

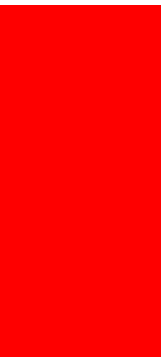


# Impact of covid pandemic on VA practices: Canada

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## Global Networking Session: Pandemic impact on VA



# Disclosure

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# Demographics: Canada

Population of Canada: 38,000,000

Size by Landmass: 2<sup>nd</sup> only to Russia

Majority of the population lives along the U.S. border

Yukon, Northwest Territories, Nunavut: Indigenous people with poorer resources



# Health Insurance: Canada

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Canada has socialized medicine

Every citizen has access to all care

Major hospitals and specialized medicine found mainly along the Southern border

There has always been a demand for surgery, MRI, CT, etc that exceeded the limits of the system

Covid has exacerbated this

# COVID Statistics : Canada

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## Number of COVID-19 cases in Canada:

4,302,006 cases

45,648 Deaths

90,622,765 total doses of vaccine administered

31,590,737 people vaccinated of 38,000,000 total population

**83.2% of Canadians are vaccinated**

# VA Access Devices : Canada

All types of VA devices available in Canada

- depends greatly upon experience of the inserter and “old Habits”
- Also seems to be “geographical”- both inserter and type of device

Canada used to have an abundance of IV Teams

Developed Vascular Access Teams in the 1990’s (this was the start)

- This included PICC and Midline insertions

IV Teams were slowly D/C – budget issues

This same pathway has affected the VA teams to some extent

Peripheral cannula are inserted by all Reg. Nurses



# VA Implementation experiences

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- Our thanks to Italy for providing information and studies
- Prone position treatment of patients on ventilator
  - New technique, required VA training
- High need for reliable and safe vascular access in difficult circumstances
  - Increased use of PICCs in critical care
  - Time consuming
  - Lack of access to PPE
- Exhaustion and burn out of personnel
  - Drain in health care, shortage of trained VA personnel
  - Higher demands on remaining staff.
  - Lack of support from management

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# Impact of COVID-19 pandemic on health care

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- Shortage of health professionals was present before the pandemic began
  - 20-30 yr
  - “a lot of talk and little action”
- The pandemic turned this into a crisis
  - Work stress and burn out, excessive overtime
- Long term health effect due to higher COVID infection of health care workers which also impacted staffing
  - Time to return to work after recovery from Covid
- Primary focus on medical care for COVID patients and treatment
- ‘Standard’ care was stopped or postponed with potential serious consequences
  - Still not ‘back to normal’ (Sept. ‘22)
  - ER’s are closing

Health News, CTV News, July 11, 2022

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# Government Suggestions

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- Bonuses for nurses in underserved areas
- Expedite application of foreign trained nurses already living here (14,000 in Ontario)
- Repeal “cap on wages” present in some provinces

<https://bmj.com/coronavirus/usage>

# Conclusions

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- Nurses are leaving the profession due to:
  - Burnout
  - Poor working environment
  - Lack of recognition and support
  - Abuse from patients and families
  - Lack of work/life balance
  - Impact of vaccine mandate
- Replacing Nurses or increasing the workforce is **NOT** a simple renewable resource
- Every nurse that walks out the door takes experience and knowledge with them

**Without nurses, we don't have a health care system**

Canadian Federation of Unions

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