

THE SARS COMMISSION PRESENTATION

William Osler Health Centre

Presentation Elements

- On May 27th, William Osler Health Centre Etobicoke Hospital Campus became responsible for the assessment and treatment of SARS patients at the request of the Ministry of Health and Long-Term Care.
- The William Osler experience was challenging and leading edge in the front lines of treating SARS patients in Ontario. This led us to devise a solution that worked.
- “The Hospital Within a Hospital Model”
- Outcomes and Lessons Learned
- Recommendations for future hospital care of infectious diseases

Interim Healthcare Alliance Member

- As a member of the four Alliance facilities (St. Michael's Hospital, The North York General Hospital, The Scarborough General Hospital, The William Osler Health Centre) our Etobicoke Campus was expected to support other hospitals in the West GTA.
- We were also requested to serve the population arriving from the GTA Airport.
- We would be the primary facility to assess and treat travellers coming to Toronto who pose a risk for infectious disease.
- Prior to May 27th, WOHC had no SARS patients. Our designation and role as a SARS Alliance Hospital provided a window of opportunity to create the appropriate safe hospital environment to assess and treat SARS Patients.

The William Osler Experience

- The William Osler Experience ~ Building the “Hospital Within a Hospital Model”
- The infrastructure for proceeding with this model was based on two essential criteria
 1. Patient, staff and visitor safety
 2. Maintaining a parallel fully functioning hospital with all service components for all patients

Hospital within a Hospital Model

Components that were established to ensure the model as described:

1. Dedicated Physical Space - we quickly created a dedicated environment with special configuration to assess, manage and treat SARS patients
2. Purpose built special Patient Care Processes and Protocols
3. Clear and unambiguous Leadership Structure
4. Active and focussed Communication Mechanisms
5. Different Staffing Models
6. Dedicated Clinical Equipment
7. Applied Provincial Directives with customized enhancements

Safe Environment

- Created tightly controlled isolation zones for assessing, treating and transporting patients with probable or suspect SARS. This included a dedicated inpatient unit, a dedicated ER isolation unit and a free-standing SARS Assessment Clinic.
- Maintained a parallel fully functioning hospital to ensure full comprehensive services to our community ~ surgery, obstetrics, medicine, paediatrics, diagnostic services, emergency care, etc.
- Implemented the provincial directives to meet the needs of safety. This required tailoring the directives to support the model. In order to support the staff in their need for safety, all staff in all areas were required to wear full personal protective equipment.

Physical Space

- A 12-bed inpatient unit was established by relocating rehab patients to our Georgetown Campus and renovating a 32-bed unit to a 12-bed dedicated SARS Isolation Unit which met all the known standards of infection control. Dedicated equipment was purchased to address the assessment and management of the SARS patients cared for on this unit.
- An area located next to the Emergency department was renovated to create a dedicated Emergency Isolation Unit specifically staffed and equipped to meet the standards for infection control and the requirements for emergency care as defined by the provincial directives.

Physical Space cont'd

- A free-standing Assessment Clinic was constructed in an adjacent building. Appropriate clinical processes were established to ensure no possible exposure opportunities. This included patient flow processes, booking systems, patient management flow charts and dedicated staff and equipment in order to meet the needs of this group of patients in this setting.

Safe Processes and Protocols

- Education programs were held to review infection control practices and provide education on new protocols that had been put in place, such as the wearing of Stryker suits. In order to ensure competency all providers were required to give a return demonstration during the sessions.
- Transfer protocols for both internal and external transfers of patients were developed. Close attention was paid to the elements of transfer of a patient with SARS within the facility, practice sessions were held in order to ensure reliability.
- Cleaning protocols were implemented as per the provincial directives and dedicated housekeeping staff were allocated to the SARS isolation zones.

Safe Processes and Protocols cont'd

- Proper use of personal protective equipment was reinforced through training sessions with all staff. Continuous training was available through a dedicated Educator and Infection Control Officer on the SARS Inpatient Isolation Unit.
- A decision tree for Clinical Decision Making was developed by the Medical Director in concert with the Infectious Disease Specialist on site.

Leadership Structure

- A SARS program unit was established and was supported through a dedicated Leadership Structure. As a program it was a self contained, independent medical service which reported directly to the Site Executive of the Etobicoke Hospital Campus and the Chief of Medicine.
- The leadership model included:
 - A full-time Medical Director, and Patient Care Director who were responsible for the managing all aspects of the SARS program unit.
 - This team was supported by on site Infectious Disease Specialists.

Leadership Structure cont'd

- At the same time the Administrative and Medical Leadership continued to support the entire health care centre to fulfill their new role and continue their mandate to meet the acute care needs of the communities

Communication Mechanisms

- All members of the Leadership team were physically on site during the implementation phase of the model. Staff needed to know that they were supported.
- Initially the staff were frightened and anxious about their new role. They wanted to know what they needed to do and what we were going to do to ensure a safe place for them and the patients.
- Personal visits to units by all levels of management, daily staff forums, staff meetings with the CEO, CNO, and the dedicated Infectious Disease Leadership Team were the mechanisms put in place to address staff and patient concerns.
- Written internal and external communication was provided for staff, patients and visitors. Our community had questions and we needed to be succinct in our written messages to them. Patients in the hospital also needed to be reassured of their safety.

- The staff in the other hospital sites, which included our Brampton and Georgetown Campuses, were kept up to date through our SARS Staff E-Newsletter
- A telephone contact line was established for all community members to use and keep apprised of the changes in the hospital setting.

Staffing Model

- Staffing for all Isolation Zones was initially based on volunteer applications. Some staff did volunteer right away. However, appropriate compensation did become a concern and it was necessary to provide special compensation arrangements as an incentive to staff to work in the dedicated units.
- A different staffing model was implemented in the SARS Zones and was an important component of ensuring a safe environment by ensuring a manageable workload. The infection control protocols became the priority and the parameters for the plan of care.
- A “Buddy” system was a key component of the staffing model. All providers had an assigned buddy who oversaw their infection control practices to ensure no opportunity for exposure occurred.

Outcomes

- Infectious diseases such as SARS require special methods for hospital care.
- Standard hospital infection control measures need to be emphasized as mandatory basic practices.
- Enhanced standards for hospital infection control measures need to be established and mobilized quickly to treat cases such as SARS
- In our experience we treated (over the period May 27 - August 12):
- 10 patients with SARS with NO transmission of the disease to any staff or other patients in the hospital.

Outcomes cont'd

- We cared for 230 patients in the dedicated ER isolation unit
- We assessed 30 patients who visited the stand-alone SARS Assessment Clinic
- At the same time we maintained and managed normal hospital volumes, including:
 - Over 1,900 Surgical Cases
 - Obstetrical volumes
 - An average of 143 (non-SARS specific) ER visits per day
 - A daily occupancy rate of 90 per cent

Key Lessons Learned

1. Establishing a separate and dedicated track for the assessment and treatment of SARS patients: works!
2. Infectious diseases such as SARS can occur again, but hospitals need to know how better to enhance the safety of patients, staff and visitors as a result.
3. Health care providers are courageous and will stand up to the challenge given the appropriate safe environment, equipment, training, and staffing levels to handle diseases such as SARS.
4. Focused leadership, teamwork, and communication are as critical as safe and appropriate scientific and clinical protocols.

Key Lessons Learned cont'd

5. Hospitals and other healthcare authorities have to be enabled to face up to disease crises much better than before.
6. Provincial Directives are essential but they need to be tailored to the unique realities and different requirements across the province.
7. Taking individual and proprietary initiative in times of crisis management is essential.
8. The management of the supply chain to support hospitals in times of crisis is a mandatory requirement.

Ongoing Issues

Issues yet to be resolved:

1. The shortage of Critical Care nurses is a major challenge to handle such crises in the future.
2. Hospitals in particular urban settings need more acute care beds to relieve congestion and long waits in the Emergency Departments.
3. The treatment and management of infectious diseases in all hospitals needs to be strengthened.

Recommendations

- Universally recognized Leadership in Infectious Disease Management needs to be established in Ontario.
- Centres of Excellence for the treatment and management of infectious diseases should be established in hospitals in the GTA.
- Mandatory policies to maintain vigilance and enhance infectious disease management must be the new normal.
- More Critical Care nurses need to be recruited and provided with special incentives to be attracted to work in hospitals.