

FINAL:

SPEAKING REMARKS – THE CAMPBELL COMMISSION

**Good afternoon, my name is Hugh MacLeod. I am the
Assistant Deputy Minister, Acute Services.**

**Thank you for this opportunity to provide you with an
overview of the SARS experience from the point of view
of the Ministry of Health and Long-Term Care.**

**At the outset, I would like to say that the Ontario
government deeply regrets the loss of life and suffering
caused by SARS and extends its deepest sympathies to
the families of the patients who died.**

As you know, the two SARS outbreaks presented an immense challenge to all levels of the healthcare system...from the screeners at hospital doors to the paramedics and home-care providers out in the community, to nurses and physicians and other care providers on the front line. People at all levels of the system were called upon to perform courageously.

Over the past six months, in discussion after discussion, a clear consensus has emerged....after SARS, our health system has changed. While we contained the spread of SARS, there is much we have learned and there are areas that we - as a system - need to work together to improve on.

Let me be clear, this was not a perfect process. In many ways SARS unmasked some painful truths about our existing systems. Throughout the SARS crisis, we had to face the realization that our healthcare system is a series of unconnected silos. In this presentation, we will stress the need to work together to ensure system is coordinated effectively.

Let me give you a brief glimpse of our complex health system.

Ontario has 155 hospital corporations.

Ontario has more than 22,000 doctors, more than 106,000 nurses, some 23 regulated health professions, 1200 long-term-care agencies, 557 long-term-care

facilities, 37 public health units, 43 community care access centres, more than 350 community mental health programs...and that's just the beginning of the long list of services that comprise our complex and expansive health system.

As you know, the atypical pneumonia that eventually became known as Severe Acute Respiratory Syndrome or SARS, first appeared, as an unknown disease, in Toronto in mid-March of this year. Then, on March 26, 2003, in response to the outbreak of SARS in Toronto, the first provincial health emergency in the province's history was declared.

The numbers tell the tale of the unprecedented impact of the two SARS outbreaks in this province. Thousands of

people were quarantined. There were 247 probable and 128 suspect cases. We recognize the efforts of individuals, families and loved ones in the fight against this deadly disease – from those whose families and lives were affected by quarantine... to those who battled on the front-line every day... and finally, to those who gave the ultimate sacrifice -- the 44 who died of SARS, three of whom were front-line health-care workers.

At the core of every decision we made, and every action we took was the over-riding commitment to patient care, to safety of health-care workers and the public, as well as, of course, the containment of SARS.

We developed and put in place new processes to enable tracking of this new and unknown disease – As a system we reacted collectively with best information available at that time.

Together we were learning and working to contain an emerging infection with no definitive answers to testing, transmission, self-protection and treatment of SARS.

An under-pinning our decisions and actions was the need to weigh the needs of the community against the needs of the individual.

For instance, we understood the considerable impact of curtailing hospital operations, but determined that it was better to do that than risk the spread of SARS to

numerous other health-care facilities. That being said, We are profoundly proud of the work of the entire health system in responding to the challenge of SARS, an initially unknown disease.

SARS created a need for hospitals, for public health units, Community Care Access Centres and community services to work as part of a whole, and in some cases ... to work exceptionally well ... as evidenced in the Provincial Transfer Authorization System - a centralized patient transfer system from acute to long-term care facilities, which was highly efficient.

Over the past months, we've been working closely with our health partners across the province to examine the

safeguards we need for the future. The big challenge is “HOW do you stop an outbreak” when you don’t have a diagnostic test, nor a vaccine, and there is uncertainty around the incubation period. The agent is unknown and the mode of transmission is not entirely clear.

Let’s take a look first at what worked particularly well in terms of our response to SARS. For example, we:

- Established the 24/7 public health call centre to provide advice to hospitals and health-care professionals.**
- And we rapidly deployed SARS screening including wearing of personal protective equipment, screening at hospital entrances and phone screening for outpatients and clinics**

- **And we developed mutual support amongst public health units to maximize deployment of human resources.**

SARS not only shone a very bright light on many areas of our healthcare system showing us what worked well...but also provided us with some very hard lessons in real-time.

From a communications perspective, SARS has taught us a lot, not the least of which is that speaking with one voice through open, frank, honest, frequent, integrated communication is essential.

Being accessible is part of our responsibility as public servants, and the public has a right to know how we are managing the system.

Under-supply of health human resources (a global challenge) became increasingly problematic and demonstrated the need for adequate supply of health-care professionals and the need for a strategy to deploy them for surge response.

The lack of a domestic mask supplier and an insufficient inventory of masks to deal with infection protocols as the emergency progressed was also problematic.

Never has it been more obvious that information -- and its rapid analysis and sharing -- is the bedrock of effective emergency management. The future ability to instantaneously transmit information is paramount and we all need to work harder to more effectively use the information technologies available to us.

The reality of disease transmission between the previously described components of the system means that we need to work together to build on the shared approach and the collective intelligence we fostered out of necessity during SARS.

At the heart of this call for enhanced system integration will undoubtedly be phrases like *better co-ordination* and *better system synergy*.

SARS has also underlined very clearly the need to strengthen how we undertake contingency planning. This is true for every level, from the ministry to the front line of our delivery system.

The question we now face is how the health system should be changed to better prepare us for the future.

Our key asset, and core capability is “know how” which resides in people – people, like the presenters here, families, and those who are working on other commissions like this one.

The work of this commission will be an important part of our go-forward plan.

In addition, the expert panel being chaired by Dr. David Walker will examine the lessons learned during the SARS response and provide advice to the government regarding measures to strengthen infectious disease control and service delivery during an outbreak.

SARS in Ontario was principally a hospital-acquired infection. As a result, the importance of effective infection-control measures in every institution must be reinforced, and we all recognize the need to adopt more robust precautionary measures.

Over the past several months the Ministry has issued directives to the field that match the level of protection required for staff and patients to the risk of SARS in the community. These directives have been based on the best science available at the time and draw on the expertise of leading clinicians.

The “New Normal” directions issued by the Ministry of Health and Long-Term Care reflect our heightened awareness of emerging infectious diseases such as SARS and include direction on the prevention of exposure, early detection of new cases, and protection of others in healthcare facilities and in the community.

In the coming weeks we will be sending out additional materials that update current practices in the pre-hospital, acute care, non-acute care and community settings and provide information on both outbreak and non-outbreak conditions. And we'll be working with stakeholders to ensure proper implementation.

This material is being reviewed by reference groups prior to distribution to enhance the ease of use. The reference groups include the Medical Reference Group, Ontario Hospital Association, public health, The SARS Nursing Advisory Committee, the Toronto Reference Group and Health Canada. These reference groups reflect the diversity of health service providers.

The feedback to date from the reference groups has been helpful as it reflects the high level of commitment to sustained vigilance regarding SARS and also the diversity of opinion as to how that is best done.

The most important result of SARS that we want to stress is that the lessons of SARS need to be acknowledged and acted upon by all of us – by governments, by health-care facilities, by health-care providers, and by the public.

If we are to stem the unprecedented challenges to our health system, illness and death, enormous pressure on front-line health-care workers, and billions of dollars in

both health costs and negative economic impact, then we must change our attitudes and behaviours.

How our health system was able to weather the global storm of SARS and retain effective working relations in a time of immense personal, social and psychological stress – depended much on genuine heroism, courage and devotion at the front line.... And, also depended on genuine stewardship and leadership during a period where we had more questions than answers in how to handle this new and complex disease.

We succeeded all be it with a human cost because we were able to combine our collective intelligence to deal with day-to-day challenges. Many people, and several

organizations achieved remarkable results through actions that were executed within accelerated timeframes.

We must acknowledge that, Globalization, world travel, all conspire to guarantee that SARS is the latest in a series of diseases that include influenza, HIV/AIDS, Mad Cow, West Nile Virus.

Therefore, we must continuously ask:

How should the health system be changed to better equip us for future challenges ?

From SARS we still have questions that need to be answered but we have new and improved processes, and more importantly, we have hope for the future.

We have emerged with an increased awareness of the value of a concerted and committed human effort to ensure the safety and well-being of healthcare providers and the public, both in Ontario and beyond our borders.

Thank you to the countless individuals at all levels of the system, who were called upon to perform and did perform with devotion and courage in an exhausting and fearful environment.

For all of the immense fear and anxiety associated with fighting this unknown disease and the anger that arose...

We must recognize that people lost their lives and Ontario went through a great upheaval. Their fight will not go

unrecognized and must play a part in helping build a new framework for future challenges.

Thank you for the opportunity to speak before this commission.

We look forward to receiving your recommendations.