Rouge Valley Health System

Presentation to the Campbell Commission

October 1, 2003



What is Rouge Valley?

- Formed in 1998
- Rouge Valley Centenary in Scarborough
- Rouge Valley Ajax and Pickering in Ajax
- 576 beds
- 24/7 Emergency Departments provide care for over 90,000 visits annually



Some Facts and Figures

Inpatients	RVA	RVC	RVHS
Probable Cases	9	19	28
Suspected Cases	8	13	21
Under Investigation	65	28	93
Respiratory Isolation	174	144	318
Total Cases	256	204	460
Death Due to SARS	0	3	3
SARS Assessment Clinic Visits	0	383	383
Resulted in 6 Admissions (5 suspected & 1 Probable Case)			



Key Messages

- Pride in our People
- Thanks to our Partners
- Success linked to Team Management and Communication
- Changes for the Future



The Commitment of Staff

- Staffing the Isolation Unit and Clinic
- Thinking on Your Feet
- Working as a Team



What worked well

- Team Management and Communication
- Facilities Support
- Infection Control



Infection control requirements

- Good Policies
- Good People
- Good Facilities
- Good Diagnostics
- Context and support



Good People

- Supportive Administration and an Amazing Team
- Effective Infection Control is invisible but needs to be better resourced
- Need to move to a professional rather than volunteer – model

Building on the Good People

- Modular course in infection control for staff system wide
- Defined role for Medical Director for Infection Control
- Additional training for physicians
- System wide sharing of policies and procedures
- # of ICPs needed and additional training



Building on Good People – cont'd

- More nurses and other staff
- More full time staff who do not move from site to site
- More Housekeeping and cleaning staff: the backbone of infection control



Good Facilities

- Isolation facilities remove guesswork from infection control
- Caring for isolated patients is expensive
- Urgent need for more capacity in the system.



Good Diagnostics

- Immediate identification and confirmation of diagnosis
- Better mechanism to notify healthcare institutions of emerging infectious diseases
- Enhance informal networks



Currently at Rouge

- Screening continues
- Visitor restrictions
- Controlling public entry points
- Signage and handwashing stations
- Active Surveillance and Sweeps



The Impact of SARS

- Financial Implications
- Access Implications
- Staff Recruitment and Retention
- What still needs to be done

