

**Ontario Hospital Association
Submission to the
SARS Commission Public Hearings**

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Presentation Outline

- About the OHA
- Backdrop to SARS
- Challenges during SARS
- Lessons learned
- Directions for the future

The OHA is...

The collective voice of Ontario hospitals. It is a leader in shaping the future of the health care system, fostering excellence, building linkages with the community and advocating for quality health care.

79-Year History of Innovation

- Blue Cross
- Hospitals of Ontario Pension Plan
- Healthcare Insurance Reciprocal of Canada
- Central bargaining
- Hospital Reports

About the OHA

- Founded in 1924 as an independent, non-profit organization, governed by 28-member elected board
- Voluntary organization representing all public hospitals in Ontario
- Many other health-related organizations among OHA's approximately 200 associate and affiliate members

About the OHA...

- Core businesses in support of hospital governance and management
 - Advocacy
 - Province-wide human resources and collective bargaining
 - Education Services
- What we are ***not***
 - A regulatory body

Backdrop to SARS

- SARS hit an already fragile hospital system
- Hospitals cut more than 10,000 beds during past decade
- Despite funding announced by provincial government, all types of hospitals and all regions face significant funding challenges

Backdrop to SARS (cont'd)

- \$500 million hospital shortfall in 2003/04 alone
- Outdated capital infrastructure – physical plant, information and communication technology
- Hospitals require more than \$8 billion in capital funding over the next three years
- Critical human resource shortages have become a provincial and national issue

Backdrop to SARS (cont'd)

- National studies show that Ontario hospitals are the most efficient in the country
- Perhaps “efficiency” has been taken too far
 - Hospitals at capacity, occupancy rates are dangerously high
 - No “surge capacity” or redundancy to deal with major emergencies
 - Workload pressures on staff
- Public health downloaded to municipalities and under-resourced

SARS – the Great Unknown

- This was unprecedented event.
- Virulent, communicable disease not seen before
- We did not know its origin, transmission, incubation period, treatment and long-term effects
- Vague symptoms easily confused with other illnesses – high fever, dry cough, shortness of breath or breathing difficulties – even malaise
- We were learning in real time– questions still remain
- Maximized available tools and resources

Impact of SARS

- SARS outbreaks changed the landscape of health care forever
- Despite the heroic efforts of all involved, we were not equipped to deal with the crisis on an immediate basis
- We need to fundamentally re-think our system and how all components fit together
- It has shown us how fragile our system is in terms of human resources
- It has shown us that we have no flexibility to deal with disasters of this magnitude

Impact of SARS...

- Huge financial and human resources impact
- Reduction in elective surgery, emergency and trauma services and diagnostics
- Significant backlog of cases; unclear what impact that had on population

Role of OHA During SARS

- To support hospital leaders
- OHA conduit for information-sharing among hospitals, Provincial Operations Centre, unions, Ministry of Health and Long-Term Care and Ministry of Labour
- Participated in and coordinated daily teleconferences with CEOs, clinicians and others; web-postings and bulletins
- Information exchange with hospital communicators across the province

Role of OHA During SARS

- Human resources issues were complex, challenging and without precedent
- OHA's SARS HR Working Group provided advice to the Ministry of Health and Long-Term Care on issues such as SARS compassionate fund
- Continuous discussions with unions
- Provided guidelines to hospitals, particularly on issues such as compensation
- Liaised with Ministry of Labour re: health and safety issues
- Set up a web-based SARS volunteer roster of health care professionals willing to help GTA
- Subsequently we received a research grant from Imperial Oil to improve personal protective equipment

OHA's Perspective

- Outstanding leadership, dedication and commitment shown by all involved to address this crisis.
- Government officials, hospital leaders, public health, physicians, nurses, all front-line health care professionals, worked night and day under extremely difficult conditions to contain the outbreak

OHA's Perspective

- But lacked
 - Knowledge
 - System capacity and flexibility
 - Resources
 - Linkages between governments and components of the system

Challenges for Hospitals

- Communications
- System Capacity
- Human Resources

Communication Challenges

- The relationship between the Provincial Operations Centre, Ministry of Health and Long-Term Care, Toronto Public Health and Ministry of Public Safety and Security was unclear
- Managing by Directives unprecedented and cumbersome
- No established mechanism for communicating with hospitals and health care organizations especially after hours and weekends
- Developing protocols in real time

Human Resource Challenges

- Critical human resource shortages especially in the areas of infection control, intensive care, emergency and respiratory therapy
- Shortages of protective equipment
- Many employees work for multiple employers – two site rule reduced available staff
- Screening issues – who should screen?

Human Resource Challenges (cont'd)

■ Compensation

- How were staff to be paid if they are sent home or re-assigned?
- Are staff on home quarantine treated as sick? What if they are part-time and not eligible for sick leave?
- If it is work-related, should WSIB compensate for the quarantine or hospitals?
- How to compensate management and other staff working around-the-clock?
- Other

Human Resource Challenges (cont'd)

- Staff on work quarantine – implications for their quality of life
 - Ostracized, how to get to and from work (GO Train scare), who gets groceries, picks up children,
 - Many stories of hardship
- Health care workers were caring for their colleagues as SARS patients
- Phase 1 – Fear
- Phase 2 – Fear, mistrust, anger and fatigue

Human Resource Challenges (cont'd)

- Lasting impact
- Much work needed to heal our staff and our workplaces
- Health and Safety and Infection Control need heavy investment of time and money
- Rebuild trust in management

Capacity Challenges

- Capacity in system described as “critical,” “grim” – shortage of ICU beds across province
- Closure of some emergency rooms created even greater pressure
- Physical facilities not configured for best practices in infection control and heightened vigilance
- Lack of single occupancy and negative pressure rooms
- Visitors restricted or banned at great inconvenience for patients and their loved ones
- Financial impact of SARS due to loss of revenue and cost of heightened vigilance

Benefiting From Our Experience

- We owe it to our health care professionals to plan for the next wave
- Many emergency response processes are already in place
- More improvements can be made as we build on lessons learned
- While individual hospitals demonstrated great resilience and strength during crisis, need to develop a stronger system-level emergency plan

How Can We Improve Our Response to Future Outbreaks?

System Objectives

- Ongoing enhancement of emergency preparedness and coordination among all levels of government, hospitals and all health care providers, including public health
- Improved ability to treat future deadly diseases and protect citizens and out health care professionals from future outbreaks
- Enhanced workplace safety and wellness programs

How Can We Achieve These Objectives?

- Provide leadership and support to the hospital system in Emergency Preparedness
- Provide input to, and analysis of Commissions and Expert Panels
- Strengthen partnerships with governments, public health and other agencies and stakeholders dealing with emergency preparedness

Issues to be Addressed

- Human Resources
- Capacity/System Issues
- Information Systems
- Infection Control
- Communications
- Research

Human Resources

- Need to look further at best practice regarding staff mix ratios of full-time to part-time
- Need to review and address issues relating to staff working at multiple sites
- Address health and safety programs in hospitals e.g. personal protective equipment

Human Resources (cont'd)

- Evaluate and manage volunteer and student roles within and between facilities
- Address statutory powers during a provincial emergency including any override to employment laws, collective agreements, etc.
- Increased focus on education and training on infection control for healthcare professionals

Capacity/System Issues

- Hospitals must have human and financial resources to manage outbreaks
- Occupancy rates are too high, no flexibility to deal with emergencies
- System needs “surge capacity” to preserve human and physical resources (beds/equipment) in times of emergency to allow for the continuance of services such as trauma, cancer/ cardiac care, births
 - Critical care and emergency services were impacted by SARS
 - Faster discharges of alternate level of care patients to appropriate level of care

Capacity/System Issues (cont'd)

- Need provincial authority to co-ordinate and manage system response in a health emergency (“managing voice”)
- Need a new “code” for large scale infectious disease outbreaks
- Need organized, formal and ongoing collaboration amongst government and different parts of the system given the interdependence among hospitals, public health, community laboratories and other community agencies
- Need to clearly distinguish responsibilities among different jurisdictions (Federal, Provincial, regional/municipal)

Capacity/System Issues (cont'd)

- Incorporate into renovation and construction projects best practices to address infection control and emergency management needs (e.g. negative pressure rooms)
- Coordinate supply and distribution of approved protective equipment

Information Systems

- Establish information systems that can accommodate:
 - Centralized knowledge sources (clinical, epidemiological, etc)
 - Real time data collection and analysis capabilities to support time-sensitive decision making
 - System management information to identify available resources and maximize quick access to them

Information Systems (cont'd)

- Unique patient and provider identifiers and registries need to be established to locate and track individuals
- Electronic Health Records and shared databases need to be established to support the sharing of information between providers, jurisdictions and government agencies and enable active surveillance and tracking
- Communication tools, including email, fax and phone, to connect relevant parties and facilitate sharing of information

Infection Control

- Establish centres of excellence in infectious diseases control
- Develop and disseminate best practices in infectious diseases
- Consult with stakeholders and providers in the development of infectious diseases control protocols

Infection Control (cont'd)

- Develop a surveillance system, including early warning protocols
- Enhance infection control practices through the health care system, reinforced through ongoing training and development of human resources

Communications

- Need to provide coordinated, accurate, trusted and timely information to the public and health care providers:
 - Establish secure web sites, bulletins, daily updates (emails)
 - Provide support to clinical experts (e.g. teleconferences)
 - Maintain centrally a current communications database for relevant stakeholders/providers (i.e. email, telephone/fax/cell numbers)

Communications (cont'd)

- Establish a central coordinating body for communications between providers, essential stakeholders and government bodies (such as the MOHLTC, Provincial and SARS Operations Centres and Public Health)
- Providers need to be able to communicate directly with the Ministry to share critical information (e.g. status changes), and to receive clarification on directives on a round the clock basis during emergencies

Communications (cont'd)

- Clearly identify spokesperson(s) during the crisis to avoid confusing and conflicting messages
- Communicate with the public frequently using as many mediums as possible involving experts to provide reassurance and direction (e.g. changes in a “new normal environment”, hand hygiene, visiting, travel etc.)
- MOHLTC to be commended on daily communications with public through news conferences and advertising

Research

- Develop centers of excellence for disease control
- Coordinate and support research networks/activities particularly in real time during an outbreak to assist with quick solutions
- Invest in research to redesign the system so that we can cope with unknown disease entities, using evidence-based practice

Conclusion

- We need to prepare for future unknown disease entities
- We need additional resources – human resources, infection control, capital and infrastructure – to ensure system flexibility and surge capacity to address unforeseen emergencies
- We need to recognize the heroic efforts and accomplishments of the health care sector, while learning from our experiences

Conclusion (cont'd)

- Together we need to adopt a new philosophy towards health that focuses on patient and public safety, and ongoing vigilance and prudence to protect ourselves
- Need to view hospitals differently. Focus on caring and healing. Need to change visiting policies to be compatible with “new normal”.

Hospitals Rose to the Challenge

- Hospital leaders established hospital-based emergency operations centres to manage the crisis 24/7
- Activated code orange procedures
- Heightened vigilance and infection control surveillance
- Quickly implemented communication strategies to keep their staff, patients and communities informed of key developments
- Created negative pressure rooms
- Created SARS screening and assessment clinics
- Staff education re: protective equipment

Government Response

- Hospitals appreciate the financial compensation provided to hospitals and health care professionals by the provincial government. The Premier and the Minister acted promptly on both fronts.
- We believe it is important for the Federal government to step up to the plate and provide its fair share of compensation to Ontario.

Heroic Efforts of Staff

- Despite the stresses on the health care system, hospitals contained SARS
- Success was due to the heroic efforts of health care leaders and staff who put aside their own fears to care for others
- In the battle against SARS, health care professionals made huge sacrifices
- With great pride, hospital leaders have told us about the courage, commitment and professionalism of staff throughout isolation and code orange procedures

Tribute To Our Heroes

Our Association will continue to pay tribute to the thousands of health care professionals and who were on the front line in the war against SARS, especially those who lost their lives.

We remember Nelia Laroza and Tecla Lin and Doctor Nestor Yanga.

They dealt with something that we have never faced before and they did it twenty-four hours a day, seven days a week for several months. It was exhausting. Their families worried about them. And they worried about the safety of us all. We thank you.

You are our Heroes.