long waiters très difficile à céduler vu les nouvelles restrictions depuis phase rouge / Impact on Arthroplasty and long waiters due to scheduling restrictions in Red Phase**

Horizon Zone 2
Pressure Points during COVID-19 / Points de pression pendant COVID-19

- **January restrictions to CAT I, II and cancer cases has made certain services/surgeons increase in their wait times. We've shut down 2 of our facilities and moved OR nurses but even then we're limited to only 4 rooms a day instead of 7. / Les restrictions de janvier aux cas de P I, II et de cancer ont fait augmenter les temps d'attente de certains services/chirurgiens. Nous avons fermé 2 de nos installations et déplacé les infirmières du bloc opératoire, mais même dans ce cas, nous sommes limités à seulement 4 chambres par jour au lieu de 7.**

Vitalité Zone 4
Pressure Points during COVID-19 / Points de pression pendant COVID-19

- **Gros impact sur nos délais d'attente depuis le début de la pandémie. Voir les raisons ci-dessous : / Large impact on our wait list since the beginning of the pandemic. See reasons below:**
  - **Fermeture complète BO à quelques reprises (urgence seulement). / Complete OR closures several times (emergency only).**
  - **Pas de chirurgies d'arthroplastie de genou et hanche à quelques reprises. / No Hip & Knee Replacement surgeries several times.**
  - **Éclosions sur certaines unités. / Outbreaks on certain units**
    - **Manque de lits post op (beaucoup de pts hospitalisés pour la Covid). / Shortage in post op beds (many patients hospitalized for Covid).**
    - **Personnel malade ou retiré du travail. / Staff sick or off work**

Weekly Report on the NB Surgical Program

Updated to April 1, 2022

*Surgeries are reflective of the volume waiting or completed the day the report was run (April 4, 2022). There could be slight changes over time up to seven days post operatively for facilities to complete their surgical cases.

Weekly Prioritized Surgical Volumes Completed

Zone	Feb 21 - 25, 2022	Feb 28 - Mar 4, 2022	Mar 7 - 11, 2022	Mar 14 - 18, 2022	Mar 21 - 25, 2022
New Brunswick	**682**	**788**	**576**	**862**	**853**
Horizon 1	117	127	86	165	142
Horizon 2	186	217	151	203	215
Horizon 3	143	150	82	169	220
Horizon 7	21	24	20	28	17
Horizon Total	**467**	**518**	**339**	**565**	**594**
Vitalité 1	91	96	79	116	123
Vitalité 4	46	65	63	62	67
Vitalité 5	16	39	18	37	21
Vitalité 6	62	70	77	82	48
Vitalité Total	**215**	**270**	**237**	**297**	**259**

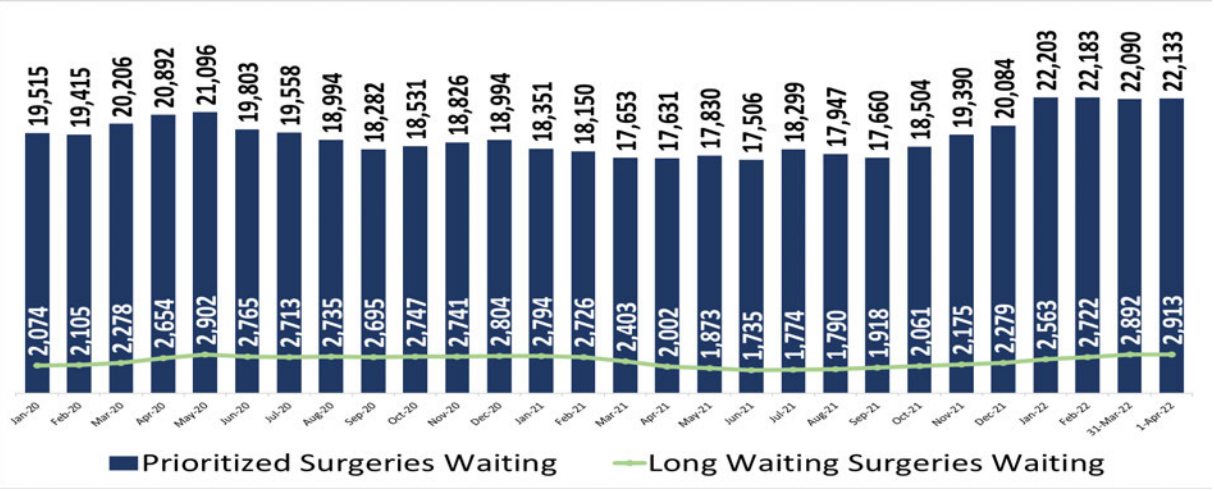
- 79% of all Prioritized Surgeries completed in NB the week of March 21 to 25, 2022, were **Day Surgeries**.
  - 78% Horizon Health Network
  - 81% Reseau de Santé Vitalité

*Please note: data presented prior to 7 days post surgery is subject to change. (SAR Policy SAR-A-50 states post-operative data must be entered within 1 week of the surgery performed date.)

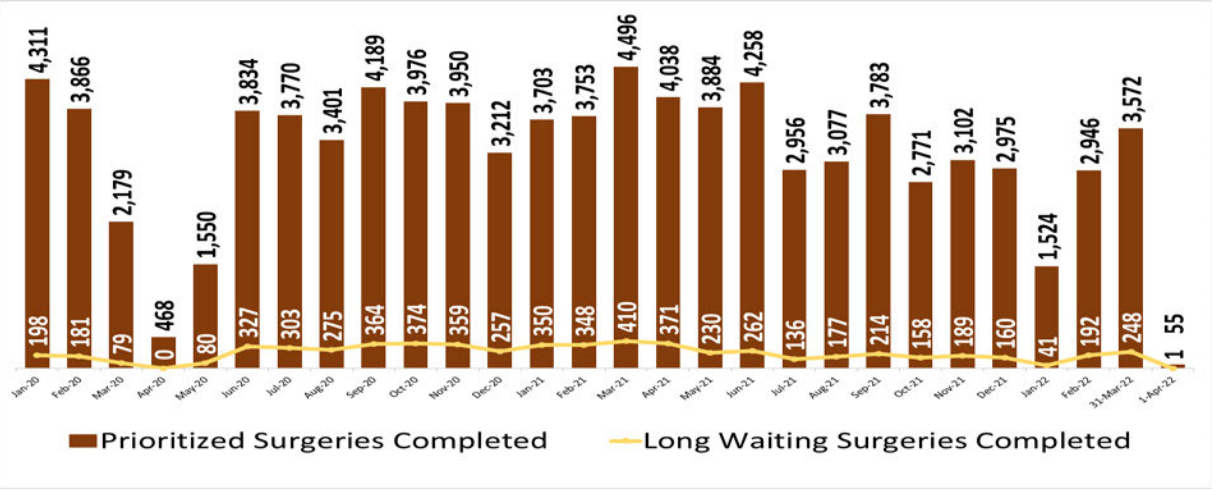
Surgical Summary – New Brunswick

April 1, 2022

Prioritized Surgeries Waiting in New Brunswick



Prioritized Surgeries Completed in New Brunswick



Summary

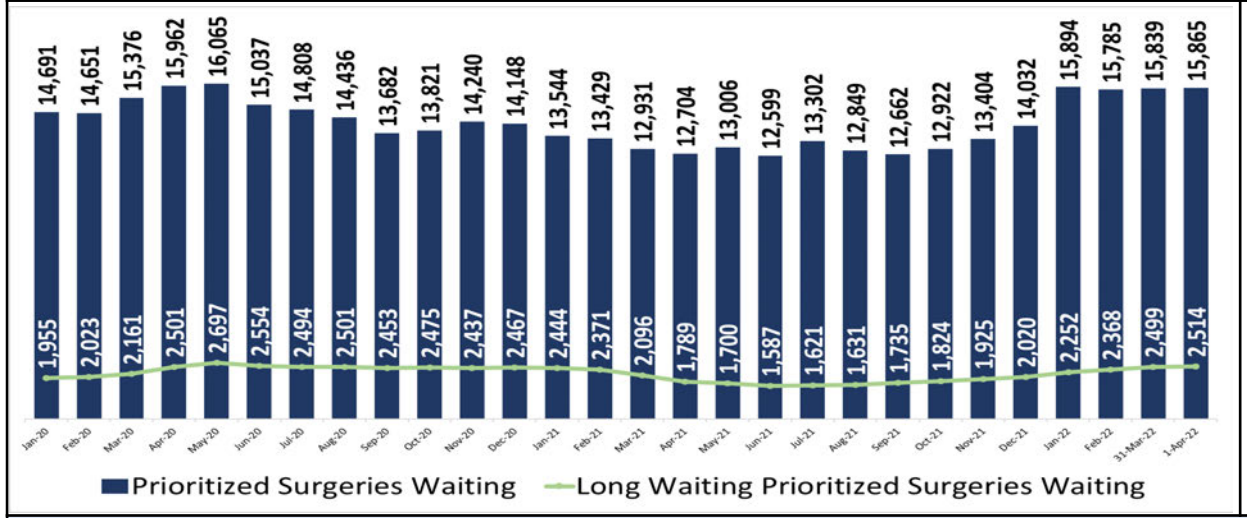
- **Prioritized Surgeries waiting has increased 22% and Long Waiting Surgeries waiting has decreased 0.15% compared to the same date from the previous year (Feb 28, 2022, vs. Feb 28, 2021)**
- **Prioritized Surgeries completed has decreased 22% and Long Waiting Surgeries completed has decreased 74% compared to the same date from the previous year (Feb 28, 2022, vs. Feb 28, 2021)**
- 853 prioritized and 223 unscheduled surgeries were completed (March 21 to 25, 2022)
- 12% of all Prioritized Surgeries completed in NB the week of March 21, 2022, were Cancer Surgeries. (12% HHN, and 12% VHN).
- In NB (as of March 25, 2022), there are 496 Cancer Surgeries waiting (decrease of 34 from last week), with 24% waiting beyond target of 6 weeks, and 40% waiting beyond target of 3 months.
- There are 3,071 Hip and Knee Replacement Surgeries waiting, of which 568 are waiting beyond 1 year (as of April 1, 2022).
- NB saw a 25% decrease in the volume of cancellations due to Covid-19 during the same period last month (March 1 to 31, 2022 vs. February 1 to 28, 2022).

Source: Surgical Access Registry
Data Retrieved between April 1 - 4, 2022

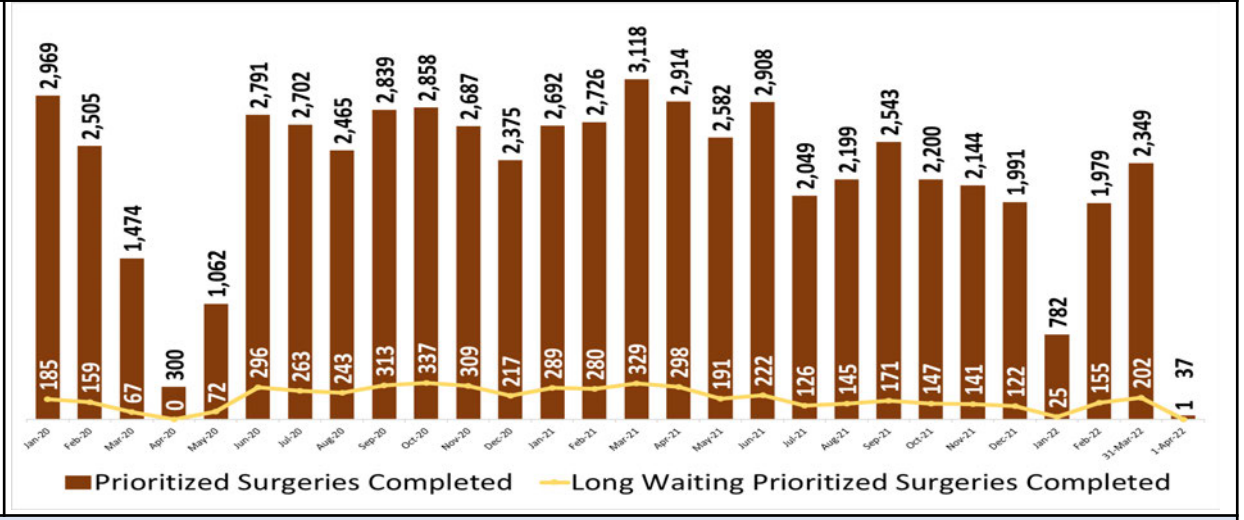
Surgical Summary – Horizon

April 1, 2022

Prioritized Surgeries Waiting in Horizon



Prioritized Surgeries Completed in Horizon



Summary

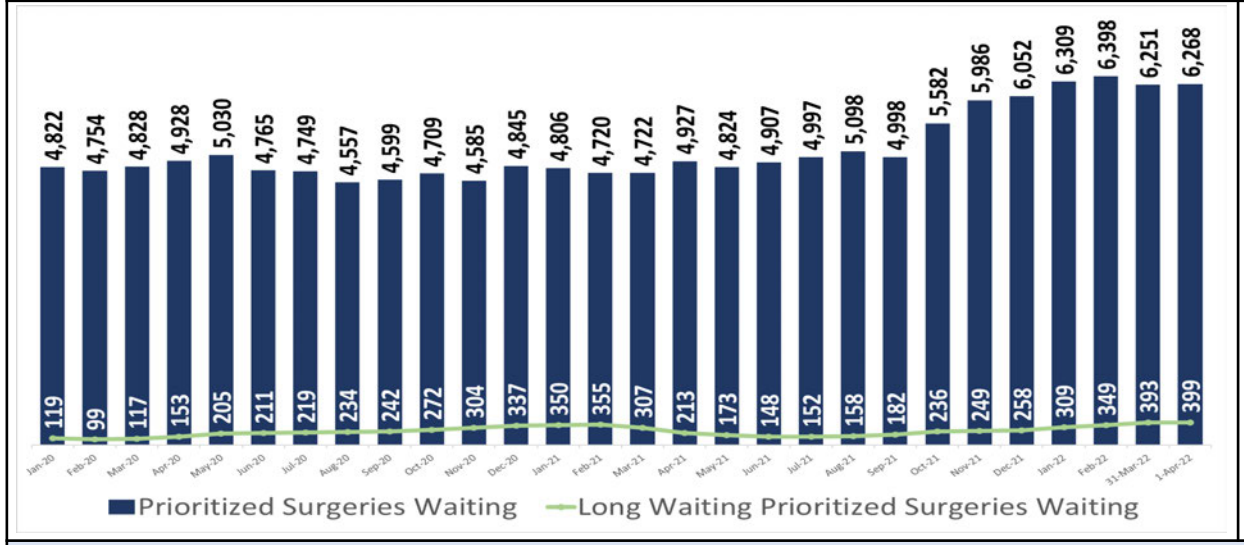
- **Prioritized Surgeries waiting has increased 18% and Long Waiting Surgeries waiting has decreased 0.13% compared to the same date from the previous year (Feb 28, 2022, vs. Feb 28, 2021).**
- **Prioritized Surgeries completed has decreased 27% and Long Waiting Surgeries completed has decreased 45% compared to the same date from the previous year (Feb 28, 2022, vs. Feb 28, 2021).**
- **67% of all Prioritized NB Surgeries Completed in the month of February 2022, and 81% of all Prioritized NB Long Waiting Surgeries Completed were in the Horizon Health Network.**
- 72% of all Prioritized NB Surgeries Waiting as of April 1, 2022, and 86% of all Prioritized NB Long Waiting Surgeries Waiting as of April 1, 2022, are in the Horizon Health Network.
- Horizon Health Network saw a 42% increase in the volume of cancellations due to Covid-19 during the same period last month (March 1 to 31, 2022 vs. February 1 to 28, 2022).

Source: Surgical Access Registry
Data Retrieved between April 1 - 4, 2022

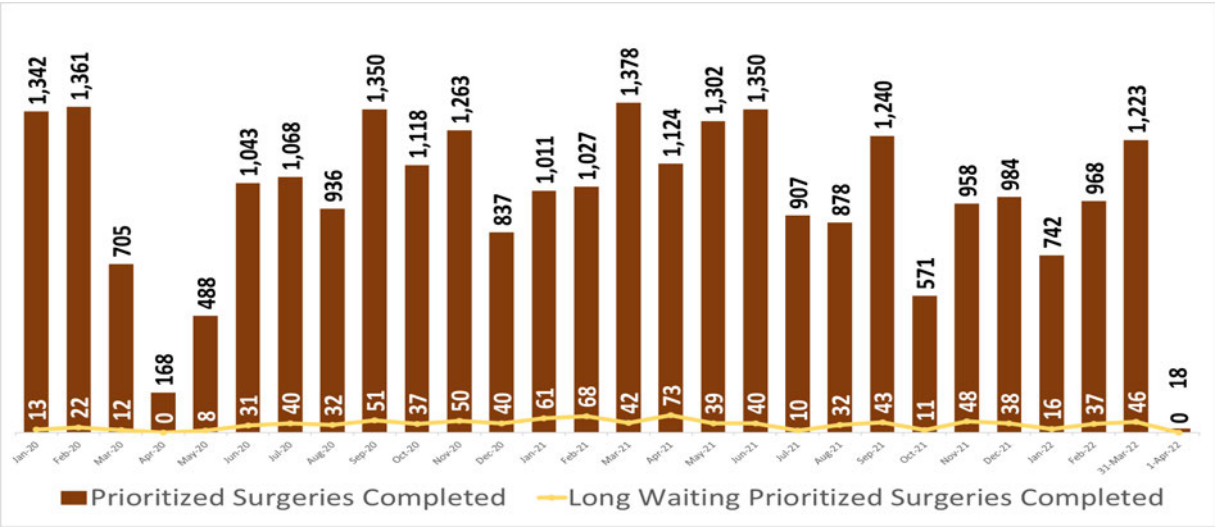
Surgical Summary - Vitalité

April 1, 2022

Prioritized Surgeries Waiting in Vitalité



Prioritized Surgeries Completed in Vitalité



Summary

- **Prioritized Surgeries waiting has increased 36% and Long Waiting Surgeries waiting has decreased 2% compared to the same date from the previous year (Feb 28, 2022, vs. Feb 28, 2021).**
- **Prioritized Surgeries completed has decreased 6% and Long Waiting Surgeries completed has decreased 46% compared to the same date from the previous year (Feb 28, 2022, vs. Feb 28, 2021).**
- **33% of all Prioritized NB Surgeries Completed in the month of February 2022, and 19% of all Prioritized NB Long Waiting Surgeries Completed were in the Reseau de Santé Vitalité**.
- 28% of all Prioritized NB Surgeries Waiting as of April 1, 2022, and 14% of all Prioritized NB Long Waiting Surgeries Waiting as of April 1, 2022, are in the Reseau de Santé Vitalité.
- Reseau de Santé Vitalité saw an 72% decrease in the volume of cancellations due to Covid-19 during the same period last month (March 1 to 31, 2022 vs. February 1 to 28, 2022).

Source: Surgical Access Registry
Data Retrieved between April 1 - 4, 2022

HIP & KNEE SURGICAL REQUEST DATA

St. Joseph's Hip and Knee Data

Total Hip and Knee Waiting as of April 1, 2022

- Since September 30, 2020, Hips and Knees waiting longer than a year has decreased by 14%.
- 3,071 Total Replacements waiting (decrease of 25 from last week)
- 568 waiting beyond 1 year (increase of 5 from last week, and 12 completed during the week)

Source: Surgical Access Registry
Data Retrieved April 4, 2022

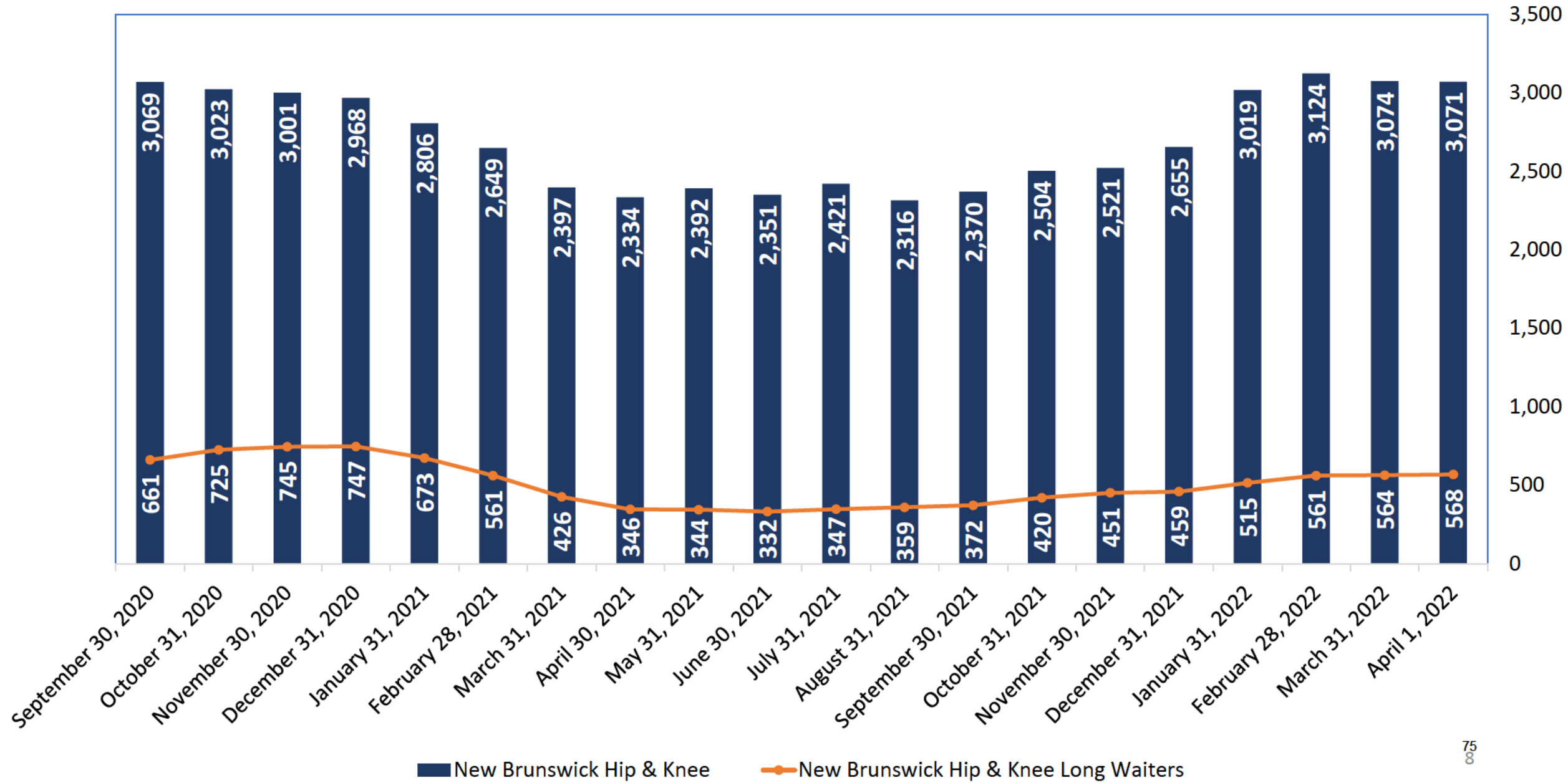
Data updated on April 1, 2022

Week of:	Feb 28 - Mar 4	Mar 7 - 11	Mar 14 - 18	Mar 21 - 25
Hip/Knee Completed NB	59	33	56	67
Hip/Knee Long Waiters Completed NB	15	11	16	15
Hip/Knee Completed SJRH	13	8	9	5
Hip/Knee Long Waiters Completed SJRH	1	0	1	2
Hip/Knee Completed St. Joseph's Hospital	12	0	13	14
Hip/Knee Long Waiters Completed St. Joseph's Hospital	1	0	3	0

All Hips and Knees Completed	
NB since beginning of initiative October 12, 2020, to March 25, 2022	4069
St. Joseph's Hospital since beginning of initiative October 12, 2020, to March 25, 2022	857

All Long Waiting Hips and Knees Completed	
NB since beginning of initiative October 12, 2020, to March 25, 2022	1129
St. Joseph's since beginning of initiative October 12, 2020, to March 25, 2022	121

Volumes of Prioritized Hip and Knee Surgeries Waiting in New Brunswick

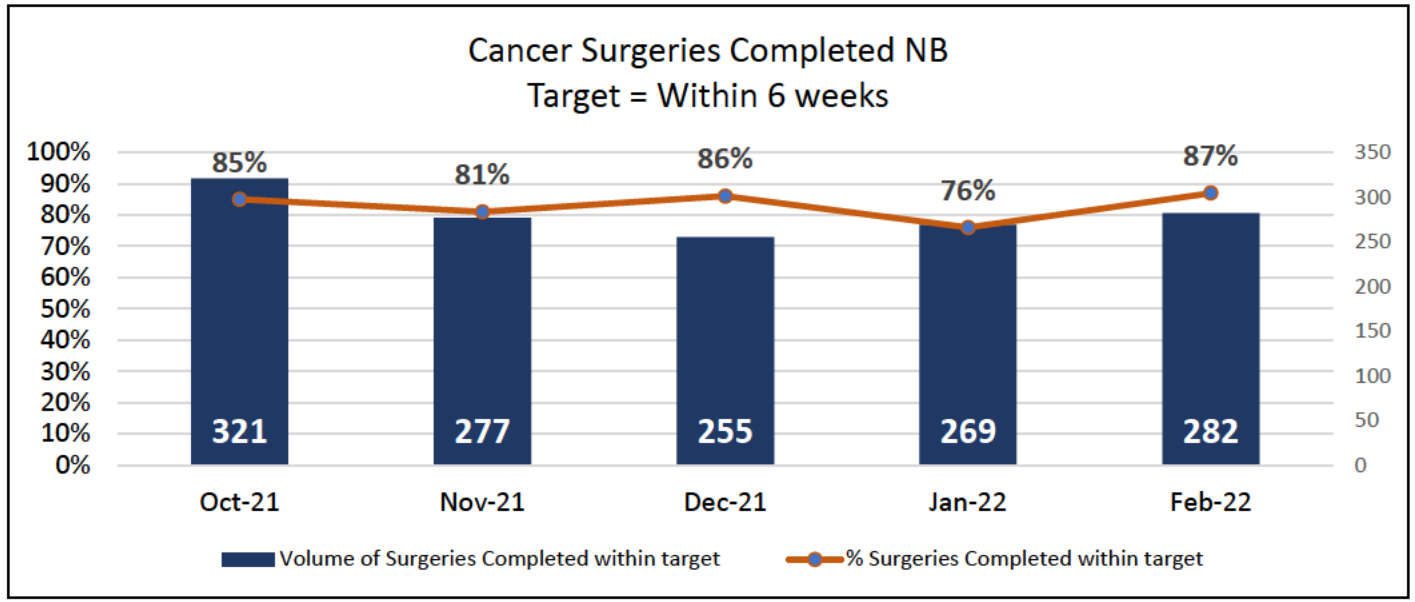


MONTHLY SURGICAL REQUEST DATA

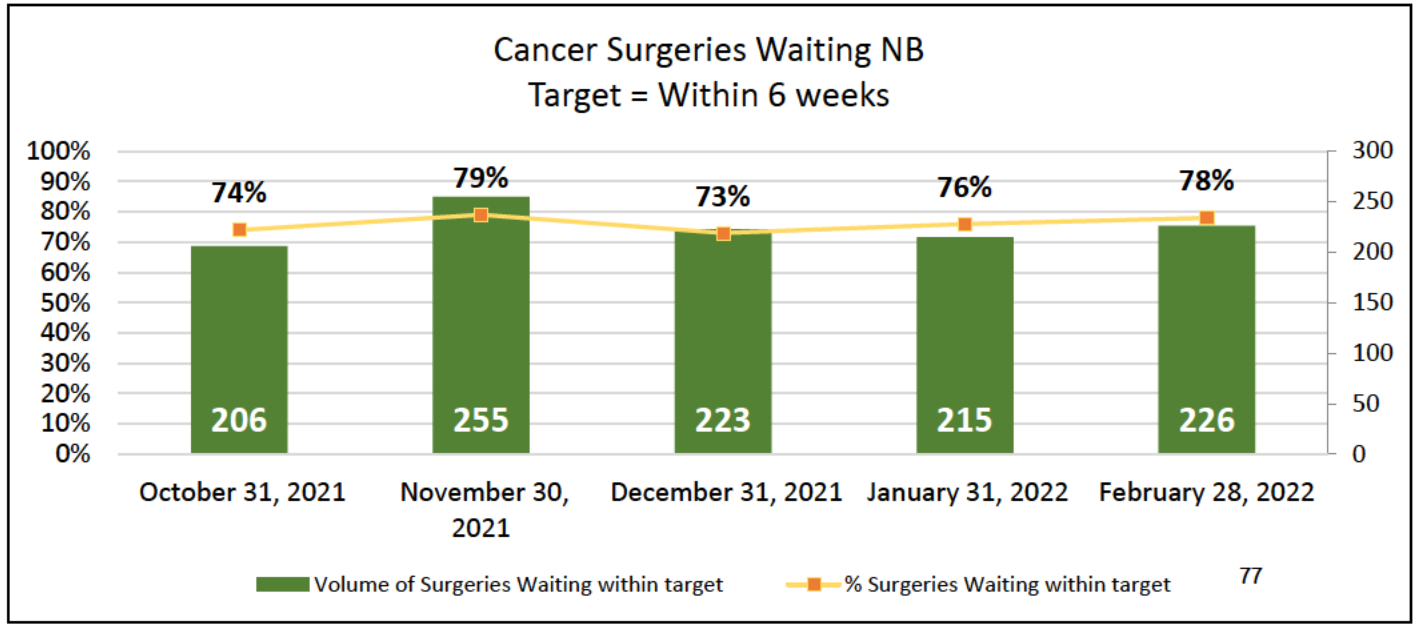
Next Update: April 11, 2022

Cancer Surgeries – Within 6 Weeks
Category I and II

- 11 % more Cancer Surgeries were completed within Target Timeframe than the previous month (Feb-22 with 87% vs. Jan-22 with 76%).
- 13% were completed beyond target

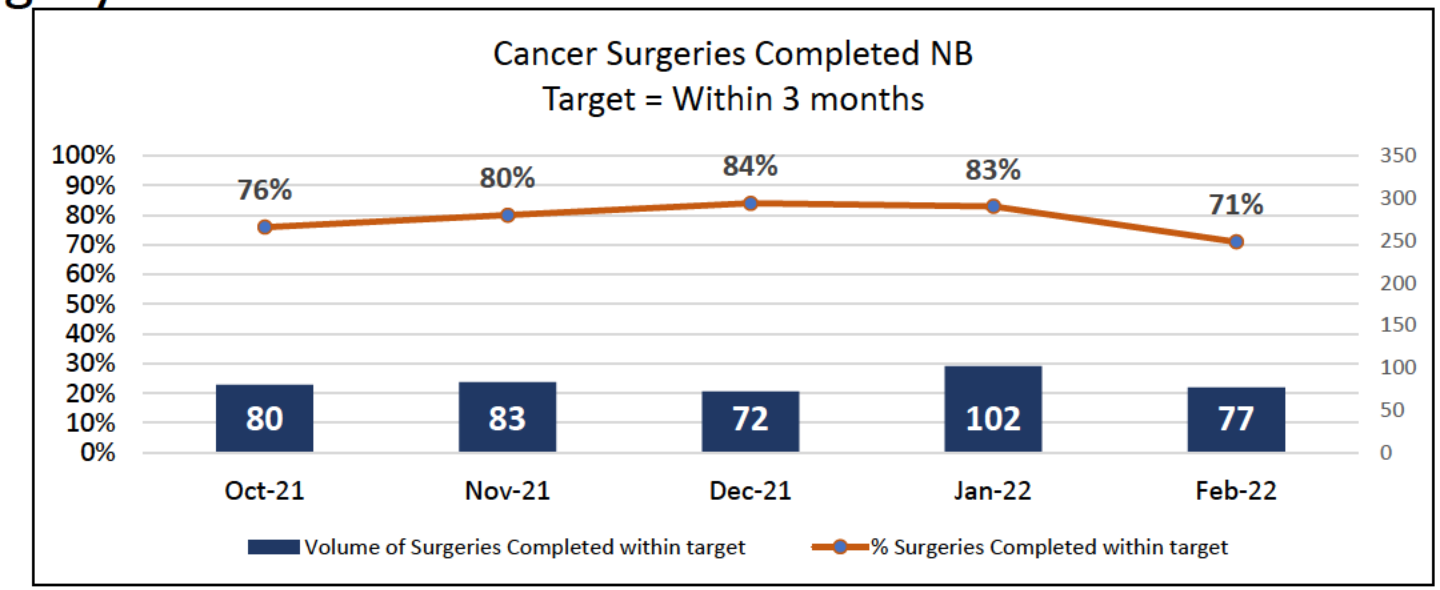


- 2 % more Cancer Surgeries were waiting within Target Timeframe than the previous month (Feb-22 with 78% vs. Jan-22 with 76%).
- 22% were waiting beyond target

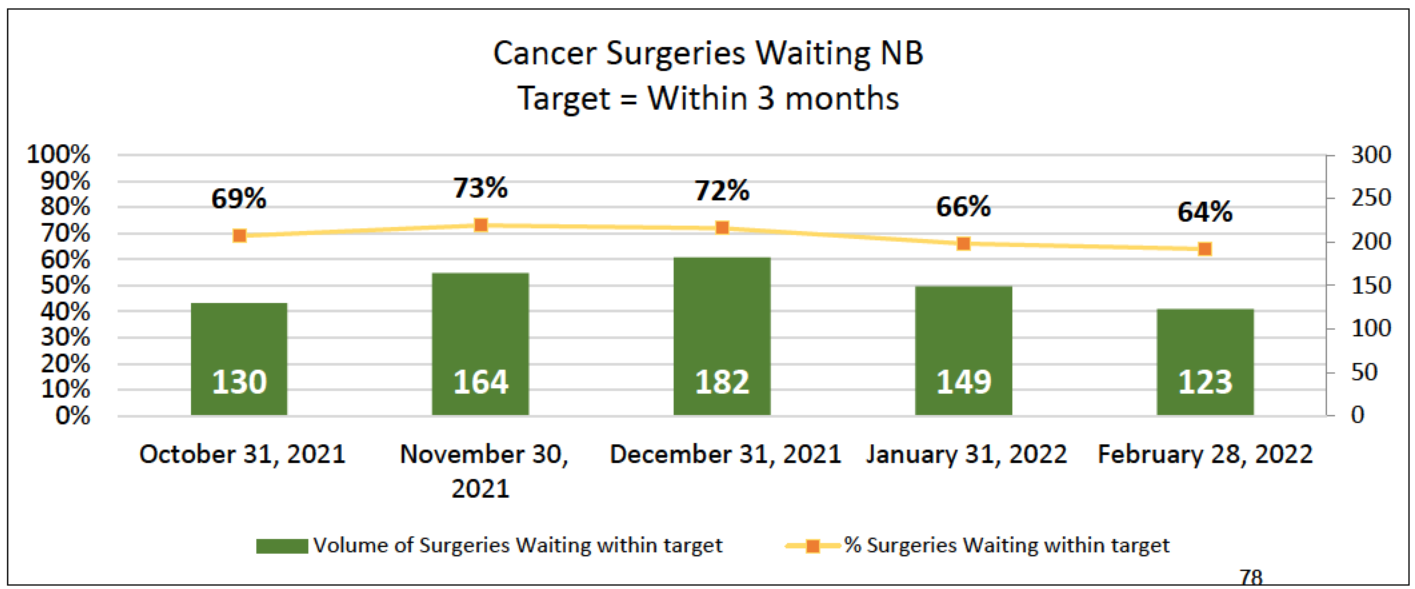


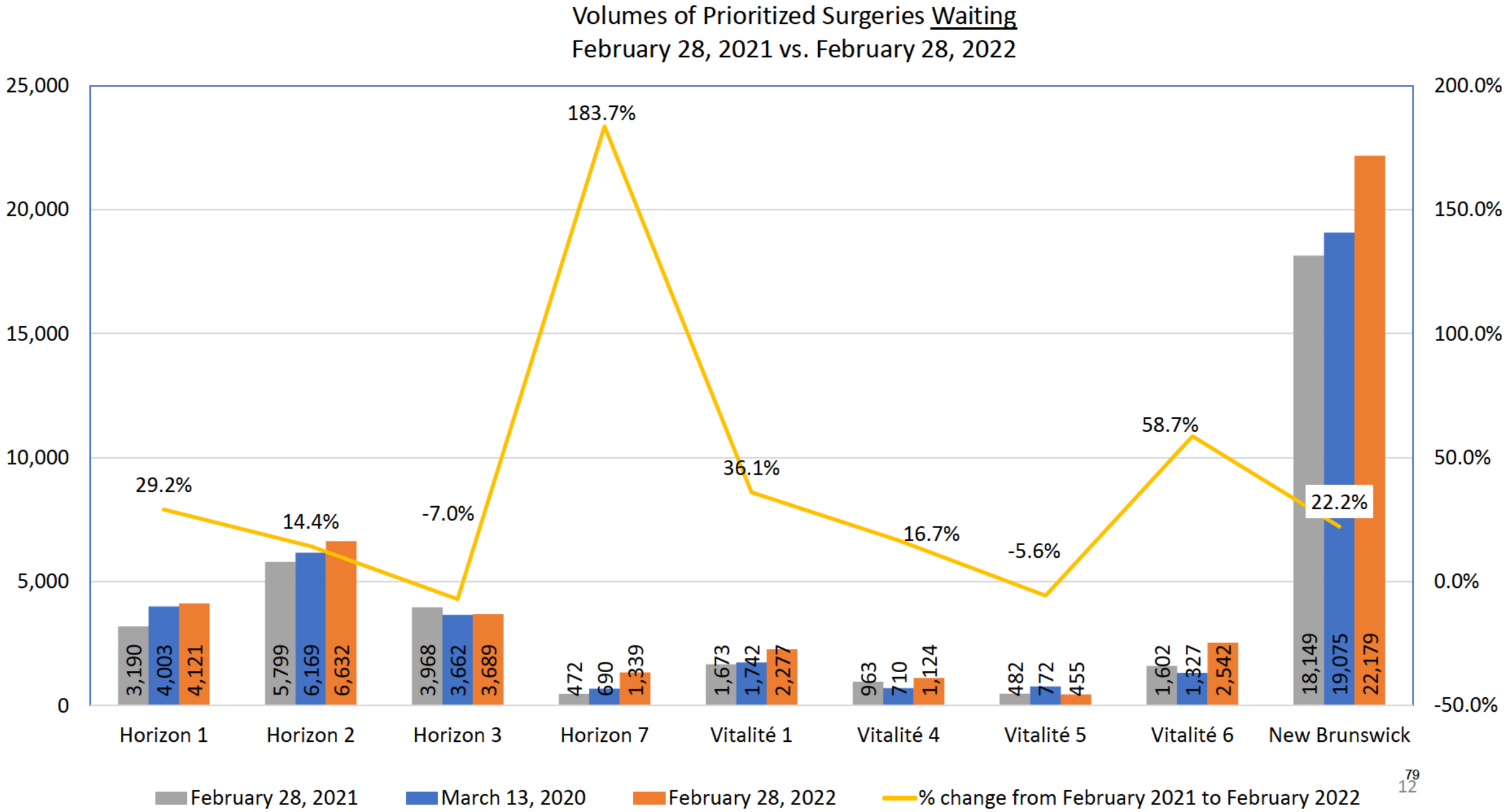
Cancer Surgeries – Within 3 months
Category III

- 12 % fewer Cancer Surgeries were completed within Target Timeframe than the previous month (Feb-22 with 71% vs. Jan-22 with 83%).
- 29% were completed beyond target

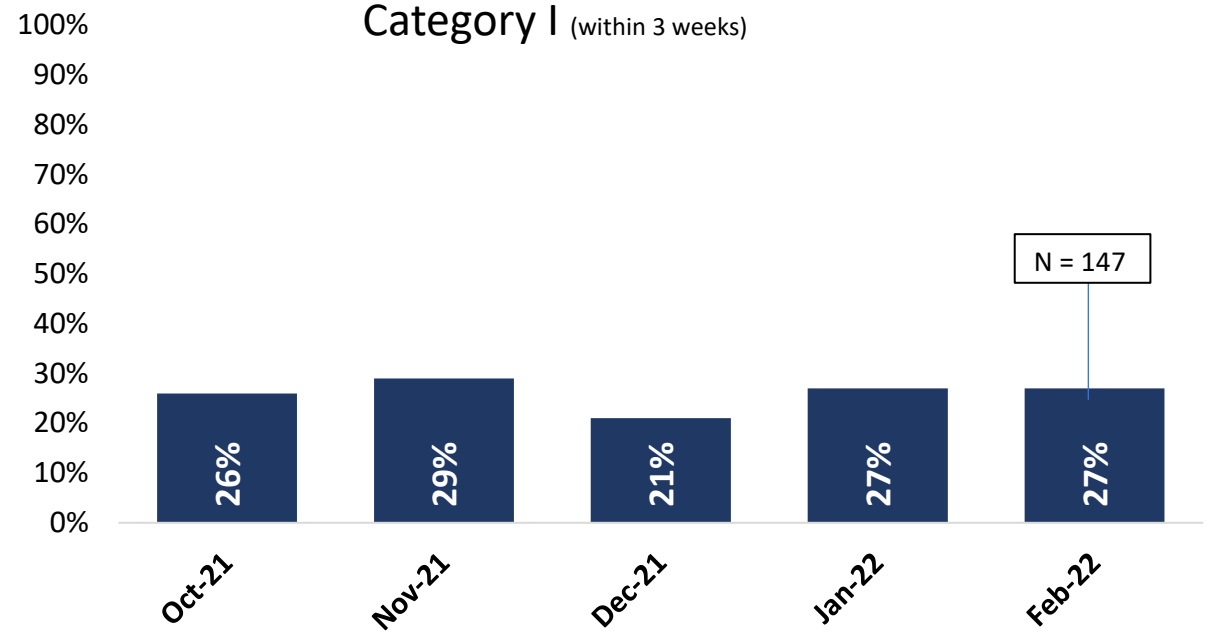


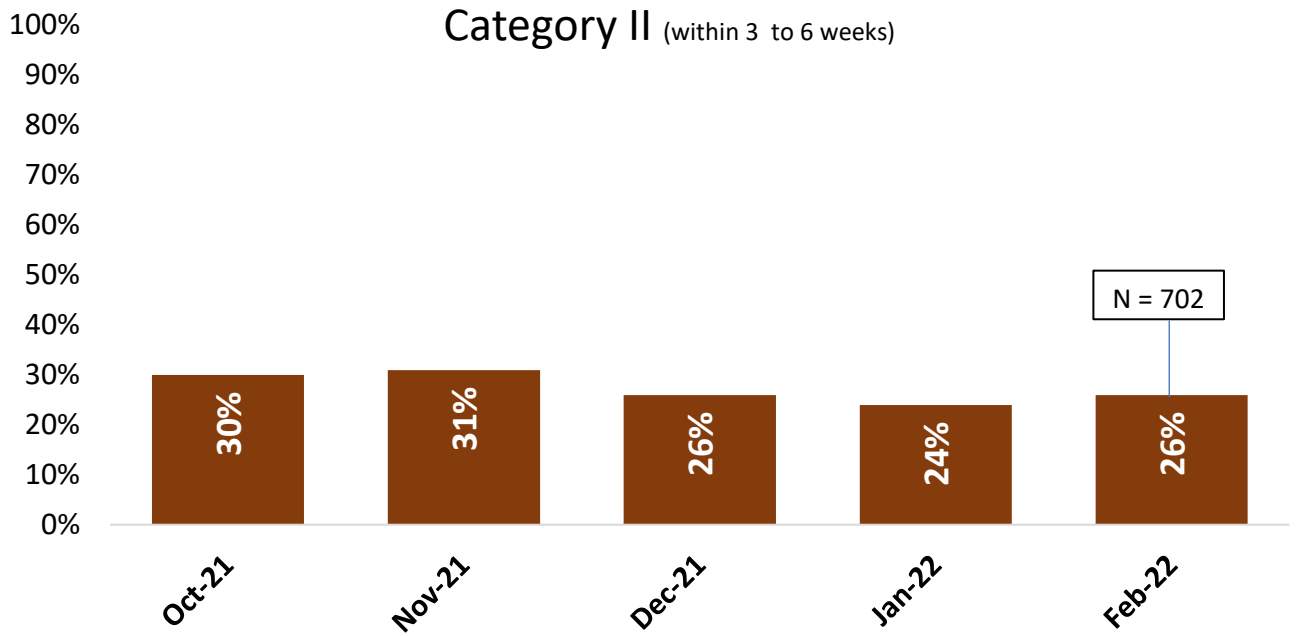
- 2 % fewer Cancer Surgeries were waiting within Target Timeframe than the previous month (Feb-22 with 64% vs. Jan-22 with 66%).
- 36% were waiting beyond target

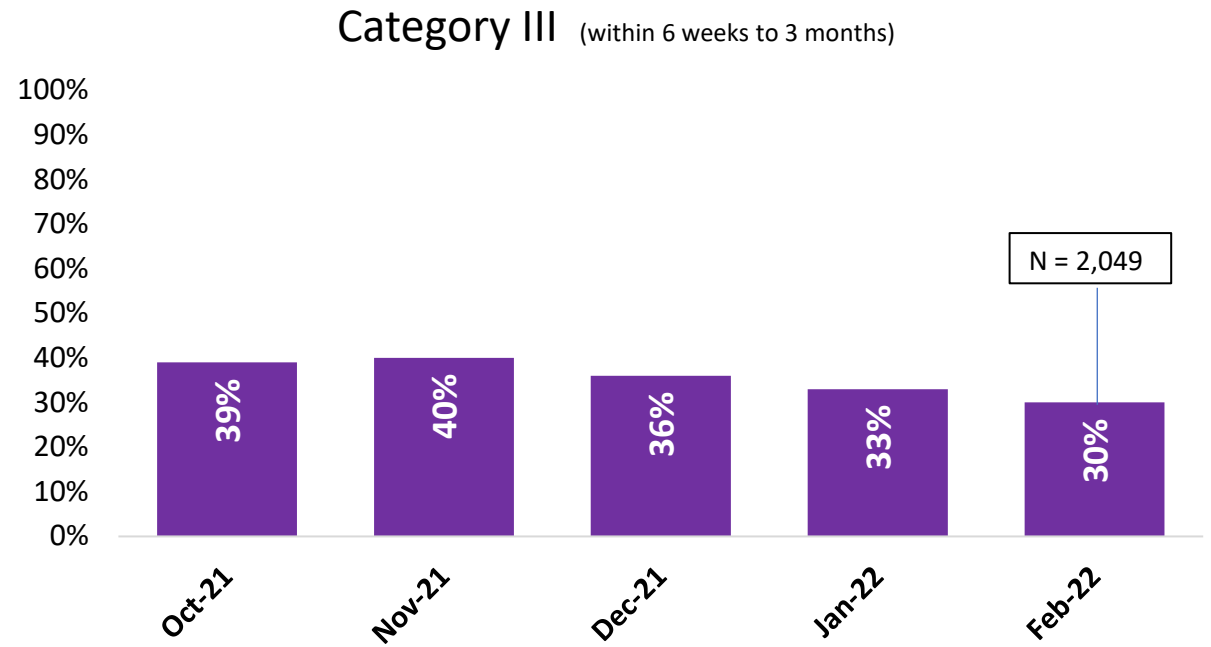


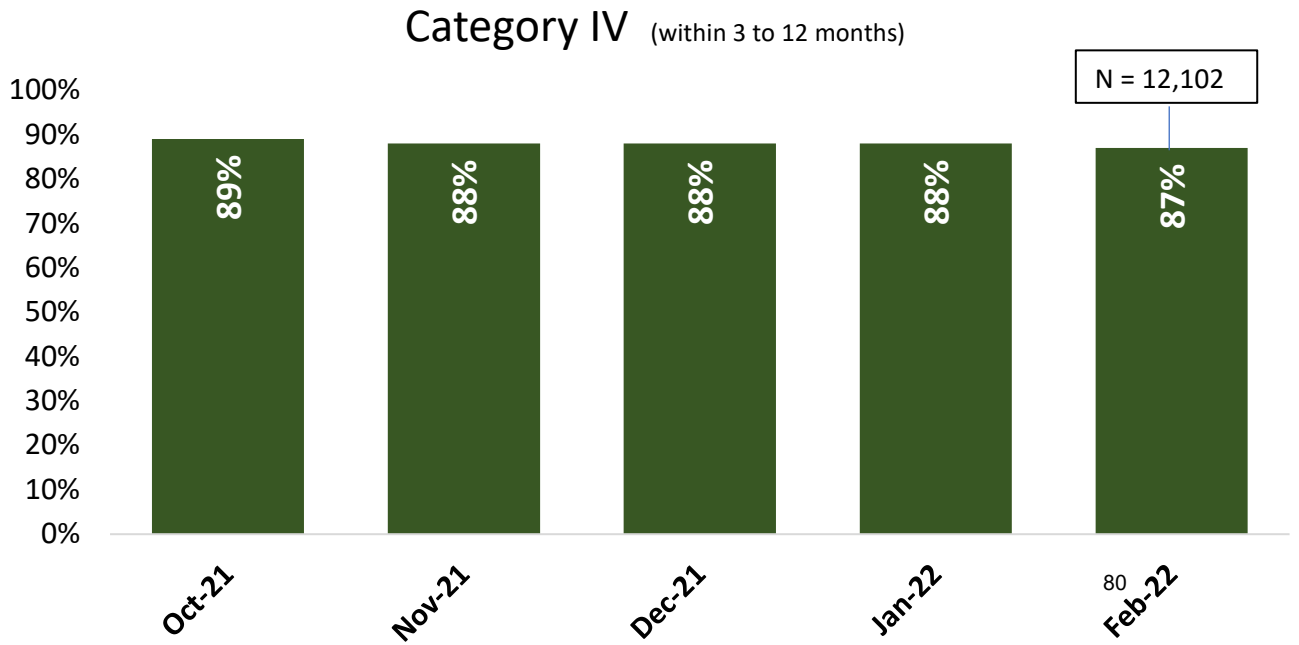

Volumes of Prioritized Surgeries Waiting
February 28, 2021 vs. February 28, 2022
25,000
20,000
15,000
10,000
5,000
0
200.0%
150.0%
100.0%
50.0%
0.0%
-50.0%
3,190
4,003
4,121
5,799
6,169
6,632
3,968
3,662
3,689
472
690
1,339
1,673
1,742
2,277
963
710
1,124
482
772
455
1,602
1,327
2,542
18,149
19,075
22,179
29.2%
14.4%
-7.0%
183.7%
36.1%
16.7%
-5.6%
58.7%
22.2%
Horizon 1
Horizon 2
Horizon 3
Horizon 7
Vitalité 1
Vitalité 4
Vitalité 5
Vitalité 6
New Brunswick
February 28, 2021
March 13, 2020
February 28, 2022
% change from February 2021 to February 2022

% Surgeries Waiting within Target Timeframes

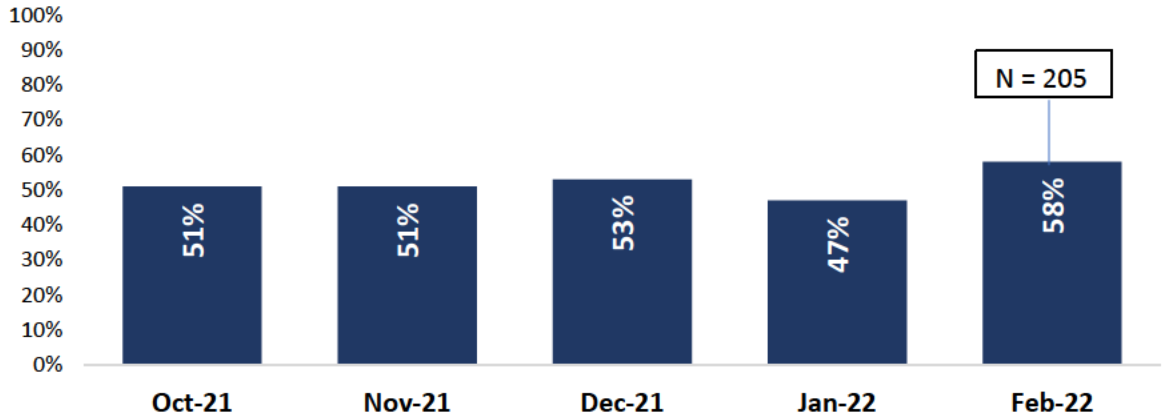


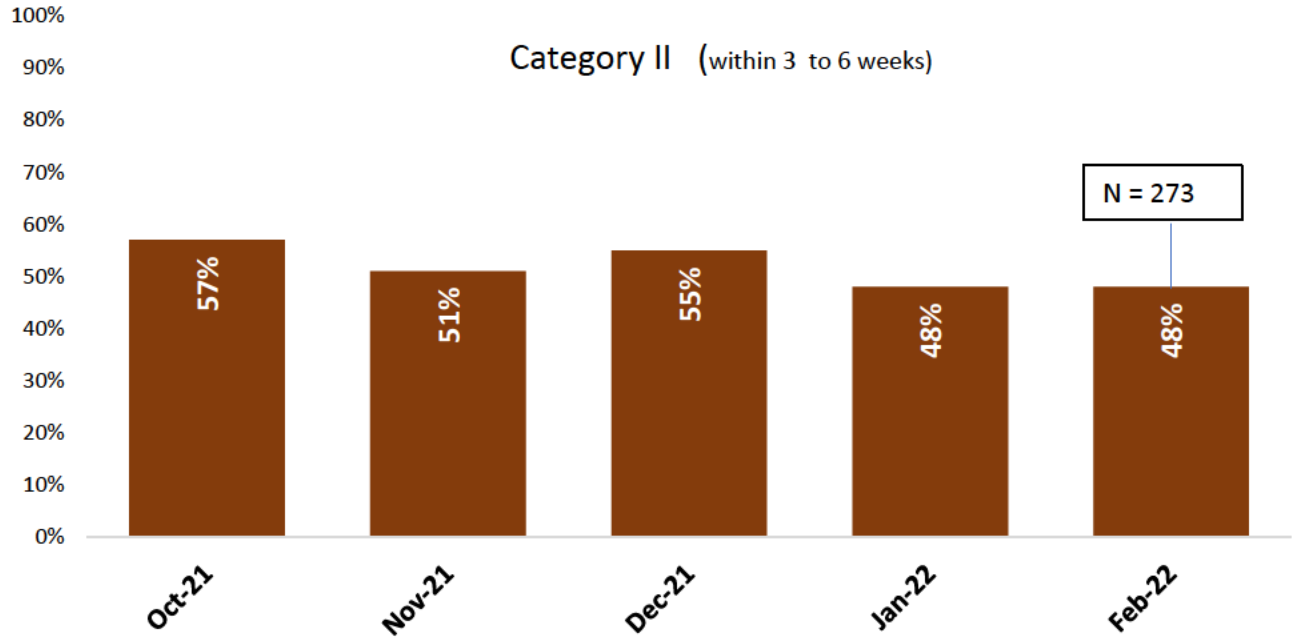


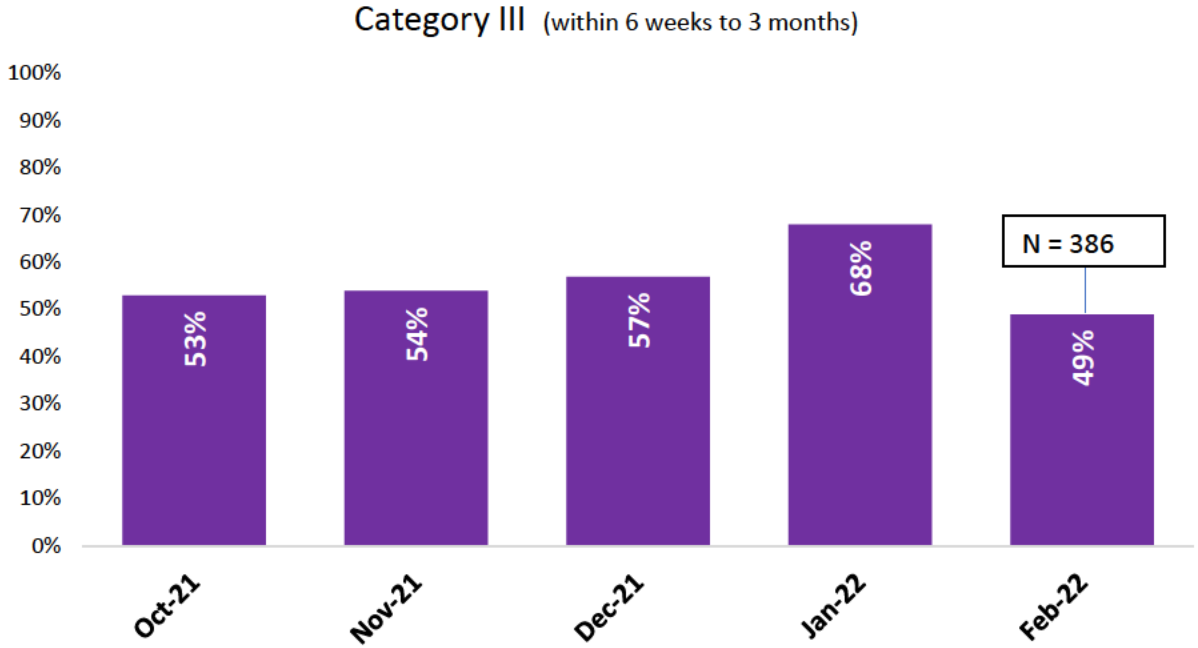


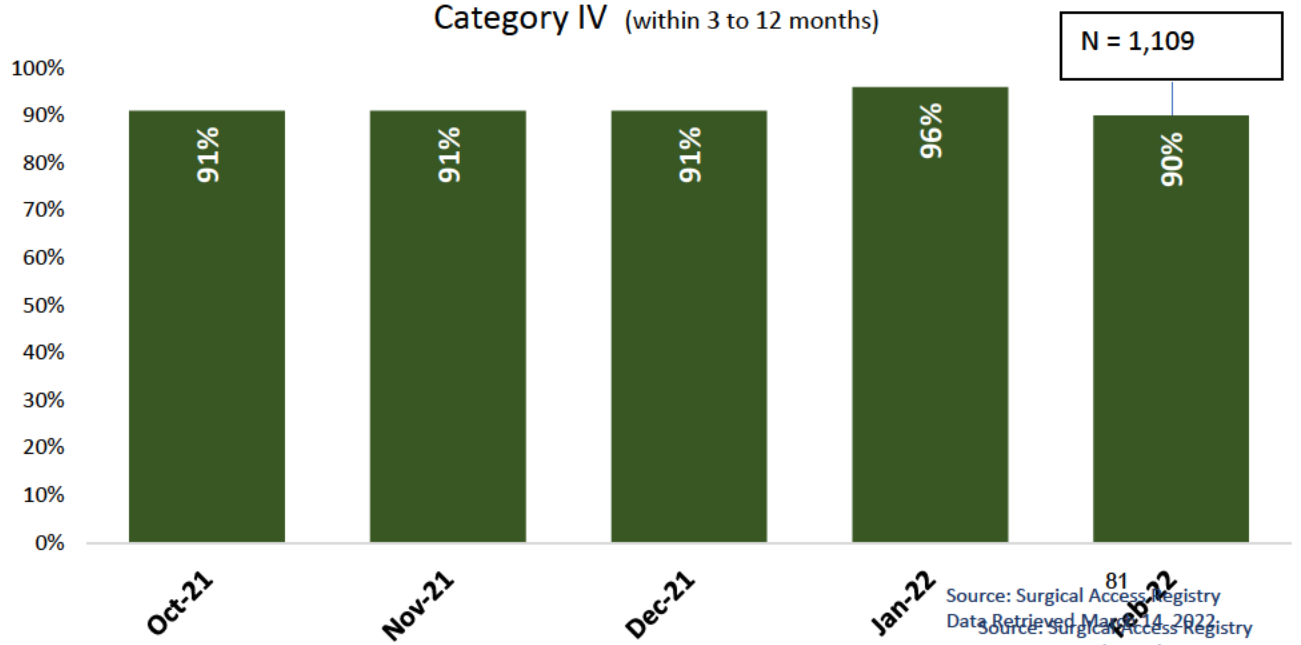


% Surgeries Completed within Target Timeframes



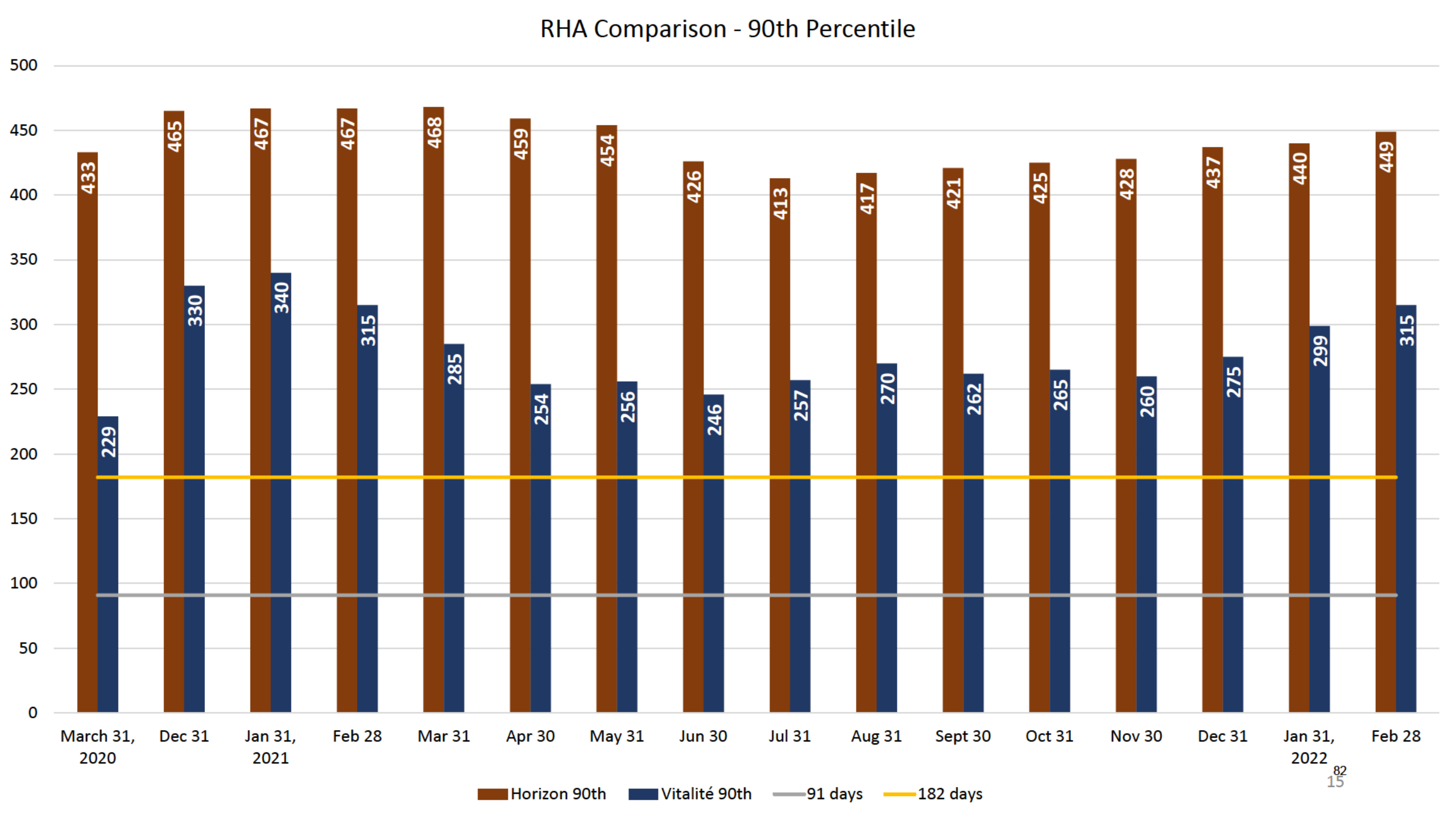


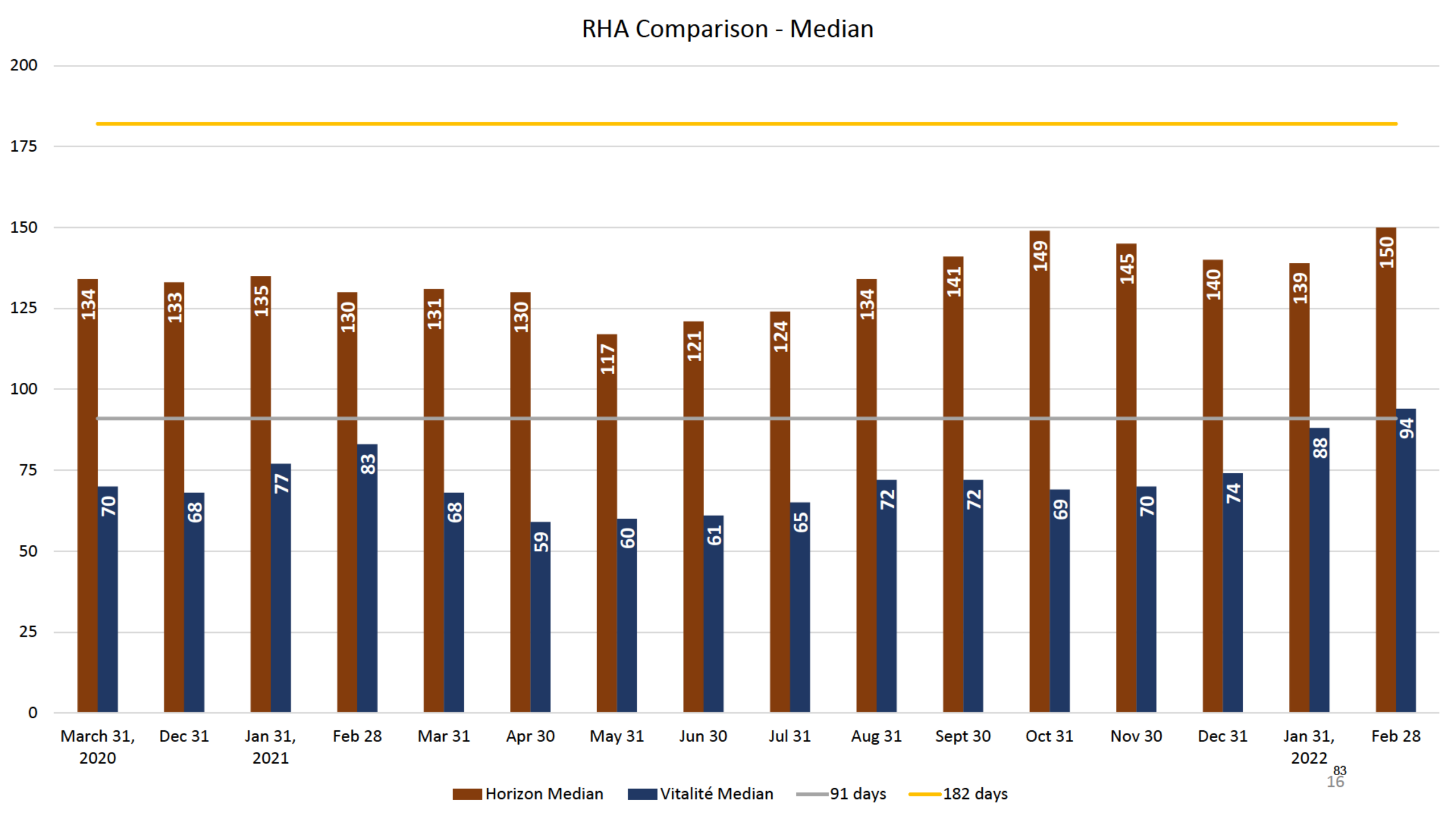




Source: Surgical Access Registry
Data Retrieved March 14, 2022

Source: Surgical Access Registry
Data Retrieved March 14, 2022


RHA Comparison - 90th Percentile
500
450
400
350
300
250
200
150
100
50
0
433
229
465
330
467
340
467
315
468
285
459
254
454
256
426
246
413
257
417
270
421
262
425
265
428
260
437
275
440
299
449
315
March 31, 2020
Dec 31
Jan 31, 2021
Feb 28
Mar 31
Apr 30
May 31
Jun 30
Jul 31
Aug 31
Sept 30
Oct 31
Nov 30
Dec 31
Jan 31, 2022
Feb 28
Horizon 90th
Vitalité 90th
91 days
182 days


RHA Comparison - Median
200
175
150
125
100
75
50
25
0
134
70
133
68
135
77
130
83
131
68
130
59
117
60
121
61
124
65
134
72
141
72
149
69
145
70
140
74
139
88
150
94
March 31, 2020
Dec 31
Jan 31, 2021
Feb 28
Mar 31
Apr 30
May 31
Jun 30
Jul 31
Aug 31
Sept 30
Oct 31
Nov 30
Dec 31
Jan 31, 2022
Feb 28
Horizon Median
Vitalité Median
91 days
182 days

Weekly Report on the NB Surgical Program

Updated to April 8, 2022

*Surgeries are reflective of the volume waiting or completed the day the report was run (April 11, 2022). There could be slight changes over time up to seven days post operatively for facilities to complete their surgical cases.

Weekly Prioritized Surgical Volumes Completed

Zone	Feb 28 - Mar 4, 2022	Mar 7 - 11, 2022	Mar 14 - 18, 2022	Mar 21 - 25, 2022	Mar 28 - Apr 1, 2022
New Brunswick	**788**	**576**	**862**	**854**	**802**
Horizon 1	127	86	165	143	149
Horizon 2	217	151	203	215	176
Horizon 3	150	82	169	220	193
Horizon 7	24	21	28	17	19
Horizon Total	**518**	**340**	**565**	**595**	**537**
Vitalité 1	96	78	116	123	109
Vitalité 4	65	63	62	67	63
Vitalité 5	39	18	37	21	21
Vitalité 6	70	77	82	48	72
Vitalité Total	**270**	**236**	**297**	**259**	**265**

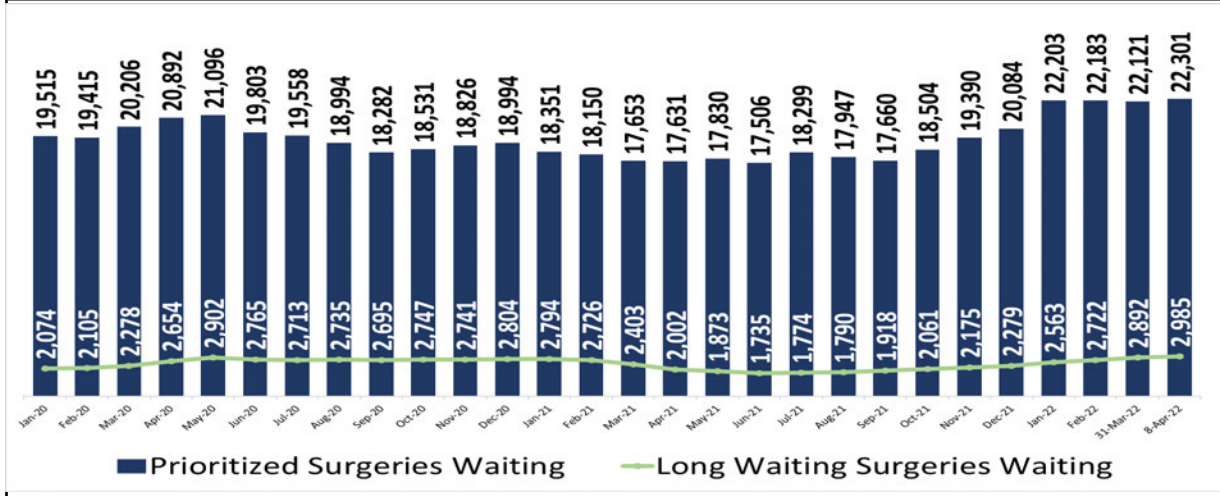
- 72% of all Prioritized Surgeries completed in NB the week of March 28 to April 1, 2022, were **Day Surgeries**.
  - 74% Horizon Health Network
  - 68% Reseau de Santé Vitalité

*Please note: data presented prior to 7 days post surgery is subject to change. (SAR Policy SAR-A-50 states post-operative data must be entered within 1 week of the surgery performed date.)

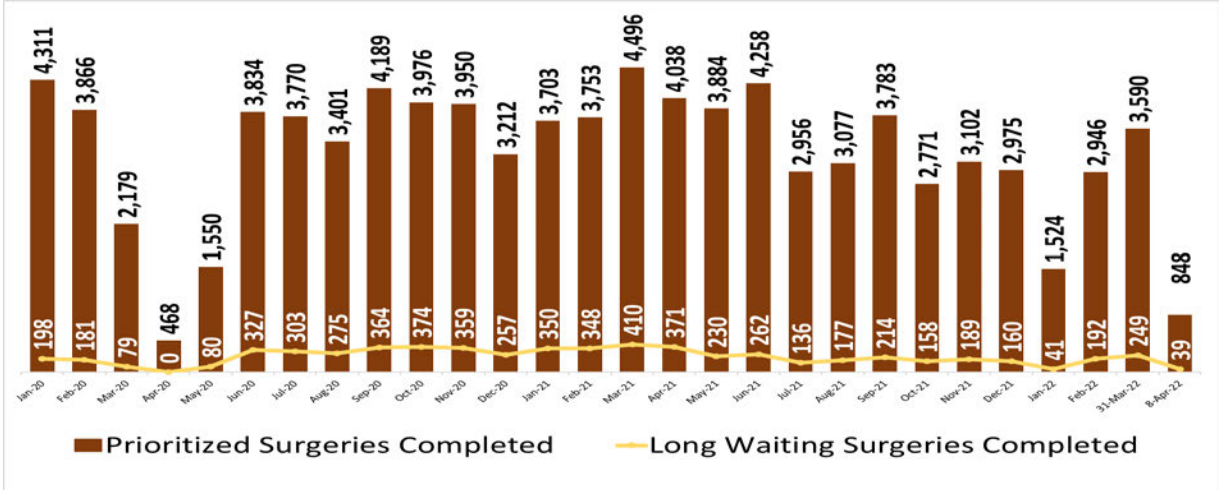
Surgical Summary – New Brunswick

April 8, 2022

Prioritized Surgeries Waiting in New Brunswick



Prioritized Surgeries Completed in New Brunswick



Summary

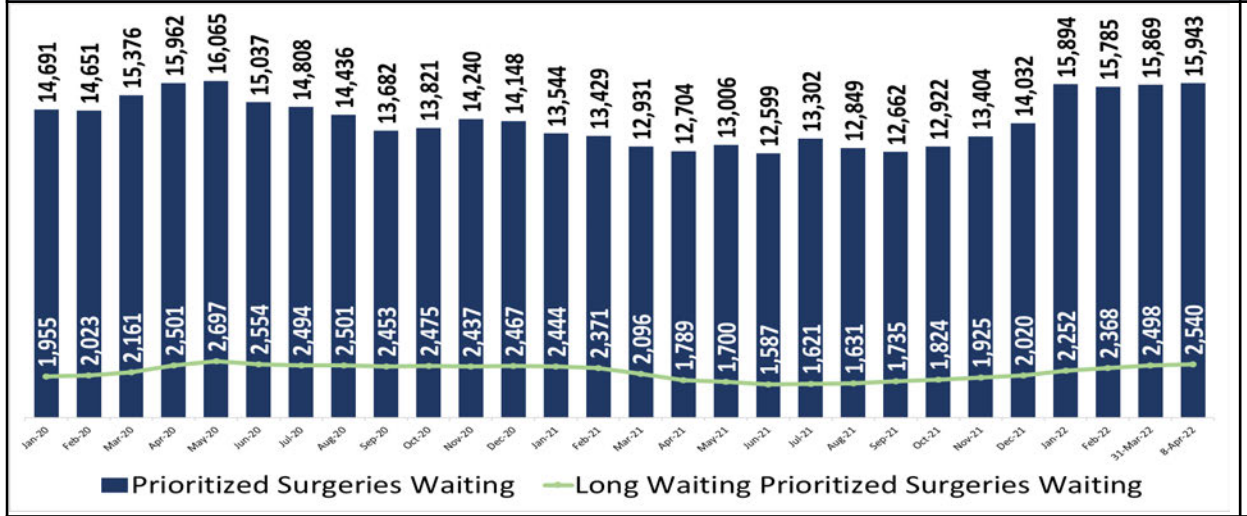
- **Prioritized Surgeries waiting has increased 25% and Long Waiting Surgeries waiting has increased 20% compared to the same date from the previous year Mar 31, 2022, vs. Mar 31, 2021)**
- **Prioritized Surgeries completed has decreased 20% and Long Waiting Surgeries completed has decreased 39% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021)**
- 802 prioritized and 190 unscheduled surgeries were completed (March 28 to April 1, 2022)
- 11% of all Prioritized Surgeries completed in NB the week of March 28, 2022, were Cancer Surgeries. (12% HHN, and 11% VHN).
- In NB (as of April 1, 2022), there are 513 Cancer Surgeries waiting (increase of 17 from last week), with 24% waiting beyond target of 6 weeks, and 41% waiting beyond target of 3 months.
- There are 3,089 Hip and Knee Replacement Surgeries waiting, of which 581 are waiting beyond 1 year (as of April 8, 2022).
- NB saw a 373% increase in the volume of cancellations due to Covid-19 during the same period last month (April 1 to 8, 2022 (**156**) vs. March 1 to 8, 2022 (**33**)).

Source: Surgical Access Registry
Data Retrieved between April 8 - 11, 2022

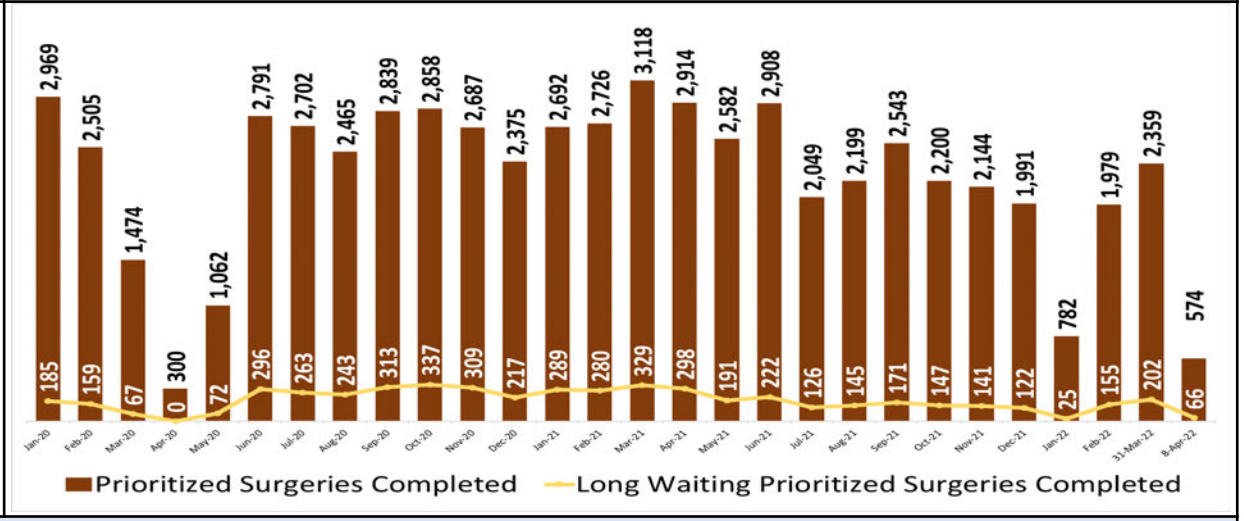
Surgical Summary – Horizon

April 8, 2022

Prioritized Surgeries Waiting in Horizon



Prioritized Surgeries Completed in Horizon



Summary

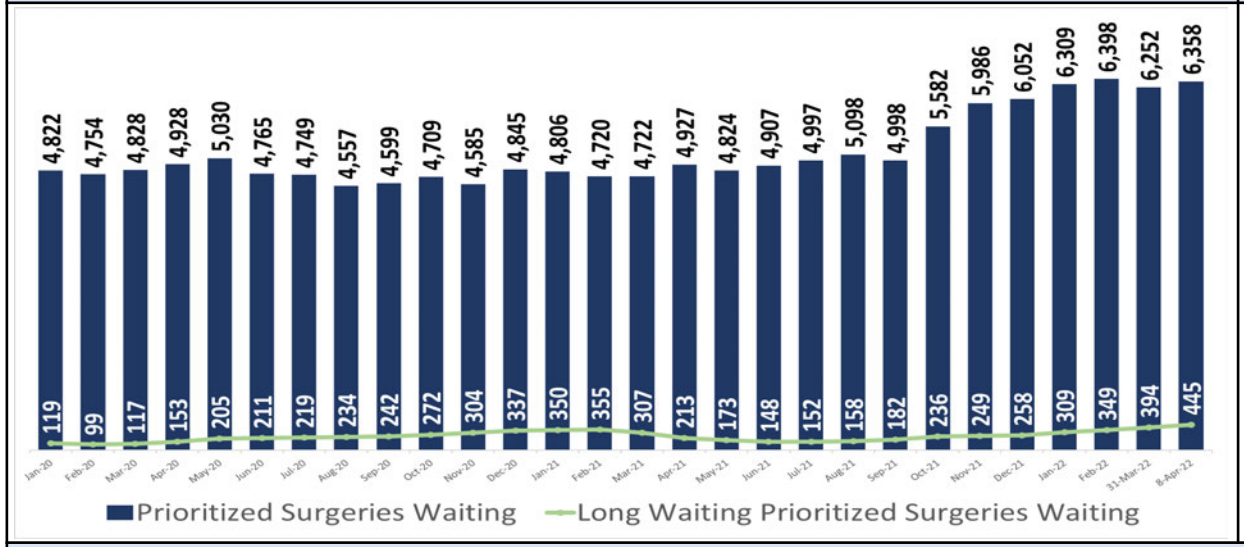
- **Prioritized Surgeries waiting has increased 23% and Long Waiting Surgeries waiting has increased 19% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021).**
- **Prioritized Surgeries completed has decreased 24% and Long Waiting Surgeries completed has decreased 39% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021).**
- **66% of all Prioritized NB Surgeries Completed in the month of March 2022, and 81% of all Prioritized NB Long Waiting Surgeries Completed were in the Horizon Health Network.**
- 72% of all Prioritized NB Surgeries Waiting as of April 8, 2022, and 85% of all Prioritized NB Long Waiting Surgeries Waiting as of April 8, 2022, are in the Horizon Health Network.
- Horizon Health Network saw a 296% increase in the volume of cancellations due to Covid-19 during the same period last month (April 1 to 8, 2022 (**103**) vs. March 1 to 8, 2022 (**26**)).

Source: Surgical Access Registry
Data Retrieved between April 8 - 11, 2022

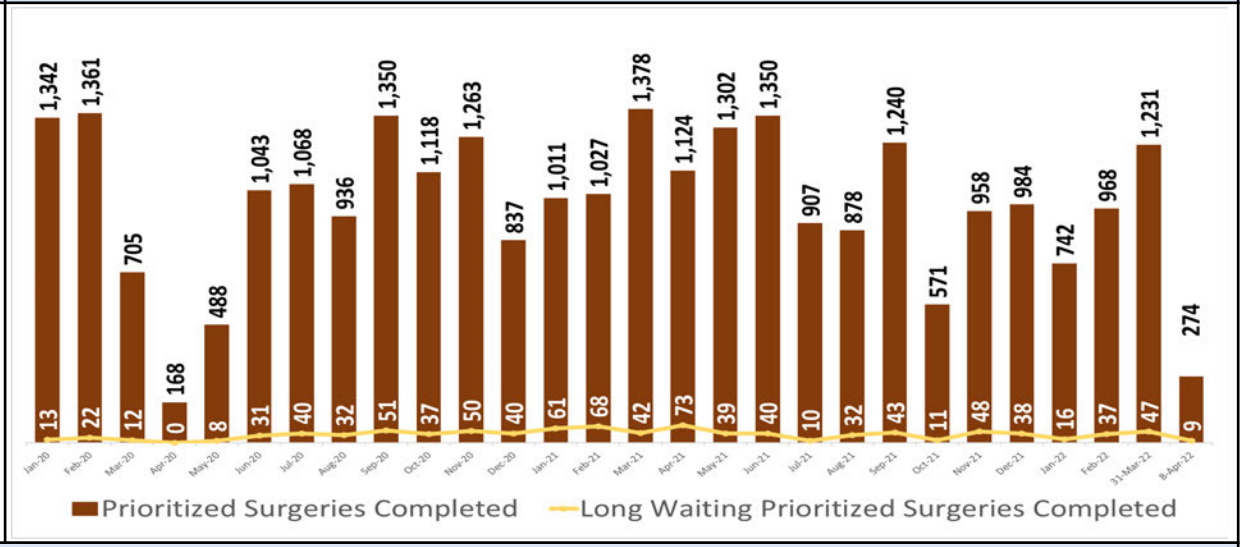
Surgical Summary - Vitalité

April 8, 2022

Prioritized Surgeries Waiting in Vitalité



Prioritized Surgeries Completed in Vitalité



Summary

- **Prioritized Surgeries waiting has increased 32% and Long Waiting Surgeries waiting has increased 28% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021).**
- **Prioritized Surgeries completed has decreased 11% and Long Waiting Surgeries completed has increased 12% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021).**
- **34% of all Prioritized NB Surgeries Completed in the month of March 2022, and 19% of all Prioritized NB Long Waiting Surgeries Completed were in the Reseau de Santé Vitalité**.
- 29% of all Prioritized NB Surgeries Waiting as of April 8, 2022, and 15% of all Prioritized NB Long Waiting Surgeries Waiting as of April 8, 2022, are in the Reseau de Santé Vitalité.
- Reseau de Santé Vitalité saw an 657% increase in the volume of cancellations due to Covid-19 during the same period last month (April 1 to 8, 2022 (**53**) vs. March 1 to 8, 2022(**7**)).

Source: Surgical Access Registry
Data Retrieved between April 8 - 11, 2022

HIP & KNEE SURGICAL REQUEST DATA

St. Joseph's Hip and Knee Data

Total Hip and Knee Waiting as of April 8, 2022

- Since September 30, 2020, Hips and Knees waiting longer than a year has decreased by 12%.
- 3,089 Total Replacements waiting (increase of 18 from last week)
- 581 waiting beyond 1 year (increase of 13 from last week, and 5 completed during the week)

Source: Surgical Access Registry
Data Retrieved April 11, 2022

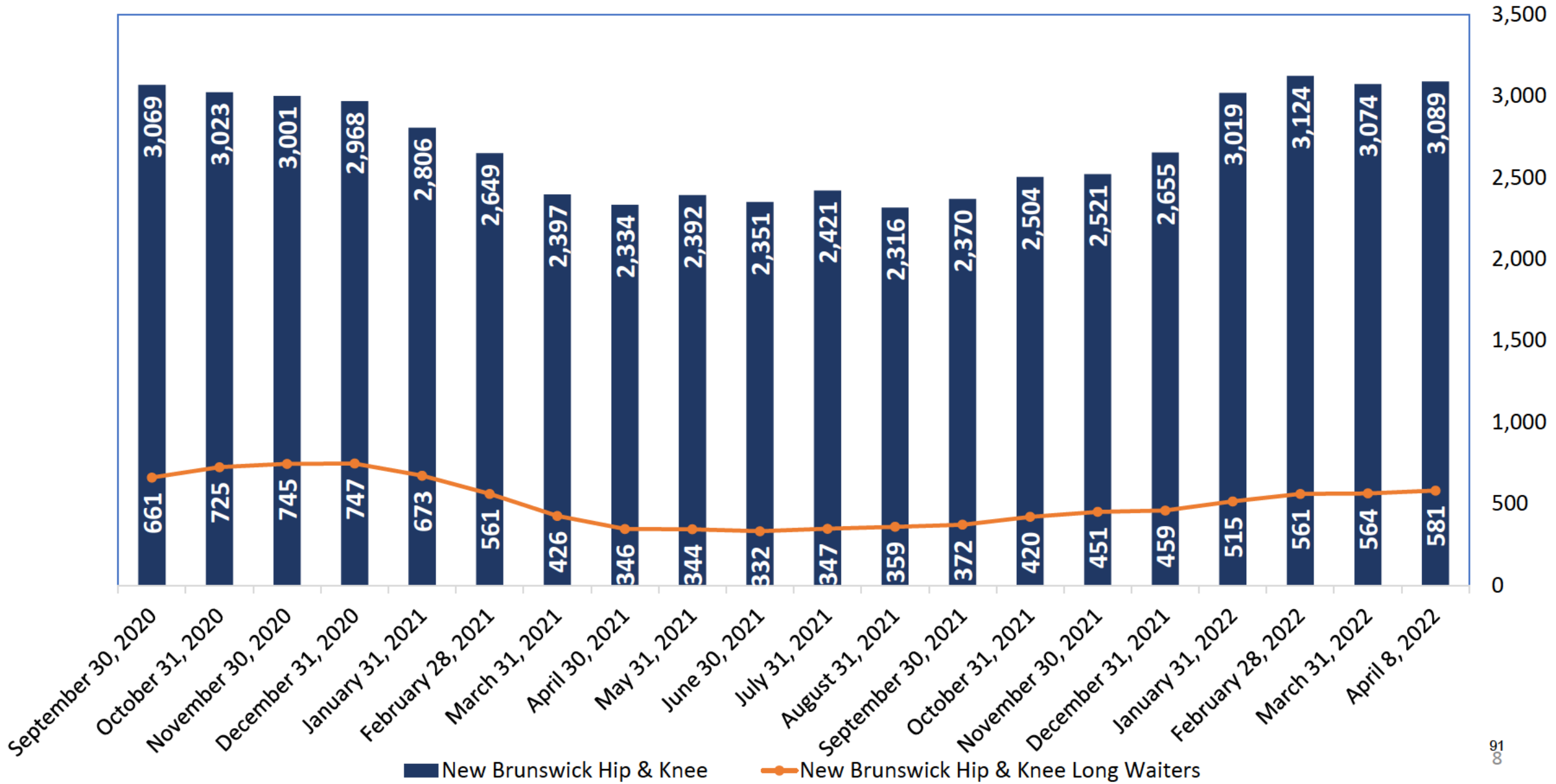
Data updated on April 8, 2022

Week of:	Mar 7 - 11	Mar 14 - 18	Mar 21 - 25	Mar 28 - April 1
Hip/Knee Completed NB	33	56	67	58
Hip/Knee Long Waiters Completed NB	11	16	15	12
Hip/Knee Completed SJRH	8	9	5	4
Hip/Knee Long Waiters Completed SJRH	0	1	2	0
Hip/Knee Completed St. Joseph's Hospital	0	13	14	14
Hip/Knee Long Waiters Completed St. Joseph's Hospital	0	3	0	0

All Hips and Knees Completed	
NB since beginning of initiative October 12, 2020, to April 1, 2022	4127
St. Joseph's Hospital since beginning of initiative October 12, 2020, to April 1, 2022	871

All Long Waiting Hips and Knees Completed	
NB since beginning of initiative October 12, 2020, to April 1, 2022	1141
St. Joseph's since beginning of initiative October 12, 2020, to April 1, 2022	121

Volumes of Prioritized Hip and Knee Surgeries Waiting in New Brunswick

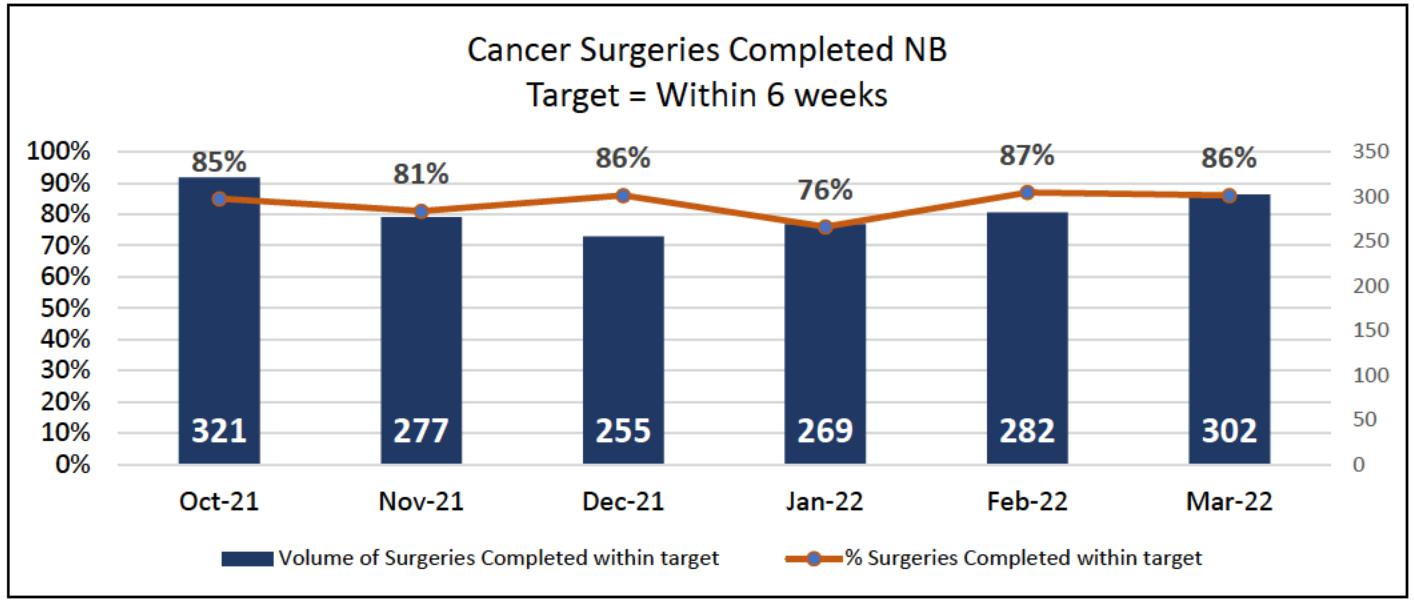


MONTHLY SURGICAL REQUEST DATA

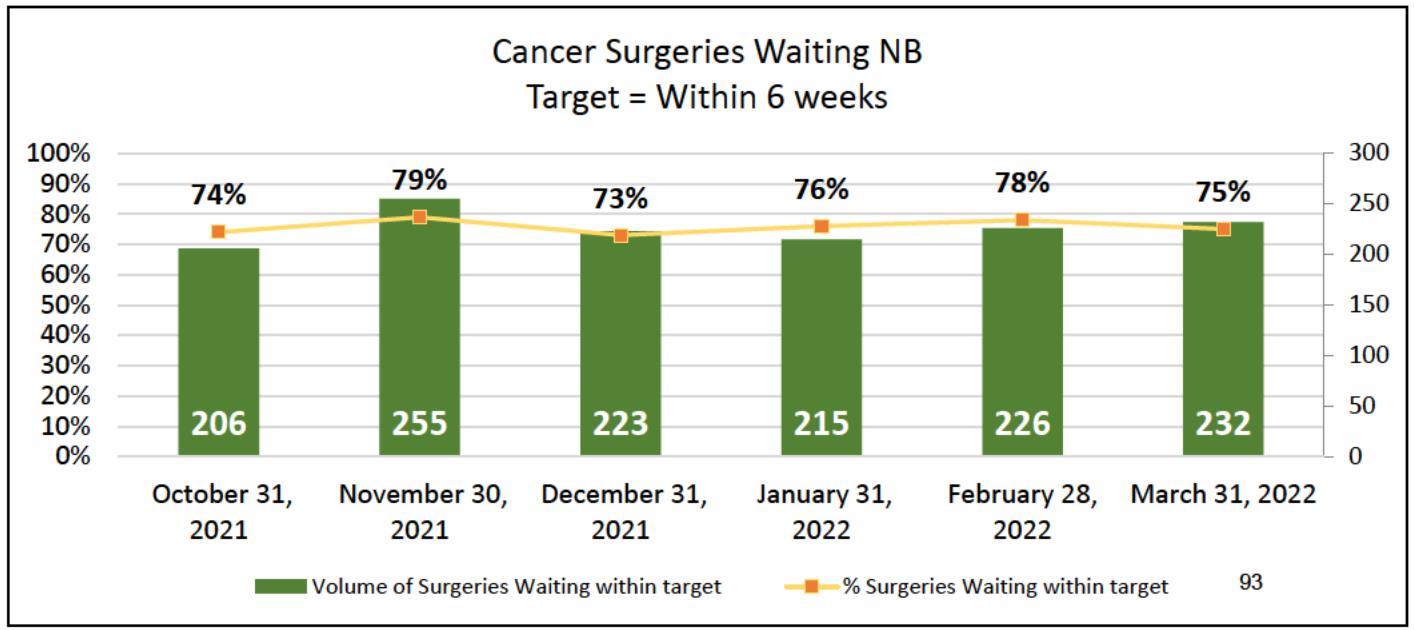
Next Update: May 9, 2022

Cancer Surgeries – Within 6 Weeks
Category I and II

- 1 % fewer Cancer Surgeries were completed within Target Timeframe than the previous month (Mar-22 with 87% vs. Feb-22 with 87%).
- 14% were completed beyond target

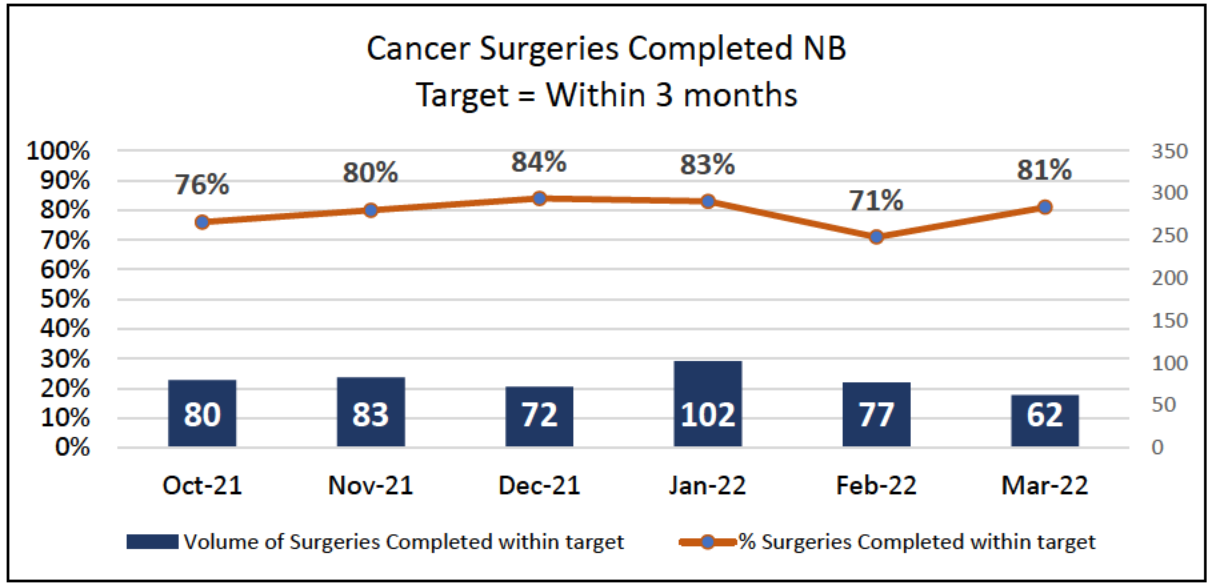


- 3 % fewer Cancer Surgeries were waiting within Target Timeframe than the previous month (Mar-22 with 75% vs. Feb-22 with 78%).
- 25% were waiting beyond target

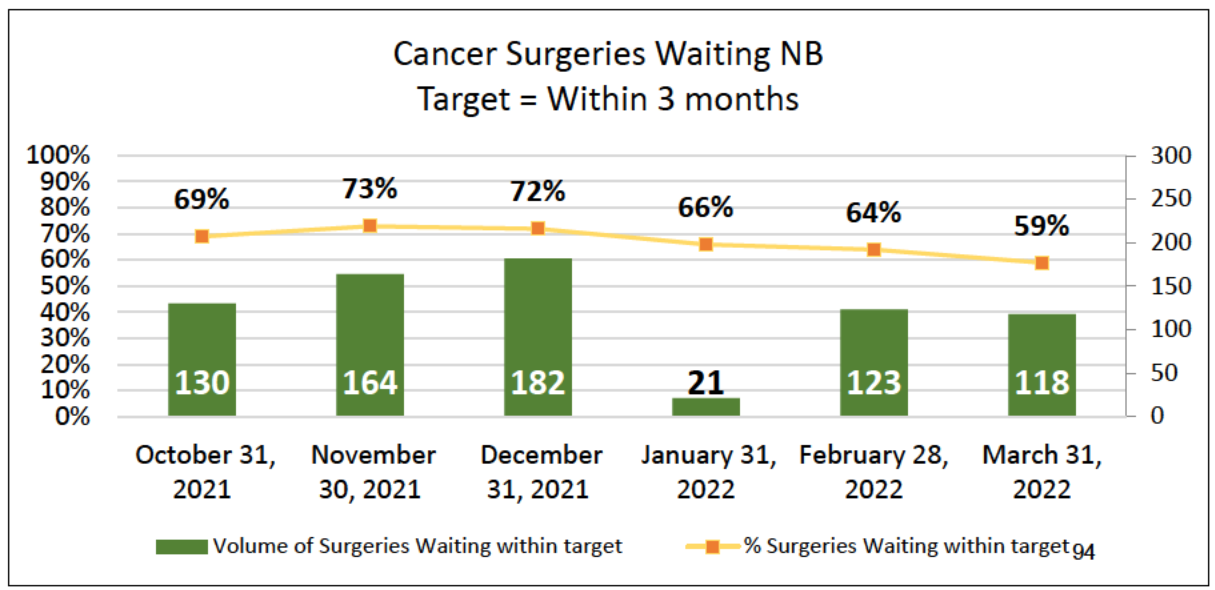


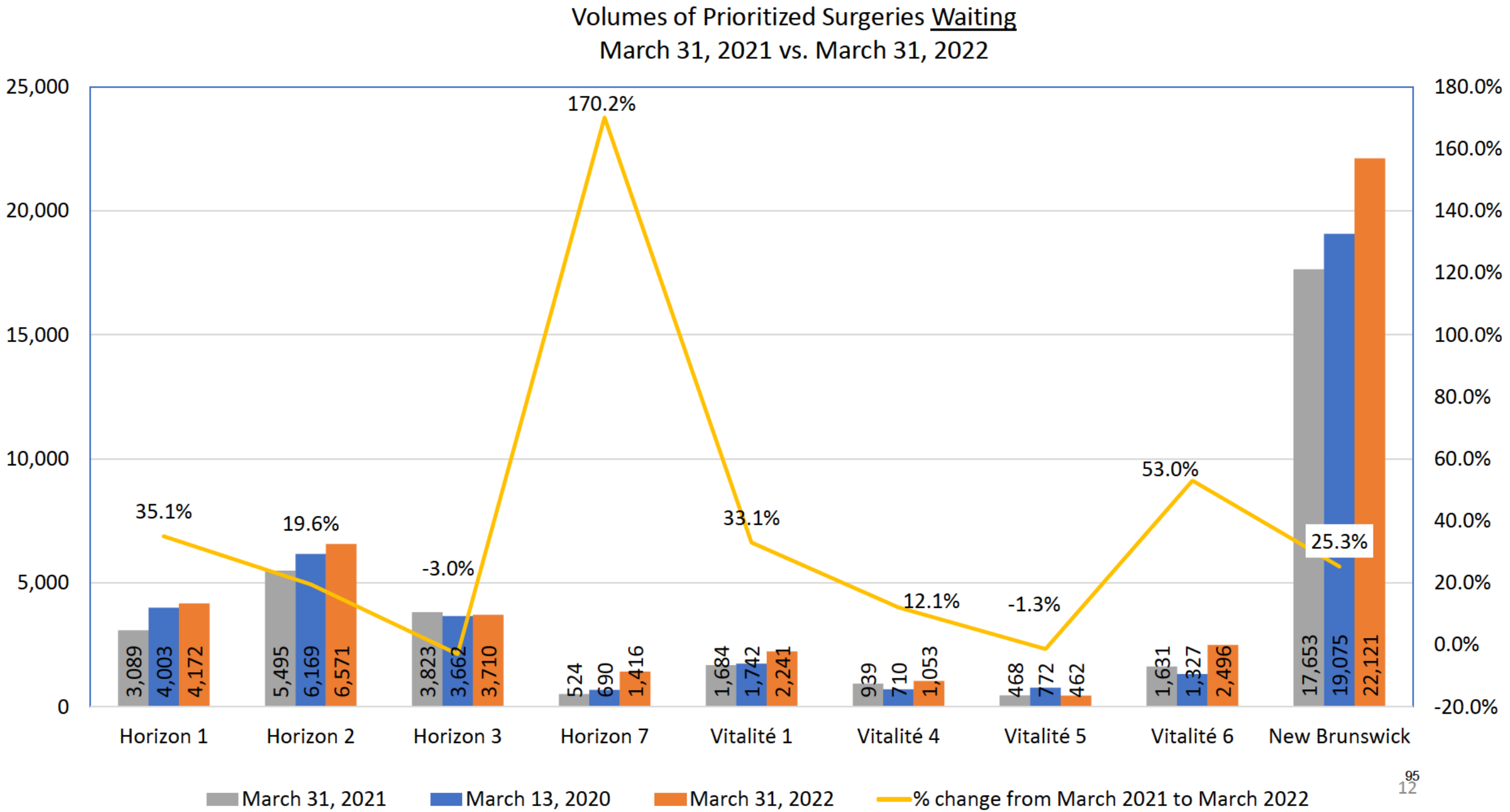
Cancer Surgeries – Within 3 months
Category III

- 10 % more Cancer Surgeries were completed within Target Timeframe than the previous month (Mar-22 with 81% vs. Feb-22 with 71%).
- 19% were completed beyond target



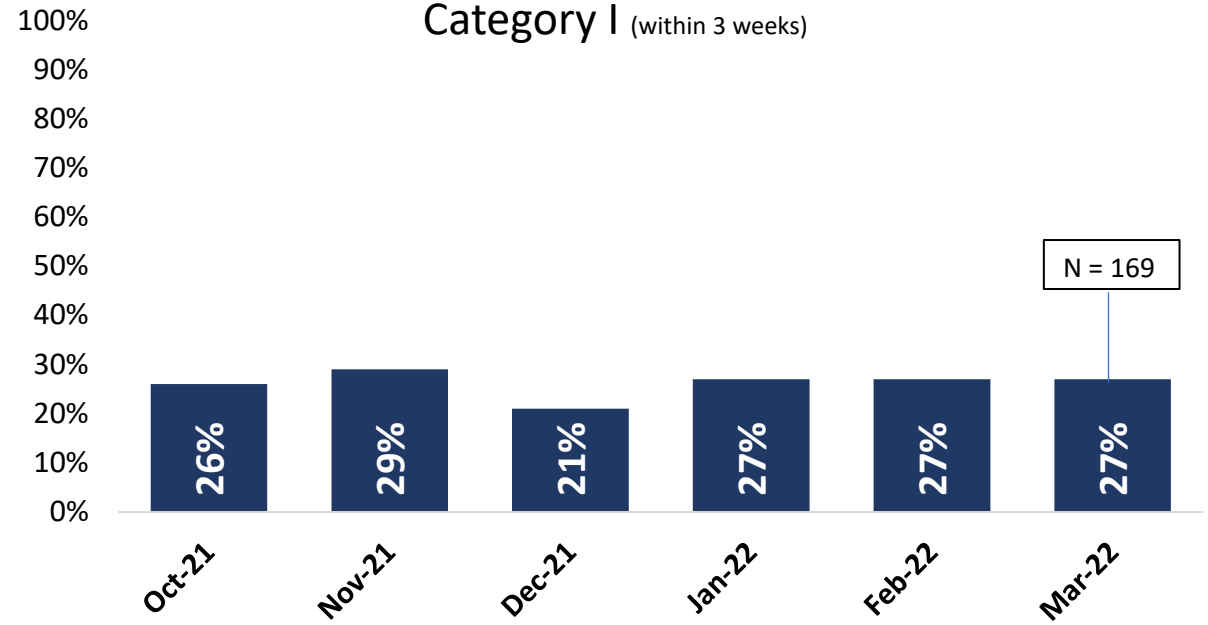
- 5 % fewer Cancer Surgeries were waiting within Target Timeframe than the previous month (Mar-22 with 59% vs. Feb-22 with 64%).
- 41% were waiting beyond target

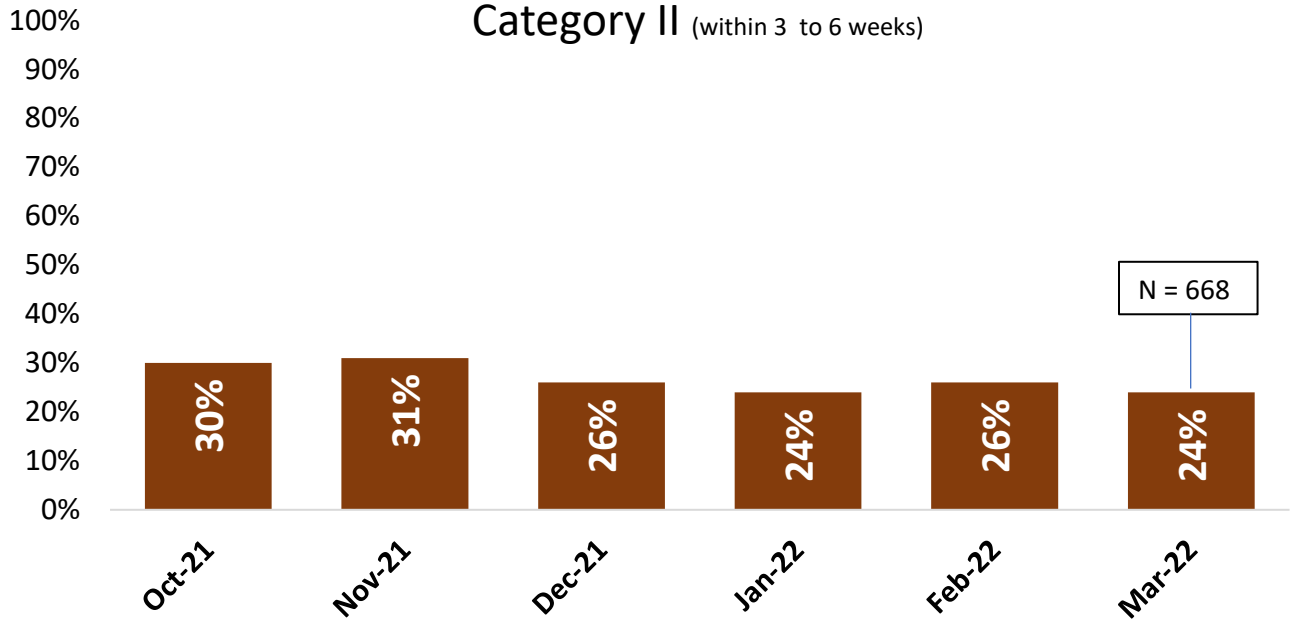


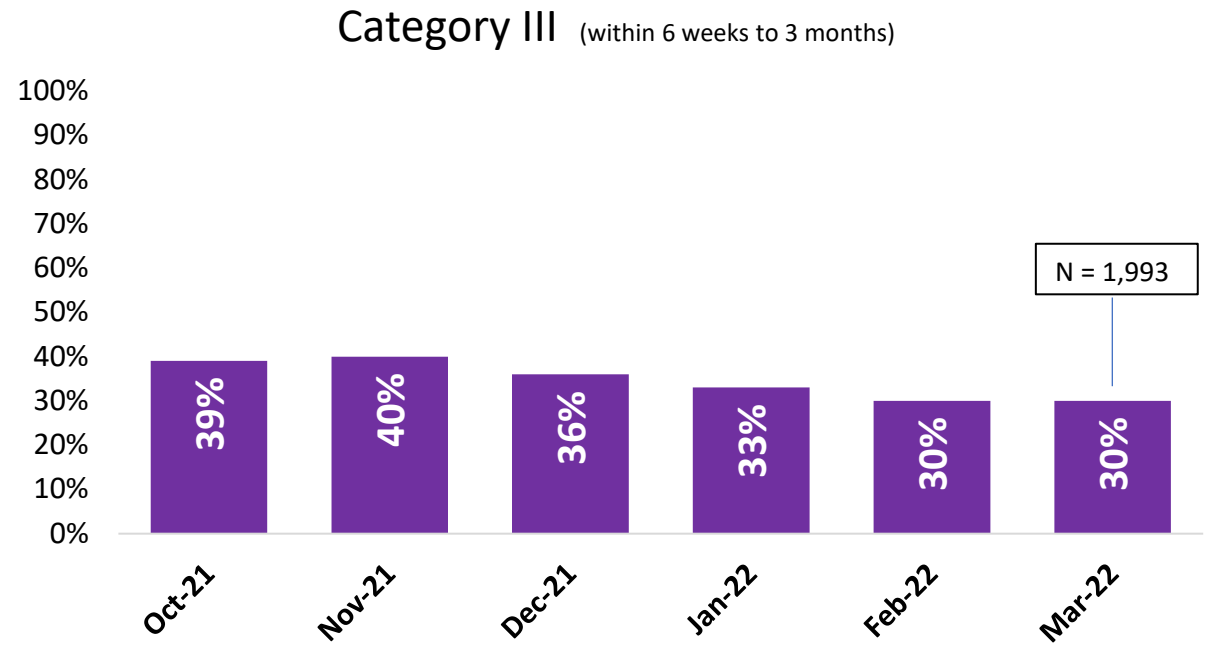

Volumes of Prioritized Surgeries Waiting
March 31, 2021 vs. March 31, 2022
25,000
20,000
15,000
10,000
5,000
0
180.0%
160.0%
140.0%
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
-20.0%
35.1%
19.6%
-3.0%
170.2%
33.1%
12.1%
-1.3%
53.0%
25.3%
3,089
4,003
4,172
5,495
6,169
6,571
3,823
3,662
3,710
524
690
1,416
1,684
1,742
2,241
939
710
1,053
468
772
462
1,631
1,327
2,496
17,653
19,075
22,121
Horizon 1
Horizon 2
Horizon 3
Horizon 7
Vitalité 1
Vitalité 4
Vitalité 5
Vitalité 6
New Brunswick
March 31, 2021
March 13, 2020
March 31, 2022
% change from March 2021 to March 2022

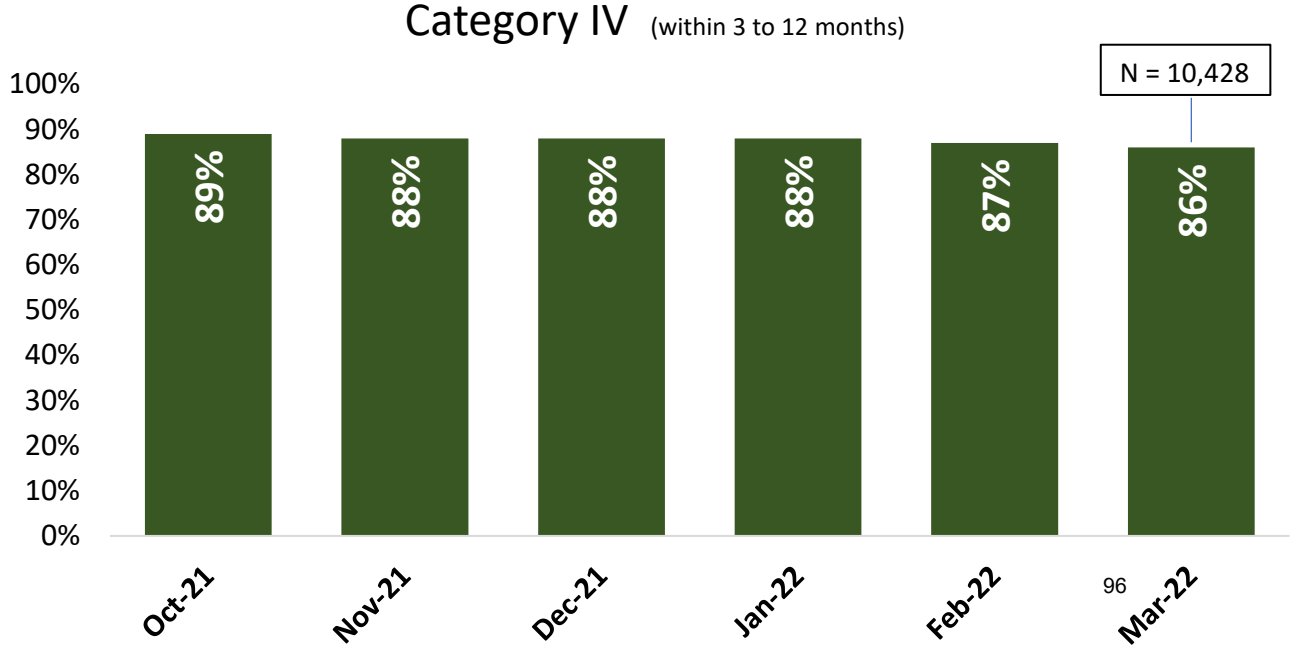
% Surgeries Waiting within Target Timeframes

Source: Surgical Access Registry
Data Retrieved April 11, 2022





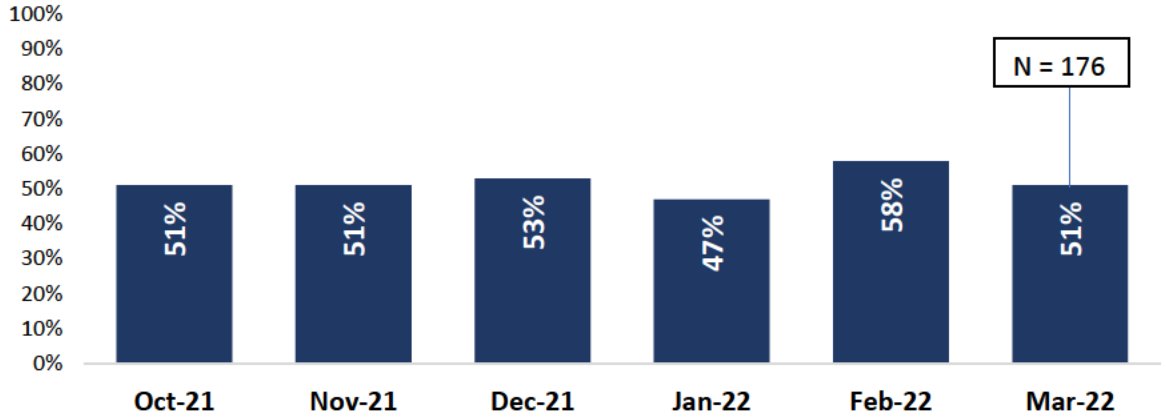




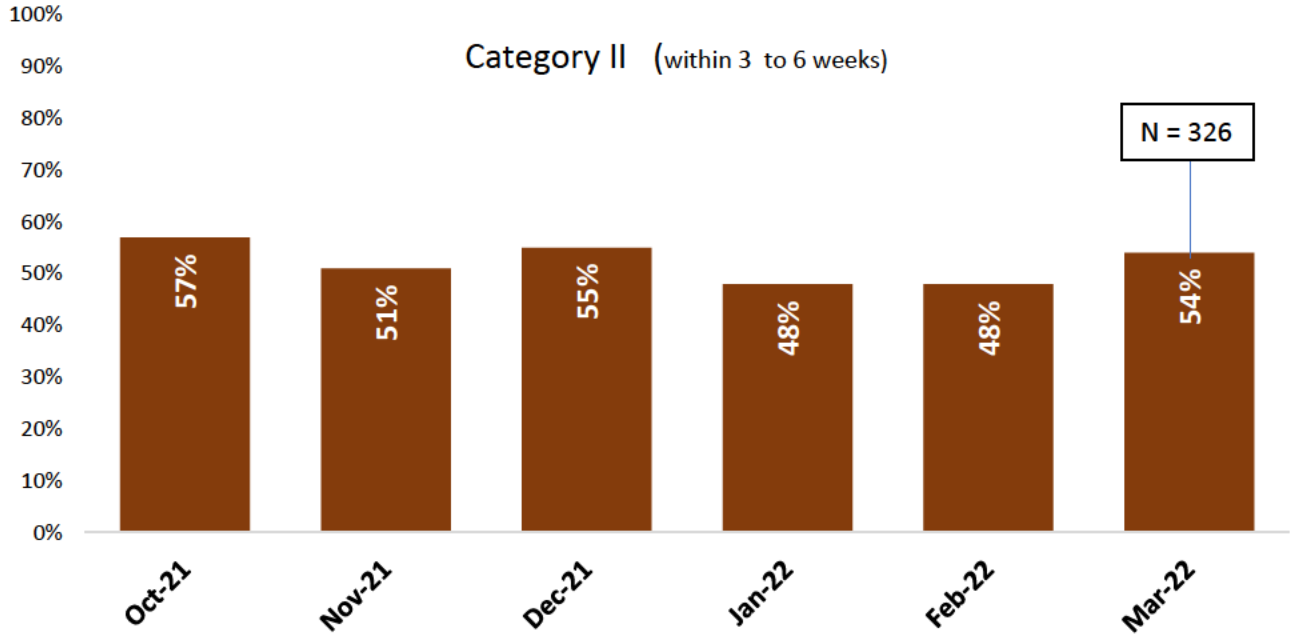
% Surgeries Completed within Target Timeframes

Source: Surgical Access Registry
Data Retrieved April 11, 2022

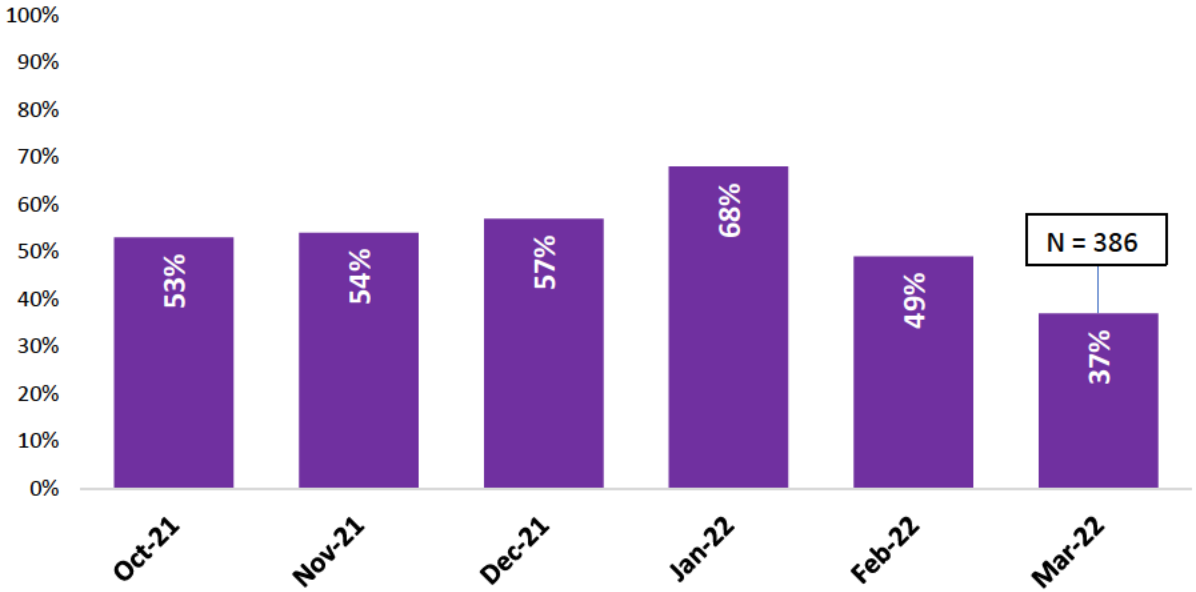
Category I (within 3 weeks)



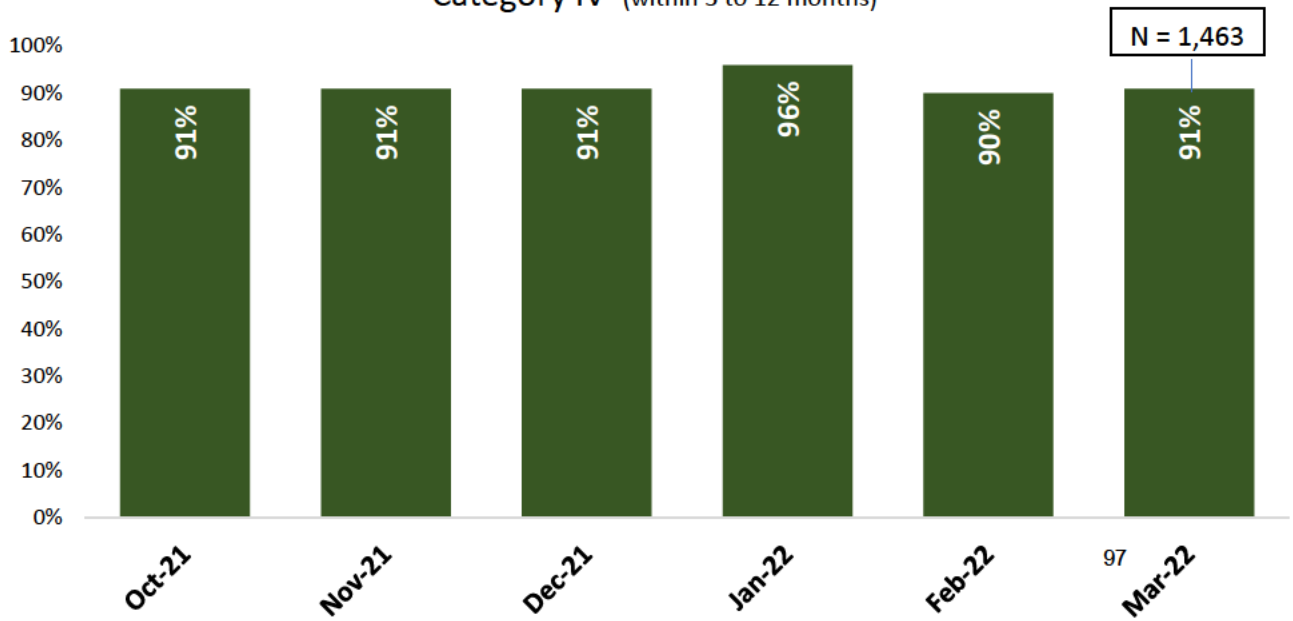
Category II (within 3 to 6 weeks)

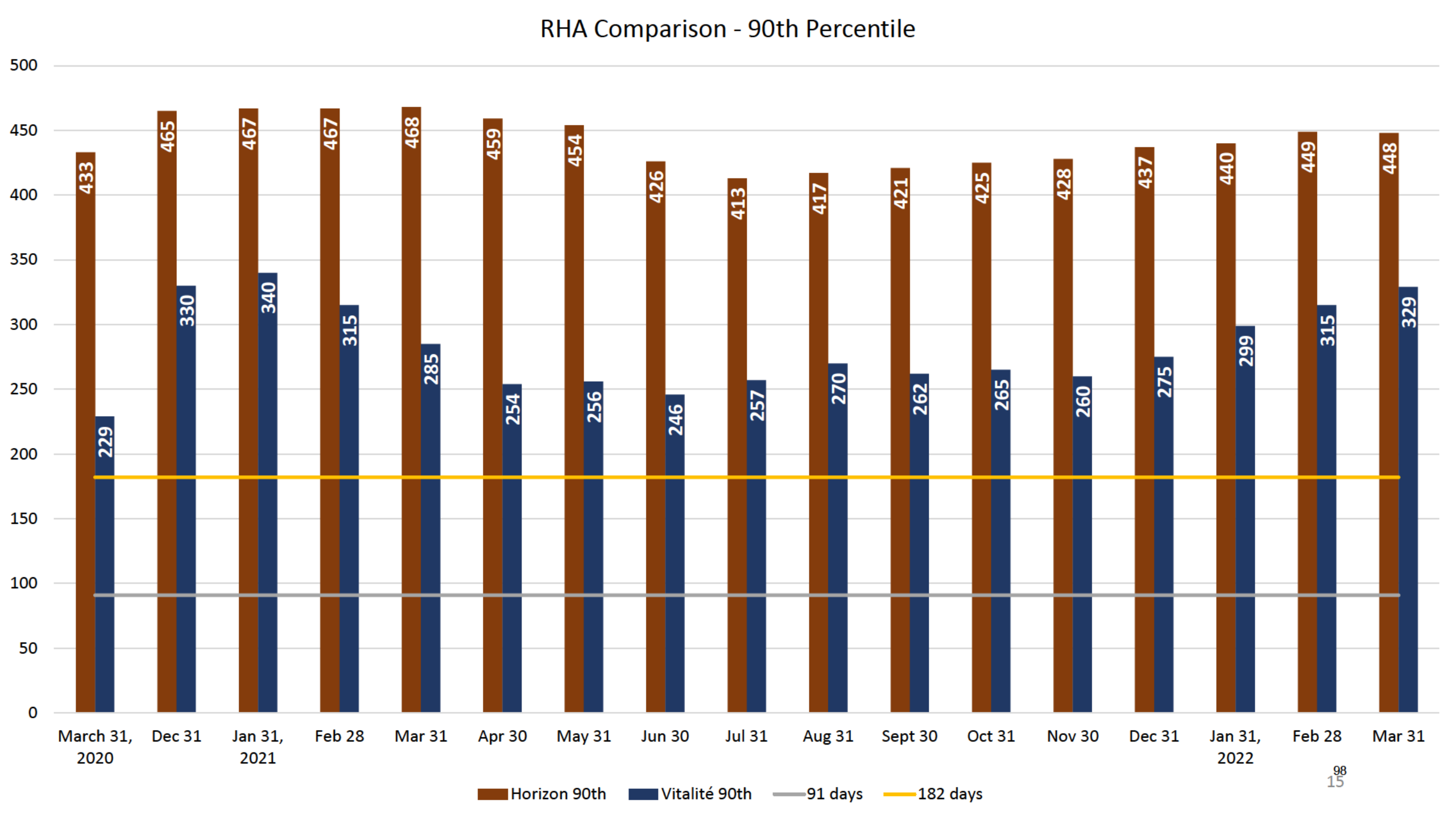


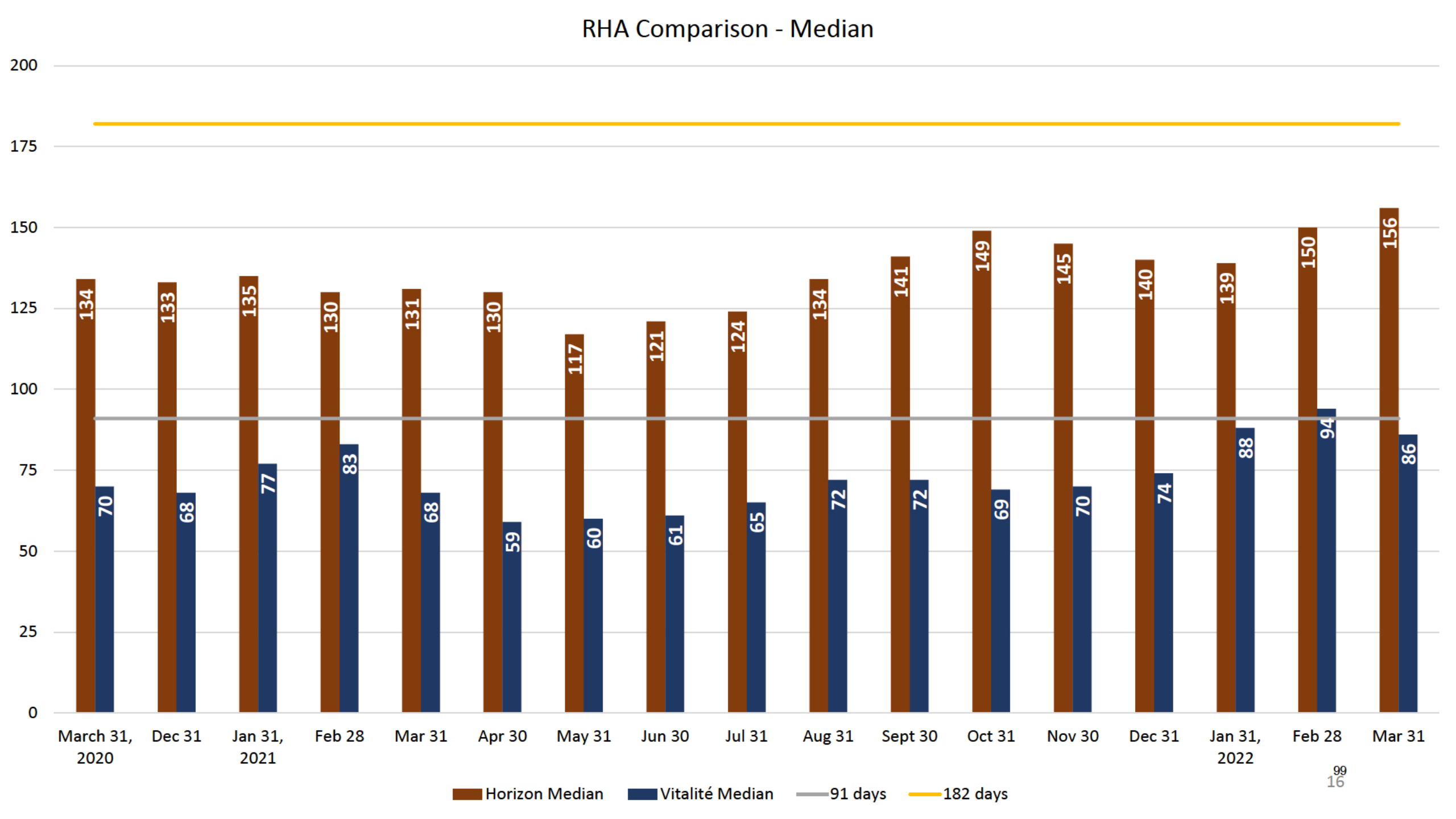
Category III (within 6 weeks to 3 months)



Category IV (within 3 to 12 months)




RHA Comparison - 90th Percentile
500
450
400
350
300
250
200
150
100
50
0
433
229
465
330
467
340
467
315
468
285
459
254
454
256
426
246
413
257
417
270
421
262
425
265
428
260
437
275
440
299
449
315
448
329
March 31, 2020
Dec 31
Jan 31, 2021
Feb 28
Mar 31
Apr 30
May 31
Jun 30
Jul 31
Aug 31
Sept 30
Oct 31
Nov 30
Dec 31
Jan 31, 2022
Feb 28
Mar 31
Horizon 90th
Vitalité 90th
91 days
182 days


RHA Comparison - Median
200
175
150
125
100
75
50
25
0
134
70
133
68
135
77
130
83
131
68
130
59
117
60
121
61
124
65
134
72
141
72
149
69
145
70
140
74
139
88
150
94
156
86
March 31, 2020
Dec 31
Jan 31, 2021
Feb 28
Mar 31
Apr 30
May 31
Jun 30
Jul 31
Aug 31
Sept 30
Oct 31
Nov 30
Dec 31
Jan 31, 2022
Feb 28
Mar 31
Horizon Median
Vitalité Median
91 days
182 days

Weekly Report on the NB Surgical Program

Updated to April 15, 2022

*Surgeries are reflective of the volume waiting or completed the day the report was run (April 19, 2022). There could be slight changes over time up to seven days post operatively for facilities to complete their surgical cases.

Weekly Prioritized Surgical Volumes Completed

Zone	Mar 7 - 11, 2022	Mar 14 - 18, 2022	Mar 21 - 25, 2022	Mar 28 - Apr 1, 2022	Apr 4 - 8, 2022
New Brunswick	**576**	**862**	**854**	**802**	**845**
Horizon 1	86	165	143	149	147
Horizon 2	151	203	215	176	204
Horizon 3	82	169	220	193	193
Horizon 7	21	28	17	19	42
Horizon Total	**340**	**565**	**595**	**537**	**586**
Vitalité 1	78	116	123	109	105
Vitalité 4	63	62	67	63	51
Vitalité 5	18	37	21	21	31
Vitalité 6	77	82	48	72	72
Vitalité Total	**236**	**297**	**259**	**265**	**259**

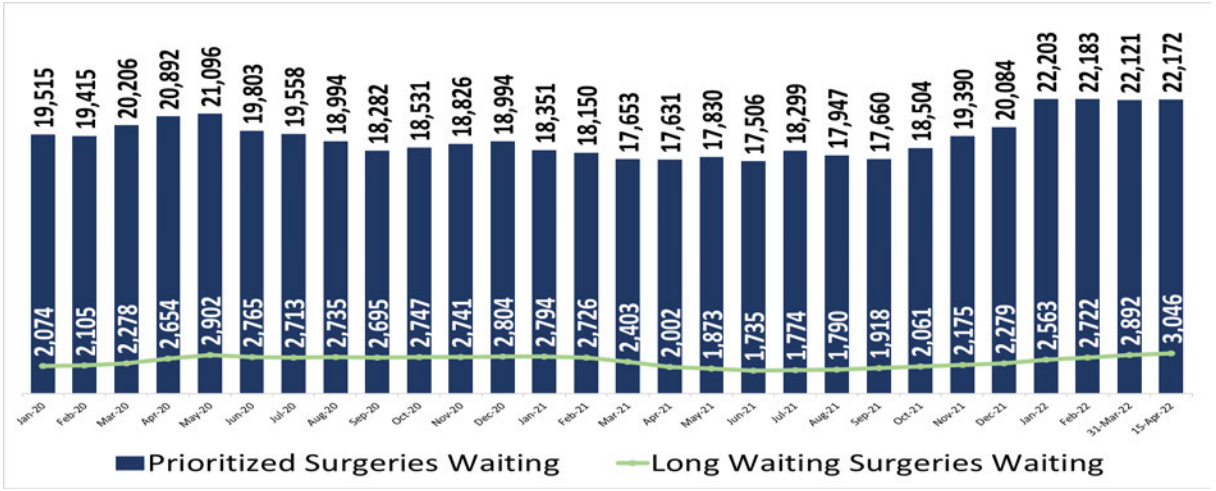
- 82% of all Prioritized Surgeries completed in NB the week of April 4 to 8, 2022, were **Day Surgeries**.
  - 81% Horizon Health Network
  - 83% Reseau de Santé Vitalité

*Please note: data presented prior to 7 days post surgery is subject to change. (SAR Policy SAR-A-50 states post-operative data must be entered within 1 week of the surgery performed date.)

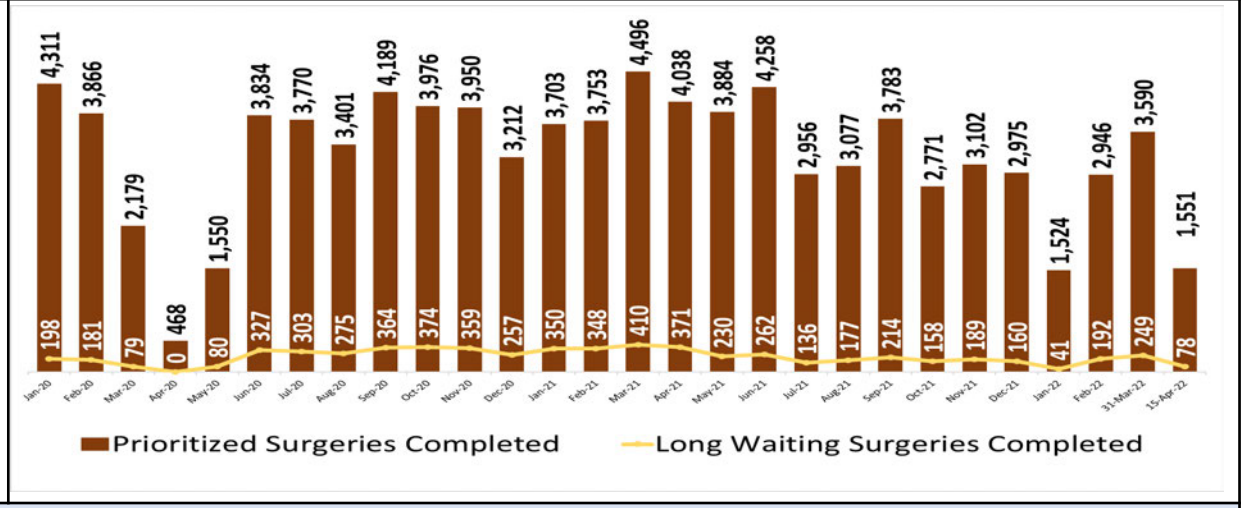
Surgical Summary – New Brunswick

April 15, 2022

Prioritized Surgeries Waiting in New Brunswick



Prioritized Surgeries Completed in New Brunswick



Summary

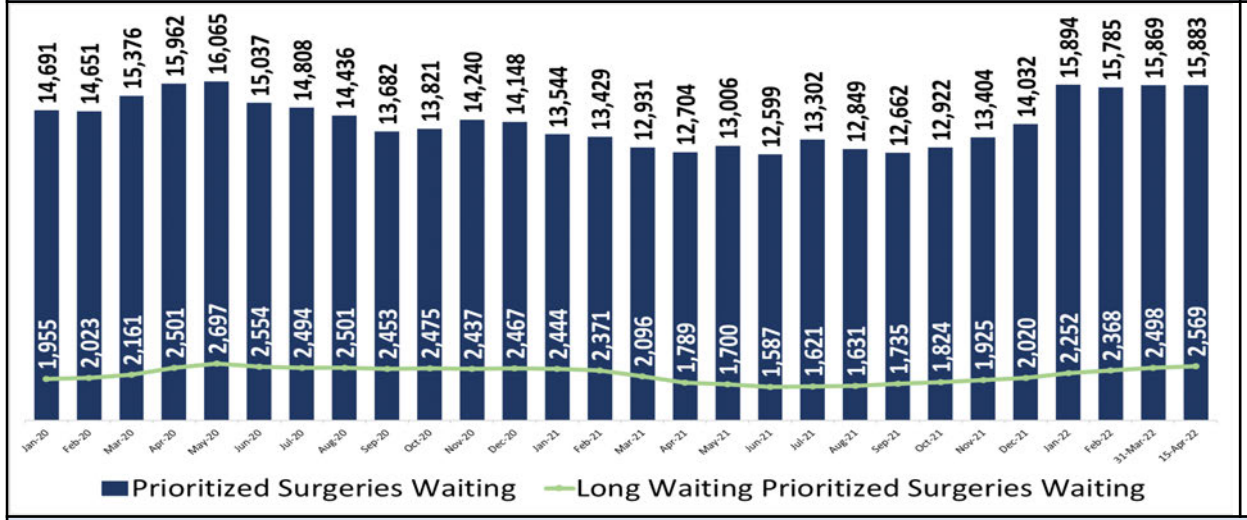
- **Prioritized Surgeries waiting has increased 25% and Long Waiting Surgeries waiting has increased 20% compared to the same date from the previous year Mar 31, 2022, vs. Mar 31, 2021)**
- **Prioritized Surgeries completed has decreased 20% and Long Waiting Surgeries completed has decreased 39% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021)**
- 845 prioritized and 197 unscheduled surgeries were completed (April 3 to 9, 2022)
- 12% of all Prioritized Surgeries completed in NB the week of April 4, 2022, were Cancer Surgeries. (12% HHN, and 11% VHN).
- In NB (as of April 8, 2022), there are 498 Cancer Surgeries waiting (decrease of 15 from last week), with 27% waiting beyond target of 6 weeks, and 41% waiting beyond target of 3 months.
- There are 3,110 Hip and Knee Replacement Surgeries waiting, of which 604 are waiting beyond 1 year (as of April 15, 2022).
- NB saw a 223% increase in the volume of cancellations due to Covid-19 during the same period last month (April 1 to 14, 2022 (**252**) vs. March 1 to 14, 2022 (78)).

Source: Surgical Access Registry
Data Retrieved between April 14 - 19, 2022

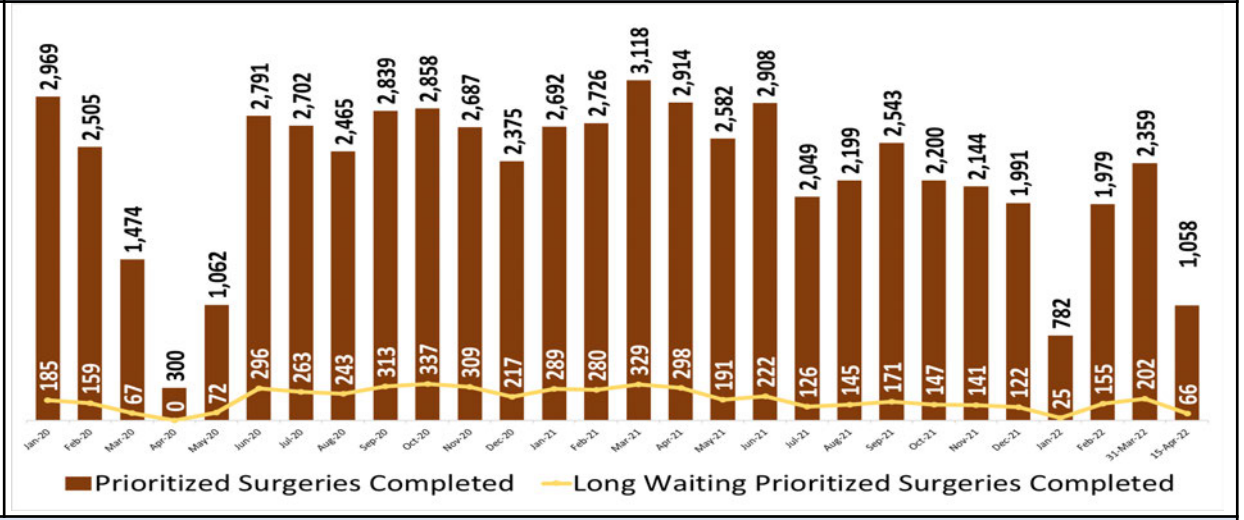
Surgical Summary – Horizon

April 15, 2022

Prioritized Surgeries Waiting in Horizon



Prioritized Surgeries Completed in Horizon



Summary

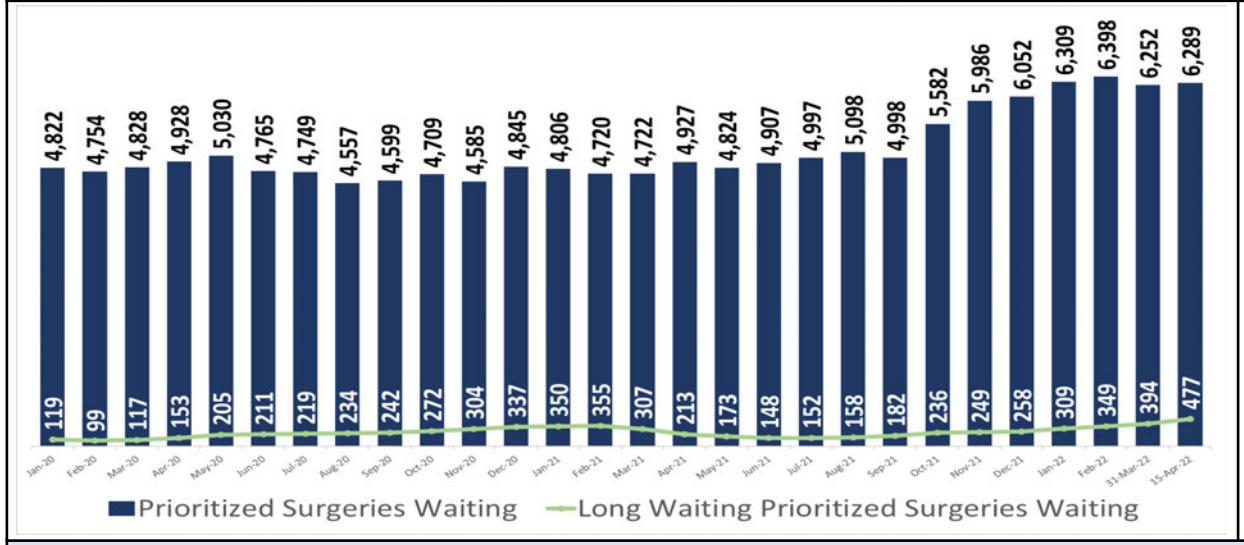
- **Prioritized Surgeries waiting has increased 23% and Long Waiting Surgeries waiting has increased 19% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021).**
- **Prioritized Surgeries completed has decreased 24% and Long Waiting Surgeries completed has decreased 39% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021).**
- **66% of all Prioritized NB Surgeries Completed in the month of March 2022, and 81% of all Prioritized NB Long Waiting Surgeries Completed were in the Horizon Health Network.**
- 72% of all Prioritized NB Surgeries Waiting as of April 15, 2022, and 84% of all Prioritized NB Long Waiting Surgeries Waiting as of April 15, 2022, are in the Horizon Health Network.
- Horizon Health Network saw a 137% increase in the volume of cancellations due to Covid-19 during the same period last month (April 1 to 14, 2022 (**142**) vs. March 1 to 14, 2022 (**59**)).

Source: Surgical Access Registry
Data Retrieved between April 14 - 19, 2022

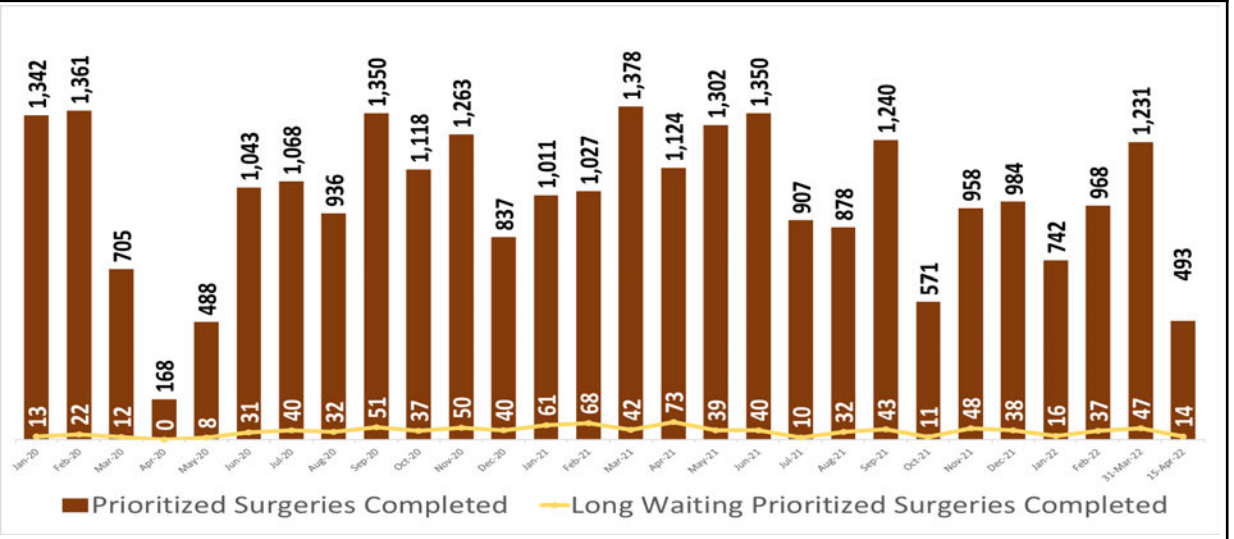
Surgical Summary - Vitalité

April 15, 2022

Prioritized Surgeries Waiting in Vitalité



Prioritized Surgeries Completed in Vitalité



Summary

- **Prioritized Surgeries waiting has increased 32% and Long Waiting Surgeries waiting has increased 28% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021).**
- **Prioritized Surgeries completed has decreased 11% and Long Waiting Surgeries completed has increased 12% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021).**
- **34% of all Prioritized NB Surgeries Completed in the month of March 2022, and 19% of all Prioritized NB Long Waiting Surgeries Completed were in the Reseau de Santé Vitalité**.
- 28% of all Prioritized NB Surgeries Waiting as of April 15, 2022, and 16% of all Prioritized NB Long Waiting Surgeries Waiting as of April 15, 2022, are in the Reseau de Santé Vitalité.
- Reseau de Santé Vitalité saw an 479% increase in the volume of cancellations due to Covid-19 during the same period last month (April 1 to 14, 2022 (**110**) vs. March 1 to 14, 2022(**142**)).

Source: Surgical Access Registry
Data Retrieved between April 14 - 19, 2022

HIP & KNEE SURGICAL REQUEST DATA

St. Joseph's Hip and Knee Data

Total Hip and Knee Waiting as of April 15, 2022

- Since September 30, 2020, Hips and Knees waiting longer than a year has decreased by 9%.
- 3,110 Total Replacements waiting (increase of 21 from last week)
- 604 waiting beyond 1 year (increase of 23 from last week, and 7 completed during the week)

Source: Surgical Access Registry
Data Retrieved April 19, 2022

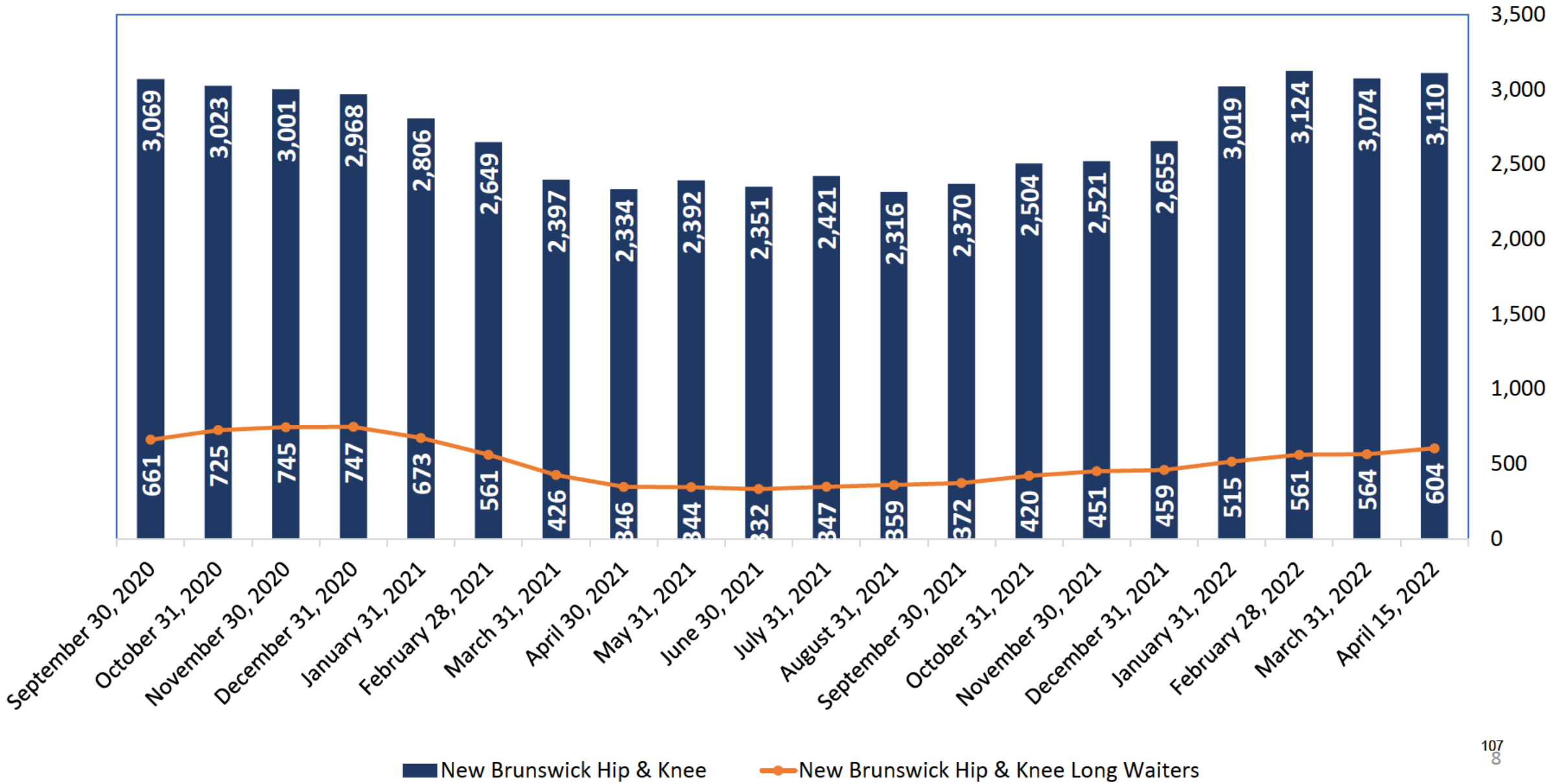
Data updated on April 14, 2022

Week of:	Mar 14 - 18	Mar 21 - 25	Mar 28 - Apr 1	Apr 4 - 8
Hip/Knee Completed NB	56	67	58	49
Hip/Knee Long Waiters Completed NB	16	15	12	6
Hip/Knee Completed SJRH	9	5	4	9
Hip/Knee Long Waiters Completed SJRH	1	2	0	1
Hip/Knee Completed St. Joseph's Hospital	13	14	14	12
Hip/Knee Long Waiters Completed St. Joseph's Hospital	3	0	0	0

All Hips and Knees Completed	
NB since beginning of initiative October 12, 2020, to April 8, 2022	4176
St. Joseph's Hospital since beginning of initiative October 12, 2020, to April 8, 2022	883

All Long Waiting Hips and Knees Completed	
NB since beginning of initiative October 12, 2020, to April 8, 2022	1147
St. Joseph's since beginning of initiative October 12, 2020, to April 8, 2022	121

Volumes of Prioritized Hip and Knee Surgeries Waiting in New Brunswick

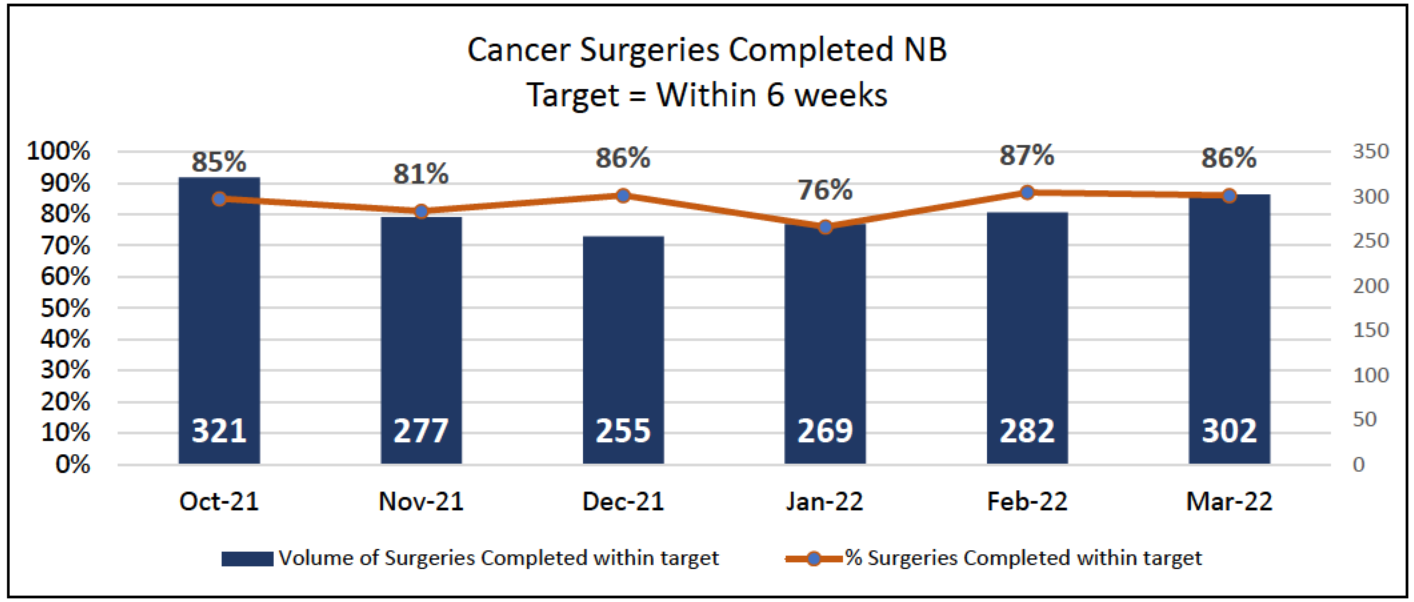


MONTHLY SURGICAL REQUEST DATA

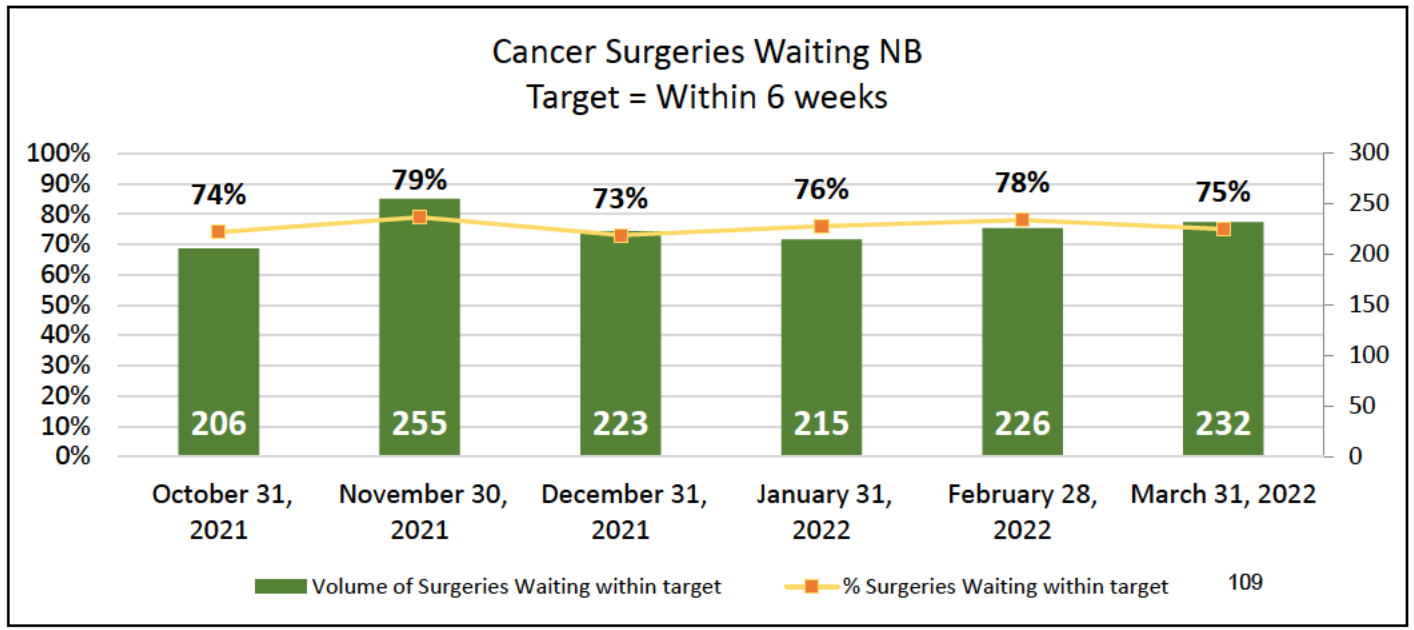
Next Update: May 9, 2022

Cancer Surgeries – Within 6 Weeks
Category I and II

- 1 % fewer Cancer Surgeries were completed within Target Timeframe than the previous month (Mar-22 with 87% vs. Feb-22 with 87%).
- 14% were completed beyond target

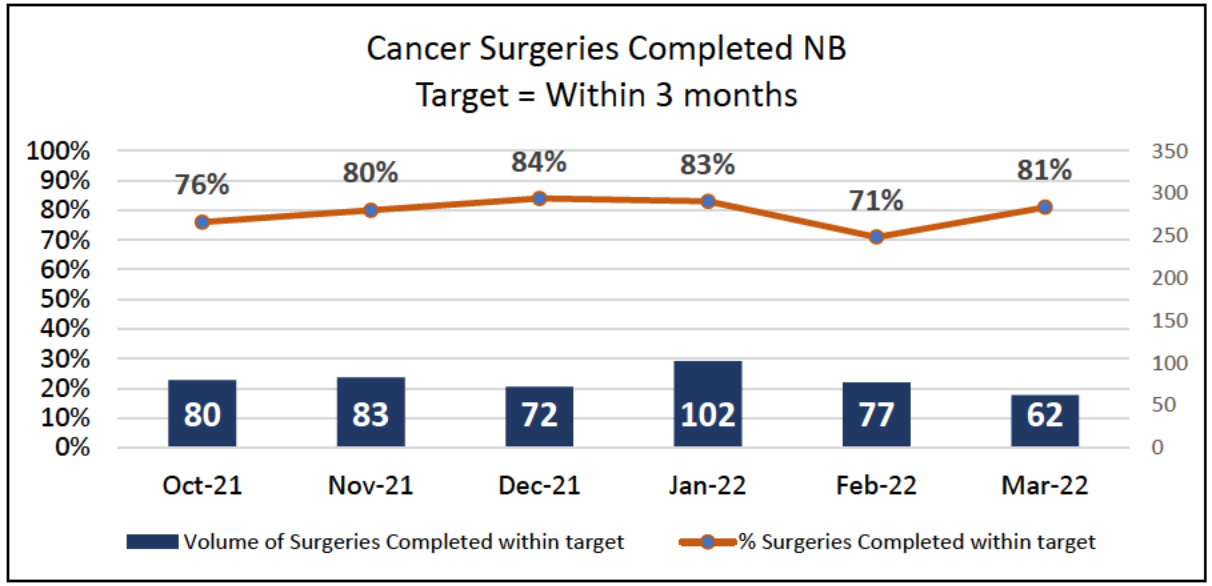


- 3 % fewer Cancer Surgeries were waiting within Target Timeframe than the previous month (Mar-22 with 75% vs. Feb-22 with 78%).
- 25% were waiting beyond target

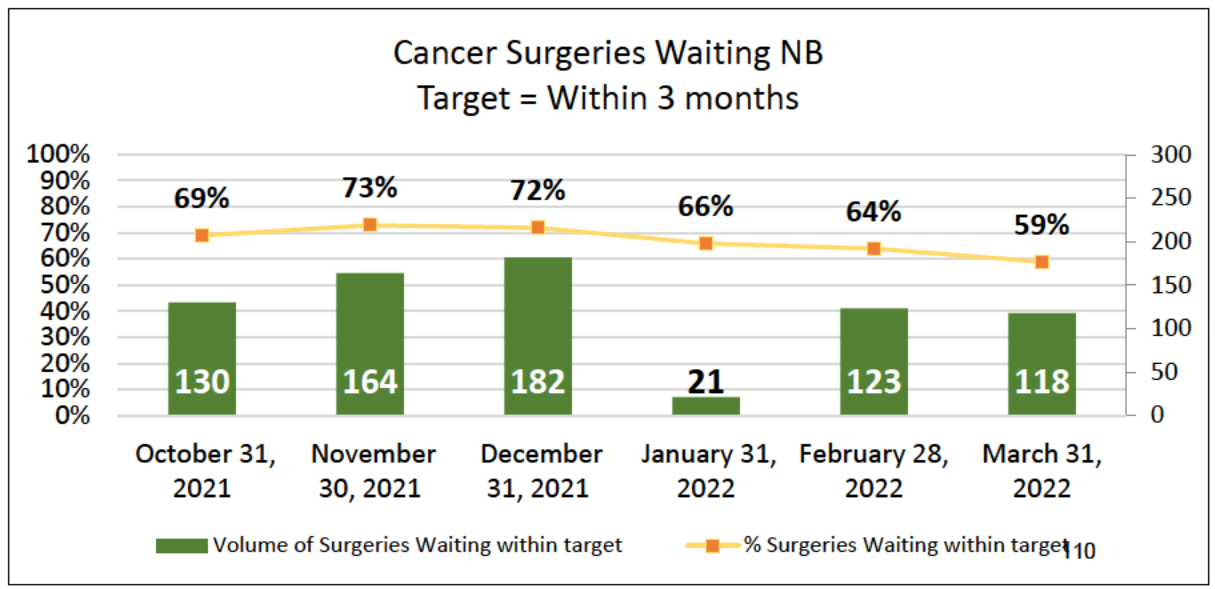


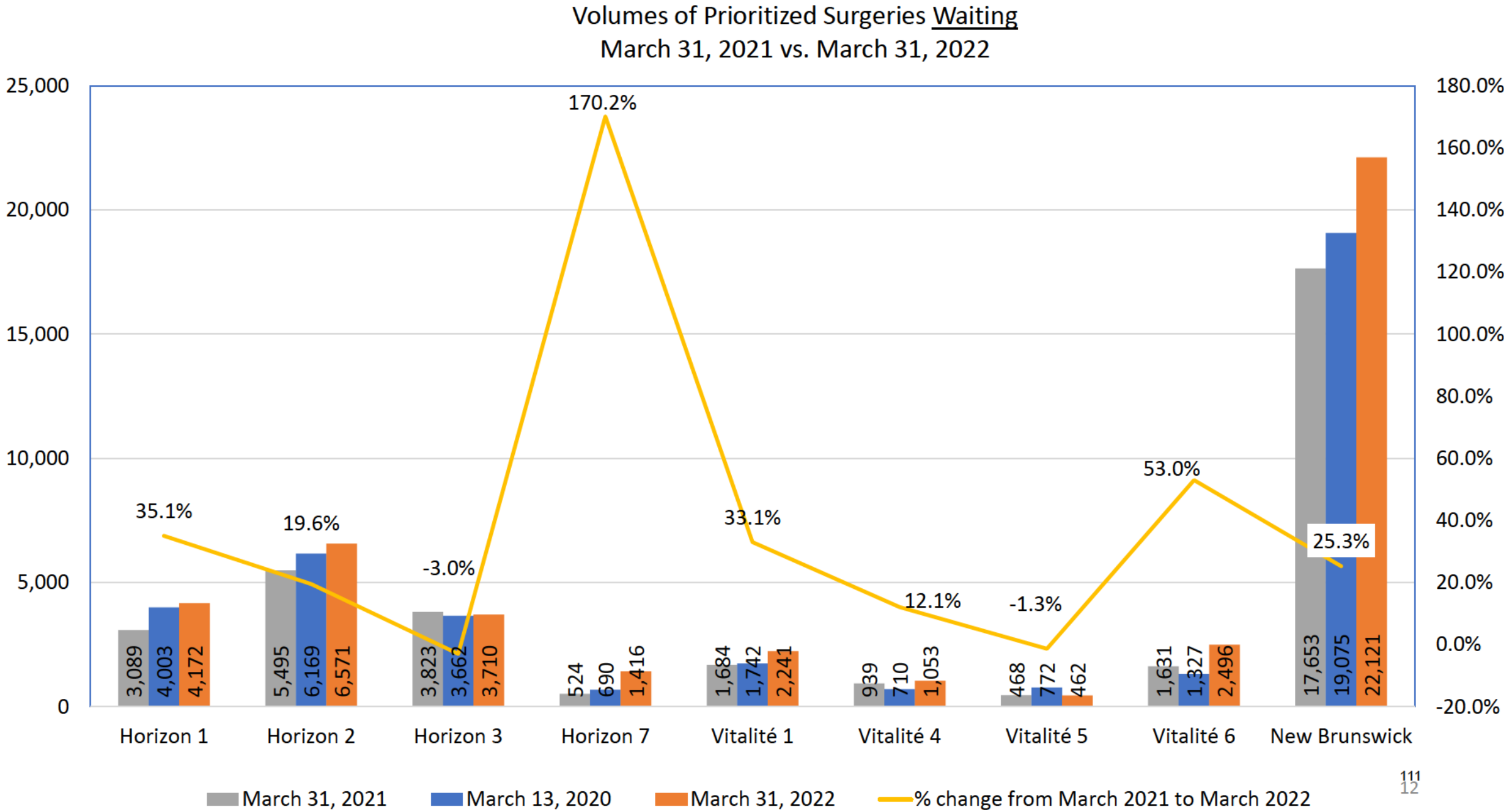
Cancer Surgeries – Within 3 months
Category III

- 10 % more Cancer Surgeries were completed within Target Timeframe than the previous month (Mar-22 with 81% vs. Feb-22 with 71%).
- 19% were completed beyond target



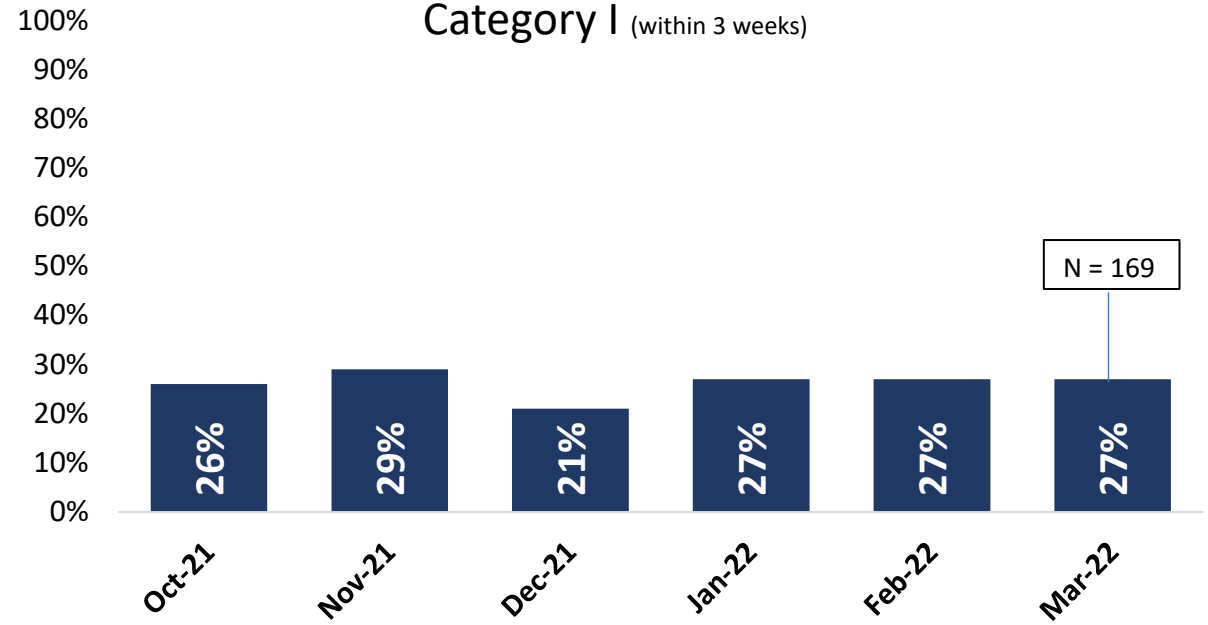
- 5 % fewer Cancer Surgeries were waiting within Target Timeframe than the previous month (Mar-22 with 59% vs. Feb-22 with 64%).
- 41% were waiting beyond target

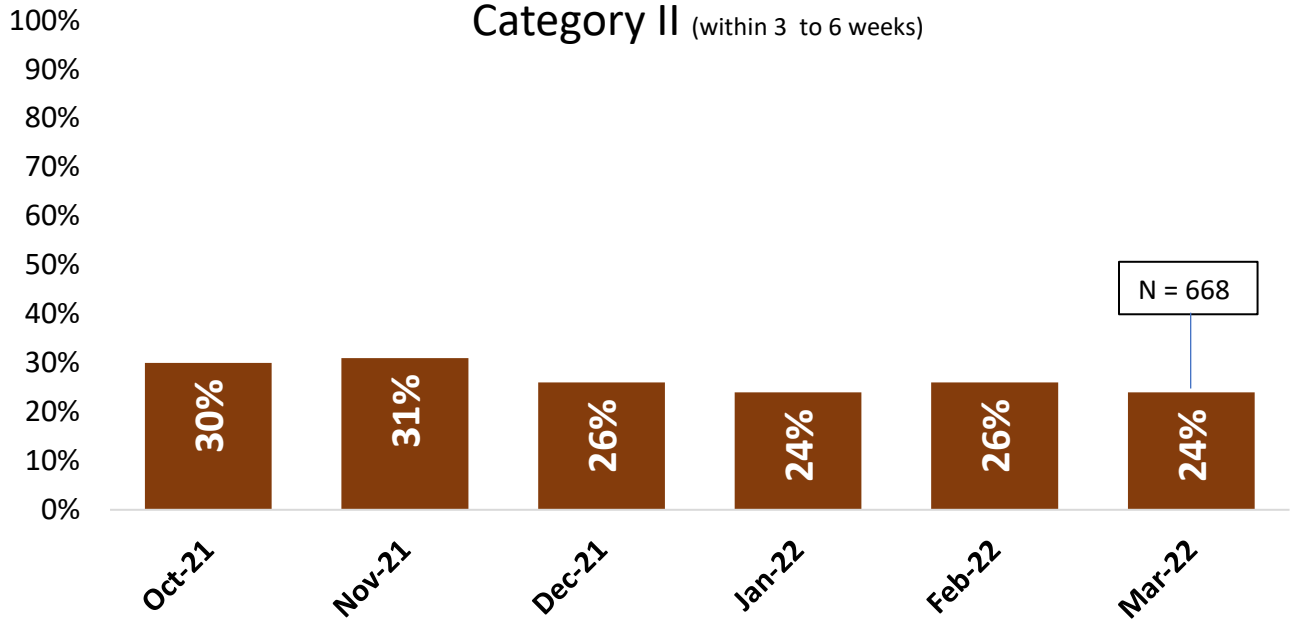


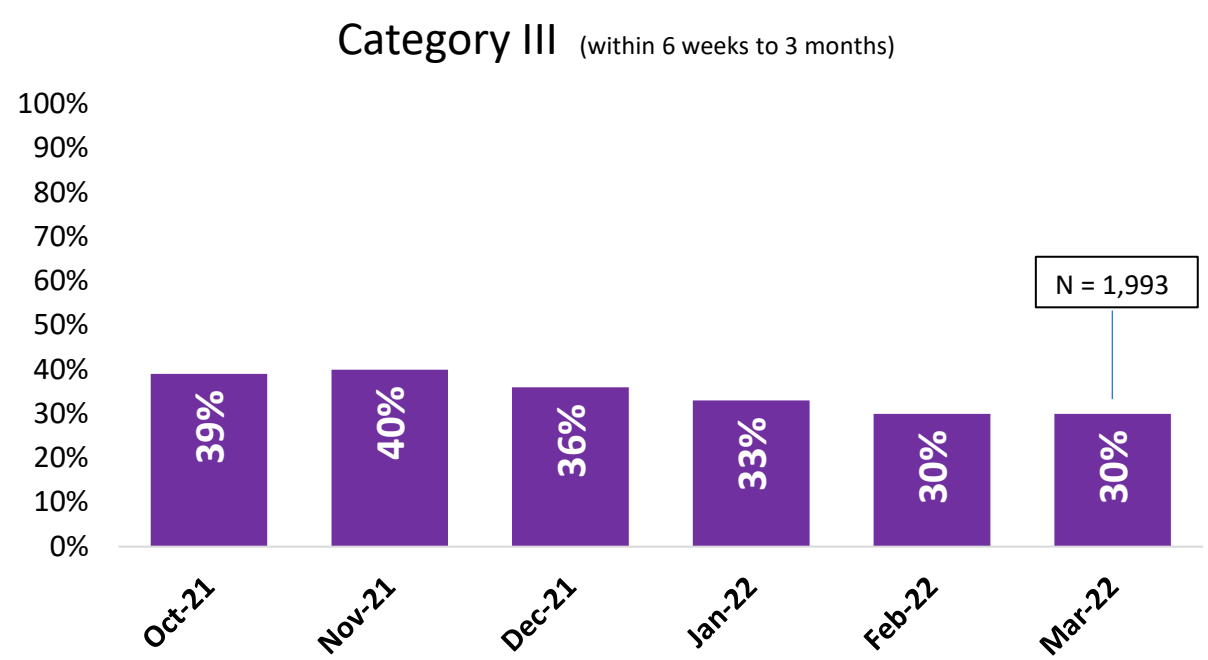

Volumes of Prioritized Surgeries Waiting
March 31, 2021 vs. March 31, 2022
25,000
20,000
15,000
10,000
5,000
0
180.0%
160.0%
140.0%
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
-20.0%
35.1%
19.6%
-3.0%
170.2%
33.1%
12.1%
-1.3%
53.0%
25.3%
3,089
4,003
4,172
5,495
6,169
6,571
3,823
3,662
3,710
524
690
1,416
1,684
1,742
2,241
939
710
1,053
468
772
462
1,631
1,327
2,496
17,653
19,075
22,121
Horizon 1
Horizon 2
Horizon 3
Horizon 7
Vitalité 1
Vitalité 4
Vitalité 5
Vitalité 6
New Brunswick
March 31, 2021
March 13, 2020
March 31, 2022
% change from March 2021 to March 2022

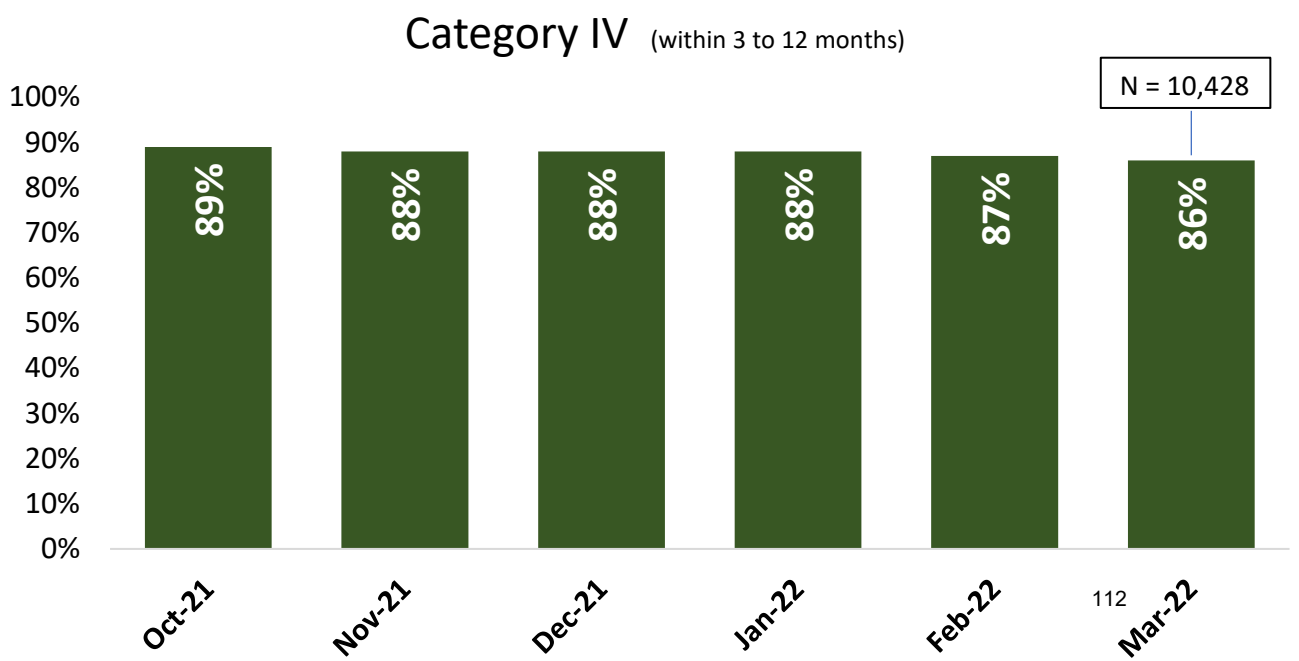
% Surgeries Waiting within Target Timeframes

Source: Surgical Access Registry
Data Retrieved April 11, 2022





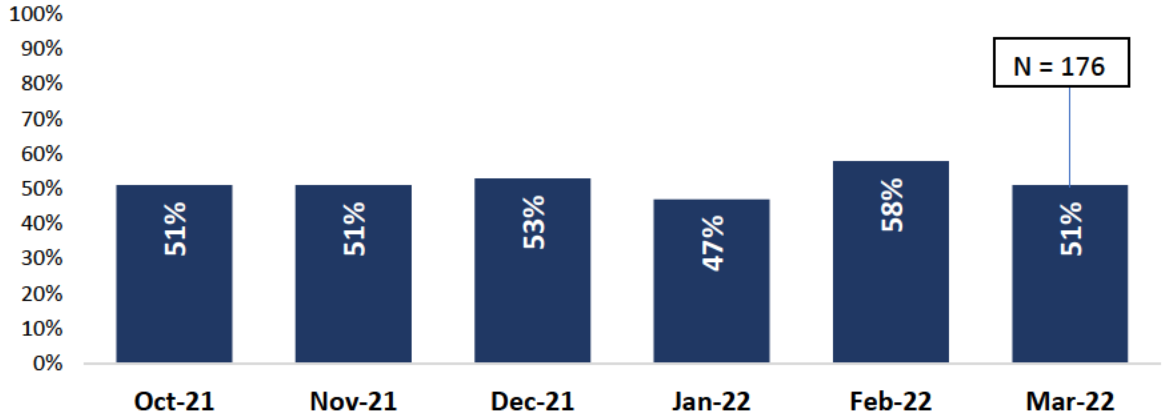




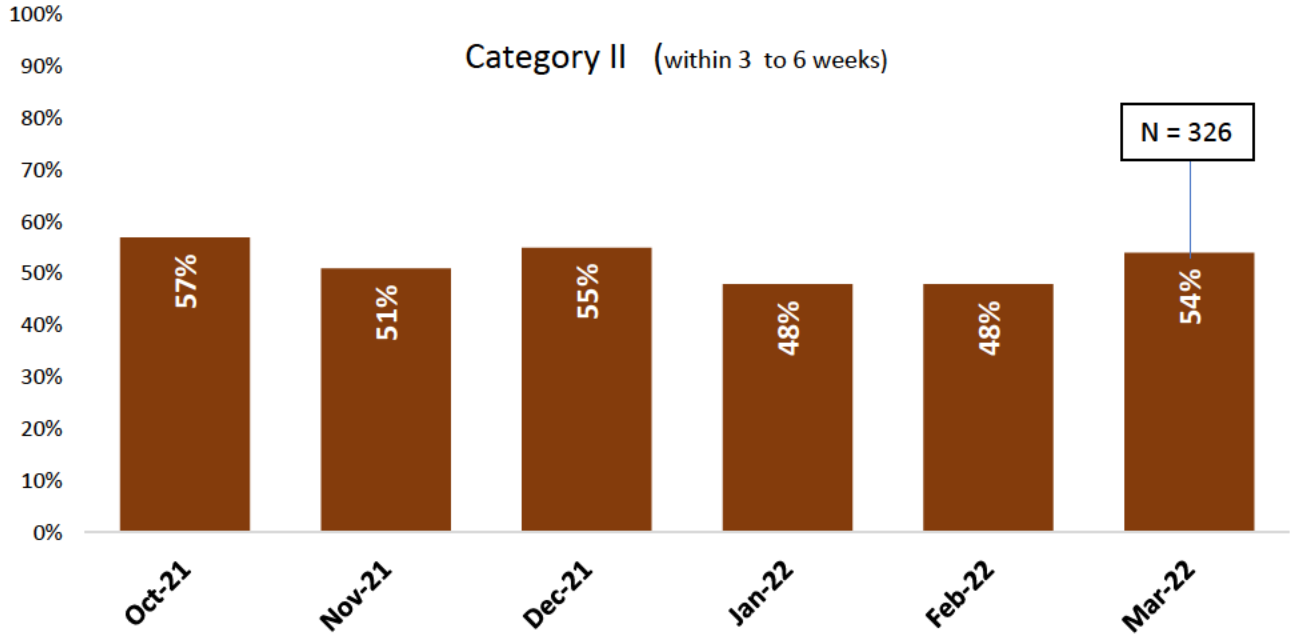
% Surgeries Completed within Target Timeframes

Source: Surgical Access Registry
Data Retrieved April 11, 2022

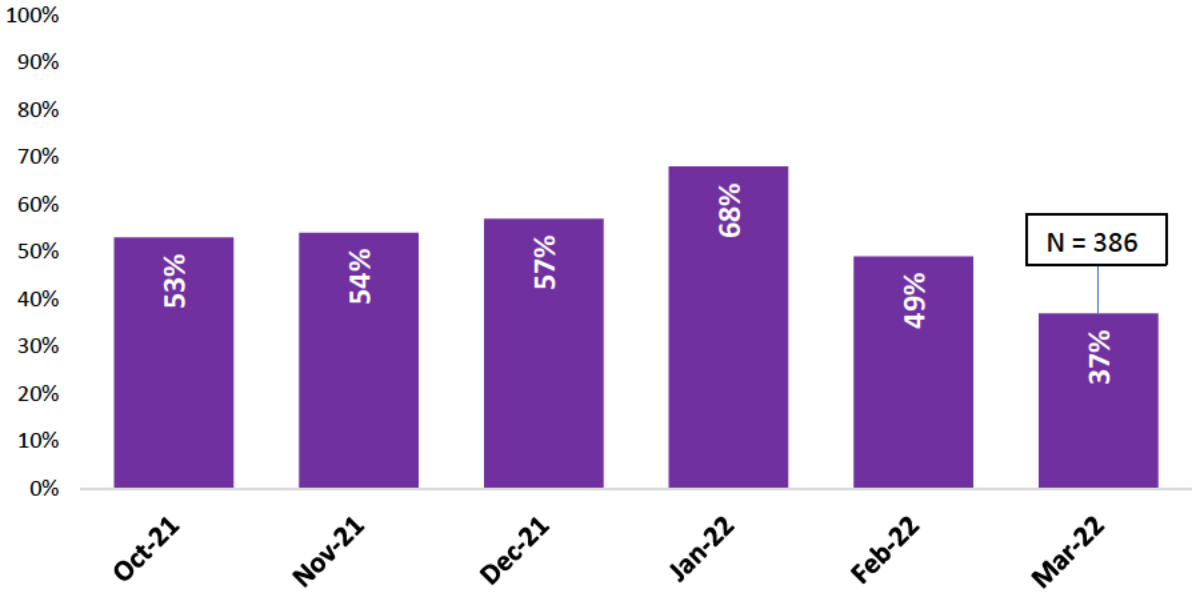
Category I (within 3 weeks)



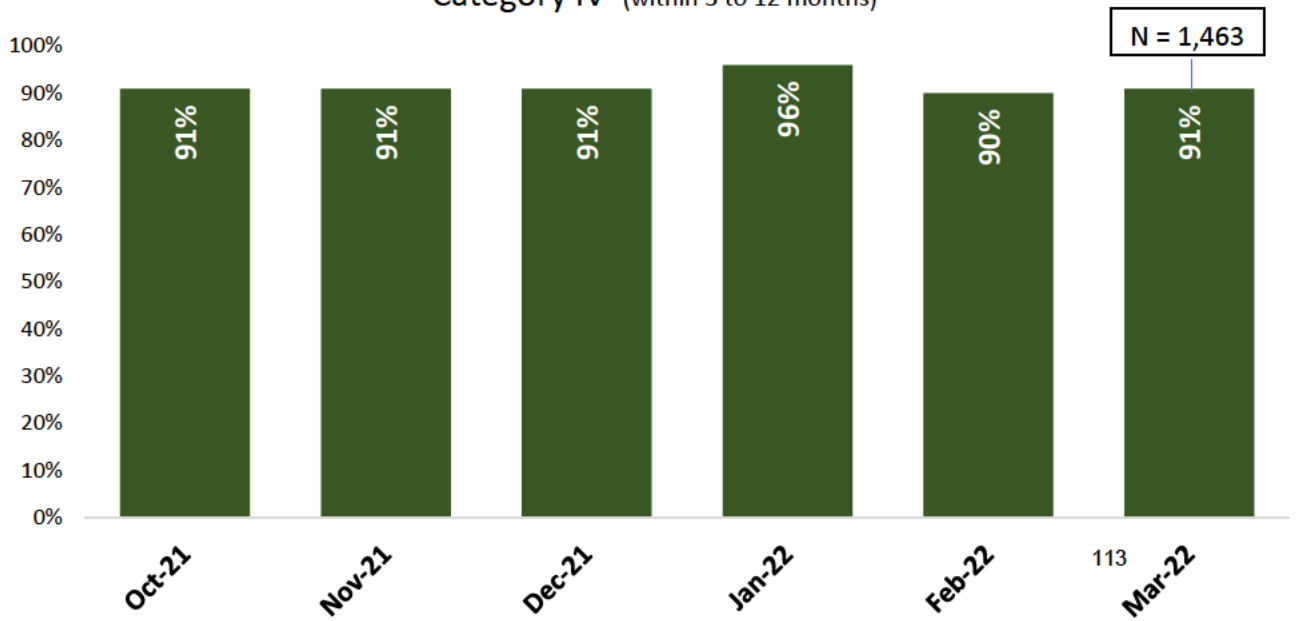
Category II (within 3 to 6 weeks)

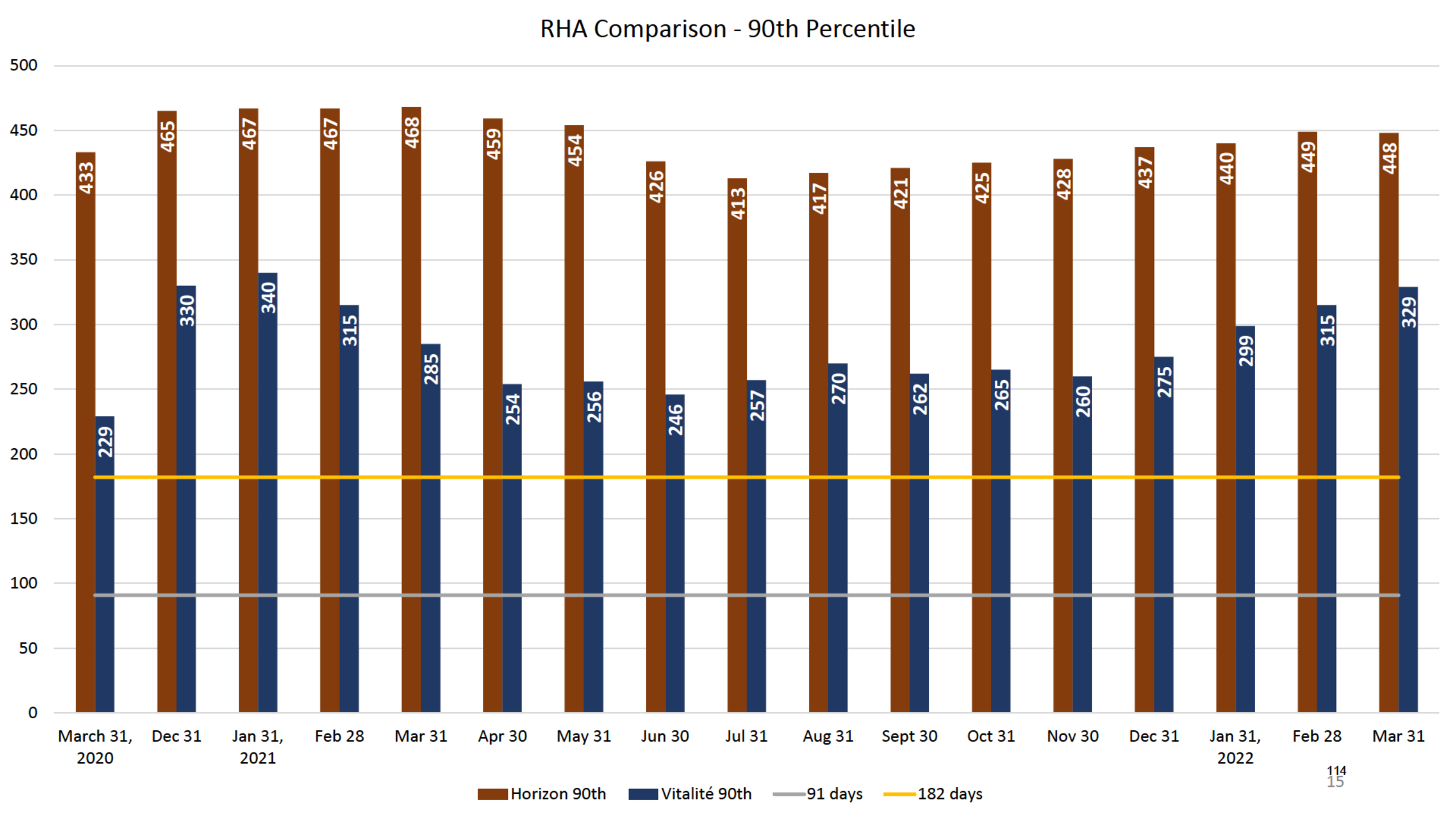


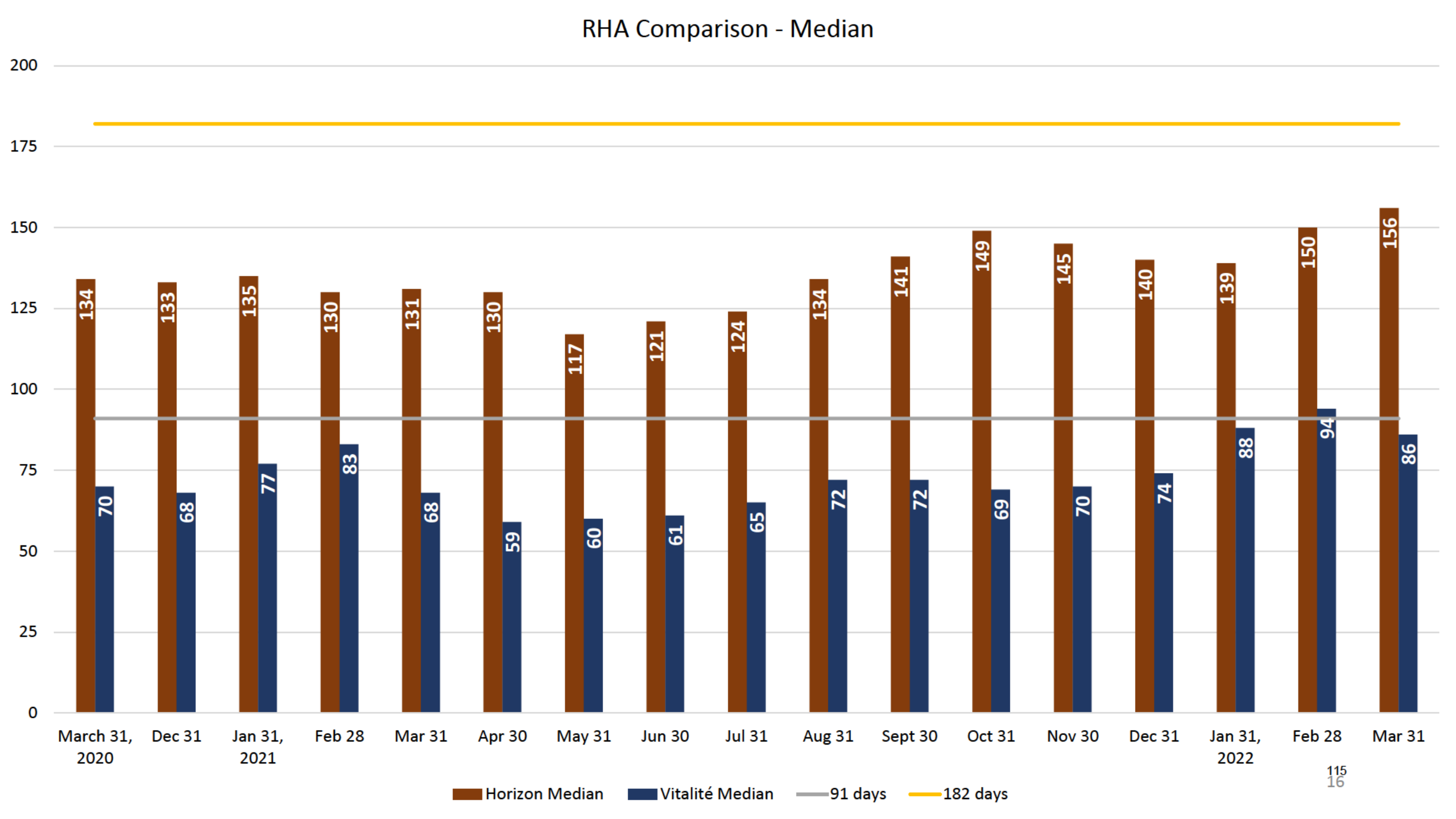
Category III (within 6 weeks to 3 months)



Category IV (within 3 to 12 months)




RHA Comparison - 90th Percentile
500
450
400
350
300
250
200
150
100
50
0
433
229
465
330
467
340
467
315
468
285
459
254
454
256
426
246
413
257
417
270
421
262
425
265
428
260
437
275
440
299
449
315
448
329
March 31, 2020
Dec 31
Jan 31, 2021
Feb 28
Mar 31
Apr 30
May 31
Jun 30
Jul 31
Aug 31
Sept 30
Oct 31
Nov 30
Dec 31
Jan 31, 2022
Feb 28
Mar 31
Horizon 90th
Vitalité 90th
91 days
182 days


RHA Comparison - Median
200
175
150
125
100
75
50
25
0
134
70
133
68
135
77
130
83
131
68
130
59
117
60
121
61
124
65
134
72
141
72
149
69
145
70
140
74
139
88
150
94
156
86
March 31, 2020
Dec 31
Jan 31, 2021
Feb 28
Mar 31
Apr 30
May 31
Jun 30
Jul 31
Aug 31
Sept 30
Oct 31
Nov 30
Dec 31
Jan 31, 2022
Feb 28
Mar 31
Horizon Median
Vitalité Median
91 days
182 days

Weekly Report on the NB Surgical Program

Updated to April 22, 2022

*Surgeries are reflective of the volume waiting or completed the day the report was run (April 25, 2022). There could be slight changes over time up to seven days post operatively for facilities to complete their surgical cases.

Weekly Prioritized Surgical Volumes Completed

Zone	Mar 14 - 18, 2022	Mar 21 - 25, 2022	Mar 28 - Apr 1, 2022	Apr 4 - 8, 2022	Apr 11 - 15, 2022
New Brunswick	**862**	**854**	**802**	**848**	**710**
Horizon 1	165	143	149	150	127
Horizon 2	203	215	176	204	167
Horizon 3	169	220	193	193	169
Horizon 7	28	17	19	42	34
Horizon Total	**565**	**595**	**537**	**589**	**497**
Vitalité 1	116	123	109	105	104
Vitalité 4	62	67	63	51	52
Vitalité 5	37	21	21	31	27
Vitalité 6	82	48	72	72	30
Vitalité Total	**297**	**259**	**265**	**259**	**213**
					Good Friday

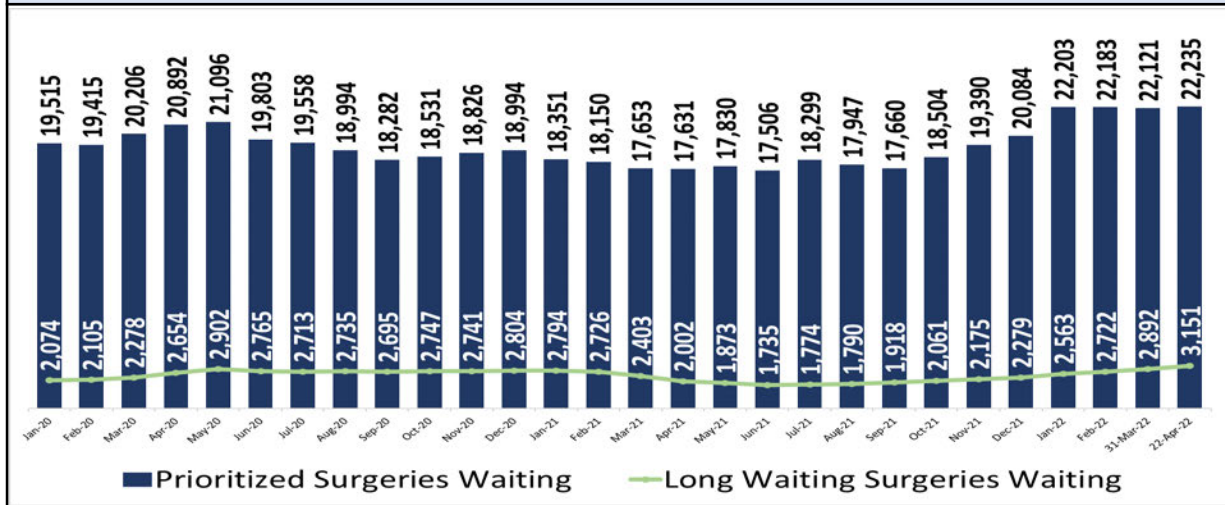
- 81% of all Prioritized Surgeries completed in NB the week of April 11 to 15, 2022, were **Day Surgeries**.
  - 80% Horizon Health Network
  - 81% Reseau de Santé Vitalité

*Please note: data presented prior to 7 days post surgery is subject to change. (SAR Policy SAR-A-50 states post-operative data must be entered within 1 week of the surgery performed date.)

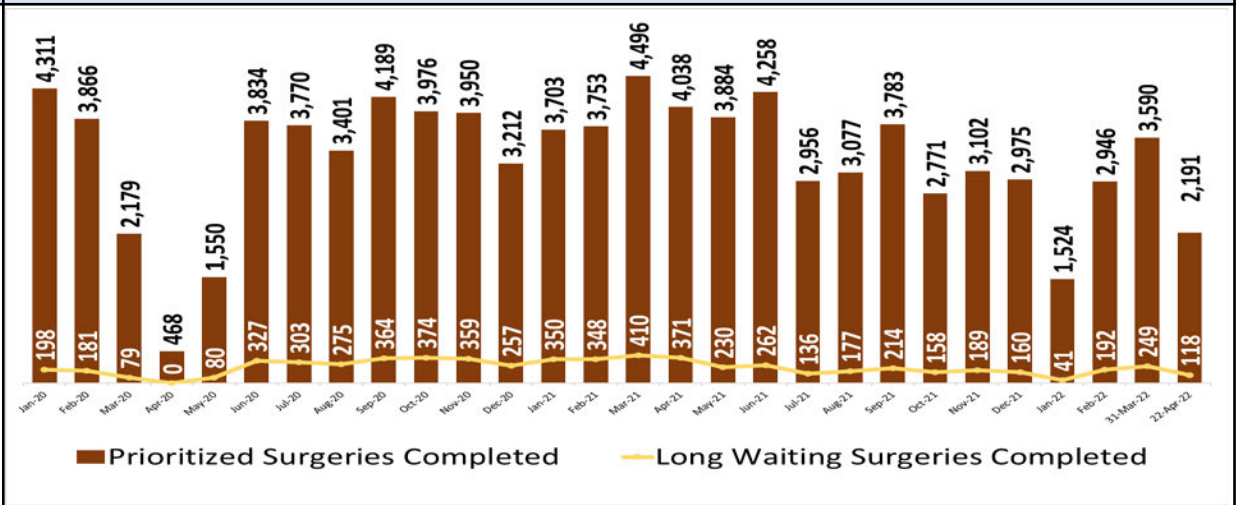
Surgical Summary – New Brunswick

April 22, 2022

Prioritized Surgeries Waiting in New Brunswick



Prioritized Surgeries Completed in New Brunswick



Summary

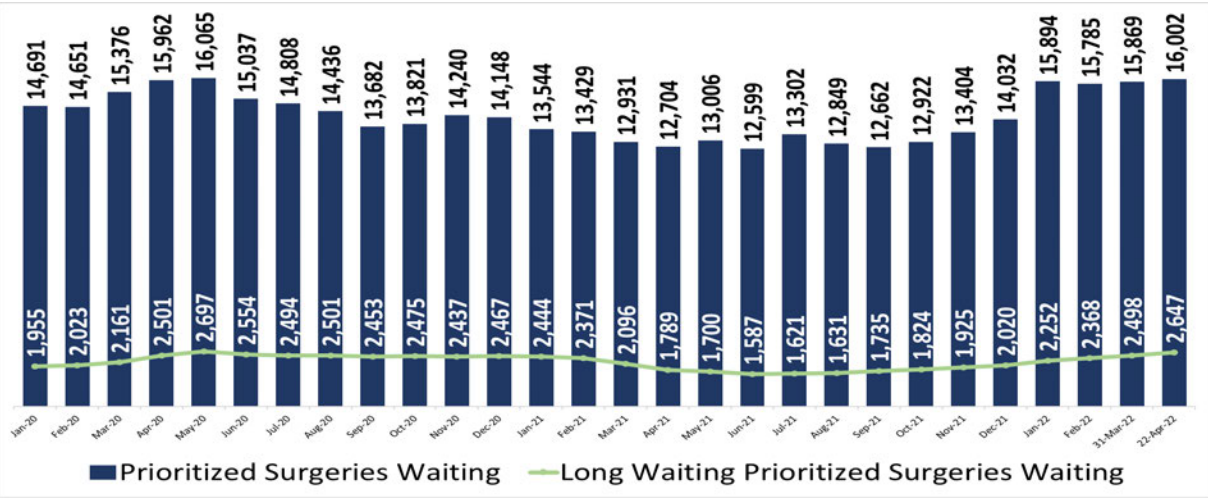
Source: Surgical Access Registry
Data Retrieved between April 22 - 25, 2022

- **Prioritized Surgeries waiting has increased 25% and Long Waiting Surgeries waiting has increased 20% compared to the same date from the previous year Mar 31, 2022, vs. Mar 31, 2021)**
- **Prioritized Surgeries completed has decreased 20% and Long Waiting Surgeries completed has decreased 39% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021)**
- 710 prioritized and 185 unscheduled surgeries were completed (April 10 to 16, 2022)
- 10% of all Prioritized Surgeries completed in NB the week of April 11, 2022, were Cancer Surgeries. (10% HHN, and 11% VHN). (Holiday, Friday, April 15, 2022)
- In NB (as of April 15, 2022), there are 543 Cancer Surgeries waiting (increase of 45 from last week), with 24% waiting beyond target of 6 weeks, and 39% waiting beyond target of 3 months.
- There are 3,104 Hip and Knee Replacement Surgeries waiting, of which 606 are waiting beyond 1 year (as of April 22, 2022).
- NB saw a 133% increase in the volume of cancellations due to Covid-19 during the same period last month (April 1 to 22, 2022 (**317**) vs. March 1 to 22, 2022 (136)). Increase in cancellations has been attributed to positive swab results, surgeons testing positive, close contacts, no available beds, staff shortages.

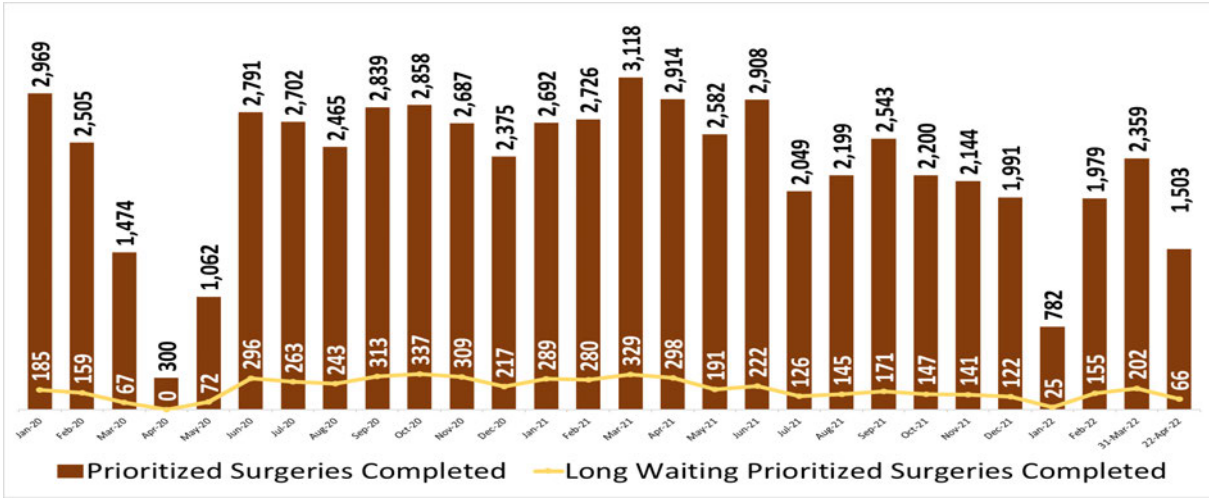
Surgical Summary – Horizon

April 22, 2022

Prioritized Surgeries Waiting in Horizon



Prioritized Surgeries Completed in Horizon



Summary

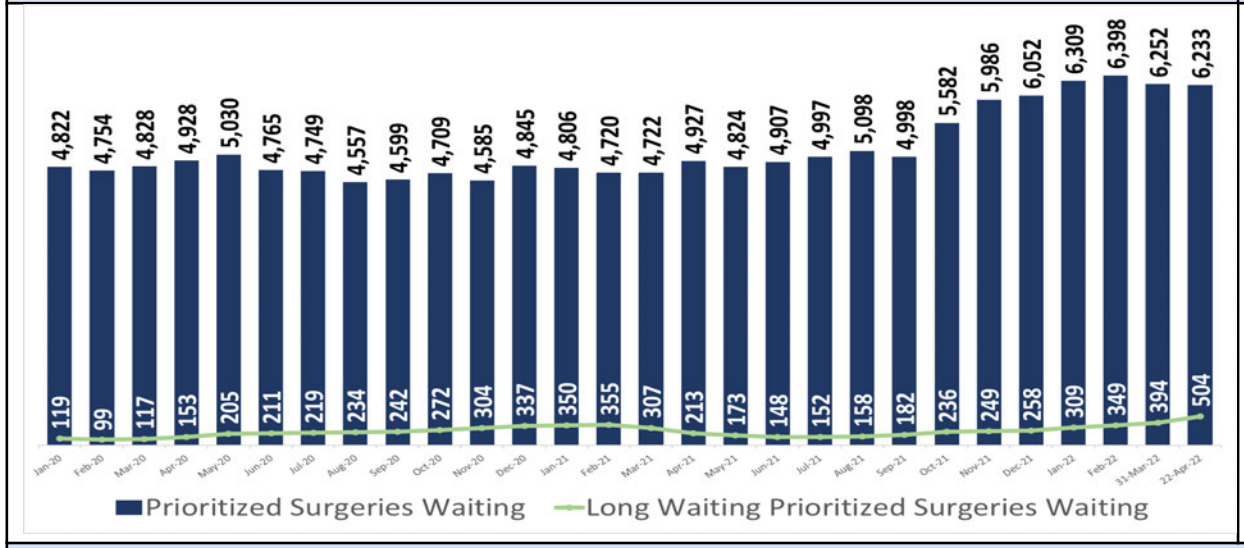
Source: Surgical Access Registry
Data Retrieved between April 22 - 25, 2022

- **Prioritized Surgeries waiting has increased 23% and Long Waiting Surgeries waiting has increased 19% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021).**
- **Prioritized Surgeries completed has decreased 24% and Long Waiting Surgeries completed has decreased 39% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021).**
- **66% of all Prioritized NB Surgeries Completed in the month of March 2022, and 81% of all Prioritized NB Long Waiting Surgeries Completed were in the Horizon Health Network.**
- 72% of all Prioritized NB Surgeries Waiting as of April 22, 2022, and 84% of all Prioritized NB Long Waiting Surgeries Waiting as of April 22, 2022, are in the Horizon Health Network.
- In Horizon (as of April 15, 2022), there are 395 Cancer Surgeries waiting (increase of 28 from last week), with 32% waiting beyond target of 6 weeks, and 47% waiting beyond target of 3 months.
- Horizon Health Network saw a 60% increase in the volume of cancellations due to Covid-19 during the same period last month (April 1 to 22, 2022 (**170**) vs. March 1 to 22, 2022 (**106**)). Increase in cancellations has been attributed to positive swab results, surgeons testing positive, close contacts, no available beds, staff shortages.

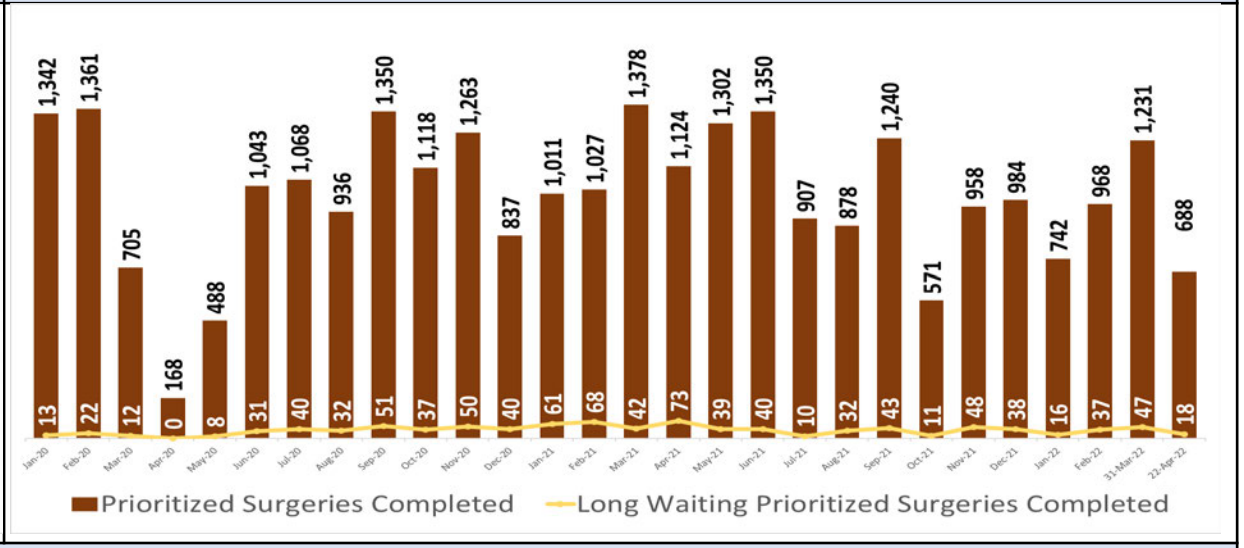
Surgical Summary - Vitalité

April 22, 2022

Prioritized Surgeries Waiting in Vitalité



Prioritized Surgeries Completed in Vitalité



Summary

Source: Surgical Access Registry
Data Retrieved between April 22 - 25, 2022

- **Prioritized Surgeries waiting has increased 32% and Long Waiting Surgeries waiting has increased 28% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021).**
- **Prioritized Surgeries completed has decreased 11% and Long Waiting Surgeries completed has increased 12% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021).**
- **34% of all Prioritized NB Surgeries Completed in the month of March 2022, and 19% of all Prioritized NB Long Waiting Surgeries Completed were in the Reseau de Santé Vitalité**.
- 28% of all Prioritized NB Surgeries Waiting as of April 22, 2022, and 16% of all Prioritized NB Long Waiting Surgeries Waiting as of April 22, 2022, are in the Reseau de Santé Vitalité.
- In Vitalité (as of April 15, 2022), there are 148 Cancer Surgeries waiting (increase of 17 from last week), with 5% waiting beyond target of 6 weeks, and 14% waiting beyond target of 3 months.
- Reseau de Santé Vitalité saw an 390% increase in the volume of cancellations due to Covid-19 during the same period last month (April 1 to 22, 2022 (**147**) vs. March 1 to 22, 2022(**30**)). Increase in cancellations has been attributed to positive swab results, surgeons testing positive, close contacts, OR reductions, no available beds, staff shortages.

HIP & KNEE SURGICAL REQUEST DATA

St. Joseph's Hip and Knee Data

Total Hip and Knee Waiting as of April 22, 2022

- Since September 30, 2020, Hips and Knees waiting longer than a year has decreased by 8%.
- 3,104 Total Replacements waiting (decrease of 6 from last week)
- 606 waiting beyond 1 year (increase of 2 from last week, and 11 completed during the week)

Source: Surgical Access Registry
Data Retrieved April 25, 2022

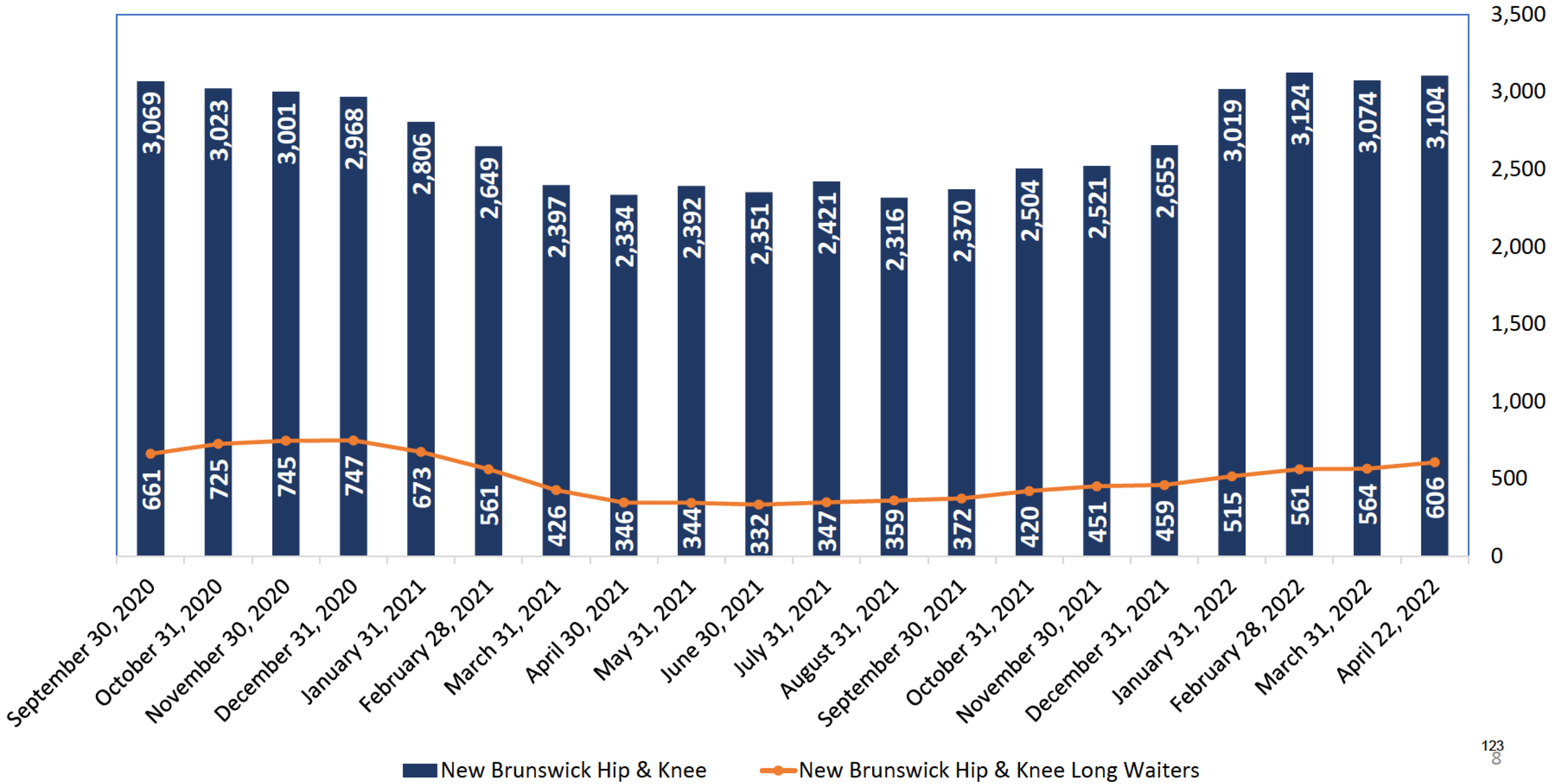
Data updated on April 22, 2022

Week of:	Mar 21 - 25	Mar 28 - Apr 1	Apr 4 - 8	Apr 11 - 15
Hip/Knee Completed NB	67	58	49	44
Hip/Knee Long Waiters Completed NB	15	12	6	10
Hip/Knee Completed SJRH	5	4	9	0
Hip/Knee Long Waiters Completed SJRH	2	0	1	0
Hip/Knee Completed St. Joseph's Hospital	14	14	12	8
Hip/Knee Long Waiters Completed St. Joseph's Hospital	0	0	0	0

All Hips and Knees Completed	
NB since beginning of initiative October 12, 2020, to April 15, 2022	4220
St. Joseph's Hospital since beginning of initiative October 12, 2020, to April 15, 2022	891

All Long Waiting Hips and Knees Completed	
NB since beginning of initiative October 12, 2020, to April 15, 2022	1157
St. Joseph's since beginning of initiative October 12, 2020, to April 15, 2022	121

Volumes of Prioritized Hip and Knee Surgeries Waiting in New Brunswick

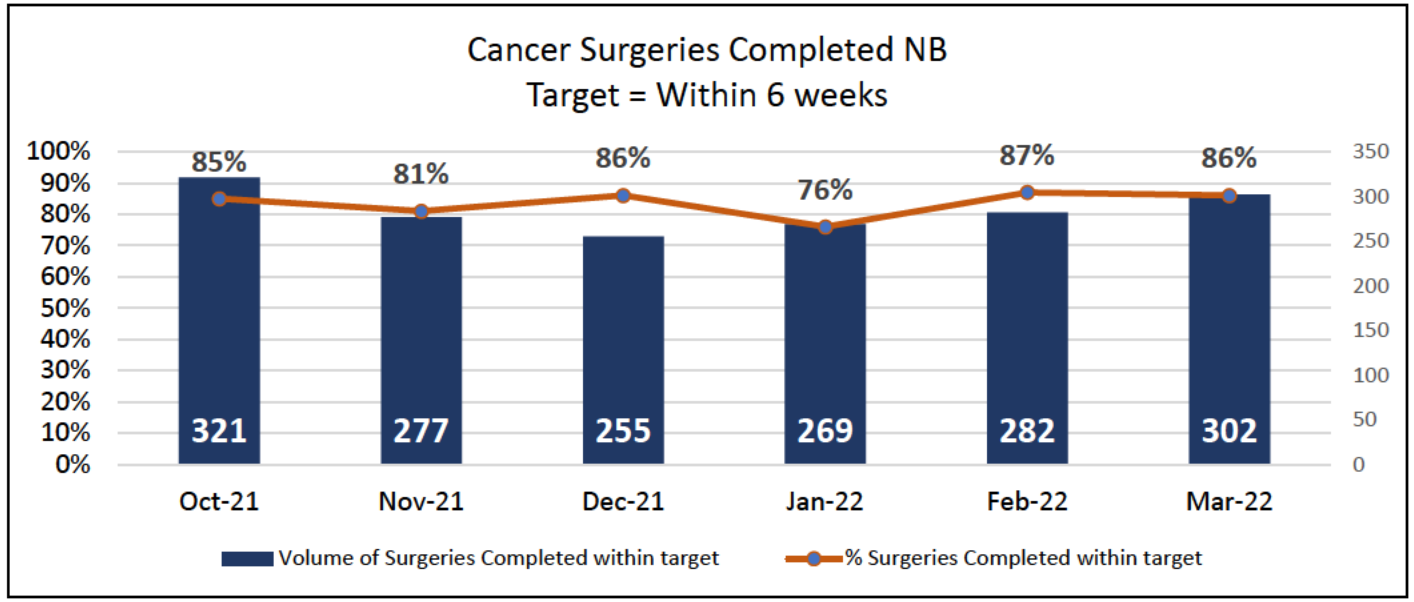


MONTHLY SURGICAL REQUEST DATA

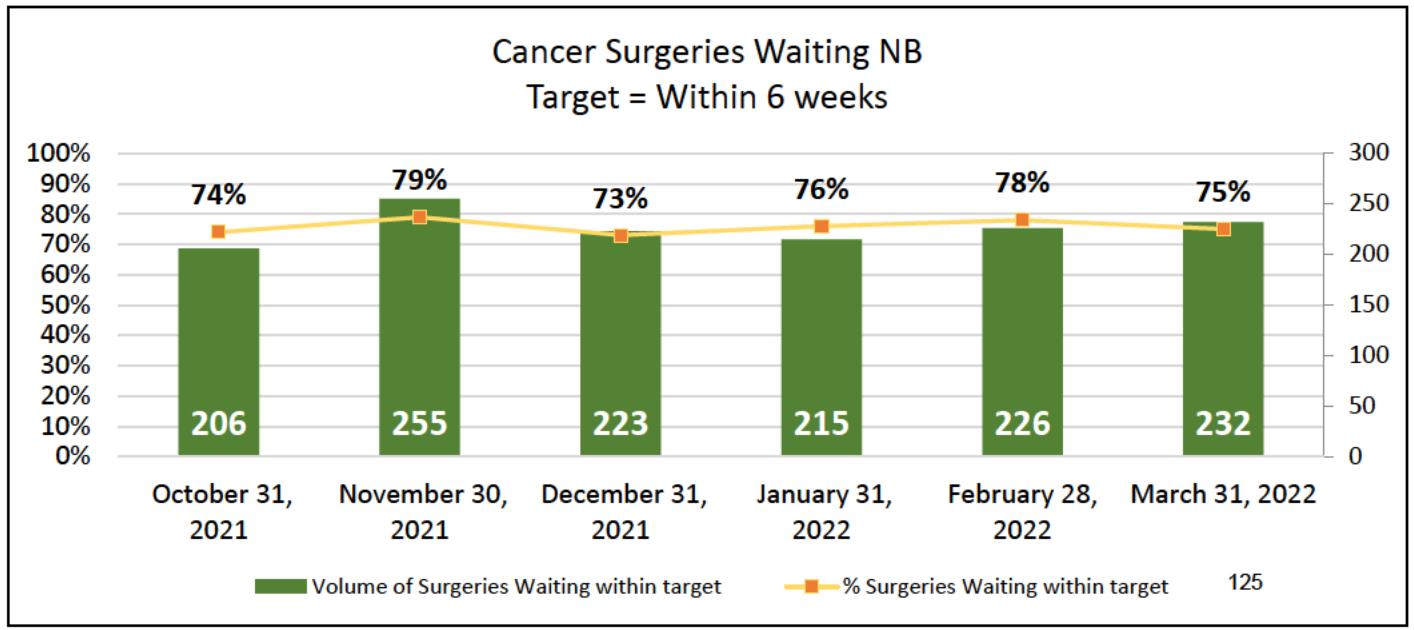
Next Update: May 9, 2022

Cancer Surgeries – Within 6 Weeks
Category I and II

- 1 % fewer Cancer Surgeries were completed within Target Timeframe than the previous month (Mar-22 with 87% vs. Feb-22 with 87%).
- 14% were completed beyond target

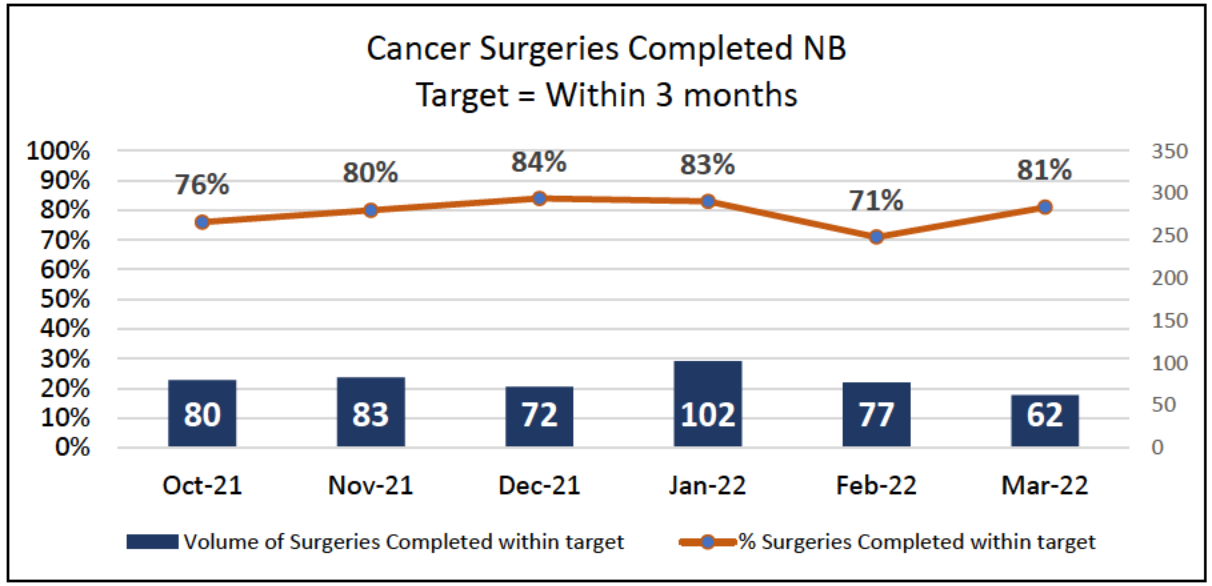


- 3 % fewer Cancer Surgeries were waiting within Target Timeframe than the previous month (Mar-22 with 75% vs. Feb-22 with 78%).
- 25% were waiting beyond target

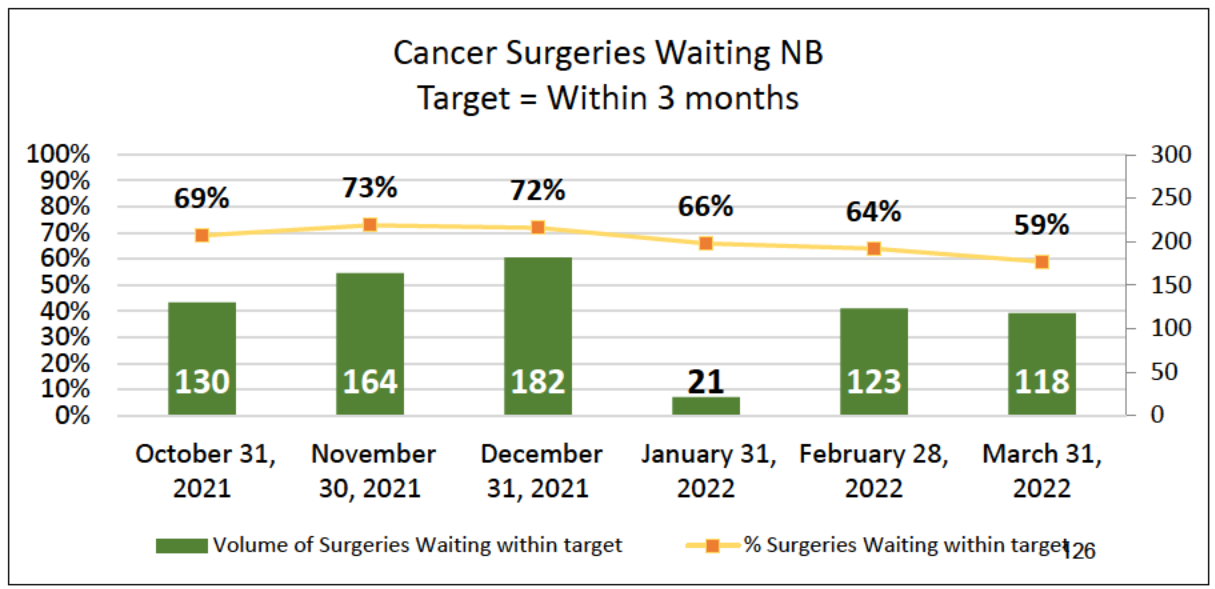


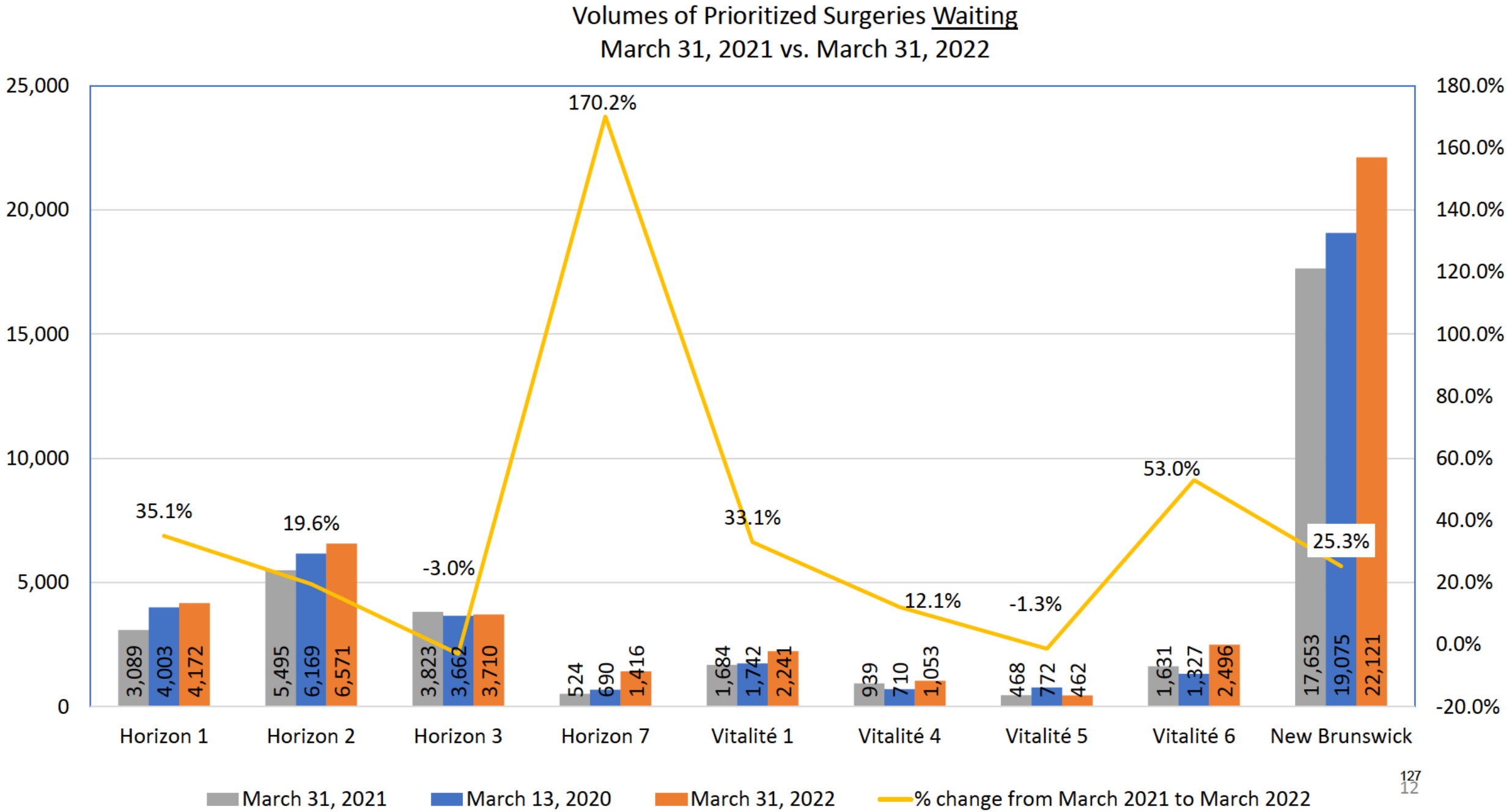
Cancer Surgeries – Within 3 months
Category III

- 10 % more Cancer Surgeries were completed within Target Timeframe than the previous month (Mar-22 with 81% vs. Feb-22 with 71%).
- 19% were completed beyond target



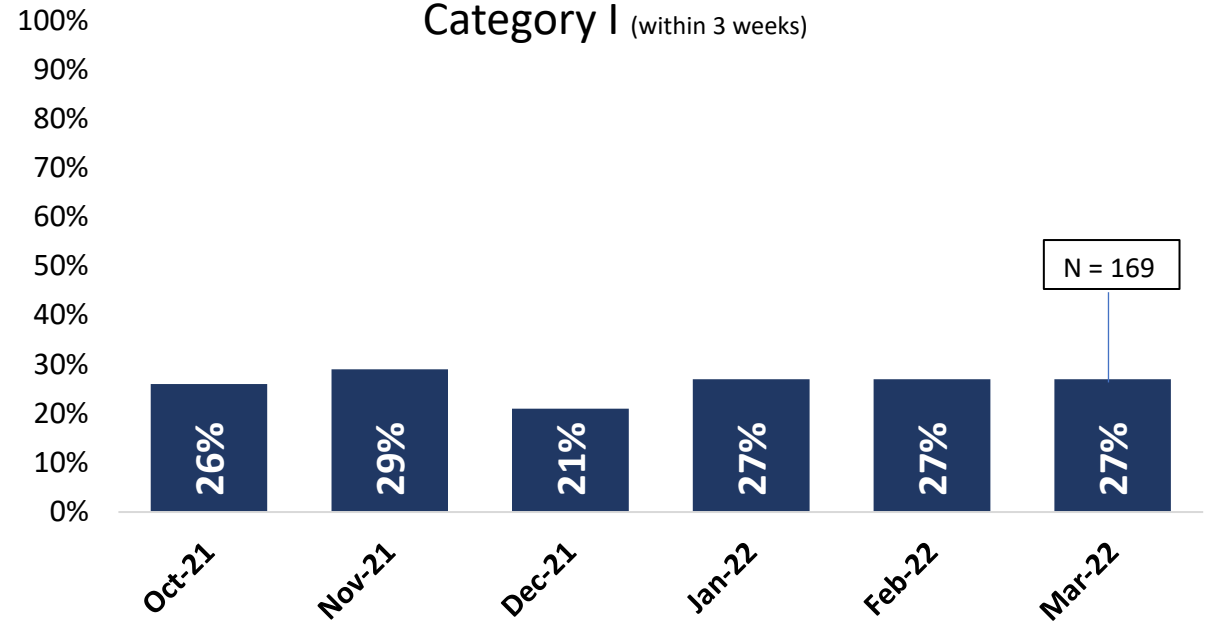
- 5 % fewer Cancer Surgeries were waiting within Target Timeframe than the previous month (Mar-22 with 59% vs. Feb-22 with 64%).
- 41% were waiting beyond target

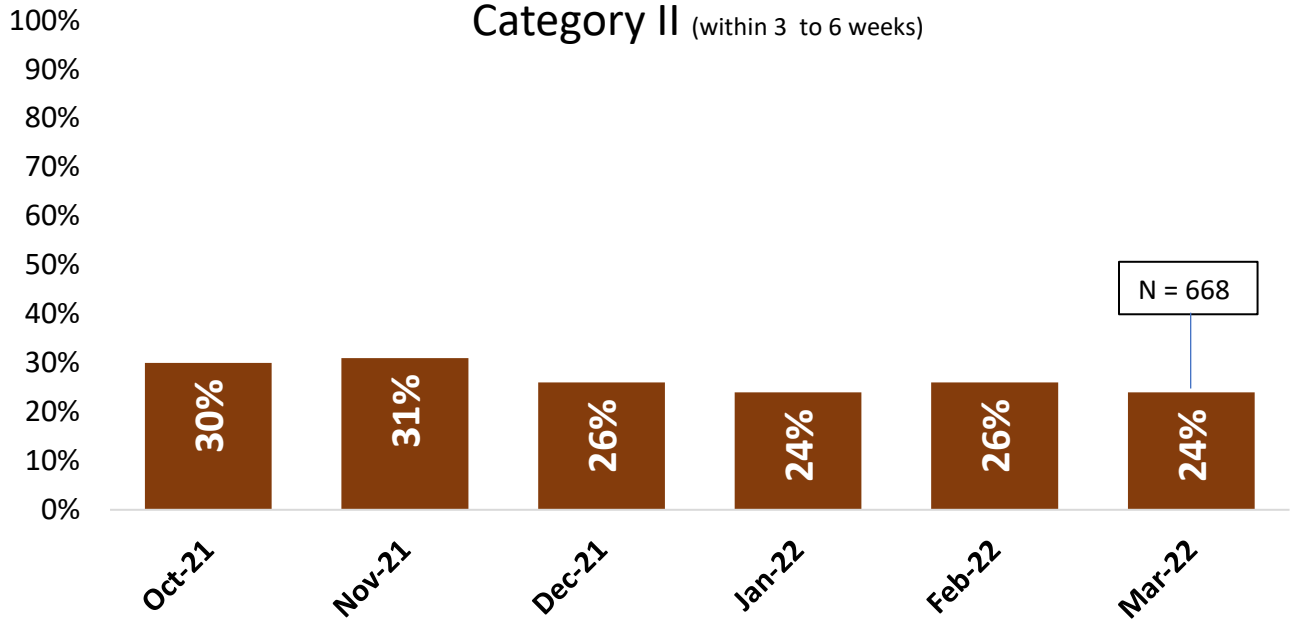


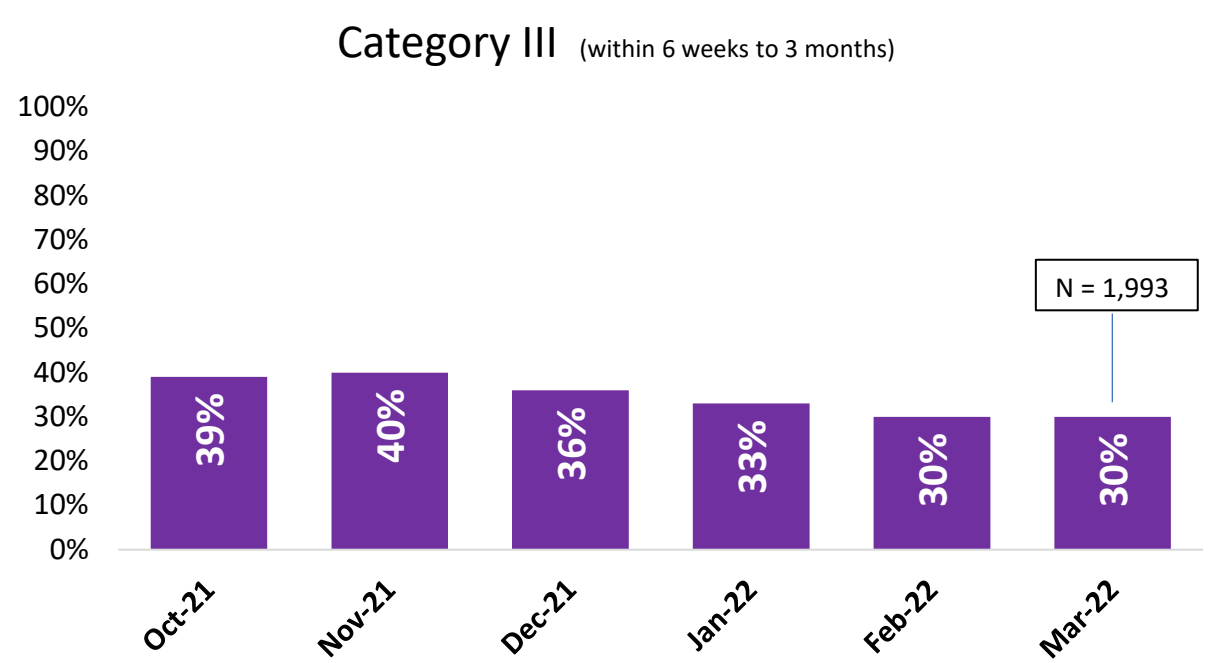

Volumes of Prioritized Surgeries Waiting
March 31, 2021 vs. March 31, 2022
25,000
20,000
15,000
10,000
5,000
0
180.0%
160.0%
140.0%
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
-20.0%
35.1%
19.6%
-3.0%
170.2%
33.1%
12.1%
-1.3%
53.0%
25.3%
3,089
4,003
4,172
5,495
6,169
6,571
3,823
3,662
3,710
524
690
1,416
1,684
1,742
2,241
939
710
1,053
468
772
462
1,631
1,327
2,496
17,653
19,075
22,121
Horizon 1
Horizon 2
Horizon 3
Horizon 7
Vitalité 1
Vitalité 4
Vitalité 5
Vitalité 6
New Brunswick
March 31, 2021
March 13, 2020
March 31, 2022
% change from March 2021 to March 2022

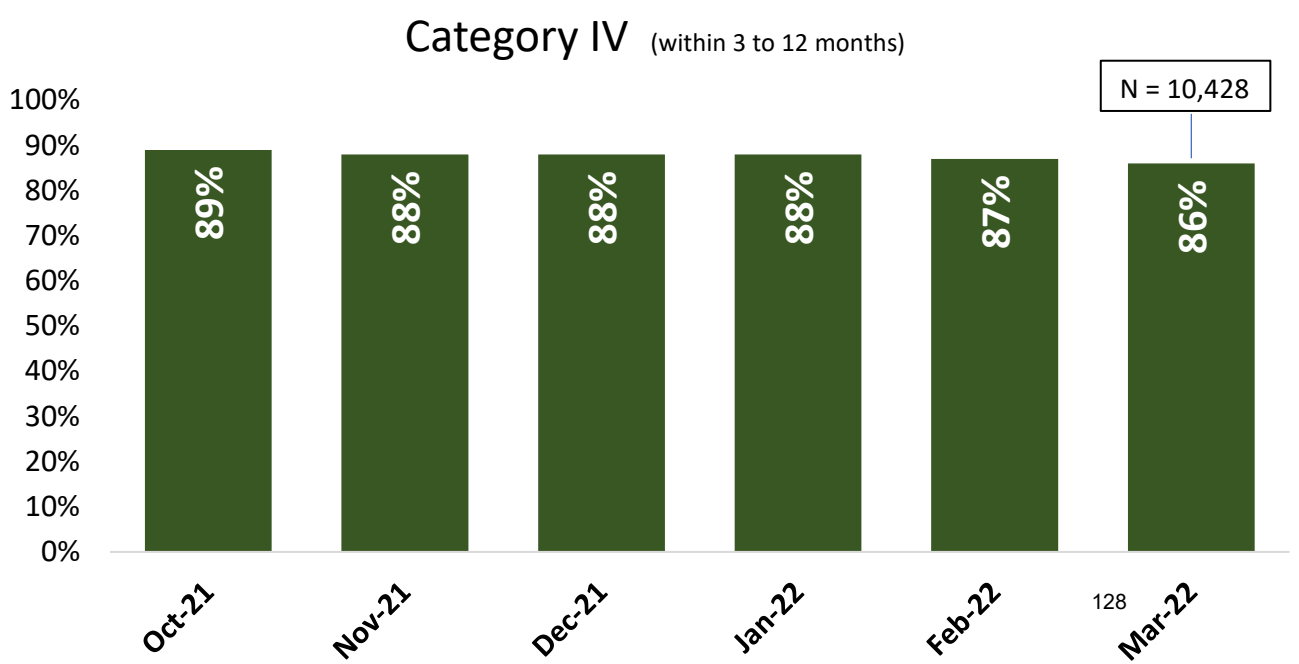
% Surgeries Waiting within Target Timeframes

Source: Surgical Access Registry
Data Retrieved April 11, 2022





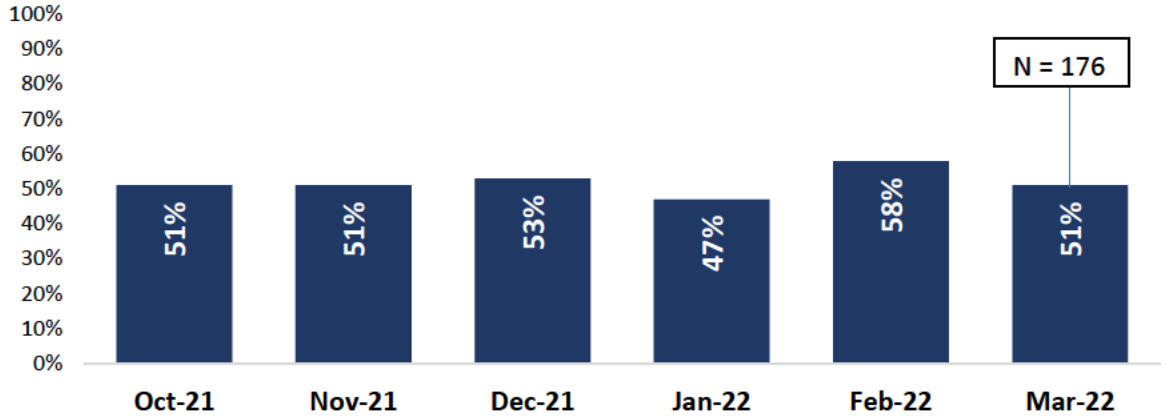




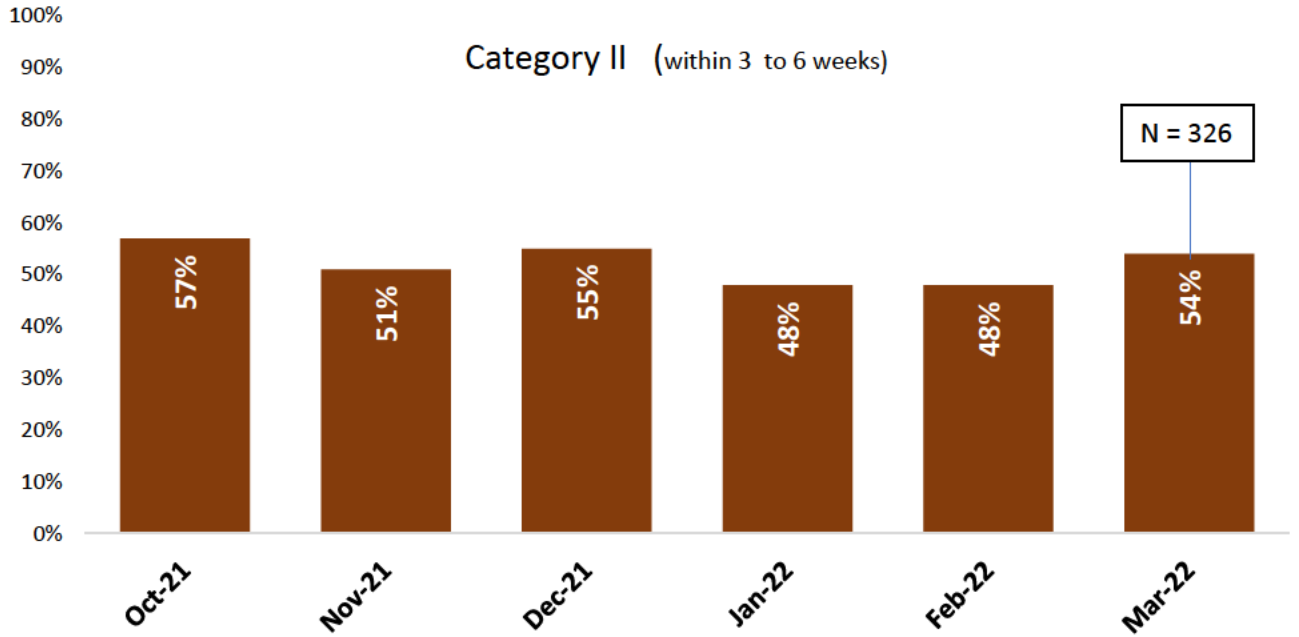
% Surgeries Completed within Target Timeframes

Source: Surgical Access Registry
Data Retrieved April 11, 2022

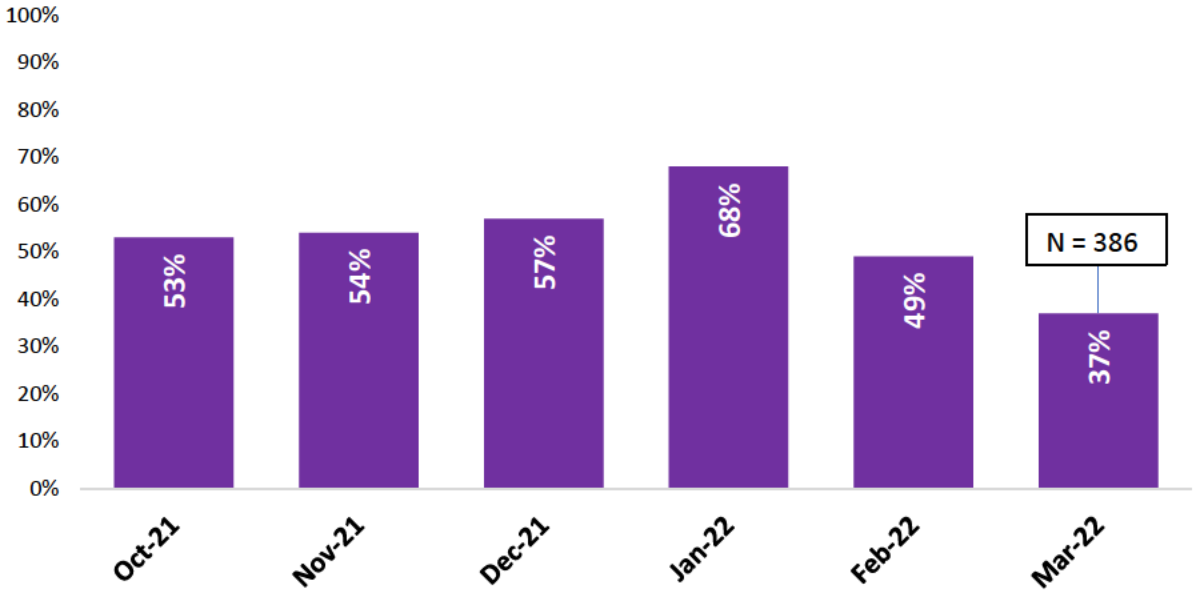
Category I (within 3 weeks)



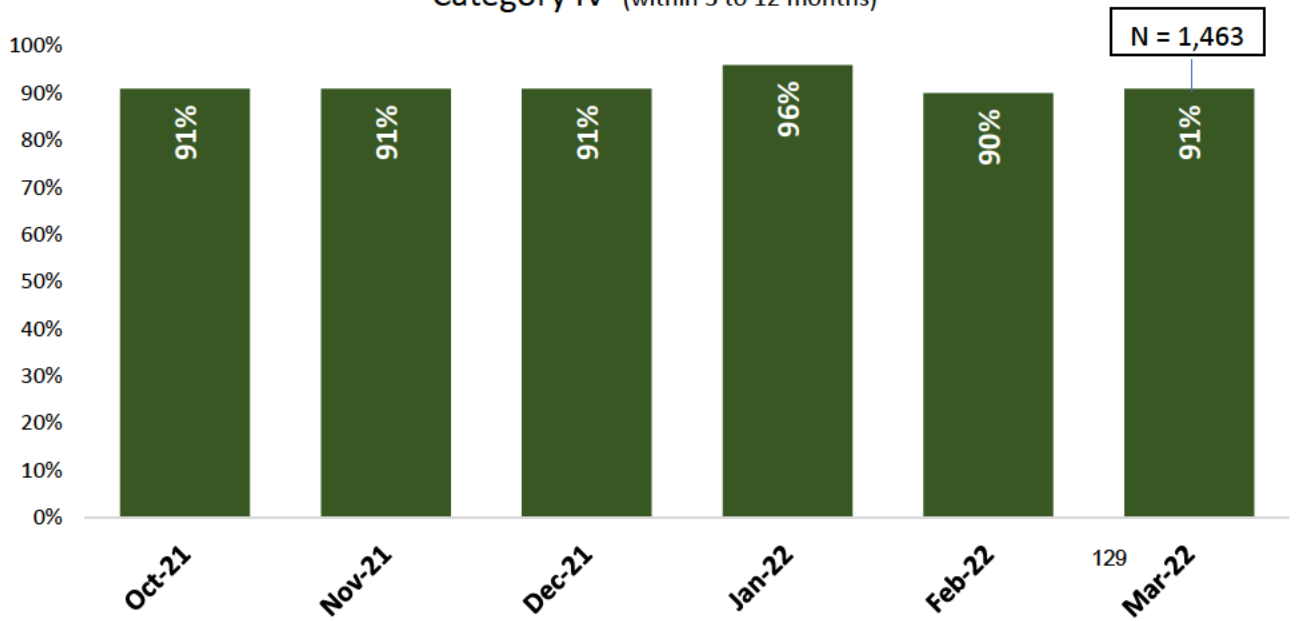
Category II (within 3 to 6 weeks)

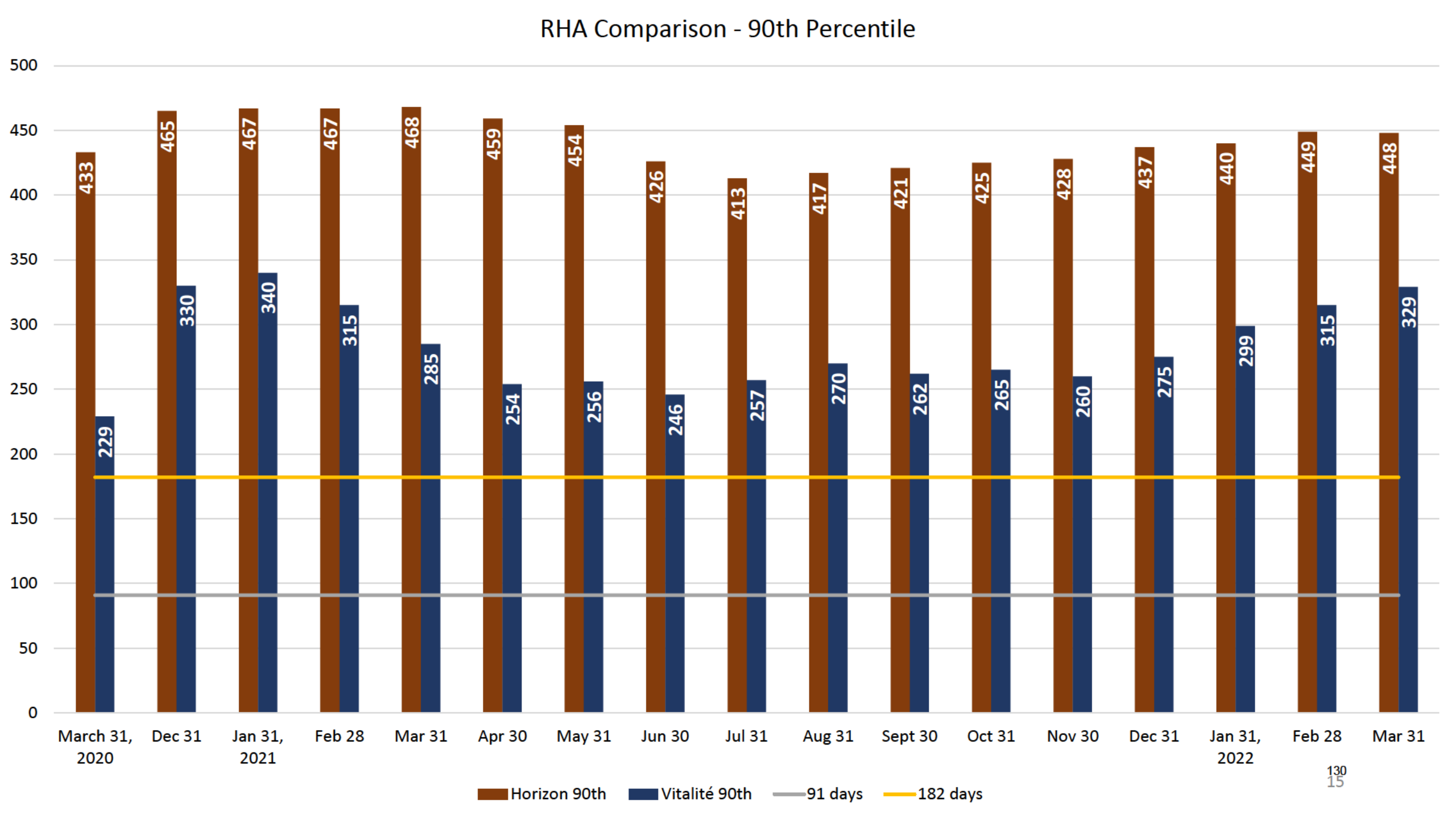


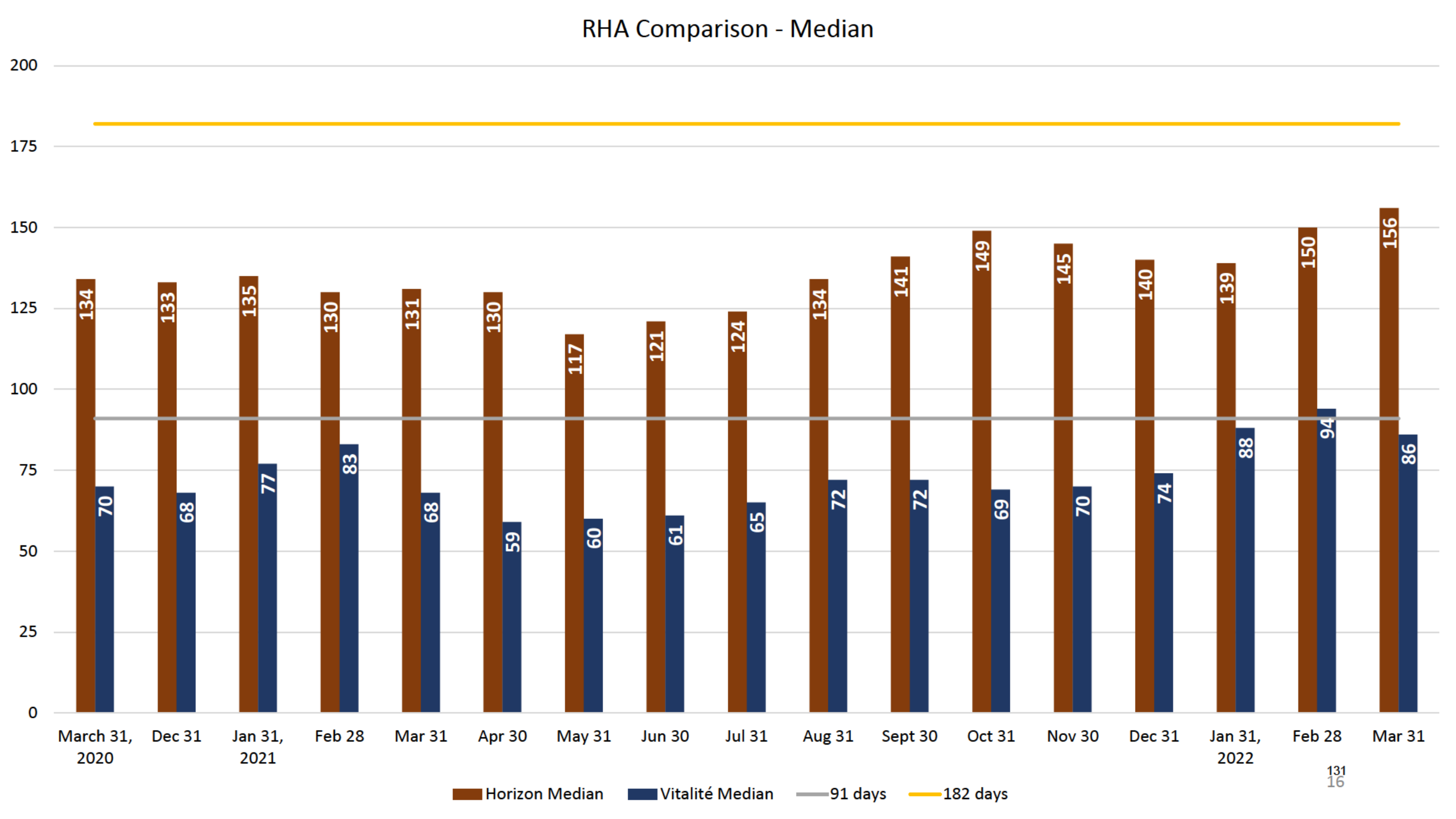
Category III (within 6 weeks to 3 months)



Category IV (within 3 to 12 months)




RHA Comparison - 90th Percentile
500
450
400
350
300
250
200
150
100
50
0
433
229
465
330
467
340
467
315
468
285
459
254
454
256
426
246
413
257
417
270
421
262
425
265
428
260
437
275
440
299
449
315
448
329
March 31, 2020
Dec 31
Jan 31, 2021
Feb 28
Mar 31
Apr 30
May 31
Jun 30
Jul 31
Aug 31
Sept 30
Oct 31
Nov 30
Dec 31
Jan 31, 2022
Feb 28
Mar 31
Horizon 90th
Vitalité 90th
91 days
182 days


RHA Comparison - Median
200
175
150
125
100
75
50
25
0
134
70
133
68
135
77
130
83
131
68
130
59
117
60
121
61
124
65
134
72
141
72
149
69
145
70
140
74
139
88
150
94
156
86
March 31, 2020
Dec 31
Jan 31, 2021
Feb 28
Mar 31
Apr 30
May 31
Jun 30
Jul 31
Aug 31
Sept 30
Oct 31
Nov 30
Dec 31
Jan 31, 2022
Feb 28
Mar 31
Horizon Median
Vitalité Median
91 days
182 days

Weekly Report on the NB Surgical Program

Updated to April 29, 2022

*Surgeries are reflective of the volume waiting or completed the day the report was run (May 2, 2022). There could be slight changes over time up to seven days post operatively for facilities to complete their surgical cases.

Weekly Prioritized Surgical Volumes Completed

Zone	Mar 21 - 25, 2022	Mar 28 - Apr 1, 2022	Apr 4 - 8, 2022	Apr 11 - 15, 2022	Apr 18 - 22, 2022
New Brunswick	**854**	**802**	**850**	**713**	**631**
Horizon 1	143	150	152	130	99
Horizon 2	215	175	204	167	163
Horizon 3	220	193	193	169	122
Horizon 7	17	19	42	34	35
Horizon Total	**595**	**537**	**591**	**500**	**419**
Vitalité 1	123	109	105	104	100
Vitalité 4	67	63	51	52	52
Vitalité 5	21	21	31	27	27
Vitalité 6	48	72	72	30	33
Vitalité Total	**259**	**265**	**259**	**213**	**212**
				Good Friday	Easter Monday

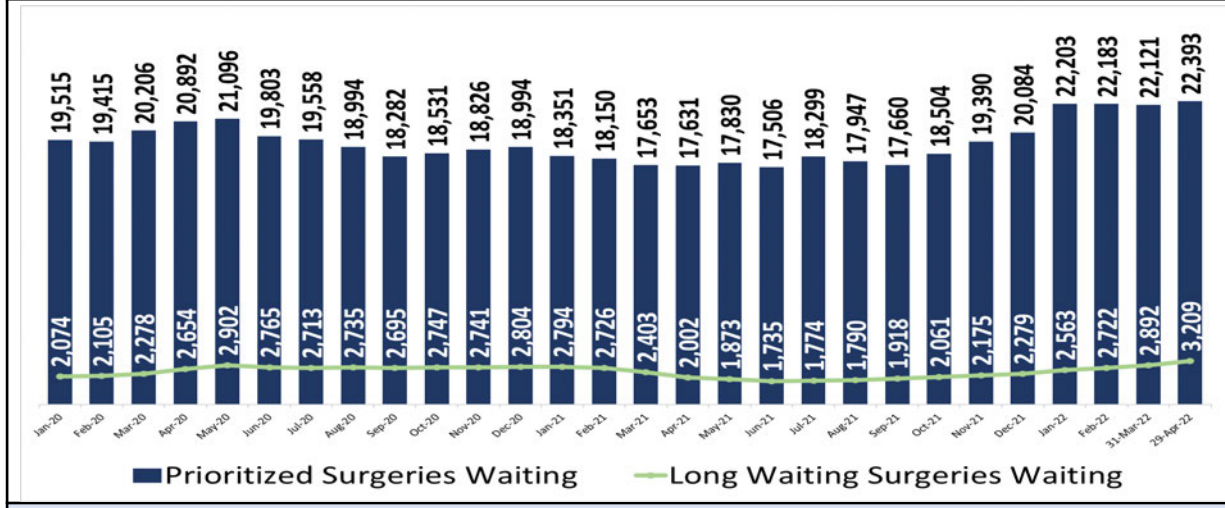
- 75% of all Prioritized Surgeries completed in NB the week of April 18 to 22, 2022, were **Day Surgeries**.
  - 72% Horizon Health Network
  - 81% Reseau de Santé Vitalité

*Please note: data presented prior to 7 days post surgery is subject to change. (SAR Policy SAR-A-50 states post-operative data must be entered within 1 week of the surgery performed date.)

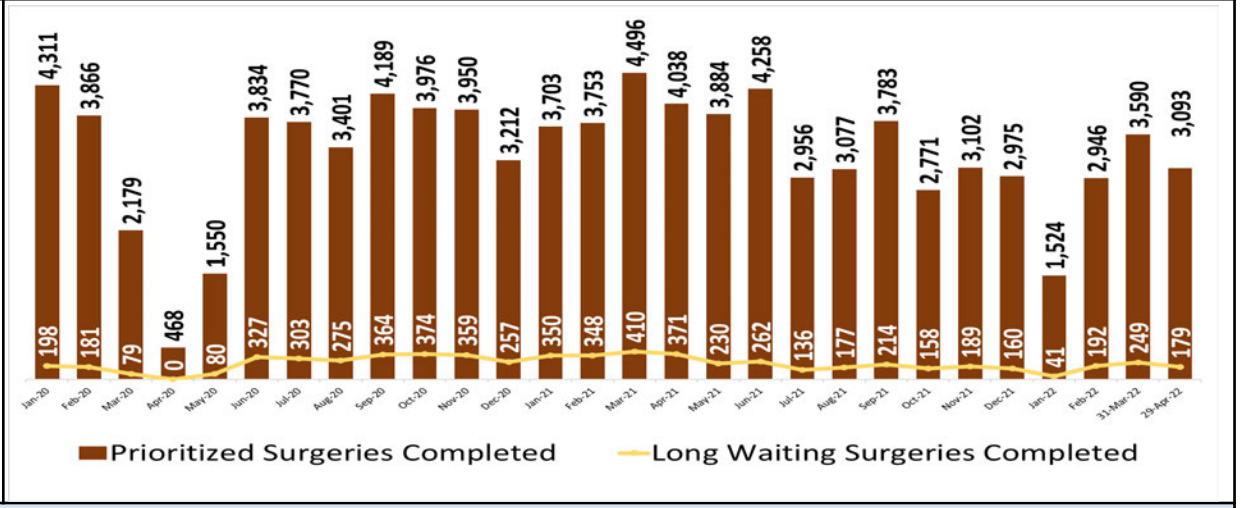
Surgical Summary – New Brunswick

April 29, 2022

Prioritized Surgeries Waiting in New Brunswick



Prioritized Surgeries Completed in New Brunswick



Summary

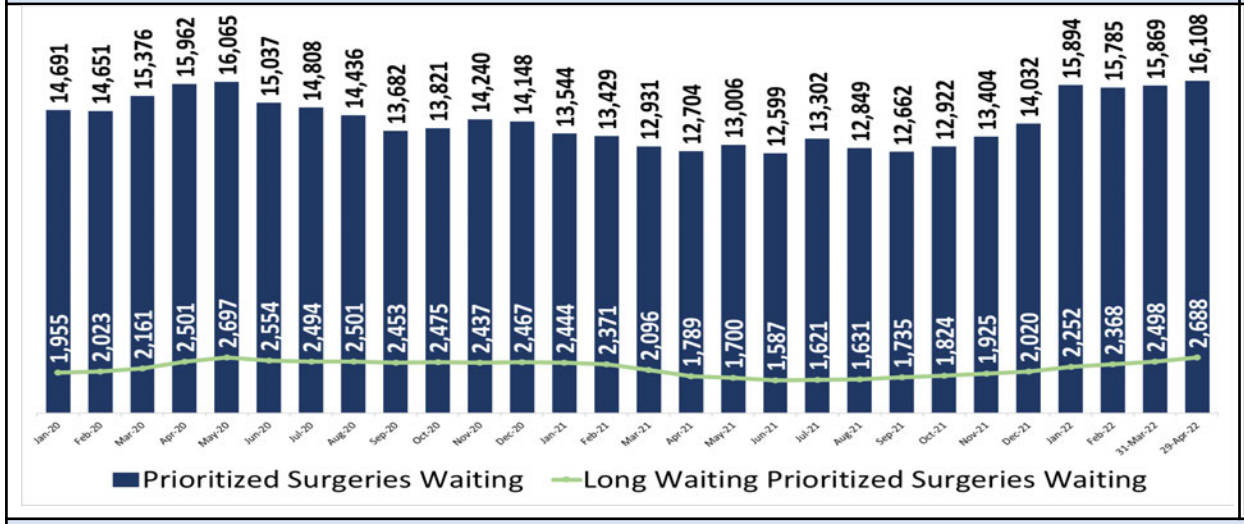
Source: Surgical Access Registry
Data Retrieved between April 29 – May 2, 2022

- **Prioritized Surgeries waiting has increased 25% and Long Waiting Surgeries waiting has increased 20% compared to the same date from the previous year Mar 31, 2022, vs. Mar 31, 2021)**
- **Prioritized Surgeries completed has decreased 20% and Long Waiting Surgeries completed has decreased 39% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021)**
- 631 prioritized and 195 unscheduled surgeries were completed (April 18 to 22, 2022)
- 12% of all Prioritized Surgeries completed in NB the week of April 18, 2022, were Cancer Surgeries. (16% HHN, and 9% VHN). (Holiday, Monday, April 18, 2022)
- In NB (as of April 22, 2022), there are 554 Cancer Surgeries waiting (increase of 11 from last week), with 24% waiting beyond target of 6 weeks, and 38% waiting beyond target of 3 months.
- There are 3,121 Hip and Knee Replacement Surgeries waiting, of which 615 (20%) are waiting beyond 1 year (as of April 29, 2022).
- NB saw a 27% increase in the volume of cancellations due to Covid-19 during the same period last month (April 1 to 29, 2022 (**339**) vs. March 1 to 31, 2022 (268)). Increase in cancellations has been attributed to positive swab results, surgeons testing positive, close contacts, no available beds, staff shortages. ** Missing Data for Horizon April 28 & 29.

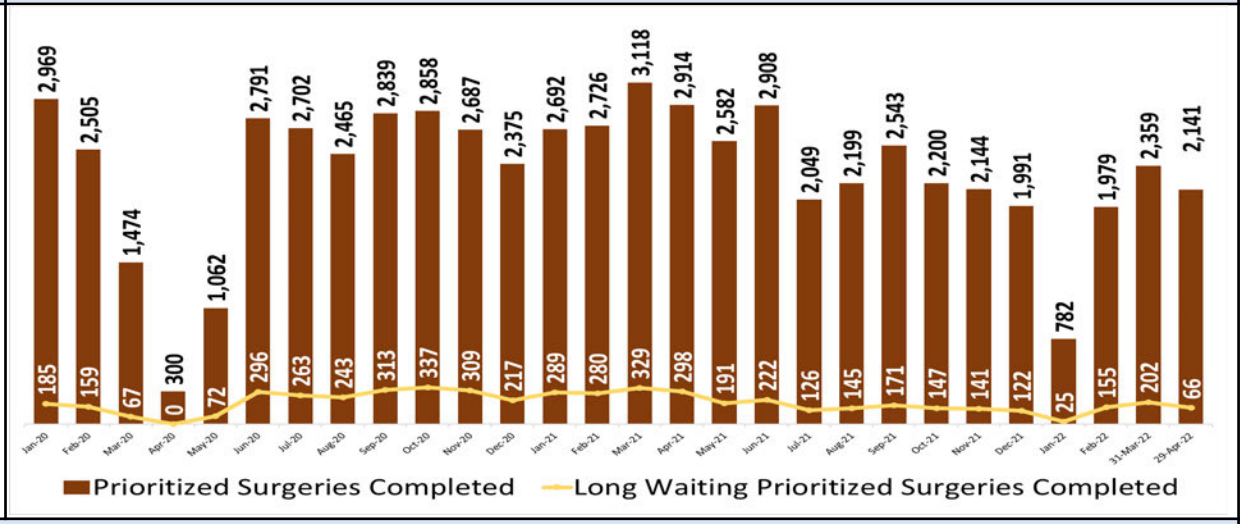
Surgical Summary – Horizon

April 29, 2022

Prioritized Surgeries Waiting in Horizon



Prioritized Surgeries Completed in Horizon



Summary

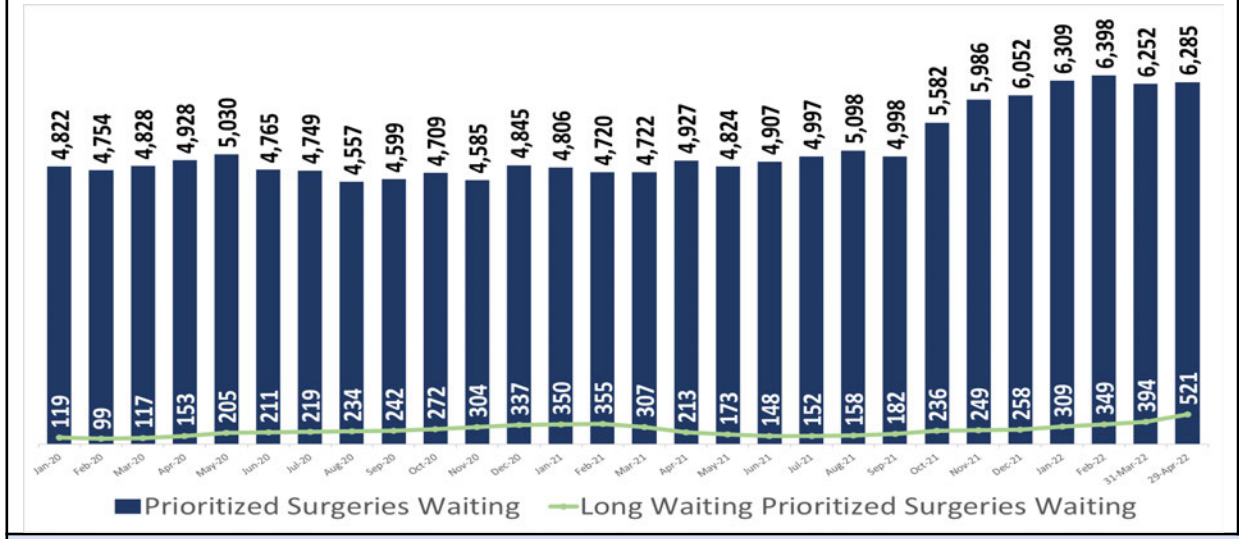
Source: Surgical Access Registry
Data Retrieved between April 29 – May 2, 2022

- **Prioritized Surgeries waiting has increased 23% and Long Waiting Surgeries waiting has increased 19% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021).**
- **Prioritized Surgeries completed has decreased 24% and Long Waiting Surgeries completed has decreased 39% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021).**
- **66% of all Prioritized NB Surgeries Completed in the month of March 2022, and 81% of all Prioritized NB Long Waiting Surgeries Completed were in the Horizon Health Network.**
- 72% of all Prioritized NB Surgeries Waiting as of April 29, 2022, and 84% of all Prioritized NB Long Waiting Surgeries Waiting as of April 29, 2022, are in the Horizon Health Network.
- In Horizon (as of April 22, 2022), there are 395 Cancer Surgeries waiting (no change from last week), with 32% waiting beyond target of 6 weeks, and 45% waiting beyond target of 3 months.
- There are 2,402 Hip and Knee Replacement Surgeries waiting in Horizon, of which 577 (24%) are waiting beyond 1 year (as of April 29, 2022).
- Horizon Health Network saw a 15% decrease in the volume of cancellations due to Covid-19 during the same period last month (April 1 to 27, 2022 (**185**) vs. March 1 to 31, 2022 (**209**)). Increase in cancellations has been attributed to positive swab results, surgeons testing positive, close contacts, no available beds, staff shortages. **Missing data for April 28 & 29.

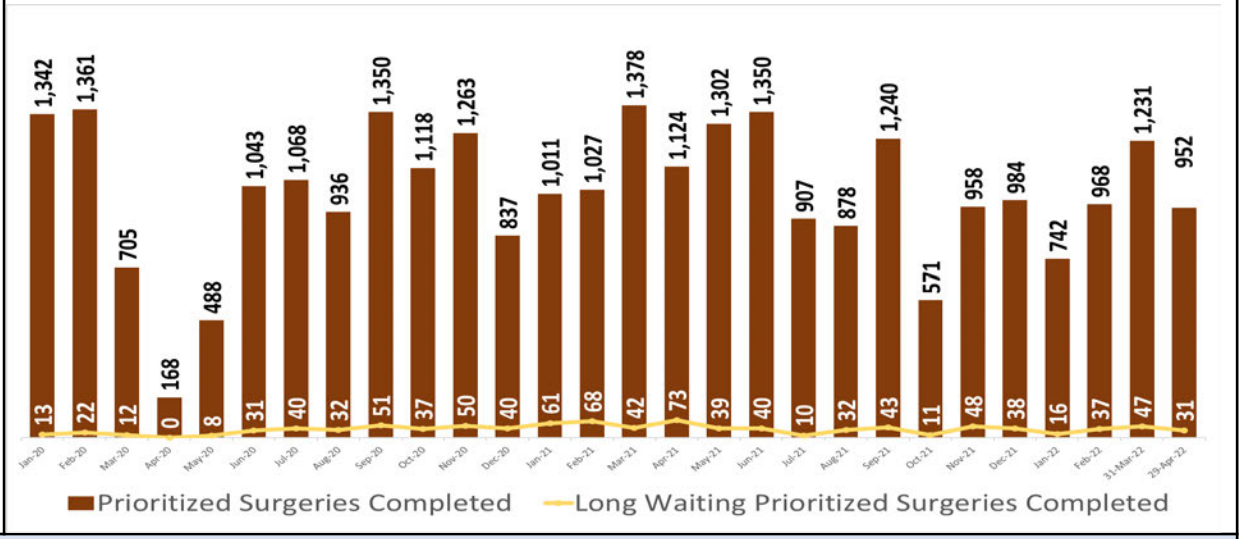
Surgical Summary - Vitalité

April 29, 2022

Prioritized Surgeries Waiting in Vitalité



Prioritized Surgeries Completed in Vitalité



Summary

Source: Surgical Access Registry
Data Retrieved between April 29 – May 2, 2022

- **Prioritized Surgeries waiting has increased 32% and Long Waiting Surgeries waiting has increased 28% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021).**
- **Prioritized Surgeries completed has decreased 11% and Long Waiting Surgeries completed has increased 12% compared to the same date from the previous year (Mar 31, 2022, vs. Mar 31, 2021).**
- **34% of all Prioritized NB Surgeries Completed in the month of March 2022, and 19% of all Prioritized NB Long Waiting Surgeries Completed were in the Reseau de Santé Vitalité**.
- 28% of all Prioritized NB Surgeries Waiting as of April 29, 2022, and 16% of all Prioritized NB Long Waiting Surgeries Waiting as of April 29, 2022, are in the Reseau de Santé Vitalité.
- In Vitalité (as of April 22, 2022), there are 159 Cancer Surgeries waiting (increase of 11 from last week), with 5% waiting beyond target of 6 weeks, and 18% waiting beyond target of 3 months.
- There are 719 Hip and Knee Replacement Surgeries waiting in Vitalité, of which 38 (5%) are waiting beyond 1 year (as of April 29, 2022).
- Reseau de Santé Vitalité saw an 161% increase in the volume of cancellations due to Covid-19 during the same period last month (April 1 to 29, 2022 (**154**) vs. March 1 to 31, 2022(**59**)). Increase in cancellations has been attributed to positive swab results, surgeons testing positive, close contacts, OR reductions, no available beds, staff shortages.

HIP & KNEE SURGICAL REQUEST DATA

St. Joseph's Hip and Knee Data

Total Hip and Knee Waiting as of April 29, 2022

- Since September 30, 2020, Hips and Knees waiting longer than a year has decreased by 7%.
- 3,121 Total Replacements waiting (increase of 17 from last week)
- 615 waiting beyond 1 year (increase of 9 from last week, and 17 completed during the week)

Source: Surgical Access Registry
Data Retrieved May 2, 2022

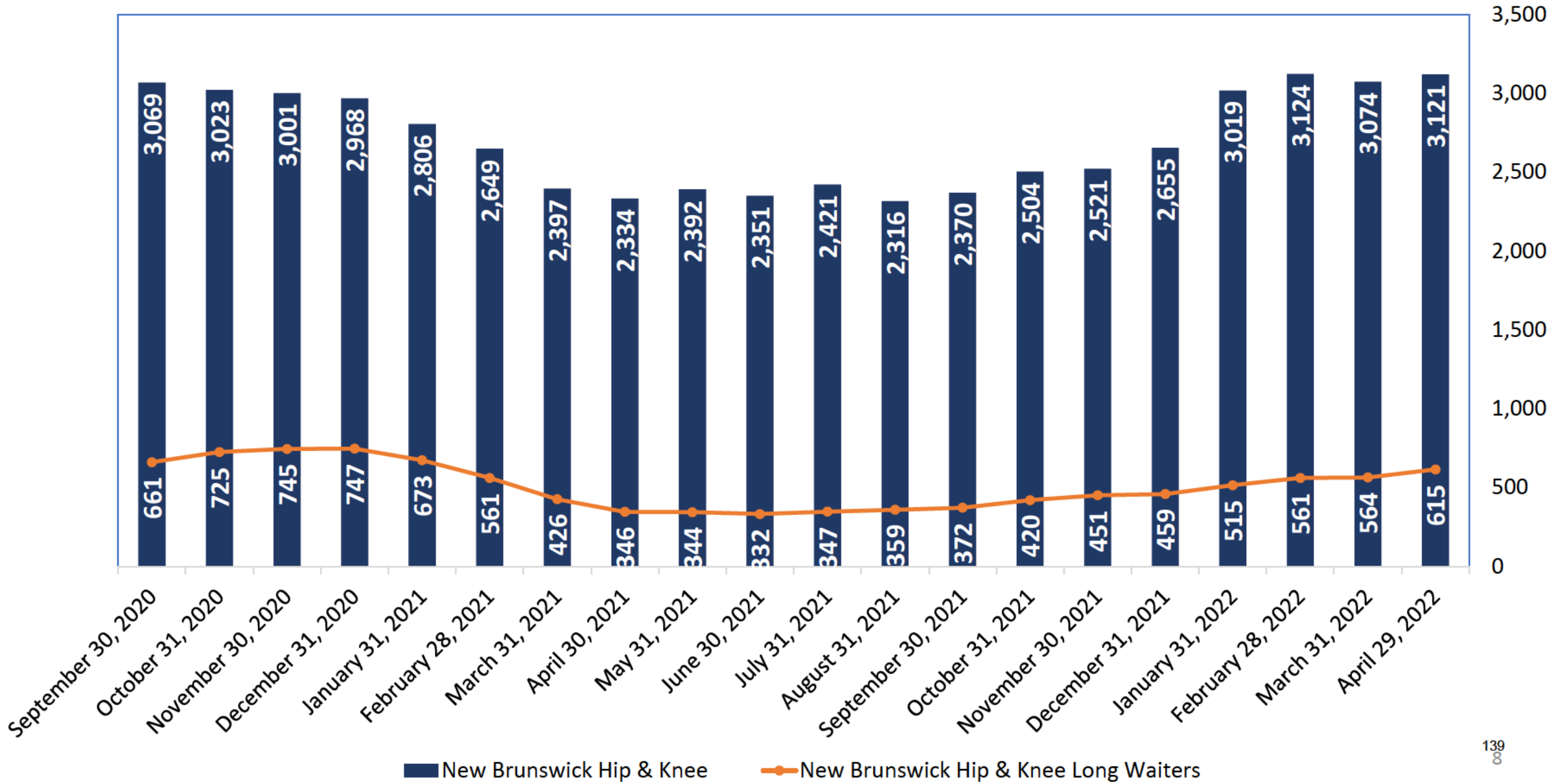
Data updated on April 29, 2022

Week of:	Mar 28 - Apr 1	Apr 4 - 8	Apr 11 - 15	Apr 18 - 22
Hip/Knee Completed NB	58	49	44	55
Hip/Knee Long Waiters Completed NB	12	6	10	13
Hip/Knee Completed SJRH	4	9	0	4
Hip/Knee Long Waiters Completed SJRH	0	1	0	1
Hip/Knee Completed St. Joseph's Hospital	14	12	8	11
Hip/Knee Long Waiters Completed St. Joseph's Hospital	0	0	0	0

All Hips and Knees Completed	
NB since beginning of initiative October 12, 2020, to April 22, 2022	4277
St. Joseph's Hospital since beginning of initiative October 12, 2020, to April 22, 2022	902

All Long Waiting Hips and Knees Completed	
NB since beginning of initiative October 12, 2020, to April 22, 2022	1170
St. Joseph's since beginning of initiative October 12, 2020, to April 22, 2022	121

Volumes of Prioritized Hip and Knee Surgeries Waiting in New Brunswick

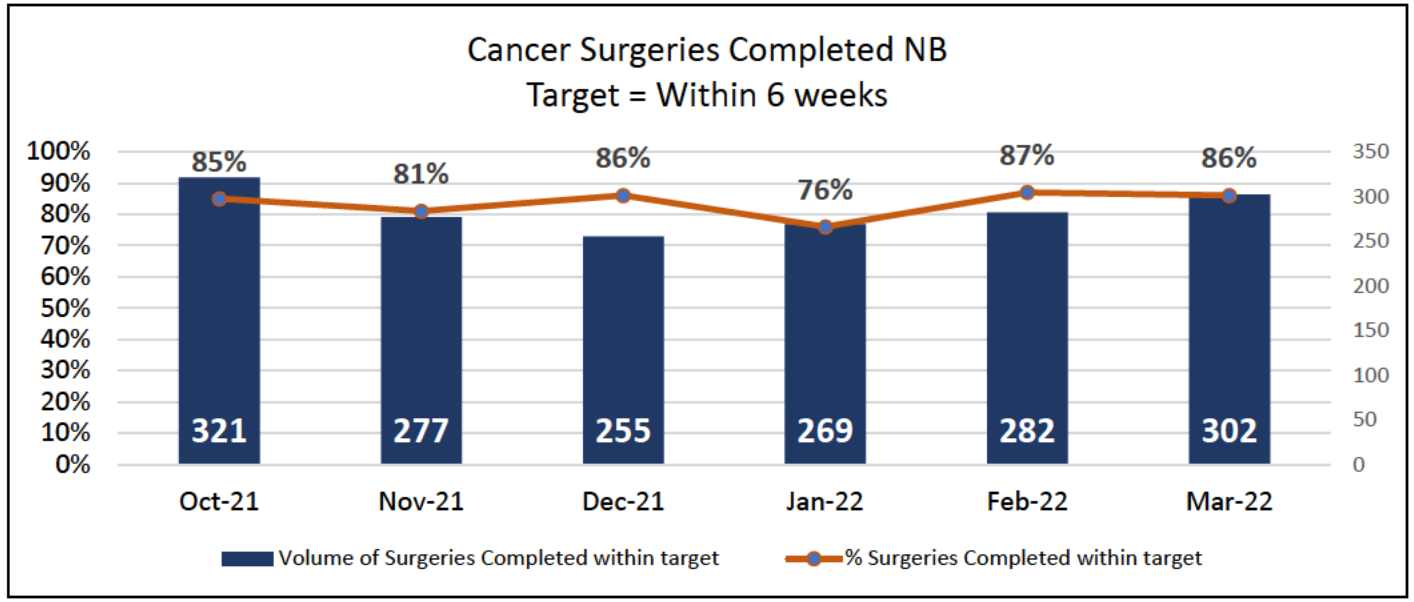


MONTHLY SURGICAL REQUEST DATA

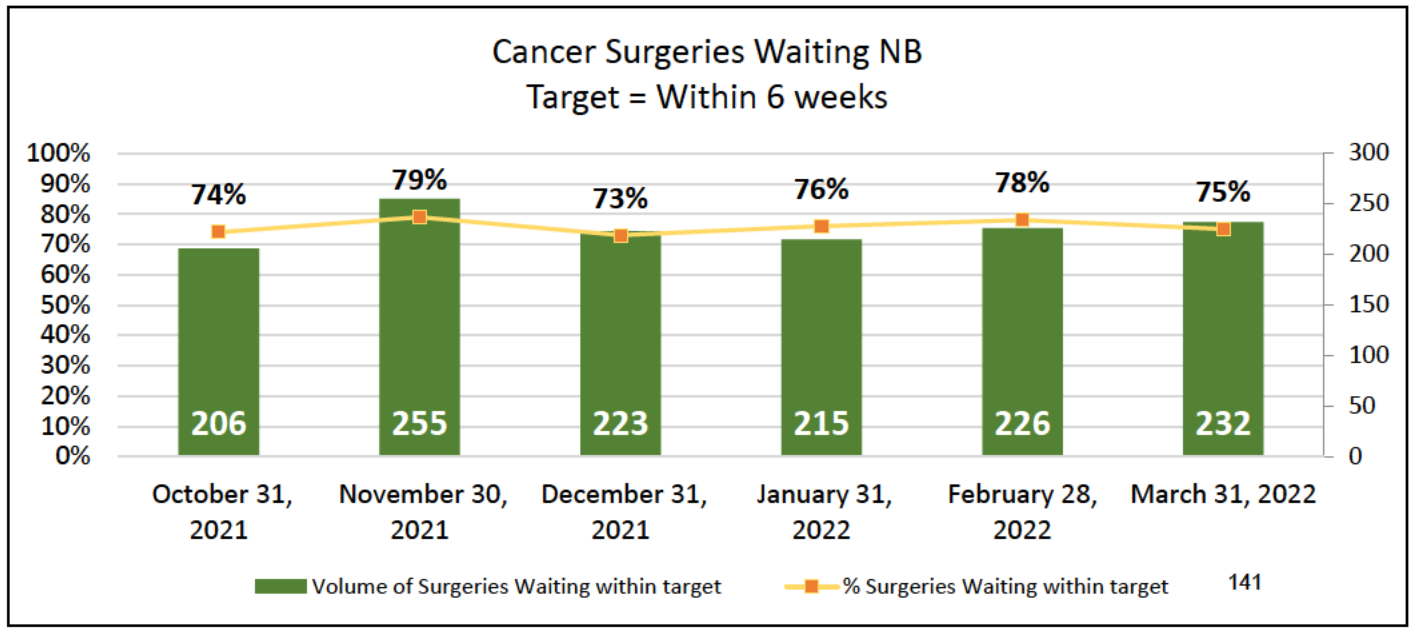
Next Update: May 9, 2022

Cancer Surgeries – Within 6 Weeks
Category I and II

- 1 % fewer Cancer Surgeries were completed within Target Timeframe than the previous month (Mar-22 with 87% vs. Feb-22 with 87%).
- 14% were completed beyond target

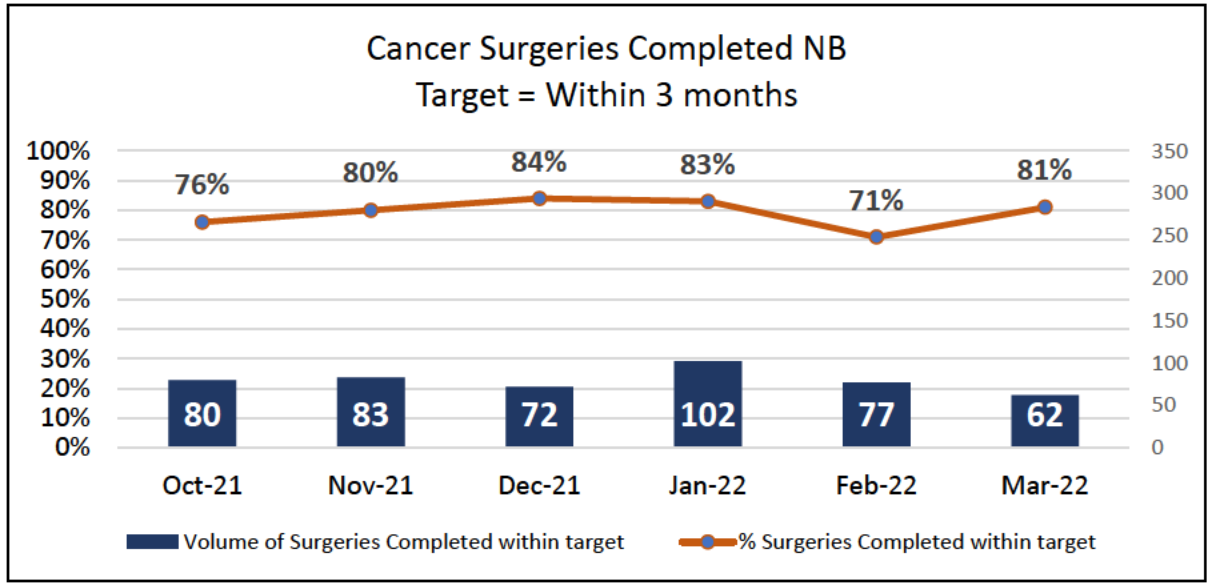


- 3 % fewer Cancer Surgeries were waiting within Target Timeframe than the previous month (Mar-22 with 75% vs. Feb-22 with 78%).
- 25% were waiting beyond target

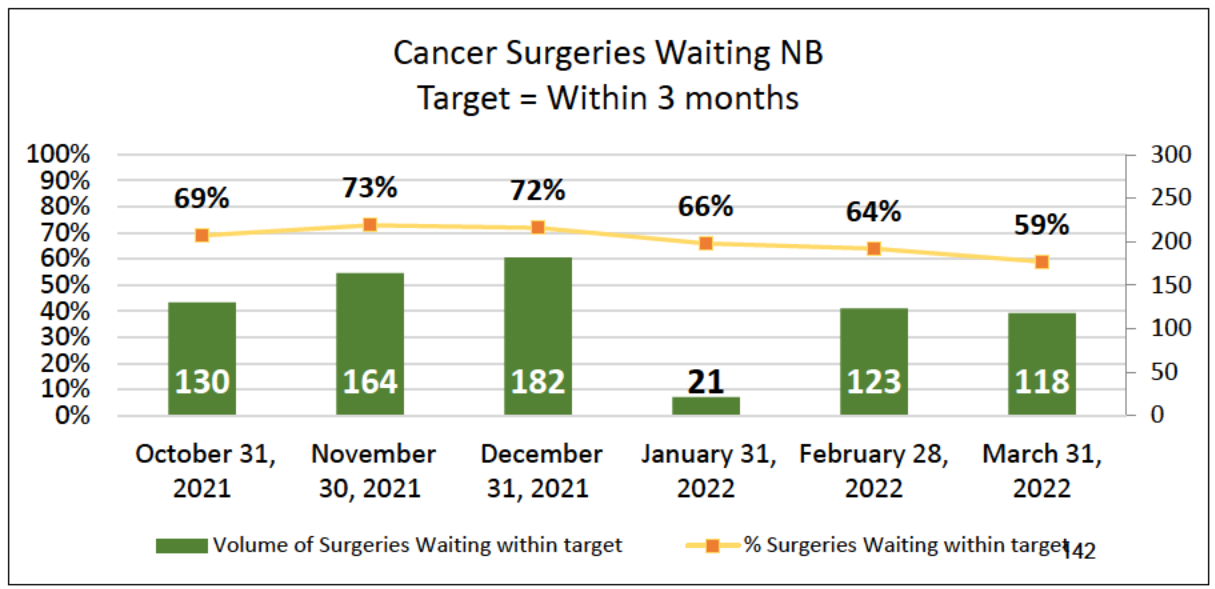


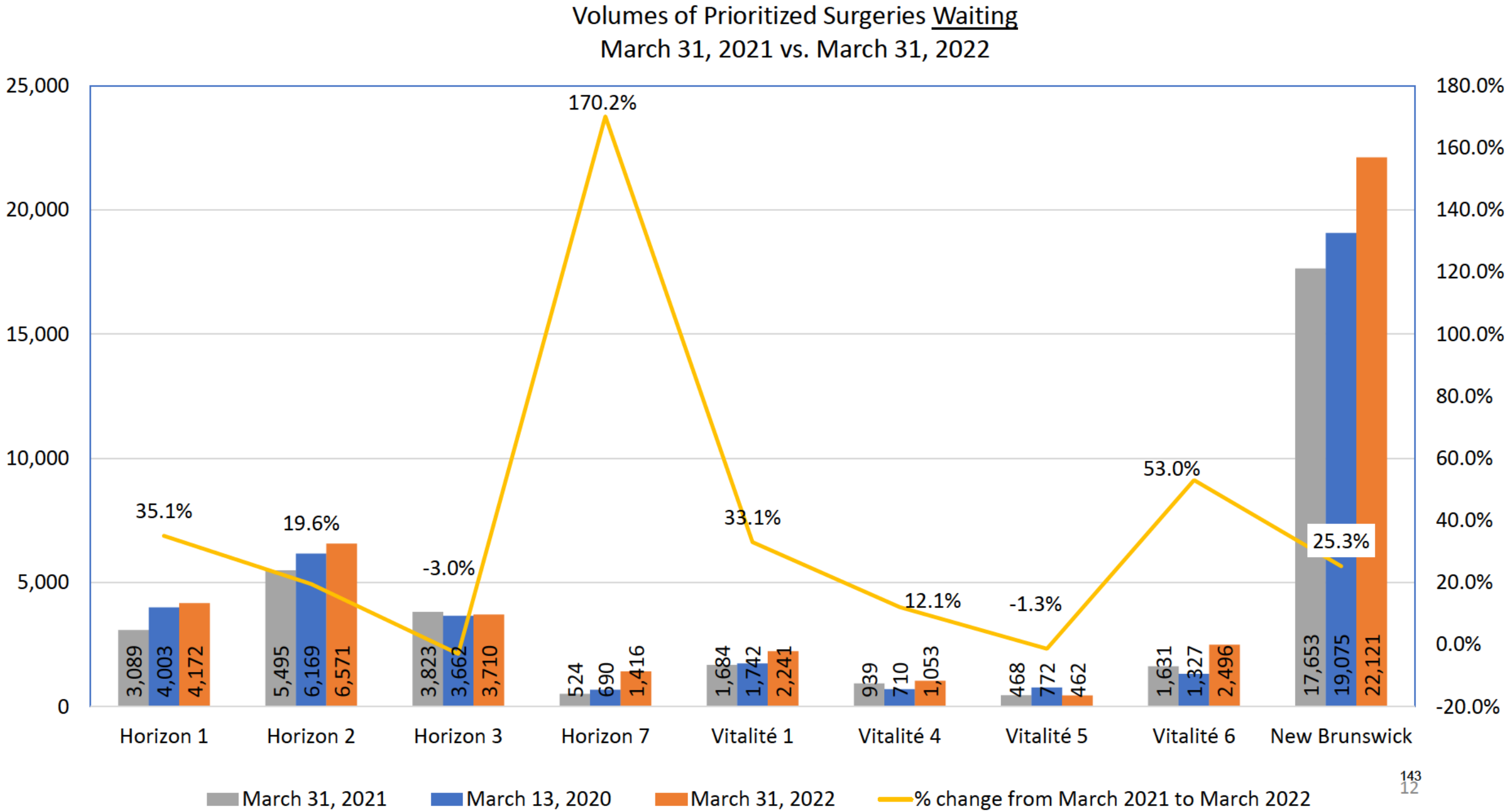
Cancer Surgeries – Within 3 months
Category III

- 10 % more Cancer Surgeries were completed within Target Timeframe than the previous month (Mar-22 with 81% vs. Feb-22 with 71%).
- 19% were completed beyond target



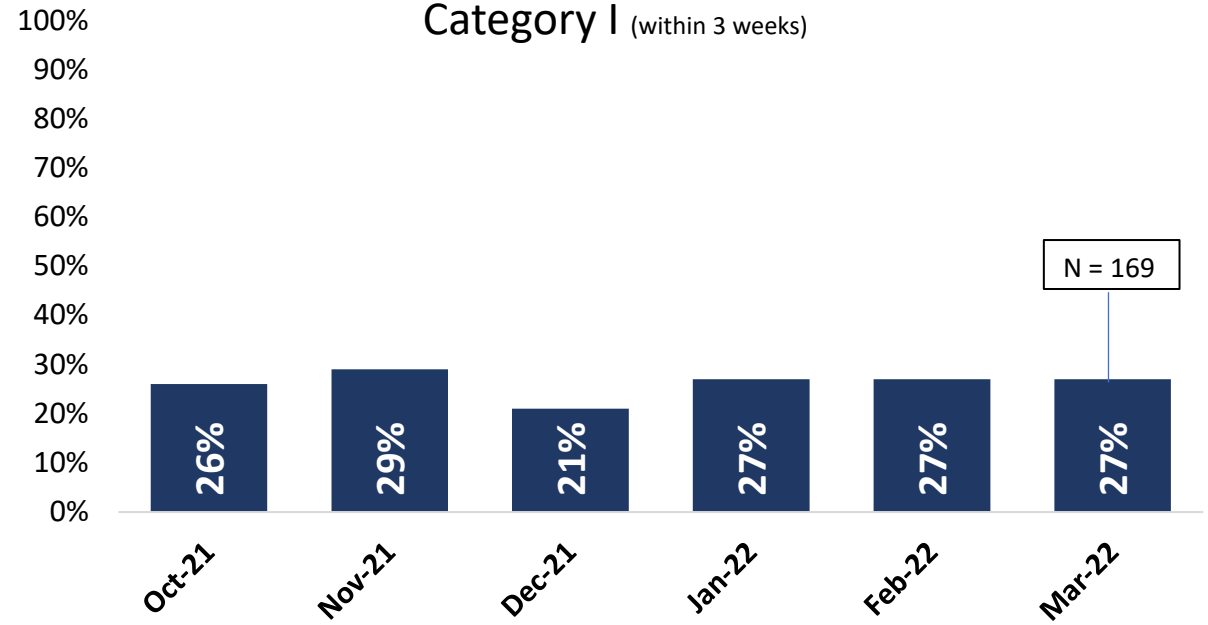
- 5 % fewer Cancer Surgeries were waiting within Target Timeframe than the previous month (Mar-22 with 59% vs. Feb-22 with 64%).
- 41% were waiting beyond target

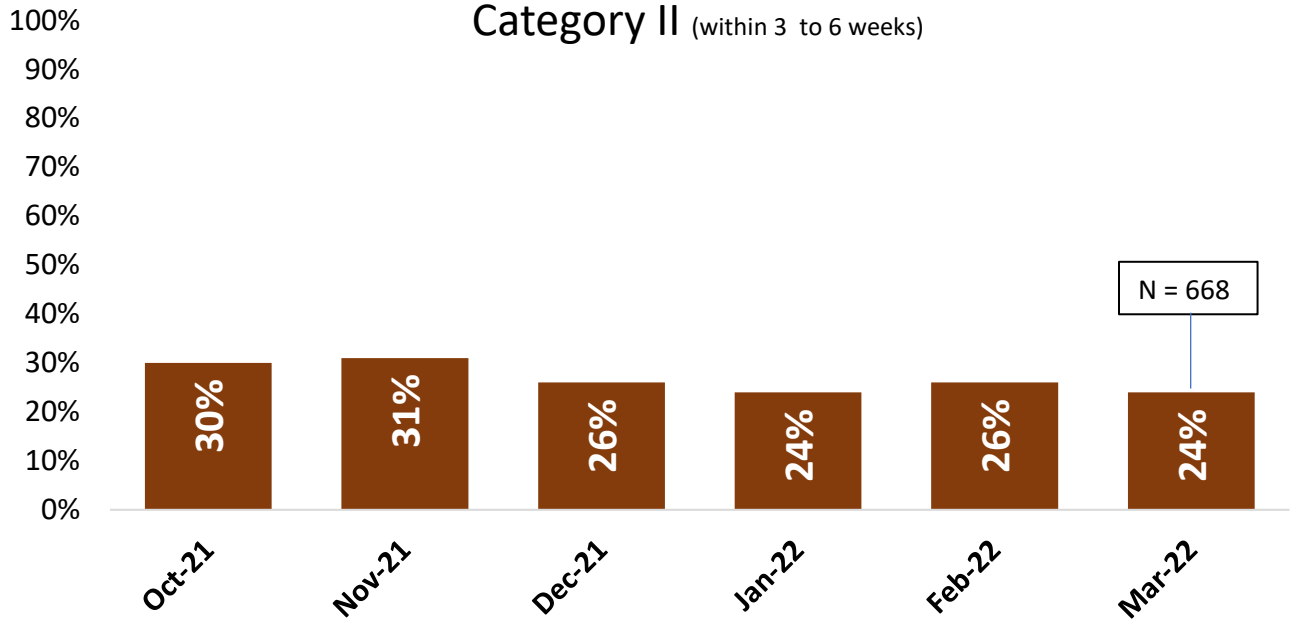


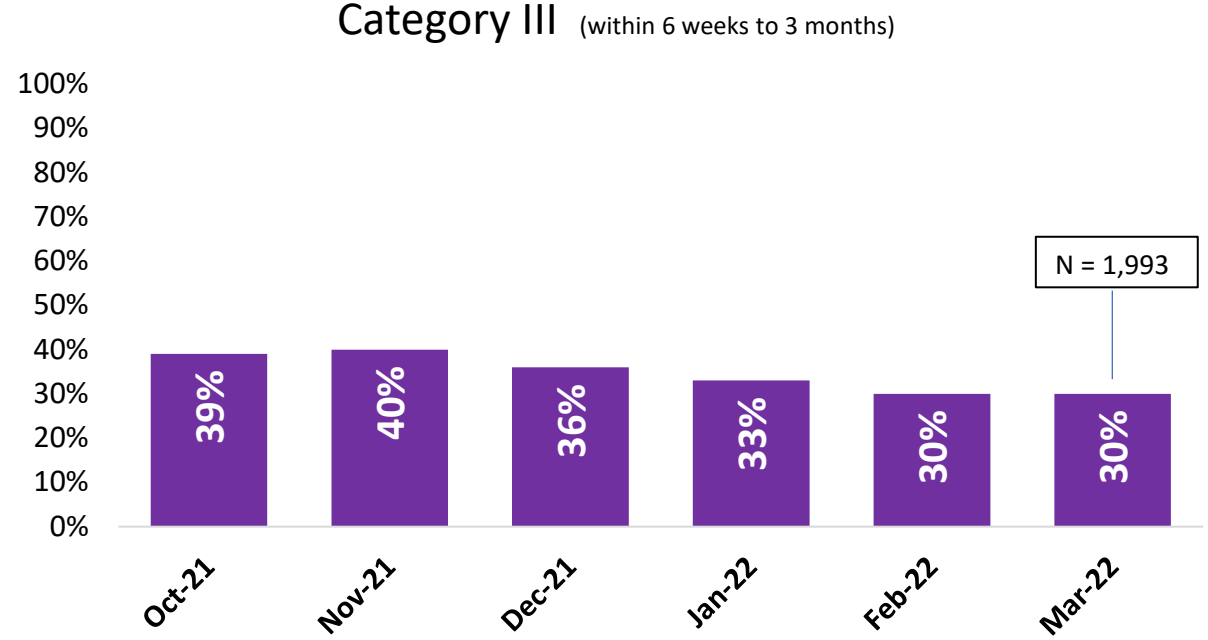

Volumes of Prioritized Surgeries Waiting
March 31, 2021 vs. March 31, 2022
25,000
20,000
15,000
10,000
5,000
0
180.0%
160.0%
140.0%
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
-20.0%
35.1%
19.6%
-3.0%
170.2%
33.1%
12.1%
-1.3%
53.0%
25.3%
3,089
4,003
4,172
5,495
6,169
6,571
3,823
3,662
3,710
524
690
1,416
1,684
1,742
2,241
939
710
1,053
468
772
462
1,631
1,327
2,496
17,653
19,075
22,121
Horizon 1
Horizon 2
Horizon 3
Horizon 7
Vitalité 1
Vitalité 4
Vitalité 5
Vitalité 6
New Brunswick
March 31, 2021
March 13, 2020
March 31, 2022
% change from March 2021 to March 2022

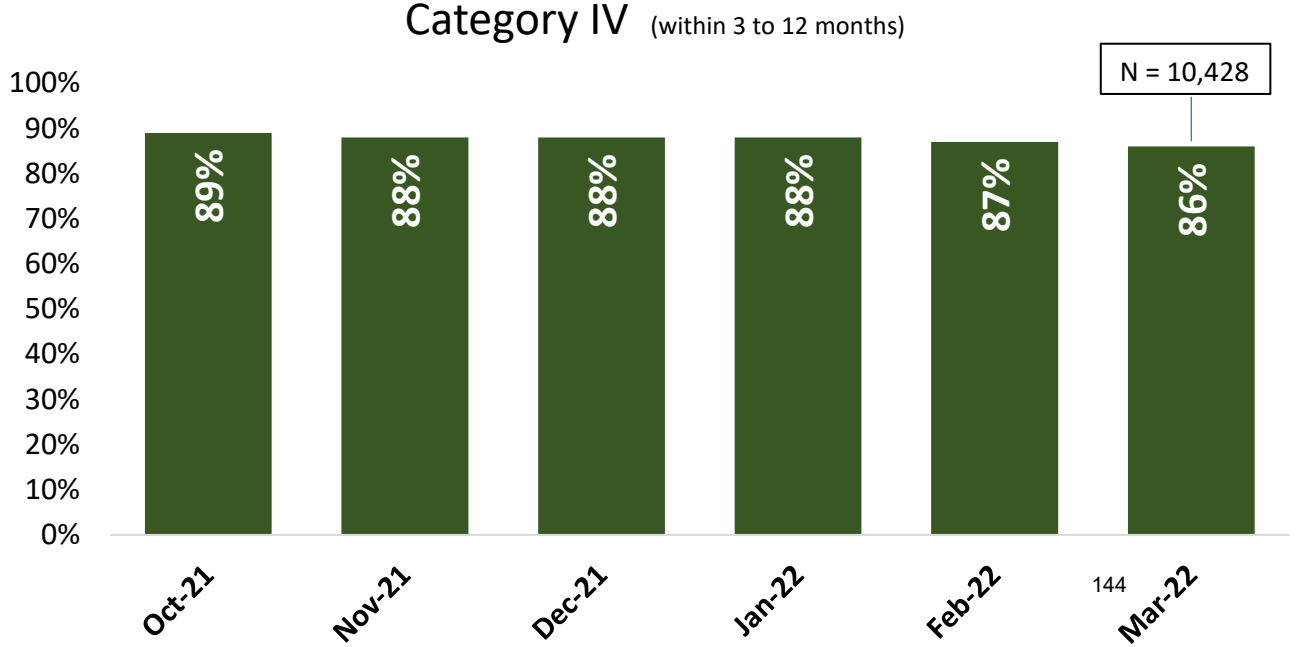
% Surgeries Waiting within Target Timeframes

Source: Surgical Access Registry
Data Retrieved April 11, 2022





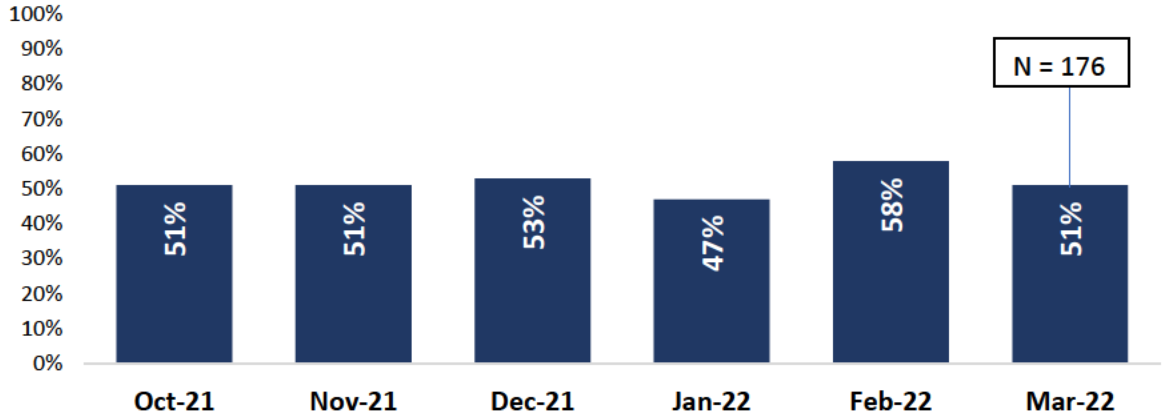




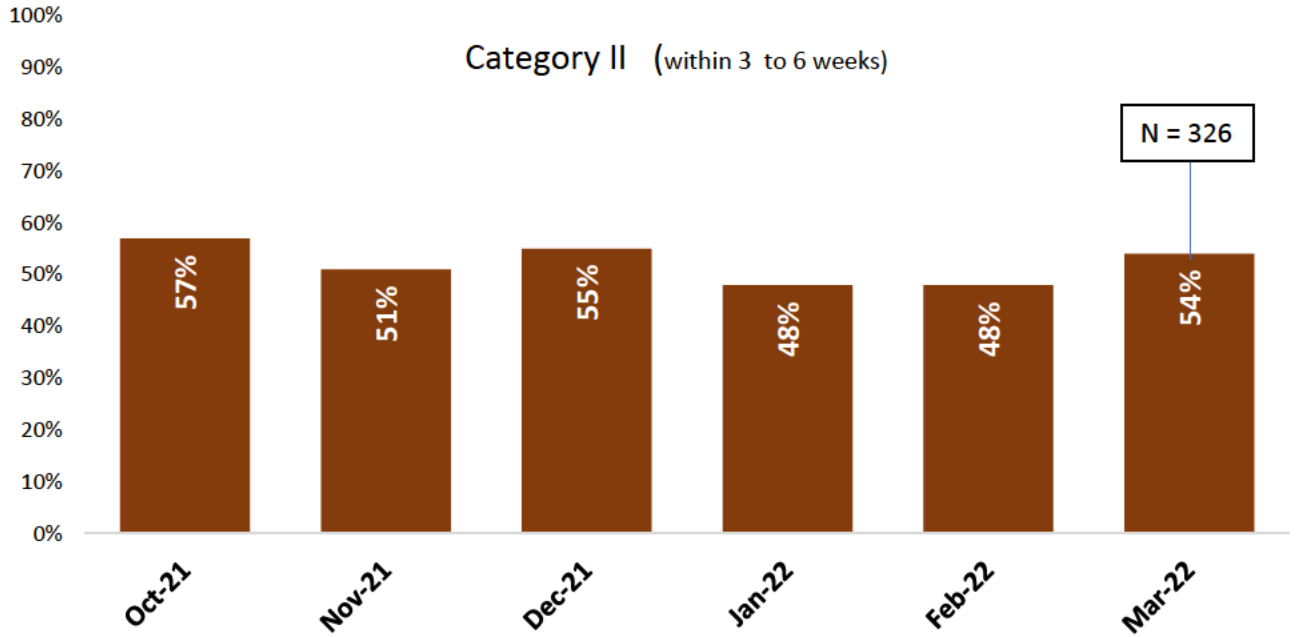
% Surgeries Completed within Target Timeframes

Source: Surgical Access Registry
Data Retrieved April 11, 2022

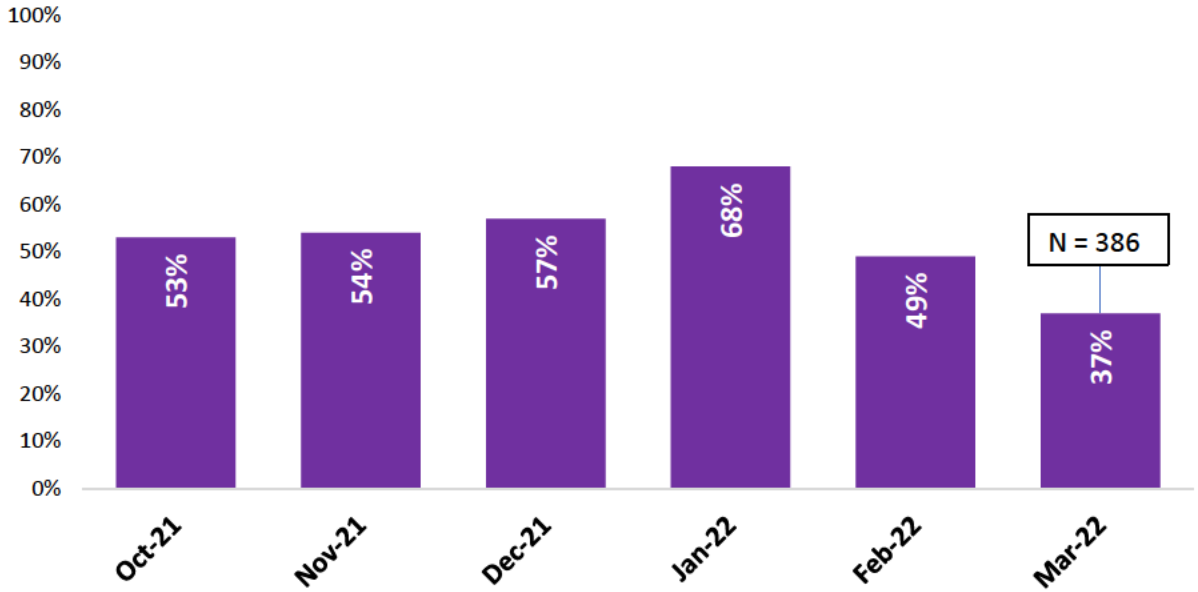
Category I (within 3 weeks)



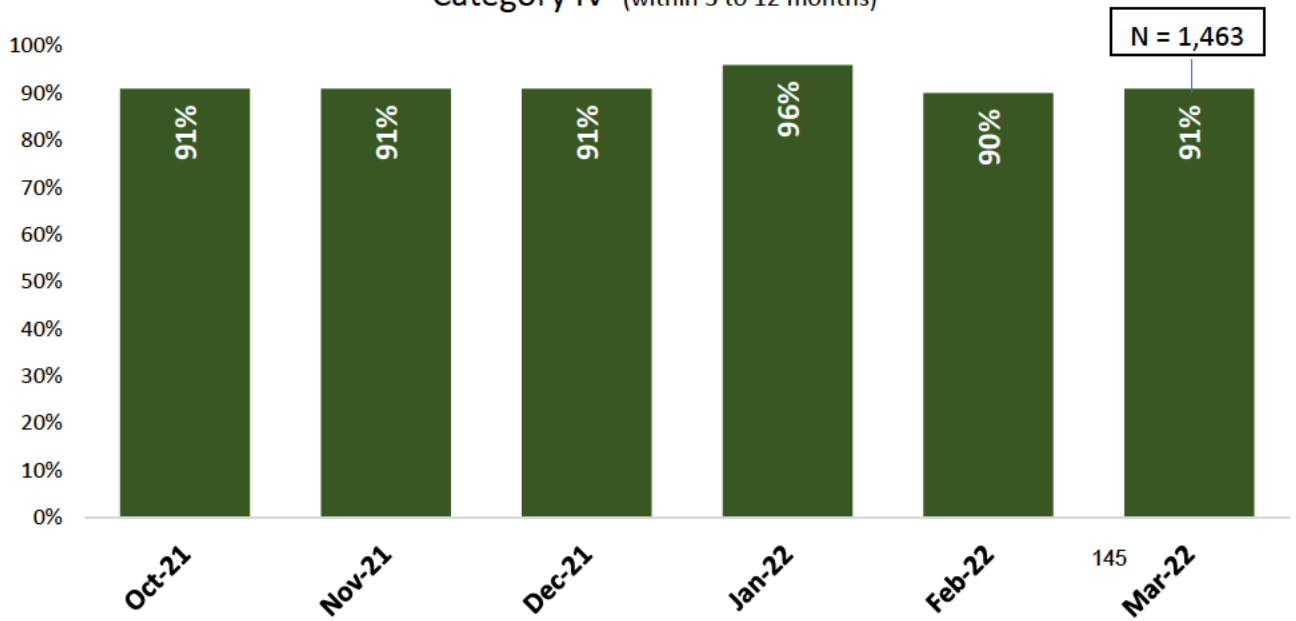
Category II (within 3 to 6 weeks)

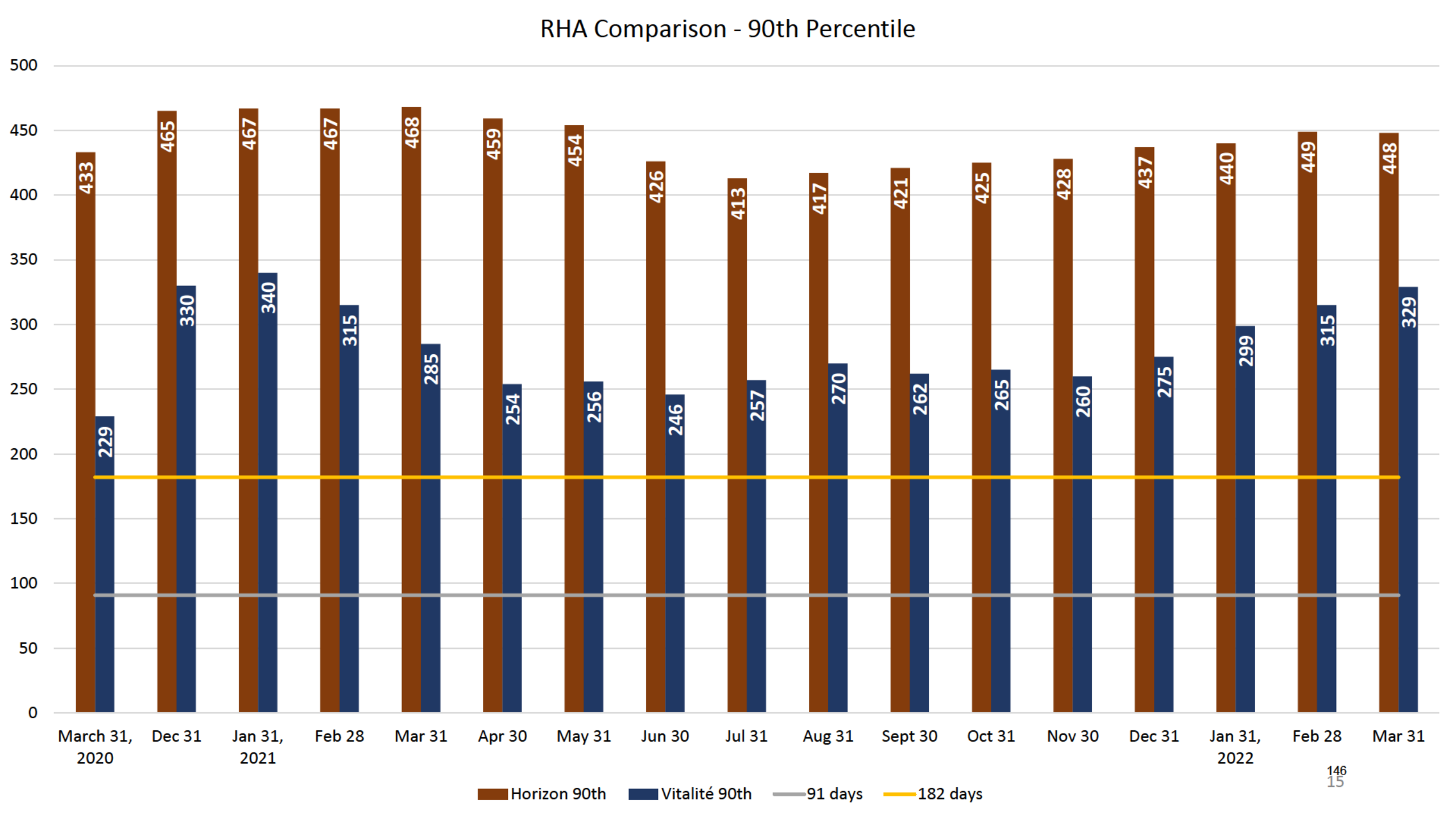


Category III (within 6 weeks to 3 months)



Category IV (within 3 to 12 months)




RHA Comparison - 90th Percentile
500
450
400
350
300
250
200
150
100
50
0
433
229
465
330
467
340
467
315
468
285
459
254
454
256
426
246
413
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417
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425
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428
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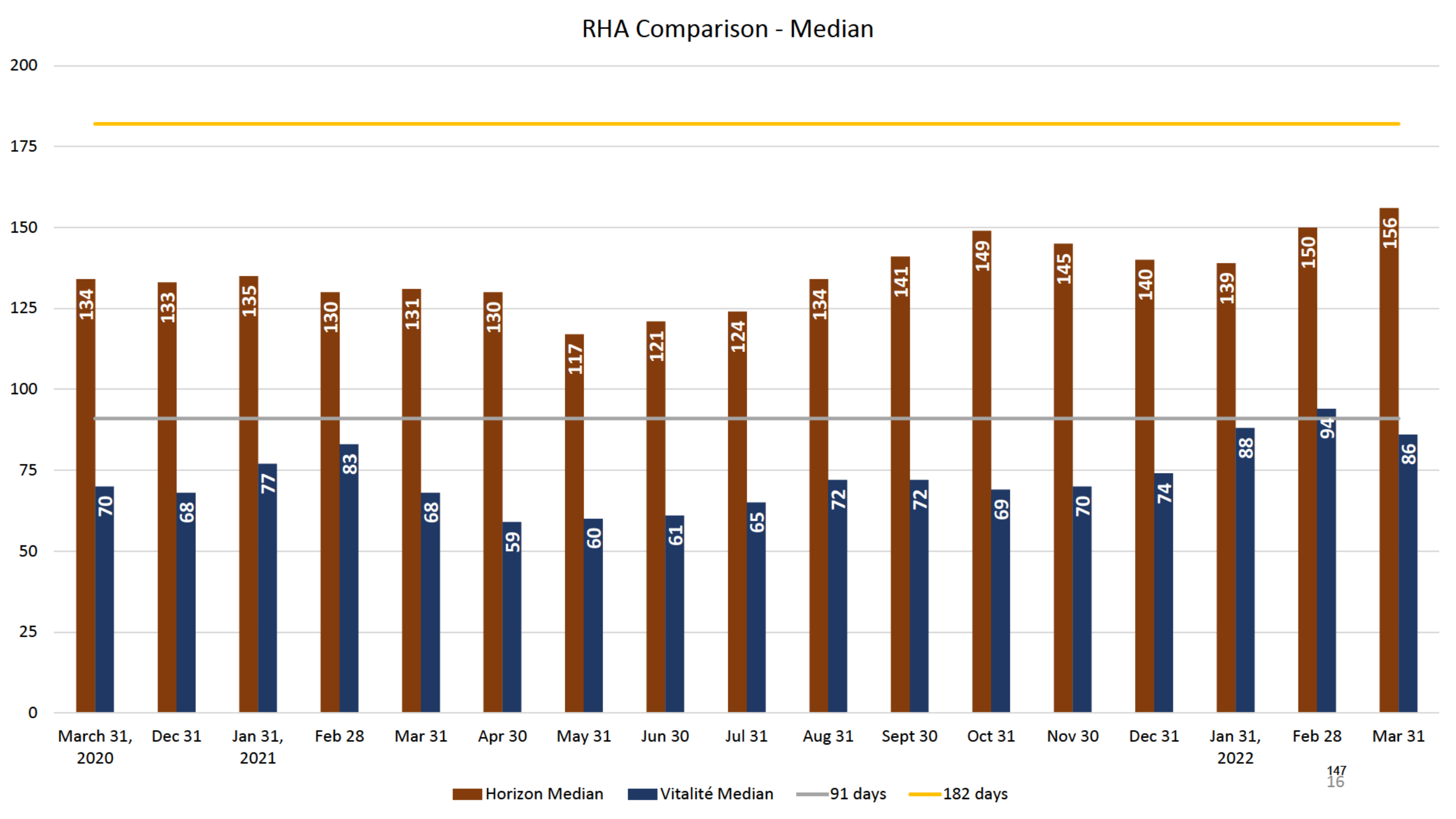
437
275
440
299
449
315
448
329
March 31, 2020
Dec 31
Jan 31, 2021
Feb 28
Mar 31
Apr 30
May 31
Jun 30
Jul 31
Aug 31
Sept 30
Oct 31
Nov 30
Dec 31
Jan 31, 2022
Feb 28
Mar 31
Horizon 90th
Vitalité 90th
91 days
182 days


RHA Comparison - Median
200
175
150
125
100
75
50
25
0
134
70
133
68
135
77
130
83
131
68
130
59
117
60
121
61
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156
86
March 31, 2020
Dec 31
Jan 31, 2021
Feb 28
Mar 31
Apr 30
May 31
Jun 30
Jul 31
Aug 31
Sept 30
Oct 31
Nov 30
Dec 31
Jan 31, 2022
Feb 28
Mar 31
Horizon Median
Vitalité Median
91 days
182 days

Weekly Report on the NB Surgical Program

Updated to March 25, 2022

*Surgeries are reflective of the volume waiting or completed the day the report was run (March 28, 2022). There could be slight changes over time up to seven days post operatively for facilities to complete their surgical cases.

Weekly Prioritized Surgical Volumes Completed

Zone	Feb 14 - 18, 2022	Feb 21 - 25, 2022	Feb 28 - Mar 4, 2022	Mar 7 - 11, 2022	Mar 14 - 18, 2022
New Brunswick	**844**	**682**	**787**	**576**	**862**
Horizon 1	146	117	126	86	165
Horizon 2	216	186	217	151	203
Horizon 3	206	143	150	82	169
Horizon 7	31	21	24	20	28
Horizon Total	**599**	**467**	**517**	**339**	**565**
Vitalité 1	118	91	96	79	116
Vitalité 4	44	46	65	63	62
Vitalité 5	21	16	39	18	37
Vitalité 6	62	62	70	77	82
Vitalité Total	**245**	**215**	**270**	**237**	**297**
		Family Day			

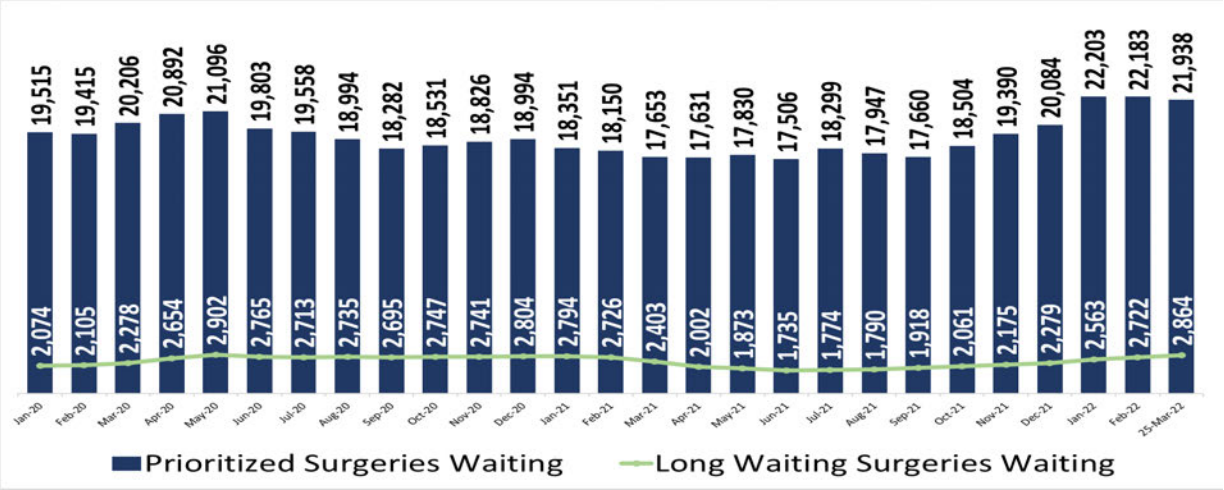
- 78% of all Prioritized Surgeries completed in NB the week of March 14 to 18, 2022, were **Day Surgeries**.
  - 76% Horizon Health Network
  - 84% Reseau de Santé Vitalité

*Please note: data presented prior to 7 days post surgery is subject to change. (SAR Policy SAR-A-50 states post-operative data must be entered within 1 week of the surgery performed date.)

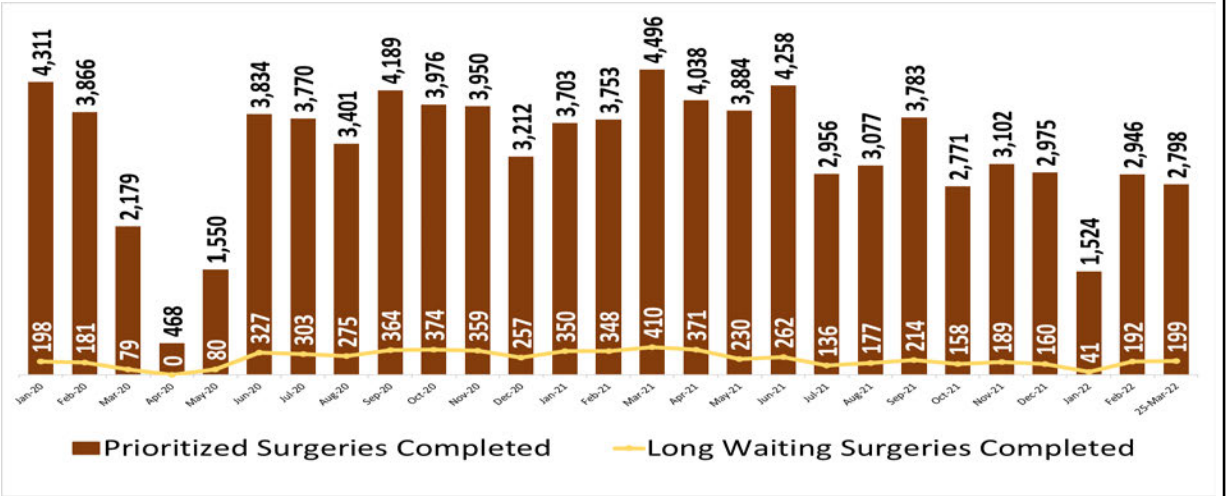
Surgical Summary – New Brunswick

March 25, 2022

Prioritized Surgeries Waiting in New Brunswick



Prioritized Surgeries Completed in New Brunswick



Summary

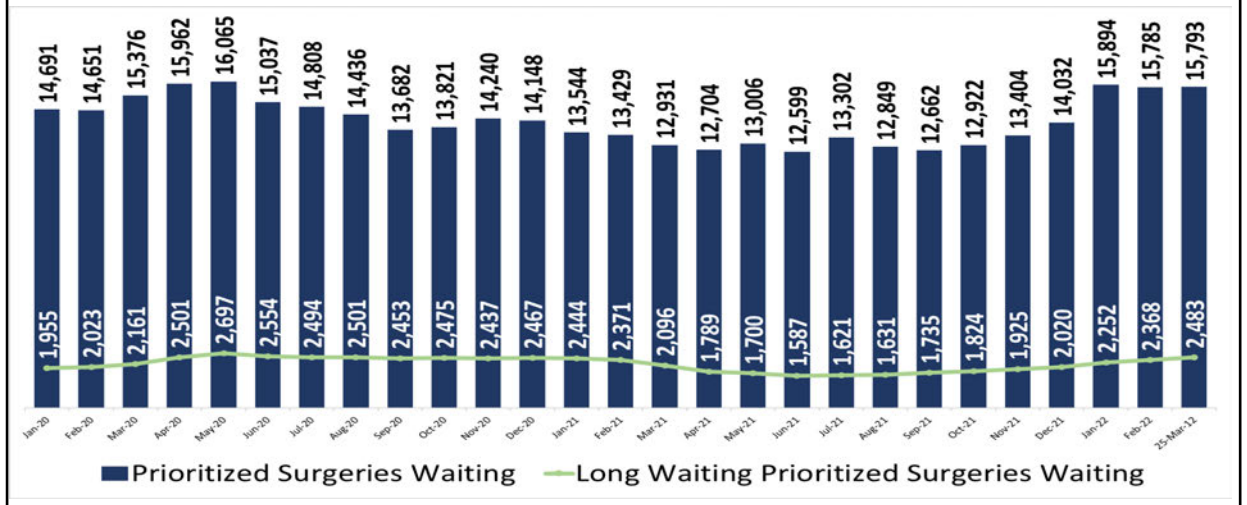
- **Prioritized Surgeries waiting has increased 22% and Long Waiting Surgeries waiting has decreased 0.15% compared to the same date from the previous year (Feb 28, 2022, vs. Feb 28, 2021)**
- **Prioritized Surgeries completed has decreased 22% and Long Waiting Surgeries completed has decreased 74% compared to the same date from the previous year (Feb 28, 2022, vs. Feb 28, 2021)**
- 862 prioritized and 180 unscheduled surgeries were completed (March 14 to 18, 2022)
- 12% of all Prioritized Surgeries completed in NB the week of March 14, 2022, were Cancer Surgeries. (10% HHN, and 16% VHN).
- In NB (as of March 18, 2022), there are 530 Cancer Surgeries waiting (increase of 2 from last week), with 23% waiting beyond target of 6 weeks, and 42% waiting beyond target of 3 months.
- There are 3,096 Hip and Knee Replacement Surgeries waiting, of which 563 are waiting beyond 1 year (as of March 25, 2022).
- NB saw a 45% decrease in the volume of cancellations due to Covid-19 during the same period last month (March 1 to 25, 2022 vs. February 1 to 25, 2022).

Source: Surgical Access Registry
Data Retrieved between March 25 -28, 2022

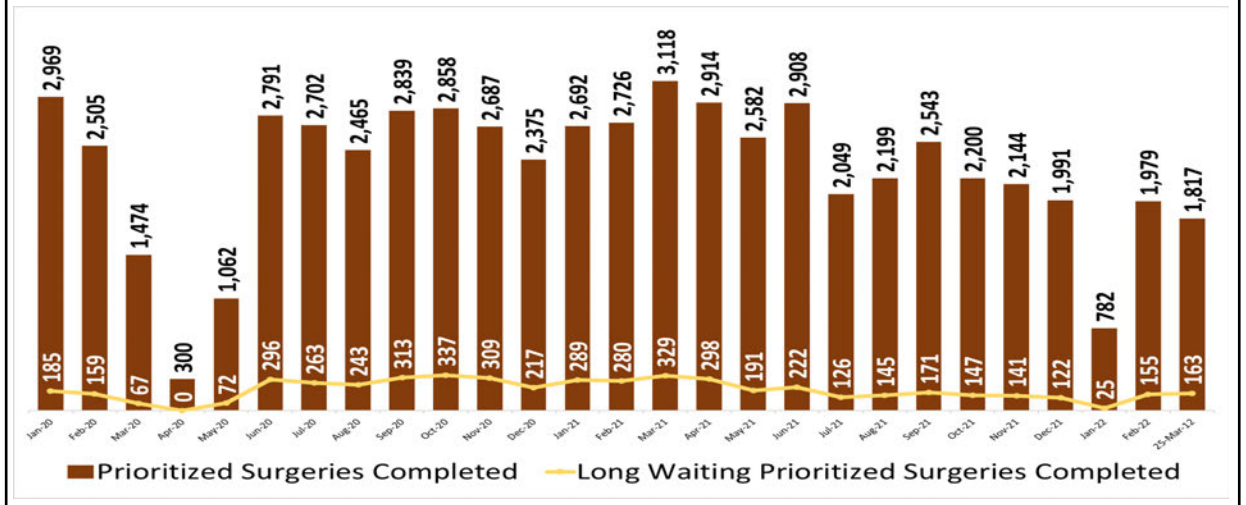
Surgical Summary – Horizon

March 25, 2022

Prioritized Surgeries Waiting in Horizon



Prioritized Surgeries Completed in Horizon



Summary

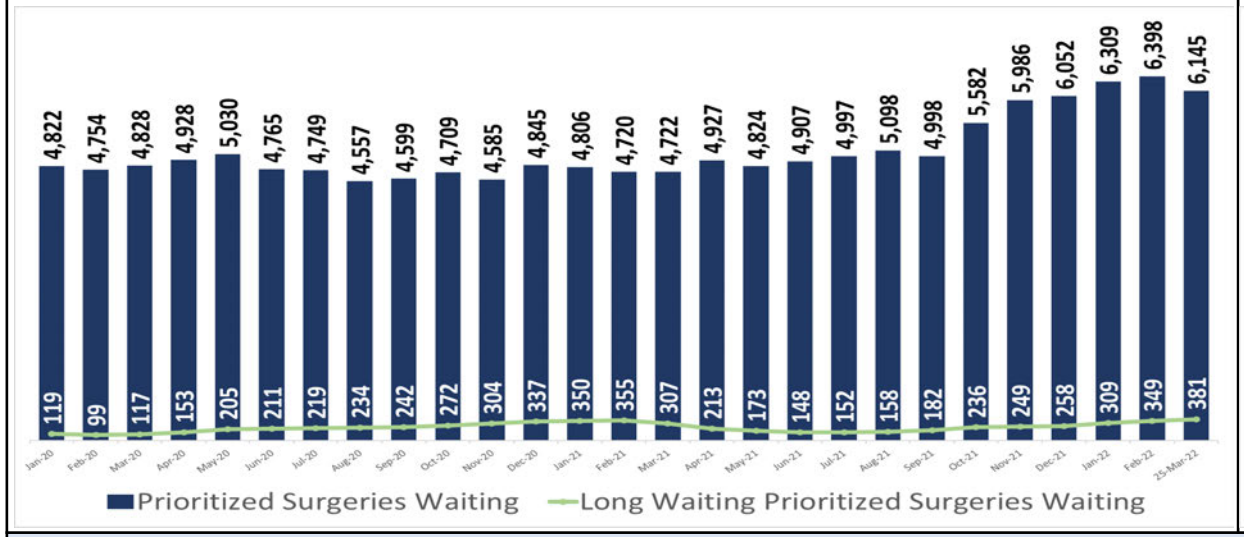
- **Prioritized Surgeries waiting has increased 18% and Long Waiting Surgeries waiting has decreased 0.13% compared to the same date from the previous year (Feb 28, 2022, vs. Feb 28, 2021).**
- **Prioritized Surgeries completed has decreased 27% and Long Waiting Surgeries completed has decreased 45% compared to the same date from the previous year (Feb 28, 2022, vs. Feb 28, 2021).**
- **67% of all Prioritized NB Surgeries Completed in the month of February 2022, and 81% of all Prioritized NB Long Waiting Surgeries Completed were in the Horizon Health Network.**
- 72% of all Prioritized NB Surgeries Waiting as of March 25, 2022, and 87% of all Prioritized NB Long Waiting Surgeries Waiting as of March 25, 2022, are in the Horizon Health Network.
- Horizon Health Network saw a 5% increase in the volume of cancellations due to Covid-19 during the same period last month (March 1 to 25, 2022 vs. February 1 to 25, 2022).

Source: Surgical Access Registry
Data Retrieved between March 25 -28, 2022

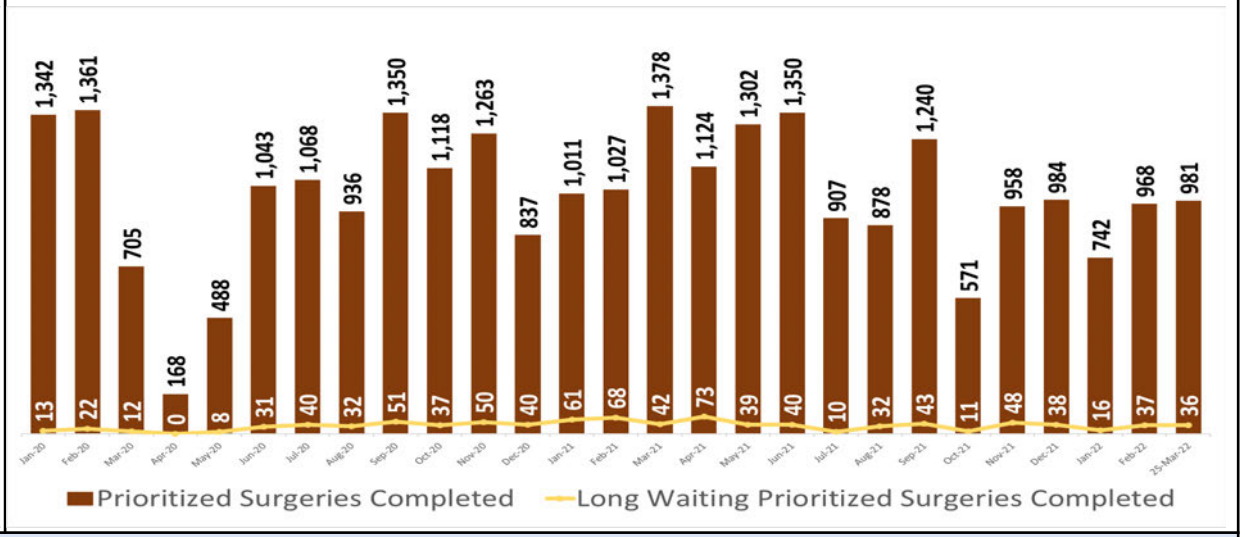
Surgical Summary - Vitalité

March 25, 2022

Prioritized Surgeries Waiting in Vitalité



Prioritized Surgeries Completed in Vitalité



Summary

- **Prioritized Surgeries waiting has increased 36% and Long Waiting Surgeries waiting has decreased 2% compared to the same date from the previous year (Feb 28, 2022, vs. Feb 28, 2021).**
- **Prioritized Surgeries completed has decreased 6% and Long Waiting Surgeries completed has decreased 46% compared to the same date from the previous year (Feb 28, 2022, vs. Feb 28, 2021).**
- **33% of all Prioritized NB Surgeries Completed in the month of February 2022, and 19% of all Prioritized NB Long Waiting Surgeries Completed were in the Reseau de Santé Vitalité**.
- 28% of all Prioritized NB Surgeries Waiting as of March 25, 2022, and 13% of all Prioritized NB Long Waiting Surgeries Waiting as of March 25, 2022, are in the Reseau de Santé Vitalité.
- Reseau de Santé Vitalité saw an 78% decrease in the volume of cancellations due to Covid-19 during the same period last month (March 1 to 25, 2022 vs. February 1 to 25, 2022).

Source: Surgical Access Registry
Data Retrieved between March 25 -28, 2022

HIP & KNEE SURGICAL REQUEST DATA

St. Joseph's Hip and Knee Data

Data updated on March 25, 2022

Week of:	Feb 21 - 25	Feb 28 - Mar 4	Mar 7 - 11	Mar 14 - 18
Hip/Knee Completed NB	39	59	33	56
Hip/Knee Long Waiters Completed NB	8	15	11	16
Hip/Knee Completed SJRH	5	13	8	9
Hip/Knee Long Waiters Completed SJRH	1	1	0	1
Hip/Knee Completed St. Joseph's Hospital	12	12	0	13
Hip/Knee Long Waiters Completed St. Joseph's Hospital	1	1	0	3

All Hips and Knees Completed	
NB since beginning of initiative October 12, 2020, to March 18, 2022	4002
St. Joseph's Hospital since beginning of initiative October 12, 2020, to March 18, 2022	843

All Long Waiting Hips and Knees Completed	
NB since beginning of initiative October 12, 2020, to March 18, 2022	1114
St. Joseph's since beginning of initiative October 12, 2020, to March 18, 2022	121

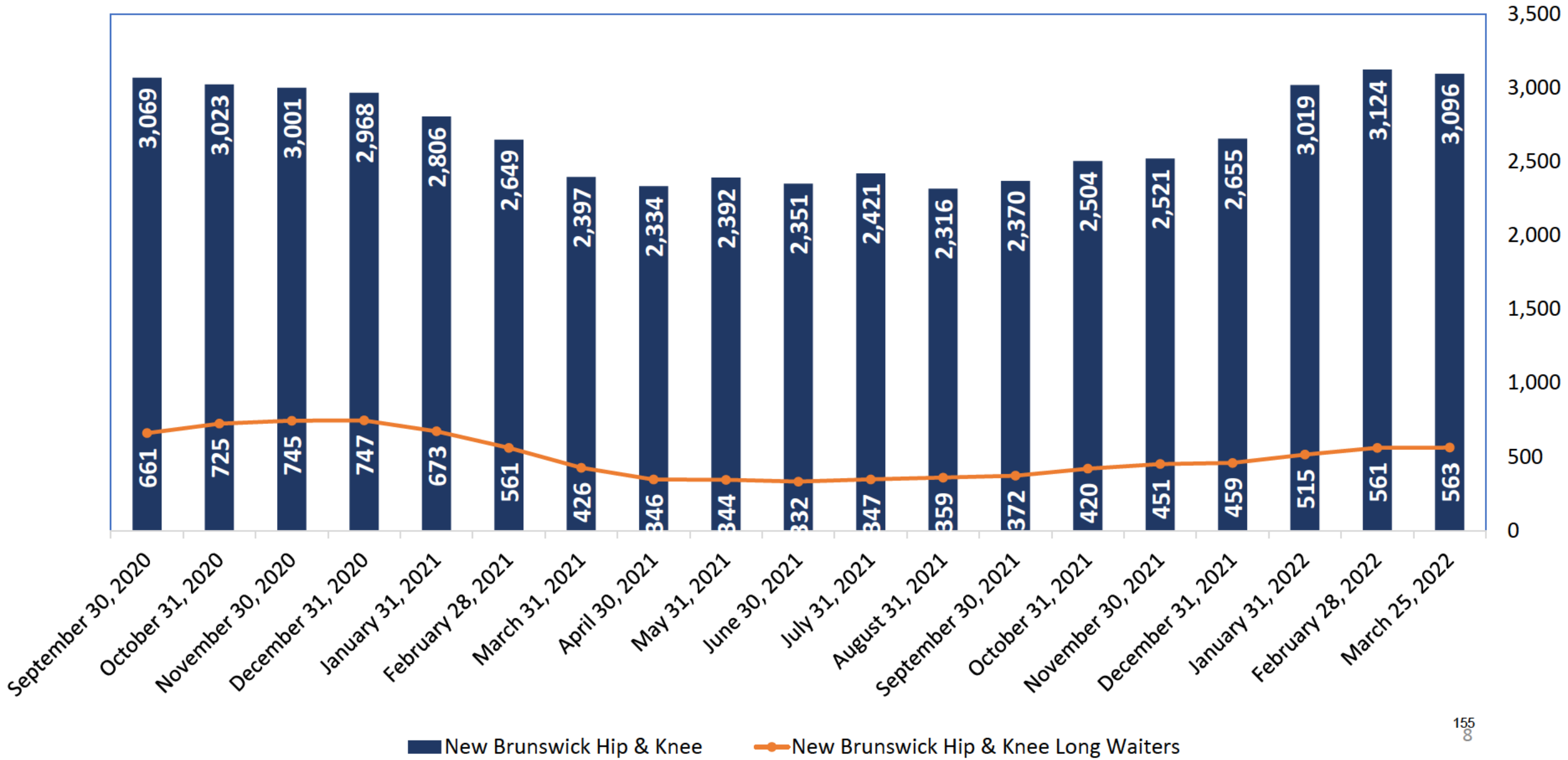
Please note:

Data presented prior to 7 days post surgery is subject to change. (SAR Policy SAR-A-50 states post-operative data must be entered within 1 week of the surgery performed date.)

Includes patients waiting for both left and right replacements.

Baseline 660 long waiting hip and knee replacement surgeries on September 30, 2020

Volumes of Prioritized Hip and Knee Surgeries Waiting in New Brunswick

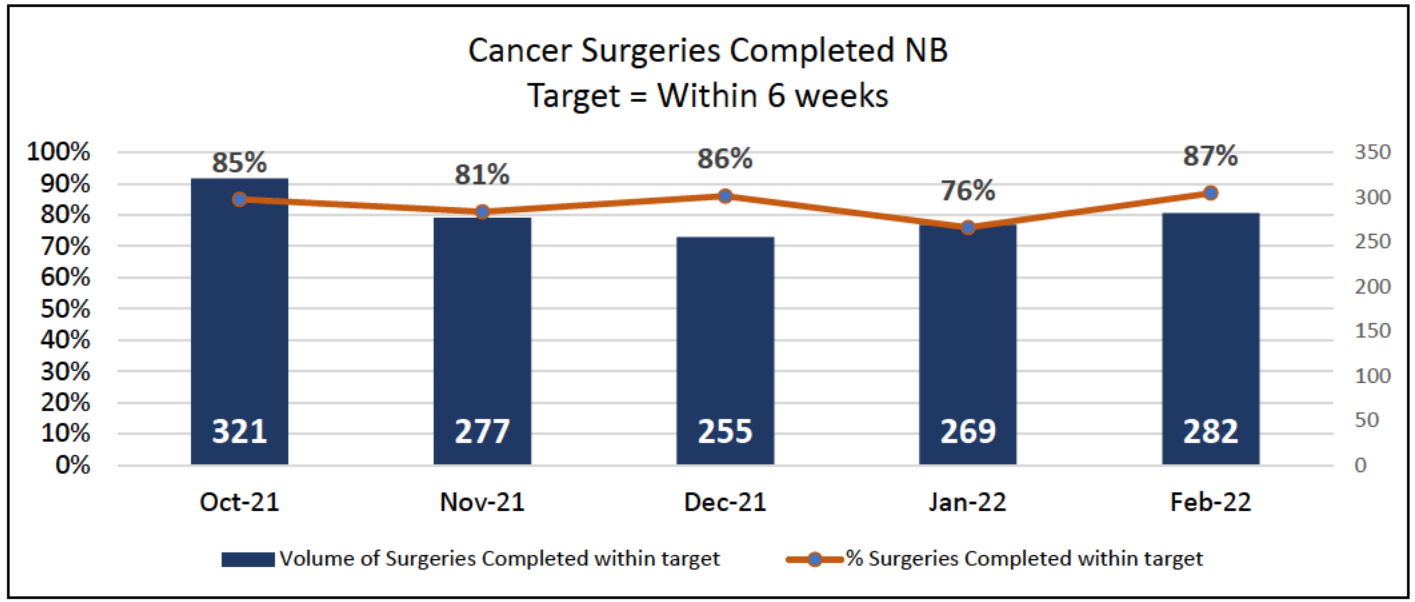


MONTHLY SURGICAL REQUEST DATA

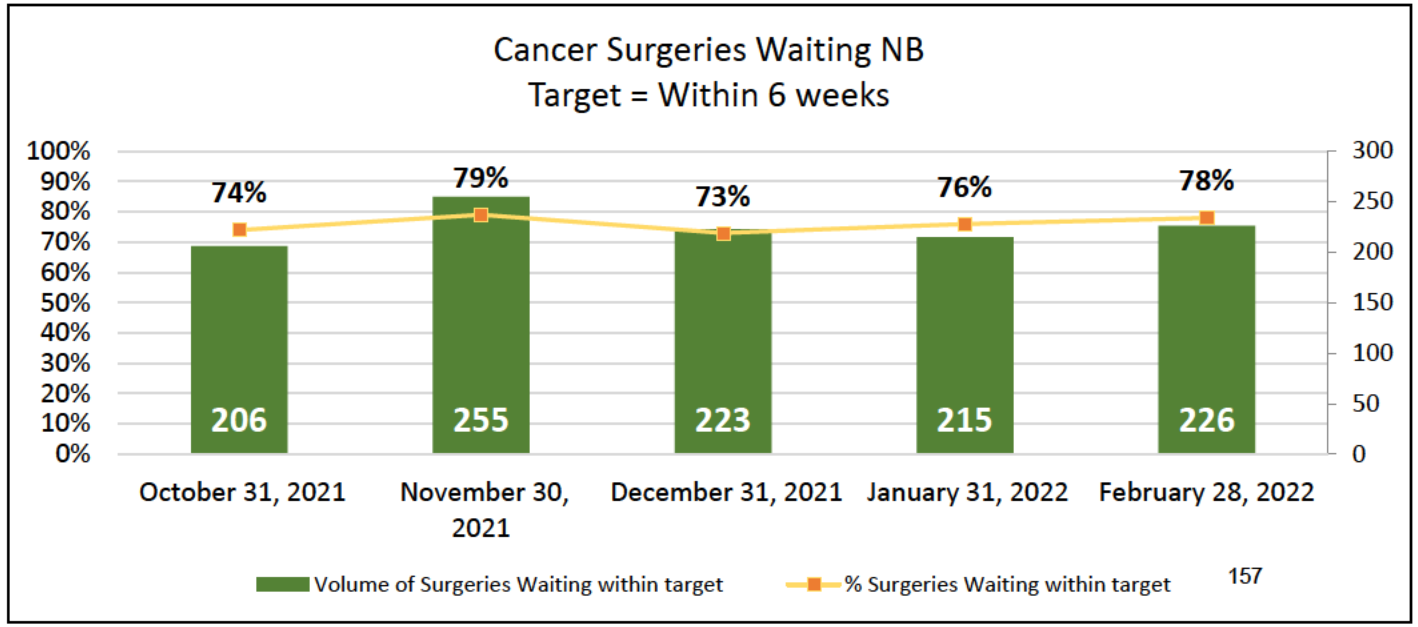
Next Update: April 11, 2022

Cancer Surgeries – Within 6 Weeks
Category I and II

- 11 % more Cancer Surgeries were completed within Target Timeframe than the previous month (Feb-22 with 87% vs. Jan-22 with 76%).
- 13% were completed beyond target

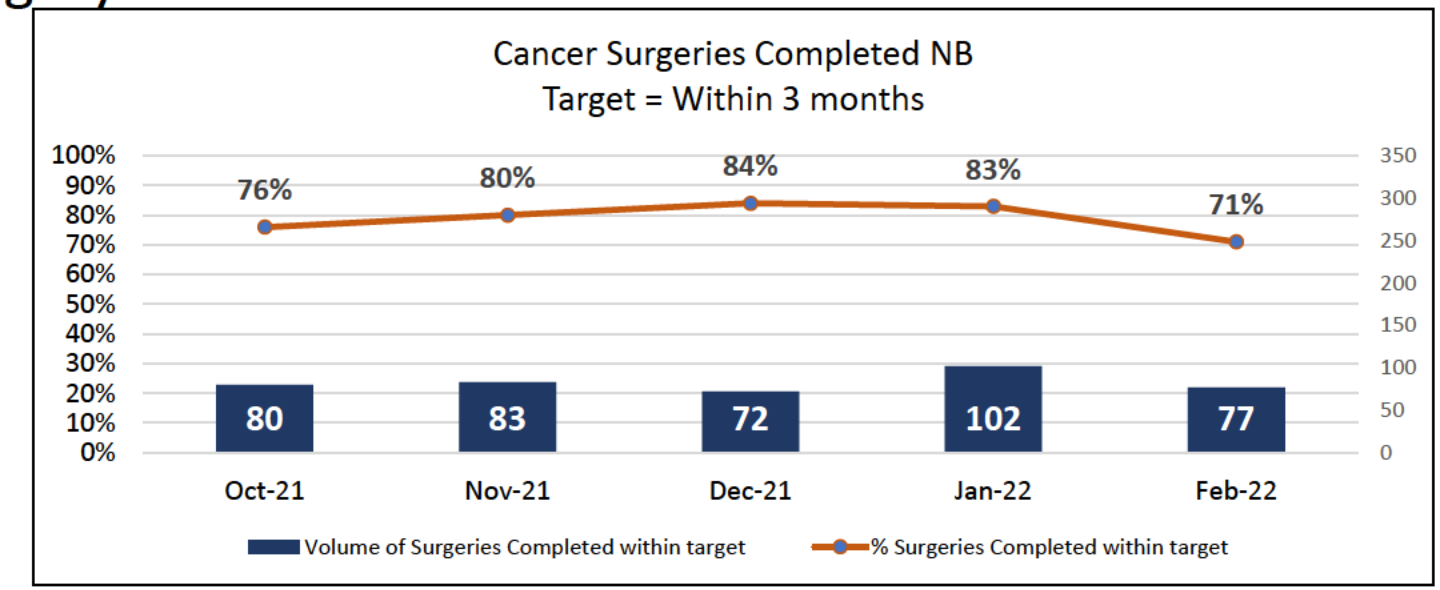


- 2 % more Cancer Surgeries were waiting within Target Timeframe than the previous month (Feb-22 with 78% vs. Jan-22 with 76%).
- 22% were waiting beyond target

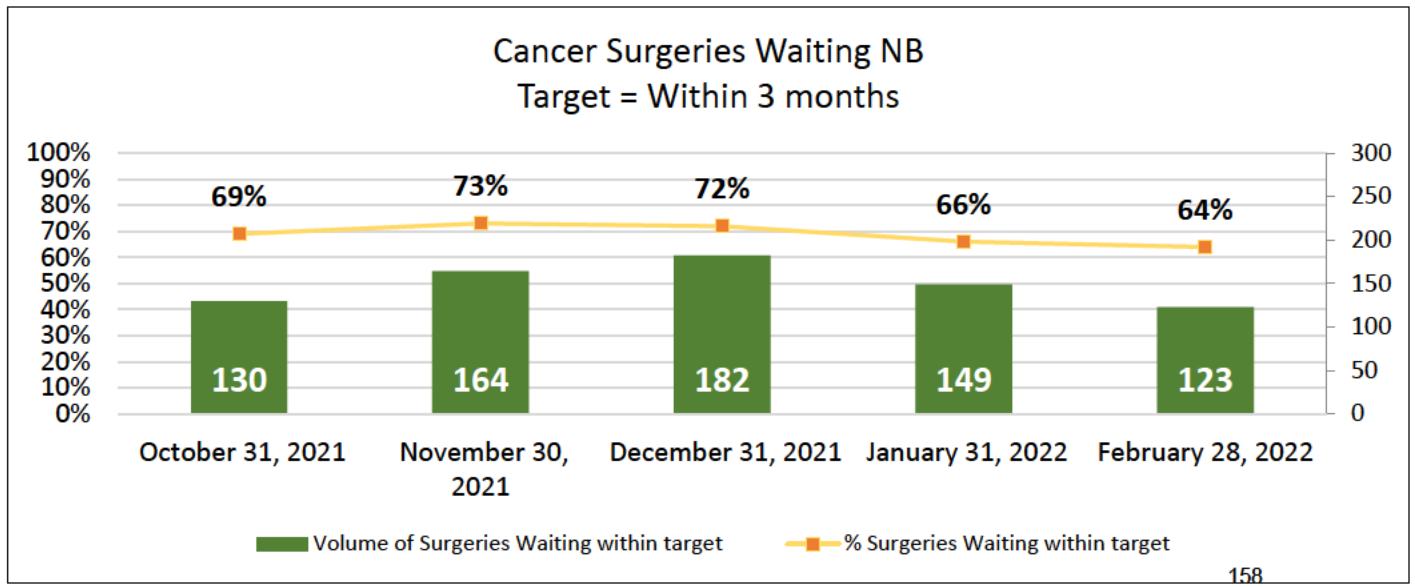


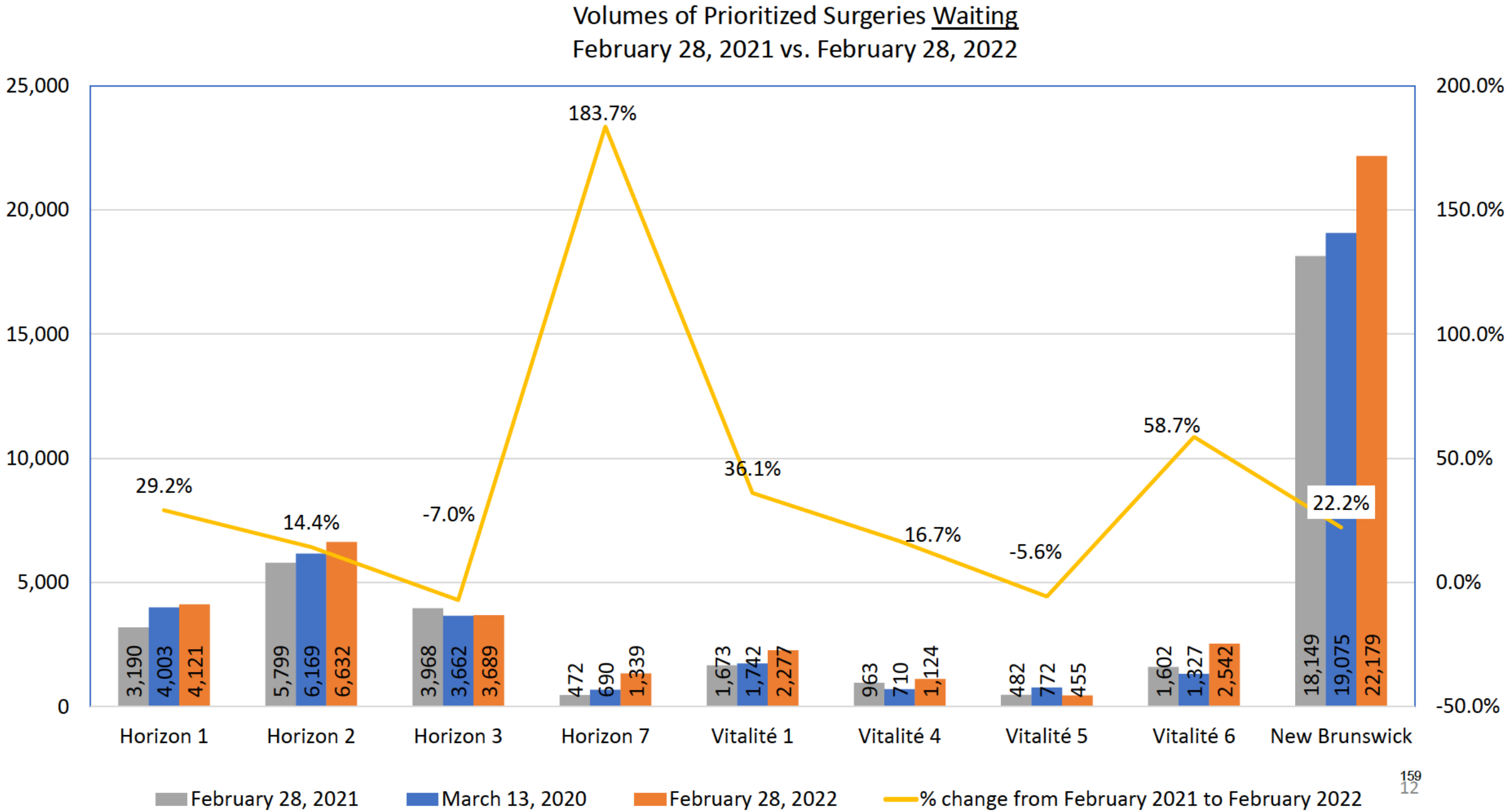
Cancer Surgeries – Within 3 months
Category III

- 12 % fewer Cancer Surgeries were completed within Target Timeframe than the previous month (Feb-22 with 71% vs. Jan-22 with 83%).
- 29% were completed beyond target

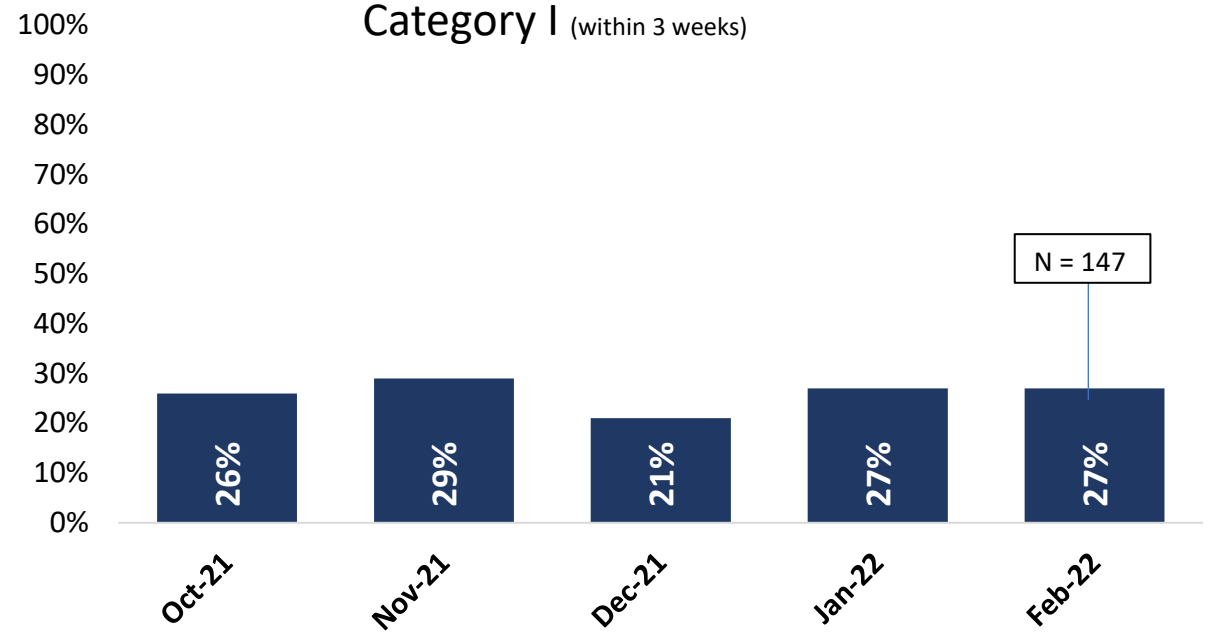


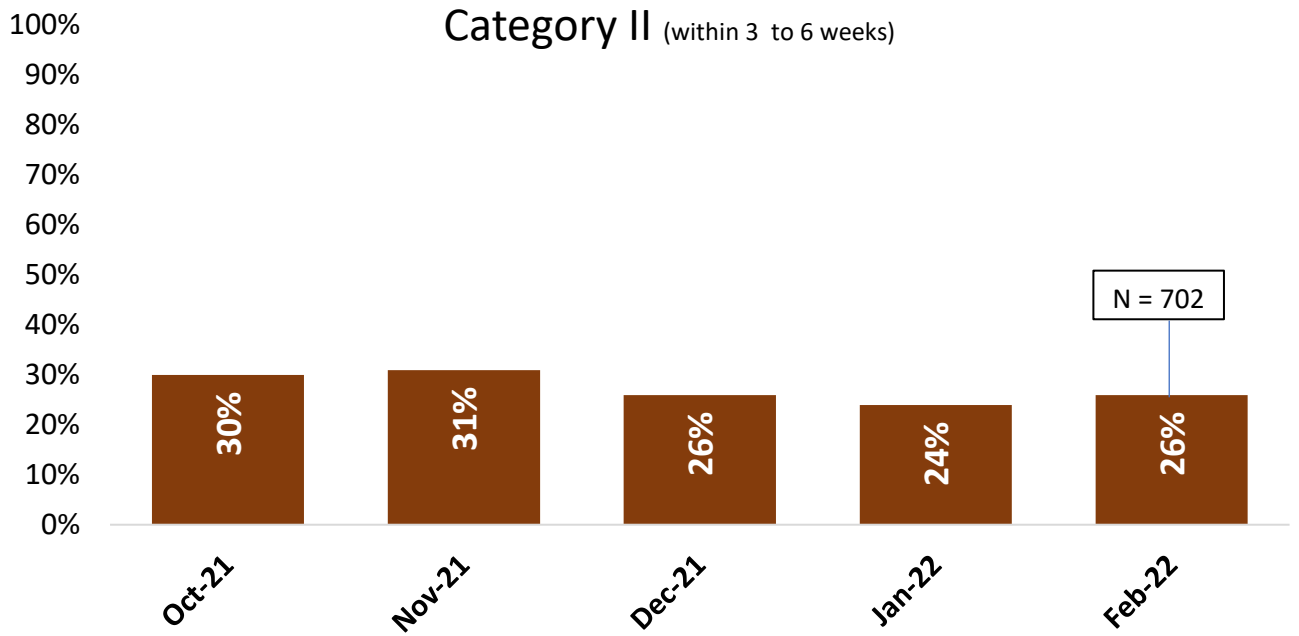
- 2 % fewer Cancer Surgeries were waiting within Target Timeframe than the previous month (Feb-22 with 64% vs. Jan-22 with 66%).
- 36% were waiting beyond target

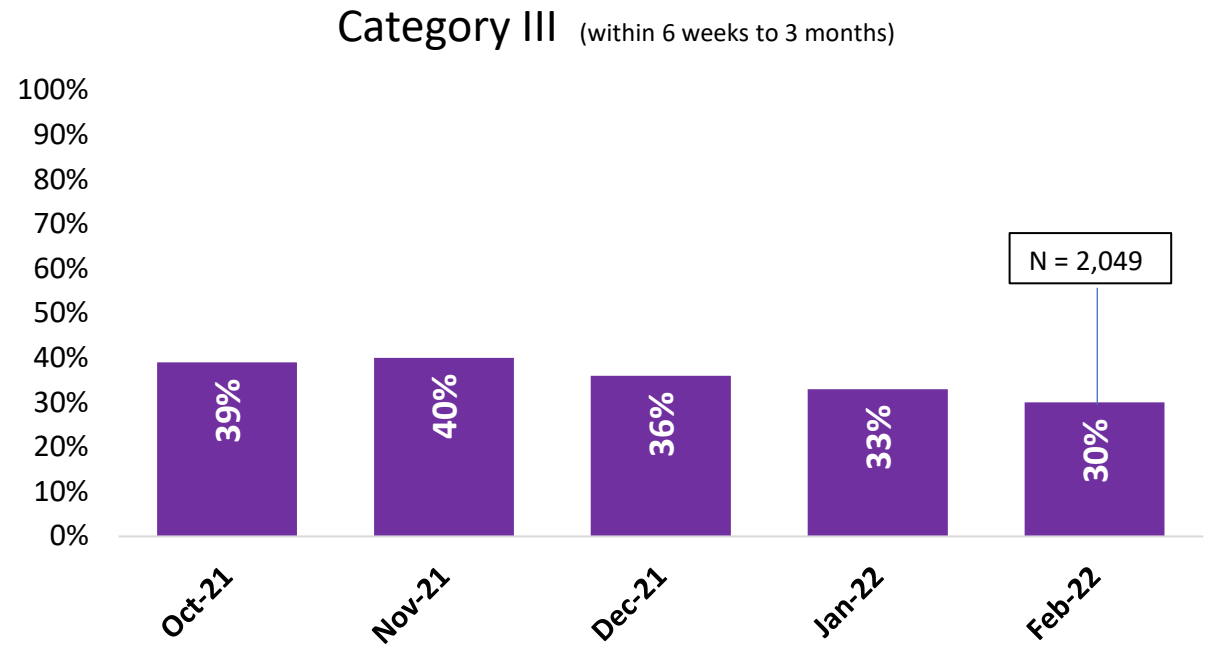


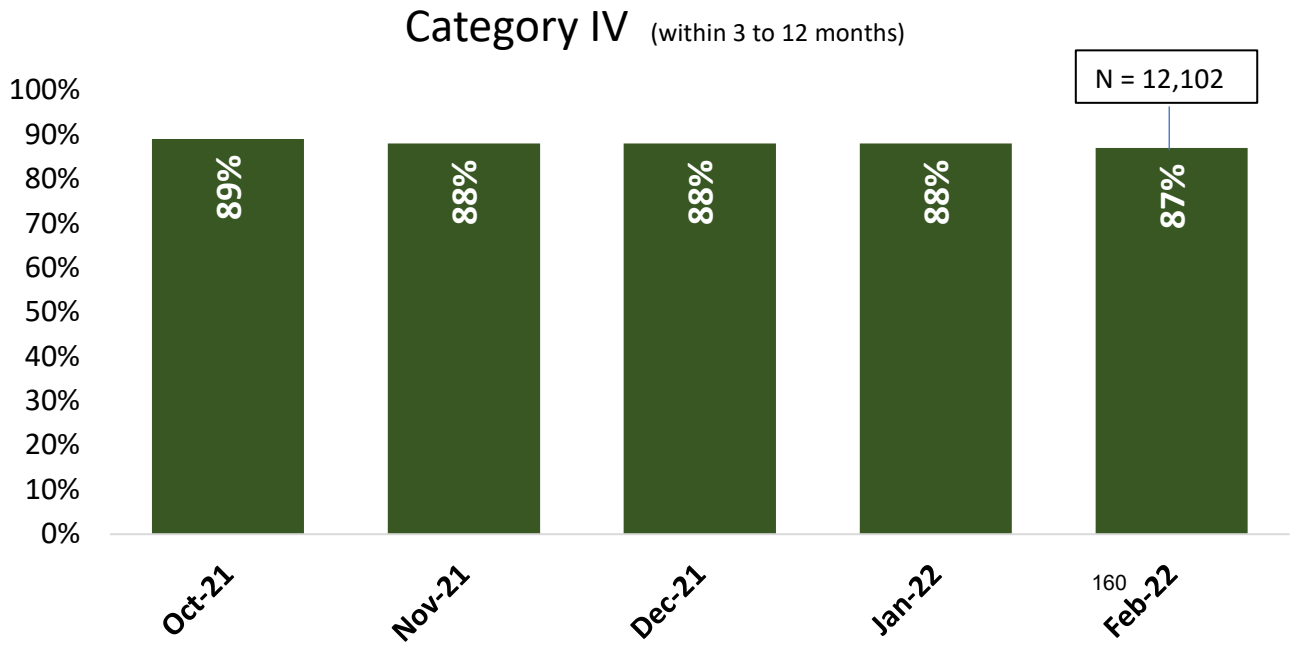

Volumes of Prioritized Surgeries Waiting
February 28, 2021 vs. February 28, 2022
25,000
20,000
15,000
10,000
5,000
0
200.0%
150.0%
100.0%
50.0%
0.0%
-50.0%
3,190
4,003
4,121
5,799
6,169
6,632
3,968
3,662
3,689
472
690
1,339
1,673
1,742
2,277
963
710
1,124
482
772
455
1,602
1,327
2,542
18,149
19,075
22,179
29.2%
14.4%
-7.0%
183.7%
36.1%
16.7%
-5.6%
58.7%
22.2%
Horizon 1
Horizon 2
Horizon 3
Horizon 7
Vitalité 1
Vitalité 4
Vitalité 5
Vitalité 6
New Brunswick
February 28, 2021
March 13, 2020
February 28, 2022
% change from February 2021 to February 2022

% Surgeries Waiting within Target Timeframes

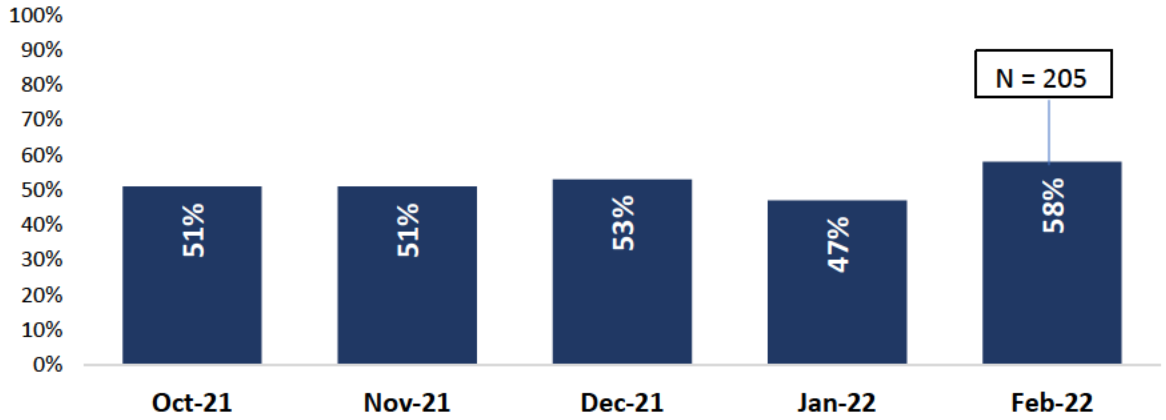


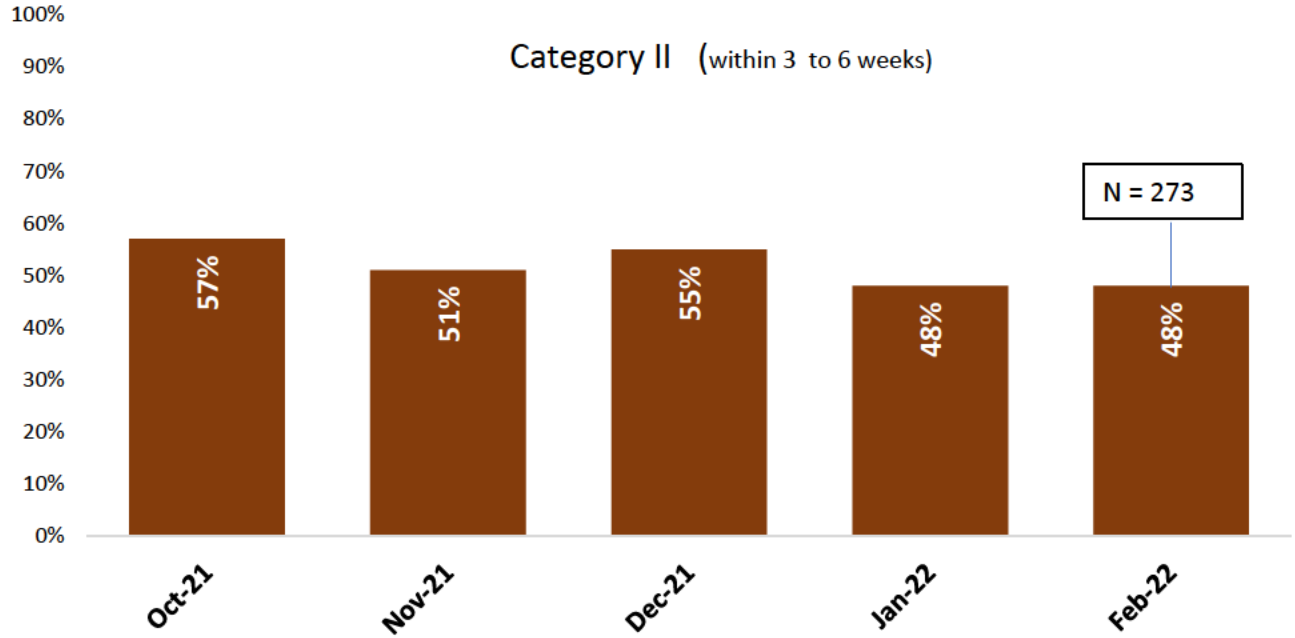


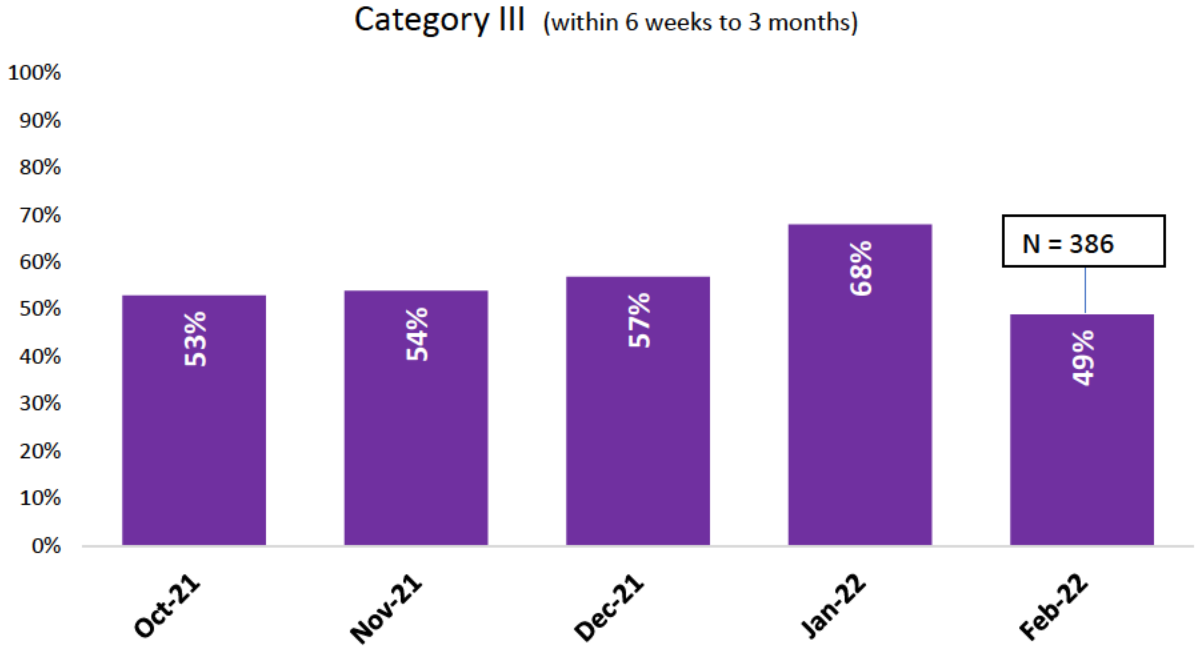


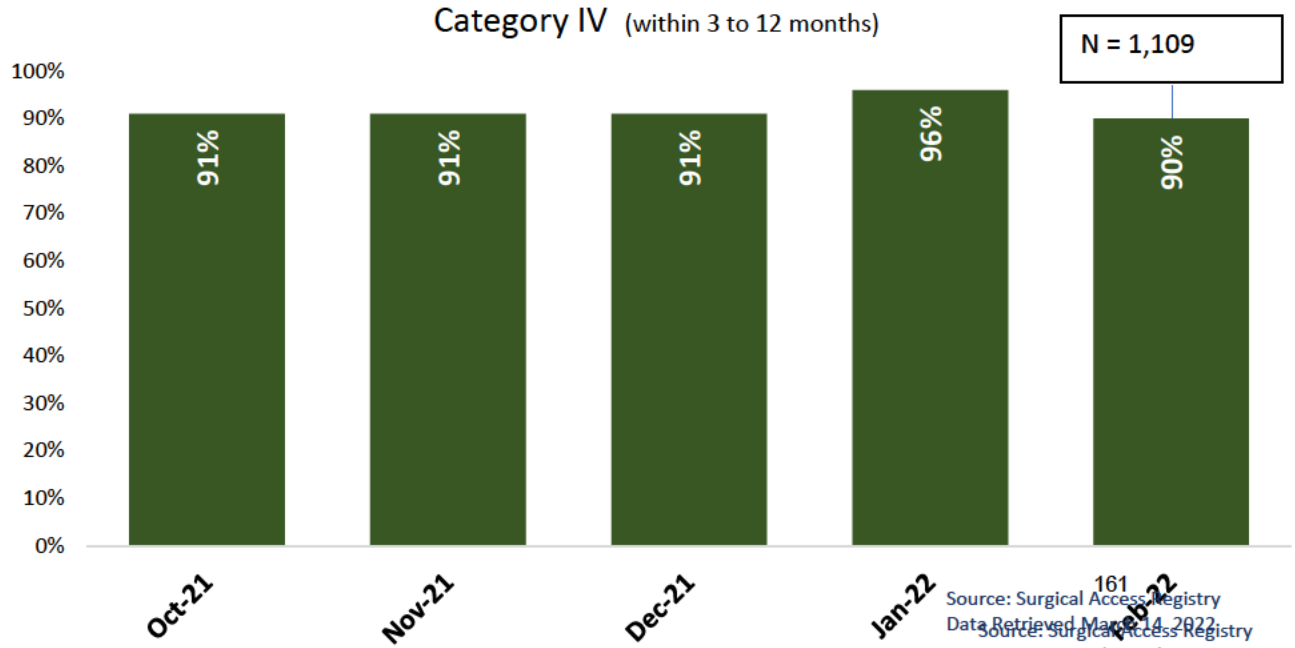


% Surgeries Completed within Target Timeframes



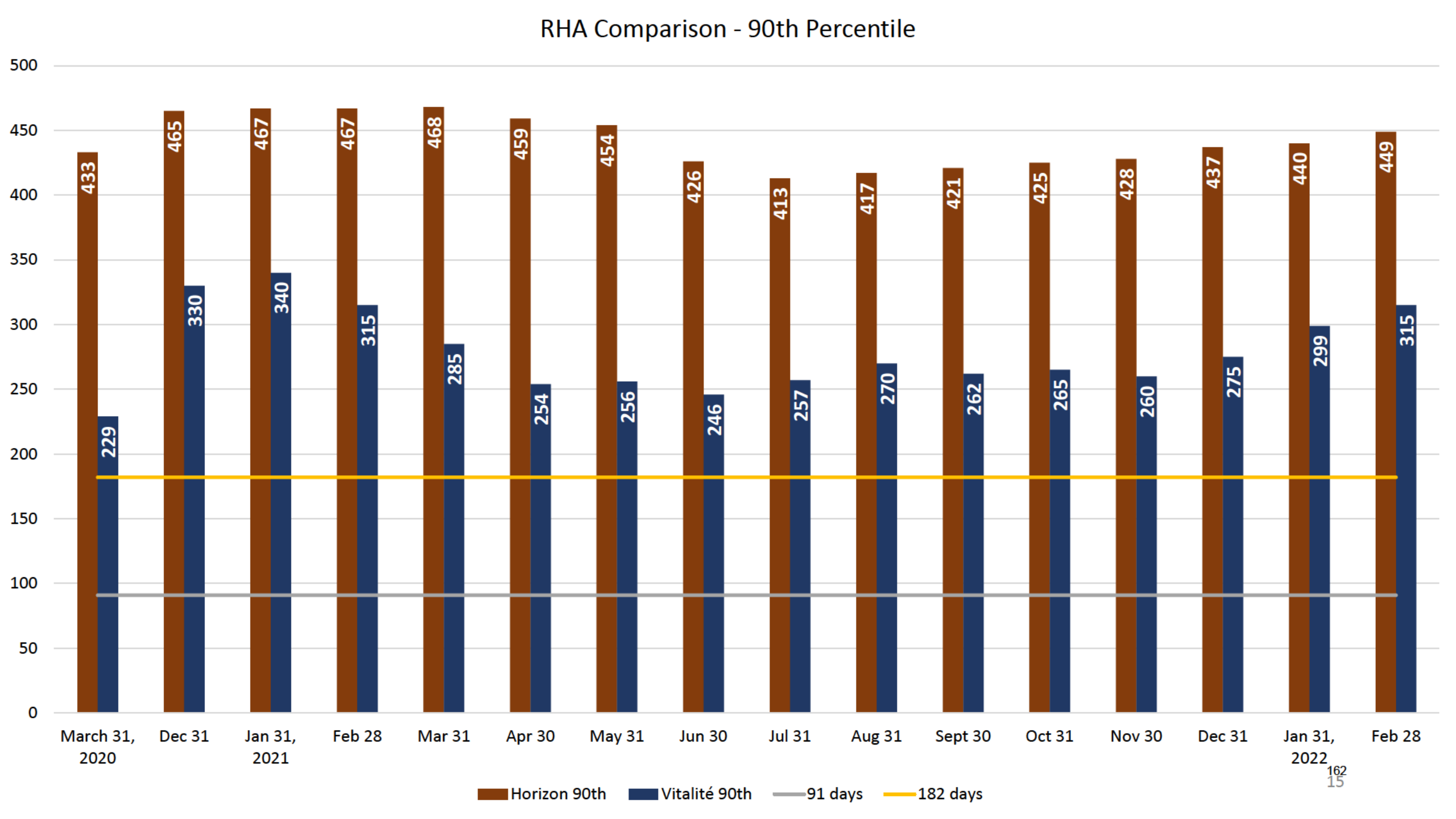






Source: Surgical Access Registry
Data Retrieved March 14, 2022

Source: Surgical Access Registry
Data Retrieved March 14, 2022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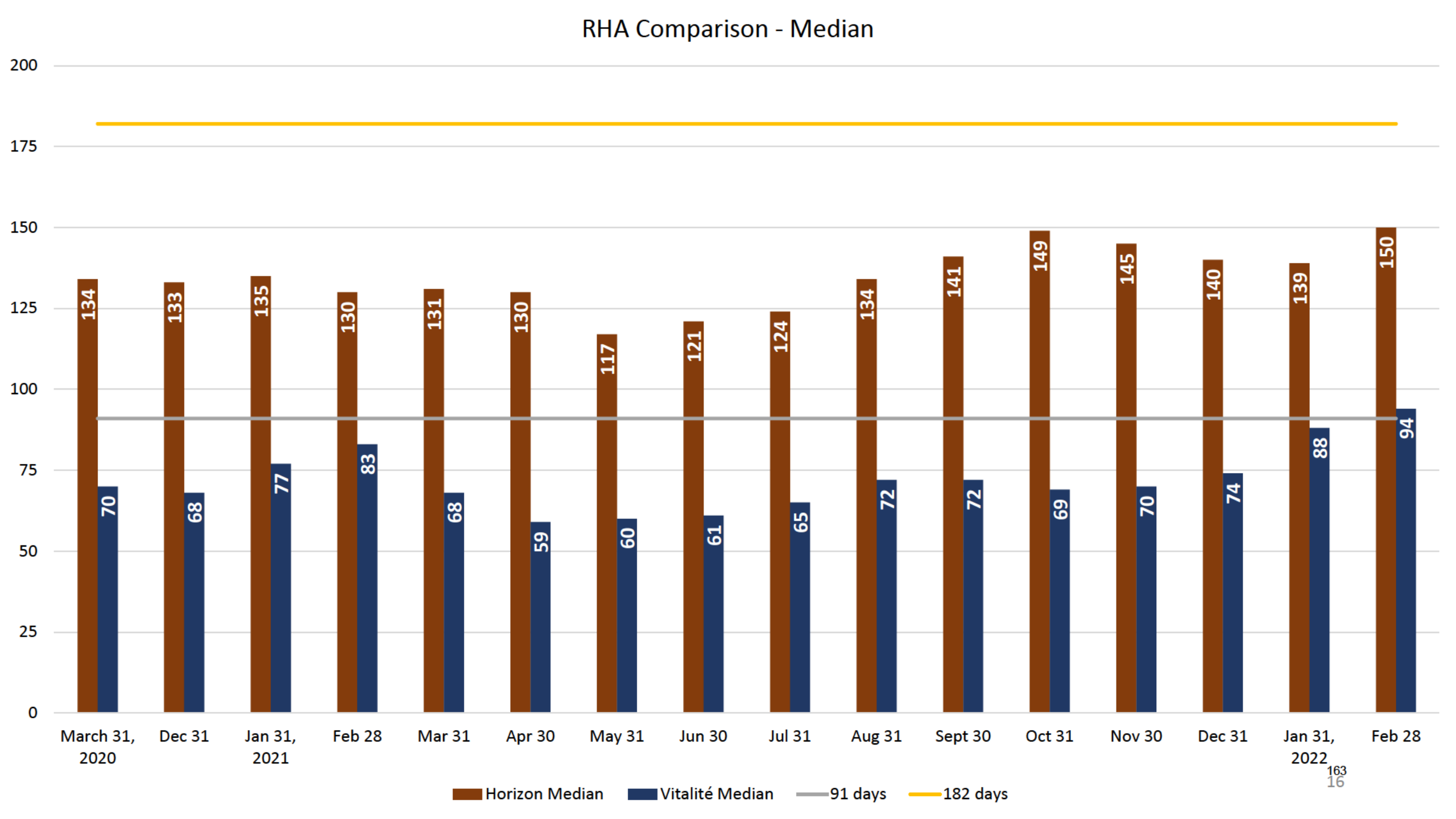
Horizon 90th
Vitalité 90th
91 days
182 days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175
150
125
100
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68
130
59
117
60
121
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74
139
88
150
94
March 31, 2020
Dec 31
Jan 31, 2021
Feb 28
Mar 31
Apr 30
May 31
Jun 30
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Aug 31
Sept 30
Oct 31
Nov 30
Dec 31
Jan 31, 2022
Feb 28
Horizon Median
Vitalité Median
91 days
182 days

Access Manager Meeting

Réunion du gestionnaire d'accès

November 29, 2021 / 29 November 2021

Horizon Zone 1
Pressure Points during COVID-19 / Points de pression pendant COVID-19

- **Admissions Reduced (affects Joint project) / # de DOSA limites par jours**
- **Outbreaks on unit(s) = reduced # of surgeries – life and limb only, and Day Surgery permitted to proceed. Where possible, surgeons replacing DOSA with DS cases. / Eclosions dans des unites = reductions dans des chirurgies compléter – urgences seulement ou chirurgie de jours seulement. Replacement des DOSA avec DS.**
- **Obvious impact on wait times as access has been restricted, to varying degrees, for 2 years. / •Impact évident sur les temps d'attente puisque l'accès a été restreint, à des degrés divers, pendant 2 ans**

Vitalité Zone 1
Pressure Points during COVID-19 / Points de pression pendant COVID-19

- **# de DOSA limites par jours / # of Admissions by day reduced**
- **Difficultés à céduler Arthroplasties / Difficulty scheduling Arthroplasties**
- **Limites sur les cas en zones chaudes (seulement cat I et II) / Limited to CAT I and II in Hot Zones**

Horizon Zone 2
Pressure Points during COVID-19 / Points de pression pendant COVID-19

- **Cardiac has been most impacted lately due to Covid as the ICU has had more Covid cases. / Cardiaque a été le plus touché en raison de Covid, car l'USI a eu plus de cas de Covid.**
- **There are a few patients every week who decline OR date because they don't want to self-isolate post Covid-test or they are too nervous to proceed right now, or who recently travelled (usually these are minor procedures). / Il y a quelques patients chaque semaine qui refusent la date OR parce qu'ils ne veulent pas s'isoler après le test Covid ou qu'ils sont trop nerveux pour continuer maintenant, ou qui ont récemment voyagé (ce sont généralement des procédures mineures).**

Vitalité Zone 5
Pressure Points during COVID-19 / Points de pression pendant COVID-19

- **Closure of the OR during Outbreaks (2 since March 2020) / Fermature du block durant des éclosion (2 depuis mars 2020)**
- **Difficulty finding patients willing or able to isolate prior to surgery. Willing to take a Covid test (repetative)/ Difficulté de trouver les patients disponibles qui est capable d'isoler ou sont d'accord a prendre un test de Covid (repetative)**

Vitalité Zone 6
Pressure Points during COVID-19 / Points de pression pendant COVID-19

- **Increase in date refusals and surgery refusal because of wait-times, Covid, multiple cancellations, etc. Patients much more frustrated. Patient perception is that hospitals are back to normal.**

From:	Coulombe, Dan (DH/MS)
To:	Murphy, Amanda (DH/MS)
Cc:	Roy, Angela (VitaliteNB)
Subject:	RE: MEDIA REQUEST: 21(1) – Global - Delayed Medical Procedures and Surgeries - November 10
Date:	November 10, 2021 4:28:32 PM

Shashank just sent that there were 512 surgical cancellations due to COVID between 20th September till 10th November,2021. I sent this info for the media request.

How are you feeling?

Dan Coulombe
Executive Director / Directeur général
Acute Care and NB Cancer Network / Services aigus et Réseau du cancer du N.-B.
Health Services Division/ Division des services de santé
Department of Health / Ministère de la Santé
506.453-8161 (office/bureau) 506.453-2958 (fax/télécopieur)
E-mail: Dan.Coulombe@gnb.ca

From: Murphy, Amanda (DH/MS) <Amanda.Murphy2@gnb.ca>
Sent: Wednesday, November 10, 2021 4:24 PM
To: Coulombe, Dan (DH/MS) <Dan.Coulombe@gnb.ca>
Cc: Roy, Angela (VitaliteNB) <Angela.Roy@vitalitenb.ca>
Subject: RE: MEDIA REQUEST: 21(1) – Global - Delayed Medical Procedures and Surgeries - November 10

Yes, these are the numbers from the COVID related surgical cancellations. I just confirmed the numbers.

Amanda Murphy, BHA., CHIM
Health Care Consultant/Consultant en soins de santé
Health Services Division/Division des services de santé
Department of Health/Ministère de la Santé
506.453-8456 506.453-2958 fax/télécopieur
Amanda.Murphy2@gnb.ca

From: Coulombe, Dan (DH/MS) <Dan.Coulombe@gnb.ca>
Sent: November 10, 2021 4:06 PM
To: Roy, Angela (VitaliteNB) <Angela.Roy@vitalitenb.ca>; Ayles, James (DH/MS) <james.ayles@gnb.ca>
Cc: Murphy, Amanda (DH/MS) <Amanda.Murphy2@gnb.ca>; Roy, Angela (DH/MS) <Angela.Roy@gnb.ca>
Subject: RE: MEDIA REQUEST: 21(1) – Global - Delayed Medical Procedures and Surgeries - November 10

Angela – can you pls confirm what these cancellations are? Surgical??

Dan Coulombe
Executive Director / Directeur général
Acute Care and NB Cancer Network / Services aigus et Réseau du cancer du N.-B.
Health Services Division/ Division des services de santé
Department of Health / Ministère de la Santé
506.453-8161 (office/bureau) 506.453-2958 (fax/télécopieur)
E-mail: Dan.Coulombe@gnb.ca

From: Coulombe, Dan (DH/MS)
Sent: Wednesday, November 10, 2021 2:54 PM
To: Roy, Angela (VitaliteNB) <Angela.Roy@vitalitenb.ca>; Ayles, James (DH/MS) <james.ayles@gnb.ca>
Cc: Murphy, Amanda (DH/MS) <Amanda.Murphy2@gnb.ca>; Roy, Angela (DH/MS) <Angela.Roy@gnb.ca>
Subject: RE: MEDIA REQUEST: 21(1) [redacted] – Global - Delayed Medical Procedures and Surgeries - November 10

These are surgical cancellations??

Dan Coulombe
Executive Director / Directeur général
Acute Care and NB Cancer Network / Services aigus et Réseau du cancer du N.-B.
Health Services Division/ Division des services de santé
Department of Health / Ministère de la Santé
506.453-8161 (office/bureau) 506.453-2958 (fax/télécopieur)
E-mail: Dan.Coulombe@gnb.ca

From: Roy, Angela (VitaliteNB) <Angela.Roy@vitalitenb.ca>
Sent: Wednesday, November 10, 2021 2:42 PM
To: Coulombe, Dan (DH/MS) <Dan.Coulombe@gnb.ca>; Ayles, James (DH/MS) <james.ayles@gnb.ca>
Cc: Murphy, Amanda (DH/MS) <Amanda.Murphy2@gnb.ca>; Roy, Angela (VitaliteNB) <Angela.Roy@vitalitenb.ca>; Roy, Angela (DH/MS) <Angela.Roy@gnb.ca>
Subject: RE: MEDIA REQUEST: 21(1) [redacted] – Global - Delayed Medical Procedures and Surgeries - November 10

Hello Dan,

Amanda has sent me the data she received from the RHA's; however it only begins with the 4th

Wave, September 20, 2021.

Horizon: 354 cancellations related to Covid (RHA Submission – September 20 to November 9, 2021)

Vitalité: 83 cancellations related to Covid. (RHA Submission – September 20 to November 10, 2021)

Because this information is only from September 20, 2021, I will reach out to the RHA contacts to see if we are able to obtain information from September 1 to 19, 2021.

Angela Roy, BA, BOM
Surgical Access Registry Manager / Gestionnaire du registre d'accès chirurgical
Analytics / Analytique
Department of Health/ Ministère de la Santé
Téléphone / Telephone : 506-789-5094
Télécopieur / Fax : 506-789-5481
Courriel / Email : Angela.Roy@VitaliteNB.ca
web: www.surgerynewbrunswick.ca

From: Coulombe, Dan (DH/MS) <Dan.Coulombe@gnb.ca>
Sent: November 10, 2021 11:27 AM
To: Roy, Angela (VitaliteNB) <Angela.Roy@vitalitenb.ca>; Ayles, James (DH/MS) <james.ayles@gnb.ca>
Cc: Murphy, Amanda (DH/MS) <Amanda.Murphy2@gnb.ca>
Subject: FW: MEDIA REQUEST: 21(1) [redacted] – Global - Delayed Medical Procedures and Surgeries - November 10

Angela,

Would we have info on the surgeries question?

Dan Coulombe
Executive Director / Directeur général
Acute Care and NB Cancer Network / Services aigus et Réseau du cancer du N.-B.
Health Services Division/ Division des services de santé
Department of Health / Ministère de la Santé
506.453-8161 (office/bureau) 506.453-2958 (fax/télécopieur)
E-mail: Dan.Coulombe@gnb.ca

From: Arbuckle, Jake (DH/MS) <Jake.Arbuckle@gnb.ca>
Sent: Wednesday, November 10, 2021 10:59 AM
To: Power, Michaela (ECO/BCE) <Michaela.Power@gnb.ca>
Cc: Boudreau, René (DH/MS) <Rene.Boudreau@gnb.ca>; Wies, Mark (DH/MS) <Mark.Wies@gnb.ca>; Macfarlane, Bruce (DH/MS) <Bruce.Macfarlane@gnb.ca>; Harding, Gail (ECO/BCE) <Gail.Harding@gnb.ca>; Davis, Alexandra (ECO/BCE) <Alexandra.Davis@gnb.ca>; Guenard, Michelle (ECO/BCE) <Michelle.Guenard@gnb.ca>; Coulombe, Dan (DH/MS) <Dan.Coulombe@gnb.ca>
Subject: RE: MEDIA REQUEST: 21(1) [redacted] – Global - Delayed Medical Procedures and Surgeries - November 10

Hi,

This would be better addressed to Dan Coulombe, who is copied here.

Thanks,

Jake

Jake Arbuckle
Director / Directeur
Health Workforce Planning/ Planification des effectifs en santé
Health Services and Programs / Services et programmes de santé
Department of Health / Ministère de la Santé
Jake.arbuckle@gnb.ca
506-429-3419

From: Power, Michaela (ECO/BCE) <Michaela.Power@gnb.ca>
Sent: November-10-21 10:57 AM
To: Arbuckle, Jake (DH/MS) <Jake.Arbuckle@gnb.ca>
Cc: Boudreau, René (DH/MS) <Rene.Boudreau@gnb.ca>; Wies, Mark (DH/MS) <Mark.Wies@gnb.ca>; Macfarlane, Bruce (DH/MS) <Bruce.Macfarlane@gnb.ca>; Harding, Gail (ECO/BCE) <Gail.Harding@gnb.ca>; Davis, Alexandra (ECO/BCE) <Alexandra.Davis@gnb.ca>; Guenard, Michelle (ECO/BCE) <Michelle.Guenard@gnb.ca>
Subject: MEDIA REQUEST: 21(1) [redacted] – Global - Delayed Medical Procedures and Surgeries - November 10

NAME: 21(1) [redacted]
OUTLET: Global
CONTACT #: 403-651-5518
EMAIL: 21(1) [redacted] globalnews.ca

DEADLINE TO SEND RESPONSE TO REPORTER:
ROUTINE (Yes or No):
REQUEST:
I'm reaching out to every province to find out how many surgeries and other medical procedures have been postponed or delayed due to COVID since the summer and how long the province believes it could take to get through any backlog that has been created.

PROPOSED RESPONSE:

From: 21(1) <21(1) globalnews.ca>
Sent: Wednesday, November 10, 2021 10:52 AM
To: Berry, Shawn (ECO/BCE) <Shawn.Berry@gnb.ca>
Subject: Global National Inquiry

Hello
21(1) here with Global National. I hope your day is going well. I'm reaching out to every province to find out how many surgeries and other medical procedures have been postponed or delayed due to COVID since the summer and how long the province believes it could take to get through any backlog that has been created.

Thank you!
Heather

21(1)
Network Digital Journalist – Alberta Correspondent
Global News | Corus Entertainment
222 23 St NE | Calgary, Alberta T2E 7N2
T: 403-651-5518 **News Room:** 403-235-7709
E: 21(1) globalnews.ca

From:	Health Services Labour Operations Centre (DH/MS)
To:	Bédard_Réjean (VitaliteNB); Boudreau_René (DH/MS); Carter_Jeff (HorizonNB); Desrosiers_Dr. France (VitaliteNB); Dickinson_Joel (ECO/BCE); Dornan_Dr. John (HorizonNB); Dumont_David (SNB); Elliott_Jennifer (DH/MS); Galvin_Carolin (DH/MS); Lebel_Gail (HorizonNB); Legacy, Stephane (VitaliteNB); Liston, Heidi (DH/MS); Macfarlane, Bruce (DH/MS); Martine Savoie; Richard Losier; Robichaud_Daniel (HorizonNB); Robichaud-Savoie_Janique (DH/MS); Roy_Johanne (VitaliteNB); Thompson_Mark (DH/MS); Turgeon_Laura (DH/MS); Wies_Mark (DH/MS)
Subject:	Health Services Labour Operations Centre situation report 009 / Rapport de situation (009) du Centre des opérations du conflit de travail du système de santé
Date:	November 3, 2021 1:05:29 PM
Attachments:	NBHEOC Labour Ops Centre SitRep 09_2021-11-03_1130hrs EN.pdf

Please see attached Health Services Labour Operations Centre situation report 009.

_____

Veuillez voir ci-joint le rapport de situation (009) du Centre des opérations du conflit de travail du système de santé.
Version française à suivre.

NBHEOC
New Brunswick Health Emergency Operations Centre

Health Services Labour Operations Centre

E-mail / Courriel : HSL_OpsCtre@gnb.ca

New Nouveau Brunswick CANADA
Department of Health

COUMSNB
Centre des opérations d'urgence du ministère de la Santé du Nouveau Brunswick

Centre des opérations du conflit de travail du système de santé

Current as of 1030 hours, November 03, 2021

Health Services Labour Operations Centre Report

EVENT: CUPE Labour Action 2021		**Report Number:** 009
Date: 03-Nov-2021	**Reporting Period** as of 1030hrs	**Next Report to be issued:** 03-Nov-2021 @1130hrs

Updates are in red font.

SUMMARY

[redacted]

- 16(1.1)
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

- [redacted]
- [redacted]

[redacted]

- [redacted]
- [redacted]

MAINTENANCE OF RHA SCREENING SERVICES

Contingencies for meeting directive to maintain screening services

- Vitalité: Without designations for door screening, this function cannot be maintained.
- Horizon: Public messaging regarding service reductions and appointment cancellations have had a positive impact on line-ups.
- As an alternate contingency plan to staffing screening services, DH Corporate Support and Infrastructure has secured 3rd party security services in case required by RHAs.

VITALITÉ HEALTH NETWORK

Impacts

- Picketing across Health Network, without incident.
- Managing reduction in clinical services (ambulatory) with maintenance of emergent/urgent and surgical services. Patients are being notified of cancelations
- Calling in staff to fill empty positions continues to be challenging and resource intensive for management. Staff pushing back on managers order and conflicted as to whether to follow managers' orders or union orders.
- Food services are able to be maintained with some decreased service as per strike plan, although patient complaints have increased.
- Operating rooms running at 40% normal capacity, Outpatient Services at 50%, Diagnostic Imaging at 30-40%, and Phlebotomy at 100%.
- Environmental Services designations are quite low. Backlogs in cleaning will be monitored and reported. Cleaning rooms is currently the biggest challenge with normal turnaround times of 40 to 50 minutes extending up to 3 hours.
- Pressure mounting from physicians to book elective surgeries, particularly for oncology patients.
- Daily management meeting to clarify what tasks staff can do that are normally performed by CUPE employees.
- Potential Norwalk outbreak at Chaleur Regional Hospital will put extra pressure on resources. No new patients with related symptoms. Waiting for results to determine the source of infection.

HORIZON HEALTH NETWORK

Impacts

- Picketing across Health Network, without incident.
- Predicted service impacts as of 0900 hrs, 03-Nov:
    - 2,240 procedures or appointments cancelled (up from 2,169)
    - 37 surgeries cancelled.

Food services for patients are being maintained with some modifications for resource-intensive tasks. Food supplements, snack and hydration carts between meals have been suspended. Meals are pre-set and not patient selected.

- Environmental services – designated staff is reporting to work but struggling to keep up with demand. Enhanced COVID cleaning protocols in high traffic areas are unable to be met. Garbage is beginning to accumulate. There are reports of breaches in donning and doffing of PPE. Post-discharge room cleaning turnaround times are significantly extended.
- Human Resources engaging replacement staff continues to be very challenging and resource intensive. Managers are spending from 1 to 3 hours trying to fill positions.
- Messaging that all ambulatory clinic appointments are canceled and those that can be accommodated are being contacted.
- Ridgewood Veterans Wing (Saint John) has no staff designations due to the creation of about 22 FTE positions in the last year. CUPE was formally advised that over-staffing would be ongoing to sustain care.
- Supplies are accumulating as there are no porters to distribute and shelve incoming inventory.

16(1.1)

[redacted]

From:	Health Services Labour Operations Centre (DH/MS)
To:	Bédard_Réjean (VitaliteNB); Boudreau_René (DH/MS); Carter_Jeff (HorizonNB); Desrosiers_Dr. France (VitaliteNB); Dickinson_Joel (ECO/BCE); Dornan_Dr. John (HorizonNB); Dumont_David (SNB); Elliott_Jennifer (DH/MS); Galvin_Carolin (DH/MS); Lebel_Gail (HorizonNB); Legacy_Stephane (VitaliteNB); Liston_Heidi (DH/MS); Macfarlane_Bruce (DH/MS); Martine Savoie; Richard Losier; Robichaud, Daniel (HorizonNB); Robichaud-Savoie, Janique (DH/MS); Roy, Johanne (VitaliteNB); Thompson, Mark (DH/MS); Turgeon, Laura (DH/MS); Wies_Mark (DH/MS)
Subject:	Health Services Labour Operations Centre situation report 010 / Rapport de situation (010) du Centre des opérations du conflit de travail du système de santé
Date:	November 3, 2021 6:14:55 PM
Attachments:	NBHEOC Labour Ops Centre SitRep 10_2021-11-03_1630hrs EN.pdf

Re-sending with attachment.

From: Health Services Labour Operations Centre (DH/MS)
Sent: November 3, 2021 6:13 PM
Subject: Health Services Labour Operations Centre situation report 010 / Rapport de situation (010) du Centre des opérations du conflit de travail du système de santé
Please see attached Health Services Labour Operations Centre situation report 010.

Veuillez voir ci-joint le rapport de situation (010) du Centre des opérations du conflit de travail du système de santé.
Version française à suivre.

NBHEOC
New Brunswick Health Emergency Operations Centre

Health Services Labour Operations Centre

E-mail / Courriel : HSL_OpsCtre@gnb.ca

New Nouveau Brunswick CANADA
Department of Health

COUMSNB
Centre des opérations d'urgence du ministère de la Santé du Nouveau Brunswick

Centre des opérations du conflit de travail du système de santé

Current as of 1630 hours, November 03, 2021

Health Services Labour Operations Centre Report

EVENT: CUPE Labour Action 2021		**Report Number:** 010
Date: 03-Nov-2021	**Reporting Period** as of 1630hrs	**Next Report to be issued:** 04-Nov-2021 @1130hrs

Updates are in red font.

SUMMARY

16(1.1) [redacted]

- [redacted]
- [redacted]

16(1.1)

[redacted]

VITALITÉ HEALTH NETWORK

Impacts

- Managing reduction in clinical services (ambulatory) with maintenance of emergent/urgent and surgical services. Patients are being notified of cancelations
- Calling in staff to fill empty positions continues to be challenging and resource intensive for management.
- Service reductions:
    - Food services are able to be maintained with some decreased service as per strike plan, although patient complaints have increased.
    - Operating rooms running at 40% normal capacity, Outpatient Services at 50%, Diagnostic Imaging at 30-40%, and Phlebotomy at 100%.
    - Environmental Services - Cleaning rooms is currently the biggest challenge with normal turnaround times of 40 to 50 minutes extending up to 3 hours.
    - Medical device reprocessing (sterilization) reductions noted as of 04-Nov.
- Pressure mounting from physicians to book elective surgeries, particularly for oncology patients.
- Daily management meeting to clarify what tasks staff can do that are normally performed by CUPE employees.
- Potential Norwalk outbreak at Chaleur Regional Hospital will put extra pressure on resources. No new patients with related symptoms. Waiting for results to determine the source of infection.

HORIZON HEALTH NETWORK

Impacts

- Predicted service impacts as of 0900 hrs, 03-Nov:
    - 2,240 procedures or appointments cancelled (up from 2,169)
    - 37 surgeries cancelled.
- Food services for patients are being maintained with some modifications for resource-intensive tasks. Food supplements, snack and hydration carts between meals have been suspended. Meals are pre-set and not

patient selected.

- Environmental services – designated staff is reporting to work but struggling to keep up with demand. Enhanced COVID cleaning protocols in high traffic areas are unable to be met. Garbage is beginning to accumulate. There are reports of breaches in donning and doffing of PPE. Post-discharge room cleaning turnaround times are significantly extended.
- Human Resources: Engaging replacement staff continues to be very challenging and resource intensive. Managers are spending from 1 to 3 hours trying to fill positions.
- Messaging that all ambulatory clinic appointments are canceled and those that can be accommodated are being contacted.
- Ridgewood Veterans Wing (Saint John) has no staff designations due to the creation of about 22 FTE positions in the last year. CUPE was formally advised that over-staffing would be ongoing to sustain care.
- Supplies are accumulating as there are no porters to distribute and shelve incoming inventory.

16(1.1)

- .

16(1.1)

From:	Health Services Labour Operations Centre (DH/MS)
To:	Bédard_Réjean (VitaliteNB); Boudreau_René (DH/MS); Carter_Jeff (HorizonNB); Desrosiers_Dr. France (VitaliteNB); Dickinson_Joel (ECO/BCE); Dornan_Dr. John (HorizonNB); Dumont_David (SNB); Elliott_Jennifer (DH/MS); Galvin_Carolin (DH/MS); Lebel_Gail (HorizonNB); Legacy_Stephane (VitaliteNB); Liston_Heidi (DH/MS); Macfarlane_Bruce (DH/MS); Martine Savoie; Richard Losier; Robichaud, Daniel (HorizonNB); Robichaud-Savoie, Janique (DH/MS); Roy, Johanne (VitaliteNB); Thompson, Mark (DH/MS); Turgeon, Laura (DH/MS); Wies_Mark (DH/MS)
Subject:	Health Services Labour Operations Centre situation report 012 / Rapport de situation (012) du Centre des opérations du conflit de travail du système de santé
Date:	November 8, 2021 12:26:20 PM
Attachments:	NBHEOC Labour Ops Centre SitRep 12_2021-11-04_1630hrs FR.docx

Veuillez voir la version française du rapport 010, ci-jointe.
Veuillez accepter mes excuses car ces traductions ne sont pas terminées dans un délai permettant à ces rapports d'être utiles. Je les envoie malgré tout, pour vos dossiers.

From: Health Services Labour Operations Centre (DH/MS) <HSL_OpsCtre@gnb.ca>
Sent: November 4, 2021 5:37 PM
Subject: Health Services Labour Operations Centre situation report 012 / Rapport de situation (012) du Centre des opérations du conflit de travail du système de santé
Please see attached Health Services Labour Operations Centre situation report 012.

Veuillez voir ci-joint le rapport de situation (012) du Centre des opérations du conflit de travail du système de santé.
Version française à suivre.

NBHEOC
New Brunswick Health Emergency Operations Centre

Health Services Labour Operations Centre

E-mail / Courriel : HSL_OpsCtre@gnb.ca

New Nouveau Brunswick CANADA
Department of Health

COUMSNB
Centre des opérations d'urgence du ministère de la Santé du Nouveau Brunswick

Centre des opérations du conflit de travail du système de santé

Current as of 1630 hours, November 04, 2021

Health Services Labour Operations Centre Report

EVENT: CUPE Labour Action 2021		**Report Number:** 012
Date: 04-Nov-2021	**Reporting Period** as of 1630hrs	**Next Report to be issued:** 05-Nov-2021 @1030hrs

Updates are in red font.

SUMMARY

16(1.1) [redacted]

16(1.1) [redacted]

MAINTENANCE OF RHA SCREENING SERVICES

Contingencies for meeting directive to maintain screening services

- Vitalité: Without designations for door screening, this function cannot be maintained.
- Horizon: Public messaging regarding service reductions and appointment cancellations have had a positive impact on line-ups.
- As an alternate contingency plan to staffing screening services, DH Corporate Support and Infrastructure has secured 3rd party security services in case required by RHAs.

VITALITÉ HEALTH NETWORK

Impacts

- Managing reduction in clinical services (ambulatory) with maintenance of emergent/urgent and surgical services. Patients are being notified of cancelations.
- Calling in staff to fill empty positions continues to be challenging and resource intensive for management.
    - Interference from union is high in Zone 4.
    - Designations are low on the weekend and accumulation of work will be high.
- Service reductions:
    - Food services are able to be maintained with some decreased service as per strike plan, although

patient complaints have increased. 26(1)(a) [redacted]
    - Operating rooms running at 40% normal capacity, Outpatient Services at 50%, Diagnostic Imaging at 30-40%, and Phlebotomy at 100%.
    - Environmental Services – Room cleaning is currently the biggest challenge with normal turnaround times of 40 to 50 minutes extending up to 3 hours.
    - Medical device reprocessing (sterilization) reductions noted as of 04-Nov. This deficiency has resulted in a reduction in operating room capacity at Georges-L.-Dumont University Hospital Centre to one room. This reduction will continue into 05-Nov.
- Pressure mounting from physicians to book elective surgeries, particularly for oncology patients. Anger from cancelation of oncology surgeries is mounting among patients – 26(1)(a) [redacted]
- Daily management meeting to clarify what tasks staff can do that are normally performed by CUPE employees.
- Potential Norwalk outbreak at Chaleur Regional Hospital will put extra pressure on resources. No new patients with related symptoms. Waiting for results to determine the source of infection.

HORIZON HEALTH NETWORK

Impacts

- Predicted service impacts as of 0800 hrs, 04-Nov:
    - 2,083 appointments/procedures cancelled/postponed
    - 22 surgeries cancelled
    - Cumulative totals for appointments/procedures and surgeries:
        - 7,991 appointments/procedures cancelled/postponed
        - 188 Surgeries Cancelled
- Food services for patients are being maintained with some modifications for resource-intensive tasks. Food supplements, snack and hydration carts between meals have been suspended. Meals are pre-set and not patient selected.
- Environmental services – designated staff is reporting to work but struggling to keep up with demand. Enhanced COVID cleaning protocols in high traffic areas are unable to be met. Garbage is beginning to accumulate. There are reports of breaches in donning and doffing of PPE. Post-discharge room cleaning turnaround times are significantly extended.
- Human Resources: Engaging replacement staff continues to be very challenging and resource intensive. Managers are spending from 1 to 3 hours trying to fill positions.
- Medical Device Reprocessing has a 40% designation at the Saint John Regional Hospital. All surgeries are severely impacted and all except for emergencies are canceled.
- Messaging that all ambulatory clinic appointments are canceled and those that can be accommodated are being contacted.
- Ridgewood Veterans Wing (Saint John) has no staff designations due to the creation of about 22 FTE positions in the last year. CUPE was formally advised that over-staffing would be ongoing to sustain care.
- Supplies are accumulating as there are no porters to distribute and shelve incoming inventory.

EM/ANB

16(1.1) [redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

From:	Health Services Labour Operations Centre (DH/MS)
To:	Bédard Réjean (VitaliteNB); Boudreau René (DH/MS); Carter Jeff (HorizonNB); Desrosiers Dr. France (VitaliteNB); Dickinson Joel (ECO/BCE); Dornan Dr. John (HorizonNB); Dumont David (SNB); Elliott Jennifer (DH/MS); Galvin Carolin (DH/MS); Lebel Gail (HorizonNB); Legacy Stephane (VitaliteNB); Liston Heidi (DH/MS); Macfarlane Bruce (DH/MS); Martine Savoie; Richard Losier; Robichaud, Daniel (HorizonNB); Robichaud-Savoie, Janique (DH/MS); Roy, Johanne (VitaliteNB); Thompson, Mark (DH/MS); Turgeon, Laura (DH/MS); Wies Mark (DH/MS)
Subject:	Health Services Labour Operations Centre situation report 013 / Rapport de situation (013) du Centre des opérations du conflit de travail du système de santé
Date:	November 8, 2021 12:30:45 PM
Attachments:	NBHEOC Labour Ops Centre SitRep 13 2021-11-05 1030hrs FR.pdf

Veuillez voir la version française du rapport 013, ci-jointe.
Veuillez accepter mes excuses car ces traductions ne sont pas terminées dans un délai permettant à ces rapports d'être utiles. Je les envoie malgré tout, pour vos dossiers.

From: Health Services Labour Operations Centre (DH/MS) <HSL_OpsCtre@gnb.ca>
Sent: November 5, 2021 1:46 PM
Subject: Health Services Labour Operations Centre situation report 013 / Rapport de situation (013) du Centre des opérations du conflit de travail du système de santé
Please see attached Health Services Labour Operations Centre situation report 013.

Veuillez voir ci-joint le rapport de situation (013) du Centre des opérations du conflit de travail du système de santé.
Version française à suivre.

NBHEOC
New Brunswick Health Emergency Operations Centre

Health Services Labour Operations Centre

E-mail / Courriel : HSL_OpsCtre@gnb.ca

New Nouveau Brunswick CANADA
Department of Health

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Centre des opérations d'urgence du ministère de la Santé du Nouveau Brunswick

Centre des opérations du conflit de travail du système de santé

Current as of 1030 hours, November 05, 2021

Health Services Labour Operations Centre Report

EVENT: CUPE Labour Action 2021		**Report Number:** 013
Date: 05-Nov-2021	**Reporting Period** as of 1030hrs	**Next Report to be issued:** 05-Nov-2021 @1630hrs

Updates are in red font.

SUMMARY

16(1.1) [redacted]

TESTING AND LABORATORY SERVICES

16(1.1) [redacted]

- [redacted]
- [redacted]

16(1.1)

- [redacted]

MAINTENANCE OF RHA SCREENING SERVICES

16(1.1)

- [redacted]

VITALITÉ HEALTH NETWORK

Impacts

- Managing reduction in clinical services (ambulatory) with maintenance of emergent/urgent and surgical services. Patients are being notified of cancelations.
- Designations are low on the weekend and accumulation of work will be high.
- Service reductions:
    - Food services are able to be maintained with some decreased service as per strike plan, although patient complaints have increased. Expected to be in Red Phase by weekend.
    - Operating rooms running at 40% normal capacity, Outpatient Services at 50%, Diagnostic Imaging at 30-40%, and Phlebotomy at 100%.
    - Environmental Services – Room cleaning is currently the biggest challenge with normal turnaround times of 40 to 50 minutes extending up to 3 hours.
    - Medical device reprocessing (sterilization) continues to negatively impact surgical services with a reduction in operating room capacity at Georges-L.-Dumont University Hospital Centre to one room.
- Pressure mounting from physicians to book elective surgeries, particularly for oncology patients.
- Potential Norwalk outbreak at Chaleur Regional Hospital will put extra pressure on resources. No new patients with related symptoms. Waiting for results to determine the source of infection.

HORIZON HEALTH NETWORK

Impacts

- Predicted service impacts as of 0830 hrs, 05-Nov:
    - 1,955 appointments/procedures cancelled (10,052 cumulative)
    - 24 surgeries cancelled (239 cumulative)
- Service reductions:
    - Food services for patients are being maintained but with pre-set meals only (not patient selected). Food supplements, snack and hydration carts between meals have been suspended.
    - Environmental services – designated staff is reporting to work but struggling to keep up with demand. Impacts include reduced COVID cleaning protocols, garbage removal, infection prevention and control protocols, and room cleaning turnaround times.
    - Human Resources: Engaging replacement staff continues to be very challenging and resource intensive.
    - Medical Device Reprocessing has a 40% designation at the Saint John Regional Hospital. All surgeries are severely impacted and all except for emergencies are canceled.
    - Messaging that all ambulatory clinic appointments are canceled and those that can be accommodated are being contacted.
    - Supplies are accumulating as there are no porters to distribute and shelve incoming inventory.
- Ridgewood Veterans Wing (Saint John) has no staff designations due to the creation of about 22 FTE positions in the last year. CUPE was formally advised that over-staffing would be ongoing to sustain care.
- Reminder messaging issued to CUPE member employees to remain at work despite any advice received by union. Incident reporting is in place.

EM/ANB

16(1.1)

- [redacted]

NBHEOC
New Brunswick Health Emergency Operations Centre

Health Services Labour Operations Centre

E-mail / Courriel : HSL_OpsCtre@gnb.ca

New Nouveau Brunswick CANADA

Department of Health

COUMSNB
Centre des opérations d'urgence du ministère de la Santé du Nouveau Brunswick

Centre des opérations du conflit de travail du système de santé

Current as of 1030 hours, November 04, 2021

Health Services Labour Operations Centre Report

EVENT: CUPE Labour Action 2021		**Report Number:** 011
Date: 04-Nov-2021	**Reporting Period** as of 1030hrs	**Next Report to be issued:** 04-Nov-2021 @1630hrs

Updates are in red font.

SUMMARY

[redacted]

TESTING AND LABORATORY SERVICES

[redacted]

[redacted]

MAINTENANCE OF RHA SCREENING SERVICES

Contingencies for meeting directive to maintain screening services

- Vitalité: Without designations for door screening, this function cannot be maintained.
- Horizon: Public messaging regarding service reductions and appointment cancellations have had a positive impact on line-ups.
- As an alternate contingency plan to staffing screening services, DH Corporate Support and Infrastructure has secured 3rd party security services in case required by RHAs.

VITALITÉ HEALTH NETWORK

Impacts

- Managing reduction in clinical services (ambulatory) with maintenance of emergent/urgent and surgical services. Patients are being notified of cancelations.
- Calling in staff to fill empty positions continues to be challenging and resource intensive for management.
    - Interference from union is high in Zone 4.
    - Designations are low on the weekend and accumulation of work will be high.

- Service reductions:
    - Food services are able to be maintained with some decreased service as per strike plan, although patient complaints have increased. Expected to be in Red Phase by weekend.
    - Operating rooms running at 40% normal capacity, Outpatient Services at 50%, Diagnostic Imaging at 30-40%, and Phlebotomy at 100%.
    - Environmental Services - Cleaning rooms is currently the biggest challenge with normal turnaround times of 40 to 50 minutes extending up to 3 hours.
    - Medical device reprocessing (sterilization) reductions noted as of 04-Nov. This deficiency has resulted in a reduction in operating room capacity at Georges-L.-Dumont University Hospital Centre to one room.
- Pressure mounting from physicians to book elective surgeries, particularly for oncology patients. Anger from cancelation of oncology surgeries is mounting among patients – risk of an individual going to media today.
- Daily management meeting to clarify what tasks staff can do that are normally performed by CUPE employees.
- Potential Norwalk outbreak at Chaleur Regional Hospital will put extra pressure on resources. No new patients with related symptoms. Waiting for results to determine the source of infection.

HORIZON HEALTH NETWORK

Impacts

- Predicted service impacts as of 0800 hrs, 04-Nov:
    - 2,083 appointments/procedures cancelled/postponed
    - 22 surgeries cancelled
    - Cumulative totals for appointments/procedures and surgeries:
        - 7,991 appointments/procedures cancelled/postponed
        - 188 Surgeries Cancelled
- Food services for patients are being maintained with some modifications for resource-intensive tasks. Food supplements, snack and hydration carts between meals have been suspended. Meals are pre-set and not patient selected.
- Environmental services – designated staff is reporting to work but struggling to keep up with demand. Enhanced COVID cleaning protocols in high traffic areas are unable to be met. Garbage is beginning to accumulate. There are reports of breaches in donning and doffing of PPE. Post-discharge room cleaning turnaround times are significantly extended.
- Human Resources: Engaging replacement staff continues to be very challenging and resource intensive. Managers are spending from 1 to 3 hours trying to fill positions.
- Messaging that all ambulatory clinic appointments are canceled and those that can be accommodated are being contacted.
- Ridgewood Veterans Wing (Saint John) has no staff designations due to the creation of about 22 FTE positions in the last year. CUPE was formally advised that over-staffing would be ongoing to sustain care.
- Supplies are accumulating as there are no porters to distribute and shelve incoming inventory.

EM/ANB

16(1.1) [redacted]

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[redacted]

From:	Health Services Labour Operations Centre (DH/MS)
To:	Bédard_Réjean (VitaliteNB); Boudreau_René (DH/MS); Carter_Jeff (HorizonNB); Desrosiers_Dr. France (VitaliteNB); Dickinson_Joel (ECO/BCE); Dornan_Dr. John (HorizonNB); Dumont_David (SNB); Elliott_Jennifer (DH/MS); Galvin_Carolin (DH/MS); Lebel_Gail (HorizonNB); Legacy_Stephane (VitaliteNB); Liston_Heidi (DH/MS); Macfarlane_Bruce (DH/MS); Martine Savoie; Richard Losier; Robichaud, Daniel (HorizonNB); Robichaud-Savoie, Janique (DH/MS); Roy, Johanne (VitaliteNB); Thompson, Mark (DH/MS); Turgeon, Laura (DH/MS); Wies_Mark (DH/MS)
Subject:	Health Services Labour Operations Centre situation report 012 / Rapport de situation (012) du Centre des opérations du conflit de travail du système de santé
Date:	November 8, 2021 12:26:20 PM
Attachments:	NBHEOC Labour Ops Centre SitRep 12_2021-11-04_1630hrs FR.docx

Veuillez voir la version française du rapport 010, ci-jointe.
Veuillez accepter mes excuses car ces traductions ne sont pas terminées dans un délai permettant à ces rapports d'être utiles. Je les envoie malgré tout, pour vos dossiers.

From: Health Services Labour Operations Centre (DH/MS) <HSL_OpsCtre@gnb.ca>
Sent: November 4, 2021 5:37 PM
Subject: Health Services Labour Operations Centre situation report 012 / Rapport de situation (012) du Centre des opérations du conflit de travail du système de santé
Please see attached Health Services Labour Operations Centre situation report 012.

Veuillez voir ci-joint le rapport de situation (012) du Centre des opérations du conflit de travail du système de santé.
Version française à suivre.

NBHEOC
New Brunswick Health Emergency Operations Centre

Health Services Labour Operations Centre

E-mail / Courriel : HSL_OpsCtre@gnb.ca

New Nouveau Brunswick CANADA
Department of Health

COUMSNB
Centre des opérations d'urgence du ministère de la Santé du Nouveau Brunswick

Centre des opérations du conflit de travail du système de santé

Current as of 1630 hours, November 04, 2021

Health Services Labour Operations Centre Report

EVENT: CUPE Labour Action 2021		**Report Number:** 012
Date: 04-Nov-2021	**Reporting Period** as of 1630hrs	**Next Report to be issued:** 05-Nov-2021 @1030hrs

Updates are in red font.

SUMMARY

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16(1.1)

From:	Coulombe, Dan (DH/MS)
To:	Dornan, Dr. John (HorizonNB); Desrosiers, Dr. France (VitaliteNB); Liston, Heidi (DH/MS); Richard Losier; Legacy, Stephane (VitaliteNB); Wies, Mark (DH/MS); Boudreau, René (DH/MS); Elliott, Jennifer (DH/MS); Russell, Dr. Jennifer (DH/MS)
Cc:	Burkhardt, Tracey (DH/MS); Bryden, Greg (ECO/BCE)
Subject:	FW: Hospital Capacity Exec Report Oct 13
Date:	October 13, 2021 8:24:53 PM
Attachments:	HCS Exec Summary 2021.10.13.pdf

Attached is the Hospital Capacity Executive Summary Report for Oct 13th.

Dan Coulombe
Executive Director / Directeur général
Acute Care and NB Cancer Network / Services aigus et Réseau du cancer du N.-B.
Health Services Division/ Division des services de santé
Department of Health / Ministère de la Santé
506.453-8161 (office/bureau) 506.453-2958 (fax/télécopieur)
E-mail: Dan.Coulombe@gnb.ca

From: Bryden, Greg (ECO/BCE) <Greg.Bryden@gnb.ca>
Sent: Wednesday, October 13, 2021 8:17 PM
To: Coulombe, Dan (DH/MS) <Dan.Coulombe@gnb.ca>
Subject: Hospital Capacity Exec Report Oct 13

Greg Bryden, *SCMP*
Strategic Initiatives Lead / Responsable des initiatives stratégiques
Lean Six Sigma Master Black Belt / Maître de ceinture noire lean six sigma
Health Services and Programs / Services et programmes de santé
NB Department of Health / Ministère de la santé du Nouveau-Brunswick

Phone / Téléphone : 506.292.0218
E-mail / Courriel : Greg.Bryden@gnb.ca

From:	Coulombe, Dan (DH/MS)
To:	Dornan, Dr. John (HorizonNB); Desrosiers, Dr. France (VitaliteNB); Liston, Heidi (DH/MS); Richard Losier; Legacy, Stephane (VitaliteNB); Wies, Mark (DH/MS); Boudreau, René (DH/MS); Elliott, Jennifer (DH/MS); Russell, Dr. Jennifer (DH/MS)
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506.453-8161 (office/bureau) 506.453-2958 (fax/télécopieur)
E-mail: Dan.Coulombe@gnb.ca

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Phone / Téléphone : 506.292.0218
E-mail / Courriel : Greg.Bryden@gnb.ca

From:	Burkhardt, Tracey (DH/MS)
To:	Liston, Heidi (DH/MS); Wies, Mark (DH/MS); Boudreau, René (DH/MS); Russell, Dr. Jennifer (DH/MS); Elliott, Jennifer (DH/MS)
Cc:	MacDonald, Natalie (DH/MS)
Subject:	Annual report: reminder
Date:	October 14, 2021 10:57:35 AM
Attachments:	2020-2021 Annual report (Edited).docx

Hi guys, just a reminder that we need your feedback on the annual report by end of day Friday. After that, we'll be printing off the draft and taking it to Heidi and the Minister for sign off.

Tracey

Tracey Burkhardt
Executive Director / Directrice générale
Planning, Performance and Alignment / La planification, le rendement et l'harmonisation
Health / Santé
1-506-453-6717 • Tracey.Burkhardt@gnb.ca

From:	Coulombe, Dan (DH/MS)
To:	Dornan, Dr. John (HorizonNB); Desrosiers, Dr. France (VitaliteNB); Liston, Heidi (DH/MS); Richard Losier; Legacy, Stephane (VitaliteNB); Wies, Mark (DH/MS); Boudreau, René (DH/MS); Elliott, Jennifer (DH/MS); Russell, Dr. Jennifer (DH/MS)
Cc:	Burkhardt, Tracey (DH/MS); Bryden, Greg (ECO/BCE)
Subject:	Hospital Capacity Exec Report Oct 14
Date:	October 14, 2021 8:31:27 PM
Attachments:	HCS Exec Summary 2021.10.14.pdf

Attached is the Hospital Capacity Executive Summary Report for Oct 14th.

Dan Coulombe
Executive Director / Directeur général
Acute Care and NB Cancer Network / Services aigus et Réseau du cancer du N.-B.
Health Services Division/ Division des services de santé
Department of Health / Ministère de la Santé
506.453-8161 (office/bureau) 506.453-2958 (fax/télécopieur)
E-mail: Dan.Coulombe@gnb.ca

From: Macfarlane, Bruce (DH/MS)
To: Elliott, Jennifer (DH/MS)
Subject: 20211103 - NR - CUPE Update v3.docx
Date: November 3, 2021 12:22:37 PM
Attachments: 20211103 - NR - CUPE Update v3.docx

From:	Burkhardt, Tracey (DH/MS)
To:	Liston, Heidi (DH/MS); Chalifoux, Mathieu (DH/MS); Levesque, Eric J. (DH/MS); Elliott, Jennifer (DH/MS); Boudreau, René (DH/MS)
Cc:	Ayles, James (DH/MS); Wiseman, Sean (DH/MS)
Subject:	FW: rapid report
Date:	January 6, 2022 10:01:54 PM
Attachments:	Rapid review assessing hospital services and health outcomes_NB-IRDT_01062022.docx

Heidi, here is the rapid review you requested from IRDT. Haven't read it yet, but am looking forward to it.

From: Ted McDonald <tedmcdon@unb.ca>
Sent: Thursday, January 6, 2022 9:58 PM
To: Burkhardt, Tracey (DH/MS) <Tracey.Burkhardt@gnb.ca>
Subject: rapid report

Hi Tracey – Eva noticed that the minister is giving a press briefing tomorrow morning so engineered a full court press to get this report together as quickly as possible for you. a fantastic effort on their part.
If there are elements you'd like us to do a deeper dive on, let me know. I'm looking forward to our own data analysis on this really important topic.
Ted

Rapid Report Assessing the Indirect Effects of COVID-19 on Hospital Utilization and Health Outcomes

Implications for New Brunswick

Madeleine Gorman-Asal, BSc
Ted McDonald, PhD
Bethany Jones, PhD

Chandy Somayaji, MSc
Simon Youssef, MPH

PROJECT TITLE

Rapid report assessing the indirect effects of COVID-19 on hospital utilization and health outcomes: Implications for New Brunswick

PRINCIPAL INVESTIGATOR

Ted McDonald, Director, NB-IRDT

RESEARCH TEAM

Madeleine Gorman-Asal, Research Assistant, NB-IRDT
Bethany Jones, Scientific Writer, NB-IRDT
Chandy Somayaji, Data Analyst, NB-IRDT
Simon Youssef, Research Assistant, NB-IRDT

RELEASE DATE

January 2022

ACKNOWLEDGEMENTS

This study was supported by the Maritime SPOR Support Unit (MSSU), which receives financial support from the Canadian Institutes of Health Research (CIHR), the Nova Scotia Department of Health and Wellness, the New Brunswick Department of Health, the Nova Scotia Health Research Foundation (NSHRF), and the New Brunswick Health Research Foundation (NBHRF). The opinions, results and conclusions reported in this paper are those of the authors and are independent from the funding sources. No endorsement by the MSSU or the named funding partners is intended or should be inferred.

HOW TO CITE THIS PRODUCT

Gorman-Asal, M., Jones, B., McDonald, T., Somayaji, C., & Youssef, S, (2022). Rapid report assessing the indirect effects of COVID-19 on hospital utilization and health outcomes: Implications for New Brunswick. Fredericton, NB: New Brunswick Institute for Research, Data and Training.

Table of Contents

Overview and Key Takeaways

The Issue

Public health disruptions due to COVID restrictions have resulted in challenges to accessing health care services, delays in timely procedures, and limited ability to acquire necessary medications throughout various stages of the pandemic. The impact of these disruptions on the health service usage and health outcomes of New Brunswickers is unknown.

Report Scope and Purpose

This rapid response report examines existing literature on non-COVID health care service utilization and health outcomes during the pandemic – specifically hospital-based and related usage and outcomes. It aims to inform our understanding about the impact health service disruptions could have on non-COVID health service usage and non-COVID health outcomes of New Brunswickers and may also be used to inform strategies for mitigating the risks of negative effects. The report relies on available publications from NB, Canadian and international studies.

Key Takeaways

- The literature shows an increase in non-COVID mortality rates during COVID. It is difficult to know how much of this increase is related to COVID restrictions, and what the excess mortality rates due to COVID deaths may have been if restrictions had not been put in place.

- During COVID, individuals in the lowest socioeconomic groups saw a significant increase in hospital admissions related to substance use, and young women in particular saw a significant increase in admissions due to self-harm.

- Reduction of primary care visits is shown to result in procedural backlogs and fewer specialist referrals, which can make managing patients' conditions more difficult and costly to the system.

- The delay of surgeries is likely to exacerbate patients' medical conditions. The time required to clear the backlog could pose serious implications for provincial recovery phases.

- Canadian ERs have seen significantly fewer visits per day, which may be due to patients choosing to forgo care or to a decrease in injuries. Patients lacking necessary care are likely to visit the ER at a later date, so the impact of disruptions may not be apparent until more time has passed.

- Cancer surgeries seem to have returned to pre-pandemic levels in NB, but it is anticipated that interruptions in screening and delays in treatment will negatively impact patient outcomes.

- Limitation of ambulatory hospital services such as diagnostic imaging or treatments may translate to increased Emergency Room visits. Such disruptions are likely to affect certain groups disproportionately, as ambulatory care sensitive conditions are more common among those who live in rural or disadvantaged areas. As over half the NB population lives in rural areas, this may be an area of greater concern in NB compared to various other jurisdictions, or in certain regions of the province compared to others.

Rapid Report Scope and Purpose

We prepared this rapid review of the existing literature to provide evidence that can be used to answer the following question:

> **What impact could health service disruptions have on the non-COVID health service usage and non-COVID health outcomes of New Brunswickers?**

This review is not exhaustive – therefore, to provide the most relevant evidence, we prioritize research from New Brunswick and other Canadian provinces. When gaps in the literature require us to look farther abroad, we provide results from countries with health care systems and COVID-19 restrictions similar to those in New Brunswick. In these situations, the results may be used as proxy indicators of potential outcomes facing our province. Please also note that some statistics from CIHI and Statistics Canada presented in this report are based on provisional data. CIHI defines provisional data as: "Any data received and used before it has undergone the full data processing and quality activities that prepare it for full reporting use. Because provisional health data isn't final, it should be interpreted with caution."

Moreover, we focus specifically on effects related to **hospital service disruptions**. While multiple forms of health services have been disrupted throughout the pandemic, the impact of restrictions related to hospital services is of utmost importance to understand at present.

Service Usage and Health Outcomes Investigated

To measure the potential impact of health service disruptions in New Brunswick, we investigate pre- and post-COVID variations in the following:

- All-Cause (Non-COVID) Mortality and Excess Deaths
- Rates of Hospitalization
- Visits to Primary Care Physicians and Specialists
- Numbers and Types of Surgery
- Emergency Room Visits

We focus in particular on the impacts of service disruptions on health service usage and health outcomes related to

- Cancer
- COPD (Chronic Obstructive Pulmonary Disease)
- Diabetes
- Heart Failure
- Mental Health
- Ambulatory Care Sensitive Conditions

with special consideration paid to vulnerable populations where such results are available.

All-Cause (Non-COVID) Mortality and Excess Deaths

Perhaps the most pressing concern facing New Brunswick citizens and policy makers is the impact that hospital service disruptions could have on non-COVID-related mortality rates. While the public health efforts in place have prioritized limiting the spread of COVID-19 in the interest of keeping our communities safe from the risk of severe illness or death upon contracting the virus, it is necessary to ask how these measures may be indirectly impacting deaths from other causes.

In the initial wave of the COVID-19 pandemic between Spring and Winter 2020, Canada recorded a number of deaths that was higher than expected. This peaked in September 2020, when **the number of non-COVID deaths was 5% higher than the expected mortality rate for a typical year**.[ii] In Quebec, Ontario, and British Columbia, deaths of elderly people (aged 85 and older) accounted for the largest share of excess deaths.[ii]

Overall, delayed and missed health care appointments and service reductions may have contributed to more than **4,000 excess deaths (non-COVID related) across Canada between March 2020 and June 2021 due to delayed care**[ii] and overall there were an estimated 19,501 excess deaths in Canada from March 2020 to the beginning of July 2021.

Understanding how best to mitigate the ultimate consequence of restricting hospital services is essential. By presenting evidence on health service usage and health outcomes in the subsequent sections, we hope to inform strategies that may be developed to mitigate deaths and other negative health outcomes among New Brunswickers – whether through targeting resources toward certain procedures, putting greater preventive measures in place, or reassessing COVID-related policy actions.

Key Takeaway

A potential and concerning consequence of hospital service disruptions could be an increase in mortality – whether due to a reduction in available services or due to patients not seeking appropriate care for medical conditions.

Although the literature shows an increase in non-COVID mortality rates during COVID, it is difficult to know how much of this increase is related to COVID-related restrictions.

In addition, due to the complexity of the situation, it is difficult to know what the excess mortality rates due to COVID deaths may have been if restrictive measures had not been put into place.

Rates of Hospitalization

All-Cause Hospitalizations

Between March 2020 and June 2021, **Canadian hospitals admitted 11% fewer inpatients** compared to a similar pre-pandemic period.

Following the disruptions experienced during the first few months of the pandemic (Wave 1, March-May 2020), hospitals gradually resumed routine services while trying to reserve resources in the event of a surge of COVID hospitalizations.

By the start of **Wave 2** (September-December 2020), hospital admissions had rebounded to within **6% of pre-pandemic levels**, with the resumption of many surgical programs that were on hold during early pandemic months.

During Wave 3 (February-April 2021), hospitals opted to adapt to the rapidly changing situation, and some care was delayed again. At present, we expect more studies will emerge giving more insight into the consequences of the disruption in delivering non-emergent hospital services during the third and previous waves.[i]

These observations from Canada are consistent with many studies conducted in different countries. For example, a Danish population-based study reported **30% and 22% lower all-cause hospitalizations** during the two nationwide lockdowns in the first 11 months of the pandemic.[ii]

Fewer hospital admissions could represent genuinely lower incidences of diseases as a result of behavioural changes and lifestyle modification with the imposed restrictions during lockdown. However, there are concerns that some patients were reluctant to seek medical care due to fear of contracting COVID-19 at hospitals and therefore neglected to report their symptoms

Cause-Specific Hospitalizations

A population-based study assessing the impact of COVID on hospital admissions in Alberta demonstrated a significant reduction in both daily medical and surgical hospital admissions between March and September 2020. While there was no significant change in the surgical causes of hospital admissions pre- and post-COVID, the *number* of hospital admissions due to specific medical conditions changed.

Specifically, **hospital admission due to COPD (Chronic Obstructive Pulmonary Disease) was significantly reduced**. Meanwhile, **admission for mental and behavioral disorders due to alcohol and acute pancreatitis**, which might be related to alcohol consumption, **significantly increased**.[iii]

Overall, in Canada, there was a **9% increase in hospital admission due to harm caused by substance use** during the first 16 months of the pandemic (from March 2020 to June 2021), which represented more than 16,000 additional hospitalizations. Hospitalizations due to harm caused

by substance abuse **increased to a greater degree (13%) among people from the lowest socio-economic class (SEC)** compared to people from the highest SEC (5%).[iv]

Furthermore, despite a **6% reduction** in hospital admissions nationally due to self-harm from March 2020 to June 2021 in comparison to pre-pandemic levels, females aged 10-24 experienced a **12% increase** in hospital admissions due to self-harm over the same period.[v]

Key Takeaway

The restrictions imposed during early waves of COVID-19 led to a significant decrease in hospital admissions in general, with noticeable rebounds when restrictions were removed.

However, certain vulnerable groups saw significantly higher hospital admissions for certain conditions: specifically, substance use and self-harm.

Hospital admissions for harms caused by substance use increased during the pandemic, particularly among individuals in the lowest socioeconomic groups.

And **young women in particular saw a significant increase in hospital admissions due to self-harm**.

Visits to Primary Care Physicians and Specialists

Limited access to primary care delivered through the hospital implies a reduction in visits involving routine health checks, preventative screening, and immunizations.

In Toronto, a highly COVID-restricted region, there were **89% fewer health exams** and **16.2% fewer well-baby visits** from March to September 2020 compared to the same period in 2020. Non-COVID i**mmunization visits also dropped by 32.6%**.

The growing procedural backlog in Canada from April 2020 to June 2021 has **delayed multiple screening visits**, with CT scans facing a backlog of 64 days and MRI scans facing a backlog of 69 days.[vi] As these numbers were reported as of summer 2021, it is likely this backlog has increased in the time since.

Decreased preventative screening visits in primary care offices have negative implications for the incidence of cancer screening, vaccinations, chronic condition screening and more.

An Ontario study examining the effects of the pandemic on stroke care found that although there were no significant differences in stroke unit admissions between 2019 and 2020 (either before or after the March 2020 provincial lockdown), code stroke activations in the emergency department decreased by 23% during this period, and stroke prevention clinic referrals decreased by 35.2% following the lockdown. Decrease in code strokes was hypothesized to be driven by patient-related factors such as fear of exposure to COVID, while decreased referrals were felt to be associated with physicians' willingness or ability to refer their patients in light of the lockdown and hospital policy changes.[vii]

When the delivery of fewer routine preventative primary care services results in limited referrals and resulting visits to specialists, this in turn can further increase the likelihood that an individual will present urgently to the hospital. In particular, delayed treatment of cancers and many chronic conditions ultimately makes the management of these diseases more difficult and costly to the health care system.[viii]

Key Takeaway

Despite the added measure of administering primary care virtually wherever possible, decreased access to primary care in hospital facilities has negative implications for the incidence of vital preventative routine care. The reduction of primary care visits such as these has shown to result in **procedural backlog** and **fewer specialist referrals**, which can ultimately make the management of patients' conditions **more difficult and thus costly** to the health care system.

Surgeries by Number and Type

The World Health Organization has warned against neglecting the provision of surgical treatment, as the burden of disease continues to accumulate while patients await surgery.[ix]

Yet, nationally, from March 2020 to June 2021, approximately **560,000 fewer surgeries** were performed compared with a similar pre-pandemic timeframe (January to December 2019).[x]

- **Wave 1**: 370,000 fewer surgeries.
- **Wave 2**: the number of surgeries was within 4% of the baseline levels pre-pandemic.
- **Wave 3**: with rising numbers of COVID-19 infections and hospitalizations, some provinces (Ontario, Manitoba, Saskatchewan, and British Columbia) delayed surgeries again.

A significant procedural backlog – around **327,800 procedures** – remains in Canada. The surgery backlog accumulated due to COVID-19 from April 2020-June 2021 is as follows:[xi]

- Breast cancer surgery - 46 days
- CABG (Coronary artery bypass graft) surgery - 63 days
- Colectomy - 72 days
- Knee replacement - 104 days
- Cataract surgery - 105 days
- Hip replacement - 118 days

Between March 15 and June 13, 2020, the estimated backlog in Ontario was 148,364 surgeries, with an average weekly increase of 11,413 surgeries. The estimated time to clear the backlog at the time was 84 weeks, which could impose a serious implication for the recovery phase in Ontario.[xii] As these numbers are a few months old, it is possible the backlog has even continued to grow.

While no modelling of the surgery backlog in New Brunswick has been performed to date, jurisdictions can adapt the framework used to model the surgical backlog in Ontario, using local data to assist with recovery.[1]

Key Takeaway

Minimizing hospital capacity and resources during COVID-19 may have indirectly led to the **disruption of approximately 560,000 surgeries** across Canada, with hip replacement and cataract surgeries leading the backlog. Along with **a likely exacerbation of patients' medical conditions** as they await surgery, the time required to clear this backlog could pose **serious implications for the provinces' recovery phases**.

[1] The Excel tool used for surgical backlog modelling is available at https://github.com/wangjona/surgicalbacklog

Emergency Room Visits

From March 2020 to June 2021, there were approximately **9,300 fewer emergency department visits per day across Canada** on average, compared with the pre-pandemic period (January to December 2019).[xiii]

- **Wave 1**: On **one day** in April 2020, hospitals in Canada saw **25,000 fewer visits** – nearly half the baseline number. This may have been due to the way people interpreted public health restrictions and their fear of contracting COVID while in hospital.
- **Wave 2**: At their lowest point, hospital visits on one day in December 2020 were lower by **15,000 visits**.
- By June 2021, ER visits were about **9% lower** on average than pre-pandemic levels (compared with June 2019).

Some of this reduction in visits may be explained by a decrease in activities/events in which injuries are likely to occur. However, it should be noted that many people access care for chronic conditions through the ER, and fewer admissions through the ER could suggest that fewer individuals are receiving necessary care. The longer-term results of this remain to be seen.

Key Takeaway

On average, there were **9,300 fewer emergency rooms visit per day** during the early stages of health service disruptions in Canada. However, it is difficult to determine the extent to which this number represents positive and/or negative outcomes.

On the one hand, this reduction in ER visits could be due to patients choosing to forgo medical attention due to fear of infection at the hospital.

On the other hand, it could be due to a decrease in injuries – possibly due to mobility limitations and restrictions placed on events and activities.

Because patients who do not receive the necessary care are likely to present urgently to the hospital at a later date, we may not be able to measure the impact of reduced ER visits on health outcomes until more time has passed.

The Impact of Health System Disruptions on Cancer Patients

Cancer Specialist Usage

There was a dramatic decline in referrals to cancer specialists around the world in the first few months following the pandemic.[xiv][xv] In Canada, almost every province saw **new patient referrals to cancer centres/specialists decrease by about 20%.**[xvi] This is most likely due to a reduction in primary health care providers, with reduced screening leading to reduced new cancer diagnoses, or possibly due to patient hesitation in seeking medical care due to the risk of infection.

Access to Screening-Related Services

When the COVID-19 pandemic hit, clinical activities including cancer care slowed down, and cancer screening programs were temporarily suspended to reduce demands on the health system. A report commissioned by the Canadian Medical Association shows that as of January 2021, cancer screenings in Ontario were **20-35% lower than pre-pandemic levels**.[xvii]

Studies conducted in other provinces focus on screenings for specific types of cancer. A Quebec study found that the overall number of cases of lung cancer diagnosis was **reduced by about 35%** post-pandemic (March 2020 – Feb 2021) compared to the year before the pandemic (March 2019-Feb 2020).[xviii]

Another study in Alberta explored the impact of COVID on the diagnosis of multiple myeloma and concluded that there was a **21.7% reduction in the rate of new diagnosis** in 2020 compared to that of 2019.[xix] This reduction in cancer incidence is likely due to reduced rates of screening and could possibly lead to later stage presentation.

In Ontario, during the first 6 months of the pandemic, there was a **63% decrease in monthly average cervical screening tests** compared to the corresponding months in 2019.[xx]

Cancer Stage at Presentation

Cancer treatments are time-sensitive, and any delay in diagnosis of patients with early-stage cancer will increase the likelihood of metastatic disease and/or advanced stage. Treating advanced cases of cancer is bound to put more human resources and financial strain on the health care system, and these advanced cases typically also require more extensive surgeries and additional forms of treatment, including radiation or chemotherapy, which often come with more side effects and extended recovery time.

Moreover, presenting at a more advanced stage of cancer decreases the chances of being cured. To our knowledge, there have been no studies published in Canada related to the impact of the pandemic on cancer stage migration; however, there are studies from Europe and South America that show an increase in cases of later stage diagnosis since the start of the pandemic compared to pre-pandemic.

In one study conducted in Serbia, **there were higher number of locally advanced tumours** in the group operated on for colorectal cancer between March 15, 2020, and April 30, 2021, compared to those who were operated between January 1 and December 31, 2019.[xxi] In Brazil, breast and cervical cancer patients similarly presented with **more advanced stages** of cancer when they were first screened during the pandemic compared to a similar period pre-pandemic.[xxii]

Cancer Surgeries

Access to elective cancer surgeries has been significantly impacted by the pandemic, particularly when most regions introduced measures aimed to create hospital capacity for COVID patients. **One in seven cancer patients around the world have missed out on surgery** during pandemic-related lockdowns, according to a study from COVIDSurg Collaborative.[xxiii]

According to a CIHI report, **the number of cancer surgeries in 2020 was reduced by about 20%** compared to 2019, though the median wait time for cancer surgeries improved by 2 or 3 days for those who received surgical treatments for breast, bladder, colorectal, and lung cancer.[xxiv]

In New Brunswick, though there was a **15% decrease in the two months following the start of the pandemic,** the average monthly number of cancer surgeries in NB pre-pandemic (January 1 – December 31, 2019) was about the same as the monthly average between March 2020 and June 2021 (367 vs 365).[xxv] While there was a **10% reduction in other high volume surgeries** in the province (hip surgeries, cataracts, etc.) during the pandemic compared to the prior year, the **monthly average for cancer surgeries has remained about the same as pre-pandemic**.

A study in Ontario comparing cancer surgery volumes immediately after March 2020 with those of a pre-pandemic time period shows that there was a **60% decrease in mean surgical volume** on March 15, 2020.[xxvi] By July 2020, the **surgical volumes had not returned to pre-pandemic levels**.[2] This study also found that patients who received surgical treatment for cancers were not sociodemographically different, suggesting that the **limited access to treatment was at least equitable**.

Number and Types of Surgeries

Colorectal Surgery – In a CIHI report, research indicates that there was about an **11% reduction in the monthly average number of surgeries** during the pandemic (March 2020 – June 2021) compared to the year prior (January 1 – Dec 31, 2019) in New Brunswick.[xxvii]

Internationally, Italy reported a 24.5% reduction in colorectal cancer screening between April 1, 2020 and April 1, 2021 compared to the prior year, and a **10.6% decrease in colorectal surgeries**.[xxviii] It is possible that reduced screening led to a decrease in colorectal surgeries. In China, the public health emergency response implemented between Feb 1, 2020 and May 31,

[2] It should be noted that these statistics are likely to reflect Ontario's relatively longer lockdown period, which resulted in more hospital service disruptions compared to those in New Brunswick.

2020 resulted in **34% fewer elective surgeries for colorectal cancer** compared to those who underwent the same before the pandemic[xxix]

Breast Cancer Surgery – Based on the same CIHI report, the monthly average number of **surgeries in New Brunswick related to breast cancer actually increased by about 13%** between March 2020 and June 2021 compared to the year prior.[xxx]

In Italy, between April 1, 2020 and April 1, 2021, there was a decrease of 17% in breast cancer screening compared to the prior year. **Mastectomies decreased by about 9%**, and **surgical treatment of advanced tumor reduced by 6%.**[xxxi] Similar to colorectal surgeries in the country, reduced breast cancer screening probably led to a decrease in breast cancer related surgeries.

Lung Cancer Surgery – A Quebec study mentions a **13% reduction in lung cancer surgeries** in 2020 compared to 2019.[xxxii] Meanwhile, a study from Japan notes that while the overall number of lung cancer surgeries in 2020 was about the same as 2019, there were more people with advanced stage in 2020 compared to 2019.[xxxiii] Lung cancer surgeries are not specified in the CIHI report used above, and therefore we do not know the impacts of service disruptions on lung cancer patients in NB.

Access to Radiation and Chemotherapy

In Canada, most provinces have established clinical practice guidelines (CPGs) for cancer-related screenings and treatment during the pandemic, with more emphasis on care rather than control.[3] For instance, Ontario and British Columbia provide cancer treatment based on four priority groups, with individuals with emergencies and life-threatening conditions assigned to Group 1 and individuals with non-urgent treatments assigned to Group 4.[xxxiv] Most provinces provide treatment-specific (radiation-/systemic-/palliative-specific) guidelines, benchmarks for wait times for these treatments, and recommendations for prioritization of surgical services.

As explained in a Canadian review of cancer-related clinical practice guidelines and resources during the pandemic,

> Overall, the most common cancer care and control modifications that were introduced during the pandemic to mitigate the risk of infection include: incremental integration of hypofractionation (i.e., dividing the total dose of radiation into large doses so that patients can complete their therapy faster) and/or accelerated fractionation for patients with cancer who require radiation therapy treatments; prioritizing oral anticancer drugs over intravenous chemotherapy and consideration of home-based infusion chemotherapy, when safely applicable; integration of telemedicine services (telephone or video consultations) to reduce clinic visits; providing alternative procedures to in-person screening, when available (i.e., stool DNA testing: Cologuard for colon cancer); and encouraging home delivery of medications and online payments to minimize the risk of exposure to SARS-CoV-2.[xxxv]

[3] It should be noted that New Brunswick does not provide its own guidelines but follows that of Quebec, Ontario, and British Columbia.

While we have these CPGs established in Canada and elsewhere, we are not aware of any published studies that quantify the impact on cancer treatments within the country. Therefore, we turn to international reports to derive information on the impact of COVID restrictions on radiation and chemotherapy, noting that while New Brunswick may experience similar outcomes, further Canadian and NB-specific research is needed in this area.

The role of radiation therapy during the pandemic has expanded and has been used as therapeutic/interim measures given the delays in elective surgeries. For example, there is consensus among an international panel of experts recommending radiotherapy to accommodate delays in rectal cancer surgeries.[xxxvixxxvii] In the UK, a targeted form of radiotherapy has also been rolled out, which requires fewer courses of treatment so that patients do not have to visit hospitals very often.

According to American and European guidelines in the COVID era, when chemotherapy is associated with dramatic improvements in outcomes, the provision of chemotherapy must continue. When the absolute benefit of chemotherapy may be marginal, such as in the case of palliative or adjuvant chemotherapy for elderly and comorbid patients, then treatment may be postponed indefinitely or alternative treatment options, such as hormonal therapy, should be considered.[xxxviii]

A study done in the UK noted a **41% decline in chemotherapy attendances** during the pandemic (until June 2020).[xxxix] Also in the UK, "there has been a focus on delivering care in the community and people's homes - with 'chemo-buses' used in some places to allow staff to tour neighbourhoods providing chemotherapy from the back of an adapted van."[xl]

Given the lack of data and/or relevant publications, apart from anecdotal evidence from news coverage, we do not yet know the true extent of the impacts of delays in radiation and systemic therapy treatments in cancer patients in NB.

Key Takeaway

While cancer surgeries seem to have **returned to pre-pandemic levels** in NB, it is anticipated that disruptions in hospital services leading to interruptions in cancer screening and subsequent delays in treatment will **negatively impact patient outcomes in the longer term.**

The true extent of the impact of the pandemic on cancer stage migration and outcomes is not yet known.

The Impact of Health Service Disruptions on Chronic Conditions: COPD, Diabetes, Heart Failure, and Mental Health Difficulties

The effective prevention and management of chronic conditions require strong primary care to limit complications and hospitalizations associated with chronic diseases.[xli] And yet, two-thirds of Canadians living with chronic conditions reported having difficulty accessing care in 2020.[xlii] Many primary care physicians in Canada and the US reported limiting chronic care on surveys conducted at the start of the pandemic, and many continue to do some almost a year later, which could result in poor disease control.[xliii]

Individuals with chronic conditions require ongoing disease management to reduce risk of adverse health outcomes,[xliv] and **those with low socioeconomic status and diagnosed mental health conditions carry a disproportionate burden** of chronic diseases and prevalence of chronic disease risk factors.[xlv] This is especially concerning considering these are populations at greater risk of poor social and economic outcomes from COVID-19 as well.[xlvi][xlvii][xlviii]

When access to outpatient services vital for the proper management and diagnosis of these conditions is disrupted, this can lead to poorly managed or undiagnosed chronic conditions, which ultimately become more costly for the health care system through ER visits or future hospitalizations.

COPD – Chronic Obstructive Pulmonary Disease

The restriction of spirometry tests due to the limitation of hospital services removes the opportunity to definitively diagnose COPD among patients, as spirometry is the gold standard in diagnosing COPD.[xlix] The delay in diagnoses of COPD due to limited spirometry testing could result in increased COPD exacerbation rates and higher risk of first exacerbation, as it is associated with late diagnosis.[l]

Diabetes

For the adequate management of diabetes, patients are advised to undergo an HbA1c test twice yearly, along with an annual nephropathy screening, an annual fundoscopic exam, and annual foot exams, among other suggested measurements.[li] Regular patient-provider interactions critical for effective diabetes care include medication reviews, screening and management, and mental health assessments.

In a UK study, diabetic emergencies saw the **largest relative reduction in primary care contact**, and primary care contacts have remained **below pre-lockdown levels**.[lii] It is particularly important that diabetes patients are able to have adequate access to primary care for the management of their condition, as physical distancing measures and mandated lockdowns are shown to increase unhealthy dietary patterns and mental health-related concerns, in addition to decreased physical activity.[liii] For diabetic patients in particular, this could produce disproportionately high negative health effects.

Canadian data revealed a significant increase in the frequency of diabetic ketoacidosis (DKA) at diagnosis, even though the number of children presenting with newly diagnosed Type 1 diabetes was similar to the same time period from the previous year. The presentation of DKA at diagnosis is likely a result of late diagnosis of children and young people with pediatric Type 1 diabetes, possibly caused by reduced routine preventative primary care visits during the pandemic.[liv]

Studies in Ohio, Italy, and the Netherlands all reported a higher degree of tissue loss and more extensive ischemic damage, which is associated with diabetic foot ulcers (DFU), during lockdown period compared to previous years. This is likely a byproduct of the classification of DFU procedures and surgeries as non-essential.

Heart Failure

A Toronto study found that acute decompensated heart failure (ADHF) **ER visits and related hospital admissions decreased by 43.5% and 39.3%, respectively**, in March to April 2020 compared to the previous year.[lv] The decline in ADHF-related hospitalizations raises questions concerning how patients with heart failure (HF) manage their condition beyond the acute-care setting, as a UK study reported that **37% of HF patients reported disruption to the medication prescription services, and 34% reported an inability to access their HF teams promptly**. The survey also reported that **32% of HF patients reported a reluctance to attend the hospital**.[lvi]

Another UK study found that a transition towards telephone consultations and a reduction in appointments with hospital heart failure nurses were associated with **less successful optimisation of guideline-directed medical therapy** compared to usual care involving face-to-face clinics. With reduced access to routine blood testing under restricted hospital services, the study suggests that medication management could have been more difficult to assess by primary care workers.[lvii]

Mental Health

Those with mental health difficulties and illnesses, particularly those with serious mental illnesses, are among society's most vulnerable, and yet they are less likely than other individuals to have primary care access on a regular basis.[lviii]

When the use of virtual visits became common practice to access primary care in Canada, visits for anxiety and depression were the most common reasons for a virtual visit from March to December 2020, according to a Toronto study.[lix] The demand for access to mental health services will likely only increase – after all, a national survey on COVID-19 and mental health indicates that one in four Canadians aged 18 and older screened positive for symptoms of

depression, anxiety, or posttraumatic stress disorder (PTSD) in spring 2021 compared to 21% in fall 2021.[lx4]

As mentioned in our previous section on hospitalization rates, an Alberta study found that admissions for mental and behavioral disorders due to use of alcohol and acute pancreatitis significantly increased, when comparing March to September 2020 admissions with admissions from the previous year.[lxi] There were also increases in **hospital admission due to harm caused by substance use** during the first 16 months of the pandemic (from March 2020 to June 2021), with people from the lowest socio-economic class (SEC) experiencing **more harm** from substance use than people from the highest SEC (13% vs 5%, respectively).[lxii]

Furthermore, despite a **6% reduction** in hospital admissions nationally due to self-harm from March 2020 to June 2021 in comparison to pre-pandemic levels, females aged 10-24 experienced a **12% increase** in hospital admissions due to self-harm over the same period.[lxiii]

Key Takeaway

Those with chronic conditions require regular access to care to keep their conditions manageable, as aggravated conditions are more difficult and costly to manage. Limited screening and management of these conditions through reduced interaction with ambulatory services and primary care can **negatively impact the incidence of diagnosis and treatment** of these conditions.

[4] More information on the impact of COVID on the mental health of New Brunswickers is available in a report recently published by NB-IRDT: Magalhaes, S., Gorman-Asal, M. & Somayaji, C. (2021). Survey Results on Mental Health Impacts of COVID-19 in New Brunswick. Fredericton, NB: New Brunswick Institute for Research, Data and Training. https://www.unb.ca/nbirdt/research/publications/_resources/pdf/nb-irdt-research-report-survey-results-on-mental-health-impacts-of-covid-19-in-nb-01march2021.pdf

Access to Ambulatory Care Hospital Services

Those with ambulatory care sensitive (ACS) conditions are particularly vulnerable to negative impacts from the closure of hospital services. ACS conditions (for example, asthma or congestive heart failure) can generally be managed with adequate primary health care on an outpatient basis. However, in the event of limited outpatient services, an increase in emergency department visits for ACS conditions are expected, as these patients would be unable to access the services necessary for managing their condition.

The 2008 Canadian Survey of Experiences with Primary Health Care suggests there are disparities among the individuals that could be impacted by the limited access of outpatient services, as those who live in rural or disadvantaged areas experience a higher burden of ACS conditions.[lxiv]

Interestingly, an Alberta study found a significant reduction in daily ER visits post-public health disruptions in general and for ACS conditions specifically.[lxv] considering there is limited evidence to suggest a reduction in the number of ACS conditions, it is possible that patients are avoiding the ER because of fear of contracting COVID-19, which is suggested to eventually lead to increased morbidity and mortality.[lxvi]

Key Takeaway

COVID-related limitation of ambulatory hospital services such as the management of chronic conditions through outpatient services and other diagnostic imaging or treatments may translate to **increased Emergency Room visits**.

The limitation of these services will likely disproportionately affect certain groups, as ACS conditions are more common among those who live in rural or disadvantaged areas. As over half the NB population lives in rural areas,[1] this **may be an area of greater concern in NB** compared to various other jurisdictions, or in certain regions of the province compared to others.

Looking Forward

In this report, we provide an examination of non-COVID health service use and non-COVID health outcomes on a large geographic scale. While this may provide a good indicator of the impact our own province's hospital service disruptions may have on New Brunswickers, there is still a need for New Brunswick-specific research.

In spite of cross-Canada similarities, our province is unique: we have regional health authorities in each official language; our population is aging more quickly than the Canadian average; and, compared to most other provinces, a significantly higher proportion of our population lives in rural areas. We face unique struggles, but we also have unique benefits, and these all affect the impact disruptions in health services will have on our population.

In an upcoming project on the effects of COVID-19-related restrictions on health service use in New Brunswick, NB-IRDT aims to address this need by focusing on NB-specific outcomes. Our researchers will compare indicators of health service use and health outcomes pre-pandemic with different phases of the pandemic by region using COVID-19 case counts to determine the level of restriction to services provided at hospitals and as a proxy for citizen concern. Linked administrative data will be used to perform a retrospective, observation-based study to understand recent trends since the onset of the COVID-19 pandemic and project future health outcomes associated with reduced access to health services and resources for New Brunswickers by a variety of personal characteristics. Of particular interest is how patterns of service use have changed over time and how they have varied by health region.

Again, a better understanding of the consequences of delayed or avoided health service use will help guide planning for future demands for health services, including potential financial implications for the health system. It will also increase our understanding of chronic disease development more generally, leading to more efficient targeting of preventative health services. With a focus on areas and groups with particular vulnerability, opportunities to safely increase targeted access to healthcare will help to reduce non-COVID-19 mortality during the remainder of the pandemic and beyond.

We look forward to sharing this information as it becomes available.

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From:	Burkhardt, Tracey (DH/MS)
To:	Liston, Heidi (DH/MS); Chalifoux, Mathieu (DH/MS); Levesque, Eric J. (DH/MS); Elliott, Jennifer (DH/MS); Boudreau, René (DH/MS)
Cc:	Ayles, James (DH/MS); Wiseman, Sean (DH/MS)
Subject:	FW: rapid report
Date:	January 6, 2022 10:01:54 PM
Attachments:	Rapid review assessing hospital services and health outcomes_NB-IRDT_01062022.docx

Heidi, here is the rapid review you requested from IRDT. Haven't read it yet, but am looking forward to it.

From: Ted McDonald <tedmcdon@unb.ca>
Sent: Thursday, January 6, 2022 9:58 PM
To: Burkhardt, Tracey (DH/MS) <Tracey.Burkhardt@gnb.ca>
Subject: rapid report

Hi Tracey – Eva noticed that the minister is giving a press briefing tomorrow morning so engineered a full court press to get this report together as quickly as possible for you. a fantastic effort on their part.
If there are elements you'd like us to do a deeper dive on, let me know. I'm looking forward to our own data analysis on this really important topic.
Ted

Rapid Report Assessing the Indirect Effects of COVID-19 on Hospital Utilization and Health Outcomes

Implications for New Brunswick

Madeleine Gorman-Asal, BSc
Ted McDonald, PhD
Bethany Jones, PhD

Chandy Somayaji, MSc
Simon Youssef, MPH

PROJECT TITLE

Rapid report assessing the indirect effects of COVID-19 on hospital utilization and health outcomes: Implications for New Brunswick

PRINCIPAL INVESTIGATOR

Ted McDonald, Director, NB-IRDT

RESEARCH TEAM

Madeleine Gorman-Asal, Research Assistant, NB-IRDT
Bethany Jones, Scientific Writer, NB-IRDT
Chandy Somayaji, Data Analyst, NB-IRDT
Simon Youssef, Research Assistant, NB-IRDT

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Table of Contents

Overview and Key Takeaways

The Issue

Public health disruptions due to COVID restrictions have resulted in challenges to accessing health care services, delays in timely procedures, and limited ability to acquire necessary medications throughout various stages of the pandemic. The impact of these disruptions on the health service usage and health outcomes of New Brunswickers is unknown.

Report Scope and Purpose

This rapid response report examines existing literature on non-COVID health care service utilization and health outcomes during the pandemic – specifically hospital-based and related usage and outcomes. It aims to inform our understanding about the impact health service disruptions could have on non-COVID health service usage and non-COVID health outcomes of New Brunswickers and may also be used to inform strategies for mitigating the risks of negative effects. The report relies on available publications from NB, Canadian and international studies.

Key Takeaways

- The literature shows an increase in non-COVID mortality rates during COVID. It is difficult to know how much of this increase is related to COVID restrictions, and what the excess mortality rates due to COVID deaths may have been if restrictions had not been put in place.

- During COVID, individuals in the lowest socioeconomic groups saw a significant increase in hospital admissions related to substance use, and young women in particular saw a significant increase in admissions due to self-harm.

- Reduction of primary care visits is shown to result in procedural backlogs and fewer specialist referrals, which can make managing patients' conditions more difficult and costly to the system.

- The delay of surgeries is likely to exacerbate patients' medical conditions. The time required to clear the backlog could pose serious implications for provincial recovery phases.

- Canadian ERs have seen significantly fewer visits per day, which may be due to patients choosing to forgo care or to a decrease in injuries. Patients lacking necessary care are likely to visit the ER at a later date, so the impact of disruptions may not be apparent until more time has passed.

- Cancer surgeries seem to have returned to pre-pandemic levels in NB, but it is anticipated that interruptions in screening and delays in treatment will negatively impact patient outcomes.

- Limitation of ambulatory hospital services such as diagnostic imaging or treatments may translate to increased Emergency Room visits. Such disruptions are likely to affect certain groups disproportionately, as ambulatory care sensitive conditions are more common among those who live in rural or disadvantaged areas. As over half the NB population lives in rural areas, this may be an area of greater concern in NB compared to various other jurisdictions, or in certain regions of the province compared to others.

Rapid Report Scope and Purpose

We prepared this rapid review of the existing literature to provide evidence that can be used to answer the following question:

> **What impact could health service disruptions have on the non-COVID health service usage and non-COVID health outcomes of New Brunswickers?**

This review is not exhaustive – therefore, to provide the most relevant evidence, we prioritize research from New Brunswick and other Canadian provinces. When gaps in the literature require us to look farther abroad, we provide results from countries with health care systems and COVID-19 restrictions similar to those in New Brunswick. In these situations, the results may be used as proxy indicators of potential outcomes facing our province. Please also note that some statistics from CIHI and Statistics Canada presented in this report are based on provisional data. CIHI defines provisional data as: "Any data received and used before it has undergone the full data processing and quality activities that prepare it for full reporting use. Because provisional health data isn't final, it should be interpreted with caution."

Moreover, we focus specifically on effects related to **hospital service disruptions**. While multiple forms of health services have been disrupted throughout the pandemic, the impact of restrictions related to hospital services is of utmost importance to understand at present.

Service Usage and Health Outcomes Investigated

To measure the potential impact of health service disruptions in New Brunswick, we investigate pre- and post-COVID variations in the following:

- All-Cause (Non-COVID) Mortality and Excess Deaths
- Rates of Hospitalization
- Visits to Primary Care Physicians and Specialists
- Numbers and Types of Surgery
- Emergency Room Visits

We focus in particular on the impacts of service disruptions on health service usage and health outcomes related to

- Cancer
- COPD (Chronic Obstructive Pulmonary Disease)
- Diabetes
- Heart Failure
- Mental Health
- Ambulatory Care Sensitive Conditions

with special consideration paid to vulnerable populations where such results are available.

All-Cause (Non-COVID) Mortality and Excess Deaths

Perhaps the most pressing concern facing New Brunswick citizens and policy makers is the impact that hospital service disruptions could have on non-COVID-related mortality rates. While the public health efforts in place have prioritized limiting the spread of COVID-19 in the interest of keeping our communities safe from the risk of severe illness or death upon contracting the virus, it is necessary to ask how these measures may be indirectly impacting deaths from other causes.

In the initial wave of the COVID-19 pandemic between Spring and Winter 2020, Canada recorded a number of deaths that was higher than expected. This peaked in September 2020, when **the number of non-COVID deaths was 5% higher than the expected mortality rate for a typical year**.[ii] In Quebec, Ontario, and British Columbia, deaths of elderly people (aged 85 and older) accounted for the largest share of excess deaths.[ii]

Overall, delayed and missed health care appointments and service reductions may have contributed to more than **4,000 excess deaths (non-COVID related) across Canada between March 2020 and June 2021 due to delayed care**[ii] and overall there were an estimated 19,501 excess deaths in Canada from March 2020 to the beginning of July 2021.

Understanding how best to mitigate the ultimate consequence of restricting hospital services is essential. By presenting evidence on health service usage and health outcomes in the subsequent sections, we hope to inform strategies that may be developed to mitigate deaths and other negative health outcomes among New Brunswickers – whether through targeting resources toward certain procedures, putting greater preventive measures in place, or reassessing COVID-related policy actions.

Key Takeaway

A potential and concerning consequence of hospital service disruptions could be an increase in mortality – whether due to a reduction in available services or due to patients not seeking appropriate care for medical conditions.

Although the literature shows an increase in non-COVID mortality rates during COVID, it is difficult to know how much of this increase is related to COVID-related restrictions.

In addition, due to the complexity of the situation, it is difficult to know what the excess mortality rates due to COVID deaths may have been if restrictive measures had not been put into place.

Rates of Hospitalization

All-Cause Hospitalizations

Between March 2020 and June 2021, **Canadian hospitals admitted 11% fewer inpatients** compared to a similar pre-pandemic period.

Following the disruptions experienced during the first few months of the pandemic (Wave 1, March-May 2020), hospitals gradually resumed routine services while trying to reserve resources in the event of a surge of COVID hospitalizations.

By the start of **Wave 2** (September-December 2020), hospital admissions had rebounded to within **6% of pre-pandemic levels**, with the resumption of many surgical programs that were on hold during early pandemic months.

During Wave 3 (February-April 2021), hospitals opted to adapt to the rapidly changing situation, and some care was delayed again. At present, we expect more studies will emerge giving more insight into the consequences of the disruption in delivering non-emergent hospital services during the third and previous waves.[i]

These observations from Canada are consistent with many studies conducted in different countries. For example, a Danish population-based study reported **30% and 22% lower all-cause hospitalizations** during the two nationwide lockdowns in the first 11 months of the pandemic.[ii]

Fewer hospital admissions could represent genuinely lower incidences of diseases as a result of behavioural changes and lifestyle modification with the imposed restrictions during lockdown. However, there are concerns that some patients were reluctant to seek medical care due to fear of contracting COVID-19 at hospitals and therefore neglected to report their symptoms

Cause-Specific Hospitalizations

A population-based study assessing the impact of COVID on hospital admissions in Alberta demonstrated a significant reduction in both daily medical and surgical hospital admissions between March and September 2020. While there was no significant change in the surgical causes of hospital admissions pre- and post-COVID, the *number* of hospital admissions due to specific medical conditions changed.

Specifically, **hospital admission due to COPD (Chronic Obstructive Pulmonary Disease) was significantly reduced**. Meanwhile, **admission for mental and behavioral disorders due to alcohol and acute pancreatitis**, which might be related to alcohol consumption, **significantly increased**.[iii]

Overall, in Canada, there was a **9% increase in hospital admission due to harm caused by substance use** during the first 16 months of the pandemic (from March 2020 to June 2021), which represented more than 16,000 additional hospitalizations. Hospitalizations due to harm caused

by substance abuse **increased to a greater degree (13%) among people from the lowest socio-economic class (SEC)** compared to people from the highest SEC (5%).[iv]

Furthermore, despite a **6% reduction** in hospital admissions nationally due to self-harm from March 2020 to June 2021 in comparison to pre-pandemic levels, females aged 10-24 experienced a **12% increase** in hospital admissions due to self-harm over the same period.[v]

Key Takeaway

The restrictions imposed during early waves of COVID-19 led to a significant decrease in hospital admissions in general, with noticeable rebounds when restrictions were removed.

However, certain vulnerable groups saw significantly higher hospital admissions for certain conditions: specifically, substance use and self-harm.

Hospital admissions for harms caused by substance use increased during the pandemic, particularly among individuals in the lowest socioeconomic groups.

And **young women in particular saw a significant increase in hospital admissions due to self-harm**.

Visits to Primary Care Physicians and Specialists

Limited access to primary care delivered through the hospital implies a reduction in visits involving routine health checks, preventative screening, and immunizations.

In Toronto, a highly COVID-restricted region, there were **89% fewer health exams** and **16.2% fewer well-baby visits** from March to September 2020 compared to the same period in 2020. Non-COVID i**mmunization visits also dropped by 32.6%**.

The growing procedural backlog in Canada from April 2020 to June 2021 has **delayed multiple screening visits**, with CT scans facing a backlog of 64 days and MRI scans facing a backlog of 69 days.[vi] As these numbers were reported as of summer 2021, it is likely this backlog has increased in the time since.

Decreased preventative screening visits in primary care offices have negative implications for the incidence of cancer screening, vaccinations, chronic condition screening and more.

An Ontario study examining the effects of the pandemic on stroke care found that although there were no significant differences in stroke unit admissions between 2019 and 2020 (either before or after the March 2020 provincial lockdown), code stroke activations in the emergency department decreased by 23% during this period, and stroke prevention clinic referrals decreased by 35.2% following the lockdown. Decrease in code strokes was hypothesized to be driven by patient-related factors such as fear of exposure to COVID, while decreased referrals were felt to be associated with physicians' willingness or ability to refer their patients in light of the lockdown and hospital policy changes.[vii]

When the delivery of fewer routine preventative primary care services results in limited referrals and resulting visits to specialists, this in turn can further increase the likelihood that an individual will present urgently to the hospital. In particular, delayed treatment of cancers and many chronic conditions ultimately makes the management of these diseases more difficult and costly to the health care system.[viii]

Key Takeaway

Despite the added measure of administering primary care virtually wherever possible, decreased access to primary care in hospital facilities has negative implications for the incidence of vital preventative routine care. The reduction of primary care visits such as these has shown to result in **procedural backlog** and **fewer specialist referrals**, which can ultimately make the management of patients' conditions **more difficult and thus costly** to the health care system.

Surgeries by Number and Type

The World Health Organization has warned against neglecting the provision of surgical treatment, as the burden of disease continues to accumulate while patients await surgery.[ix]

Yet, nationally, from March 2020 to June 2021, approximately **560,000 fewer surgeries** were performed compared with a similar pre-pandemic timeframe (January to December 2019).[x]

- **Wave 1**: 370,000 fewer surgeries.
- **Wave 2**: the number of surgeries was within 4% of the baseline levels pre-pandemic.
- **Wave 3**: with rising numbers of COVID-19 infections and hospitalizations, some provinces (Ontario, Manitoba, Saskatchewan, and British Columbia) delayed surgeries again.

A significant procedural backlog – around **327,800 procedures** – remains in Canada. The surgery backlog accumulated due to COVID-19 from April 2020-June 2021 is as follows:[xi]

- Breast cancer surgery - 46 days
- CABG (Coronary artery bypass graft) surgery - 63 days
- Colectomy - 72 days
- Knee replacement - 104 days
- Cataract surgery - 105 days
- Hip replacement - 118 days

Between March 15 and June 13, 2020, the estimated backlog in Ontario was 148,364 surgeries, with an average weekly increase of 11,413 surgeries. The estimated time to clear the backlog at the time was 84 weeks, which could impose a serious implication for the recovery phase in Ontario.[xii] As these numbers are a few months old, it is possible the backlog has even continued to grow.

While no modelling of the surgery backlog in New Brunswick has been performed to date, jurisdictions can adapt the framework used to model the surgical backlog in Ontario, using local data to assist with recovery.[1]

Key Takeaway

Minimizing hospital capacity and resources during COVID-19 may have indirectly led to the **disruption of approximately 560,000 surgeries** across Canada, with hip replacement and cataract surgeries leading the backlog. Along with **a likely exacerbation of patients' medical conditions** as they await surgery, the time required to clear this backlog could pose **serious implications for the provinces' recovery phases**.

[1] The Excel tool used for surgical backlog modelling is available at https://github.com/wangjona/surgicalbacklog

Emergency Room Visits

From March 2020 to June 2021, there were approximately **9,300 fewer emergency department visits per day across Canada** on average, compared with the pre-pandemic period (January to December 2019).[xiii]

- **Wave 1**: On **one day** in April 2020, hospitals in Canada saw **25,000 fewer visits** – nearly half the baseline number. This may have been due to the way people interpreted public health restrictions and their fear of contracting COVID while in hospital.
- **Wave 2**: At their lowest point, hospital visits on one day in December 2020 were lower by **15,000 visits**.
- By June 2021, ER visits were about **9% lower** on average than pre-pandemic levels (compared with June 2019).

Some of this reduction in visits may be explained by a decrease in activities/events in which injuries are likely to occur. However, it should be noted that many people access care for chronic conditions through the ER, and fewer admissions through the ER could suggest that fewer individuals are receiving necessary care. The longer-term results of this remain to be seen.

Key Takeaway

On average, there were **9,300 fewer emergency rooms visit per day** during the early stages of health service disruptions in Canada. However, it is difficult to determine the extent to which this number represents positive and/or negative outcomes.

On the one hand, this reduction in ER visits could be due to patients choosing to forgo medical attention due to fear of infection at the hospital.

On the other hand, it could be due to a decrease in injuries – possibly due to mobility limitations and restrictions placed on events and activities.

Because patients who do not receive the necessary care are likely to present urgently to the hospital at a later date, we may not be able to measure the impact of reduced ER visits on health outcomes until more time has passed.

The Impact of Health System Disruptions on Cancer Patients

Cancer Specialist Usage

There was a dramatic decline in referrals to cancer specialists around the world in the first few months following the pandemic.[xiv][xv] In Canada, almost every province saw **new patient referrals to cancer centres/specialists decrease by about 20%.**[xvi] This is most likely due to a reduction in primary health care providers, with reduced screening leading to reduced new cancer diagnoses, or possibly due to patient hesitation in seeking medical care due to the risk of infection.

Access to Screening-Related Services

When the COVID-19 pandemic hit, clinical activities including cancer care slowed down, and cancer screening programs were temporarily suspended to reduce demands on the health system. A report commissioned by the Canadian Medical Association shows that as of January 2021, cancer screenings in Ontario were **20-35% lower than pre-pandemic levels**.[xvii]

Studies conducted in other provinces focus on screenings for specific types of cancer. A Quebec study found that the overall number of cases of lung cancer diagnosis was **reduced by about 35%** post-pandemic (March 2020 – Feb 2021) compared to the year before the pandemic (March 2019-Feb 2020).[xviii]

Another study in Alberta explored the impact of COVID on the diagnosis of multiple myeloma and concluded that there was a **21.7% reduction in the rate of new diagnosis** in 2020 compared to that of 2019.[xix] This reduction in cancer incidence is likely due to reduced rates of screening and could possibly lead to later stage presentation.

In Ontario, during the first 6 months of the pandemic, there was a **63% decrease in monthly average cervical screening tests** compared to the corresponding months in 2019.[xx]

Cancer Stage at Presentation

Cancer treatments are time-sensitive, and any delay in diagnosis of patients with early-stage cancer will increase the likelihood of metastatic disease and/or advanced stage. Treating advanced cases of cancer is bound to put more human resources and financial strain on the health care system, and these advanced cases typically also require more extensive surgeries and additional forms of treatment, including radiation or chemotherapy, which often come with more side effects and extended recovery time.

Moreover, presenting at a more advanced stage of cancer decreases the chances of being cured. To our knowledge, there have been no studies published in Canada related to the impact of the pandemic on cancer stage migration; however, there are studies from Europe and South America that show an increase in cases of later stage diagnosis since the start of the pandemic compared to pre-pandemic.

In one study conducted in Serbia, **there were higher number of locally advanced tumours** in the group operated on for colorectal cancer between March 15, 2020, and April 30, 2021, compared to those who were operated between January 1 and December 31, 2019.[xxi] In Brazil, breast and cervical cancer patients similarly presented with **more advanced stages** of cancer when they were first screened during the pandemic compared to a similar period pre-pandemic.[xxii]

Cancer Surgeries

Access to elective cancer surgeries has been significantly impacted by the pandemic, particularly when most regions introduced measures aimed to create hospital capacity for COVID patients. **One in seven cancer patients around the world have missed out on surgery** during pandemic-related lockdowns, according to a study from COVIDSurg Collaborative.[xxiii]

According to a CIHI report, **the number of cancer surgeries in 2020 was reduced by about 20%** compared to 2019, though the median wait time for cancer surgeries improved by 2 or 3 days for those who received surgical treatments for breast, bladder, colorectal, and lung cancer.[xxiv]

In New Brunswick, though there was a **15% decrease in the two months following the start of the pandemic,** the average monthly number of cancer surgeries in NB pre-pandemic (January 1 – December 31, 2019) was about the same as the monthly average between March 2020 and June 2021 (367 vs 365).[xxv] While there was a **10% reduction in other high volume surgeries** in the province (hip surgeries, cataracts, etc.) during the pandemic compared to the prior year, the **monthly average for cancer surgeries has remained about the same as pre-pandemic**.

A study in Ontario comparing cancer surgery volumes immediately after March 2020 with those of a pre-pandemic time period shows that there was a **60% decrease in mean surgical volume** on March 15, 2020.[xxvi] By July 2020, the **surgical volumes had not returned to pre-pandemic levels**.[2] This study also found that patients who received surgical treatment for cancers were not sociodemographically different, suggesting that the **limited access to treatment was at least equitable**.

Number and Types of Surgeries

Colorectal Surgery – In a CIHI report, research indicates that there was about an **11% reduction in the monthly average number of surgeries** during the pandemic (March 2020 – June 2021) compared to the year prior (January 1 – Dec 31, 2019) in New Brunswick.[xxvii]

Internationally, Italy reported a 24.5% reduction in colorectal cancer screening between April 1, 2020 and April 1, 2021 compared to the prior year, and a **10.6% decrease in colorectal surgeries**.[xxviii] It is possible that reduced screening led to a decrease in colorectal surgeries. In China, the public health emergency response implemented between Feb 1, 2020 and May 31,

[2] It should be noted that these statistics are likely to reflect Ontario's relatively longer lockdown period, which resulted in more hospital service disruptions compared to those in New Brunswick.

2020 resulted in **34% fewer elective surgeries for colorectal cancer** compared to those who underwent the same before the pandemic[xxix]

Breast Cancer Surgery – Based on the same CIHI report, the monthly average number of **surgeries in New Brunswick related to breast cancer actually increased by about 13%** between March 2020 and June 2021 compared to the year prior.[xxx]

In Italy, between April 1, 2020 and April 1, 2021, there was a decrease of 17% in breast cancer screening compared to the prior year. **Mastectomies decreased by about 9%**, and **surgical treatment of advanced tumor reduced by 6%.**[xxxi] Similar to colorectal surgeries in the country, reduced breast cancer screening probably led to a decrease in breast cancer related surgeries.

Lung Cancer Surgery – A Quebec study mentions a **13% reduction in lung cancer surgeries** in 2020 compared to 2019.[xxxii] Meanwhile, a study from Japan notes that while the overall number of lung cancer surgeries in 2020 was about the same as 2019, there were more people with advanced stage in 2020 compared to 2019.[xxxiii] Lung cancer surgeries are not specified in the CIHI report used above, and therefore we do not know the impacts of service disruptions on lung cancer patients in NB.

Access to Radiation and Chemotherapy

In Canada, most provinces have established clinical practice guidelines (CPGs) for cancer-related screenings and treatment during the pandemic, with more emphasis on care rather than control.[3] For instance, Ontario and British Columbia provide cancer treatment based on four priority groups, with individuals with emergencies and life-threatening conditions assigned to Group 1 and individuals with non-urgent treatments assigned to Group 4.[xxxiv] Most provinces provide treatment-specific (radiation-/systemic-/palliative-specific) guidelines, benchmarks for wait times for these treatments, and recommendations for prioritization of surgical services.

As explained in a Canadian review of cancer-related clinical practice guidelines and resources during the pandemic,

> Overall, the most common cancer care and control modifications that were introduced during the pandemic to mitigate the risk of infection include: incremental integration of hypofractionation (i.e., dividing the total dose of radiation into large doses so that patients can complete their therapy faster) and/or accelerated fractionation for patients with cancer who require radiation therapy treatments; prioritizing oral anticancer drugs over intravenous chemotherapy and consideration of home-based infusion chemotherapy, when safely applicable; integration of telemedicine services (telephone or video consultations) to reduce clinic visits; providing alternative procedures to in-person screening, when available (i.e., stool DNA testing: Cologuard for colon cancer); and encouraging home delivery of medications and online payments to minimize the risk of exposure to SARS-CoV-2.[xxxv]

[3] It should be noted that New Brunswick does not provide its own guidelines but follows that of Quebec, Ontario, and British Columbia.

While we have these CPGs established in Canada and elsewhere, we are not aware of any published studies that quantify the impact on cancer treatments within the country. Therefore, we turn to international reports to derive information on the impact of COVID restrictions on radiation and chemotherapy, noting that while New Brunswick may experience similar outcomes, further Canadian and NB-specific research is needed in this area.

The role of radiation therapy during the pandemic has expanded and has been used as therapeutic/interim measures given the delays in elective surgeries. For example, there is consensus among an international panel of experts recommending radiotherapy to accommodate delays in rectal cancer surgeries.[xxxvixxxvii] In the UK, a targeted form of radiotherapy has also been rolled out, which requires fewer courses of treatment so that patients do not have to visit hospitals very often.

According to American and European guidelines in the COVID era, when chemotherapy is associated with dramatic improvements in outcomes, the provision of chemotherapy must continue. When the absolute benefit of chemotherapy may be marginal, such as in the case of palliative or adjuvant chemotherapy for elderly and comorbid patients, then treatment may be postponed indefinitely or alternative treatment options, such as hormonal therapy, should be considered.[xxxviii]

A study done in the UK noted a **41% decline in chemotherapy attendances** during the pandemic (until June 2020).[xxxix] Also in the UK, "there has been a focus on delivering care in the community and people's homes - with 'chemo-buses' used in some places to allow staff to tour neighbourhoods providing chemotherapy from the back of an adapted van."[xl]

Given the lack of data and/or relevant publications, apart from anecdotal evidence from news coverage, we do not yet know the true extent of the impacts of delays in radiation and systemic therapy treatments in cancer patients in NB.

Key Takeaway

While cancer surgeries seem to have **returned to pre-pandemic levels** in NB, it is anticipated that disruptions in hospital services leading to interruptions in cancer screening and subsequent delays in treatment will **negatively impact patient outcomes in the longer term.**

The true extent of the impact of the pandemic on cancer stage migration and outcomes is not yet known.

The Impact of Health Service Disruptions on Chronic Conditions: COPD, Diabetes, Heart Failure, and Mental Health Difficulties

The effective prevention and management of chronic conditions require strong primary care to limit complications and hospitalizations associated with chronic diseases.[xli] And yet, two-thirds of Canadians living with chronic conditions reported having difficulty accessing care in 2020.[xlii] Many primary care physicians in Canada and the US reported limiting chronic care on surveys conducted at the start of the pandemic, and many continue to do some almost a year later, which could result in poor disease control.[xliii]

Individuals with chronic conditions require ongoing disease management to reduce risk of adverse health outcomes,[xliv] and **those with low socioeconomic status and diagnosed mental health conditions carry a disproportionate burden** of chronic diseases and prevalence of chronic disease risk factors.[xlv] This is especially concerning considering these are populations at greater risk of poor social and economic outcomes from COVID-19 as well.[xlvi][xlvii][xlviii]

When access to outpatient services vital for the proper management and diagnosis of these conditions is disrupted, this can lead to poorly managed or undiagnosed chronic conditions, which ultimately become more costly for the health care system through ER visits or future hospitalizations.

COPD – Chronic Obstructive Pulmonary Disease

The restriction of spirometry tests due to the limitation of hospital services removes the opportunity to definitively diagnose COPD among patients, as spirometry is the gold standard in diagnosing COPD.[xlix] The delay in diagnoses of COPD due to limited spirometry testing could result in increased COPD exacerbation rates and higher risk of first exacerbation, as it is associated with late diagnosis.[l]

Diabetes

For the adequate management of diabetes, patients are advised to undergo an HbA1c test twice yearly, along with an annual nephropathy screening, an annual fundoscopic exam, and annual foot exams, among other suggested measurements.[li] Regular patient-provider interactions critical for effective diabetes care include medication reviews, screening and management, and mental health assessments.

In a UK study, diabetic emergencies saw the **largest relative reduction in primary care contact**, and primary care contacts have remained **below pre-lockdown levels**.[lii] It is particularly important that diabetes patients are able to have adequate access to primary care for the management of their condition, as physical distancing measures and mandated lockdowns are shown to increase unhealthy dietary patterns and mental health-related concerns, in addition to decreased physical activity.[liii] For diabetic patients in particular, this could produce disproportionately high negative health effects.

Canadian data revealed a significant increase in the frequency of diabetic ketoacidosis (DKA) at diagnosis, even though the number of children presenting with newly diagnosed Type 1 diabetes was similar to the same time period from the previous year. The presentation of DKA at diagnosis is likely a result of late diagnosis of children and young people with pediatric Type 1 diabetes, possibly caused by reduced routine preventative primary care visits during the pandemic.[liv]

Studies in Ohio, Italy, and the Netherlands all reported a higher degree of tissue loss and more extensive ischemic damage, which is associated with diabetic foot ulcers (DFU), during lockdown period compared to previous years. This is likely a byproduct of the classification of DFU procedures and surgeries as non-essential.

Heart Failure

A Toronto study found that acute decompensated heart failure (ADHF) **ER visits and related hospital admissions decreased by 43.5% and 39.3%, respectively**, in March to April 2020 compared to the previous year.[lv] The decline in ADHF-related hospitalizations raises questions concerning how patients with heart failure (HF) manage their condition beyond the acute-care setting, as a UK study reported that **37% of HF patients reported disruption to the medication prescription services, and 34% reported an inability to access their HF teams promptly**. The survey also reported that **32% of HF patients reported a reluctance to attend the hospital**.[lvi]

Another UK study found that a transition towards telephone consultations and a reduction in appointments with hospital heart failure nurses were associated with **less successful optimisation of guideline-directed medical therapy** compared to usual care involving face-to-face clinics. With reduced access to routine blood testing under restricted hospital services, the study suggests that medication management could have been more difficult to assess by primary care workers.[lvii]

Mental Health

Those with mental health difficulties and illnesses, particularly those with serious mental illnesses, are among society's most vulnerable, and yet they are less likely than other individuals to have primary care access on a regular basis.[lviii]

When the use of virtual visits became common practice to access primary care in Canada, visits for anxiety and depression were the most common reasons for a virtual visit from March to December 2020, according to a Toronto study.[lix] The demand for access to mental health services will likely only increase – after all, a national survey on COVID-19 and mental health indicates that one in four Canadians aged 18 and older screened positive for symptoms of

depression, anxiety, or posttraumatic stress disorder (PTSD) in spring 2021 compared to 21% in fall 2021.[lx4]

As mentioned in our previous section on hospitalization rates, an Alberta study found that admissions for mental and behavioral disorders due to use of alcohol and acute pancreatitis significantly increased, when comparing March to September 2020 admissions with admissions from the previous year.[lxi] There were also increases in **hospital admission due to harm caused by substance use** during the first 16 months of the pandemic (from March 2020 to June 2021), with people from the lowest socio-economic class (SEC) experiencing **more harm** from substance use than people from the highest SEC (13% vs 5%, respectively).[lxii]

Furthermore, despite a **6% reduction** in hospital admissions nationally due to self-harm from March 2020 to June 2021 in comparison to pre-pandemic levels, females aged 10-24 experienced a **12% increase** in hospital admissions due to self-harm over the same period.[lxiii]

Key Takeaway

Those with chronic conditions require regular access to care to keep their conditions manageable, as aggravated conditions are more difficult and costly to manage. Limited screening and management of these conditions through reduced interaction with ambulatory services and primary care can **negatively impact the incidence of diagnosis and treatment** of these conditions.

[4] More information on the impact of COVID on the mental health of New Brunswickers is available in a report recently published by NB-IRDT: Magalhaes, S., Gorman-Asal, M. & Somayaji, C. (2021). Survey Results on Mental Health Impacts of COVID-19 in New Brunswick. Fredericton, NB: New Brunswick Institute for Research, Data and Training. https://www.unb.ca/nbirdt/research/publications/_resources/pdf/nb-irdt-research-report-survey-results-on-mental-health-impacts-of-covid-19-in-nb-01march2021.pdf

Access to Ambulatory Care Hospital Services

Those with ambulatory care sensitive (ACS) conditions are particularly vulnerable to negative impacts from the closure of hospital services. ACS conditions (for example, asthma or congestive heart failure) can generally be managed with adequate primary health care on an outpatient basis. However, in the event of limited outpatient services, an increase in emergency department visits for ACS conditions are expected, as these patients would be unable to access the services necessary for managing their condition.

The 2008 Canadian Survey of Experiences with Primary Health Care suggests there are disparities among the individuals that could be impacted by the limited access of outpatient services, as those who live in rural or disadvantaged areas experience a higher burden of ACS conditions.[lxiv]

Interestingly, an Alberta study found a significant reduction in daily ER visits post-public health disruptions in general and for ACS conditions specifically.[lxv] considering there is limited evidence to suggest a reduction in the number of ACS conditions, it is possible that patients are avoiding the ER because of fear of contracting COVID-19, which is suggested to eventually lead to increased morbidity and mortality.[lxvi]

Key Takeaway

COVID-related limitation of ambulatory hospital services such as the management of chronic conditions through outpatient services and other diagnostic imaging or treatments may translate to **increased Emergency Room visits**.

The limitation of these services will likely disproportionately affect certain groups, as ACS conditions are more common among those who live in rural or disadvantaged areas. As over half the NB population lives in rural areas,[1] this **may be an area of greater concern in NB** compared to various other jurisdictions, or in certain regions of the province compared to others.

Looking Forward

In this report, we provide an examination of non-COVID health service use and non-COVID health outcomes on a large geographic scale. While this may provide a good indicator of the impact our own province's hospital service disruptions may have on New Brunswickers, there is still a need for New Brunswick-specific research.

In spite of cross-Canada similarities, our province is unique: we have regional health authorities in each official language; our population is aging more quickly than the Canadian average; and, compared to most other provinces, a significantly higher proportion of our population lives in rural areas. We face unique struggles, but we also have unique benefits, and these all affect the impact disruptions in health services will have on our population.

In an upcoming project on the effects of COVID-19-related restrictions on health service use in New Brunswick, NB-IRDT aims to address this need by focusing on NB-specific outcomes. Our researchers will compare indicators of health service use and health outcomes pre-pandemic with different phases of the pandemic by region using COVID-19 case counts to determine the level of restriction to services provided at hospitals and as a proxy for citizen concern. Linked administrative data will be used to perform a retrospective, observation-based study to understand recent trends since the onset of the COVID-19 pandemic and project future health outcomes associated with reduced access to health services and resources for New Brunswickers by a variety of personal characteristics. Of particular interest is how patterns of service use have changed over time and how they have varied by health region.

Again, a better understanding of the consequences of delayed or avoided health service use will help guide planning for future demands for health services, including potential financial implications for the health system. It will also increase our understanding of chronic disease development more generally, leading to more efficient targeting of preventative health services. With a focus on areas and groups with particular vulnerability, opportunities to safely increase targeted access to healthcare will help to reduce non-COVID-19 mortality during the remainder of the pandemic and beyond.

We look forward to sharing this information as it becomes available.