Ontario Association of Radiologists

Presentation to
Mr. Justice Archie Campbell
Chair, SARS Commission

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September 30, 2003

Introduction

- Good afternoon Justice Campbell, my name is Mark Prieditis
- I am a physician and serve as Chief Radiologist for the Rouge Valley Health System
- I am also Executive Vice-President of the Ontario Association of Radiologists and
- I am Chair of the OMA Section on Diagnostic Imaging
- My presentation today is as a radiologist and as a member of the OAR

Introduction (con't)

- I am in active practice at Rouge Valley Health System, Scarborough Grace and several Independent Health Facilities
- During the SARS crisis I was personally placed on quarantine and several of my medical, technologist and nursing colleagues developed SARS
- With me is Susan deRyk, Director of Communications at the OAR

Role of Commission

- I would like to thank you Mr. Justice, for the opportunity to present today
- I believe this is a very important part of the process of ensuring Ontario is better prepared to deal with another public health crisis of this nature in future
- I am hopeful the results of your commission will help all of us prepare, cope and deal with any future public health crisis in a more comprehensive, co-operative and cohesive manner
- The majority of my presentation today will deal with the implications of SARS on independent health facilities
- I will also make a few short observations on the impact on hospital radiology departments based on my personal experiences with this crisis

What is the OAR

- The Ontario Association of Radiologists is a voluntary professional body
- Represents 700 Ontario radiologists
- Radiologists practice medicine in both hospitals and more than 600 diagnostic imaging Independent Health Facilities(IHF's) - commonly called community imaging clinics
- In Ontario most radiologists practice in both the hospital and IHF practice settings

What is the Radiology

- In layman's terms, Radiology is a medical specialty that uses sophisticated imaging equipment to view the inside of the human body

- Radiologists are the physicians who specialize in creating and interpreting diagnostic images in order to detect and diagnose disease. We also perform minimally invasive procedures/surgery using imaging for guidance

- Some common diagnostic imaging equipment used in radiology include: x-ray, ultrasound, and mammography

- Higher tech imaging equipment: CT, MRI, angiography and PET

- Radiology is used in the diagnosis of virtually every major medical condition and the leading causes of death including: cancer, heart disease and stroke

Role of Radiology

- **Radiology plays a key role in the diagnosis of all patients who are exhibiting respiratory symptoms**

- **In most cases, patients with respiratory symptoms for many illnesses, including SARS, receive chest x-rays as a routine and key part of the diagnostic work-up. After a diagnosis is made many more chest imaging studies may be performed to monitor the disease**

- Throughout the SARS outbreak radiologists and our technologist colleagues played a key role in the provision of imaging services used to identify SARS patients

Role of DI in identifying SARS

- Specifically, during the outbreak patients exhibiting SARS symptoms were sent for x-rays and CT scans to help diagnose and monitor the disease

- CT scans are also used in the identification of SARS and were shown to be the most sensitive test to demonstrate the first pulmonary findings early on in the Hong Kong SARS experience. CT is also very useful in monitoring the long term damage to the lungs that may be caused by SARS.

- Community imaging clinics and hospitals are the only providers of radiology services in Ontario – so anyone who needed a chest x-ray had to go to either a clinic or a hospital radiology department

Role of IHFs in Ontario

- As I said earlier there are about 600 radiology clinics in Ontario communities
- About 50% of all radiology services are delivered in hospitals, the other half in community imaging clinics
- In many cases in Ontario during the SARS outbreak, and on an everyday regular basis – patients chose to have their radiology examination performed at a community imaging clinic

Role of Radiology

- All Ontario patients exhibiting SARS symptoms were referred for radiology services

- As you heard yesterday from Dr. D'Cuhna most SARS patients had x-ray findings. Also, the sickest and most infectious patients tended to have the most severe chest imaging findings

- Most patients who were eventually diagnosed with SARS had multiple chest x-rays

Role of Radiology

- Many were referred for these diagnostic examinations by their family doctor and in the case of those requiring x-rays, several went directly to community imaging clinics

- **One of the first SARS cases was actually imaged at a clinic and there were several others throughout both SARS I and SARS II that went through these Independent Health Facilities**

- **Some patients decided to seek services at clinics due to fear associated with visiting hospitals during the SARS crisis**

- At the same time as patients with SARS-like symptoms were getting radiology services at clinics - thousands of other patients were visiting these same clinics for diagnostic tests ordered by their family physicians and other specialists for a host of clinical indications

Role of Radiology

- Due to the Provincial Government directives hospitals in Ontario restricted patient access and for varying amounts of time cancelled outpatient radiology services

- **This meant that during the critical period of the SARS Crisis, community imaging clinics were in some cases the only providers of radiology services in areas of this province particularly during the height of the SARS outbreak**

- For example, for a short period of time in east Toronto, the Rouge Valley Centenary, Scarborough Hospital General and Grace and North York General were all closed to out-patient services at the same time

Provincial Communications

- This is a very important point because despite the important role played by IHFs during this public health crisis, the Ministry of Health overlooked community imaging clinics in its communications/information network

- Also, the MOH apparently did not develop or disseminate any specific guidelines that recognized the unique nature of these facilities

- It became clear to us early in the crisis, that there was a concerning breakdown in the Ministry of Health's policies, safety measures, communications procedures and response efforts

Provincial Communications

- The MOH's lack of consistency in the application of its SARS response had the effect of creating a double standard for the protection of patients, medical staff and physicians working in diagnostic image practice settings

- The MOH's breakdown overlooked the needs of IHFs from a communications standpoint and in terms of the provision of protective equipment

Lack of MOH response to IHFs

- While the MOH was ensuring hospitals were receiving daily updates, access to safety equipment and information specifically directed at their areas of practice, it was virtually the opposite for clinics

- Not only was personal safety equipment (gloves, goggles, masks, gowns) never made available by the MOH for IHF staff, but the MOH did not help co-ordinate a plan to enable IHFs to obtain proper equipment

- For a number of reasons it was nearly impossible to purchase N95 masks in Ontario during the early stages of the SARS outbreak

- This failure to recognize the needs and to work with frontline IHFs continued throughout the outbreak

Lack of MOH response to IHFs

- This resulted in a truly frustrating and deeply worrying situation
- The OAR contacted MOH officials on numerous occasions by phone and through numerous pieces of direct correspondence
- We requested a plan to supply and fund safety equipment and provide proper information to clinics
- Despite the numerous requests the MOH did not provide specific clinic information until late in “SARS II”

Lack of MOH response to IHFs

- What seemed clear to radiologists and those with knowledge of radiology and its importance in this outbreak was that the MOH seemed to have limited knowledge of how diagnostic imaging services are delivered and how this aspect of the health system would be impacted during a crisis

- It is our view that this information gap put radiologists, technologists, medical staff and patients at greater risk than was acceptable in this situation

The Information Gap

- The lack of information being disseminated to clinics was further complicated by the apparent decision of the MOH to offload the important communications pertaining to Independent Health facilities to a non-medical organization (IDCA)

- It is our understanding that the majority of IHFs in Ontario are not members of the IDCA

- Many of our members did not receive any information from the IDCA

- It is our view that this was an inappropriate response by the MOH which remains very difficult to understand. Radiologists are very concerned in principle about the concept of off-loading an issue of such importance to any association other than a medical association

The Information Gap

- In fact there were only a few directives, consisting of several paragraphs and some general MOH information sent

- We informally surveyed several IHFs in key areas affected by SARS and only a minimal number of IHFs stated that they had received any of this information

- In our view, IHFs needed much more detailed, specific and timely information and a process to ensure that it reached all those that needed it

Role of the OAR

- From the earliest days of the SARS crisis radiologists including OAR board members were affected in both the Hospitals and IHF's

- This alerted the OAR and despite the MOH not responding to our concerns, the OAR immediately worked to assemble information based on the international experience, develop and adapt guidelines and aggressively communicate any clinical and safety information we could to IHF's

- Through a comprehensive fax and email broadcast network the OAR sent out numerous information sheets and information that was directed at the practice of radiology in the community clinics

Role of the OAR

- Broadcasts began in March and continued throughout the outbreak with up-dates as new developments and changes in policy occurred

- In addition the OAR acted as a conduit for directly disseminating and circulating public health updates in a manner that encouraged safety precautions that were applicable in an IHF setting

- The OAR set up a comprehensive web portal which included dozens of information sources, information and safety documents as well as clinical information directed specifically at radiologists

- In addition the OAR served as a clearing house for information and a conduit to help radiologists in both hospital and clinic practice communicate with others to ensure the best and most current clinical data was being communicated throughout the radiology community in Ontario

Role of MICO

- MICO (Medical Imaging Clinics of Ontario), in its capacity as the largest supplier to IHFs in Ontario, worked closely with medical equipment suppliers to secure and distribute N95 masks, gowns and other protective gear to all clinics, including a large number of family physician offices

- In fact, MICO was instrumental in securing American sources of N95 masks when they were completely unavailable in Ontario, and were an important player in ensuring that Ontario imaging clinics were properly prepared for this public health crisis

- This made n95 masks and other necessary supplies available in OAR member IHFs before they were available in other physicians' offices

OAR Role

- We believe that these activities were important to public safety during the outbreak and resulted in a safer environment in OAR member-owned clinics

- As imaging specialists we did the best we could to assemble, adapt and disseminate important information, however there is no doubt that had the MOH responded to our concerns and worked with imaging specialists we could have done better

- Unfortunately it is clear that many other IHFs in the province were in effect operating in a vacuum during the SARS crisis

Co-ordinated Response

- It is our hope that in the future a process will be in place to ensure a co-ordinated, medically-led response to any similar health care crisis we face

- This process should engage the proper medical and other health care leaders and their organizations and be as “de-politicized” as possible

- This process must also give the experts the authority and means to communicate and also to disseminate necessary equipment rapidly

Hospital Experience

- As a radiologist at Rouge Valley Health System and the Scarborough Grace, I was involved in the care of a large proportion of the Canadian SARS patients

- In my capacity as Chief and Medical Director of Diagnostic Imaging at the Rouge Valley Health System I was responsible for supervising technologists and other staff and working with infection control in implementing safety policies

- Many medical staff work at both the Scarborough Grace and the Rouge Valley Health System. This resulted in important information passing very quickly to RVHS in the early days of SARS

- In addition several of these physicians have family and colleagues in the Far East and were in frequent communication with these physicians early on

Hospital Experience

- Information available in the far east was in our opinion more rapid, more detailed and less “filtered” than that available here
- As a result of this and several determined and perseverant physicians and other professionals, strict infection control measures were introduced at RVHS early on in the SARS crisis
- In fact, in some areas of the hospital, these were implemented well before MOH directives and in departments that were sometimes overlooked such as radiology departments
- I believe this was instrumental in there being no known transmission of SARS to a patient or staff member at the RVHS
- Particular credit must be given to Dr. Ian Kitai at RVHS for his unwavering dedication during the SARS outbreak

Re-engineering Hospitals

- Most SARS patients received many chest X-rays during their stay in hospital. Many of the sickest patients had chest x-rays daily and many patients required CT's

- For those of us dealing with many SARS patients in hospital the impact on the radiology department was profound. For example, many technologists spent the greater part of each day getting in and out of protective gear and x-raying SARS patients

- If a SARS patient required a CT, ultrasound or interventional procedure in the department, the room would be effectively shut down to other sick patients for a large portion of the day. This in a system already with extreme waiting lists and overcrowded waiting rooms

- If a multi-site hospital only had MRI or CT at one of its sites and that site was "closed", then urgent patients from the other site with diseases like strokes, cancer or those with traumatic injuries were effectively excluded from getting the imaging that they needed to optimize their care

OAR Recommendations

1. The Ministry of Health must develop a formal process that allows for the automatic ongoing communications with all regulated health care facilities whether they be: public hospitals, Independent Health Facilities, nursing homes, etc.

2. Public health issues by definition have serious medical implications which demand that there be a formal system by which all appropriate medical leaders and practitioners are directly involved in providing advice, both to the public health care officials, as well as to providers in that specific health care area.

3. There is a need for flexibility in the occurrence of a public health issue that ensures that medical experts and their professional organizations are engaged by government to co-develop appropriate response plans and to advise on pertinent matters that will protect the public interest.

OAR Recommendations

4. In the time of an urgent public health crisis, that government should not rely solely on umbrella organizations like the Ontario Medical Association as the sole source of advice and assistance on complex and specialized medical issues, recognizing that organizations like the OMA are more suited to provide assistance on a more generalized level. Medical specialty sections of the OMA should be engaged directly to provide assistance in conjunction with other affiliated professional medical organizations.

5. The Ministry of Health has a duty to provide appropriate safety equipment to all publicly-funded health care facilities on an equitable and timely basis.

6. Equipment must be provided and distributed to all publicly-funded health care facilities in an expeditious and equitable manner in order to contain an outbreak and provide critical public safety measures. When supplies are limited, discretion should be applied to respond to those areas most impacted or likely to be impacted.

OAR Recommendations

7. If the Ministry of Health is unable to provide direct communications with physician IHFs, they should engage the OAR as the provider of communication materials to IHF radiologists.

8. In the case of a public health crisis it should be established government policy not to use or designate an industry organization because they are unable to provide medical advice or diagnostic imaging expertise.

9. Ministry of Health must create an action plan (in co-operation with radiologists who work in both hospital and IHF settings) to ensure a comprehensive approach to another outbreak.

OAR Recommendations

10. An education/awareness program should be undertaken to ensure that the Ministry of Health, Public Health and other health organizations have a clear understanding of the role of IHFs in providing diagnostic imaging services to patients especially in light of the prominent role played by IHFs in the SARS crisis.

11. SARS clearly outlined the urgent need to increase the capacity of imaging departments in hospitals and re-engineer imaging departments and other areas of hospitals so that patient flow is understood. There needs to be some excess imaging capacity built in to key areas so that the needs of those with infectious diseases as well as those with the many other important conditions can also be cared for regardless of the crisis we face