Emergency Preparedness Planner

A Newsletter for the Health System

Emergency Management Branch, Public Health Division, Ministry of Health and Long-Term Care

Winter 2014

Back at work!

Welcome to the winter issue of the Emergency Preparedness Planner. With the winter holidays being long over we are all squarely back at work. And that's one of the themes in this issue - the things that make our plans work. We know it's important to have good relationships with key partners, high quality emergency operations centres to deal with potential emergencies, and supports in place to address the needs of the vulnerable people in our communities.

With winter comes the appearance of seasonal issues - like influenza season! We hope you will enjoy the information presented here on the 2013 release of the updated Ontario Health Plan for an Influenza Pandemic (OHPIP). As a special supplement we have also included some promising practices from the field to help manage busy influenza seasons.

We're also happy to feature our first article dedicated to emergency preparedness in a complex continuing care hospital setting. We love to introduce new perspectives in the Planner and share the interesting work being done.

~ Clint Shingler, A/ Director Emergency Management Branch (EMB)

Ontario

Up-to-date Resource Information: A Key Part of CritiCall Ontario's Disaster Response

~ A guest article from CritiCall Ontario

If disaster response includes locating critical and acute health care resources, CritiCall Ontario can help. This includes providing assistance during environmental events such as floods or fire; internal hospital situations such as loss of power or fire; and pandemic infections or other large scale disease outbreaks.

The same information used daily to guide CritiCall Ontario's service delivery also helps the organization respond when disaster strikes.

"Having a clear understanding of where capacity exists is critical during disaster response," said Donna Thomson, Executive Director of CritiCall Ontario. "We know from our experience with SARS that access to hospitals may need to be restricted at a moment's notice and that we need systems in place to support a coordinated response."

Since its inception, CritiCall Ontario has been bridging the distance between physicians and resources (e.g. acute care beds) to help ensure urgent and emergent patients can access the care they need within the province, regardless of where they may live. Hospital-based physicians who require resource support can contact CritiCall Ontario's Call Centre at 1-800-668-4357 (1-800-ONT-HELP). The physician is asked basic patient information by a CritiCallOntario Call Agent who then contacts specialist physicians on their behalf to arrange a consultation. If the physicians deem necessary, a transfer to a hospital that offers a higher level of care may follow. This service enables physicians to spend more time with their patients while the Call Agents access services and expertise for them that are not available in their hospital or perhaps even their region. In 2012/2013, CritiCall Ontario facilitated 23,032 cases, and of those, 12,836 resulted in transfers to other hospitals.

Although on a daily basis CritiCall Ontario Call Agents facilitate case by case, during times of crisis, the approach can be modified to include the facilitation of multiple patients. The CritiCall Ontario Provincial Hospital Resource System (PHRS) has information on the specialty services provided at each acute care hospital in Ontario and the number of available beds. The PHRS is interfaced with the Critical Care Information System (CCIS) to capture critical care bed information already being entered at the unit level. Hospitals are responsible for keeping the CCIS and their non-critical care acute care bed and resource information updated. CritiCall Ontario uses this system to help determine where resources are immediately available, and during times of crisis or disaster, this information is invaluable.

"We know that in disaster planning, different types of information become important. Part of our role is to look at the services we provide and the systems we have in place and come up with new ways to tap into these resources that will benefit the health care system," said Donna.

This approach informed CritiCall Ontario's decision to expand the information collected in the Call Centre this year to include specific diagnosis drop-down menus. By adding this to the system, CritiCall Ontario will be able to generate data about the number of

patients presenting with a specific diagnosis over any period of time in addition to information already available on where cases have presented within the province and what type of resources are being requested for these cases.

“CritiCall Ontario is really based on a model of partnership within the health care system,” said Donna. “We rely on the hospitals to keep their bed and resource information up-to-date and appreciate the willingness of hospital consultants to answer our calls. No one wants to believe that they will find themselves in the middle of a crisis but when it happens, we all see the value of being prepared.”

Health emergency management at an urban complex continuing care centre

~ A guest article From Debbie Kwan, Runnymede Health Centre

Runnymede Healthcare Centre is a complex continuing care hospital that provides specialized care and treatment for adults with medically complex conditions and disabilities caused by progressive neurological disease, injury or other illness. Since its move into the state-of-the-art, 200-bed hospital in 2009, Runnymede has undergone a remarkable transformation, making exceptional progress that aligns with its strategic directions. One area that the hospital recently focused on is emergency preparedness planning.

“A coordinated, timely and effective response is critical in an emergency situation to ensure patient safety—the number one priority at Runnymede Healthcare Centre,” says Corinne Wong, Chief Operations Officer.

Like most hospitals, Runnymede considered what hazards might be likely, and used this information to develop its comprehensive Disaster and Emergency Management Plan. Loss of infrastructure, natural disasters and fires in the surrounding community were considered examples of possible incidents. This plan ensures that incidents are handled in the most effective manner possible, causing minimal disruption to critical operations and patient care at the hospital.

The plan includes guidelines and resources that might be familiar to many hospitals, such as an Incident Management System (IMS) Framework, emergency code policies and a Crisis Communications Plan. However, a complex continuing care hospital also works with some unique challenges and solutions of its own compared to acute care centres.

IMS framework and emergency codes

The IMS framework is a primary component of the plan. It outlines staff, equipment, procedures and other resources that should be utilized in response to an emergency. The framework also provides guidance on how to create and maintain a safe environment.

Understanding of the IMS framework and preparedness in general are supported by orientation and education measures. “Education is the key to ensuring an appropriate response in an emergency situation at Runnymede, says Stewart Dankner, Director,

Support Services. “This begins at orientation for new staff and volunteers when we teach the importance of emergency preparedness at the hospital, and the role that they play in the response. Patients and visitors are also engaged so that they understand what they should do in an emergency such as a Code Red, and we provide a variety of resources to reinforce this going forward to ensure patient safety is ingrained within our organizational culture.”

Runnymede also has a dedicated resource to champion emergency preparedness at the hospital. The Risk Management and Safety Specialist leads education and training initiatives for staff, volunteers, patients and visitors, and ensures they understand what they should do in a crisis to protect themselves and each other from harm. A significant part of this education consists of emergency code procedures and this education is provided on an ongoing basis.

In Ontario, codes are denoted by standardized colours set by the Ontario Hospital Association. Standardization across hospitals and healthcare organizations facilitates effective communication and coordination among organizations and their stakeholders, and is especially useful when organizations are affected by the same emergency.

Since Runnymede does not have an emergency department, an effective response in certain situations may involve different actions from those responses initiated by acute care centres. For example, in a Code Orange (an external disaster or state of emergency), although it is possible for Runnymede to receive those affected directly from the incident, it is more likely that Runnymede would receive the longer-term and more stable patients from acute care facilities. This would enable emergency rooms to free up acute care beds to respond to the disaster.

Annual Safety Week is another event for staff and volunteers at Runnymede to advance their knowledge of emergency code procedures through a diverse range of resources such as presentations, videos, quick reference guides and hospital-wide competitions. The hospital also implemented a Code of the Month initiative, which highlights a different code each month and the salient steps that need to be taken in response. Advertised in high traffic areas throughout the hospital, this initiative has received positive feedback and support.

Departmental Recovery Plans

The Departmental Recovery Plans, which were developed in collaboration with all departments across the hospital, highlight the primary business processes for each department and outline the alternative ways they can continue to provide services in the event of a disruption to normal operations. This ensures the hospital’s medically complex patients will continue to get the care they require.

Runnymede’s state-of-the-art facility has numerous built-in redundancies, other mechanisms that keep the hospital appropriately prepared to maintain critical functions in an emergency. Failsafe telephones are located on the patient floors and in other essential areas of the hospital such as at reception and in the pharmacy, guaranteeing open lines of communication at all times. Similarly, in the case of a power failure, backup generators reroute power to vital healthcare equipment such as IV pumps and feeding tubes. Leading-edge synchronized transfer switches—sometimes referred to as

"make-before-break" switches—further act as safeguards for the hospital's energy systems. Through the synchronization of independent power sources, energy flow should remain uninterrupted, and the momentary disruptions that might typically occur from the transfer of energy sources in other facilities should not be noticed at Runnymede.

Another innovative design feature of the hospital is Runnymede's building automation system (BAS). A distributed control system that monitors device failures and optimizes the performance of heating, ventilation, air conditioning and alarm systems, the BAS reduces energy use and notifies staff if a malfunction occurs. Housed virtually on the hospital network, the BAS is accessible from anywhere, allowing seamless monitoring and the identification of changes as they happen. This information facilitates effective decision making in an emergency and guides the best use of staff and resources.

Crisis Communications Plan

The crisis communication plan, another facet of the Disaster and Emergency Management Plan, provides procedures for the coordination of communications within Runnymede, and among Runnymede, any applicable external stakeholders (e.g. emergency responders), and the public in the event of an emergency. This plan not only addresses media relations issues and the communication methods for responding to situations quickly and effectively, but it helps to restore confidence and reassure staff, patients and visitors.

Since patients at Runnymede typically stay longer than those in acute care hospitals, it is especially important to keep two-way channels of communication open to keep patients, family members and visitors informed and safe at all times. To educate them on emergency preparedness, information is provided at the Patient Family Council, a bi-monthly forum that offers patients and their families a chance to discuss issues that affect their day-to-day lives at the hospital. In addition, a reference guide that outlines what visitors should do at the hospital during an emergency is mailed out with patient admission packages and posted in elevator lobbies and public areas throughout the hospital. As fire drills are conducted monthly at various times while visitors are present, this further helps them prepare for possible emergency situations and allows patients and family members to become part of the learning experience.

Emergencies can happen at any time. Providing ongoing education and having a comprehensive Disaster and Emergency Management Plan in place not only fosters a culture of emergency preparedness at Runnymede, but ensures the hospital maintains a strong commitment to the highest standards of quality and safety.

Planning for vulnerable populations during emergencies

Helping the most vulnerable during times of emergency in Sault Ste. Marie

~ A guest article from the Canadian Red Cross, Ontario Zone

For the most vulnerable members of our communities, including the elderly, individuals with disabilities and those recovering from injury or illness, continuing to live independently in their own homes is often their preference. The day-to-day safety and well-being of these individuals is a common concern, not only for them but also for their caregivers and family members. During times of emergency, ensuring their ongoing safety is a priority.

In 2011, the Sault Ste. Marie Innovation Centre (SSMIC) launched the Vulnerable Persons Registry (VPR) in Sault Ste. Marie, Ontario – a northern Ontario municipality with a population of 75,000. The award-winning VPR is a comprehensive solution for improving the safety of vulnerable community members and is the first initiative of its kind.

During power outages, home emergencies and community-wide disasters, the VPR aims to improve the safety of those living at home who are most vulnerable. Information provided by the VPR enables emergency services personnel to respond to an individual's unique circumstances, such as difficulty with mobility, vision, hearing or other impairments. The VPR also educates registrants on being prepared for emergencies to ensure individuals also take personal responsibility for their safety. This is accomplished through helpful resources and one-on-one training by Red Cross volunteers for those interested.

Eligible residents can register on a voluntary, no-fee basis. When a registrant or legal guardian provides consent, their information is released to emergency service groups and is used only during times of emergency. Signed consent also acknowledges that registering provides no guarantee of safety.

When a 911 call is made to a registrant's home, key information is available through local emergency dispatch systems so it can be relayed to the crew responding. For community-wide emergencies, the Community Emergency Management Coordinator and authorized personnel from the local police service have access to an interactive database that can generate specialized reports when responding to disasters. In addition, the local utility company and Red Cross branch receive information about those who rely on electricity for life-sustaining equipment in order to inform registrants of planned power outages and to contact them during major outages expected to last six hours or more.

SSMIC is currently operating the VPR in Sault Ste. Marie, and works in partnership with more than 25 local agencies. SSMIC performs all administration, data maintenance, data distribution, partner relations and outreach.

A VPR program has the ability to assist municipalities in preparing for and responding to the ever increasing impacts of severe weather and other emergencies. More than 13 Ontario cities contacted VPR representatives throughout the one-year pilot period and that number has since grown to over 25 interested communities. Growth of this program will put Ontario at the forefront in emergency response planning.

In May 2013, SSMIC formed a collaborative agreement with the Canadian Red Cross to expand the program and transition the VPR to a Red Cross program that can be promoted and implemented across Canada. The VPR aligns with the Canadian Red Cross mission to serve those most vulnerable and has the potential to be a

complementary support to its community health and disaster management programs. Next steps involve the development of a revised VPR framework to enhance efficiencies and scalability in addition to performing program improvements learned from the one-year pilot. Red Cross looks forward to working with government, community partners and SSMIC in making the concept of a VPR available to many more communities.

For information about the VPR, visit www.soovpr.com. Those interested in learning more and/or expressing interest in implementing a VPR in the future can contact the VPR Outreach Coordinator at Kimberley.LeClair@redcross.ca.

Ottawa Public Health releases a Plan for Priority Populations

Ottawa Public Health is very pleased to release the Health Emergency Plan for Priority Populations. “The strength of this plan is the network of agencies that worked closely with us to develop it and who have signed on as network partners,” says Kathy Beauregard, Program Development Officer at Ottawa Public Health. “We’re always looking for more partners too,” says Sasha MacLean, Public Health Nurse.

Time and time again, Ottawa’s community agencies have proven their critical role in linking priority populations to the information and resources they need in emergency situations. For example:

- The OC Transpo (Ottawa’s public transit system) strike in 2008 demonstrated that for some residents, access to medical care is critically dependent on public transportation. Collaboration among agencies enhanced outreach to assist these residents.
- During the H1N1 influenza pandemic in 2009, it was important to have communication networks in place to reach agencies with timely and accurate information When South Ottawa faced a potential water shortage due to a major water main break in 2011, a variety of strategies were used to identify priority residents who would have had difficulties accessing water. Strategies included asking residents to self-identify and creating maps to locate priority locations and agencies in the affected area.

This innovative plan clarifies how Ottawa Public Health will communicate with and coordinate health emergency response efforts with Ottawa community agencies that have existing relationships with priority populations in urgent and crisis situations.

For information on the plan, please contact Kathy Beauregard at kathy.beauregard@ottawa.ca.

What’s new in health emergency management?

What’s new at the Emergency Management Branch?

Announcing the 2013 Ontario Health Plan for an Influenza Pandemic…

The Ministry of Health and Long-Term Care was very pleased to release the updated Ontario Health Plan for an Influenza Pandemic (OHPIP) in the spring of 2013, becoming one of the first jurisdictions internationally to release a health sector response plan following the H1N1 influenza pandemic.

The ministry thanks the invaluable work and contributions of many people, including the OHPIP Steering Committee members and its Co-Chairs (Gerilynne Carroll, Dr. George Pasut and Allison Stuart); and Workgroup members and Co-Chairs:

- Dr. Chris Mackie & Anne-Luise Winter (Surveillance)
- Dr. Eileen deVilla & Dr. Doug Sider (Public Health Measures)
- Gerilynne Carroll & Dr. Leon Genesove (Occupational Health & Safety and Infection Prevention & Control)
- Dr. Kieran Moore & Dr. Brian Schwartz (Outpatient Care & Treatment)
- Gerilynne Carroll & Dr. Barbara Yaffe (Immunization)
- Dr. Jonathan Gubbay & Dr. Baldwin Toye (Laboratory Services)

Many other people contributed by participating in consultations. The OHPIP is a testament to all of these peoples' efforts. The MOHLTC also thanks all of the organizations that allowed their employees to work on the OHPIP so hard.

Many readers of The Planner know that the OHPIP is not new. It was first released in 2004, with regular updates up to 2008. In 2009, the plan was used to guide the response to the H1N1 influenza pandemic. Following that experience, the ministry led a review to identify lessons learned, which included a survey of health sector partners, a review of health sector after-action reports, and the Chief Medical Officer of Health's report: *The H1N1 influenza pandemic – How Ontario fared*. The ministry's report – *The H1N1 Pandemic: A review of Ontario's response* integrated recommendations from these three processes.

While the OHPIP builds on the work done since 2004, there are significant changes in the 2013 version, based on what was learned during the review, and what was raised in consultations, and Workgroup and the Steering Committee meetings. These include:

- While previous versions were written as preparedness guides, the 2013 version is a response plan.
- There is an emphasis on roles and responsibilities, which are outlined in a chart at the beginning of each chapter.
- The plan makes many links to seasonal influenza response, based on the idea that one of the best ways to be prepared for an influenza pandemic is to respond well every year to seasonal influenza.
- Previous versions were based on the assumption of a moderate severity influenza pandemic. The 2013 update can be used for a range of severity scenarios, based on key dimensions of transmissibility and clinical severity.

The ministry is continuing to work with partners on three more chapters for the 2013 OHPIP: First Nations, Critical Care and Paediatrics.

Although the OHPIP is a response plan, it can also be used to prepare for an influenza pandemic. Readers are encouraged to look carefully at the Roles and Responsibilities sections in each chapter and consider what their organizations or sectors need to do to

prepare for the plan to be implemented. Some of these ideas are identified as Preparedness Tips in each chapter. For example, the ministry recommends in the OHPIP that health organizations develop a stockpile of personal protective equipment estimated to last four weeks. Information on this recommendation is in the OHPIP's Occupational Health & Safety and Infection Prevention & Control chapter.

In preparing for the next influenza pandemic, the OHPIP should be used with other key documents, including Provincial Infectious Disease Advisory Committee guidelines, occupational health and safety requirements, sector-relevant continuity of operations guides and your sector's after action reports.

More importantly, the OHPIP can be used during an influenza pandemic to guide the health sector's response, starting with sections of the plan that outline what may happen before the severity of the pandemic has been determined. The OHPIP is written on the understanding that many key decisions will be made at the time of an influenza pandemic, based on factors such as severity, and using processes that are outlined in the OHPIP, as well as the Ministry Emergency Response Plan.

The 2013 version of the OHPIP is the last update for this document. The ministry is now starting to work on integrating influenza pandemic planning with seasonal influenza planning (including what is described in *Seasonal Influenza 2012/2013: Ontario's Blueprint for Action*) and planning for other influenza threats such as avian influenza A (H7N9) virus. This integrated work will help the health system to build on lessons learned from various experiences with influenza in creating a robust response to influenza in its many forms.

If you have questions about the OHPIP, or the ministry's next steps, please contact us at 1-866-212-2272 or emergencymanagement.moh@ontario.ca

Changes Coming to the Provincial Emergency Operations Centre!

The Provincial Emergency Operations Centre (PEOC) is the operations hub for the province during an emergency and it is on the move.

The PEOC functions as the centre of activity for provincial emergencies responses. During an emergency, representatives from provincial ministries and agencies as well as from federal and municipal or local response organizations come to the PEOC to coordinate activities, collaborate on tasks and share information. The representatives who come to the PEOC during an event will change based on the type of response that is underway. When not activated, the PEOC monitors risks on a 24/7 basis and is staffed by a duty officer.

In the next couple of months, the PEOC will move to a new location and so the Planner sat down with project team member Mike Walker to find out more about how they are planning this big transition. Over the next few editions the Planner will follow this story to learn more about the challenges of planning for and setting up an Emergency Operations Centre (EOC).

Challenge 1: Making decisions about space

When the PEOC project team sat down to think through how they wanted to set up their new EOC they had specific goals, realities and requirements to work within. They had been allocated a set amount of space and they needed to use this footprint to create a smart and flexible set-up that could easily 'scale up' and 'scale down' depending upon the emergency. The new set up would also need to accommodate the requirements of the different Incident Management Systems (IMS) sections. While some of the IMS sections require dedicated space and equipment (Scientific and Operations) other spaces are dual purpose and can be used routinely for meetings and training (Logistics, Planning and Command).

Challenge 2: Supporting the flow of information

Supporting the exchange of information is one of the key functions of the PEOC and so the space needed to be set up in such a way as to facilitate such an exchange. In the PEOC, information needs to flow among the different IMS sections, among the different stakeholders and partners deployed to the PEOC, and then between deployed staff and their home organizations. While locating the IMS sections contiguous to the Operations area will improve communications flow, there is a need for enhanced technology to assist in aggregating and disseminating information.

A proposed technological feature of the new PEOC will be a series of display screens positioned across the front of the Operations room. These screens are to be used to share information about the event (e.g., traffic cameras, live visual feeds from onsite locations) and response (e.g., key documents, situation reports, linkages with other EOCs).

With the main screens being a key communication tool, sight lines became a very important planning feature.

To help guide their planning process, the PEOC project team met with many of their partners to share information about the PEOC's upcoming move and get feedback about different design ideas they were considering. After consulting with key stakeholders, the project team decided to use a mix of theatre-style and boardroom-style seating units.

Watch this space for more information on the challenges faced and solutions found for the new PEOC!

Not on the Emergency Planner distribution list?

If you would like to be added to the *Emergency Preparedness Planner*'s distribution list or would like to update your current registration, please contact Emergencymanagement.moh@ontario.ca or call 416-212-0822.

Special Supplement: Promising Practices to Respond to Seasonal Influenza

Promising Practices

Health organizations across Ontario implement innovative and creative solutions to prepare for and respond to seasonal influenza each year. The Ministry of Health and Long-Term Care has compiled some of these promising practices to provide a model for other health organizations to follow, generate new ideas and encourage linkages across the health system. Each of the following case studies includes an overview of the promising practice as well as contact information for follow-up. Many of the case studies also include tools and resources that health system partners can use and adapt for their own organizations.

- Improving influenza immunization rates at The Brant Centre Long Term Care Residence
- Hamilton's Health Sector Influenza Committee
- Managing surge at The Scarborough Hospital
- Improving influenza immunization rates in South East Ontario
- Using a quality improvement approach to improve influenza immunization rates at Queen's Family Health Team

If your organization has a promising practice that you would like to have highlighted on this website, please contact the ministry by email at emergencymanagment.moh@ontario.ca or by phone at 1-866-212-2272.

A) Improving Influenza Immunization Rates at The Brant Centre for Long Term Care Residence

The Brant Centre Long Term Care Residence is a 175-bed long-term care home located in Burlington, Ontario.

As part of its ongoing readiness for seasonal influenza, The Brant Centre has gone to great lengths to improve seasonal influenza immunization rates among staff. Although the organization typically reaches up to 90% staff coverage, during the 2012-13 influenza season The Brant Centre had an outstanding buy-in with 99.3% of staff receiving the influenza vaccine. The Brant Centre used a variety of tactics to successfully engage staff last year:

- The organization hosted its annual mandatory staff training program at the start of the 2012-13 influenza vaccine campaign. The Brant Centre leveraged the opportunity of a 'captive audience' to offer the influenza vaccine to staff and hold an N95 respirator fit-testing clinic.
- The Brant Centre tracked which staff received the influenza vaccine, enabling the organization to conduct targeted follow-ups with individuals. The Brant Centre shared aggregate data on seasonal vaccine rates back with staff on a regular basis,

which helped individuals understand the organization's progress in achieving high coverage rates across the organization.

- The Brant Centre also targets high immunization rates among residents. The organization has found that gaining buy-in from the residents and their family members is key to a successful campaign. The Brant Centre works with the Resident & Family Council to get the message out through the use of awareness activities, such as newsletter articles and presentations.

For more information on The Brant Centre's strategies to improve immunization rates, **contact Barb Carey**, Infection Control & Quality Manager by email at bcarey@chartwell.com or by phone at 905-639-2848 extension 513.

B) Hamilton's Health Sector Influenza Committee

Since 2011, health providers in Hamilton have come together to plan for and coordinate influenza response activities through the Hamilton Health Sector Influenza Committee.

The Hamilton Health Sector Influenza Committee is comprised of representatives from across the local health system, including the City of Hamilton Public Health Services, primary health care organizations, hospitals, and experts in occupational health & safety, infection prevention & control, and infectious diseases. Committee members also link with other local hospitals and community-based pharmacies to keep them updated on the latest influenza strategies being implemented within Hamilton's health system. The Committee meets once a month and is governed by formal terms of reference. The committee focuses on local surveillance information, coordinating health promotion activities and communication strategies, developing policies and procedures to improve immunization rates, and sharing resources.

For the 2013-14 influenza season, the committee has chosen to focus their work on strategies to increase influenza immunization rates among health workers, pregnant mothers, young babies and children. To achieve this goal, the committee is collaborating on the implementation of several activities. For example, the City of Hamilton Public Health Services and St. Joseph's Healthcare developed standard immunization promotional materials that were shared with all local health organizations. Using these as a starting point, organizations can then modify the materials for their setting. The committee will also review local surveillance data on an ongoing basis to assess the effectiveness of their activities.

While the committee's focus is on influenza, the relationships that the members have built help to solidify linkages across the health system in Hamilton, making the region better prepared to respond to any infectious disease emergency or other health event.

For more information about the Hamilton Health Sector Influenza Committee, including advice on how to start one in your community, please **contact Connie Verhaeghe**, Emergency Response Planner at the City of Hamilton Public Health Services by email at connie.verhaeghe@hamilton.ca or by phone at 905-546-2424 extension 3531.

C) Managing Surge at the Scarborough Hospital

The Scarborough Hospital is a two-site hospital that provides a range of acute and ambulatory care services to residents of east Toronto. During the 2012-13 influenza season, the hospital responded to a large influx of patients with influenza-like illness (ILI) over a six-week period – with the peak occurring during the holiday season. This put pressure on the organization in terms of both inpatient and outpatient services. To respond to this surge, the organization implemented a number of extraordinary measures including:

- Innovative ways to improve its ability to provide influenza care and treatment services. For example, the hospital transitioned an empty medical unit into an inpatient unit for patients with ILI. Extra staffing was also added to ensure the organization could keep up with the demand for influenza services.
- Carefully implemented infection prevention & control (IPAC) and occupational health & safety (OHS) measures to protect patients and staff, such as isolating patients with ILI on droplet/contact precautions to stop the spread of the illness, and close monitoring of staff with ILI through the Occupational Health and Safety Department.
- Taking steps to increase access to influenza laboratory testing, as the surge in patients with ILI caused a demand for laboratory testing. To meet this demand, the hospital formed a partnership with Mount Sinai Hospital's laboratory services to access rapid diagnostic testing for a subset of the most critically ill patients. The quick turnaround by Mount Sinai's laboratory enabled the hospital to confirm if patients had influenza, which ensured that appropriate IPAC & OHS measures and treatment protocols were put in place.

Based on the lessons learned from last year, The Scarborough Hospital has worked to expand its internal laboratory capacity for rapid influenza testing in partnership with the Shared Hospital Laboratory (SHL). The SHL services North York General Hospital, Toronto East General Hospital and The Scarborough Hospital. The business case has been approved and all three hospitals will have influenza polymerase chain reaction testing available through the SHL for the current influenza season. The Scarborough Hospital is also working to incorporate the strategies used last year into its readiness for future influenza outbreaks, such as documenting triggers for opening additional surge beds/units in the hospital and identifying that necessary supplies and equipment need to be stockpiled to ensure readiness for communicable disease outbreaks.

To learn more about the lessons learned from The Scarborough Hospital including details from the business case that was developed to secure rapid influenza testing, **contact Vydia Nankoosingh** by email at vnankoosingh@tsh.to.

D) Improving Influenza Immunization Rates in South East Ontario

The South East Local Health Integration Network (SE LHIN), the Kingston, Frontenac and Lennox & Addington (KFL&A) Public Health, local primary health care organizations and long-term care homes are working together to improve immunization rates in their region. These organizations have undertaken a number of innovative initiatives in an

effort to boost the number of health workers and members of the public that choose to receive the influenza vaccine:

- As of April 1, 2013, all family health teams (FHTs) must submit quality improvement plans (QIPs) to Health Quality Ontario in a province-wide effort to measure and report on primary health care performance. The SE LHIN and KFL&A are encouraging area FHTs to leverage this reporting process as an opportunity to increase influenza immunization rates.
- The SE LHIN and KFL&A are encouraging local primary health care organizations and long-term care homes to get the message out to their patients about the importance of influenza immunization. This includes establishing targets for organizations during the 2013-14 influenza season: each organization is encouraged to immunize at least 30% of patients, 70% of patients over 65 years of age, and 85% of health care providers and other staff. The SE LHIN has circulated a flyer to local organizations promoting these targets.
- Public education tools such as posters are being distributed to health organizations across the region to spread the message about getting the influenza vaccine.
- Local organizations are working together to improve the collection, sharing and reporting of influenza immunization rates. Access to this data will assist the region in tracking their progress over time. Essential to this initiative is a new partnership between pharmacies and FHTs to track patients that receive the influenza vaccine and share this data with KFL&A.

For more information on any of these strategies, **contact Dr. Jonathan Kerr**, the Primary Care Lead at the South East LHIN by email at dr.jonathankerr@gmail.com.

E) Using a quality improvement approach to improve influenza immunization rates at Queen's Family Health Team

The Queen's Family Health Team has applied quality improvement (QI) principles to increase the immunization rates of their employees and patients. As part of their QI agenda, the team has focused on improving data quality and using innovative approaches to promote immunization and support access to the vaccine including:

- Sending postcards and e-mails to patients as a reminder about the importance of getting immunized, with details on how to access the seasonal influenza vaccine.
- Implementing a "no barrier" approach to immunization where patients have the opportunity to be immunized at every single interaction with Family Health Team staff. This includes opportunities at all regularly scheduled appointments, at the after-hours clinic, and as part of appointments with allied health professionals, such as the pharmacist and diabetes education team. Patients can also book an appointment by phone or attend scheduled drop-in immunization clinics. Home visits are also provided for those who are unable to come to the clinic in person.
- Providing vaccine administration training to all nursing staff and developing medical directives to allow members of the nursing team to give the vaccine more efficiently.

- Leveraging the expertise of health promotion nursing students to help with the design and development of posters and other promotional material.
- Providing many opportunities for staff to get immunized such as at drop-in clinics, before and after grand rounds events, and via a roving vaccine cart (that includes coffee and apples) staffed by a nurse. This approach allowed the team to reach 95% of their clinical staff during the 2012-13 flu season.
- As part of their QI approach, the Queen's Family Health Team has focused on improving data quality, analysis, and reporting. Data is used to target communication activities and follow up with key sub-populations (e.g., those at increased risk of complications from influenza, those with low immunization rates). Data is also used to provide weekly reports highlighting the number of immunizations that each clinical area has given overall and to different sub-populations.

For more information on the strategies that Queen's Family Health Team is implementing to improve immunization rates, **contact Danyal Martin**, Clinical Program Coordinator, by email at danyal.martin@dfm.queensu.ca.