

# Appendices



# Appendix 1: Call for Submissions

## Expert Panel on SARS and Infectious Disease Control

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Ontario 2003

### Submission Document

Please submit completed questionnaire electronically to the following address:

**ExpertPanel@moh.gov.on.ca**

Or by mail to:

Expert Panel Secretariat  
8th Floor, 415 Yonge Street,  
Toronto, Ontario, M5b 2E7

The closing date for submissions is **October 6, 2003**

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## Introduction

Ontario's experience in responding to and managing the SARS outbreak has been a remarkable and tremendously stressful period in Ontario history. The SARS outbreak marked the first ever declaration of a Provincial Emergency and has cast a national and international spotlight on the issues of emergency preparedness and infectious disease control.

The Expert Panel on Infectious Disease Control has been established to provide advice to the Minister of Health and Long-Term Care on how best to begin to understand the lessons learned from the SARS outbreak and what forward looking measures are required to strengthen the system capacity to respond to infectious disease outbreaks.

We are inviting individuals and organizations to submit their input on this form for the purpose of better identifying and considering the themes and commonalities across submissions. While we encourage all submitters to utilize this format, organizations and individuals wishing to submit supplementary materials should feel free to do so.

Please Note: The Expert Panel on SARS and Infectious Disease Control is not charged with investigating individual actions regarding the SARS outbreak and respondents are urged to focus their materials on policy lessons learned and health system approaches that may need to be considered in the future.

There are three parts to this questionnaire; please complete them as follows:

- |                                  |   |
|----------------------------------|---|
| <b>Part A - General Section:</b> | For completion by all respondents                                       |
| <b>Part B - Sector Specific:</b> | Complete only those sections relevant to you or your organization       |
| <b>Part C - Open Space:</b>      | Complete with any additional comments, observations and recommendations |

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## Part A (All Respondents)

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### Section 1: Emergency Direction

1. How effective was the overall direction provided centrally to assist in managing the SARS outbreak? Were the lines of authority clear, if not, what approaches must be considered in the future?
2. What factors were most successful in the response and should be retained or enhanced, and what factors were weak and require re-examination?
3. To what extent did your organization have in place contingency plans to address emergency situations? Were these contingency plans used?

### Section 2: Information to healthcare providers

1. What additional practical supports/information would have assisted you or your organization in responding more effectively to SARS?
2. Understanding that what was known about SARS changed dramatically over the period of the outbreak; to what extent did the right information get to the right people at the right time?
3. What approaches should be considered to ensure timely information is provided to assist healthcare providers in managing any future outbreak?

### Section 3: Information to the public

1. Looking back, how effective were health authorities (public health, Ontario MOHLTC, Health Canada) in getting information through to the general public? What measures worked and were effective, what different approaches should be used in a future emergency?
2. Were there parts of the population in the GTA/Ontario that were not adequately reached by the information provided in Ontario?
3. Were healthcare organizations themselves adequately equipped to communicate with the public? Based on your experience with SARS what approaches would you or your organization take differently in communicating with the public?

#### **Section 4: Legislative and regulatory issues**

1. Were there occasions during which you or your organization lacked the legal or regulatory authority to effectively respond to an aspect of managing the outbreak?
2. What legislative or regulatory barriers did you or your organization encounter or perceive in attempting to respond to SARS?
3. During the outbreak many organizations grappled with the issue of patient privacy and how to balance this issue with the need to share personal information – did you or your organization experience significant challenges in this regard?
4. Emergency powers – different jurisdictions have taken different approaches to Emergency powers legislation. Are there additional legislative or regulatory measures that should be considered to enhance emergency management?

#### **Section 5: Health human resources**

1. SARS highlighted critical longer-term challenges the system faces in terms of health human resources. In order to enhance our infection control capacity – what priority long-term measures should Ontario set in motion to strengthen health human resources?
2. What creative short-term measures can be taken to enhance health human resource capability in infectious disease control?
3. Are there concrete practical steps that healthcare workplaces can start to take now to enhance the measures and procedures in place to enhance the safety of healthcare providers?
4. Are there any Health Human resource best practices that evolved out of the SARS experience that should be highlighted and more broadly adopted?
5. To what extent can we better ensure that new workers entering the health-care system are effectively equipped and supported in practicing optimal infection control measures?

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## **Part B (complete relevant sections only)**

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### **Section 1: Public Health**

1. What has SARS highlighted most as priorities for change in the way in which we approach public health in the future?
2. How has the relationship between public health, acute care and other sectors been changed by the experience of SARS – what has to happen in the future to strengthen a shared approach to infectious disease management?
3. Other jurisdictions, including most recently the UK, have moved to focus much more intensively on “Health Protection.” To what extent would this sort of public health re-focusing exercise make sense in Ontario or Canada?
4. What were the critical infrastructure barriers that were experienced in managing the SARS outbreak?
5. What needs to be in place across Ontario to ensure effective deployment of resources between health units in emergency situations?
6. In the aftermath of SARS what future approaches to contingency planning need to be considered at the provincial or local level?

### **Section 2: Hospitals**

1. To what extent in future large outbreaks should a “designated facility” or “alliance” type model be used to manage cases– does this model make sense?
2. Should Ontario create a dedicated “infectious diseases centre of excellence” to serve as the facility for such outbreaks?
3. How effective was the use of the Hospital Category system in controlling/preventing inter-facility spread?
4. What was your experience with the Provincial Transfer Authorisation Centre?

5. Some jurisdictions imposed a one hospital only rule for all healthcare providers during the SARS outbreak – would this have been feasible in Ontario? How do we limit the risk of cross facility transmission in the immediate future and in the longer term?
6. What did the SARS outbreak reveal most to you about how specialized health services (e.g. Trauma) in Ontario are structured?
7. What has the experience of SARS highlighted regarding possible changes that are required in emergency room use, staffing or design?
8. The move to “code orange” was a critical juncture in the fight against SARS however, the resultant impact on services was large – what were the pros and cons of this approach, are there better models that could be used in the future?
9. SARS has thrown a spotlight on the issued of Nosocomial infections in Ontario what models exist nationally or internationally that could help inform an effective response to overall nosocomial infection rates.

### **Section 3: Primary Care and Community Health agencies**

1. How effectively were primary care/community based healthcare providers/organizations positioned to deal with a community based outbreak?
2. What contingency planning had you or your organization developed to respond to community outbreaks?
3. What mechanisms could be created to strengthen Primary Care preparedness for outbreak response/emergency response?
4. What are the most effective vehicles to ensure that early warnings of emerging diseases reach the hands of Primary Care and Community health agencies?
5. What practical tools can be developed to support primary healthcare providers/community health agencies in optimizing infection control practices in the day to day provision of care?
6. How can outbreak surveillance in the primary care/community health sector be enhanced?



## Section 4: Emergency Health Services

1. Was EMS adequately equipped to respond to the SARS outbreak?
2. What key lessons have been learned by you or your organization regarding the link between the emergency health sector and acute care? What were the main barriers encountered with acute care?
3. What was your experience with the transfer authorization system, is this a model that should be considered for use in future outbreaks – how could its functioning be improved?
4. What approaches to contingency planning should be considered by EMS in aftermath of the SARS outbreak?
5. What tools or supports would have better equipped you or your organization in responding to the SARS outbreak?
6. In the aftermath of SARS what are the key changes that you or your organization have identified that need to be put in place to ensure optimal response in cases of emergency ?

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### Part C: Other Observations and Recommendations

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### Part C: Proposing solutions

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## Appendix 2: Perspectives from the Field (Fall 2003)

The Panel undertook several key initiatives to hear from individuals and organizations about their experiences during SARS, the lessons they learned, and their advice for Ontario in preparing and responding to any future infectious disease outbreaks.

The Panel sought input through the initiatives described below.

### I. Call for Submissions

In September 2003, a Call for Submissions questionnaire (see Appendix X) was sent to more than 1,200 groups and individuals across the health sector to obtain their input and advice on lessons learned and future direction.

The Panel received more than 265 that can be characterized as follows:

#### Total responses by organization type:

Acute care hospital	92
Community Care Access Centre	15
Community Health Centre	7
District Health Council	2
Emergency Health Services	12
Independent physician	2
Long-term care facility	79
Medical laboratory	2
Municipality	2
Non-acute care hospital	10
Nursing	3
Professional association	9
Other association	10
Public Health Unit	18
Unknown	2
<b>Total # responses</b>	<b>265</b>

**Total responses by profession:**

Chief Executive Officer/Executive Director	30
Chief of Staff	2
Director of Occupational Health & Safety and Infection Control	6
Emergency Health Services	2
Frontline staff	3
Infection control practitioner	15
Manager	43
Medical Officer of Health	4
Nurse	9
Nurse Manager	12
Physician	18
Vice President or Director of Nursing	25
Unknown	96

**Total responses by region:**

Central-East	24
Central-South	24
Central-Toronto	46
Central-West	24
East	42
North	32
South-West	31
Unknown	42

**Total responses in GTA:**

GTA	66
Outside GTA	157
Unknown	42

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These submissions were analyzed based on key themes.

## **II After-Action Report on the Healthcare Sector's Response to SARS (December 2, 2003)**

The Expert Panel retained an external consultant to conduct individual interviews and focus groups comprised of individuals who were involved in the response to SARS. Approximately 150 interviews and 12 focus groups were held between September 22<sup>nd</sup> and November 26<sup>th</sup>, 2003.

One-on-one interviews were conducted with individuals in the following sectors:

- ▶ Acute care hospitals
- ▶ Non-acute care facilities
- ▶ Long-term care facilities
- ▶ Outpatient facilities
- ▶ Primary care practitioners and clinics
- ▶ Community Health Centres
- ▶ Community Care Access Centres
- ▶ Public Health Units
- ▶ Emergency Medical Services
- ▶ Academic institutions
- ▶ Ontario SARS Scientific Advisory Committee
- ▶ Public Health Branch
- ▶ Provincial Operations Centre/SARS Operations Centre

In addition to these interviews, focus groups were held with the following groups:

- ▶ Nurses
- ▶ Respiratory therapists
- ▶ Emergency room physicians
- ▶ Infection control practitioners
- ▶ CCAC representatives
- ▶ Outpatient clinics
- ▶ Public Health Units

## **III. The Effect of SARS on Patients and Families**

The Expert Panel retained an external consultant to conduct one-on-one interviews and focus groups with patients and their families who were directly impacted by SARS in some manner.

#### **IV. Healthcare Provider Reference Panel**

The Healthcare Provider Reference Panel (HPR Panel) was created in October 2003 to advise and assist the Expert Panel. The goals for the HPR Panel are threefold:

1. Provide a forum for healthcare providers to communicate their experiences relating to the SARS response;
2. Provide the Panel with systemic and operational lessons learned from a provider perspective; and
3. Provide feedback to the Expert Panel on specific matters that require a system-wide perspective.

The HPR Panel is comprised of representatives from the following healthcare provider associations and organizations:

- ▶ Ontario Association of Local Public Health Associations
- ▶ Association of Ontario Health Centres
- ▶ Ontario Hospital Association
- ▶ Ontario Medical Association
- ▶ Registered Nurses Association of Ontario
- ▶ Registered Practical Nurses Association of Ontario
- ▶ Ontario Nurses' Association
- ▶ Ontario Health Providers Alliance
- ▶ Community Care Access Centres
- ▶ Ontario Public Health Association
- ▶ Ontario Long-Term Care Association
- ▶ Ontario Association of Non-Profit Homes & Services for Seniors
- ▶ Respiratory Therapy Society of Ontario
- ▶ Ontario Association of Medical Laboratories
- ▶ Professional Association of Interns and Residents of Ontario (PAIRO)

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## **V. Joint Working Sessions with Public Health and Acute Care**

Joint working sessions were held to establish areas of critical consensus between representatives from the public health sector and from a selection of GTA hospitals. The objective was to hold a number of facilitated half-day working sessions focused very clearly on future areas for collaborative work based on shared priorities.

More than 65 individuals participated in three joint working sessions held in the following regions:

- 1) York (October 12, 2003)
- 2) Peel & Simcoe (October 20, 2003)
- 3) Toronto (October 25, 2003)

The outcomes sought for each of the sessions included:

- ▶ building on local experience, finding the common interests between Public Health and acute care hospitals
- ▶ making recommendations to the Expert Panel about the interface between Public Health and acute care hospitals
- ▶ discovering ways to work together on a regional basis
- ▶ exploring possibilities for ongoing local and regional dialogue between Public Health and acute care hospitals

# Glossary of Acronyms and Abbreviations

Agency	Ontario Health Protection and Promotion Agency
ALC	Alternate Level of Care
Alliance	Interim Healthcare Alliance
APIC	Association for Professionals in Infection Control and Epidemiology, Inc.
CBIC	Certification Board for Infection Control
CCAC	Community Care Access Centre
CCHSA	Canadian Council on Health Services Accreditation
CDC	Centers for Disease Control and Prevention
CEPR	Centre for Emergency Preparedness and Response
CHA	Canadian Healthcare Association
CHC	Community Health Centre
CHICA	Community and Hospital Infection Control Association
CIDS	Canadian Infectious Disease Society
CIHR	Canadian Institutes of Health Research
CIPHS Collaborative	Collaborative Canadian Integrated Public Health Surveillance Collaborative
CMOH	Chief Medical Officer of Health
CWHPIN	Central West Health Planning Information Network
EHS	Emergency Health Services
EMO	Emergency Management Ontario
Epi-Centre	Centralized Epidemiologic Unit
ePP	e-Physician Project

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FIPPA	Freedom of Information and Protection of Privacy Act
F/P/T	Federal/Provincial/Territorial
GTA	Greater Toronto Area
HERTs	Health Emergency Response Teams
HHR	Health Human Resources
HPPA	Health Protection and Promotion Act
HRDC	Human Resources Development Canada
IC	Infection Control
ICES	Institute for Clinical Evaluative Sciences
ICP	Infection Control Practitioner
iPHIS	Integrated Public Health Information System
IT	Information Technology
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JHSC	Joint Health and Safety Committees
Krever Commission	Commission of Inquiry on the Blood System in Canada
LTC	Long-Term Care [facility]
MFIPPA	Municipal Freedom of Information and Protection of Privacy Act
Ministry	Ministry of Health and Long-Term Care
MOH	Medical Officer of Health
MSRA	Methicillin-resistant <i>Staphylococcus aureus</i>
MTCU	Ministry of Training, Colleges and Universities
National Advisory Committee	National Advisory Committee on SARS and Public Health Committee



NESS	National Emergency Services Stockpile
NORTH Network	Northern Ontario Remote Telecommunications Health Network
OHEP	Office of Health Emergency Preparedness
OHA	Ontario Hospital Association
OHIP	Ontario Health Insurance Plan
OHS	Occupational Health and Safety
OPHL	Ontario Public Health Laboratory
OMA	Ontario Medical Association
OSSAC	Ontario SARS Scientific Advisory Committee
Panel	Expert Panel on SARS and Infectious Disease Control
PPE	Personal Protective Equipment
PHAN	Public Health Alert Network
PHB	Public Health Branch
PHRED	Public Health Research, Education and Development
POC	Provincial Operations Centre
PTAC	Patient Transfer Authorization Centre
RDIS	Reportable Disease Information System
RN	Registered Nurse
RNAO	Registered Nurses Association of Ontario
RPN	Registered Practical Nurse
RPNAO	Registered Practical Nurses Association of Ontario
SARS	Severe Acute Respiratory Syndrome
Senate Committee	Standing Senate Committee on Social Affairs, Science and Technology
SOC	SARS Operations Centre

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TPH	Toronto Public Health
UAP	Underserviced Area Program
VIA Nurse	Voluntarily Immediately Available Nurse
VON	Victorian Order of Nurses
VRE	Vancomycin-resistant enterococci
Walkerton Inquiry	Walkerton Commission of Inquiry
WHO	World Health Organization
WHMIS	Workplace Hazardous Materials Information System