

**PRESENTATION
TO THE CAMPBELL COMMISSION**

Ministry of Health and Long-Term Care

Presented by Hugh MacLeod

Assistant Deputy Minister, Acute Services Division

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INTRODUCTION

- Deep sadness at the loss of life during SARS
- SARS outbreaks presented an immense challenge to all levels of health care.
- Safeguarding the safety of the public and health-care workers was our number one priority during SARS.
- We contained the spread of SARS due to the courage and heroic dedication of our health care workers.
- We have learned much from this experience and identified areas for improvement.

A SNAPSHOT OF ONTARIO'S HEALTH SYSTEM

- Hospitals, community services, mental health services, health-care providers, drug programs and more.
- The Ministry budget this year is \$27.6 billion.

SARS IN ONTARIO

- Severe Acute Respiratory Syndrome (SARS) first appeared here in March, with second outbreak in April
- Ontario's first provincial health emergency declared
- Containment efforts included closure of four hospitals to new patients, tight infection controls, thousands of people in home isolation
- WHO gave Toronto the all clear on July 2
- 247 probable and 128 suspect cases of SARS, with 44 deaths

COMMITMENT TO PUBLIC SAFETY DROVE DECISIONS

- Decisions made on basis of available information
- The world was learning about SARS in real time
- Decisions driven by commitment to patient care, safety of health care workers and general public, and containment of SARS

REASSURING THE PUBLIC

- Proactive, deliberate, integrated, multi-level communications
 - **Paid advertising:** simple call to actions: go into home isolation, wash your hands, thanks to health care workers
 - **Media relations for local, national, international media**
 - Press briefings & news releases began March 14th to provide accurate, current information regarding suspect and probable SARS cases in Ontario and to reassure the public regarding the risk of contracting SARS in the general community
 - 43 News releases, 81 fact sheets, 65 daily press briefings, including live satellite news conference from Geneva with CNN and national Canadian coverage
 - **Stakeholder relations:** daily conference calls, e-mail bulletins
 - **Events:** 65 daily press
 - **Internet:** public and password-protected stakeholder sites
 - **Public Telephone Information Services**
 - SARS Infoline (58,000 calls received)
 - Telehealth (up to 10,000 calls a day)

LESSONS LEARNED

What worked well in our response:

- ▶ PTAS - a centralized, interfacility, patient-transfer system
- ▶ 24/7 call centre support service for health care workers
- ▶ Screening efforts at health facilities and telephone screening

LESSONS LEARNED

- Human resources under-supply (global challenge)
- Mask inventory issues (both nationally and internationally)
- Better utilization of existing information technology
- Need to build on our collaborative health system approaches
- Need to strengthen contingency planning (individually and as a system)

PLANNING FOR THE FUTURE

Campbell Commission:

- Identifying what caused the outbreak, how it spread, and what should be done to protect Ontarians in the future.

Walker Panel:

- Identifying key lessons from Ontario's SARS experience
- Advising on measures to strengthen infectious-disease control
- Assessing measures needed to strengthen infectious-disease control, public health and system-response capabilities
- Developing recommendations to strengthen Ontario's capacity to prevent and contain future infectious-disease outbreaks

Epidemiological Investigation / Research:

Emergency preparedness and response for communicable-disease outbreaks
International comparisons on surveillance, legal and ethical issues, information technology, control of nosocomial infections

THE NEW NORMAL

- Behaviour change for everyone
 - Everyone's responsibility to safe-guard public health
 - ▶ wash hands
 - ▶ stay home if unwell
- Heightened vigilance by health system
 - Monitoring for respiratory symptoms and fever, especially for pneumonia in all hospitals

ONLY A PLANE RIDE AWAY

“Globalization, world travel, intensive agricultural techniques, dense urban populations, substandard public-health conditions in many parts of the world, and the uncanny ability of microbial pathogens to evolve rapidly, all conspire to guarantee that SARS is just the latest in a string of diseases that include cholera, plague, influenza, polio, HIV/AIDS, mad-cow disease and West Nile virus.” Canadian Institutes of Health Research..

MOVING FORWARD

Now we need to work together to change the health system to better equip us for future challenges.