COVID-19 - Health Human Resources Survey

Summary Results (April 16-27, 2020)

Background

The impact of the pandemic on the Canadian Association of Medical Radiation Technologists' (CAMRT) professional membership is largely unknown because the events and response to this pandemic, within and outside Canada, are unprecedented. CAMRT's senior management team identified that health human resource (HHR) information associated with COVID-19 pandemic changes within the health care system was required to support immediate and future advocacy efforts.

Survey Purpose

The survey was disseminated in response to the COVID-19 pandemic in Canada. It was the CAMRT's intent to create a repeating and content-flexible information gathering tool that was time sensitive and provided insight into the needs of CAMRT membership during the pandemic. More specifically, the survey's purpose was to understand any changes to policy, workload, and patient care from the perspective of management.

Results

The first survey, disseminated April 16-27, 2020, received 40 responses describing a total of 443 modalities.

Differences between modalities, facility funding models (public, private, or a combination of public and private) and provinces / territories were identified and will be described within the full report.

Protection and Safety

Respondents in management roles were asked several questions regarding their perception of protection and safety for staff and patients. There responses were fairly consistent across modalities:

- **Do you feel patients in your care are adequately protected from COVID-19?** The average score was 6.2 (MRT = 6.2, RT = 5.8; 7-point Likert Scale). It is a positive indication that organizations are providing management with the tools, resources, and ability to enact change during the pandemic to meet the additional safety requirements for patients.
- **Do you feel staff in your care are adequately protected from COVID-19?** The average score was 6.0 (MRT = 6.0, RT = 5.8; 7-point Likert Scale). This suggests less certainty about staff safety compared to patient measures. Nonetheless, the total level of perceived safety in both populations remains high.
- **As of today, does your facility have adequate personal protective equipment (PPE)?** 87% of respondents indicated that they did have adequate PPE at their facility (MRT = 86%, RT = 94%).
    - This is higher than the 64% of the general CAMRT membership who responded 'yes' in the previous CAMRT survey.[1]

[1] https://www.camrt.ca/wp-content/uploads/2020/04/PPE-Survey-Results-MRTs-during-the-COVID-19-Crisis.pdf

- **Facilities showed a fairly consistent approach to implementing safety measures for staff and patients within MRT and RT modalities (e.g., screening patients, PPE usage, social distancing).**

Health Human Resources

As the COVID-19 pandemic rolled in, changes to health care staffing models across Canada were required. In some cases, there were increases in Full Time Equivalent (FTE) and Casual Staff, while in other cases there were decreases.

- **FTE Staff**:
  - **Overall**: 26% average reduction in FTE staffing
  - **Loss**: Bone Mineral Densitometry and Mammography
  - **Gain**: No modality gained FTEs on average
  - There was little expectation that the FTE staff model would change in the coming month.
- **Casual Staff**:
  - **Overall**: 18% average reduction in casual hours per week
  - **Loss**: Privately funded facilities were much more likely to decrease staff
  - **Gain**: Hours increased the most for Radiation Therapy.
  - **24% of modalities re-assigned staff to other departments or areas of practice.**

Table 1: Change in Staffing Models (FTE and Casual Hours) by Modality

	Total FTE Staff				Total Casual Staff (average hours/week)			
Modalities	Normal Operations	Current Operations	Percent Change	St. Dev.	Normal Operations	Current Operations	Percent Change	St. Dev.
Angiography / Interventional	27.6	27.6	0%	*0%*	20	20	0%	*0%*
Bone Mineral Densitometry	21.25	6.9	-60%	*47%*	71.5	2	-30%	*45%*
Computed Tomography	101.3	96.2	-9%	*21%*	122	97.4	-1%	*18%*
Magnetic Resonance	67.7	54.5	-31%	*25%*	79	46	-16%	*35%*
Mammography	64.8	28.65	-44%	*40%*	99	16.5	-29%	*41%*
Nuclear Medicine	70.3	55.7	-20%	*32%*	25.125	8.5	-18%	*39%*
Radiation Therapy	856.2	847.2	-1%	*2%*	221.5	270	32%	*103%*
Radiological Technology / OR	424.91	351.51	-17%	*27%*	748.8	406.625	-31%	*56%*
Ultrasound / Sonography	30.68	28.43	-9%	*18%*	18.75	11	-7%	*18%*
Other	60.87	43.27	-34%	*41%*	127	70.5	-21%	*50%*
Grand Total	**1725.61**	**1539.96**	**-26%**	***36%***	**1532.675**	**948.525**	**-18%**	***53%***

Case and Treatment Volumes

Due to provincial and regional guidelines, facilities have changed their caseload (MRT) and treatment volumes (RT) due function in accordance with patient and pandemic needs.

- **Angiography / Interventional, Bone Mineral Densitometry and Mammography had the greatest decrease in caseload.**
- **Radiation Therapy experienced the least amount of service reduction.**
- All **provinces and territories showed a significant service reduction of 60% or more**, except Manitoba. With respect to facility-funding model, **publicly funded facilities showed the least impact to their services**.

Table 2: Change in Caseload (MRT) and Treatments (RT) by Modality

	Total Caseload (MRT) and Treatments (RT)			
Modalities	Normal Operations	Current Operations	Percent Change	Std. Dev.
Angiography / Interventional	34	7	-85.0%	13.2%
Bone Mineral Densitometry	376	12	-95.8%	12.6%
Computed Tomography	1069	622	-47.8%	18.4%
Magnetic Resonance	324	111	-59.6%	29.5%
Mammography	900	145	-81.6%	17.1%
Nuclear Medicine	456	146	-65.9%	18.4%
Radiation Therapy	2773	2458	-11.0%	9.6%
Radiological Technology / OR	6132	1981	-68.5%	16.2%
Ultrasound / Sonography	277	117	-57.1%	16.8%
Other	733	197	-74.4%	20.1%
Grand Total	13073	5794	-66.1%	26.6%

Conclusion

The results of the first COVID-19 HHR Survey show a relatively stable picture of perceived safety and protection. In terms of the HHR workforce, the COVID-19 pandemic has decreased the number of FTE and casual staff within facilities, and there does not appear to be expectations of rebuilding staffing models over the next month. Continued evaluation of the data set and moving toward a second dissemination of the survey was recommended. Further information and insight is expected to be obtained from the second iteration of the survey.