

Conclusion

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Finally, SARS brought us together in ways we had never before experienced. The control and coordination of information, the development of care protocols and the overall management of this public health crisis was the direct results of close collaboration among our senior leadership teams, medical chiefs of staff, clinicians, and academics. Our hospital experience with SARS helped us to see the strengths we have in our dedicated and committed team of professionals and created a sense of teamwork surpassing any previous experience. On an individual basis, in a situation without usual communication means, social isolation, fear for safety of loved ones, ambiguity of directions - we saw strength and compassion, resilience and sensitivity, that characterizes the very best.

SARS was a public health emergency of immense proportions. And we were all unprepared. What we have heard tells us unequivocally that now is the time for change. The revitalization of our public health system in Ontario must be a top priority if we wish to learn from the past and prepare for the future; and we must do this in conjunction with national efforts. Ultimately, if we are to be successful, the impetus for change must be as strong and powerful as the collective commitment to overcoming the outbreak.

The Panel acknowledges that the revitalization of our public health system is a formidable task and that there are numerous obstacles ahead. This is particularly so when the day-to-day business of delivering basic healthcare services is in and of itself, an all-consuming challenge.

In moving forward, we believe that it is important to recognize and build on our accomplishments. Those within the system responded heroically, often jeopardizing their personal safety to care for others. Time and time again, individuals and organizations demonstrated their extraordinary commitment to our healthcare system and to colleagues.

The Panel believes that as we begin to build a better system for the future, we need to remember and honour these examples of courage and dedication.

Developing an effective, rigorous system to respond to infectious disease outbreaks will take time and will necessitate an investment of resources,

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patience, and cooperation. But it is essential. Improving our collective capacity to deal with emergencies, such as SARS, is a collective debt we owe to those who died from the disease, to those who lost loved ones, and to the healthcare providers who valiantly dealt with the disease. And improving our capacity to handle health emergencies is a down payment on the future – it is an investment for those who fight the next major health emergency, that they may have access to some of the tools, supports, and processes that we lacked during Ontario’s first SARS outbreak. This Report is intended to be a modest first step in that direction.

During this first phase of work, the Panel heard from many of those affected by SARS. This input has given us the necessary building blocks to design a more robust system. We have the beginnings of a roadmap, telling us where we need to go and what we absolutely must do over the short term to ensure that Ontario is prepared for the next infectious disease outbreak.

The recommendations in this Report are only the beginning of a process. If we are to effect real change, they must be acted upon. Formal structures need to be put in place to implement these recommendations and to ensure that all Ontarians learn about what has been done so that we are prepared for the future. SARS was the lightning rod, the call to action, and the time for action is now.

Much work remains to be done. Throughout this Report we have highlighted a number of deficiencies and attempted to provide some immediate solutions. However, some of the issues raised by SARS are necessarily complex, requiring extensive research and analysis, as well as discussion with members of the healthcare community. For these areas of inquiry, the Panel believes that a thoughtful review is necessary if we are to develop real and lasting solutions.

Accordingly, the Panel will be revisiting a number of issues that have been discussed in this Report, such as health human resources, risk communications, facility design and visitor policies, and will provide a more comprehensive analysis and ethical perspectives, where appropriate.

The Panel will also be looking to provide additional detail with respect to the organization and role of the proposed Ontario Health Protection and Promotion Agency and the future needs of the public health laboratories in Ontario.

We are also deeply aware of the difficulties imposed by quarantine and of the many other hardships felt by individuals exposed to SARS. The Panel has heard from patients, family members, and members of the public

about their experiences and will be discussing these further in our final report.

The Panel looks forward to this next phase of work and to the continued support of those who have given so generously of their time in sharing their perspectives on SARS and advice for the future.

Process Recommendations

To ensure accountability and to facilitate a coordinated approach to implementing this Report, the Panel offers the following recommendations:

51. The Ministry of Health and Long-Term Care should establish a single coordinating body to oversee implementation of the recommendations contained within this report, within the stipulated timelines.
52. The work of this coordinating body should be guided and supported by a multidisciplinary Expert Advisory Group with representation from healthcare facilities and organizations, healthcare professionals and their associations, and the scientific community.
53. In recognition of those affected by SARS and to ensure accountability to the public with respect to the implementation of these recommendations, the Minister of Health and Long-Term Care should table a progress report in the Legislature no later than December 2004.

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