Sunnybrook & Women's and SARS

SARS Commission Public Hearings

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Sunnybrook & Women's

- One of Canada's largest academic health sciences centres with about 8,000 staff and physicians and 2,000 volunteers
- Fully affiliated with the University of Toronto and each year we teach about 2,000 students and spend more than $70 million on research.
- Specializing in women's health and aging, with strong programs in trauma, cancer, cardiac, orthopaedics, perinatal and gynaecology, and neurosciences.
- Base hospital for provincial programs and partnerships such as Air and Ground Ambulance and NORTH Network

S&W's Introduction to SARS

- SARS was like fighting an enemy we could not see and did not entirely understand but our staff heroically rose to the challenge.
- Saga began in March 2003 when S&W and two other GTA hospitals admitted the city's first SARS patients.
- S&W isolated patients and prepared to play a larger role based on reports of a new disease
- Ministry of Health asked S&W to play a leadership role in managing these patients during the first outbreak or "SARS I"

S&W staff responded quickly

- Within **48-72 hours** of volunteering to play a larger role in caring for SARS patients, Sunnybrook & Women's
  - Almost doubled the capacity of its negative pressure and isolation rooms (from 22 – 48) on patient care units and for triage of patients who presented at the Emergency Department with symptoms of SARS
  - And…

Converted an entire nursing unit into a negative pressure SARS unit

S&W staff and physicians volunteered to screen co-workers and patients

Established the city's first SARS Screening and Assessment Clinic at Women's College

HOSPITAL WORKER Jean Johnson disinfects the entrance to the new SARS clinic at Toronto Women's College hospital yesterday.

— Stan Behal, SUN

Communication and Education

- Staff – twice daily meetings with SARS team – fan out to other staff, twice daily e-mail updates, phone line, and forums when issues became acute.
- Patients, potential patients, and visitors - web site, brochures, news releases, phone line and posters.
- All staff working in high-risk areas educated on proper use of protective equipment (in-service with IC staff, posters and video made available).
- Provided advice, shared protocols and communicated constantly with peer hospitals and the Provincial Operations Centre.
- Morale – kept-up through honest communication and recognition of hard work

Twice-daily “war-room” meetings with senior staff

Discussed issues openly and honestly with all staff

S&W in Quarantine
10 Days in April

- **Critical point for S&W** - could have folded or rose to the challenge - we learned from it and kept fighting
- Infection of staff following intubation of a SARS patient (later discovered to be a 'hyper-shedder')
- Within 24 hrs of incident we coordinated ICU staff from across GTA to develop new protocols that were **adopted around the world**
- Total of 11 staff infected (all of whom recovered) and about 180 staff placed in quarantine
- Closure of Critical Care, Cardiovascular ICU, SARS unit, Trauma, Emergency Department and Assessment Clinic.
- Lack of fit testing of masks NOT the cause of the spread
- Created concierge service to help quarantined staff

Held staff rally for those who were placed in quarantine

Our Leadership and Learning from SARS I

- **Learning organization** - multi-disciplinary teams formed and reformed to solve daily challenges (supplies, interpreting directives, redeploying staff, etc.).
- **Sharing knowledge** – provided advice to other hospitals (in-person and via NORTH Network), Ministry, Health Canada, Centres for Disease Control, and seconded staff to the Provincial Operations Centre.
- **Importance of taking care of our staff** – provided constant communication, recognition and education for our staff.
- **Visible senior leadership** when it was needed most (staff forums and meetings on the nursing units).
- **Disaster plan/preparedness** ensured understanding of roles
- **S&W treated one of the greatest volumes of hospitalized SARS patients in North America (74 in total)**

S&W and SARS II

- S&W role to be as SARS-free as possible (still had patients from SARS I)
- Keep programs and services operating to provide care to a stretched system (trauma, cardiac and cancer surgery and treatment, critical care, P&G, emergency department, etc.).
- **Again, S&W staff exceeded all expectations** in every area including Emergency Department and Trauma where volumes more than doubled.
- Managed both outbreaks successfully BUT staff are fatigued - tripled use of EAP and currently managing Post-Traumatic Stress

General Observations

Human Resources

- Need surge capacity in staffing - hospitals operating at 98 - 100% occupancy does not allow for both effective crisis management and sustainable patient care
- Shortages of ICU and ED nursing staff (we conducted a national search and received help from Winnipeg).
- Shortages of Infectious Disease and Control Physicians
- Staff ratios of full to part-time need to be minimized (currently 60% full and 40% part-time at S&W)
- Sick-time policies – cultural change of not coming to work when you are sick
- Need increased resources in infection control and occupational health and safety

General Observations

Facility Design

- Waiting areas in ED and clinics – need capacity to separate patients
- Aging infrastructure (50+ yrs) that needs to be upgraded
- Outpatient/Inpatients – lack of single occupancy and negative pressure rooms
- Critical Care – currently operating at maximum capacity in an open-concept – need to increase isolation/negative pressure rooms.

General Observations

Infection Control

- Hospitals need to have much more attention to containing droplet transmitting illness, which must be incorporated into routine practice

Laboratory Diagnosis

- Rapid diagnosis of viral illness, including SARS needs to be developed
- Micro labs need increased resources

Supply Chain

- Procurement of protective equipment and necessary resources needs to be adequately coordinated.

General Observations

Provincial Management

- Need for one managing voice to coordinate multi-levels of government that can make timely and informed decisions about resources
- Directives need to be clear and based on scientific evidence
- Frequent changes in directives confused staff and increased anxiety (e.g. enforcement of mandatory fit testing in middle of outbreak); re-education issues remain
- Some facilities lacked in-house infectious disease and control experts.

S&W Future Steps

- S&W to construct new Critical Care Capacity with enhanced infection control standards
- Mobile team of infectious disease and disaster management professionals (identifying people internally who can come together quickly to respond to disasters)
- Submitted proposal to government to create 12 additional negative pressure critical care beds to support disasters
- There are significant changes in how we manage patients, visitors, and staff. Adhering to infection control directives requires additional resources.

System Recommendations

- Create Centres of Excellence for Disaster Response and Infectious Disease
- Systemic cooperation including patient flow must be enabled through legislation
- Incorporate infection control issues in design of new facilities and upgrades of aging buildings
- Increase resources for infection control, public health and staffed hospital beds to have “surge capacity for disasters”
- Healthcare has changed forever and the “new normal” requires us to re-think everything we do.
- New normal will be costly and must be funded to ensure the healthcare system is sustainable