

A Rebuttal Of Matthew Hodge’s Affidavit

William M. Briggs

May 17, 2021

1 Declaration of William M. Briggs, PhD

Her Majesty the Queen in Right of Ontario v. Adamson Barbecue Limited and William Adamson Skelly.

Court File No. CV-20-00652216-0000

My name is William M. Briggs, and I received a Ph.D of Statistics from Cornell University in 2004. I am the author of about 100 professional papers, including many in biostatistics and those investigating the usefulness and performance of models. I am the author of the Springer volume *Uncertainty: The Soul of Modeling, Probability & Statistics*, a critical work examining model over-certainty. I am also co-author of the Regnery book *The Price of Panic: How the Tyranny of Experts Turned a Pandemic into a Catastrophe*.

From 2003-2007 I was a Assistant Professor of Biostatistics in Medicine at Cornell Medical School, and an Adjunct Professor of Statistics at Cornell University from 2004-2016. I have been consulting professionally in statistics for nineteen years. Most of my clients are in medicine, such as NewYork-Presbyterian Brooklyn Methodist Hospital, where I have been teaching residents and engaging in clinical analyses.

2 Burden of Proof

For reasons we can best leave to psychologists, there was a distinct lack of perspective over COVID-19 (or COVID for short). Panic and harsh, unproven “control” measures were the order of the day. Once enacted, there was, and is, an extreme reluctance to “let go” of them. Even though evidence is accumulating they did nothing to prevent the spread of any disease.

Here is an update from of my original affidavit, showing the per-capita deaths of 6 US states (we can’t do the same for Canada because all provinces implemented mask mandates and “lockdowns”). Top row is Michigan, Minnesota, and Oregon. All of which, as of the date of the figure’s creation (10 May 2021) had mask mandates, and all of which implemented various forms of lockdowns. These states are all northerly. Michigan was picked because of its nearness to Toronto, and Minnesota as similar to rural Ontario. The results are not, however, sensitive to the choice of states.

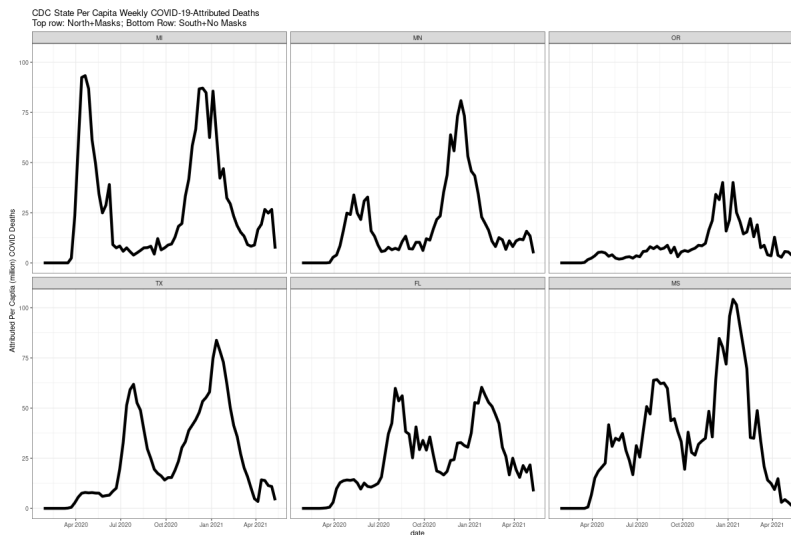


Figure 1: The weekly attributed COVID death rate per capita for six US states. Top row: Michigan, Minnesota, Oregon, all northerly and all of which had mask mandates and experienced lockdowns as of 10 May 2021. Bottom row: Texas, Florida, Mississippi, all southerly and did not have mask mandates, or have removed them early.

Oregon was picked because of suggestions it would enact *permanent* masks at certain places of employment.¹

The bottom row is Texas, Florida, and Mississippi. Texas had a mask mandate, but left it behind quite early, and Florida as a state had no mandates and no lockdowns. These states are all southerly.

Texas is of interest because when it relieved its mask mandate on 10 March 2021,² there were many dire predictions of doom and death. Which did not happen. Strangely, no recantations appeared, either, to my knowledge.³

Florida is of interest because of its large elderly population, and because it is known COVID is primarily a disease of the elderly. Mississippi was picked because it was southern, had a larger black population, and it experimented with mask mandates: creating and ending them early, reimplementing them and ending them again, but keeping them in some areas.⁴

According to lockdown and mask mandate justifications, and especially be-

¹Source: <https://apnews.com/article/oregon-general-news-government-and-politics-business-lifestyle-6f7f919d27644d02c330da5a8648af95>

²Source: <https://gov.texas.gov/news/post/governor-abbott-lifts-mask-mandate-opens-texas-100-percent>

³Source: <https://edition.cnn.com/2021/03/10/us/texas-mask-order-what-we-know/index.html>

⁴Source: <https://www.wapt.com/article/woman-saves-kittens-life-with-an-uber-ride/36437906>

cause of its older population, Florida should have had it worst. They did not. Only Oregon, with its population more spread out than the other states, did better.

In any case, there is nothing in this data that gives any evidence mask mandates or lockdowns work, in the sense of lessening death.

It must also be remembered, but is almost nowhere commented on, the burden of proof is on those implementing mandates and lockdowns to show they work. There is at least *prima facie* evidence, such as from this plot, that they do not work.

3 Perspective

Now a few words on perspective.

In the affidavit of Matthew Hodge, he said (p. 4 para 8) that “4.8% of people with COVID-19 will require hospital-based care”, which is another way of stating 96.2% of infections do *not* require hospital-based care. This would ordinarily be seen as cheering news.

Incidentally, following the media Hodge also misclassified positive tests as “cases”, even after admitting 96.2% of infections are not actual cases. Cases, in medicine, are those seeking out or requiring treatment, such as hospitalizations. By “cases” most reports mean *positive tests* (where the test can be of any type).

Hodge also says (p. 4 para 8) “The number of cumulative cases of COVID-19 in Ontario is likely higher than the number of recorded cases since some individuals who acquire COVID-19 are not tested and diagnosed.”

Possibly, but this only proves the disease is not as deadly as thought. More cheering news. Ontario has about 14.57 million residents, and there were (he reports (p. 5, Table 1) a fraction under 500,000 “cases” (positive tests). This means about 3% had positive tests.

Hodge also reports (same table) through 11 May 2021 there have been 24,297 total hospitalizations in Ontario. This is cumulative since the beginning of the panic in 2020, a period of about 16 months.

It is interesting to compare these COVID figures with those from neglected, but still deadly diseases. In Table 2 of the document “The Burden of Chronic Diseases in Ontario” the actual cases (comparable these to COVID hospitalizations) in 2015 for Ischemic heart disease were 58,300, for Acute myocardial infarction were 21,950, for Stroke were 347,560, for Heart failure were 37,690, and for Hypertension were 126,610. The comparison is even more glaring when it is considered these figures are only for 20 year olds and older, while the COVID numbers are for the entire population and these numbers are limited to just 12 months.⁵

Hodge quotes 8,374 total COVID deaths over that 16 months. In 2015, according to the same document there were 28,195 cancer deaths. Cardiovascular

⁵Source: <https://www.publichealthontario.ca/-/media/documents/C/2019/cdburden-report.pdf?1a=en>

diseases caused 26,012 deaths. Chronic lower respiratory diseases caused 4,297 deaths. Some 2,698 people died of diabetes.

It could be argued these diseases aren't spread in the same way (airborne and so on), but they do spread because of shared lifestyles. And they cause *more* deaths, but no panics.

Something that does spread the same way as COVID is flu, and its subsequent pneumonia. In all of Canada, there were 7,630 deaths from flu and pneumonia in 2015 (which are always reported together). This is, of course, over a 12 month period. The totals vary year to year, based on the virulence of the flu variant (there are several) passing through the population, but a crude 16-month guesstimate over this same time period, is about 9,500 deaths.⁶

The importance of flu and pneumonia deaths, and their neglect, is also the point of Canada's National Institute on Aging, which produced the report "As One Of Canada's Top Killers, Why Isn't Pneumonia Taken More Seriously?", which sources the numbers quoted above.⁷

It is not surprising, COVID then being novel, that it initially was very deadly. However, like with flu, which also has several variants and vaccine abilities, COVID seems to have subsided to become yet another respiratory disease as expected.

Hodge says (p. 5 para 11,) "The number of cases and hospitalizations in Ontario have increased significantly over the past few weeks" (ending in early May). His "significantly" is disputable, as is his timing. Positive tests and deaths have since fallen, following the usual seasonal pattern, where deaths due to disease are lowest in the summer. Accessing the Ontario COVID Dashboard on 15 May 2021 shows declines in all measures from their April (and *not* May) peak in "cases", hospitalizations, and deaths.⁸

Hodge says (p. 7 para 14), "Even if the incidence of new COVID-19 infections continues to decline, as is projected, hundreds of more people will require hospitalization in addition to those already hospitalized." This might be true cumulatively in time, but misses the point of why disease burden declines this time of year. Hospitals will never be empty, and waiting for zero COVID "cases", hospitalizations, or deaths means the crisis will *never* end.

It would be the same in a normal year of saying "Everybody wears a mask until there are no more flu or pneumonia deaths."

It is also worth considering deaths by setting, as set out in the Canada COVID-19 Weekly Epidemiology Report of 14 March - 20 March 2021 (the last date the report included deaths by setting).⁹. In Table 6 on page 11 of that official report, we learn that from the beginning of the panic in 2020

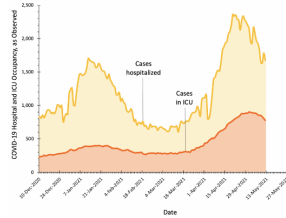
⁶Source: <https://www150.statcan.gc.ca/t1/tb11/en/tv.action?pid=1310039401&pickMembers%5B0%5D=2.1&pickMembers%5B1%5D=3.1&cubeTimeFrame.startYear=2015&cubeTimeFrame.endYear=2019&referencePeriods=20150101%2C20190101>

⁷Source: <https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/5daf13cc6565b238a5570b2a/1571754956687/As%2B0ne%2B0f%2BCanada%27s%2BTop%2BKillers%2C%2BWhy%2BIsn%27t%2BPneumonia%2BTaken%2BMore%2BSeriously.pdf>

⁸Source: <https://covid19-sciencetable.ca/ontario-dashboard/>, accessed 15 May 2021.

⁹Source: The Public Health Agency of Canada COVID-19 Weekly Epidemiology Report of March 14-20, 2021 is hereto attached as Exhibit C

Daily COVID-19 Hospital and ICU Occupancy in Ontario



Daily COVID-19 Deaths in Ontario

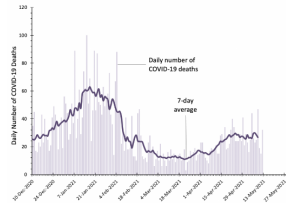


Figure 2: Top: The daily COVID hospitalization and ICU occupancy for Ontario, from 10 October 2020 through 13 May 2021. Bottom: Daily attributed COVID deaths for Ontario, same dates. Both from the Ontario COVID Dashboard, which boasts in the subheading of “Tracking the Third Wave”. The 7-day averages always lag behind actual data.

through 20 March 2021, only 3 (not a typo) deaths in all of Canada were tied to “Food/drink/retail” settings. In “Personal Care” there were 0 (again, no typo; this includes gyms, barbers and so on). In “School & Childcare Centre” there was 1 (no typo). These numbers might have increased through May 2021, but they surely never reached crisis-level.

In the latest edition of this report, through 8 May 2021¹⁰, the *total* number of attributed COVID deaths for those under 39, in all of Canada, was 171. And in 40-59 years old this was 1,102. This, again, is over approximately 16 months.

Of all attributed COVID deaths, only 4.8% were in those 59 and under (again, in all Canada). By far the largest group, 80+ year olds accounted for 66.7% of all deaths.

Hodge was concerned about ICU capacity, admitting (p. 5, para 11) Ontario’s numbers have declined slightly to 818 on May 5, 2021”. This is nowhere near peak capacity, which boasted, as early as March 2020, of 3,000 critical care beds, of which 1,647 have ventilator capacity.¹¹ In a separate document from the Financial Accountability Office of Ontario, on “A Preliminary Review of the Impact of the COVID-19 Outbreak on Hospital Capacity” they remark that

¹⁰Source: Table A4. <https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases/2019-novel-coronavirus-infection/surv-covid19-weekly-epi-update-20210514-eng.pdf>

¹¹Source: The Critical Care Services Ontario Overview of the Critical Care Information System (CCIS) on March 23, 2020 is hereto attached as Exhibit D

2,431 critical care beds *with* ventilators would be available.¹² And again, actual census numbers are declining, and will likely continue to decline as summer approaches.

From the Ontario dashboard above, we see no more than about 750 ICU beds or so were needed at any one time. This makes Hodge’s lament about Ontario as being “among the lowest of the OECD countries” in terms of capacity irrelevant. In Hodge’s Figure 4 (on physical page 124, but no page number printed) which showed a peak of 1,200 or so (not just COVID) patients in the ICU, and a peak of about 750 of all patients who were mechanically vented. Again, these were below Ontario’s capacity, and the numbers are falling.

Deputy Health Minister Helen Angus sent a letter to her counterpart Lorna Rosen in Alberta on 16 April 2021, asking whether she had extra resources to assist in Ontario’s anticipated surge, “As predicted in our models”. There was, as the dashboard indicated, a small peak shortly after, but the system was nowhere pushed to its limits, and now likely won’t be. See Exhibit E.

I judge this likelihood by the clear seasonality of deaths in Ontario (and elsewhere) as seen in my original affidavit, Figure 5, which shows the seasonality signal quite clearly.

Lastly, it is well worth emphasizing that cries of desperation about capacity and overcrowding are far from rare (we also address this in *Price of Panic*, cited in my original affidavit). Here are some typical headlines (of well over 100) from the document “Canadian News Articles Depicting Hospital Overcapacity & Influenza Strain Preceding Covid-19 (Jan. 2010 - Jan. 2020)” (all before the COVID panic): “Hospitals are overwhelmed by flu and novovirus patients” (2013), “Storage of bodies in rented trailer leads to probe of medical examiner’s space shortage” (2019), “Area hospitals operating at over 100 percent capacity” (2013; and would seem to be an impossibility), “Full House: patients feel the effects, with Abbotsford hospital at 118% capacity (2019; again, an impossibility, unless capacity numbers are not true but idealized in some way), “Red Deer hospital pushed to limits by outbreaks” (2013; and another similar in 2019). On and on it goes. See Exhibit F.

¹²Source: Figure 4-2, <https://www.fao-on.org/en/Blog/Publications/health-2020>



CANADA COVID-19 WEEKLY EPIDEMIOLOGY REPORT 14 MARCH TO 20 MARCH 2021 (WEEK 11)

Published: 26 March 2021

24 317 (↑10%) New cases reported in the last 7 days ^a	205 (↓7%) New deaths reported in the last 7 days ^a
3 474 (↑10%) Average number of cases reported daily in the last 7 days ^a	29 (↓7%) Average number of deaths reported daily in the last 7 days ^a
101 164 (↓2%) Average number of tests performed daily in the last 7 days ^b	3.7% (↑0.5) Percentage of positive tests in the last 7 days ^b

^aSource: Provincial and Territorial Ministry of Health (MOH) websites as of 20 March 2021

^bSource: National Microbiology Laboratory (NML) data for laboratory analyses as of 20 March 2021

Note: The percentages are calculated based on the difference in the total number of cases, deaths, or tests in the past 7 days compared to the prior 7 days, divided by the number of cases, deaths, or tests in the prior 7 days. The change in the percentage of positive tests is based on the difference in percentage points compared to the previous week.

KEY MESSAGES

- In Canada, there was an average of **3 474 new cases reported daily** during the week of 14 March to 20 March (week 11), representing a **10% increase** compared to the previous week (week 10: 07 March to 13 March).
- **Six provinces and territories** (Saskatchewan, Québec, Newfoundland and Labrador, Nova Scotia, Prince Edward Island and Nunavut) **reported more new resolved cases than new cases** during week 11. British Columbia, Saskatchewan, Alberta, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island and Nunavut reported **increases in weekly numbers**, compared to the previous week.
- **Daily rates of cases per 100 000 population have remained stable among all age groups** in recent weeks, following the large decline observed since early January 2021. Among both males and females, case rates remain highest among individuals in the 20 to 39 year age group.
- **Long-term care facilities and retirement residences** continue to be the most commonly reported outbreak setting in Canada, and account for the greatest proportion of outbreak related cases and deaths.
- During week 11, **an average of 101 164 tests were performed daily** for COVID-19 across Canada. The weekly percentage of tests positive was **3.7%**, an increase from the previous week.
- There was an average of **29 new deaths reported daily** during week 11, representing a **7% decrease** compared to the previous week.
- **The number of hospitalizations and ICU admissions increased during week 11.** On 20 March 2021, there were 2 115 cases hospitalized and 581 cases in ICU, representing a 2% increase in the seven-day moving average of hospitalized cases and a 6% increase in the seven-day moving average of ICU admissions compared to one week prior.
- The overall cumulative hospitalization rate (including ICU admissions) is 133 cases per 100 000 population, with the **highest rates observed among those aged 80 years and older** (986 cases per 100 000 population).
- According to forecasting, between **973 080 to 1 005 020 cumulative reported cases** and **22 875 to 23 315 cumulative reported deaths** are expected by 04 April 2021.

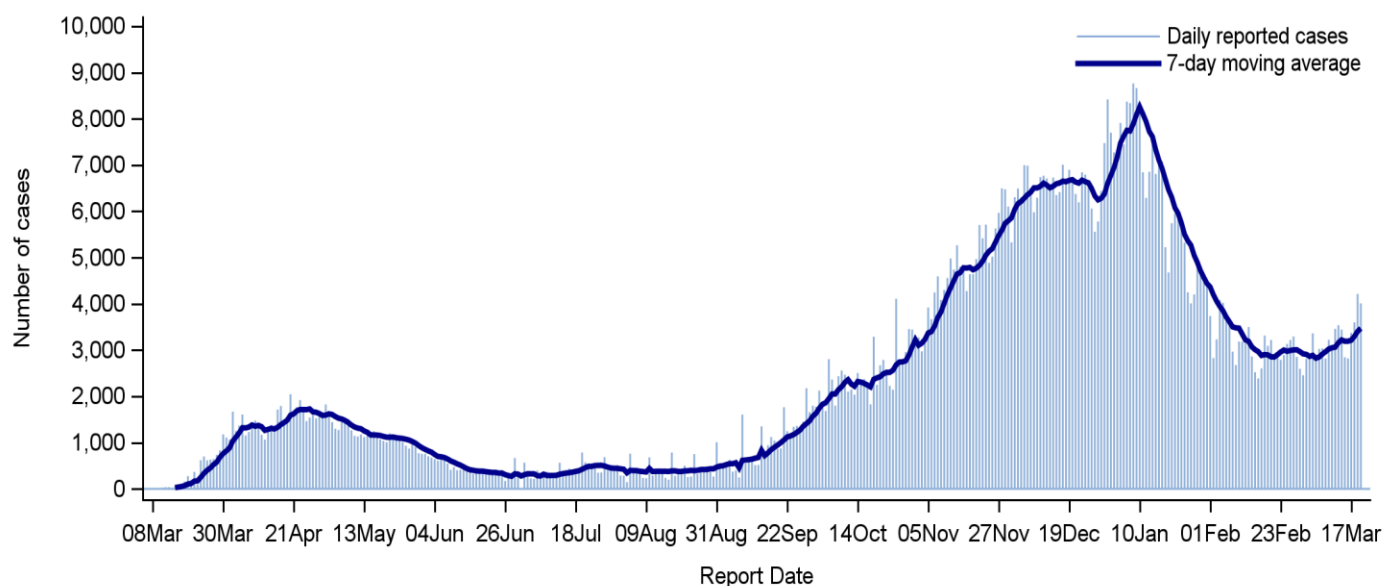


NATIONAL DEMOGRAPHICS AND TRENDS

NATIONAL TRENDS IN CASES

- During week 11, a total of 24 317 cases of COVID-19 were reported in Canada, an average of 3 474 cases per day.
- The number of new cases represents a 10% increase compared to week 10.
- Following a slight decline in early March 2021, cases have steadily increased over the past couple of weeks, with 4 010 new cases reported on 20 March 2021 (Figure 1).

Figure 1. Daily number of reported COVID-19 cases in Canada (and 7-day moving average), as of 20 March 2021 (N= 931 072)



Source: Provincial and Territorial MOH websites as of 20 March 2021

Note: The 7-day moving average is a trend indicator that captures the arithmetic mean of the daily reported cases over the previous seven days. The moving average helps smooth out day-to-day variability in reporting, filtering out the “noise” of short-term fluctuations. Fluctuations can be attributed to retrospective data, non-reporting on the weekends or provinces or territories reporting cases at a reduced frequency. Spikes in cases may be due to regular reporting variations (e.g. lower reporting on weekends or holidays), or periodic reporting of previous cases by provinces and territories.

Most provinces and territories, with the exception of Yukon and Northwest Territories, reported new cases during week 11 (Table 1):

- The weekly number of new cases decreased in Québec and Newfoundland and Labrador, compared to the previous week.
- The weekly number of new cases increased in British Columbia, Saskatchewan, Alberta, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island and Nunavut, compared to the previous week.
- Cases increased by 15% in Ontario and decreased by 4% in Québec, compared to the previous week. Together, these provinces accounted for about 64% of the cases reported during week 11.
- Cumulatively, Ontario reported the highest number of cases (n=327 083), while Québec has the highest incidence rate at 3 518.4 cases per 100 000 population.



Table 1. Trends of new cases in Canada and by province or territory, as of 20 March 2021

Province/Territory	Total number of cases (as of 20 March) ^a	Average number of cases reported daily (week 11)	Weekly number of cases reported		Percent change (%) ^b	Crude rate per 100 000 population (as of 20 March)
			07 March to 13 March (week 10)	14 March to 20 March (week 11)		
British Columbia	91 342	560	3 770	3 920	4%	1 774.4
Alberta	141 379	478	2 499	3 343	34%	3 197.3
Saskatchewan	31 459	134	929	937	1%	2 669.0
Manitoba	33 263	81	530	564	6%	2 411.7
Ontario	327 083	1 532	9 362	10 724	15%	2 219.9
Québec	301 691	682	4 994	4 773	-4%	3 518.4
Newfoundland and Labrador	1 014	0	7	2	-71%	194.2
New Brunswick	1 489	3	12	24	100%	190.5
Nova Scotia	1 682	2	12	13	8%	171.7
Prince Edward Island	148	1	4	5	25%	92.7
Yukon	72	0	0	0	N/A	171.2
Northwest Territories	42	0	0	0	N/A	93.0
Nunavut	395	2	6	12	100%	1 003.7
Canada^c	931 072	3 474	22 125	24 317	10%	2 449.9

Source: Provincial and Territorial MOH websites as of 20 March 2021

^a The number of cases includes the total confirmed and probable cases.

^b The percentage is calculated based on the difference in the total number of cases in the past 7 days compared to the prior 7 days divided by the number of cases in the prior 7 days. Note that for provinces/territories with low case counts, an increase or decrease of only a few cases leads to a large percentage change. If the denominator is zero, the percent change cannot be calculated.

^c Includes 13 cases identified in repatriated travelers (Grand Princess Cruise ship travelers) who were under quarantine in Trenton in March 2020.

Age-standardized rates take into account the differences in population size and age structure between provinces and territories to allow for more valid comparisons of COVID-19 spread in Canada.

Table 2 presents the age-standardized incidence rate by province or territory during week 11.

- British Columbia reported the highest age-standardized incidence rate (92.4 cases per 100 000 population).
- The second-highest age-standardized incidence rate was reported by Saskatchewan (76.3 cases per 100 000 population).



Table 2. Age-standardized incidence rates by province or territory for week 11

Province/Territory	Age-standardized incidence rate per 100 000 for week 11
British Columbia	92.4
Alberta	72.9
Saskatchewan	76.3
Manitoba	40.0
Ontario	73.3
Québec	61.0
Newfoundland and Labrador	0.8
New Brunswick	N/A*
Nova Scotia	1.4
Prince Edward Island	0.6
Yukon	0.0
Northwest Territories	0.0
Nunavut	50.1
Canada	67.4**

Source: Detailed case information received by PHAC from provinces and territories, standardized to the July 1 2020 post-census population estimate.

*Age-standardized incidence could not be calculated as data was not reported to PHAC during week 11.

**The age-standardized incidence rate for Canada does not include data from New Brunswick during week 11.

Note: Data are analyzed based on PHAC report date.

Table 3 outlines the total number of new cases, resolved cases, and deaths reported during week 11.

- Six provinces and territories (Saskatchewan, Québec, Newfoundland and Labrador, Nova Scotia, Prince Edward Island and Nunavut) reported more new resolved cases than new cases during that time period.

Table 3. Summary of new COVID-19 cases, resolved cases, and deaths reported in Canada, and by province or territory, during week 11

Province/Territory	New cases	New resolved cases	New deaths
British Columbia	3 920	3 753	20
Alberta	3 343	2 298	21
Saskatchewan	937	960	12
Manitoba	564	314	4
Ontario	10 724	8 647	85
Québec	4 773	4 973	59
Newfoundland and Labrador	2	50	0
New Brunswick	24	8	0
Nova Scotia	13	14	1
Prince Edward Island	5	13	0
Yukon	0	0	0
Northwest Territories	0	0	0
Nunavut	12	17	3
Canada	24 317	21 047	205

Source: Provincial and Territorial MOH websites as of 20 March 2021



DEMOGRAPHIC DISTRIBUTION^a

^a Detailed case information received by PHAC from provinces and territories

Note: Data are analyzed based on PHAC report date.

- Cases for which PHAC received detailed individual case-level information for week 11 (n=25 569) ranged in age from less than one year to 104 years of age. The median age was 35 years, similar to what was observed during week 10.
- Table 4 presents a summary of the age and gender distribution of COVID-19 cases reported to PHAC during week 11:
 - Fifty-eight percent (58%) were individuals under 40 years of age.
 - The highest proportions of cases by age group were observed among those aged 0 to 19 (22%) and 20 to 29 (19%).
 - The highest age specific incidence rates were observed among those aged 20 to 29 and 30 to 39.

Table 4. Age, gender distribution, and rate of COVID-19 cases reported to PHAC, during week 11

Age groups	Female			Male			Total ^a		
	n	%	Rate ^b	n	%	Rate ^b	n	%	Rate ^b
≤ 19	2 534	22%	63.7	2 727	22%	65.5	5 261	22%	64.6
20-29	2 124	18%	86.1	2 372	19%	89.1	4 496	19%	87.7
30-39	2 022	17%	77.0	2 022	17%	75.8	4 044	17%	76.4
40-49	1 789	15%	73.0	1 718	14%	71.4	3 507	15%	72.2
50-59	1 470	12%	56.3	1 579	13%	61.1	3 049	13%	58.7
60-69	943	8%	39.0	1 017	8%	44.0	1 960	8%	41.5
70-79	464	4%	29.3	464	4%	32.6	928	4%	30.9
80+	424	4%	42.8	283	2%	42.0	707	3%	42.5
Total	11 770	100%	61.6	12 182	100%	64.5	23 952	100%	63.0

^a Cases not identified as male or female were removed from the total due to small numbers.

^b Rates are presented per 100 000 individuals in the given age group based on the 1 July 2020 post-censal population estimate.

Note: Data are analyzed based on date reported to PHAC. Note that there is a period of time (lag time) where it is expected that cases have occurred but have not yet been reported nationally. Therefore, COVID-19 cases reported to PHAC during week 11 may include cases that occurred (based on date of illness onset, or lab related dates) in previous weeks.

Note: Cases with missing gender or age were excluded. Where available gender data was used; when gender data was unavailable sex data was used. Reliable data on gender diverse respondents are unavailable due to small counts.

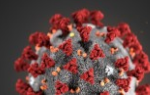
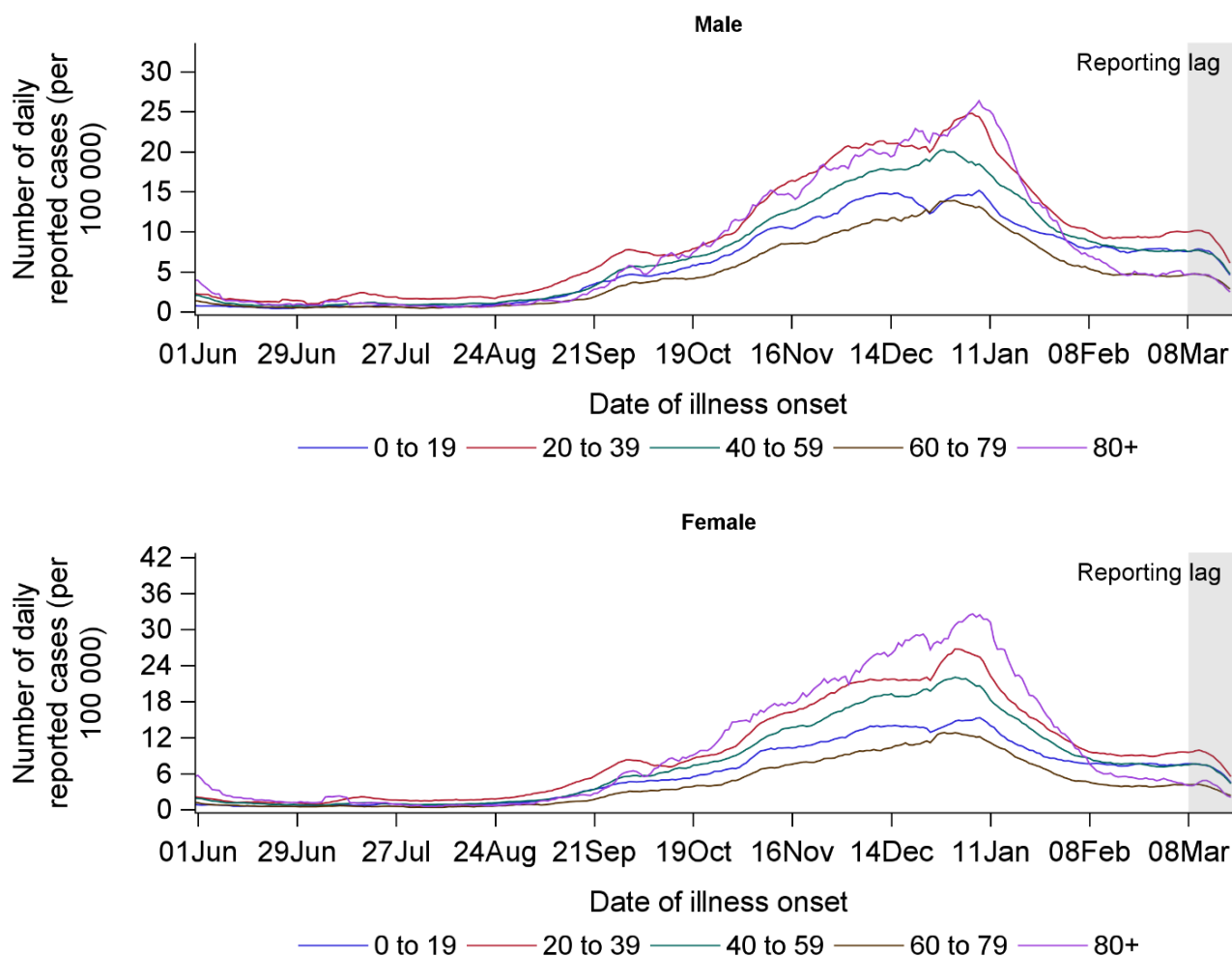


Figure 2 presents cases by date of illness onset, stratified by gender and adjusted for population at the national level.

- Daily rates of cases have stabilized among all age groups in recent weeks, following the large decline observed since early January 2021.
- Daily rates of cases continue to remain highest among individuals in the 20 to 39 year age group for both genders.
- Daily rates of cases are lowest among individuals in the 60 to 79 year age group for both genders. On 06 March, 2021, the daily rate of cases per 100,000 population was 4.1 among females and 4.5 among males.

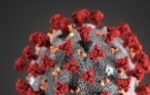
Figure 2. Daily rate of cases per 100 000 population, by age and gender, from 1 June 2020 to 20 March 2021



Source: Detailed case information received by PHAC from provinces and territories. Rates are calculated based on the 1 July 2020 post-census population estimate.

Note: The shaded area represents a period of time (lag time) where it is expected that cases have occurred but have not yet been reported nationally. The earliest of the following dates were used as an estimate: Onset date, Specimen Collection Date, Laboratory Testing Date, Date Reported to Province or Territory, or Date Reported to PHAC.

Note: Where available, gender data was used; when gender data was unavailable, sex data was used. Reliable data on gender diverse respondents are unavailable due to small counts.



SYNDROMIC SURVEILLANCE

FLUWATCHERS

FluWatchers is an online health surveillance system that relies on volunteer reports to track the spread of Influenza-like illness (ILI) and symptoms compatible with COVID-19 across Canada. Some of the more commonly reported symptoms of COVID-19 include a new or worsening cough, fever or feeling feverish; therefore, reports of a minimum of cough or fever are being used to track COVID-19 within the FluWatchers system.

During week 11, 12 105 participants reported into the FluWatchers system. A total of 197 participants (1.6%) reported symptoms of cough or fever.

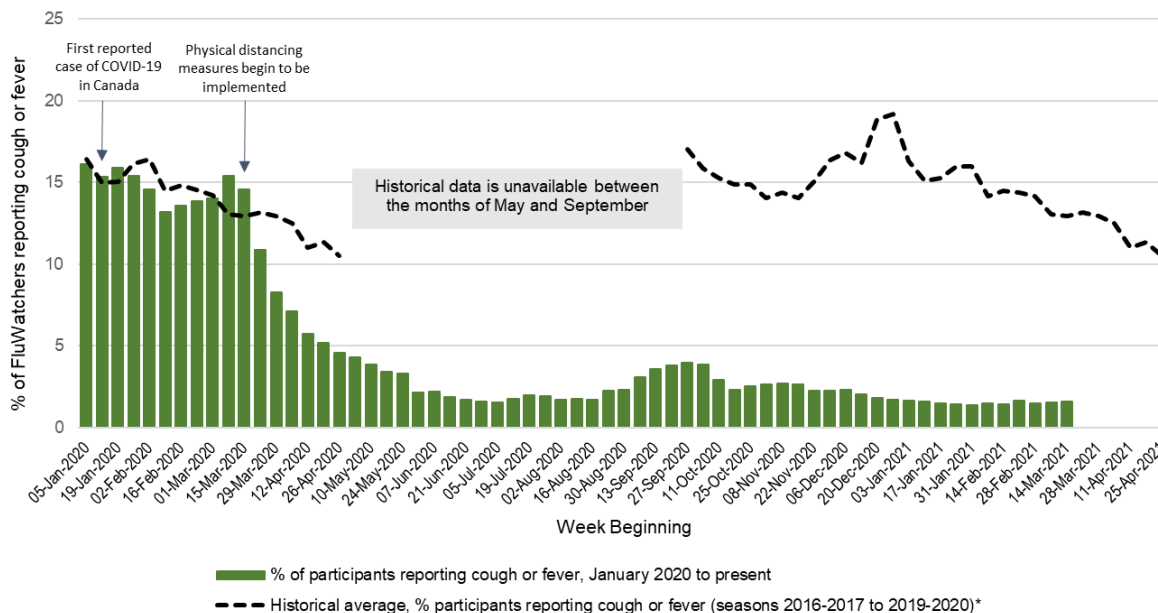
From mid-December 2020 to late-January 2021, FluWatchers activity was on a slow decline, despite increasing COVID-19 activity at the time. In recent weeks, activity due to seasonal respiratory viruses has been low and stable, COVID-19 activity has slowly begun to increase and FluWatchers activity has slightly increased as well. Symptoms reports by FluWatchers participants remain below seasonal norms for this time of year.

Among the 197 participants reporting cough or fever:

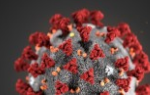
- 86 (44%) sought medical attention;
- 72 (37%) were tested 8 tests were positive for COVID-19 (13 tests had unknown results at the time of reporting)

Syndromic data captured by FluWatchers is sensitive to all circulating respiratory viruses, including COVID-19. The FluWatchers program is measuring total respiratory virus activity in the community. FluWatchers participants are a self-selected subset of the Canadian population that may not be representative of the Canadian population; thus, under representing the true measure of COVID activity in the population.

Figure 3. Percentage of FluWatchers Participants Reporting Cough or Fever (N=12 105 during week 11)



*Historical data is unavailable between the months of May and September. From January 2020 to May 2020, the historical epidemiological curve contains data from seasons 2016-2017 to 2018-2019. From October 2020 onwards, the historical epidemiological curve contains data from seasons 2016-2017 to 2019-2020; however, data from March 8, 2020 to May 2, 2020 are excluded from the historical epidemiological curve.



TRANSMISSION

TEMPORAL DISTRIBUTION BY EXPOSURE CATEGORY^a

^a Detailed case information received by PHAC from provinces and territories

During week 11, exposure and date of illness onset information was available for 14 372 cases. Of these:

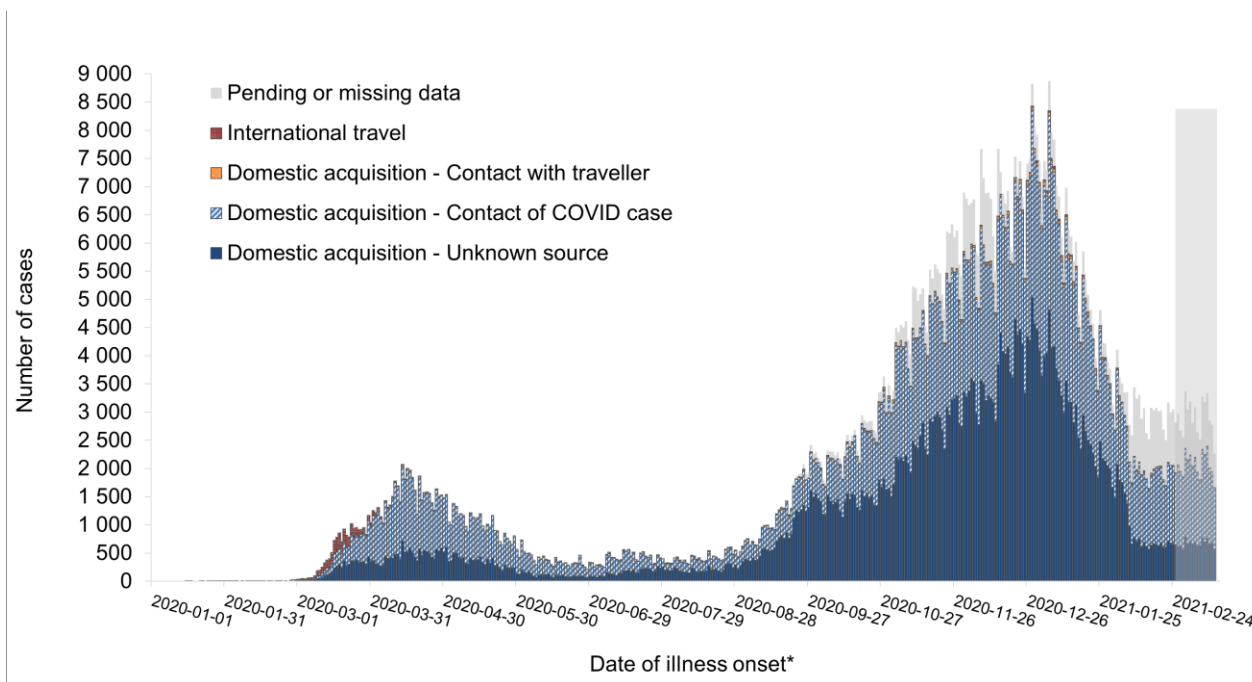
- 9 347 cases (65%) reported exposure in Canada to a known COVID-19 case;
- 4 919 cases (34%) reported exposure in Canada to an unknown source;
- 47 cases (<0.5%) reported exposure to a traveller; and
- 59 cases (<0.5%) reported having travelled outside of Canada during their exposure period.

Jurisdictions update exposure status on an ongoing basis as case investigations are completed and may result in changes to the percent distributions by exposure type for previous weeks (Figure 4).

Of the 837 208 cases submitted as of 20 March 2021 with information on source of exposure and date of illness onset:

- 386 415 cases (46%) reported exposure in Canada to a known COVID-19 case;
- 435 955 cases (52%) reported exposure in Canada to an unknown source;
- 6 636 cases (<1%) reported exposure to someone who had travelled; and
- 8 202 cases (1%) reported having travelled outside of Canada during their exposure period.

Figure 4. Number of reported COVID-19 cases in Canada, by date of illness onset and exposure category as of 20 March 2021 (n=928 405)



Source: Detailed case information received by PHAC from provinces and territories

* The earliest of the following dates were used as an estimate: Onset date, Specimen Collection Date, Laboratory Testing Date, Date Reported to Province or Territory, or Date Reported to PHAC.

Note: The shaded area represents a period of time (lag time) where it is expected that cases have occurred but have not yet been reported nationally. There is missing information for exposure variables from several provinces and territories.



INTERNATIONAL TRAVEL EXPOSURES^a

^a Detailed case information received by PHAC from provinces and territories

In Canada, the first cases of COVID-19 were attributed to international travel exposures. On 14 March 2020, the Government of Canada published a global Travel Health Notice advising Canadians against non-essential travel and advised Canadians abroad to return to Canada. By 21 March 2020, the Government of Canada prohibited all non-essential travel into Canada by foreign nationals. Since that time, the proportion of COVID-19 cases associated with international travel decreased from 22.3% (n=3 883) of all cases in March 2020 to 0.4% (n=127) in May 2020, and increased slightly over the summer months but has remained low since the fall (Table 5 and Figure 5). Since the spring of 2020, there have been significant efforts to enact border restrictions to reduce COVID-19 import to Canada.

As of 20 March 2021, 1.0% of cases with known exposure (n=8 202) have been associated with international travel. Since 1 July 2020, the United States, Mexico, and India are the top countries identified by cases that reported international travel during their exposure periods.

Table 5. Number and percentage of COVID-19 cases associated with international travel by month of illness onset^a, as of 20 March 2021

Month	Number of COVID-19 cases associated with international travel	Percentage of COVID-19 cases associated with international travel ^b
January 2020	7	20.0%
February 2020	71	37.6%
March 2020	3 883	22.3%
April 2020	510	1.1%
May 2020	127	0.4%
June 2020	218	1.9%
July 2020	351	2.7%
August 2020	257	1.9%
September 2020	213	0.5%
October 2020	314	0.4%
November 2020	440	0.3%
December 2020	607	0.3%
January 2021	829	0.5%
February 2021	251	0.4%
March 2021	124	0.4%
Total	8 202	1.0%

Source: Detailed case information received by PHAC from provinces and territories

Note: This is an underestimate of the total number of cases among returning travelers as exposure history are not available for all cases and not all jurisdictions have consistently reported exposure history to PHAC throughout the COVID-19 pandemic.

^aThe earliest of the following dates were used as an estimate: Onset date, Specimen Collection Date, Laboratory Testing Date, Date Reported to Province or Territory, or Date Reported to PHAC.

^bOnly includes cases that have information on exposure.

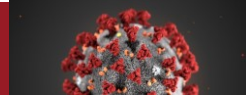
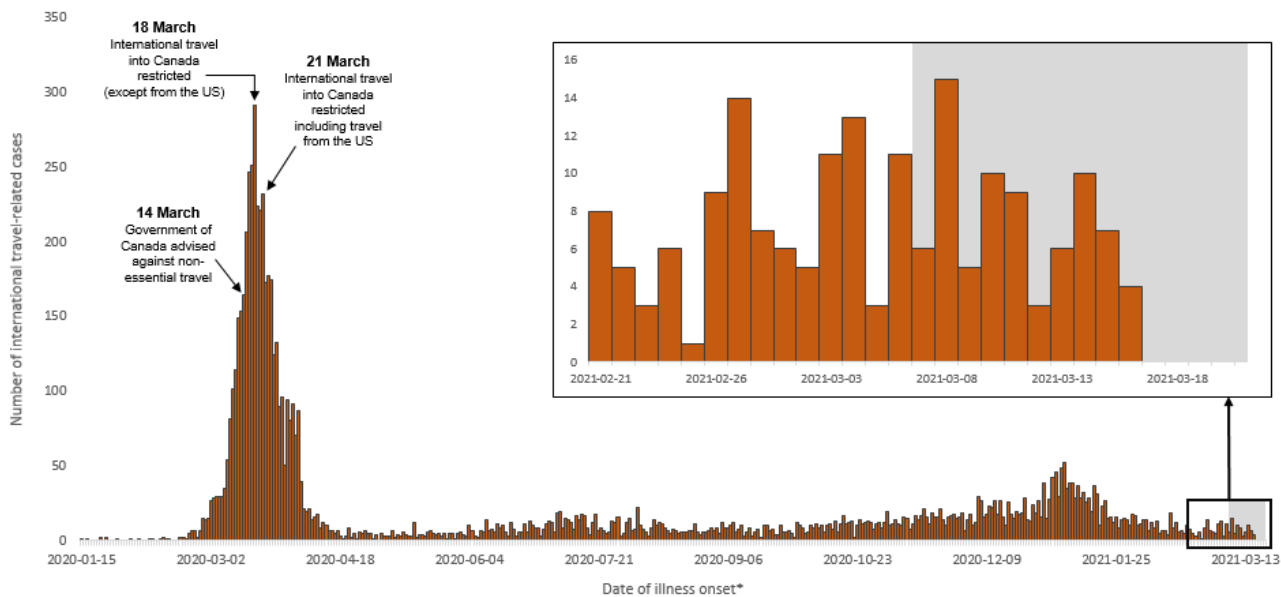


Figure 5. Number of international travel-related COVID-19 cases in Canada, by date of illness onset^a (n= 8 202) as of 20 March 2021

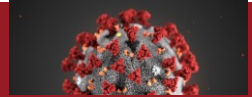


Source: Detailed case information received by PHAC from provinces and territories

* The earliest of the following dates were used as an estimate: Onset date, Specimen Collection Date, Laboratory Testing Date, Date Reported to Province or Territory, or Date Reported to PHAC.

Note: The shaded area represents a period of time (lag time) where it is expected that cases have occurred but have not yet been reported nationally.

Note: This is an underestimate of the total number of cases among returning travellers as exposure history are not available for all cases and not all jurisdictions have consistently reported exposure history to PHAC throughout the COVID-19 pandemic.



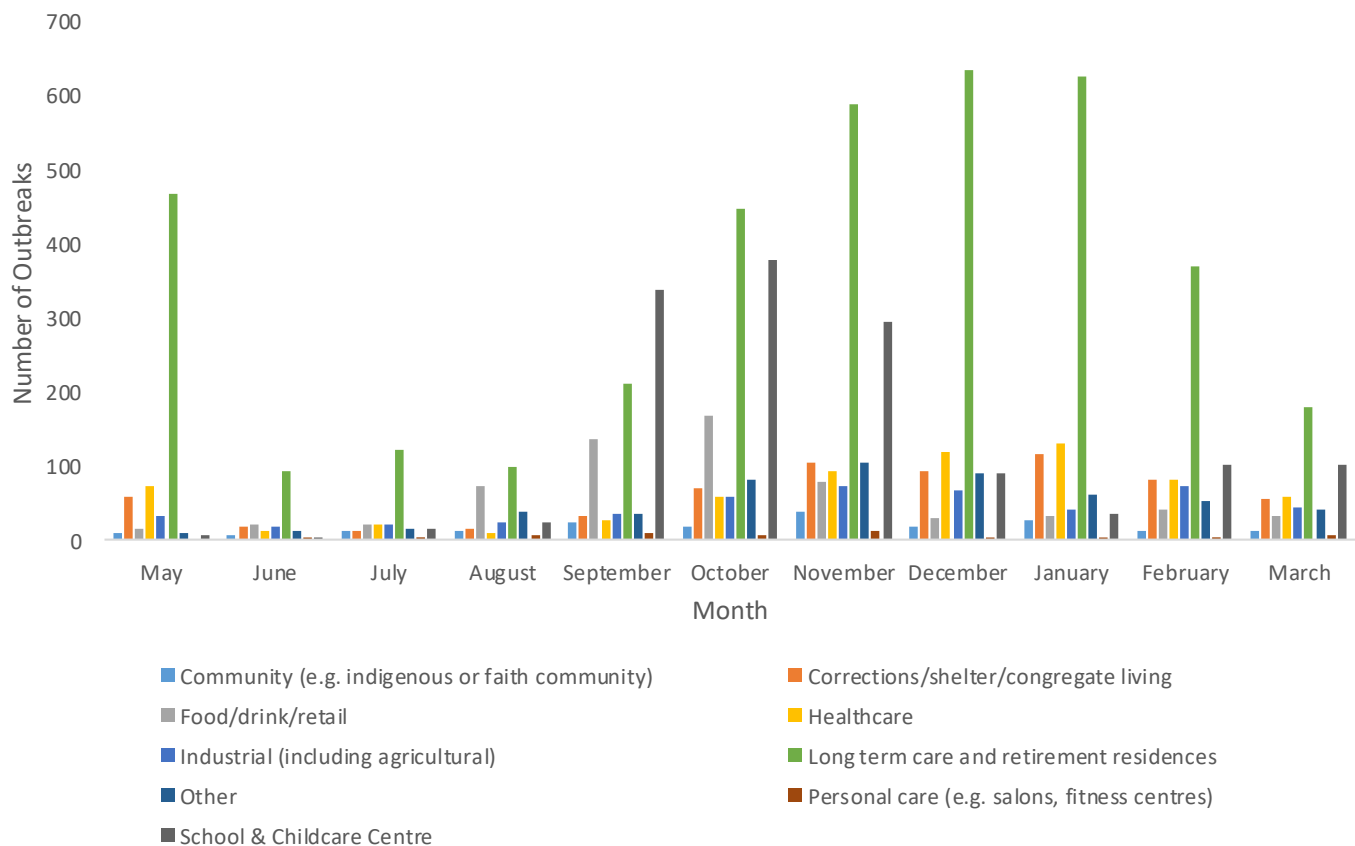
OUTBREAKS

Outbreaks have been a significant source of the spread of COVID-19 in Canada, and point to vulnerabilities in closed and crowded settings.

- Outbreaks have been detected in congregate living, workplace, and agricultural work settings, and namely in long-term care settings, meat processing plants, hospitals, small communities, and among farmworkers.
- Outbreaks continue to be observed in high-risk settings involving closed spaces, crowded places and close contact situations.
- Long-term care facilities and retirement residences continue to be the most commonly reported outbreak setting in Canada, and continue to account for the greatest proportion of outbreak related cases and deaths. This has been a consistent monthly trend with the exception of September, where reports of outbreaks in schools and childcare centres exceeded those in long-term care facilities and retirement residences.

Figure 6 and Table 6 identify common locations of outbreaks, as well as the number of cases and deaths associated with each.

Figure 6. Number of new outbreaks by setting as of 20 March 2021



Source: Publicly reported outbreak data, including Provincial and Territorial websites, as of 20 March 2021

Note: Schools with only one case, or those for which information on number of cases is unknown, have been excluded



Table 6. Total number of COVID-19 outbreaks, cases, and deaths by outbreak setting in Canada as of 20 March 2021^a

Outbreak setting	Total number of outbreaks reported	Total number of cases reported	Total number of reported deaths	Outbreaks Reported in past 7 days
Community ^b	201	11 355	88	2
Corrections/shelter/congregate living	693	11 732	226	4
Food/drink/retail	647	2 257	3	1
Healthcare	723	10 516	798	6
Industrial (including agricultural) ^c	484	11 505	24	0
Long term care and retirement residences	4 319	66 287	12 372	8
Personal Care ^d	51	415	0	0
School & Childcare Centre ^e	1 383	7 627	1	4
Other ^f	544	5 176	6	1

Source: Publicly reported data, including Provincial and Territorial websites, as of 20 March 2021

^aThis is not an all-inclusive list and is subject to change based on current and active outbreak locations reported.

^bCommunity includes population centres, Indigenous communities, Mennonite, Reserves, and small city outbreaks.

^cThe number of outbreaks in Windsor-Essex have been grouped into one cluster; industrial settings include: automotive manufacturing, distribution/processing facilities, worker camps, waste management/recycling, warehouse, etc.

^dPersonal care refers to personal care services, such as hair salons, nail salons, etc.

^eChild and youth care include daycare centres and day camps; excludes any facilities that report only one case.

^fOther groups together outbreaks in settings not listed in the categories above, for example social gatherings, office workplaces, recreational facilities, etc.

Note: These categories include both current and retrospective outbreak data.



LABORATORY-CONFIRMED COVID-19 DETECTION

Starting 01 February 2021, laboratory test indicators are based on the number of laboratory tests performed and the percentage of tests positive. These data replace previous metrics based on unique individuals tested and provide a more accurate measure of test positivity and promote greater standardization in reporting across Canada. The proportion of tests positive is expected to decrease compared with previous person-based methods, as all tests will be included in the calculation, including new tests on the same person over time.

During week 11, a total of 708 145 tests were performed, with an average of 101 164 tests performed daily for COVID-19 across Canada. The weekly percentage of tests positive during week 11 was 3.7%, an increase of 0.5% from the previous week (Table 7).

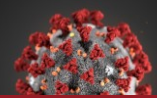
Table 7. Summary of COVID-19 tests performed in Canada, by province or territory, for week 11

Province/Territory	Cumulative number of tests performed as of 20 March 2021	Number of tests performed during week 11	Average # of tests performed daily	Average # of tests performed daily per 1 000 population	Weekly percentage of tests positive ¹
British Columbia	2 104 637	57 852	8 265	1.61	7.2%
Alberta	3 587 881	67 701	9 672	2.19	5.1%
Saskatchewan	629 546	19 868	2 838	2.41	5.4%
Manitoba	571 214	13 836	1 977	1.43	5.7%
Ontario	11 936 294	327 639	46 806	3.18	3.6%
Québec	6 849 075	194 734	27 819	3.24	2.6%
Newfoundland and Labrador	215 453	3 597	514	0.98	0.3%
New Brunswick	254 311	4 978	711	0.91	0.4%
Nova Scotia	402 217	14 096	2 014	2.06	0.1%
Prince Edward Island	119 979	3 269	467	2.93	0.1%
Yukon	8 427	87	12	0.29	1.1%
Northwest Territories	15 577	287	41	0.91	0%
Nunavut	9 694	201	29	0.74	0%
Canada	26 704 305	708 145	101 164	2.66	3.7%

Source: NML Data for laboratory analyses as of 20 March 2021

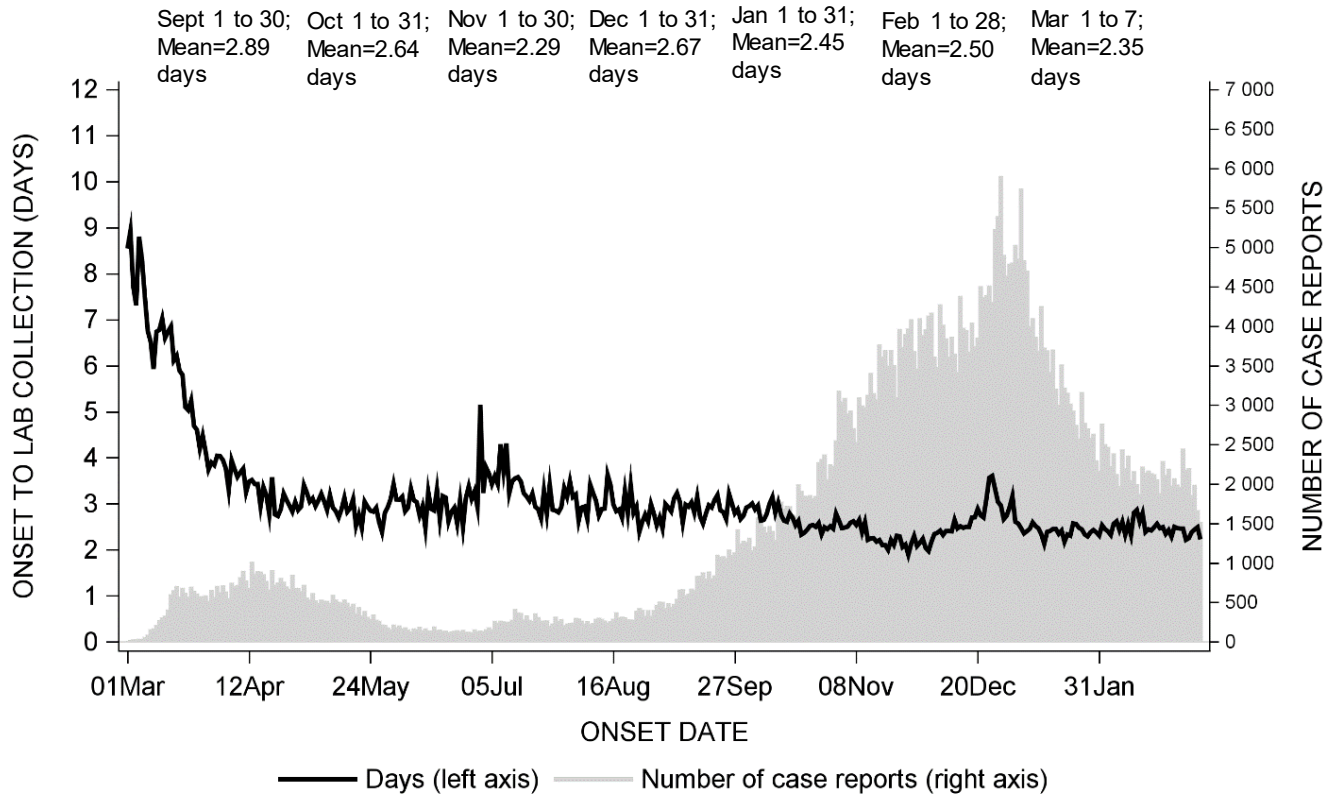
¹ Weekly percentage of tests positive is calculated by dividing the total positive tests in the past 7 days by the total tests performed in the past 7 days

Note: Laboratory testing numbers may be an underestimate due to reporting delays and may not include additional sentinel surveillance or other testing conducted in the province or territory.



The mean time from symptom onset to lab specimen collection has decreased to 2.35 days in March 2021. This compares to a mean of 2.50 days in February 2021 (Figure 7).

Figure 7. Onset date to laboratory collection date for cases reported to PHAC as of 20 March 2021



Source: Detailed case information received by PHAC from provinces and territories

Note: Date of symptom onset to date of specimen collection intervals of >15 days are deemed outliers, and not included in this figure.



SEVERITY INDICATORS

HOSPITALIZATIONS, INTENSIVE CARE, AND DEATHS

During week 11, detailed case information on hospitalization status was available for 15 845 cases. Among these cases:

- **673 (4%)** were hospitalized (including ICU admission), of whom:
 - **102 (15%)** were admitted to ICU.

Among the hospitalized cases reported during week 11 for which age information was available, 28% (n=190/673) were 80 years and older and 40% (n=272/673) were 60 to 79 years of age (Table 8).

As of 20 March 2021, case information on hospitalization status was available for 657 154 cases, where:

- **50 537 (8%)** were hospitalized (including ICU admission), of whom:
 - **8 920 (18%)** were admitted to ICU.

Since the beginning of the pandemic, the 60 to 79 year age group has accounted for the highest proportion of cases hospitalized and admitted to ICU, followed closely by the 80 years and older age group (see table A5 in annex for cumulative counts).

Table 8. Number of COVID-19 cases hospitalized, and admitted to ICU, overall and by gender and age group, reported to PHAC during week 11^a

Age groups	Hospitalized – non-ICU			Hospitalized – ICU		
	Female	Male	Total	Female	Male	Total
≤ 19	4	9	13	4	2	6
20-39	39	29	68	3	9	12
40-59	36	54	90	7	14	21
60-79	114	113	227	15	30	45
80+	85	87	172	7	11	18
Total	278	292	570	36	66	102

Source: Detailed case information received by PHAC from provinces and territories

^a Data are analyzed based on date reported to PHAC. Note that there is a period of time (lag time) where it is expected that cases have occurred but have not yet been reported nationally. Therefore, COVID-19 cases reported to PHAC during week 11 may include cases that occurred (based on date of illness onset, or lab related dates) in previous weeks.

Note: Non-ICU hospitalizations and ICU counts are mutually exclusive. Cases with missing gender, sex or age were excluded. Where available, gender data were used; when gender data were unavailable, sex data were used. Reliable data on gender diverse respondents are unavailable due to small counts.

Following a sharp decline in hospitalizations, and stabilized numbers of ICU admissions since early January 2021, the number of hospitalizations and ICU admissions have begun to increase (Figure 8). On 20 March 2021, there were 2 115 cases hospitalized and 581 cases in ICU, representing a 2% increase in the seven-day moving average of hospitalized cases and a 6% increase in the seven-day moving average of ICU admissions compared to one week prior.

Based on detailed case information received by PHAC from provinces and territories, the overall cumulative hospitalization rate (including ICU admissions) is 133 cases per 100 000 population, with the highest rates observed among those aged 80 years and older (986 cases per 100 000 population).

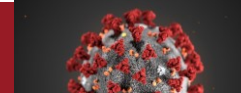
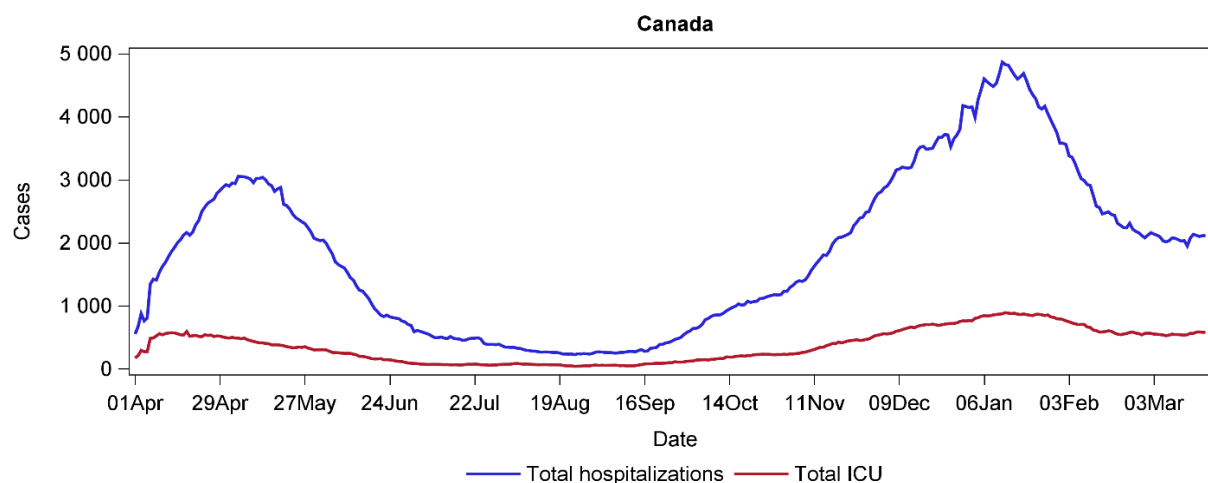


Figure 8. Number of COVID-19 cases in hospital and ICU daily in Canada, as of 20 March 2021



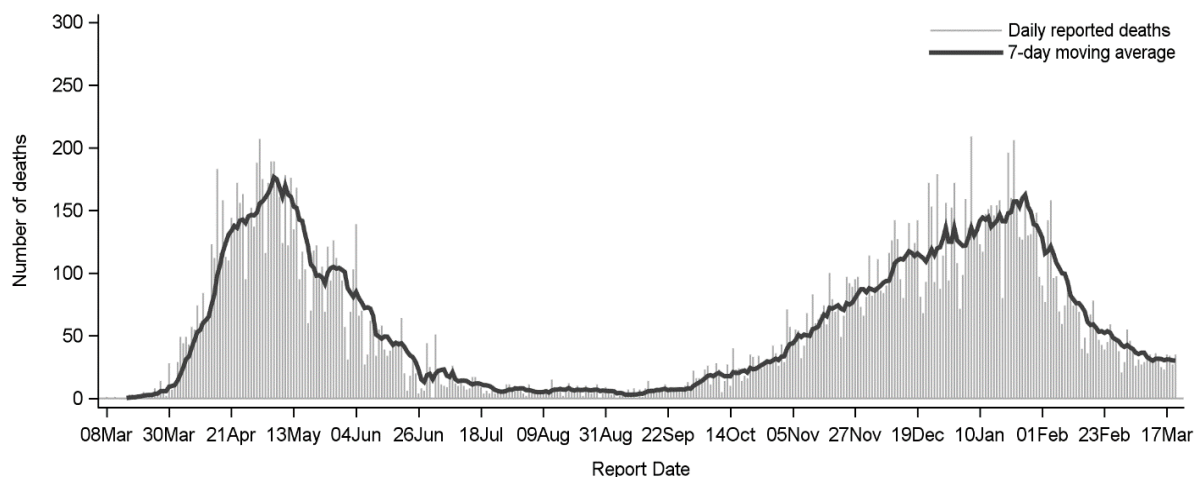
Source: Provincial and Territorial MOH websites as of 20 March 2021

During week 11, there were 205 COVID-19 related deaths reported in Canada.

- This represents a **7% decrease** compared to the previous week. Only British Columbia (+61%) and Saskatchewan (+33%) experienced increases in weekly deaths, compared to the previous week.
- This amounts to an average of 29 deaths reported per day, compared to an average of 32 deaths per day during the previous week.
- This decrease in weekly deaths comes after an increasing trend in the number of deaths observed since early October 2020 (Figure 9).

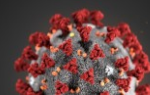
Of the deaths reported during week 11, jurisdictions submitted case-level information to PHAC for 25 cases, of which 11 (44%) were male and 18 (72%) were aged 60 years and older. To date, deaths are highest among those aged 80 years and older (Table A4 in the annex, cumulative counts).

Figure 9. Daily number of COVID-19 related deaths reported in Canada (and 7-day moving average), as of 20 March 2021 (N=22 643)



Source: Provincial and Territorial MOH websites as of 20 March 2021

Note: The 7-day moving average is a trend indicator that captures the arithmetic mean of the daily reported deaths over the previous seven days. The moving average helps smooth out day-to-day variability in reporting, filtering out the “noise” of short-term fluctuations. Fluctuations can be attributed to retrospective data or provinces or territories reporting cases at a reduced frequency.



CANADIAN ACUTE CARE HOSPITALS

Laboratory-confirmed COVID-19-associated hospitalizations in Canada are monitored through two sentinel hospital-based systems:

1. Canadian Nosocomial Infection Surveillance Program (CNISP) *
2. Serious Outcomes Surveillance Network of the Canadian Immunization Research Network (CIRN-SOS) **

NOTE: * denotes data from CNISP and ** data from CIRN-SOS

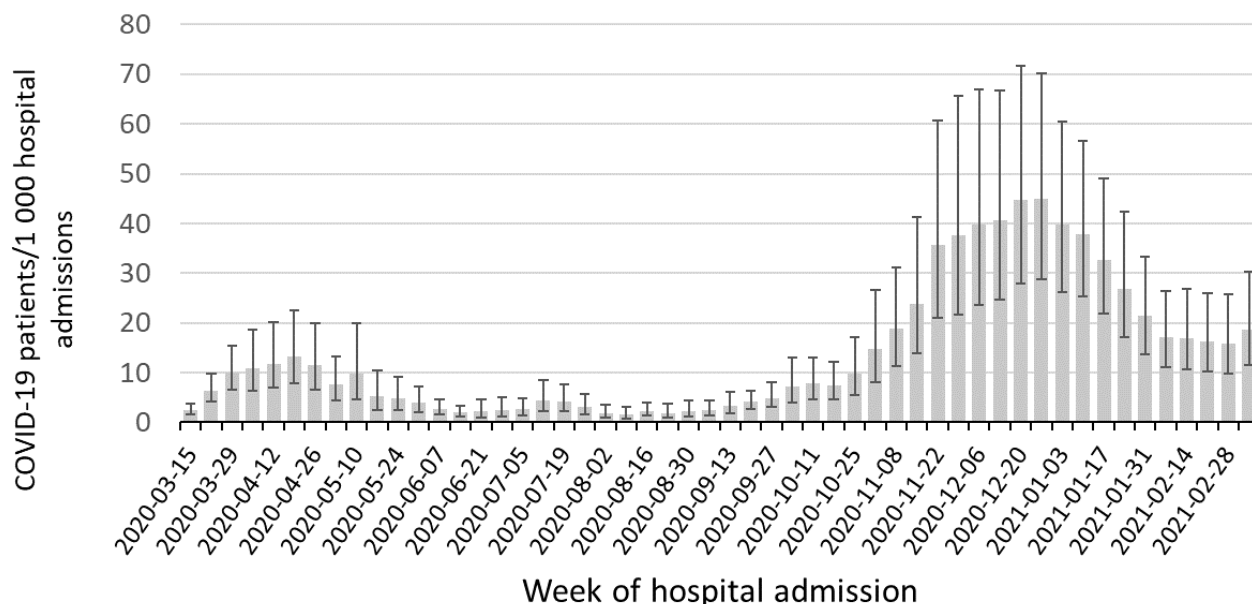
Key Findings *

- Among all patients hospitalized with COVID-19 since March 2020:
 - 19% have been admitted to the ICU (2 711/14 056)
 - 13% required mechanical ventilation (1 771/14 056)
 - <1% received extracorporeal membrane oxygenation (ECMO) (123/14 056)
 - 15% have died (all-cause mortality) (2 152/14 056)
- The median age of patients hospitalized with COVID-19 was 68 years (range 0-104 and 4% are pediatric (<18 years) (511/14 056)
- Males accounted for 54% of hospitalized patients (2 185/4 063)

Hospitalization Rates

- The weekly rate of new laboratory-confirmed COVID-19 patients per 1 000 hospital admissions was estimated at 18.6 the most recent week of 7 March 2021 (Figure 10). This represents a slight increase from the previous week, following a period of four weeks where the estimated rate remained relatively consistent (Figure 10).

Figure 10. National rates of laboratory-confirmed COVID-19 patients per 1 000 admissions with 95% confidence intervals (n=13 314)*



* Includes data from the 150 hospitals that have participated in all weeks of aggregate data collection and is estimated using 2020 annual data.*

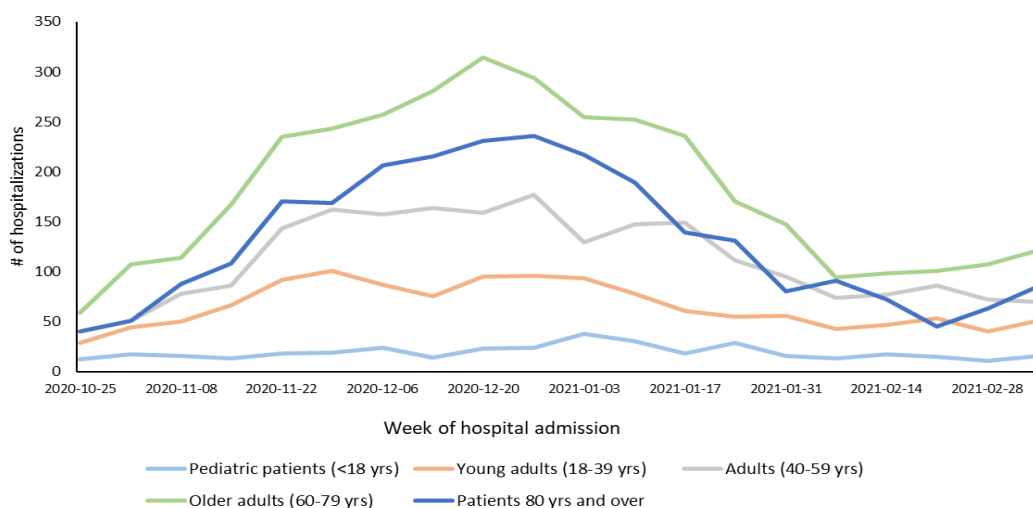


Hospitalization Trends

AGE *

- Since the week of 21 February 2021, hospitalizations among older adult patients (60-79 years) and patients 80 years and over have increased (Figure 11). Hospitalizations among other age groups have decreased or remained relatively constant over this time period (Figure 11).
- Older adult patients (60-79 years) have consistently accounted for the greatest number of weekly hospitalized patients (Figure 11).
- Hospitalizations among pediatric patients (<18 years) have fluctuated and remained low (Figure 11).

Figure 11. Weekly number of new laboratory-confirmed COVID-19 patients by age group (n=10 200)*



CLINICAL PROGRESSION **

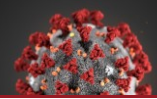
Time from symptom onset to hospital admission:

- For COVID-19 hospitalizations up to the end of August, the median time from symptom onset to hospital admission was 5 days (n=658). Since the end of August, the median time from symptom onset to hospital admission was 4 days (n=1 379).
- Median length of time from symptom onset to hospital admission was shortest at 3 days among patients aged 80+ years (n=691), compared to 4 days among patients aged 16-39 years (n=151), 5 days among patients aged 60-79 years (n=794) and 6 days among patients aged 40-59 years (n=399).

Length of hospital stay:

- For COVID-19 hospitalizations up to the end of August, the median length of hospital stay was 11 days (n=735). Since the end of August, the median length of hospital stay was 8 days (n=964). This difference must be interpreted with caution as missing length of stay data is more common in the latter time period.
- Median length of hospital stay was longest among patients aged 80+ years (median=12 days, n=592) and patients aged 60-79 years (median=11 days, n=667). Values were comparatively lower for patients aged 40-59 years (median=6 days, n=317) and 16-39 years (median=4 days, n=121).

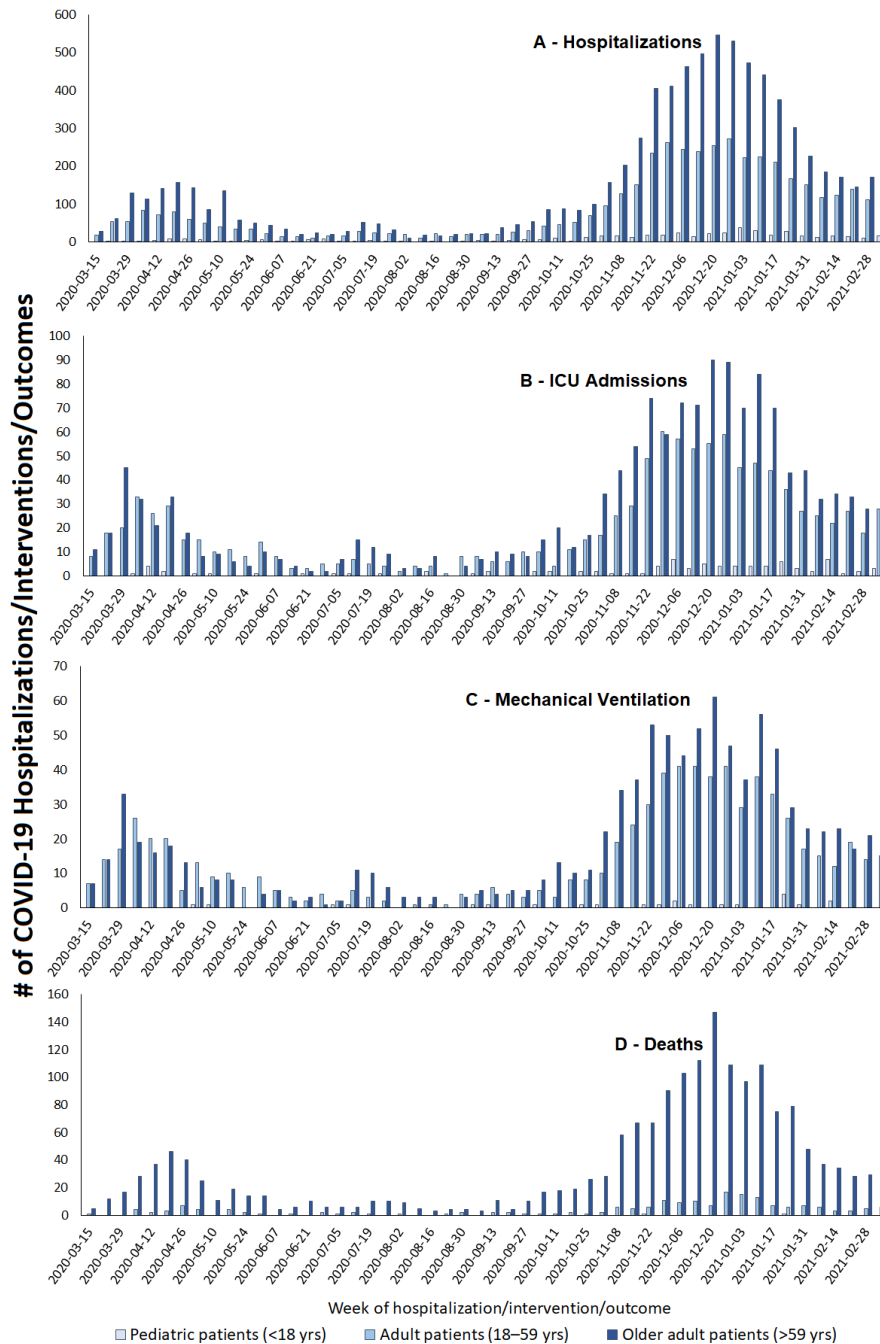
Note: Patients hospitalized before symptom onset were excluded from 'time from symptom onset to hospital admission' calculations. Length of stay is calculated as the time (in days) between date of hospital admission and date of outcome (including discharge, transfer, status change to alternate level of care, and death).



INTERVENTIONS/OUTCOMES *

- For the most recent week (of 7 March 2021), the number of new hospitalizations (n=343), new ICU admissions (n=66), new patients receiving mechanical ventilation (n=36), and new deaths (n=37) have all generally increased for all age groups compared to the week prior (Figure 12).

Figure 12. Weekly number of new laboratory-confirmed COVID-19 patients that were admitted to hospital (A; n=13 314), ICU (B; n=2 597), required mechanical ventilation (C; n=1 708), and deceased (D; n=2 002), by age group*

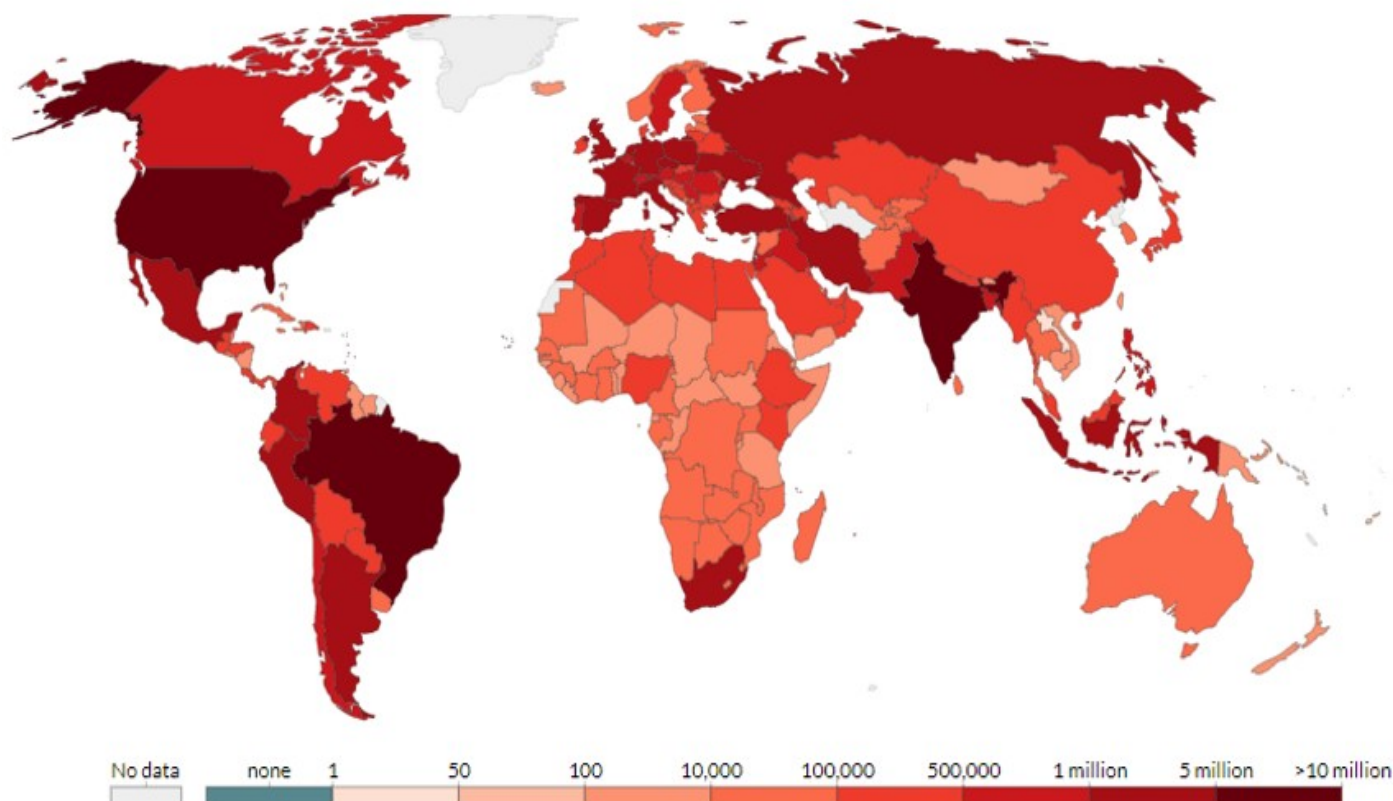




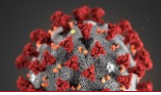
INTERNATIONAL

- As of 20 March 2021, there were over 121 million global cases of COVID-19 and over 2.7 million reported deaths (Figure 13).
- The region of Europe accounts for the highest number of cases reported.
- The following five countries account for the largest proportion of cases reported globally in the past 14 days:
 - Brazil (n=1 011 623)
 - United States (n=763 169)
 - India (n=388 331)
 - France (n=334 940)
 - Italy (n=309 569)
- Canada's cases account for approximately 0.8% of all cases reported globally since the beginning of the pandemic.

Figure 13. International map of COVID-19 cases as of 20 March 2021 (n=121 985 273)

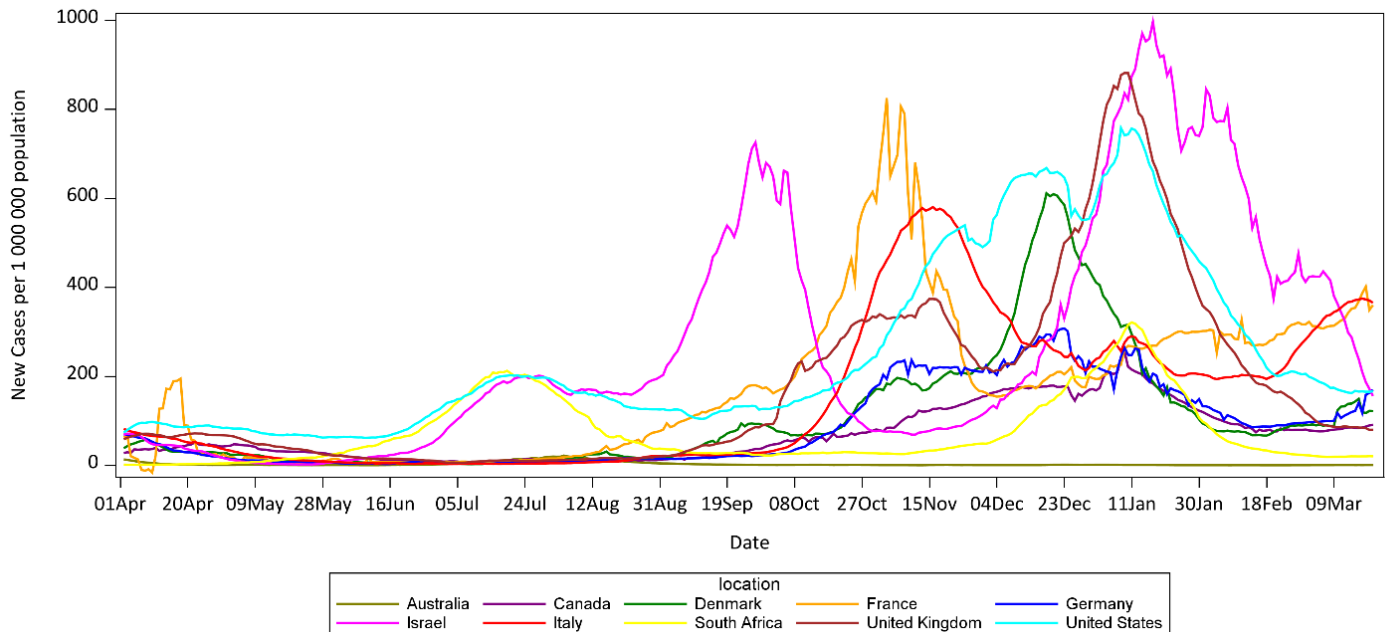


Source: Our World in Data – Coronavirus Pandemic (COVID-19) - <https://ourworldindata.org/coronavirus>



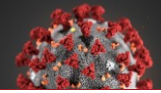
As of 20 March 2021, Italy continues to experience the highest rates of new cases compared to other countries, with 365.0 new cases per 1 million population; these rates are 4.0 times higher than the rates in Canada. France and Germany are second and third highest, with case rates that are 3.9 and 1.9 times higher than Canada, respectively. Conversely, Australia and South Africa are seeing the lowest case rates, with 0.4 and 20.2 new cases per 1 million population, respectively (Figure 14).

Figure 14. Weekly new cases of COVID-19 in Canada compared to other countries as of 20 March 2021 (7-day moving average, population-adjusted)



Source: OurWorldInData, as of 20 March 2021

Up-to-date country-specific risk levels are found on [travel health notices](#). For more information on COVID-19 internationally, please refer to the [World Health Organization's COVID-19 Situation Report](#).



MODELLING

Estimates of transmission rates in Canada: Effective reproductive rate (R_t)

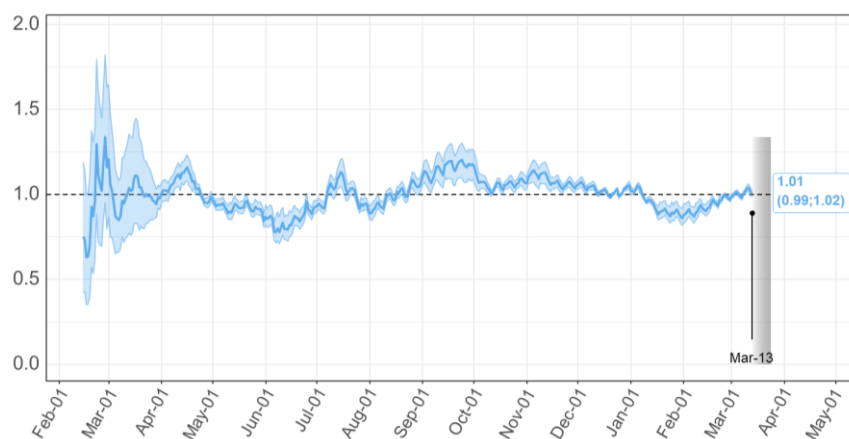
R_t is the time variable reproduction rate, representing the average number of newly infected people for each infected person. If R_t is less than 1 at a particular time (t), then the average number of people infected by one infected person is less than one, so the epidemic is being brought under control. If R_t is greater than 1, the average number of people infected by one infected person is greater than one, and the epidemic is growing. A value of R_t above 1 indicates that there is active community transmission, meaning that the disease will continue to spread in the population. The higher the R_t value, the faster the disease is spreading, which leads to an increase in the incidence of new cases.

However, there are some limitations to consider. As the epidemic continues, the R_t may not capture the current state of the epidemic with low case burden and the value must be interpreted based on the current landscape. The R_t can easily fluctuate when case numbers are low. It is also an average R_t for a population and does not point to local outbreaks driving case counts. Since the method used to calculate R_t is highly sensitive to the reported number of new cases, community outbreaks within specific provinces and territories will cause the estimated R_t value in that respective region to be higher, which may not always accurately depict overall transmission in the province or territory as a whole.

Figure 15 shows the R_t over time.

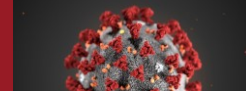
- In 2020, the reproductive rate was hovering under 1 in May and early June, followed by fluctuations in July. In early August, the R_t increased until the end of September when it decreased to just above 1. Between October 2020 and January 2021, the R_t fluctuated just above 1 with a slight increase in early November and early January. Starting in mid-January 2021, the R_t decreased to below 1, indicating that the epidemic was reducing nationally.
- Since early February 2021, the R_t has begun to slowly increase. The national R_t was 1.01 on 13 March 2021, an increase from 0.98 during the previous week.

Figure 15. Reproductive rate in Canada based on date of case report



Source: Calculated from detailed case information received by PHAC from provinces and territories

Note: Fluctuations are attributed to provincial and territorial reporting delays and non-reporting on the weekends



FORECASTING

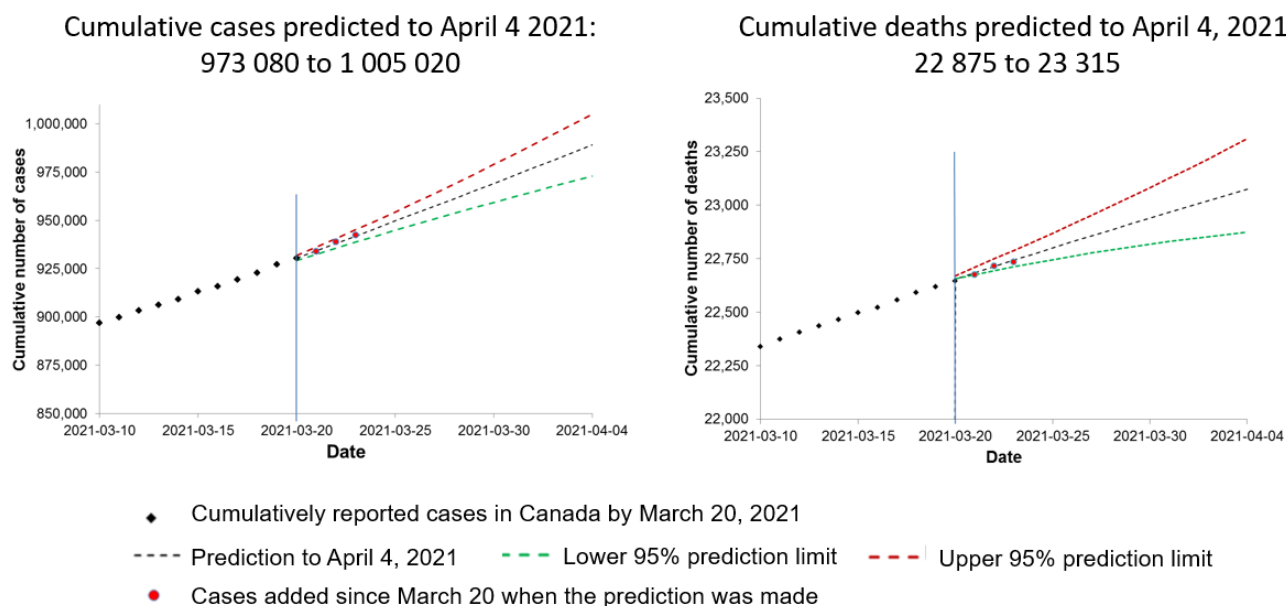
Canada's approach to modelling:

Models cannot predict the course of the COVID-19 pandemic, but can help us understand all possible scenarios, support decisions on public health measures and help the health care sector plan for these scenarios.

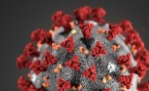
Forecasting models use data to estimate how many new cases can be expected in the coming weeks. Figure 16 below shows the projected number of cases and deaths in Canada, with a 95% prediction interval calculated to 04 April 2021, using available data as of 20 March 2021.

- According to forecasting, between 973 080 to 1 005 020 cumulative reported cases and 22 875 to 23 315 cumulative reported deaths are expected by 04 April 2021.
- The black dots represent actual data (cumulative cases and cumulative deaths) prior to 20 March 2021 and the dashed lines show the predicted trajectories after that date.
- It is important to communicate uncertainties in the predictions. The red and green lines represent the upper and lower limits with 95% confidence, respectively.
- If the added data points since 20 March 2021 stay between the red and green lines, it means both (i) the prediction model is performing as expected; (ii) data generated by the epidemic and reporting mechanisms are as expected.
- If the added data points since 20 March 2021 fall outside these limits, especially above the red line, the model detects unexpected signals that require further epidemiologic investigation.

Figure 16. Projected numbers to 04 April 2021 and 95% prediction intervals based on data reported as of 20 March 2021



For more information, please visit: <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/epidemiological-economic-research-data/mathematical-modelling.html>



TECHNICAL NOTES

The data in the report are based on information from various sources described below. The information presented for case-based analyses, trend analyses and laboratory analyses are available as of **20 March 2021 at 4 p.m. EDT**.

DATA SOURCES AND DATA CAVEATS

Epidemiological data received by PHAC

Some of the epidemiological data for this report are based on detailed case information received by PHAC from provinces/territories (P/Ts). This information is housed in the PHAC COVID-19 database. Case counts and level of detail in case information submitted to PHAC varies by P/T due to:

- Possible reporting delay between time of case notification to the P/T public health authority and when detailed information is sent/received by PHAC.
- Preliminary data may be limited and data are not complete for all variables.
- Data on cases are updated on an ongoing basis after being received by PHAC and are subject to change.
- Variation in approaches to testing and testing criteria over time within and between P/Ts.
- The lag time from illness onset to PHAC report date is approximately two weeks and data within this period is subject to change.

Note: Missing data for hospitalizations, ICU admissions, and deceased were not included in calculations. Unless calculations were broken down by age and gender, cases with missing values for age and gender were included. P/Ts may define gender differently and some may be referring to biological sex. Case severity is likely underestimated due to underreporting of related variables, as well as events that may have occurred after the completion of public health reporting, and therefore is not captured in the case report forms. Transmission data should be interpreted with caution as information on exposure are missing from several provinces and territories.

Provincial and territorial case counts

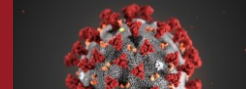
P/T information on case counts, resolved cases, and deaths associated with COVID-19 are collected from publicly available P/T websites, generally from the P/T ministry of health. Case definitions may vary by P/T.

- National COVID-19 case definitions are provided by PHAC for the purpose of standardized case classification and reporting. PHAC's national case definitions can be found here: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html>
- Only cases and deaths meeting P/T's definition for case classification are reported. For details on case definitions, please consult each P/T ministry of health website.

Laboratory information

Data on the number of tests conducted in each P/T are received from the National Microbiology Laboratory.

- Laboratory testing numbers may be an underestimate due to reporting delays and may not include additional sentinel surveillance or other testing performed. They are subject to changes as updates are received.



Outbreak data

Reporting delays and gaps in information that are available at the federal level present difficulties in reporting on local outbreaks. To ensure timely information is available, PHAC utilizes web-scraping techniques to gather outbreak data from media and P/T public health agency websites. There are several important limitations to these data:

- A nationally standardized outbreak definition does not yet exist. Cluster definitions vary according to P/T. The methods for defining an outbreak are currently in development and may change over time.
- The data do not represent all outbreaks that have occurred in Canada over the course of the pandemic, but they do provide a summary of clusters reported via non-traditional data sources. Data collection on outbreaks began 12 March 2020.
- Case-level data are generally not available for outbreaks detected via non-traditional data sources. Information presented is at the aggregate level only.

Population data

- Canadian population data from Statistics Canada Population estimates on 1 July 2020 are used for age-standardized and age-specific rate calculations.

International data

International data are retrieved from the European Centre for Disease Prevention and Control (ECDC) Situation update and Our World in Data.

- Given that the pandemic is rapidly evolving and the reporting cycles from government sources are different, the case numbers may not necessarily match what is being reported publicly. Rather, this reflects what is publicly available from the sources listed above.
- International comparisons should be interpreted with caution. Number of tests conducted, indications for testing, and diagnostic capacity by country have a large influence on total number of reported cases. Therefore, the data displayed may not represent the true incidence of disease within each country.

Canadian Acute-Care Hospitalization Data

Canadian Nosocomial Infection Surveillance Program (**CNISP**) collects information on hospitalized patients across all age groups (pediatric and adult).

- As of 13 March 2021, CNISP has collected weekly aggregate data on 14 056 adult and pediatric patients hospitalized with COVID-19 from 151 hospitals across all 10 provinces and 1 territory.
- CNISP has conducted surveillance among 56 hospitals across 10 provinces and 1 territory and as of 12 March 2021 has collected case-level data on 4 063 adult and pediatric patients hospitalized with COVID-19

Serious Outcomes Surveillance Network of the Canadian Immunization Research Network (**CIRN-SOS**) collects information on hospitalized adult patients aged 16 years or older.

- As of 18 March 2021, CIRN-SOS has collected case-level data on 2 823 adult patients (≥ 16 years) hospitalized with COVID-19 across 9 hospital sites in Alberta, Ontario, Québec, and Nova Scotia.
- Denominators may be lower depending on variable completeness.

* denotes data from CNISP and ** data from CIRN-SOS



ANNEX

Table A1. Cumulative number of COVID-19 cases, resolved cases, and deaths reported in Canada by province or territory, as of 20 March 2021

Province/Territory	Total cases	Total resolved cases	Total deaths
British Columbia	91 342	84 078	1 421
Alberta	141 379	133 800	1 961
Saskatchewan	31 459	29 608	417
Manitoba	33 263	31 188	920
Ontario	327 083	306 050	7 223
Québec	301 691	284 203	10 594
Newfoundland and Labrador	1 014	999	6
New Brunswick	1 489	1 409	30
Nova Scotia	1 682	1 599	66
Prince Edward Island	148	140	0
Yukon	72	71	1
Northwest Territories	42	41	0
Nunavut	395	391	4
Canada	931 072	873 590	22 643

Source: Provincial and Territorial MOH websites as of 20 March 2021

^a Includes 13 cases identified in repatriated travelers (Grand Princess Cruise ship travelers) who were under quarantine in Trenton in March 2020. Update on their status is not available.

Table A2. Age-standardized incidence rates of COVID-19 cases, by province or territory, as of 20 March 2021

Province/Territory	Cumulative age-standardized incidence rates (per 100 000 population)
British Columbia	1 763.3
Alberta	3 153.6
Saskatchewan	2 664.0
Manitoba	2 408.8
Ontario	2 219.3
Québec	3 506.6
Newfoundland and Labrador	200.1
New Brunswick	189.0
Nova Scotia	173.2
Prince Edward Island	92.4
Yukon	122.4
Northwest Territories	97.7
Nunavut	930.6
Canada	2 445.5

Source: Detailed case information received by PHAC from provinces and territories, standardized to the July 1 2020 post-census population estimate

Note: Data are analyzed based on date reported to PHAC.

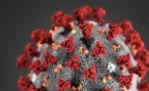


Table A3. Cumulative age and gender distribution of COVID-19 cases reported to PHAC, as of 20 March 2021

Age group	Female			Male			Total ^a		
	n	%	Rate	n	%	Rate	n	%	Rate
≤ 19	77 412	16%	1 945.7	82 245	18%	1 976.7	159 657	17%	1 961.5
20-29	85 035	18%	3 447.1	87 964	19%	3 305.4	172 999	19%	3 373.6
30-39	75 311	16%	2 869.3	73 092	16%	2 739.9	148 403	16%	2 804.1
40-49	71 213	15%	2 907.6	64 335	14%	2 674.8	135 548	15%	2 792.3
50-59	63 253	13%	2 421.4	60 663	13%	2 349.0	123 916	13%	2 385.4
60-69	37 678	8%	1 559.0	40 603	9%	1 757.1	78 281	8%	1 655.9
70-79	22 709	5%	1 436.4	22 195	5%	1 558.6	44 904	5%	1 494.3
80+	41 101	9%	4 149.1	21 632	5%	3 214.0	62 733	7%	3 770.8
Total	473 712	100%	2 477.6	452 729	100%	2 397.3	926 441	100%	2 437.7

Source: Detailed case information received by PHAC from provinces and territories

^a Cases not identified as male or female were removed from the total due to small numbers.

Note: Cases with missing gender, sex or age were excluded. Where available gender data was used; when gender data was unavailable sex data was used. Reliable data on gender diverse respondents are unavailable due to small counts.

Table A4. Cumulative age and gender distribution of COVID-19 deaths reported to PHAC as of 20 March 2021

Age group	Female	Male	Total ^a
≤ 19	2	4	6
20-39	44	74	118
40-59	317	490	807
60-79	2408	3691	6099
80+	8788	6763	15551
Total	11559	11022	22581

Source: Detailed case information received by PHAC from provinces and territories

^a Cases not identified as male or female were removed from the total due to small numbers.

Note: Cases with missing gender, sex or age were excluded. Where available gender data was used; when gender data was unavailable sex data was used. Reliable data on gender diverse respondents are unavailable due to small counts.

Table A5. Cumulative age and gender distribution of cases hospitalized, and admitted to ICU reported to PHAC as of 20 March 2021

Age groups	Hospitalized – non-ICU			Hospitalized – ICU		
	Female	Male	Total	Female	Male	Total
≤ 19	331	350	681	54	65	119
20-39	2 152	1 534	3 686	302	354	656
40-59	3 176	4 349	7 525	836	1 518	2 354
60-79	6 493	7 975	14 468	1 564	3 035	4 599
80+	8 453	6 760	15 213	518	664	1 182
Total	20 605	20 968	41 573	3 274	5 636	8 910

Source: Detailed case information received by PHAC from provinces and territories

^a Cases not identified as male or female were removed from the total due to small numbers.

Note: Cases with missing gender, sex or age were excluded. Where available gender data was used; when gender data was unavailable sex data was used. Reliable data on gender diverse respondents are unavailable due to small counts.

Overview

Critical Care Information System (CCIS)

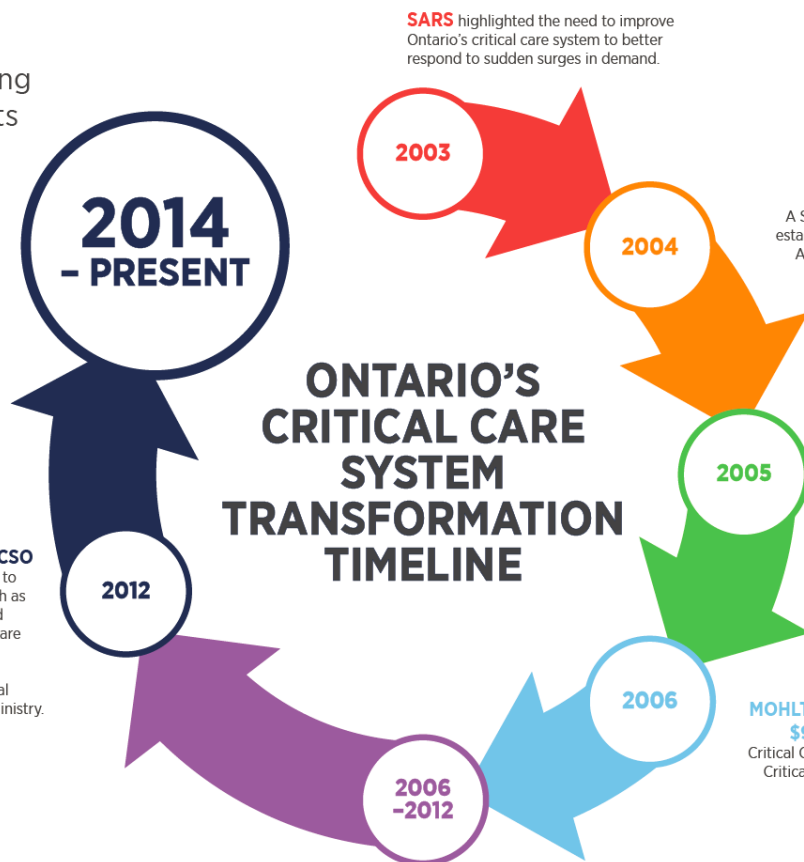
23 March, 2020

CCSO Critical Care Services Ontario

Evolution of CCIS

CCSO leading improvements and system innovation in critical care

Transformation to CCSO
The Secretariat expanded to incorporate programs such as Neurosurgery, Trauma and Burns, Paediatric critical care and Chronic Ventilation. The evolution of CCSO is supported by the Proficnial Programs Branch at the Ministry.



SARS highlighted the need to improve Ontario's critical care system to better respond to sudden surges in demand.

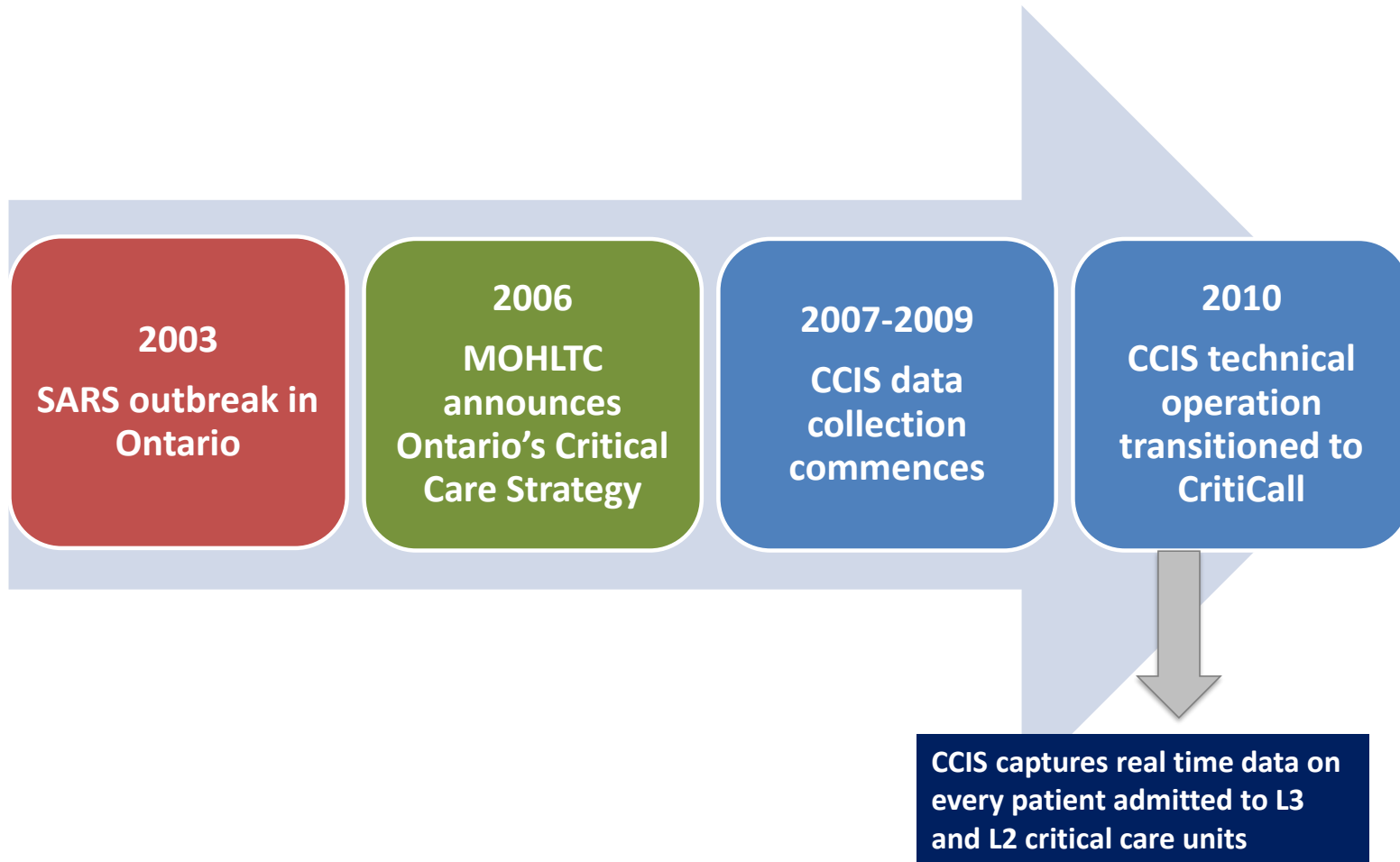
MOHLTC began a formal review of adult critical care services in Ontario. A Steering Committee was established to study Access, Accountability, HR, Surge Capacity and New Technologies.

Steering Committee report published with recommendations to improve the quality and efficiency of adult critical care services in Ontario.

MOHLTC announced \$90 Million for a Critical Care Strategy. The Critical Care Secretariat was established.

The Critical Care Secretariat played an important role in developing the initiatives under Ontario's Critical Care Strategy.

CCIS Background



CCSO and CritiCall Ontario

CCSO

- Provides strategic oversight related to CCIS initiatives and enhancements
- Responsible for data quality and hospital accountability related to data entry
- Responsible for keeping inventory updated in CCIS
- Uses CCIS data for performance improvement, to inform capacity planning, capacity investment, and system improvements
- Uses CCIS critical care occupancy data in managing critical care moderate surge process

CritiCall Ontario

- Houses the CCIS application and provides technical support for CCIS users
- Ensures compliance with privacy legislation and holds data sharing agreements with hospitals entering data into CCIS
- Implements enhancements and technical upgrades to the system
- Produces CCIS reports in collaboration with CCSO and facilitates moderate surge
- Provides training and education to the CCIS users

CCIS Architecture Includes Five Key Aspects

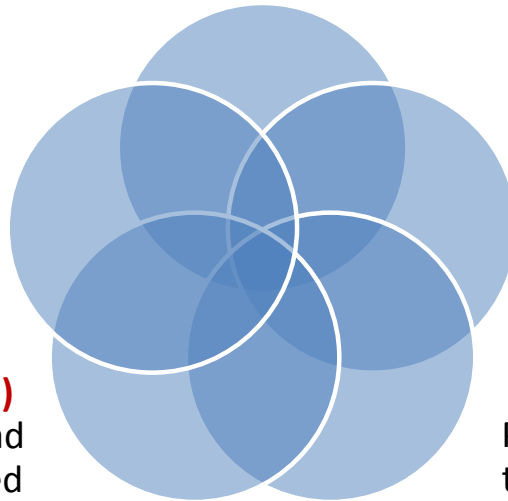
CCRT &
PCCRT

- 1. Web based data repository**
For collection of data submitted by hospitals

Patient Admission & Discharge
Life Support Intervention (LSI)
Outcomes (VAP/CLI)
Severity of Illness (MODs)

- 5. On-line document library**

Stores relevant guides and training materials



- 2. A bed availability dashboard**

Providing information on bed occupancy

- 4. Core Data Export (CDE)**
– Allows users to download data that has been entered in CCIS for additional analysis

- 3. Reports Portal**

Pre-defined reports that CCIS users can access to trend and compare data

In addition, Quarterly & Scorecard Reports are disseminated to all CC units every quarter

Key Features of CCIS

- Is integral to the Critical Care Strategy
- It captures near real time data on every patient admitted to Level 3 and Level 2 critical care units in the province
- It supports the information needs of the critical care system and helps monitor critical care capacity in the province
- It provides data to support decision-making about
 - ✓ Performance improvement
 - ✓ Resource utilization
 - ✓ Capacity planning
 - ✓ Forecasting and strategic planning

Data Captured in CCIS

Patient Demographics e.g. Patient name / MRN / Date of Birth / Gender

Admission/ Discharge Information e.g. Admission Source , Date and time , Discharge Destination, Awaiting Transfer

Life Support Interventions (LSI) e.g. Ventilation Note: NEMS value is calculated from LSI data.

Outcomes e.g. VAP/CLI incidence, Unplanned Extubation

Multiple Organ Dysfunction Score (MODS) / Paediatric Logistic Organ Dysfunction (PELOD) For under 18yrs
e.g. Neurological: Glasgow Coma Score (Eye + Verbal + Motor Response)

Antimicrobial Indicators e.g. Number of different Antibacterial / Antifungal Therapies , C. Diff incidents

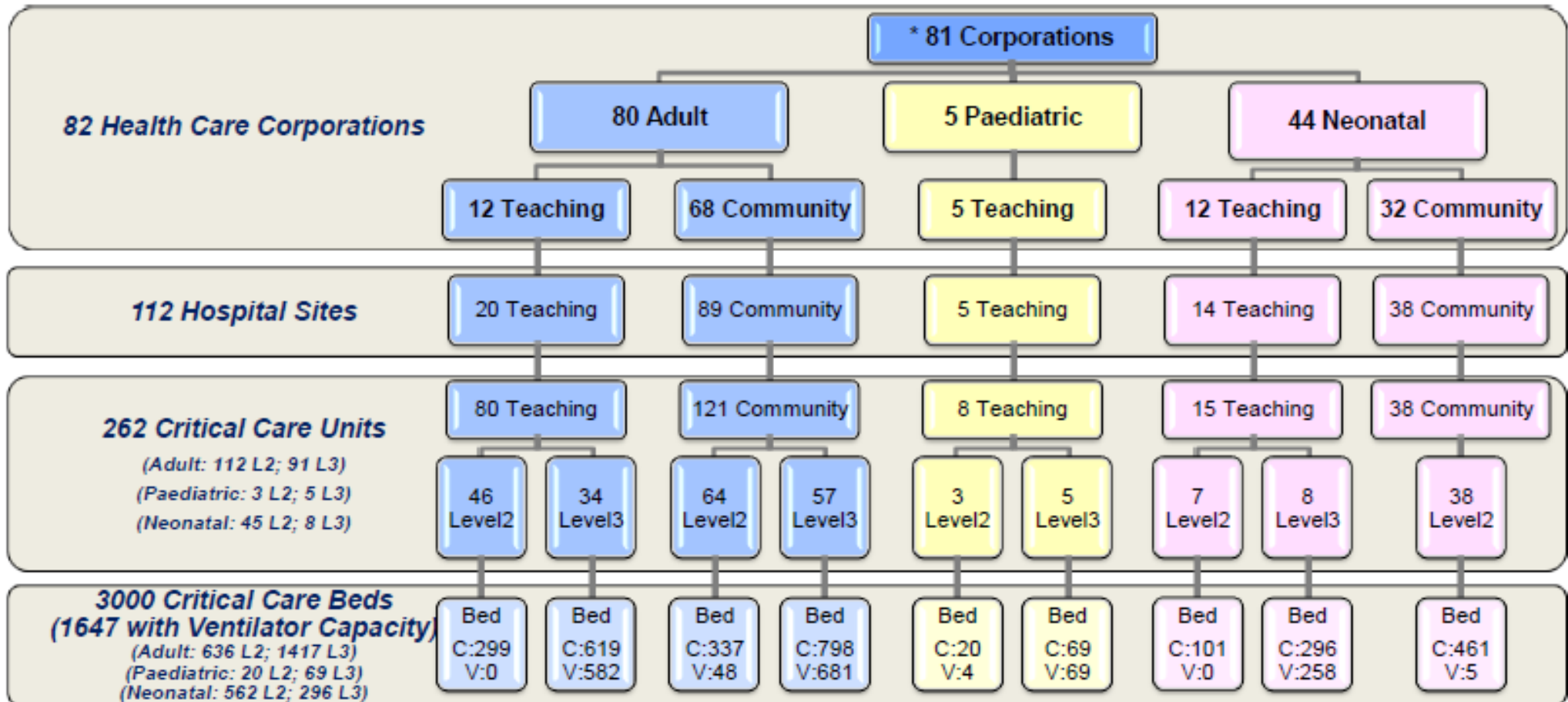
CCRT / PCCRT e.g. New Consult , Follow-Up Consult , Monthly Statistics (# deaths and #admissions)

Bed Availability Dashboard e.g. occupancy rates, reserved beds, Not Available Beds (reasons)

New Enhancement: COVID-19 Data in CCIS

- Critical Care Services Ontario (CCSO) in collaboration with CritiCall Ontario, enhanced the provincial Critical Care Information System (CCIS) to capture COVID-19 specific data elements
- As of March 19, 2020, all critical care Level 2 and Level 3 units are able to enter COVID-19 data in CCIS on admission and at any time during the patient's ICU stay.
- The capture of near real time information on the COVID-19 status of patients admitted to Ontario critical care units will facilitate monitoring the incidence and trend over time of COVID-19 in this patient population
- CCSO will use the data to develop dashboards to provide hospitals, regions and provincial leadership with information pertinent to COVID-19 activity in critical care, and to inform responsive system planning and address any emerging pressures in critical care capacity

ONTARIO CRITICAL CARE SYSTEM CAPACITY (FY2019/20 Q3)



* May not add to 82 corporations because 3 corporations provide adult, paediatric and neonatal services, 2 corporations provide both paediatric and neonatal services, and 39 corporations provide both adult and neonatal services

Bed C: Critical Care Bed; Bed V: Critical Care Beds with Ventilator Capacity

CONTACT

Address

Critical Care Services Ontario
LuCliff Place, 700 Bay Street, Suite 1400
Toronto, ON
M5G 1Z6

Email: info@ccso.ca

Phone: 416-340-4800 ext. 5577 or ext. 5856

Fax: (416) 340-4920

Ministry of Health

Office of the Deputy Minister

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Tel.: 416 327-4300
Fax: 416 326-1570

Ministère de la Santé

Bureau du sous-ministre

777, rue Bay, 5e étage
Toronto ON M7A 1N3
Tél. : 416 327-4300
Télééc. : 416 326-1570



April 16, 2021

Lorna Rosen
Deputy Minister
Ministry of Health
22nd fl ATB Place NT
10025 Jasper Avenue
Edmonton, AB T5J 1S6

Sent via email: Lorna.Rosen@gov.ab.ca

Dear Deputy Minister Rosen:

On behalf of the Government of Ontario, I am writing to ask whether your jurisdiction has resources available to help Ontario respond to strained hospital capacity due to the COVID-19 pandemic. Please note that I am sending this request to all my counterparts across the country.

On April 7, 2021, Ontario declared a third Provincial Emergency, due in part to a sharp increase in provincial COVID-19 cases, exacerbated by the spread of more infectious variants in the province. As predicted in our models, the number of COVID-19 positive patients in our ICUs is now over 600, up from 430 at the beginning of April - representing an increase of over 40% in less than one month. Elective surgeries are being cancelled and the access-to-care deficit will increase with real consequences for the health of Ontarians - and our strained workforce.

As we all have, Ontario has taken steps to prepare for COVID-19 surges. To date, we have invested in over 3,400 additional hospital beds, including 285 intensive care beds across the province thanks to tremendous efforts by hospital and sector partners. On April 9, the Ontario government announced measures to redeploy staff from agencies - Ontario Health and Home and Community Care Support Services – to support critical care capacity.

Despite this, hospitals, and more specifically, intensive care units, are becoming increasingly strained due to climbing numbers of COVID-19 positive patients requiring care. As Ontario grapples with the need to urgently add more critical care capacity to deal with the continued surge of COVID-19 patients, we are urgently looking for health human resources across the province to assist in staffing these beds.

At present, we estimate that Ontario may experience a gap in staffing of around 4,145 nurses in the hospital sector alone over the next 4 months. **It is for this reason that I am writing to learn whether you have health human resources available in your jurisdiction that could be deployed to Ontario to support Ontario's critical care capacity.**

I recognize the challenges all jurisdictions face as a result of the pandemic, but the challenges we are facing here in Ontario are such I feel I must seek to identify whether there are resources available in the country that could be directed to Ontario, if possible.

.../2

Deputy Minister Rosen

Although Ontario has implemented an array of initiatives to help bolster the workforce and redeploy our trained professionals to where they are needed most, we need to be prepared for all potential scenarios.

Critical care beds are a highly specialized asset with significant equipment and health human resource needs. In order to meet the anticipated demands following the peak of Ontario's third wave, we are seeking the assistance of 620 professionals to support Ontario hospitals. The health human resources that are urgently required in our COVID hotspot areas include:

- 500 Nurses (ICU/Critical Care/recovery room/general)
- 100 Respiratory Therapists
- 10 Perfusionists (unregulated in Ontario)
- 10 Anesthesia Assistants (unregulated in Ontario)

Specifically, the province would need assistance in southern Ontario, anticipated to be in the Greater Toronto Area (GTA) and immediate surrounding areas. We are projecting a need for this critical support for four months following the anticipated peak of the third wave; however, the length of the deployment is subject to COVID-19 case load and ICU capacity in the province. Temporary relocation expenses will be provided.

I appreciate your consideration of this urgent request. If you feel that you can be of assistance to us, please feel free to contact David Lamb, Director of the Capacity and Health Workforce Planning Branch at David.Lamb@Ontario.ca with any details. David would also be pleased to respond to any questions you might have regarding this request and can be reached at 416 -453-4898.

Sincerely,

Original signed by

Helen Angus
Deputy Minister

c: The Honourable Doug Ford, Premier and Minister of Intergovernmental Affairs
The Honourable Christine Elliott, Deputy Premier and Minister of Health
Dr. David Williams, Ontario Chief Medical Officer of Health
Melanie Fraser, Associate Deputy Minister, Health Services
Michael Hillmer, Assistant Deputy Minister, Capacity Planning and Analytics Division
David Lamb, Director, Capacity and Health Workforce Planning Branch

Canadian News Articles Depicting Hospital Overcapacity & Influenza Strain Preceding Covid-19 (Jan. 2010 - Jan. 2020)



100+ Mainstream News Articles

40+ Municipalities Across Canada

Despite a complete absence of scientific evidence and data, the Canadian government continues to implement unjust lockdowns across the country decimating its citizen's livelihoods and freedoms in the process. With the help of mainstream news outlets, government officials continue to exploit overwhelmed ERs/ICUs, cancellation of surgeries, and filled morgues as their reasoning.

The purpose of this document is to expose this alibi. The reality is the strain seen repeatedly within our hospitals is not a product of SARS-CoV-2, but rather a healthcare system fundamentally broken due to years of negligence and lack of resources.

The manipulation of information and deliberate deception of Canadians ends now.



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Canada (Nationwide)

(2013)

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HEALTH HEADLINES

Hospitals overwhelmed by flu and norovirus patients

CTVNews.ca Staff

Published Thursday, January 10, 2013 10:06AM EST
Last Updated Thursday, January 10, 2013 1:33PM EST

“As both the flu and the stomach infection norovirus sweep across Canada, **hospitals all over the country** say they are being **pushed to the limit.**”

“Many Edmonton hospitals are operating at more than **100 per cent capacity** because of the surge of patients needing admission. In Calgary, occupancy is **above 100 per cent** in major hospitals and over 100 per cent on certain medical units.”

“In our emergency rooms, we would normally see about 150 patients a week with influenza; now it’s **nearly 700**”

<https://www.ctvnews.ca/health/health-headlines/hospitals-overwhelmed-by-flu-and-norovirus-patients-1.1108376>



(2017)

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HEALTH

How one of Canada's busiest ERs made progress against overcrowding

Michael Tutton
The Canadian Press

Published Friday, May 5, 2017 8:20AM EDT

“Across Canada, stories of **patients languishing in emergency departments peaked this winter** -- including a case of woman with internal bleeding who **spent five days in the hallways** of the Brampton Civic Hospital and a Halifax man dying from pancreatic cancer who was left on a gurney for seven hours before being seen by a physician.”

“Like other hospitals, **it's not unusual** for North York patients to be shifted into hallway placements in the medical units, rather than their own rooms, due to a lack of space.”

"There's no flex in the system, **there's no capacity.**"

<https://www.ctvnews.ca/health/how-one-of-canada-s-busiest-ers-made-progress-against-overcrowding-1.3399566>



(2018)

Overcrowding in Canadian hospitals - a growing problem

3 Jul 2018

Milan Korcok



“Hospital occupancy exceeded **100 per cent capacity** at about half of the province’s hospitals, and in some cases, occupancy reached as high as **140 per cent**. To put this into perspective, the international standard for safe hospital capacity is around **85 per cent**.”

“ERs are still as crammed as ever – the Montreal General Hospital running at **129 per cent capacity** at times, with patients being treated on stretchers in hallways, lounges, TV rooms, or any space large enough to accommodate them. In other provinces, the stories are similar.”

“For at least two decades, provincial governments have been pledging more and more millions of dollars to alleviate seasonal hospital ER and acute care bed overcrowding, especially during Canada’s long flu seasons. But the **overcrowding has continued beyond those seasons and has become the norm.**”

<https://www.itij.com/latest/long-read/overcrowding-canadian-hospitals-growing-problem>



(2019)

The screenshot shows the top portion of a news article on The Globe and Mail website. At the top left is the logo for 'THE GLOBE AND MAIL' with a red maple leaf icon. To its right is the word 'OPINION'. Further right is a 'SUBSCRIBE' button and an information icon. Below this is a navigation bar with links for 'CANADA', 'WORLD', 'BUSINESS', 'INVESTING', 'OPINION', 'POLITICS', 'SPORTS', 'LIFE', 'ARTS', 'DRIVE', 'REAL ESTATE', and 'WATCHLIST'. The main content area has 'OPINION' written above the title. The title is "'Tis the season for hospital overcrowding – but the flu isn't to blame". Below the title is a small portrait of André Picard, followed by his name 'ANDRÉ PICARD >' and a red-bordered box containing the text 'PUBLISHED JANUARY 7, 2019' and 'UPDATED JANUARY 8, 2019'. To the right of the author information is a 'TRENDING' section with a large number '1' and the text 'Cold is dangerous and deadly, yet it'.

“Patients end up on stretchers in hallways for **hours or days**, ambulances are diverted, and when occupancy rates hit **150 per cent to 200 per cent**, a crisis is declared.”

“**Our hospitals routinely operate at 90-per-cent to 100-per-cent** capacity, which means, in practical terms, that they have no wiggle room.

“Canada has among the **fewest hospital beds per capita** among developed countries – 2.5 per 1,000 population. That’s 32nd among the 36 OECD countries.”

<https://www.theglobeandmail.com/opinion/article-tis-the-season-for-hospital-overcrowding-but-the-flu-isnt-to-blame/>



Alberta

(2013)

NATIONAL POST

Comment Post Picks Financial Post [↗](#) Healthing Driving The GrowthOp Videos

Widespread flu and norovirus outbreaks combine to fill Alberta hospitals beyond capacity

A double whammy of both flu and norovirus cases that has led to patients being put in hallways in Calgary and Edmonton

The Canadian Press

Jan 10, 2013 • Last Updated 7 years ago • 2 minute read

“**Outbreaks** in continuing care facilities and on other wards has limited the ability to move patients around.”

“There were **nine surgeries postponed** in Calgary on Tuesday. Two of 246 surgeries scheduled for Wednesday were put off.”

“We’re seeing **influenza** earlier in the year than we did last year, he said. We’re not only seeing only influenza-like illness. We’re seeing at the same time an outbreak of gastroenteritis — the norovirus.”

<https://nationalpost.com/health/widespread-flu-and-norovirus-outbreak-combine-to-fill-alberta-hospitals-beyond-capacity>



(2019)

CBC | MENU ▾

COVID-19 Local updates Watch Live COVID-19 tracker Subscribe to newsletter

NEWS Top Stories Local The National Opinion World

Storage of bodies in rented trailer leads to probe of medical examiner's space shortage

Alberta Justice steps in after CBC News records body being dragged

Charles Rusnell · CBC News · Posted: Sep 10, 2019 3:18 PM MT | Last Updated: September 11, 2019

“**Seventeen bodies**, sheathed in white bags, lined the floor of the refrigerated **semi-trailer** parked in a lot behind the Office of the Chief Medical Examiner (OCME) off Belgravia Road in south Edmonton.”

"We cannot turn bodies away," Brooks-Lim wrote, adding she is discussing long-term solutions to the **storage problem**.

“The storage problem was created by an unusually high percentage of new death cases at the end of last week. He said the influx can require additional time for identification and for families to make arrangements with funeral homes.”

<https://www.cbc.ca/news/canada/edmonton/bodies-stored-rented-trailer-medical-examiner-1.5278243>



Calgary

(2013)

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CTV NEWS

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Area hospitals operating at over 100 percent capacity

CTV Calgary
Published Wednesday, January 9, 2013 6:57AM MST
Last Updated Wednesday, January 9, 2013 7:31PM MST

“Calgary hospitals are struggling to keep up with medical care after a huge **spike in influenza and norovirus cases** has put undue pressure on resources.”

“Reports say that **11 elective surgeries** have been **cancelled** as a result of flu outbreaks and hospitals have been pushed to over **100 percent operating capacity.**”

“Occupancy is above **100 percent** in major hospitals in the area and well over **100 percent** on medicine units.”

<https://calgary.ctvnews.ca/area-hospitals-operating-at-over-100-percent-capacity-1.1106586>



(2015)

Global NEWS World Canada Local Politics Money Health

HEALTH

Calgary mom waits 24 hours for baby to be admitted to Alberta Children's Hospital

By [Erika Tucker](#) · Global News
Posted February 13, 2015 5:54 pm · Updated February 13, 2015 8:19 pm

“The Alberta Children’s Hospital has fluctuated between **96 and 110 per cent capacity** in the month of February, but a spokesperson says **it’s a challenge that isn’t unusual or new.**”


“Operating at **over 100 per cent capacity** is a concern for parents like Threadkell. They were at **118 per cent** ...just packed with kids who were sick,” she said.”

“There have been more than **4,000 lab-confirmed cases of the flu** in Alberta so far this flu season, most of which are in Calgary.”

<https://globalnews.ca/news/1830074/alberta-childrens-hospital-up-to-110-capacity-ahs-says-nothing-new/>








(2018)

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25 flu deaths in Calgary already exceeds last season's total

AHS says 955 people have been admitted to hospitals in the Calgary zone

CBC News · Posted: Feb 23, 2018 8:38 AM MT | Last Updated: February 23, 2018

“There have been **25 flu deaths** in the Calgary zone so far this season, according to figures released by the province this week. That compares to **19 deaths** in Calgary for the entire previous flu season.”

“We have seen some people in their **20s and 30s** who were previously healthy who have been **fatally** affected by the flu.”

Alberta Health Services (AHS) says there have been **1,845 confirmed cases of influenza A and 1,109 cases of influenza B** in Calgary this season, with **955 people** admitted to hospital.

<https://www.cbc.ca/news/canada/calgary/alberta-flu-season-deaths-calgary-1.4548620>



Edmonton

(2013)

[< Home](#)

CTV NEWS

11 surgeries postponed at Royal Alex due to 'extraordinary emergency capacity issues'

Linda Hoang
CTV Edmonton

Published Wednesday, January 30, 2013 10:58AM MST
Last Updated Wednesday, January 30, 2013 6:20PM MST

“The hospital faced “extraordinary emergency **capacity issues** yesterday” and as a result, eight surgeries had to be **postponed.**”

“I think we seriously need to be **addressing the capacities** our hospitals have, Azocar said. I think it’s more than **unacceptable.** It’s reprehensible that this is happening.”

"We do not recognize the fact that there has been an **increase of bed use** because of the **influenza, flu outbreak**, but it should not be a situation where people who require surgeries should have to wait to get the services they need,"

<https://edmonton.ctvnews.ca/11-surgeries-postponed-at-royal-alex-due-to-extraordinary-emergency-capacity-issues-1.1136084>








(2014)

CBC | MENU ▾

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ER doctor worried about chronic overcrowding at U of A hospital

'It's kind of like arranging the deck chairs on the Titanic,' says ER doctor

Caitlin Hanson · CBC News · Posted: Dec 09, 2014 6:08 PM MT | Last Updated: December 9, 2014

“The ER waiting room environment has become so stressful for staff that some nurses have begun to **refuse triage shifts.**”

“Sources tell CBC News the hospital's emergency department is in **crisis**, with acutely ill patients often waiting for up to **eight hours** to see a doctor.”

“AHS is constantly working to address **capacity challenges** in our emergency departments.”

<https://www.cbc.ca/news/canada/edmonton/er-doctor-worried-about-chronic-overcrowding-at-u-of-a-hospital-1.2866523>



Red Deer

(2013)



RED DEER ADVOCATE

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Red Deer hospital pushed to limits by outbreaks

Influenza and norovirus have contributed to Red Deer Regional Hospital Centre at times exceeding its capacity for patients — most recently this week.

ADVOCATE STAFF / Jan. 11, 2013 7:26 p.m. / NEWS

“**Influenza and norovirus** have contributed to Red Deer Regional Hospital Centre at times **exceeding its capacity** for patients — most recently this week.”

“The capacity level varies day to day, but usually in the winter months the Red Deer hospital is very close to **100 per cent.**”

“**Influenza** has affected both patients and staff. We don’t know if we’ve hit the crest of it yet. As of Jan. 5, Central Zone had **182 lab-confirmed flu cases** this flu season. Within the entire province, there were 1,145 cases.”

<https://www.reddeeradvocate.com/news/red-deer-hospital-pushed-to-limits-by-outbreaks/>



(2017)

CBC | MENU ▾

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Doctors say Red Deer Regional Hospital short more than 100 beds and 3 operating rooms



Some patients in beds placed in hallways with a curtain around them

CBC News · Posted: Feb 28, 2017 10:29 AM MT | Last Updated: March 1, 2017

“More than **75 per cent** of our patients on the 'wait list' for elective surgery fall out of window — which means they **wait too long** for life-changing and life-saving surgery because **we don't have enough ORs**”

“The hospital is in dire need of **96** more admitting beds, **18** more emergency room beds, **three** more operating rooms and funding for several other services”

"Many of my admitted patients have to **wait several hours**, at least **24 [hours]** many times, to even get up to an appropriate bed where they can be monitored."

<https://www.cbc.ca/news/canada/calgary/red-deer-hospital-health-care-alberta-ahs-resources-1.4002689>



(2019)

rdnewsNOW *Everything Red Deer!* ≡ SECTIONS Overcapacity reaches Level 3 at Red Deer Regional Hospital

By Sheldon Spackman and Troy Gillard

Overcapacity reaches Level 3 at Red Deer Regional Hospital

Jan 30, 2019 5:22 PM

“**High levels of patient volumes** at Red Deer Regional Hospital this week led Alberta Health Services (AHS) to implement a **Level 3 Overcapacity Protocol (OCP)**.”

“Level 3 OCP is described as a situation where the hospital is **too full to safely treat patients** coming in without needing to move others out to facilities elsewhere.”

“That’s **not uncommon in the winter**. Sometimes we get outbreaks or other things that happen to us and this time there was no one theme.”

<https://rdnewsnow.com/2019/01/31/overcapacity-reaches-level-3-at-red-deer-regional-hospital/>



British Columbia

(2017)

SURREY NOW-LEADER

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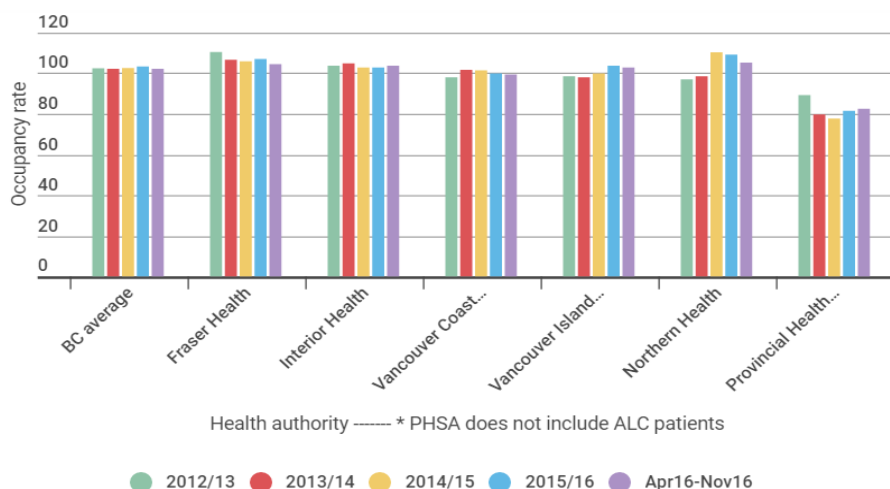
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B.C. hospital system has been operating over capacity for five years

Statistics obtained by The News show system has been operating over 100% capacity since 2012

TYLER OLSEN / May. 24, 2017 10:32 a.m. / NEWS

“The entire British Columbia hospital system has been operating over capacity since 2012, according to Ministry of Health figures obtained by The Abbotsford News.”



<https://www.surreynowleader.com/news/b-c-hospital-system-has-been-operating-over-capacity-for-five-years/>



(2019)



THE ABBOTSFORD NEWS

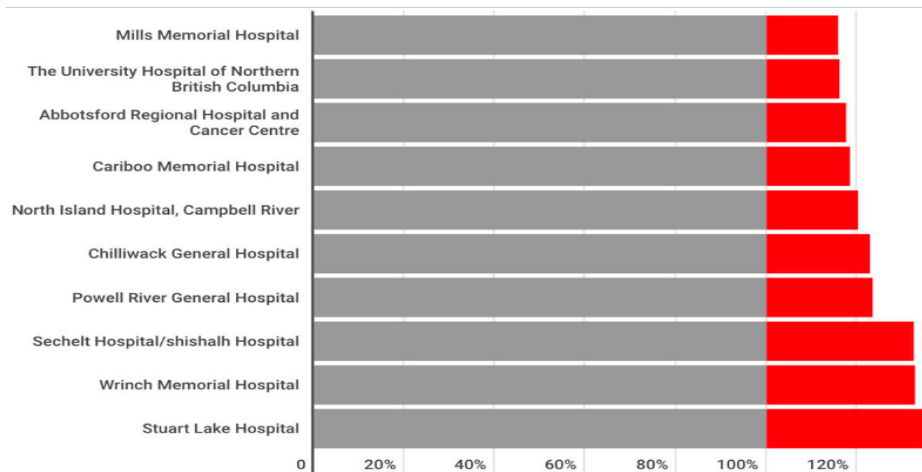
INFOGRAPHIC: B.C.'s most crowded hospitals are in Fraser Valley, northern B.C.

Find out if your local hospital's in-patient wards operated over capacity in 2018/19

TYLER OLSEN / Dec. 31, 2019 10:42 a.m. / LOCAL NEWS / NEWS

“The provincial hospital system has operated **above 100 per cent for the last five years**. Last year, the provincewide occupancy rate was **103.2 per cent**, up from **102.7 per cent** in each of the two previous years.”

“Only **three** health regions in the province **operated below 100 per cent**: East Kootenay, Kootenay Boundary and Vancouver.”



<https://www.abbynews.com/news/infographic-b-c-s-most-crowded-hospitals-are-in-fraser-valley-northern-b-c/>



Abbotsford

(2015)



Provincial posted Feb 13, 2015 @ 11:20am by Stacy Penner

Elderly Man Spends Weeks in Shower Room at Abbotsford Hospital

“The union says that on Wednesday, the Emergency Room was **over capacity** by **29 patients** who were waiting for beds. They say that Mission Hospital also has **extreme overcapacity**.”

“The union says that one of the elderly patients at the hospital has spent the past **month** being cared for in a small shower room, one that they say has no toilet or window.”

“Like many hospitals, it is **overflowing with patients** and has been for weeks,” say the BC Nurses Union about Abbotsford Hospital. “Many are lining the halls, including a pediatric psychiatric patient who, until recently, spent **106 hours** in the hallway in Emergency.”

[https://www.kamloopsbcnow.com/watercooler/health/news/Health/15/02/13/Elderly Man Spends Weeks in Shower Room at Abbotsford Hospital](https://www.kamloopsbcnow.com/watercooler/health/news/Health/15/02/13/Elderly_Man_Spends_Weeks_in_Shower_Room_at_Abbotsford_Hospital)



(2019)



THE ABBOTSFORD NEWS

FULL HOUSE: Patients feel the effects, with Abbotsford hospital at 118% capacity

Patients decry lack of privacy and sleep in B.C.'s most-crowded major hospitals

TYLER OLSEN / Feb. 23, 2019 11:30 a.m. / LOCAL NEWS / NEWS

“Abbotsford Regional Hospital (ARH) has **far more patients than fully funded beds** to care for them and so, this month and last month and last year, patients have languished in discomfort in **a hallway** or next to a brightly lit nursing station.”

“On any given day, the two major Fraser Valley hospitals are probably caring for **80 inpatients in unfunded “flex-beds”** and that the problem is consistent and, through the end of the last fiscal year at least, not getting better.”

“Last year, ARH’s annual occupancy rate in acute care wards was **118 per cent**, while CGH’s was just shy of **120 per cent**.”

<https://www.abbynews.com/news/full-house-patients-feel-the-effects-with-abbotsford-hospital-at-118-capacity/>



Comox

(2018)

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COMOX VALLEY RECORD

Comox Valley hospital operating above patient capacity

The new healthcare facility averaged a 110 per cent patient volume between October and February

SCOTT STRASSER / Mar. 23, 2018 1:30 p.m. / NEWS

“Six months after first opening its doors, the North Island Hospital Comox Valley campus is still **operating above its patient capacity.**”

“According to Island Health, the average patient occupancy at Courtenay’s new hospital between mid-October and the end of January was **110 per cent.** A statement from Island Health on March 22 recognizes the hospital’s high patient volumes are due to “a variety of factors,” **including seasonal illness.**”

“It should be noted that **over-capacity is not unique** to the North Island Hospital. In fact, hospitals across Island Health and throughout North America **experience over-capacity.**”

<https://www.comoxvalleyrecord.com/news/comox-valley-hospital-operating-above-patient-capacity-2/>



Cranbrook

(2017)



The screenshot shows the top portion of a website. At the top left is the logo for '102.9 The Drive' with the tagline 'THE KOOTENAY'S BEST ROCK!'. Below the logo is a red navigation bar with white text: 'HOME NEWS HOSTS WIN IT! COMMUNITY EVENTS CAREERS CONTACT US'. The main content area has a white background with a black border. The headline is 'EKRH no exception to over capacity issues at BC hospitals'. Below the headline is the location 'Cranbrook, BC, Canada / The Drive FM' and the date 'May 29, 2017 6:24 AM' which is enclosed in a red rectangular box.

“Cranbrook’s East Kootenay Regional Hospital is no exception when it comes to **overcapacity issues** plaguing British Columbia’s hospital system.”

“Figures released last week by the AbbotsfordNews show the province’s hospitals have operated between **102 and 104 per cent capacity** since 2012. IH’s Erica Phillips says EKRH’s average occupancy was **106 per cent** last year.”

“There are numerous contributing factors, for example, this past year was a **severe flu season** that lead to more people checking into hospitals.”

<https://www.thedrivefm.ca/2017/05/29/ekrh-no-exception-to-over-capacity-issues-at-bc-hospitals/>



Kelowna

(2017)

KelownaNow
stuff that matters

Reason #46 to bring it to BOYD

Kelowna • Rutland • West Kelowna • Penticton • Merritt

Kelowna posted Jan 6, 2017 @ 05:00pm by Jessie D'Uva

KGH at 131% capacity

“The Kelowna General Hospital is experiencing an increased patient volume throughout the facility, which is **not uncommon during the cold winter months.**”

“As of today we are at **131% capacity**... We do attribute some of this increase in volume to **influenza and gastrointestinal illness** activity in the community” stated Interior Health.”

“Longer wait times, and some patients are temporarily being cared for in hallways.”

[https://www.kelownanow.com/watercooler/news/news/Kelowna/17/01/06/KGH at 131 capacity/](https://www.kelownanow.com/watercooler/news/news/Kelowna/17/01/06/KGH%20at%20131%20capacity/)



(2018)

The Weather Network
Kelowna, BC
6°C
Overcast

Saturday, January 2, 2021

THE DAILY COURIER

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Kelowna General Hospital overflowing with patients during flu season

Andrea Peacock Jan 12, 2018

“In the **midst of flu season**, Kelowna General Hospital is **overflowing** with patients. As of Friday, KGH was at **112 per cent capacity**. This is **not unusual for this time of year**, Andrew Hughes, health service administrator, said in an emailed statement.”

“On a typical day, KGH sees **234 people** in the emergency department. Boxing Day was the busiest day of the season for KGH in the 2016/17 flu season as well, with a **record 320 visits** in one day.”

http://www.kelownadailycourier.ca/news/article_3ac31194-f7ee-11e7-98df-93a51d5230a7.html



Surrey

(2013)

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New Surrey Memorial ER already crammed full: nurses

CTV British Columbia

Published: Thursday, October 31, 2013 10:10PM PDT

“The B.C. Nurses’ Union claims hospitals in the province are operating at **30 per cent over capacity (130%)**, a problem Surrey’s \$500 million emergency department was designed to address.”

“The department is five times larger than the old one, but a photo obtained by CTV News reveals patients already **spilling into the hallways.**”

“Every unit has **overcapacity beds** as well as **hallway patients**, nurse Gail Conlin said. Surrey Memorial staff have been forced to open up the old emergency department to accommodate another **20 patients**, Conlin added.”

<https://bc.ctvnews.ca/new-surrey-memorial-er-already-crammed-full-nurses-1.1523315>



(2017)

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Surrey patient ‘shocked’ after being stuck in hospital hallway for days

An outraged BC Nurses' Union says patient ‘safety and security’ is being compromised at Surrey Memorial Hospital

AMY REID / Mar. 21, 2017 5:00 a.m. / NEWS

“It has nothing to do with professional medical providers in there, the nurses and doctors were outstanding. **It has nothing to do with them and everything to do with the fact that the system is broken.**”

“BC Nurses’ Union Vice-President Christine Sorensen said the **overcapacity hallway issue** at Surrey Memorial Hospital **has been a problem since the opening of the new tower, and even before that.**”

“While the number of patients in hallways in a given day varies, Sorensen added, **there are never days where there are no patients in the hallways.**”

<https://www.bcclocalnews.com/news/surrey-patient-shocked-after-being-stuck-in-hospital-hallway-for-days/>



Manitoba

Winnipeg

(2017)

The screenshot shows the top portion of a Yahoo! Style article. The 'yahoo!style' logo is in the top left. A search bar is in the top right. Below the logo, navigation links for 'Style', 'Shopping', 'Fashion', 'Beauty', 'Royals', 'Life', 'Health', 'Video', and 'Red Carpet' are visible. The main headline reads 'Flu outbreak declared at HSC Children's Hospital'. Below the headline, a small 'f' icon and a date box containing 'December 22, 2017' are present.

“This past week, the children's hospital has had **three confirmed cases** of flu on a unit that has 15 admitted patients; it's considered an **outbreak** after two.”

“Now, there have been "well over" **100 laboratory-confirmed cases of influenza** in people admitted to Winnipeg hospitals, she said. This particular strain of flu virus, which appears to be more severe than it has been in previous years, is having a moderate impact on the community so far.”

“Lamont said **over-capacity areas are already being** used in some hospitals, and hospitals will continue to discharge patients as soon as they're safe to be discharged home to make extra space.”

<https://ca.style.yahoo.com/flu-outbreak-declared-hsc-children-223407070.html>



(2018)

CBC | MENU ▾

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Spike in flu numbers puts pressure on Winnipeg hospitals

Jump in numbers in past week similar to spike seen in 2014-15 flu season, Winnipeg health authority says

CBC News · Posted: Jan 02, 2018 4:19 PM CT | Last Updated: January 2, 2018

"There was a **spike of cases** and it really put that **pressure on our system to meet that demand** and we're seeing the same kind of similar number of cases, said Williams."

"The WRHA has confirmed **110 influenza cases**, she said, noting area hospitals have seen a real quick spike the last week and it's continuing to rise."

"Last week alone, **23 people** were admitted to hospital with flu, including **three** who were sent to the **intensive care unit**, a spokesperson for the health authority said. As of Tuesday afternoon, there were **60 people** in Winnipeg hospitals with flu."

<https://www.cbc.ca/news/canada/manitoba/wrha-more-hospital-beds-flu-season-1.4470468>




(2019)

CBC | MENU ▾

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Wait times 'unbelievable' at Winnipeg ERs as swamped hospitals open over-capacity beds



Health Sciences Centre was redirecting ambulances to other hospitals in the city

CBC News · Posted: **Feb 20, 2019 1:05 PM CT** | Last Updated: February 20, 2019

“Winnipeg hospital emergency rooms have been so busy this week that some patients have been **diverted** away from the Health Sciences Centre (HSC).”

“There were about **900 people** in Winnipeg ERs. The main culprit right now, said Cloutier, has been a jump in the number of people with **common cold viruses** and **respiratory illnesses** who take longer to recover, and that's **tying up beds.**”

“This is **not an extraordinary event**. We are, in effect, implementing standard operating procedures for these peak demand periods.”

<https://www.cbc.ca/news/canada/manitoba/hospital-over-capacity-emergency-rooms-winnipeg-1.5026369>



(Jan. 2020)



FOR ALL OF US

PALLISTER CUTS 18 ICU BEDS ACROSS
WINNIPEG

January 08, 2020

“The Pallister Conservative government has **reduced** the number of available **ICU beds** across Winnipeg’s health care system by **more than 20%**.”

“In the middle of a **virus epidemic**, Winnipeg hospitals are **down 18 ICU beds**. This is a direct consequence of Brian Pallister’s decision to close **three emergency rooms** and **fire hundreds of nurses**.”

“**Capacity issues** have led to **cancelled surgeries** and have even resulted in transferring patients from Winnipeg hospitals to the Brandon site.”

https://www.mbndp.ca/pallister_cuts_18_icu_beds_across_winnipeg



New Brunswick

(2018)

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Flu cases in New Brunswick up by 572 over same time last year

Unusually early start to season brings 738 cases so so far, including 207 hospitalizations and 13 deaths

[Bobbi-Jean MacKinnon](#) · CBC News · Posted: Feb 05, 2018 2:19 PM AT | Last Updated: February 5, 2018

“New Brunswick has seen **572 more cases of the flu** so far this season than the same time last year, with **160 more hospitalizations** and **eight more deaths**, Department of Health statistics show.”

“The province is also dealing with a double whammy of **simultaneous strains** this season, and a vaccine that's less effective than previous years.”

“By comparison, there were **166** reported cases (**164** Influenza A and **two** Influenza B), as of Jan. 28, 2017, including **47** hospitalizations and **four deaths**.”

<https://www.cbc.ca/news/canada/new-brunswick/flu-new-brunswick-vaccine-a-b-1.4519996>



Campbellton

(2019)

The screenshot shows the top portion of a CBC News website page. At the top left is the CBC logo and a 'MENU' dropdown. Below this is a navigation bar with 'COVID-19' highlighted, and links for 'Local updates', 'Watch Live', 'COVID-19 tracker', and 'Subscribe to newsletter'. A red banner contains the word 'NEWS' and categories: 'Top Stories', 'Local', 'The National', 'Opinion', and 'World'. The main headline reads 'Campbellton hospital takes 'extreme' steps after running out of beds'. Below the headline are social media sharing icons for Facebook, Twitter, Email, Reddit, and LinkedIn. A sub-headline states: 'Hospital closes three services, stops admissions, and diverts ambulances to other centres'. At the bottom of the article preview, there is a profile picture of Elizabeth Fraser, the author, and the text: 'Elizabeth Fraser · CBC News · Posted: Nov 21, 2019 11:00 AM AT | Last Updated: November 21, 2019'. The date and time 'Nov 21, 2019 11:00 AM AT' are highlighted with a red box.

“An **overflow of patients** has forced three services to **close** at Campbellton Regional Hospital, which says it is taking "extreme" measures to solve the problem.”

“**Forty-two stretchers** have been serving as hospital beds because the regular **beds are full.**”


“Health Minister Ted Flemming called the situation in Campbellton a "**capacity**" issue. The place is **simply full**, he said. It's not different to the analogy of a hotel. It has no vacancy, **there just aren't any beds.**”

<https://www.cbc.ca/news/canada/new-brunswick/campbellton-regional-hospital-1.5367670>



Fredericton






(2019)

 | MENU ▾

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ER wait times in Fredericton 4 times longer than national standard

Some patients can wait up to 20 hours to see a doctor at the Chalmers emergency room

Elizabeth Fraser · CBC News · Posted May 17, 2019 12:40 PM AT Last Updated: May 17, 2019

“Eighteen emergency department doctors in Fredericton are speaking out about "**dangerously long**" **wait times** and **under-staffing** at Dr. Everett Chalmers Regional Hospital.”

“Young said **funding** has been based on an **outdated Medicare formula** created in the 1980s that measures how many physicians are required to keep the facility open 24 hours a day.”

“The hospital was built to handle **35,000 ER patients** a year. Now, Young said, it sees more than **51,000.**”

<https://www.cbc.ca/news/canada/new-brunswick/doctors-emergency-room-dr-everett-chalmers-regional-hospital-1.5139857>



Miramichi

(2018)

 New Brunswick Health Council Conseil de la santé du Nouveau-Brunswick			
Information by Location and Population Group	Briefs Key NB Health Concerns Summarized	Recommendations To the NB Minister of Health	NBHC How the Council works for you
<h2>Miramichi Regional Hospital reaches new high of 118.7% capacity</h2>			
NBHC Care Experience			

“The medical director at the hospital said the facility’s dealing with **chronic overcapacity for months.**”

“Figures from the health authority show the 146-bed facility was operating at **110%** in November. The number dipped in December to **105.8%** and then climbed back up in January to a new high of **118.7%**.”

“Those numbers are the **second highest** of any hospital under Horizon, topped only by occupancy rates at Upper River Valley Hospital in Waterville.”

<https://nbhc.ca/health-in-the-news/miramichi-regional-hospital-reaches-new-high-1187-capacity>



Moncton

(2019)

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Both Moncton hospitals at over 100 per cent capacity

Part of problem continues to be patients taking up beds while they await another level of care

[Jordan Gill](#) · CBC News · Posted: Mar 18, 2019 11:29 AM AT | Last Updated: March 18, 2019

“Occupancy rate of more than **100 per cent** means that in some units **every bed is taken**, and the hospital has added beds to some rooms or put beds in areas **where there wouldn't normally be any.**”

“This **isn't the first time overcrowding has become a problem** at the Georges Dumont. In March 2018, the hospital had to divert some ER patients to the Horizon-run Moncton Hospital for three hours early on a Saturday morning”

“Lanteigne said the **overcrowding is not unique** and the whole system is taxed.”

<https://www.cbc.ca/news/canada/new-brunswick/georges-dumont-hospital-capacity-1.5060707>



Newfoundland

(2019)

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Hospitals restricting visitation as flu continues pushing through N.L.

There have been 710 confirmed cases of influenza since October, including 13 deaths across province

CBC News · Posted: Apr 06, 2019 6:00 AM NT Last Updated: April 6, 2019

"We have it. **It's everywhere.** Three or four weeks ago the activity was higher in Labrador, but now it's on the island."

"Since October, there have been **710 confirmed cases of influenza** across the province. Of those cases, there were **155 hospitalizations, 45 admissions to intensive-care units and 13 deaths.**"

"After **39 deaths** last season, N.L.'s top doc urges people not to be a flu stat."

<https://www.cbc.ca/news/canada/newfoundland-labrador/hospital-restricting-visitation-influenza-1.5085883>



St. John's

(2018)

The screenshot shows the top portion of a CBC News website page. At the top left is the CBC logo and a 'MENU' dropdown. Below this is a navigation bar with 'COVID-19' highlighted, followed by 'Local updates', 'Watch Live', 'COVID-19 tracker', and 'Subscribe to newsletter'. A red horizontal bar contains the word 'NEWS' and navigation links for 'Top Stories', 'Local', 'The National', 'Opinion', and 'World'. The main headline reads: 'Health Sciences scrambled to fix overcrowding weeks before ER photo went viral'. Below the headline are social media sharing icons for Facebook, Twitter, Email, Reddit, and LinkedIn. A sub-headline states: 'Wait times for in-patient beds at HSC has jumped by two hours already this year'. At the bottom left is a small profile picture of Katie Breen, followed by the text: 'Katie Breen · CBC News · Posted: May 24, 2018 7:00 AM NT | Last Updated: May 24, 2018'. The date and time are highlighted with a red box.

“On March 6, the Health Sciences Centre in St. John's issued a Code 111 – the most serious level of **overcrowding**.”

“**Three ambulances were unable to offload**, more than **25 people** were waiting in the emergency department, the hospital was **short beds** in medicine and surgery, and staff were unable to keep **diverting patients** to St. Clare's Mercy Hospital.”

“These two events were isolated, 24-hour episodes unfortunately **related to a significant spike in flu cases this year**, Health Minister John Haggie said.”

<https://www.cbc.ca/news/canada/newfoundland-labrador/scramble-overcapacity-health-sciences-1.4674457>



Nova Scotia

Halifax

(2015)

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WATCH LIVE
Stream CTV News Channel for breaking news updates

Halifax ER chief sounds the alarm over bed shortages

CTV Atlantic
Published Wednesday, March 4, 2015 8:17PM AST

We’ve had 52 ambulances a day, Campbell said. A couple of days ago, we had 12 ambulances at one stage, trying to off-load patients and **we had no place to put them.**”

“About **2,000 people** we’re kept waiting longer in an ambulance, a hallway or a waiting room because **ER beds were filled** with patients waiting for beds in other departments

“We knew the **flu** was coming. We knew we would need the beds and **the beds aren’t there.**”

<https://atlantic.ctvnews.ca/halifax-er-chief-sounds-the-alarm-over-bed-shortages-1.2264579>



(2018)

CBC | MENU ▾

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NEWS Top Stories Local The National Opinion World

'Astonishingly busy' day creates ambulance backlog at Halifax hospitals

17 ambulances waited with patients at the Halifax Infirmary ER, another 18 at Dartmouth General

 Elizabeth McMillan · CBC News · Posted: Mar 13, 2018 9:12 PM AT | Last Updated: March 13, 2018

"It's not acceptable. They shouldn't be waiting at all, but **it's very common** for them to be waiting that long or even longer. We try to minimize it as much as possible."

"When you get **25 per cent larger** than normal than the place is designed to take, then it's very difficult to deal with that volume as a sudden peak, things are **very chaotic**"

"In the long term, Fraser said health-care providers are working to keep more people out of hospitals."

<https://www.cbc.ca/news/canada/nova-scotia/ambulances-waiting-emergency-departments-paramedics-tied-up-1.4574381>



Sydney




(2019)

CBC | MENU ▾

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Overcapacity alert ended at Cape Breton Regional Hospital

Staff free up beds to ease backlog in emergency department

CBC News · Posted: May 24, 2019 6:00 AM AT | Last Updated: May 24, 2019

“An **overcapacity alert** has ended at the Cape Breton Regional Hospital in Sydney, N.S, after staff were able to free up beds to admit a backlog of patients in the emergency room.”

“The emergency department was **severely over capacity**. There were **25** patients who had been admitted waiting for beds and another **15** "detained" patients waiting for test results or consultations with specialists.”

“In the past few weeks, he said it's been **not uncommon** to see up to two dozen patients admitted in the emergency department and as many as another 15 waiting for results or consultations.”

<https://www.cbc.ca/news/canada/nova-scotia/cape-breton-regional-hospital-overcapacity-1.5147784>



Ontario

(2013)

healthydebate | Articles

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Date: **January 24, 2013**

Author: **Ann Silversides & Terrence Sullivan**

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Hospital crowding: despite strains, Ontario hospitals aren't lobbying for more beds

“Canada has 1.7 acute care beds per 1,000 residents, which is **only half of the average per capita rate of hospital beds** among the 34 countries of the OECD.”

“The average occupancy rate for acute care beds in Canada in 2009 was **93%, the second highest in the OECD**, surpassed only by Israel’s rate of 96%.”

Between 1998 and 2011, the number of all types of **hospital beds in Ontario remained** “virtually constant at approximately 31,000” while the population **increased by 16%.**”

<https://healthydebate.ca/2013/01/topic/quality/are-canadian-hospitals-overcrowded>



(2014)

The London Free Press

Opinion Sports Arts Life Premium Driving Healthing The GrowthOp Business London

News

Experts: Ontario hospitals dangerously overloaded

Jonathan Sher
Feb 04, 2014 • Last Updated 6 years ago • 3 minute read

“While many countries keep hospital bed capacity at **85% or less** to manage surges in demand, some Ontario hospitals are operating **near or above 100%** — a jam that risks patient care and backs up emergency departments.”

“Ontario has 2.4 hospital beds for every 1,000 residents, **less than half the European average.**”

“The present system is **overly stressed** and that increases the risk of adverse events. Ottawa isn’t alone in its crunch: University and Victoria hospitals in London averaged **104%** and **102%** capacity from April to December last year.

<https://lfpres.com/2014/02/04/experts-ontario-hospitals-dangerously-overloaded>




(2017)

CBC | MENU ▾

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Spike in patient numbers has Ontario hospitals bursting at seams



Record number of patients at hospitals caused by host of illnesses, including a heavy spike in influenza cases

CBC News · Posted: **Feb 11, 2017 6:00 AM ET** | Last Updated: February 11, 2017

“From Sudbury in the north to Windsor in the south, hospitals are **bursting at the seams**. Grand River Hospital in Kitchener has seen back-to-back months of a record number of patients. In some regions, patients are put in **temporary beds set up in hospital lounges**.”

"**They have no margin (of error) at all**. As soon as something happens in your community, your hospitals are overcrowded.

“Larger centers including Ottawa and Toronto have also been faced with **more patients than beds**. Ottawa Hospital's two campuses are both operating at **113 per cent capacity**.”

<https://www.cbc.ca/news/canada/windsor/hospitals-ontario-bed-shortage-1.3976543>



(2019)

**THE
HAMILTON SPECTATOR**

CANADA POLITICS WORLD OPINION LIFE SPORTS ENTERTAINMENT BUSINESS

Bodies left in hallways at overcrowded Ontario morgues - including Hamilton

By **Joanna Frketich** Spectator Reporter
The Hamilton Spectator
Tue., Dec. 17, 2019 4 min. read

“Bodies are **stacked** on top of each other, **crammed side by side** or even left in **hallways** at **overcrowded morgues** connected to regional forensic pathology units housed in hospitals.”

“This is a consequence of **underfunded hospitals.**”

“There often are situations at different morgues that **reach capacity**, we keep track of it.”

<https://www.thespec.com/news/hamilton-region/2019/12/17/bodies-left-in-hallways-at-overcrowded-ontario-morgues-including-hamilton.html>



(2019)

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About 1,000 patients in hospital hallways on any given day: report

Allison Jones
The Canadian Press

Published Thursday, January 31, 2019 8:10AM EST
Last Updated Thursday, January 31, 2019 9:22AM EST

“The first report from Dr. Rueben Devlin and the premier's council on improving health care says **hallway medicine is a significant problem in Ontario.**”

“The entire health-care system is **too complicated to navigate**, people are waiting too long to receive care and too often are receiving care in the wrong place; as a result, our hospitals are crowded.”

“**Overcrowding** of the emergency department means Ontarians whose care can only be provided in an emergency department are waiting longer to access the health care they need.”

<https://www.ctvnews.ca/health/about-1-000-patients-in-hospital-hallways-on-any-given-day-report-1.4276591>



(Jan. 2020)

The screenshot shows the Ontario Health Coalition logo at the top left, which includes a red umbrella icon and the text "Ontario Health Coalition Protecting public healthcare for all." Below the logo is the article title: "New CBC Hospital Overcrowding Data Should Compel Much More Substantive & Urgent Response from Ford Government: Health Coalition". Underneath the title is a social media sharing bar with icons for Facebook, Twitter, LinkedIn, Google+, and Pinterest, along with links for "Email", "Print Friendly", and "Share". At the bottom left of the screenshot, there is a timestamp "January 22, 2020 13:12 ET" and the source "Source: Ontario Health Coalition".

“Release of new Ontario hospital overcrowding data that shows the majority of the province’s hospitals have been **operating at gravely unsafe levels of overcrowding** for **more than a month** out of the most recent six months measured.”

“**One-third** of Ontario’s hospitals hit levels of **overcrowding** that are higher than those deemed a “**humanitarian crisis**” by the Red Cross in the U.K.”


“The Coalition, which has organized mass protests over the last year of thousands of patients, front-line hospital nurses, professionals, support workers, doctors and advocates, calling for a stop to the cuts and restoration of services.”

<https://www.globenewswire.com/news-release/2020/01/22/1973849/0/en/New-CBC-Hospital-Overcrowding-Data-Should-Compel-Much-More-Substantive-Urgent-Response-from-Ford-Government-Health-Coalition.html>



Barrie


(2017)

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RVH operating at 120 per cent capacity; officials expect situation to get worse

CTV Barrie

 **Roger Klein** CTV News Barrie Videographer
[@RKleinCTV](#) | [Contact](#)

Published Thursday, October 5, 2017 6:37PM EDT

“Hospital officials said on Thursday that it was operating at **120 per cent capacity**. Believe it or not, that’s actually down **ten per cent** from the day before.”

“Every bed in the hospital is **full**. Patients are being put in **hallways** and lounges and **unconventional spaces** where you or your family would not want to be treated.”

“Hospital officials say it would be difficult to deal with any large scale emergency right now and the situation is expected to get worse as **flu season** approaches.”

<https://barrie.ctvnews.ca/rvh-operating-at-120-per-cent-capacity-officials-expect-situation-to-get-worse-1.3621147>



(2018)

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Overcrowding hits all-time high at RVH

Patient load at record numbers, says ER physician and flu is not to blame

Feb 18, 2018 6:00 PM By: [Sue Sgambati](#)

“The hospital is at **130 percent capacity** and hasn't been **below 100 in well over a year**. But this is the highest.”

"The patient load at the hospital is at **record numbers**. Numbers that we haven't seen in a really long time."

"It's not unique to RVH. This is a **province-wide issue**. The tsunami is coming.

<https://www.barrietoday.com/local-news/overcrowding-hits-all-time-high-at-rvh-841600>



Brampton

(2017)

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Hospital Crisis in Brampton

November 3, 2017

“Surge pressures at the Brampton facility have pushed occupancy rates to **114 per cent above capacity.**”

“Code Gridlock was declared **eight times** for a total of 65 days between January to April 2017. During these times, patients can stay in the emergency department up to **four days waiting for a bed.**”

“**Bed shortages** have been a challenge for GTA hospitals for **decades**, with capacity at area hospitals lagging severely behind population growth.”

<https://standup4brampton.com/hospital-crisis-brampton/>



(2018)

Global NEWS World Canada Local Politics Money Health

Head of Canada’s busiest ER says solution to ‘hallway medicine’ isn’t just more beds

By [Farah Nasser](#) · Global News
Posted May 23, 2018 2:22 pm

“Brampton’s population swelled by more than 13 per cent between 2011 and 2016, and **ER visits have ballooned**. He noted it’s particularly worse between December and March, which is the **height of flu season**.”

“At this point, it’s a **humanitarian issue**. I don’t see it as a political issue anymore **we need change**.”

“If we don’t provide more access, we’re going to be pretty close to a **breaking point**.”

<https://globalnews.ca/news/4226062/brampton-civic-hospital-emergency-room-code-gridlock/>



(2019)



“Brampton Civic Hospital, Brampton’s only in-patient hospital, was operating at more than **100% capacity throughout the first half of 2019**, while international standards maintain **85%** as the threshold for **safe capacity**.”

“Growth has **severely strained** the resources at Brampton Civic, with thousands of patients admitted to the hallways of the hospital because there were **no available beds**.”

“Brampton Civic isn’t the only hospital experiencing **the crunch from over-capacity**. Stouffville Hospital in Markham, Sudbury Health Sciences, and Hamilton’s Juravinski Hospital are also **above capacity**.”

<https://bramptonist.com/no-new-hospital-for-brampton-ford-government-votes-no-to-funding/>



Brantford

(Jan. 2020)

[< Home](#)



Surge of post-holiday patients puts Brantford General Hospital over capacity

CTV Kitchener
[Heather Senoran](#) CTV News Kitchener Videographer
[@HeatherSenoran](#) | [Contact](#)

Published Thursday, January 9, 2020 12:10PM EST

“Brantford General Hospital say a **surge** of post-holiday patients has put the hospital **over capacity**. Many patients are coming to the hospital with **respiratory illnesses, like flu, pneumonia or bronchitis.**”

“The Brant Community Healthcare System is funded for **295 beds**; as of Thursday, about **320 beds** were filled.”

“Officials in Brantford say this is a problem that's being felt **across Ontario.**”

<https://kitchener.ctvnews.ca/surge-of-post-holiday-patients-puts-brantford-general-hospital-over-capacity-1.4760126>



Etobicoke

(2018)

LOCAL VIDEO CONTACT US

More surgeries postponed due to overwhelming number of flu cases

BY AMANDA FERGUSON

POSTED FEB 22, 2018 5:17 PM EST LAST UPDATED FEB 22, 2018 AT 8:18 PM EST

“Several elective surgeries have been cancelled at Etobicoke General Hospital (EGH) as patients with severe influenza complications require beds and acute care in its ICU.”

“Both EGH and Brampton Civic Hospital have been in a state dubbed Code Gridlock — when a hospital reaches and **exceeds its capacity — for more than 30 days.”**

“As of Thursday morning, 31 patients were being treated in **hallways at EGH.”**

<https://toronto.citynews.ca/2018/02/22/hospitals-surgery-flu/>



(2019)

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2 major GTA hospitals ran at more than 100% capacity in first half of 2019

Brampton Civic, Etobicoke General hospitals burdened by severe overcrowding

CBC News · Posted: Oct 29, 2019 1:47 PM ET | Last Updated: October 29, 2019

“Brampton Civic Hospital and Etobicoke General Hospital operated at more than **100 per cent capacity throughout the first half the year**, newly released data reveals.”

“Both hospitals had an occupancy rate of **106 per cent** for medical and surgical beds, while their emergency departments ran at **104 per cent** and **106 per cent**, respectively.”

“Doctors have said that the number of patients seeking care **far outpaces the capacity the hospital was designed to accommodate.**”

<https://www.cbc.ca/news/canada/toronto/brampton-civic-etobicoke-general-hallway-health-care-1.5339511>



Guelph

(2017)

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Upcoming flu season may be a challenge for emergency room, says hospital chief of staff

Health professionals in Canada are looking at a recent influenza outbreak in Australia as a possibility of what is to come

Oct 5, 2017 5:30 PM By: [Kenneth Armstrong](#)     

“If forecasts of a busy **flu season** are correct, Guelph General Hospital’s chief of staff says the **emergency room may not be equipped to care for them.**”

“We are **bulging at the seams** in emerg. If we have a **bad flu year** and add more to the **200** patients we are seeing a day — if we add **80** more patients a day we will be in a **very difficult situation.**”

“The hospital will request the LHIN or Health Unit to set up a **temporary flu clinic to take pressure off** the ER.”

<https://www.guelphtoday.com/local-news/upcoming-flu-season-may-be-a-challenge-for-emergency-room-says-hospital-chief-of-staff-734024>



(2018)





sudbury.com

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Cases of 'hallway medicine' continue as Guelph General Hospital deals with city's growth

Hospital management told the ministry it can't close surge beds as planned

Apr 30, 2018 8:05 AM By: [Kenneth Armstrong](#)

“Guelph's population growth is pushing the hospital’s **need for additional beds**, said Marianne Walker, president and CEO of the hospital.”

“The Emergency Department is contributing to the hospital facing an average of **111 per cent occupancy** in 2017-18.”

“The hospital requires another 12 beds, said Walker, with an additional 12 beds – 24 in total – during **flu season**. Walker said it is the **new normal**.”

<https://www.sudbury.com/around-the-north/cases-of-hallway-medicine-continue-as-guelph-general-hospital-continues-to-deal-with-citys-growth-908793>



Hamilton

(2017)

HAMILTON REGION

Hamilton hospitals running at 120 per cent capacity

By [Joanna Frketich](#) Spectator Reporter
The Hamilton Spectator

▲ [Fri., Jan. 27, 2017](#) ⌚ 2 min. read

🕒 Article was updated Mar. 01, 2020

“**Overcrowding** is expected to get worse as St. Joseph's Healthcare braces for **the flu** and other **respiratory illnesses** to peak over the next week.”

“Both St. Joseph's and Hamilton Health Sciences are running at least **120 per cent capacity** on medical floors.”

“Hamilton's paramedic service has also been hit hard by **flu** this season. Patient transports were up **12 per cent** in December compared to same time the year before.”

[Hamilton hospitals running at 120 per cent capacity | TheSpec.com](#)



(2018)

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Hamilton hospitals over capacity as flu season surges

Code zero ambulance events are also spiking, city statistics show

 [Adam Carter](#) · CBC News · Posted Jan 16, 2018 5:14 PM ET | Last Updated: January 17, 2018

“Emergency rooms in Hamilton are **over capacity**, as local hospitals feel the strain of **flu season spreading** through the city.”

"Our adult medical/surgical bed occupancy rate has been **consistently over 105 per cent** since **October 2016** and was **114 per cent** yesterday."

“While Hamilton's numbers remain relatively steady, the number of people stricken by **flu continues** to rise across the country, with **15,572** laboratory-confirmed cases for the season as of Jan. 6.”

<https://www.cbc.ca/news/canada/hamilton/emergency-room-flu-1.4489745>



Kingston

(2017)



Open 45 permanent beds at KGH to deal with critical bed shortage: Province of Ontario urged

Feb 17, 2017

“Hospital occupancy at between **101 and 120 per cent** for **several months** at Kingston General Hospital (KGH).”

“Too many patients and a **critical shortage of hospital beds** at KGH happen **routinely**. These prolonged periods of hospital **overcrowding** do not just happen because of the influx of patients with the **flu**.”

“Continuing to run our hospitals with **no spare bed capacity**, indeed at most times, **over 100 per cent full**, is the opposite of the ‘first do no harm’ principle that our health system is based on.”

<https://cupe.ca/open-45-permanent-beds-kgh-deal-critical-bed-shortage-province-ontario-urged>



Kitchener/Waterloo

(2017)

The screenshot shows the top portion of a CBC News website page. At the top left is the CBC logo and a 'MENU' dropdown. Below this is a navigation bar with 'COVID-19' in red, followed by 'Local updates', 'Watch Live', 'COVID-19 tracker', and 'Subscribe to newsletter'. A red horizontal bar contains the word 'NEWS' in white, followed by 'Top Stories', 'Local', 'The National', 'Opinion', and 'World'. The main headline reads 'Region hospitals using overflow beds due to flu, respiratory illness'. Below the headline are social media sharing icons for Facebook, Twitter, Email, Reddit, and LinkedIn. At the bottom of the screenshot, the author 'Jackie Sharkey' and the date 'Jan 19, 2017 6:00 AM ET' are visible, with the date highlighted by a red box.

“Three hospitals in Waterloo region and Guelph are **over capacity** and have had to resort to **overflow beds** due to an **outbreak of the flu and respiratory illnesses.**”

“St. Mary's General Hospital in Kitchener is at **113 per cent capacity.**”

“Seasonal surge is **not unexpected** during the winter months and our staff and physicians are working extremely hard to meet the demand.”

<https://www.cbc.ca/news/canada/kitchener-waterloo/region-hospitals-using-overflow-beds-due-to-flu-respiratory-illness-1.3941009>



(2018)

CBC | MENU ▾

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NEWS Top Stories Local The National Opinion World

Why are hospitals in Waterloo region over capacity, cancelling surgeries?

'Backup' in releasing people from hospital due to lack of home care support, advocate says

CBC News · Posted: Feb 26, 2018 12:58 PM ET | Last Updated: February 26, 2018

“Hospitals are **cancelling surgeries**, adding **temporary beds** and running **over capacity** in Waterloo region.”

“St. Mary's General Hospital in Kitchener **cancelled two elective surgeries** last week in order to accommodate an **influx of 14 patients** they're holding in the emergency department.”

“There are a lot of problems and root causes for **hospital overcrowding**, which is **happening all over the province**.”

<https://www.cbc.ca/news/canada/kitchener-waterloo/home-care-ontario-hospital-overcrowding-1.4551778>



London

(2016)

The screenshot shows the top portion of a news article on theGazette website. The header is purple with theGazette logo on the left, a search bar in the center, and social media icons (Facebook, Twitter, YouTube) on the right. Below the header is a navigation menu with links for Home, News, Sports, Culture, Opinions, Video, Special Editions, Contribute, Contact, and Advertise. The main content area features a 'FEATURED' tag above the article title: 'University Hospital has highest rate of overcrowding in Ontario'. Below the title, the author 'Bradley Metlin' and the date 'May 20, 2016' are listed, along with a comment count of '0' and a reading time of '1 min to read'.

“Western's University Hospital has the **highest rate of overcrowding** in the province.”

“For **10 consecutive quarters, or two and a half years**, University Hospital has been operating at **over 100 per cent occupancy**.”

“**Nine** other hospitals across the province have seen occupancy rates **exceed 100 per cent** as well including the Hospital for Sick Children in Toronto.”

https://westerngazette.ca/news/university-hospital-has-highest-rate-of-overcrowding-in-ontario/article_2c85d4b6-1e9e-11e6-90aa-d7262fa8c12d.html




(2017)

CBC | MENU ▾


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LHSC cancelled surgeries are 'the tip of the iceberg,' say hospital unions



There were 66 elective surgeries cancelled at LHSC between 2014 and 2016 due to a lack of beds

 [Colin Butler](#) · CBC News · Posted: Dec 06, 2017 5:00 AM ET | Last Updated: December 6, 2017

“**66 surgeries cancelled** at London Health Sciences Centre between 2014 and 2016 due to a **lack of beds.**”

"You have **surgeries being delayed all through the system** and then **you don't have a bed to admit the patient** as required. We're backing up the patients in emergency, you have the surge, **the overcapacity** and the hallway nursing taking place."

“Hurley said **years of budget cuts** by the Ontario government has led to **fewer beds** and fewer staff that's led many hospitals, such as LHSC to run at **overcapacity.**”

<https://www.cbc.ca/news/canada/london/london-ontario-cancelled-surgeries-1.4433507>



Niagara Region

(Jan. 2020)

The Standard

LOCAL

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NIAGARA REGION

Gates 'shocked but not surprised' by overcrowding stats at GNGH

By Niagara This Week

Wed., Jan. 22, 2020 4 min. read

Article was updated Jun. 02, 2020

“Niagara Falls NDP MPP Wayne Gates says he's **"shocked but not surprised"** to learn Greater Niagara General Hospital was **over capacity for 176 of 181 days** during the **first six months** of 2019.”

“New data obtained by CBC News through a freedom of information request shows five hospitals in the Greater Toronto Area, as well as the main hospital in Hamilton, Sudbury, Peterborough and Niagara Falls all **spent more than 160 days over their funded capacity** during the **181-day period** from January through June 2019.”

“We're facing a **health-care crisis** in Niagara.”

<https://www.stcatharinesstandard.ca//news/niagara-region/2020/01/22/gates-shocked-but-not-surprised-by-overcrowding-stats-at-gngh.html>



Oakville

(2017)

NEWS

An increase in flu is filling up hospital beds in Oakville, Milton and Georgetown

By **Marta Marychuk**  Oakville Beaver

Wednesday, January 18, 2017

“A surge in **seasonal influenza** is creating a **shortage of hospital beds** throughout Halton region.”

“There have been a number of **respiratory outbreaks** in retirement homes and long-term care facilities in Halton and this has been a particularly virulent flu season. As of Jan. 16, Halton Region had declared **19 respiratory outbreaks** in these facilities.”

The **elderly and those with medical conditions** are especially vulnerable to the **flu**, which affects them more severely and often **results in hospitalization**. Halton Healthcare has opened **additional beds** at all three hospitals to address the surge and **help alleviate the pressure**.”

<https://www.insidehalton.com/news-story/7073074-an-increase-in-flu-is-filling-up-hospital-beds-in-oakville-milton-and-georgetown/>



Oshawa

(2017)

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GTA emergency rooms dealing with 'record' number of patients

Lakeridge Health in Oshawa has set up 24/7 command centre to manage workload

[Andrea Janus](#) · CBC News | Posted: Jan 04, 2017 7:22 AM ET | Last Updated: January 4, 2017

“Lakeridge Health, which serves Durham Region, says it is dealing with a **"record number"** of ER visits and hospital admissions, above what the system typically experiences over the holiday season.”

“The Oshawa facility has set up a **24/7 command centre** with a special team of health-care workers to plan patient care.”

“Durham has been **hit hard by the flu**, he said. And it seems other hospitals have been, too. Lakeridge staff have tried to **transfer patients** to other facilities to ease the burden, but have been told by other hospitals that they are **experiencing the same problem.**”

<https://www.cbc.ca/news/canada/toronto/emergency-room-overload-1.3920474>



Ottawa

(2018)

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Queensway Carleton Hospital exceeds capacity

Hospital advising of long waits in emergency room, asks patients to consider if clinics would be better

CBC News · Posted: Feb 23, 2018 2:24 PM ET Last Updated: February 23, 2018

"All of our beds are currently full, **every one of them.**"

"All of our extra surge beds that hospitals put in place when it's **flu or viral season are also full.** On top of that now we have 20 patients who are admitted to the hospital but are on a stretcher in emergency, waiting for a bed to open up elsewhere in the hospital."

There have been **112** reported cases of flu in the last week, and a total of **839 cases** since the beginning of the season, according to the health authority.

<https://www.cbc.ca/news/canada/ottawa/queensway-carleton-capacity-overload-1.4549250>



(2019)

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CTV NEWS

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Some patients transferred and some surgeries cancelled as Ottawa's Queensway Carleton Hospital is over-capacity

CTV Ottawa

 **Catherine Lathem** CTVNewsOttawa.ca Reporter
[Contact](#)

Published Wednesday, December 11, 2019 1:58PM EST
Last Updated Wednesday, December 11, 2019 6:53PM EST

“On Tuesday the hospital was at **116% capacity** overall, **141%** for medicine beds, that’s people admitted for general medical issues and orthopedics, **41 patients** were **waiting for beds** and the Emergency Department was at **180%** capacity.”

“Over the last two days **seven patients have been moved** to hospitals in Carleton Place, Almonte and Arnprior to help deal with the backlog.”

“**Eight surgeries** have also been **cancelled** to help accommodate the overflow in other areas of the hospital.”

<https://ottawa.ctvnews.ca/some-patients-transferred-and-some-surgeries-cancelled-as-ottawa-s-queensway-carleton-hospital-is-over-capacity-1.4725713>



(Jan. 2020)

CBC | MENU ▾

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Full morgues at Ottawa hospitals mean bodies kept in conference rooms, says union

Hospital says it's working to reduce capacity issues 'as quickly as possible and with the greatest of care'

 [Hillary Johnstone](#) · CBC News · Posted: Jan 07, 2020 4:00 AM ET Last Updated: January 7, 2020

“Morgues at two Ottawa Hospital locations are **full**, resulting in some bodies being stored in **unexpected places**, including conference rooms, patient rooms and parts of the emergency department.”

“In some cases, a person dies with no next of kin to claim their body. If that happens, the body can be kept at the hospital for **"several weeks or months"** until authorization for burial is obtained.”

“The **capacity issues** facing the morgues at the Ottawa Hospital **aren't surprising** and are happening **across the province.**”

<https://www.cbc.ca/news/canada/ottawa/ottawa-hospital-morgues-full-conference-rooms-1.5416916>



Peterborough

(2017)

The screenshot shows the top navigation bar of the Peterborough Regional Health Centre (PRHC) website. The PRHC logo is on the left, and navigation links for STAFF RESOURCES, PATIENT RELATIONS, SEND BEST WISHES, and PAY YOUR BILL are on the right. Below the navigation bar, there are links for PATIENTS & VISITORS, HEALTHCARE SERVICES, CAREERS, VOLUNTEERS, and ABOUT. The main content area displays a breadcrumb trail: HOME > ALL NEWS > NEWS. The article title is 'PRHC Emergency Department seeing 40 additional patients per day' in large blue text. A date box at the bottom left of the article area shows 'January 5, 2017'. A 'Previous' link is visible on the right side of the article area.

“The number of patients being seen in the Emergency Department (ED) at Peterborough Regional Health Centre (PRHC) has risen from about **220 to 260 per day** in recent weeks.”

“Approximately **20 per cent** of these ED visits are patients presenting with **respiratory symptoms**, and this number is steadily **increasing**.”

“Since the beginning of December, PRHC has seen a **50 per cent increase** in the number of patients who require additional precautions for **flu-like illness** and/or vomiting and diarrhea. The hospital’s need for isolation beds has also **doubled** in the past month.”

<https://www.prhc.on.ca/2017/01/05/prhc-emergency-department-seeing-40-additional-patients-per-day/>



(2019)

PETERBOROUGH REGION

Shedding of beds, staff, services feared at Peterborough Regional Health Centre

By **Joelle Kovach** Examiner Reporter
Examiner Staff Writer

▲ **Wed., July 31, 2019** ⌚ 2 min. read

🕒 Article was updated May. 11, 2020

“Provincial government underfunding will leave Peterborough Regional Health Centre (PRHC) **short 53 beds and 280 staff members** within **five years**, according to a new union study.”

“While **Premier Doug Ford** campaigned on ending hallway medicine, the government is going “in the **opposite direction.**”

“CUPE doesn't think much of the idea of restructuring: the study calls it “fairy dust” that **won't fix the lack of beds and staff at hospitals.** Any reorganization is meant only to “distract” from that lack of hospital **capacity**, the study adds.”

<https://www.thepeterboroughexaminer.com/news/peterborough-region/2019/07/31/shedding-of-beds-staff-services-feared-at-peterborough-regional-health-centre.html>



(Jan. 2020)



PETERBOROUGH REGION

Peterborough Regional Health Centre second most overcrowded hospital in Ontario

By **Joelle Kovach** Examiner Reporter
Examiner Staff Writer

Wed., Jan. 22, 2020 ⌚ 2 min. read

“Peterborough Regional Health Centre was second on a list of Ontario's **most overcrowded hospitals** last year, reports CBC News - and the situation isn't getting much better, says PRHC's chief of staff.”

“Nor is the busy season restricted to the **winter "surge"** when **respiratory illnesses** circulate.”

“In those first **181 days**, PRHC operated above capacity for **176 days**.
Richmond Hill Hospital topped the list with **179 days**.”

<https://www.thepeterboroughexaminer.com/news/peterborough-region/2020/01/22/peterborough-regional-health-centre-second-most-overcrowded-hospital-in-ontario.html>



Prince Edward County (2018)

THE INTELLIGENCER

ment Life Money Opinion All Newspapers Driving Healthing The Growthop Shopping

Local News

\$2.8 million to address flu surge at QHC hospitals

Luke Hendry
Oct 26, 2018 • Last Updated 2 years ago • 5 minute read

“Currently Quinte Health Care is at or **above capacity** at **all four hospitals** on a **regular basis.**”

“Flu season tends to increase patient volumes by **30 per cent.**”

“You sometimes have very sick patients **waiting** in emerg, or you aren’t able to get patients who’ve deteriorated on the medical unit into **ICU.**”

<https://www.intelligencer.ca/news/local-news/2-8-million-to-address-flu-surge-at-qhc-hospitals>



(2019)

THE INTELLIGENCER

ent Life Money Opinion All Newspapers Driving Healthing The Growthop

Local News

Many bugs straining hospitals

Luke Hendry
Jan 15, 2019 • Last Updated 1 year ago • 3 minute read

The peak of Ontario’s **influenza outbreak** may still be coming, but local hospitals are already in the midst of a **record patient surge**.

QHC is operating at **19 per cent beyond capacity**. That capacity includes and provincially-funded surge beds. **We’re using all of them and then some.**”

“In addition, there were **13 outbreaks in long-term care** and retirement homes in Hastings-Prince Edward. “Last year at this time we had **22 total respiratory outbreaks**. Of the 22, **six were flu.**”

<https://www.intelligencer.ca/news/local-news/many-bugs-straining-hospitals>



Sudbury

(2018)

CUPE / Canadian Union
of Public Employees

With Sudbury hospital at 110 per cent capacity, staff build anti-cuts momentum with rally and community forum

Oct 30, 2018

“During the high patient surge periods, and with the **consistent overcrowding** at the occupancy levels we’ve seen at the hospital in recent years, it is **backbreaking** for staff to keep pace to **prevent transmission** of MRSA and other superbugs.”


“Research shows that, as occupancy rates **exceed 85 per cent**, the risk of infectious outbreaks and the incidence of medical errors increase.”

“In the last two years, rarely has HSN been **below 100 per cent capacity**. **Bed overcrowding is a constant occurrence** and that is outside the extra flu and seasonal patient surges. In the last few weeks, HSN has operated at an **average of 110 per cent capacity**.”

<https://cupe.ca/sudbury-hospital-110-cent-capacity-staff-build-anti-cuts-momentum-rally-and-community-forum>




(2019)

[< Home](#) 

WATCH LIVE
Stream CTV News Channel for breaking news updates

Sudbury's hospital over capacity

 **Dana Roberts** CTV News Northern Ontario Anchor/Videojournalist
@CTVDanaRoberts | [Contact](#)

Published Thursday, May 16, 2019 11:35AM EDT
Last Updated Thursday, May 16, 2019 1:44PM EDT

“For the past two weeks, the beds, rooms, and even hallways of HSN have been **filled**. The hospital started the day on Wednesday at **116% capacity**.”

“When we have that number of patients in our beds, that accounts for almost a quarter of in-patient beds at Health Sciences North and it means **we can't provide the care** for the patients who are more acutely and **critically ill**.”

“The emergency department has seen an average of **30-40** admitted patients every morning, while it's only designed for a maximum of **36 patients**.”

<https://northernontario.ctvnews.ca/sudbury-s-hospital-over-capacity-1.4425119>



Thunder Bay

(2017)

 **CBC** | MENU ▾

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Crowded Thunder Bay, Ont., regional hospital finds space for 14 more beds

Hospital facing 'tremendous' capacity issues, executive vice-president says

CBC News · Posted: Sep 28, 2017 7:30 AM ET | Last Updated: September 28, 2017

“**Capacity issues** at the Thunder Bay Regional Health Sciences Centre (TBRHSC) have forced the regional facility in northwestern Ontario to find new beds.”

"We've been facing **tremendous capacity issues** over the summer, and it certainly **hasn't got any better** in September."

<https://www.cbc.ca/news/canada/thunder-bay/tbrhsc-over-capacity-1.4309960>



(2018)

tbnewswatch.com

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Thunder Bay hospital over-capacity 94% of the time since Jan.1 (2 photos)

Thunder Bay hospital over-capacity 94 per cent of the time since Jan.1.

Oct 11, 2018 10:15 AM By: Gary Rinne



“**Over-capacity** patient load has become such a **chronic problem** at the Thunder Bay Regional Health Sciences Centre that hospital officials now consider it to be the **new normal**.”

"This problem is **not going to go away**. I suspect we're going to be in surge...**for a good number of years**, says Dr. Stewart Kennedy, executive vice-president at the HSC.”

“We're very concerned how that's going to affect the hospital...**especially if we're hit with a bad flu season**, Kennedy said.”

<https://www.tbnewswatch.com/local-news/thunder-bay-hospital-over-capacity-94-of-the-time-since-jan1-2-photos-1079894>



Timmins

(Jan. 2020)

[< Home](#)



Timmins hospital capacity returns to 'normal' after weekend surge



Sergio Arangio CTV News Northern Ontario Videojournalist
[@sergioCTVNews](#) | [Contact](#)

Published Monday, January 20, 2020 4:09PM EST

“The hospital had to activate its **"surge protocol,"** where it used non-traditional hospital space, such as daytime surgery areas, to treat patients from its emergency room.”

“Many of the patients were admitted due to **influenza.**”

"For our hospitals today, they are **filled to the rafters,** said McKenna in a phone interview. In Ontario, we have the **lowest number of registered nurses, per population,** in the country."

<https://northernontario.ctvnews.ca/timmins-hospital-capacity-returns-to-normal-after-weekend-surge-1.4775716>



Toronto

(2013)

TORONTO STAR

GTA CANADA POLITICS WORLD OPINION LIFE SPORTS ENTERTAINMENT BUSINESS STAR INVE

GTA

Flu season has hospital ERs scrambling across GTA

By Carys Mills Staff Reporter
 Wed., Jan. 16, 2013 | 3 min. read

“Toronto Public Health alone said there had been **1,180 lab-confirmed influenza cases** between September and Tuesday. It’s more than **triple** the usual number by this time of year.”

“At St. Michael’s Hospital, there’s been about a **50 per cent increase** in volume of patients with flu-like illnesses compared to recent years.”

“**Three children** in Ontario **under the age of 4 have died** so far this season **with flu** found in their systems, according to Public Health Ontario, although that **doesn’t mean they died from the flu.**”

https://www.thestar.com/news/gta/2013/01/15/flu_season_has_hospital_ers_scrambling_across_gta.html



(2016)

THE GLOBE AND MAIL TORONTO

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CANADA WORLD BUSINESS INVESTING OPINION POLITICS SPORTS LIFE ARTS DRIVE REAL ESTATE WATCHLIST

Toronto's downtown hospitals are struggling to keep up with a condo boom that has brought tens of thousands of new residents to the core and through the doors of emergency departments that were already bursting at the seams

KELLY GRANT > HEALTH REPORTER
PUBLISHED OCTOBER 28, 2016

“With **no room** on the wards, the emergency department became a holding tank for **24 patients** who were sick enough to be admitted, but who would have to languish on stretchers and in chairs until beds opened upstairs.”

“At least **19 patients** sat in the waiting room, three or four with chest pain, one who had vomited blood, another who may have had a stroke”

“The flood of new patients is putting added pressure on Toronto's downtown hospitals, which, like most big-city hospitals across the province, **are already struggling to care for older, sicker patients** during a **prolonged funding squeeze** by the provincial government”

<https://www.theglobeandmail.com/news/toronto/torontos-downtown-hospitals-are-struggling-to-keep-up-withdemand/article32572956/>



(2017)

CBC | MENU ▾

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Ontario reopens 2 shuttered Toronto hospital sites to cope with overcrowding crisis



Humber River Hospital's former Finch Avenue site and UHN's former Hillcrest site to host patients

CBC News · Posted: Oct 23, 2017 11:01 AM ET | Last Updated: October 23, 2017

“The Ontario government plans to reopen parts of two shuttered health-care sites in Toronto in a bid to tackle the province's **significant shortage of hospital beds**, a situation that could get worse as **flu season** descends on the city.”

“This summer brought the **longest wait times** for emergency care ever recorded in the province since record keeping began nine years ago. It warned that the **impending flu season** could generate a "**capacity crisis**" in Toronto and beyond if the government did not respond in time.”

“The government is scrambling to try to fix a problem that it created by **not investing enough in hospitals.**”

<https://www.cbc.ca/news/canada/toronto/hospital-beds-crisis-flu-season-1.4367079>



(2018)

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Surgeries postponed due to severe flu cases overwhelming Toronto ICU

BY AMANDA FERGUSON
POSTED FEB 13, 2018 5:23 PM EST LAST UPDATED FEB 13, 2018 AT 6:47 PM EST

“At least one Toronto hospital has had to **delay elective surgeries** as patients with **severe influenza complications** have **overwhelmed local ICUs.**”

“Michael Garron Hospital, formerly Toronto East General Hospital, has **postponed seven cancer surgeries** as a result of a **shortage of beds in the ICU** since December.”

“According to most recent **flu figures** from the province, there have been **33,000** lab-confirmed cases of influenza. More than **3,100** people have been hospitalized for **the flu**, resulting in **285 ICU admissions** and **130 deaths**”

<https://toronto.citynews.ca/2018/02/13/toronto-hospital-flu/>



(2019)

Global NEWS World Canada Local ▾ Politics Money Health Entertainment

SickKids highlights crowded ICU conditions amid massive redevelopment project

By **Nick Westoll** · Global News
Posted **September 18, 2019 6:14 pm** · Updated September 18, 2019 10:10 pm

“There are **significant challenges** on a number of fronts facing staff in the hospital.”

“We’re not able to keep things as clean as we necessarily need to have them and figuring out where to put all the equipment in the room so that people can actually get to it in an appropriate manner is a **daily struggle**.”

“There is not a day that I’m actually caring for patients that I don’t wish my environment was different.”

<https://globalnews.ca/news/5920164/hospital-for-sick-children-airbnb-suite/>



Windsor

(2016)

WINDSOR STAR

Critically ill patients sent to Sarnia due to ICU overload

A surge in the number of critically ill patients that "far exceeded" the capacity of Windsor Regional Hospital's intensive care units on Friday prompted three of them to be rushed by ambulance to Sarnia's ICU.

Brian Cross

May 10, 2016 • Last Updated 4 years ago • 3 minute read

“It’s dangerous, patients in critical condition being transferred down the (highway). It’s also a concern because this is taking place before the **latest round of cuts to nursing staff.**”

“The Windsor ICUs usually run at about **80 to 85 per cent capacity**, which is ideal, he said. When it goes **over 100 per cent** (a minor surge), staff can make changes to accommodate that overflow, but **once capacity reaches 115** (moderate surge), they have to start sending patients elsewhere.”

<https://windsorstar.com/news/local-news/critically-ill-patients-sent-to-sarnia-due-to-icu-overload>



(2017)



AUDIO

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BEDS ARE FULL AT BOTH CAMPUSES OF WINDSOR REGIONAL HOSPITAL



ROB HINDI

Thursday, January 12th 2017 - 9:42 pm

“Hospital CEO David Musyj says the hospital is dealing with an increase in **influenza** as well as **respiratory and gastrointestinal illnesses.**”

“The spike occurred late last year and early this year resulting in an additional **37 "over flow" beds** throughout both campuses.”

“This is not only a Windsor problem, other **hospitals across the province** are also dealing with increases. Musyj says there is a chance the increases could **delay or cancel scheduled surgeries.**”

<https://www.iheartradio.ca/am800/news/beds-are-full-at-both-campus-of-windsor-regional-hospital-1.2329587>







(2018)

CBC | MENU ▾

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Hospital overcrowding crisis caused by more than just flu, says Ontario Health Coalition

10 surgeries at Windsor Regional Hospital have been postponed this week because of overcrowding

CBC News · Posted: Jan 25, 2018 9:34 AM ET | Last Updated: January 25, 2018

Patients are receiving "substandard care" in hallways at hospitals across Ontario due to a **crisis in capacity** that leads to increased infection rates, more violence and **higher mortality rates.**"

"Natalie Mehra, executive director of the coalition, said **basically every hospital in a city with 50,000 people or more** is running at **100 per cent capacity or higher**, and **not just during the flu season surge.**"

"**Deep cuts** from the provincial government that have limited capacity and set hospitals up to be overwhelmed by annual **surges like the flu**, which **should be predictable.**"

<https://www.cbc.ca/news/canada/windsor/hospital-overcrowding-windsor-crisis-1.4503107>




(2019)

CBC | MENU ▾

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Windsor hospitals under capacity heading into flu season



'We're running a deficit, using the bank to finance this operation' says hospital CEO

CBC News · Posted: Nov 16, 2019 7:00 AM ET Last Updated: November 16, 2019

"Hospitals in the province right now are running at about **100 per cent, 110 per cent (capacity)** said Musyj. We're running at about **90 per cent.**"

"That breaks down to about **99 per cent capacity** at the WRH's Ouellette campus and **85 per cent** at the Metropolitan campus."

"They **didn't receive any external funding** to put this plan in place. We're running a **deficit**, using the bank to finance this operation."

<https://www.cbc.ca/news/canada/windsor/windsor-flu-season-1.5360588>



Quebec

(2018)

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Quebec investing \$23M to ease hospital overcrowding

Some hospitals in Quebec are at double capacity and flu season is not even at its peak yet

[Elysha Enos](#) · CBC News · Posted: Jan 12, 2018 1:57 PM ET | Last Updated: January 12, 2018

“Quebec is investing about \$23 million annually in extra beds to **ease the demand on emergency rooms, which are often overcrowded especially during flu season.**”

“Montreal's Jewish General Hospital was at **183 per cent capacity** and the Royal Victoria hospital was at **142 per cent.**”

“In the Quebec City area, Saint-François d'Assise Hospital was at **147 per cent** and in the Outaouais region, Hull Hospital was at **180 per cent of its capacity.**”

<https://www.cbc.ca/news/canada/montreal/hospital-overcrowding-investment-1.4485053>



Quebec hospitals overflowing as province hit with widespread flu



Public Health Agency of Canada reporting steady rise in influenza cases throughout country, Quebec

CBC News · Posted: Dec 29, 2018 12:28 PM ET | Last Updated: December 29, 2018

“Emergency rooms in Quebec hospitals are **overflowing** this holiday season as **the flu spreads across the province.**”

“In Quebec City, the Centre hospitalier de l'Université Laval (CHUL) is at **109 per cent** and the nearby Hôpital de l'Enfant-Jésus is at **115 per cent.**”

“In Thetford Mines, the hospital is at **160 per cent**. On Montreal's South Shore, Anna-Laberge in Châteauguay has nearly doubled its maximum capacity at a rate of **187 per cent.**”

“The Hôpital du Suroit, located in Salaberry-de-Valleyfield, has reached **145 per cent**. Over in Longueuil, Pierre-Boucher is up to **120 per cent.**”

<https://www.cbc.ca/news/canada/montreal/quebec-hospitals-overflowing-flu-1.4961414>



(2019)

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Quebec emergency rooms pushing well past capacity

[The Canadian Press Staff](#)
[Contact](#)

Published Saturday, December 21, 2019 1:47PM EST

“The emergency room occupancy rates on Saturday morning were **125%** in Lanaudiere, **121%** in Montérégie, **119%** in the Laurentians, **108%** in Laval and **97%** in Montreal.”

“The Jewish General Hospital has the highest occupancy rate at **147%** of its capacity.”

“In Montérégie, the Suroit Hospital in Salaberry-de-Valleyfield was taken by storm. The occupancy rate was **169%**. No fewer than 54 stretchers were occupied by patients, 29 of whom had been there for more than 24 hours.”

<https://montreal.ctvnews.ca/quebec-emergency-rooms-pushing-well-past-capacity-1.4740121>



Gatineau

(2018)

580 **CFRA**
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OUTAOUAIS AND OTTAWA HOSPITALS COPING WITH DIFFICULT FLU SEASON

CTV NEWS OTTAWA
Wednesday, February 7th 2018 - 5:47 pm

“Yesterday, the occupancy rate at both the Gatineau and Hull hospitals **exceeded 200% because of the flu.**”

“The Gatineau and Hull hospitals have been overwhelmed with about **500 confirmed cases** and about **80 patients** on beds lining the emergency rooms.”

“We haven’t seen such a situation in the **last 5 or 6 years** and that's impacting nurses who threatened **sit-ins** at the hospitals over the **lack of resources.**”

<https://www.iheartradio.ca/580-cfra/news/outaouais-and-ottawa-hospitals-coping-with-difficult-flu-season-1.3609609>



Montreal

(2018)

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MONTREAL

Emergency rooms operating over 100% capacity as cold and flu season looms

CTV Montreal
Published Friday, December 28, 2018 1:05PM EST
Last Updated Saturday, December 29, 2018 11:26AM EST

“Emergency room doctors are urging Montrealers to avoid ERs unless absolutely necessary, as a **dozen hospitals are reporting being over capacity.**”

“Among the busiest hospitals are the Jewish General, at **130 per cent capacity**, the Lakeshore at **119 per cent** and the Royal Victoria at **124 per cent**. Maisonneuve-Rosemont Hospital is at **102 per cent**, while Hopital Fleury is operating at **139 per cent.**”

"Hiring more doctors right now isn't the issue, the issue really is just **overwhelming numbers of people** and a limited amount of space and time."

<https://montreal.ctvnews.ca/emergency-rooms-operating-over-100-capacity-as-cold-and-flu-season-looms-1.4233657>



(2019)

MONTREAL GAZETTE

Opinion Sports Business Arts Life Christmas Fund [↗](#) Driving Healthing The GrowthOp

West Island Gazette

ER overcrowding at Lakeshore General as flu season hits

Hospital emergency rooms are operating at over capacity across Montreal, including the busy Lakeshore General Hospital in Pointe-Claire.

John Meagher • Montreal Gazette

Jan 08, 2019 • Last Updated 1 year ago • 2 minute read

“The Lakeshore ER was operating at **171 percent capacity** on Tuesday, second only to LaSalle Hospital at **173 per cent.**”

“The situation was even worse at the Royal Victoria Hospital’s ER, which was operating at **188 per cent.**”

The Montreal General Hospital (**113 per cent**) and Montreal Children’s (**100 per cent**) were also busy. The Lachine Hospital was at **157 per cent.**

<https://montrealgazette.com/news/local-news/west-island-gazette/er-overcrowding-at-lakeshore-general-as-flu-season-hits>



Saskatchewan

Regina

(2016)

REGINA LEADER-POST

Business Opinion Sports Arts Life Driving Healthing The GrowthOp Podcasts

Local News

ERs at Saskatchewan's largest hospitals challenged to find beds for patients

"We know that in order to fix patient flow, the backlog in the emergency department is the canary in the coal mine. It's a symptom of a broader system issue."

Pamela Cowan • Regina Leader-Post

Apr 12, 2016 • Last Updated 7 months ago • 3 minute read

“At noon Monday, occupancy at the Pasqua was **107 per cent**, and **96 per cent** at the General Hospital.”

“We’re looking at primary health care in the community and initiatives and strategies we can put in place to make sure we’re dealing with this from a substantial standpoint — as opposed to reacting and **putting Band-Aids on things.**”

<https://leaderpost.com/news/local-news/ers-at-saskatchewans-largest-hospitals-challenged-to-find-beds-for-patients>



(2017)

REGINA LEADER-POST

Business **Opinion** **Sports** **Arts** **Life** **Driving** **Healthing** **The GrowthOp** **Podcasts**

Local News

Patients on stretchers in hallways at Regina hospital ERs

Both Regina hospitals are over capacity, due to very high patient volumes in emergency departments and difficulty replacing sick nurses.

Pamela Cowan • Regina Leader-Post
Feb 14, 2017 • Last Updated 3 years ago • 3 minute read

“Both Regina hospitals are experiencing very high patient volumes in their ERs, and all hospital beds are full. As of noon Tuesday, Pasqua Hospital was at **118-per-cent capacity** and Regina General Hospital was at **100 per cent.**”

“The influx of patients is not due to one particular cause, but a **variety of factors and illnesses.**”

“The delay for patients is compounded by the challenge to replace nursing staff who are also sick — many with gastrointestinal illness.”

<https://leaderpost.com/news/local-news/both-regina-hospitals-over-capacity>



(2019)

Global NEWS World Canada Local Politics Money Health

'It's terrifying': Regina woman crammed into hallway at Pasqua Hospital for nearly a week

By **Jonathan Guignard & Katelyn Wilson** · Global News
Posted **October 24, 2019 12:27 pm** · Updated October 24, 2019 7:52 pm

“Regina emergency rooms are under siege and **the government has failed to respond.**”

“There is **spread of germs and disease**, next to someone else who is not conscience- next to me who’s just struggling to get by hoping for a room.”

“Being in a hospital for a week when you’re sick and vulnerable, there’s no dignity, there’s no hygiene, there’s no safety,” McLean said. Us as patients and the people trying to treat us, **we’re all at risk — it’s terrifying.**”

<https://globalnews.ca/news/6069194/regina-woman-hallway-pasqua-hospital/>



Saskatoon

(2016)

SASKATOON STARPHOENIX

Business Opinion Sports Arts Life Driving Healthing The GrowthOp Podcasts

Saskatchewan / Local News / Family & Child

Royal University, St. Paul's hospitals in a state of 'critical overcapacity': SHR

Jonathan Charlton • Saskatoon StarPhoenix

Feb 26, 2016 • Last Updated 7 months ago • 2 minute read

“The Saskatoon Health Region is asking staff to pick up additional shifts during a period of **critical overcapacity**.”

“It was critical in that we knew if we had our next trauma coming in, we were really going to be stymied to what we were able to manage - **Two surgeries were also postponed** on Thursday.”

“Alongside the annual surge of patients **due to flu season**, the medicine, **intensive care, pediatric intensive care**, pediatrics, and psychiatry and mental health units are also busy.”

<https://thestarphoenix.com/news/local-news/ruh-st-pauls-hospitals-in-a-state-of-critical-overcapacity-shr>



(2019)

Global NEWS World Canada Local Politics Money Health Entertainment

Patient died from Saskatoon hospital overcapacity crisis: nurses' union

By **Nathaniel Dove** · Global News
Posted **November 6, 2019 6:12 pm** · Updated November 7, 2019 6:04 am

“Because of **overcrowding**, because of **short staffing** our worst nightmare occurred she said. We had a patient in this province **pass away** because they **did not get the care they needed in a timely fashion.**”

“Internal Saskatchewan Health Authority (SHA) emails, released to the media by the Saskatchewan NDP on Tuesday, revealed what the SHA is calling an “**extreme overcapacity crisis**” in Royal University Hospital (RUH) and St. Paul’s Hospital.”

“There is **no light at the end of the tunnel** just right now because people don’t want to talk about being in the tunnel,”

<https://globalnews.ca/news/6136877/patient-died-saskatoon-hospital-overcapacity/>



Yukon

(2017)

The screenshot shows the top section of the Yukon Hospitals website. On the left is the logo for Yukon Hospitals, featuring a stylized purple flower above the text "yukon hospitals". To the right of the logo are four navigation buttons: "Patients & Visitors", "Health Professionals", "Quality & Performance", and "About Us". Below the navigation is a horizontal menu with links for "whitehorse general hospital", "dawson city community hospital", and "watson lake community hospital". A small red-bordered box contains the text "Last Updated: Wed, 11/29/2017 - 21:34". To the right of this box are "Font Size" controls and a printer icon. The main heading "Managing Overcapacity" is visible on the left, and a "Donate Now" button is on the right.

“Last year, average occupancy at WGH was **96 per cent**. This means that half the time **we did not have a bed** to meet the need.”

<https://yukonhospitals.ca/yukon-hospital-corporation/suroccupation>



Whitehorse

(2016)

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Yukon community hospital beds at 50 per cent occupancy, WGH often full

Smaller hospitals able to keep patients in their community, says CEO of hospital corporation

CBC News · Posted: Jan 04, 2016 8:00 AM CT | Last Updated: January 4, 2016

“Beds at the Whitehorse General Hospital average **86 per cent occupancy.**”

“Roughly **20 per cent** of the time the facility has no available beds.”

“The hospital is expanding, but the larger facility **will not free up more beds.**”

<https://www.cbc.ca/news/canada/north/whitehorse-hospital-full-community-hospitals-half-full-1.3381945>



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'Considerable challenges' confront hospital corp.

The Yukon Hospital Corp. (YHC) is facing challenges to nurse staffing, specialist wait times and hospital space.

By Gabrielle Plonka on **December 2, 2019**

“We operate in an environment of unlimited need, but with **limited resources.**”

“I don’t want to understate the fact that we’re very busy; **we’re at capacity**, Bilsky said. We’re definitely **bursting at the seams** when it comes to our visiting specialists, and our constraint here is basically physical space.”

“The hospital reaches full capacity **30 per cent** of the time, an improvement from 2018 where the hospital reached capacity **50 per cent** of the time - On average, the hospital hovers around **90 per cent** occupancy.”

<https://www.whitehorsestar.com/news/considerable-challenges-confront-hospital-corp>



“The Welfare of humanity is always the alibi of tyrants.”

- Albert Camus