

**Ontario Hospital Association  
Submission to the  
SARS Commission Public Hearings  
Occupational Staff Health and Safety**

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# Presentation Outline

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- About the OHA
- Backdrop to SARS
- Staff Health and Safety Challenges
  - System Issues
  - Human Resources Issues
  - Staff Morale
  - Personal Protective Equipment
- Moving Forward – Developing Healthy Hospitals
  - Education Needs
  - Infection Control and Occupational Health and Safety
  - Policy Considerations
  - Human Resources Needs and System Considerations
  - The System
- Closing Remarks

# About the OHA

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- Voluntary association of all hospitals in Ontario
- The core businesses in support of hospital governance and management
  - Policy development & Advocacy
  - Province-wide human resources and collective bargaining
  - Disability and Wellness
  - Education services
- What we are ***not***: a regulatory body

# Role of OHA During SARS

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- Human resource issues, including occupational health and safety, were complex, challenging and without precedent
- No “road map”
- OHA’s SARS HR Working Group; providing advice to the Ministry of Health and Long-Term Care on issues such as SARS compassionate fund and the two site containment rule. In SARS 1 assisted with communications e.g. teleconferences, bulletins. Coordinated efforts to address supply issues
- In continuous discussion with unions
- Provided guidelines to hospitals, particularly on issues such as compensation, masks, screening issues, WSIB, sick leave

# Role of OHA During SARS

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- Liaised with Ministry of Labour re: health & safety issues
- Set up a web-based SARS volunteer roster of health care professionals willing to help Greater Toronto Area (GTA)
- Subsequently, OHA received a research grant from Imperial Oil to undertake research on Personal Protective Equipment (PPE) – this is a two phased project:
  - Phase 1- a research team will conduct a background analysis & recommend the research priorities
  - Phase 2 will be the initiation of the research found in the first phase, as well as looking at developing better facial and overall protection for healthcare workers

# Backdrop to SARS

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- The impact of SARS on an already fragile hospital system was extreme.
- The system was already:
  - Facing significant provincial and national human resource shortages
  - Facing significant operating funding shortfalls
  - In urgent need of capital renewal
- The system had:
  - No excess capacity/flexibility to deal with disasters of this magnitude
  - Limited human resources to deal with system-wide crises

# Backdrop cont'd

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- Over the past year hospitals have encountered numerous crises. Between SARS, the power outage and day-to day workloads managers and staff have shown
  - Leadership
  - Strength and endurance, and
  - An ability to work through issues.

But we are seeing staff strain as well as the resilience.

- From a human resources perspective there is a real need:
  - To address new challenges from an Occupational Health & Safety and Safe Workplace environment
  - To build both staff and organizational resilience; providing support to manage change and stress
  - To focus on healing and caring

## Backdrop cont'd

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- Staff need support and knowledge throughout such events as SARS and afterwards during recovery
- We need
  - The system and its partners (public health, health, LTC, Community, ambulances, family physicians...) to develop a defined coordinated plan to prepare for other similar emergencies in the future
  - To focus on improving our ability to treat any future infectious diseases and protect citizens and our health care professionals from other potential outbreaks
  - To enhance workplace safety and wellness programs



# Occupational Health & Safety (OH&S) Challenges

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- From an OH &S perspective:
  - SARS was an unknown and virulent disease
  - Information came out gradually
  - Communications was a major challenge
  - Healthcare workers were among the most vulnerable
  - OH&S programs under resourced /cutbacks
  - No certainty about most effective means of protection
  - Moved to successively higher levels of protection

## OH & S Challenges cont'd

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- Constant need for staff re-adjustment and re-education
- Workplace environment became one of fatigue, stress, fear, mistrust and anger
- Staff facing new risks
  - illness, quarantine, mortality

# OH & S Challenges cont'd

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- Some of the major challenges facing hospitals and staff during and since the outbreak from an Occupational Health & Safety perspective include:
  - Staff fatigue due to:
    - ❖ Overwork because of shortages of staff and resources
    - ❖ Ongoing workload issues related to SARS & Infection Control protocols
  - Staff work at multi-sites within same corporations; a good management strategy in many places. Proved to be a problem during SARS
  - Staff also work in a number of different hospital corporations around the GTA
  - No central data-base on where health care workers are employed

# OH & S Challenges cont'd

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- During SARS working in an unknown and changing environment required
  - Vigilance
  - Need for protective equipment
  - Facing new frontiers -real time learning;leading change
- Need for education, training & ongoing communication
- Need for staff support and recognition
  - Keeping track of sick staff and providing support to those in need during the crisis
- Needed stronger linkages between Infection Control and Occupational Health and Safety

# System Issues

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- Less than ideal workplace conditions impact the health and safety of staff and affect staff morale creating stress for both patients and staff.
- There are
  - Shortages of single occupancy isolation/ negative pressure rooms in emergency departments, on wards and in critical care
  - Shortages of critical care capacity
  - Patient overcrowding in the ERs
  - ERs and outpatient clinic waiting rooms need the capacity to separate patients. May need redesigning
  - Many facilities are not configured to facilitate the implementation of best practices in infection control e.g. design of Emergency Departments and Critical Care Units, need for numerous hand washing stations

# System Issues cont'd

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- Acute care bed occupancy rates are greater than 90% in the GTA (92%)
  - Does not provide flexibility needed for crisis management
  - Has staff working long hours, extra shifts
  - Ontario's average occupancy is 90%
- According to a July 1999 study in the British Medical Journal, at occupancy rates above 85% risks become discernible, and above 90% the hospital system is subject to regular bed crisis

# Human Resources (HR) Issues

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- There are system wide critical HR shortages
  - In infection control and infectious diseases specialists, intensive care nurses and physicians, emergency department staff, respiratory therapists, pathologists, lab. technologists
- Caring for isolated/SARS patients requires higher staffing/physician levels with more frequent breaks for those working on isolation pressure units or critical care, and for those wearing PPE
- During the crisis hospitals sought professional “volunteers” to come to SARS affected hospitals and provide relief to fatigued staff and physicians (i.e ICU/ER staff, respiratory therapists, Infection control specialists )

# Human Resources Issues cont'd

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- **Lack of Occupational Health & Safety (OH&S) staff**
  - OH & S staff support varies greatly – some have 1 per 1000 staff, others have 2 or more per 1000 staff
  - Workload has increased since SARS
  - Significant investment is needed in both Occupational Health & Safety and Infection Control
- **Containment Strategy established during SARS**
  - Found out many healthcare workers are employed by multiple employers across categories (FT/ PT/ Casual, Agency)
  - Movement of staff between facilities was a potential risk for disease spread
  - However, two-site rule reduced number of staff available to the hospitals, the community & long term care facilities



# Human Resources Issues cont'd

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## ■ Work Ethics/Sick Time

- Self monitoring – need a cultural change of not coming to work when sick; attendance programs need to be re-visited
- Facilities have now developed healthy environment policies and materials for staff (brochures) outlining symptoms and staff responsibilities

## ■ Work Quarantine

- Affected staff quality of life
- Staff were ostracized, faced issues such as transportation, who gets groceries, picks up children, who cares for sick family, fear of getting family sick
- Many stories of hardship

## ■ Sick Colleagues

- Health care workers were caring for their colleagues as SARS patients; many sick staff wanted to be cared for in their own facilities

# Human Resources Issues cont'd

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- New directives/standards require additional resources in OH & S and Infection Control to address
  - Surveillance/ tracking /screening protocols (patients/ staff)
  - Communication, record keeping
  - Reporting requirements
  - Education and procedure implementation (materials, policies)
  - Increased resources in housekeeping/cleaning and security

## Human Resources Issues cont'd

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- Use of Employee Assistance Programs (EAP) has increased both on an individual basis as well as by hospitals
- Code Orange saw staff redeployed
  - Essential / non-essential staff identified
- Many significant compensation issues, including “danger pay” and issue of agency nurses

# Work Environment

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- SARS exacerbated problems of workplace environment and quality of work life
- High absenteeism rates for hospitals
- Staff morale was significantly impacted and remains fragile
  - Sacrifices were made – lives lost
  - Impact of morale on productivity, attendance, retention and quality of patient care
  - It takes time to support staff who were ill, to get them back to work
    - have to address feelings of anxiety, fear
  - Many still on disability

# Work Environment cont'd

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- It is important to:
  - Have open and ongoing communication
  - Provide recognition of hard work
  - Provide services to support quarantined/sick staff
  - Hospitals continue to show staff ongoing support
- OHA is continuing to research issues related to workplace environment

# Work Environment cont'd

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- Healthy Hospital Project Survey of 19 hospitals/ 22,000 staff, found:
  - A strong relationship between the number of sick days and the employee's perception of the Employment Relationship
    - ❖ Employment Relationship Score (ERS) included employee's perception of trust, commitment, communication and influence
    - ❖ Low score generated 4.5 to 7.5 sick days/yr (over a range of groups)
    - ❖ High score generated 1 to 4.5 sick days/year
  - Same relationship was noted when correlated sick days to Healthy and Supportive Work Environment, e.g. if an employee feels the environment is "safe"
  - Much work to do

# Personal Protective Equipment (PPE)

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- Need to do much more in terms of equipment used to protect health care workers
- Still much to learn about personal protective equipment
- Confusion during SARS about how SARS was spread
- Masks
  - Wearing masks removes an element of human connectedness between staff & their patients when they cannot see your face
  - Communication can also be more difficult
  - Issues regarding who should wear masks and when
  - As well as issues regarding claustrophobia, allergic reactions, concerns over latex and skin breakdown

# PPE cont'd

## ■ Mask-Fit Testing

- Neither hospitals nor government ready for fit-testing
- Need to be better prepared
- Masks deemed to be respirators needed to be fit tested
- Different sizes of faces needed different models
- Concerns with respect to supply of masks. Fear supply would determine type of masks that would be worn
- Different fit testing procedures
- Fit testing failures served to increase anxiety
- Work refusals occurred in some places
- Hospitals continue to do mask fit testing; issues related to the booking of fit testing companies and locating adequate supplies
- Hospitals are training internal staff as qualified fit testers



## PPE cont'd

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- Impact on staff of wearing PPE for extended periods of time
  - ❖ Lack of air conditioning in some places
  - ❖ Eating at a distance from colleagues
  - ❖ Issues of skin breakdown
  - ❖ Needed to address needs of pregnant staff
- Appropriate procedures for putting on and taking off equipment takes time and training
- Need more research

# Moving Forward

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- A number of areas require special focus:
  - Education and Research
  - Infection Control/Occupational Health & Safety
  - Policy
  - Human Resources
  - The System

# Education

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- Increased focus on education and training on infection control for healthcare professionals both on the job and within College and University programs
  - Educate staff in proper use of PPE: in-services/ refreshers with IC staff, posters, videos, handwashing...
- Emergency Preparedness
  - All staff need to know their roles
  - Need internal experts/leaders that can provide advice on outbreaks and respond to disasters; clearly identified
  - Need disaster plans that are operational

# Infection Control and Occupational Health & Safety Considerations

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- Infection control needs a higher hospital profile; to be incorporated into routine hospital practices
- Create a culture in organizations that combines the principles of effective Occupational Health and Safety with Infection Control Practices
- Use Joint Occupational Health and Safety Committees effectively
- Address health and safety programs in hospitals e.g. personal protective equipment

# Policy Considerations

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## ■ Directives/ Advice

- Directives need to be evidence based and operational
- Advice needs to be clear, consistent and coming from one source
- Frequent changes in directives - confused staff and increased anxiety and required re-education
- Staff must be confident in them

## ■ Standardized Provincial Policies:

- Mask fit testing – beards, weight gain /loss
- Cultural shift towards an environment of keeping the workplace healthy
- Visitors
- Levels of staff expertise needed in I.C. and OH & S

## ■ System wide sharing of policies and procedures

# Human Resource Needs

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- SARS will have had a lasting impact
- Need to
  - Look further at best practices regarding staff mix ratios of full-time to part-time
  - Review and address issues relating to staff working at multiple sites
- Much work is needed to heal our staff and our workplaces

# Human Resource Needs (cont'd)

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- 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.
- Address recruitment and retention by investing in initiatives to improve the healthcare environment

# Human Resource Needs (cont'd)

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- Must recognize and address post-traumatic stress
  - Need staff /experts to assist /programs
  - Grief counselling
  - Research



# System Considerations

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- Hospitals must have human and financial resources to manage outbreaks
- System needs “surge capacity” to preserve human and physical resources (beds/equipment) in times of emergency to allow for the continuance of ongoing services such as surgery trauma, cancer/ cardiac, births
  - Critical care and emergency services were hard hit
  - Need expeditious discharges of alternate level of care patients to non acute settings / home
  - Occupancy rates are too high

# System Considerations cont'd

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- Need to incorporate into renovation and construction projects best practices to address infection control and emergency management needs (e.g. negative pressure rooms)
- Supply Chain
  - Need access to adequate supplies and necessary resources including approved equipment
  - Contingency plans in place for coordination and distribution of supplies

# Concluding Remarks

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- Health of healthcare providers is critical
  - emotional, physical and mental health
- Impact of SARS on all frontline healthcare professionals , managers and leaders was significant and enduring
- A model of recovery is needed
  - a time for caring, healing and preparing

# Concluding Remarks cont'd

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- Occupational Health & Safety and Infection Control need heavy investment of time, money and resources
- Rebuild trust in management and the system