



York Central Hospital: Our SARS Experience and Learnings and Recommendations

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SARS Commission Presentation

St. Lawrence Market North

- before I begin my presentation I would like to thank Justice Campbell and the commission for the opportunity to share York Central Hospital's SARS experience
- I also want to take a moment to express our sympathies to all those who became ill with SARS and to extend our sincere condolences to the families of those who died from this illness
- Justice Campbell, members of the Commission, representatives from the media and ladies and gentlemen of our audience, I would now like to share with you an overview the York Central Hospital SARS experience, our learnings and recommendations

About York Central Hospital



- York Central Hospital located in Richmond Hill, service area includes over 380,000 people in Southwest York Region
- More than 62,000 Emergency Visits per year
- Multi-cultural Community: Italian, Chinese, Russian
- Occupancy Percentage - Acute Care 97%
 - Complex Care and Rehab 96.5%
- Poised for Major Expansion and Renovation in Spring of 2004

- now I like to tell you a little about York Central, as you can see we are located in Richmond Hill, serve one of Canada's fastest growing regions with about 380,000 people in our service area

- we have one of the busiest ER's in the city with over 62,000 visits last year and we are expecting to go to about 64,000 this year

- as you can see ours is a very multicultural community

- when you consider that the ideal occupancy rate for a hospital is about 85%, you can easily see that our acute care beds are overstretched at our average occupancy of 97%

- fortunately with our recent funding announcement, we will begin construction on a major expansion and renovation of our hospital next spring

York Central Hospital Profile (as of March 2002)



Total Beds = 427

- 227 Acute Care Beds
- 90 Chronic and 32 Rehab Beds
- 116 Long Term Care Beds

Staffing Complement

- 1,800 Staff
- 325 Affiliated Physicians
- 869 Adult and Student Volunteers

Annual Operating Budget

- \$136 million

- here are some of our vital statistics, in total we have 427 beds including acute care, chronic, rehab and long term care
- on any given day we have about 2500 staff, physicians and volunteers on site
- and an annual operating budget of \$136 million

YCH Chronology of Events: SARS 1



March 15	- YCH identified probable SARS case (travel) in ER, transferred to Sunnybrook & Women's without incident
March 16	- Patient transferred from Scar. Grace to YCH's ICU, no reason to suspect SARS
March 17	- YCH plans for SARS isolation unit
March 21	- Wife of Scar. patient admitted with surgical diagnosis, no reason to suspect SARS
March 28	- Hospital Closed (Category 3), 10 Staff and 5 Patients infected (before March 26) - SARS Unit Opens, 10-day working quarantine begins

-now I want to take you through a chronology of events from our perspective at York Central

- thanks to the World Health Organization warnings, we immediately identified and appropriately triaged a patient who came to our ER after having traveled to China, we believe this was the first and only travel related case identified in a GTA E.R.

- the very next day a patient was transferred to our hospital CCU from Scarborough Grace and I want to emphasize that at that time we had no reason whatsoever to suspect this patient may have been exposed to SARS

- about four days later the patient's wife become ill and was admitted with a surgical diagnosis, still we had no reason to suspect she or her husband had SARS

- not until March 28, did we learn that the patient had been exposed to SARS and York Central was immediately closed due to unprotected exposure to our staff, patients, and visitors, and our staff began what has become known as "working quarantine"

YCH Chronology of Events: SARS 1



April 8	- Working quarantine ends
April 19	- YCH moves from a Category 3 to 1 hospital, Labour and Delivery (birthing) re-opens
April 21	- ER and all other Hospital services up and running with Pneumonia Ward and Surveillance Protocol in place
April 24	- YCH becomes Category 0, YCH closes SARS Unit

- on April 8, our staff and physicians ended their working quarantine but the Hospital remained closed until April 19 when our SARS category was downgraded from a 3 to a 1 and we opened our birthing services

- on April 21, after being closed to our community for 22 days, York Central re-opened its Emergency and began ramping up the rest of its services with a specially designated unit for all pneumonia cases and ongoing surveillance of all patients

- on April 24, we discharged our last SARS patient and became a category 0 hospital

YCH Chronology of Events: SARS 2



May 23	- SARS Screening Teams reinstated at entrances
May 24	-SARS Unit re-opens to care for patients from North York General Hospital
June 19	- SARS Unit closed with discharge of last patient and not a single case of transmission of SARS within Unit
August 17	- SARS Screening teams replaced with self-screening and disinfectant stations, SARS surveillance continues

- just a side note, on May 22, our hospital actually had an end of SARS party to celebrate the taking down of our SARS tent where our staff and physician screening had been conducted during SARS 1, you can imagine our surprise when went home that evening to learn that SARS was back

- so on May 23, we replaced the self screening tool with active Screening Teams at Hospital entrances

-May 24 opened SARS Unit to care for patients from North York General

- the unit remained open until June 19, when the last of our SARS patients was discharged, and I think it is important to recognize that in all the time that we operated our SARS Unit, we never had one single case of transmission within the Unit

- and then on August 17, we replaced the active screening teams with self screening stations complete with disinfectant rinse, and the self screening and surveillance of all patients continues today

SARS Supplies



To date we have used:

- Surgical Masks 75,520
- N95 Masks 59,900
- Disposable Gowns 63,200
- Gloves (pairs) 47,500
- Goggles 2,050
- Face Shields 2,100
- Bottles of Water 6,300

- here are just a few numbers to give you some idea of the magnitude of supplies that were required to get us through the events I just described

At the Front Lines of SARS: ER Staff Ready to Start Their Day



- the following images show some of the real heroes of our SARS experience, they are our staff and physicians who worked on the front lines during SARS 1 and @

- here's our Emergency Department Staff dressed to start their shift in the ER, as you easily imagine it can get quite hot and uncomfortable having to wear these gowns, masks, gloves and eye shields for 8 to 12 hours at a time. Just a reminder that staff worked in these conditions from late March right through to late August. These people deserve our praise and thanks for the incredible job they did to keep us all safe and healthy

At the Front Lines of SARS: YCH Command Centre (24 hours)



- here's glimpse of staff in our Boardroom which had been turned into a Command Centre that was operated 24 hours a day, during the time of our closure we had daily meetings for our entire management team and most worked for at least 17 days straight before taking Easter Sunday off to be with their families

At the Front Lines of SARS: Nursing Station on SARS Unit



- this is what the nursing station on our SARS Unit looked like, nothing fancy to be sure, but effective in that during both SARS 1 and 2, once we had identified the patient from Scarborough and those that had become ill as a result of contact with that patient, from that point on there was not one additional case of transmission on our SARS Unit or anywhere else in the hospital

At the Front Lines of SARS: Physicians on the SARS Unit



- and here are a couple of physicians on our SARS Unit, again I want to tell you a little about the human impact of SARS. One of these physicians had a infant at home and during the early days of SARS when little was known about transmission, to safeguard the health of his wife and baby he slept alone in the basement of his home for the first 21 days

At the Front Lines of SARS: Patient on Ventilation in SARS Unit



- here is a wide lense view of a ventilator dependent patient on our SARS Unit, again as you can see there was nothing fancy about this quickly assembled unit, but again it was highly effective in that of the 22 patients treated in this unit, we had only one death. Of course even one death is one too many and our condolences go to the friends and family of this patient

Our Challenges



- There was no efficient patient tracking system e.g. identifying ambulance transfers or discharges
- During SARS 2, we experienced a critical shortage of staff due to quarantine restrictions placed on hospital workers
- Constantly changing POC directives created tremendous communications challenges
- Conflicting protocols e.g. public health/hospitals/telehealth
- Extremely confusing discharge protocols for patients going to nursing homes and outpatients e.g. quarantine restrictions experienced by Dialysis and Chemo patients

Key SARS Achievements



- First Ontario hospital to identify a travel related SARS case
- Planned for SARS Unit on March 17,
- Ran most effective SARS Unit in Canada - 22 probable cases treated with no secondary transmission and excellent quality of care (one death)
- Fastest Re-opening of Category 3 Hospital (2 days post reclassification)
- Established Pneumonia Protocol (April) later adopted by Province (June)

Key SARS Achievements



- First Hospital to publish an analysis of SARS patient care experience(CMAJ article by Doctors Dwosh, Austgarden, Herman and Schabas April 25, 2003)
- York Central Hospital physicians invited to participate in international scientific meetings (Dr. Richard Schabas in Beijing July, Dr. Hy Dwosh, in China in August)

Keys to Our Success



- **Internal Communication** - transparency - share as much as you know, when you know it - daily SARS bulletin, daily Management Team meetings, SARS President Forums, visible management
- **External Communication** - keep our community informed - press conferences, ongoing media updates, web site updates, telephone on-hold message, newspaper advertisements
- **SARS Surveillance** - i.e. respiratory rounds, units reporting all patients with pneumonia, fever, and/or respiratory illness

- good Internal Communication is essential during any emergency situation, you must be seen to be transparent in your communication to be credible, our philosophy was to share as much as you know, when you know it - that included a daily SARS Staff Bulletin, we had daily Management Team Meetings, weekly President's Forums open to all staff, and we tried as senior manager to be as visible as possible - frequently on the units talking to frontline staff

- good External Communications is just as important, so we kept our community informed through press conferences, ongoing media updates through press releases and interviews, we provided updates on our website, on our on-hold message service, and through newspaper ads

- throughout our SARS experience and continuing today we placed a huge emphasis on SARS surveillance including regular respiratory rounds, reporting of any pneumonia, fever or respiratory illness

Keys to Our Success



- **Organized Effective Isolation Facilities** - in ER, SARS Unit, and Pneumonia Ward
- **Enhanced Screening** - above and beyond POC Directives - e.g. temps on entrance and exit for everyone
- **Comprehensive and Timely Staff Support** - taking care of each other, ourselves and our families

- we organized effective isolation rooms including 3 in the ER, 10 on the SARS Unit and 11 on the Pneumonia Ward
- we provided enhanced screening by going above and beyond what was mandated by taking temperatures of all staff, physicians and volunteers on both entrance and exit
- and most importantly we took care of each other, ourselves and our families with snacks and water delivered to the units, a staff support hot-line, daily spiritual support sessions, our HR Department took on a full-time role providing staff with assistance in finding replacement daycare, intervening with employers, schools, and daycare providers of family members, and our volunteers who were not affected by the quarantine provided help with personal shopping, banking, and prescriptions for staff and other volunteers under quarantine

Outbreak Prevention

- Faster action to prevent any transfer of patients from the index hospital
- Better notification to hospitals about outbreaks
- Better surveillance systems and properly resourced infection control programs
- Better patient tracking systems

- in terms of outbreak prevention, if the simple step of preventing any patient transfers was taken earlier at Scarborough Grace, our hospital would have been spared the need for SARS quarantine and closure

- and at the very least if the system is unable to detect an outbreak until after transfers have occurred, notification to other hospitals of an outbreak at a particular hospital site would enable them to review their own records to check for patient transfers from that hospital and take appropriate measures to protect other patients, staff and visitors

Outbreak Management

- Better ongoing dialogue with hospitals that were closed
- Better understanding and appreciation of the complex environment of a hospital
- More collaborative relationship between hospitals and public health
- Designate hospitals with stand-by isolation wards (SARS wards) and cohort patients to these hospital

- we strongly encourage more careful consideration before closing an entire hospital, and certainly of the length of time a hospital needs to remain closed. York Central was ready to re-open to its community far earlier than 22 days, but despite our pleas on behalf of the people in our community who depend on us, the POC insisted we remain closed. Subsequently we noted that when Sunnybrook, Mount Sinai and Markham had unprotected exposure, and in some cases transmission, only the affected unit, not the entire hospital was closed.

-secondly, we encourage better two-way communication as we found great difficulty in having our concerns acknowledged by the POC, the communications all seemed to flow in one direction. They seemed to have little expertise in infection control in a hospital setting yet unwilling to respond to questions and concerns regarding directives

- the last point on this page is that it doesn't make sense to have 20 hospitals maintain capacity to open SARS units quickly, there should be 2 to 3 hospitals funded adequately to set up emergency infection control units when needed

In Conclusion



York Central Hospital was able to rise to the challenge of SARS :

- Cared for our Community
- Cared for Each Other