

# Ensuring a Broad and Inclusive Approach

## A Provincial Perspective on Pandemic Preparedness

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### SUMMARY

The SARS crisis revealed critical gaps in Ontario's health emergency response capacity, and identified, in the starkest terms possible, the need for improved emergency response planning. This article reviews the development of the Ontario Health Plan for an Influenza Pandemic (OHPIP), released in June 2005.

Some key points arising from the provincial planning process include the necessity to:

- ensure a broad and inclusive development process;
- ensure the pandemic plan identifies: 1) clear roles and responsibilities of federal, provincial/territorial and municipal levels of government, 2) the approach to occupational health and safety issues and ethical decision-making, 3) a communications strategy linking all affected sectors and levels of government and health sector; 4) any commitments to antiviral stockpiling, vaccine and antiviral allocation and use, and an approach for drug delivery from provincial stockpiles to local public health units; 5) health human resource management and supplementation; and 6) key programs/services to be scaled back to maximize surge capacity;
- address best practices (e.g., involve all sectors of the health care system at the outset, acquire strategic expertise, coordinate/advocate with broader emergency response system, etc); and,
- outline future stages that include strengthening the delivery of clinical care to influenza cases; clarifying the role of primary care practitioners during a pandemic; leveraging Ontario's significant e-Health investments.

Ontario's pandemic planning process aims to provide a robust, detailed document that will offer useful advice and information well beyond its borders.

### ABRÉGÉ

Le bilan de la crise du SRAS a révélé de graves lacunes dans la capacité d'intervention en cas d'urgences sanitaires en Ontario et affirmé sans détour le besoin d'améliorer la planification des interventions d'urgence. Cet article porte sur l'élaboration du Plan ontarien de lutte contre la grippe pandémique diffusé en juin 2005.

Le processus de planification ontarien a mis au jour quelques points-clés :

- Le processus d'élaboration d'un tel plan doit être vaste et intégrateur;
- Le plan de lutte contre la pandémie doit : 1) clairement définir les rôles et les responsabilités aux paliers fédéral, provincial/territorial et municipal; 2) préciser la façon dont on abordera les questions de sécurité et de santé au travail et les considérations morales dans la prise de décisions; 3) comporter une stratégie de communication qui relie tous les secteurs et les ordres de gouvernement touchés et le secteur de la santé; 4) indiquer tout engagement relatif à l'accumulation de stocks d'antiviraux, ainsi qu'à la distribution et à l'utilisation des vaccins et des antiviraux, et préciser la démarche de livraison des médicaments provenant des réserves provinciales aux bureaux de santé publique locaux; 5) aborder la gestion des ressources humaines dans le secteur de la santé et la disponibilité de renforts; et 6) indiquer les principaux programmes et services à réduire pour maximiser la capacité d'appoint;
- Le plan doit aborder les pratiques exemplaires (p. ex., mettre à contribution tous les secteurs du système de soins de santé dès le début, acquérir des compétences stratégiques, coordonner les efforts, intervenir auprès de l'ensemble du système d'intervention d'urgence, etc.);
- Le plan doit décrire les étapes futures, à savoir : renforcer les soins cliniques aux personnes grippées, clarifier le rôle des praticiens de premier recours durant une pandémie et optimiser les investissements considérables de l'Ontario dans la cybersanté.

Le processus ontarien de planification en prévision d'une pandémie vise à produire un document solide et détaillé, dont les conseils et les renseignements seront utiles bien au-delà des frontières de la province.

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In the spring of 2003, an outbreak of Severe Acute Respiratory Syndrome (SARS) in the Toronto area left 44 dead and the province reeling from an unforeseen and unprecedented public health crisis. Justice Archie Campbell noted in the first interim report of the SARS Commission of Inquiry, that "had a pandemic flu plan been in place before SARS, Ontario would have been much better prepared to deal with the outbreak".<sup>1</sup> The SARS crisis revealed critical gaps in the province's health emergency response capacity, and identified, in the starkest terms possible, the need for improved emergency response planning. The release of the Canadian Pandemic Influenza Plan (CPIP), in February 2004, provided additional impetus for the provincial Ministry of Health and Long-Term Care (MOHLTC) to begin developing Ontario's influenza pandemic response plan.

This article is intended to outline Ontario's experience in developing the Ontario Health Plan for an Influenza Pandemic (OHPIP), the current version of which was released in June 2005. Following are some key points we have found during the provincial planning process:

- the importance of a broad and inclusive development process
- key components of pandemic plans
- best practices based on lessons learned
- future stages in pandemic planning.

### Ontario pandemic planning process

Ontario's pandemic planning process is coordinated by the Emergency Management Unit (EMU), established as a permanent branch of the MOHLTC as a direct result of the lessons learned from the SARS outbreak and the recommendations contained in the Walker Report.<sup>2</sup> An initial Minister's Summit on Pandemic Influenza Planning in February 2004 brought together all three levels of government, public health officials, health care workers, regulatory colleges, labour unions and professional associations to provide input on the content of the provincial plan. Other critical participants in the planning process were clinical/infectious disease experts and Emergency Management Ontario, which has the overall lead for emergency management in the province. An initial plan was released in

May 2004 following several stakeholder consultations. The EMU subsequently established a formal development process, with a steering committee, subcommittees and working groups with specific areas of expertise responsible for developing additional detail and components of the plan. Each group has a chair responsible for convening meetings, and providing report-backs on progress to the OHPIP Steering Committee. The steering committee recommends overall direction to the process, with additional working groups added as required to address specific content issues such as critical care, and primary and secondary admission/discharge/triage criteria, vaccine/antiviral issues, etc.

From the outset, planners anticipated that OHPIP would be an “evergreen” document that would continue to be updated and enhanced with additional detail and new information as it became available. For example, since the original 2004 version was released, planners were able to take advantage of World Health Organization (WHO) publications designed to provide guidance on pandemic planning efforts and ensure planners are aware of the international approach to managing an outbreak of this magnitude.<sup>3,4</sup> Ensuring alignment with the direction of CPIP and that activities are calibrated to the WHO pandemic phases released in April 2005 were important considerations aimed at ensuring aligned operations and communications between jurisdictions.

### Key components of pandemic plans

While each jurisdiction and level of government may have unique characteristics that will inform the content of their plan, the experience in Ontario is that a number of components were critical to include, based both on our experience with SARS and our review of other pandemic plans such as the CPIP. They include, among other sections, the following:

- A section that clearly identifies the roles and responsibilities of federal, provincial/territorial and municipal levels of government in the pandemic response; this includes identifying how the health response is linked with the broader emergency response at each level of government.
- A section that outlines the approach to occupational health and safety issues as

well as broader guidance on ethical decision-making during an emergency of this magnitude, a key lesson learned from the SARS experience and reiterated by the health care workers involved in the planning process.

- A communications section that identifies how communications will be managed and linked horizontally to the response outside the health sector, as well as vertically, to other levels of government and the health sector; detailed communications planning will ensure a shared understanding of how this all-important function will be managed and strengthen consistency in communications messages. Again, learning from the SARS experience and the recommendations in the expert reports that followed, the MOHLTC has identified multiple communications modalities to facilitate two-way communications between government and stakeholders.
- Vaccine and antivirals will be the primary pharmaceutical defence against a pandemic and require a detailed approach in any plan, including outlining any commitments to antiviral stockpiling, identifying how vaccines and antivirals will be allocated and used among designated priority groups, and identifying an approach for how these drugs will be delivered from provincial stockpiles to local depots managed by local public health units. Although Ontario was successful in securing a 12.5-million dose stockpile of oseltamivir, this is still far from sufficient to protect its entire population and work is continuing on purchasing additional drug from the manufacturer.
- Identify how health human resources will be managed and supplemented during a health crisis of this magnitude. Ontario has developed a skills-based approach to health human resources planning and deployment during a pandemic which will be further developed in consultation with labour unions, associations and health regulatory colleges. This approach focusses on specific skill sets required during a pandemic (such as administering vaccine) rather than on traditional health disciplines.
- Identify the health services, public health programs, laboratory diagnostic services and other key programs/services of the

health system that will be scaled back to maximize surge capacity within the health care system during a pandemic; OHPIP provides general guidance on curtailment measures, based on the best available research, to help local health care workers and public health professionals in planning for a consistent yet flexible approach during a pandemic.

It is important to note that the pandemic planning process requires dedicated resources and supports at all levels of government as well as within individual organizations involved in the planning process.

### Best practices based on lessons learned

#### *Ensure all sectors of the health care system are included in pandemic planning at the outset*

Although the MOHLTC made every effort to ensure comprehensive participation by a broad range of health stakeholders in the planning process, the lack of formal primary care physician representation and other primary care practitioners meant that the current plan is more focussed on acute care, critical care and public health issues than on primary care in the community. In an emergency that will profoundly affect every area of the health care system, it is critical that every area of the health care system be engaged in planning the response.

#### *Be strategic about where expertise is required*

Given the SARS experience with infection prevention and control issues related to patients and health care worker safety, occupational health and safety was addressed separately. Appropriate infectious disease and infection control expertise was obtained to ensure the plan reflects the most current available evidence on infection prevention and control practices to provide optimal protection against droplet/contact spread, the mode of transmission for influenza. The additional expertise and input provided by bioethicists on decision-making during such a catastrophic event was also extremely well received.

#### *Coordinate/advocate with broader emergency response system*

It is the responsibility of health ministries to alert and educate other areas of govern-

ment and other levels of government about the likely impact of an influenza pandemic and the need to plan accordingly. In outlining the staggering scope of such an event, the modelled estimates of death, hospitalizations and outpatient care in Ontario have been produced from the FluSurge program developed by the US Centers for Disease Control and were used effectively in supporting the urgent need for such planning within all levels of government. In Ontario, the MOHLTC works closely with EMO, which is developing a broader Provincial Coordinating Plan for an Influenza Pandemic.

*Use a project management approach to identifying project priorities, benchmarks and deliverables*

Project management approach to planning is critical for achieving desired outcomes – i.e., components of the plan – in timely fashion, as in many cases influenza pandemic planning responsibilities will simply be added to existing workloads. It is important to plan ambitiously but realistically to develop appropriate facility-level, municipal, provincial and national pandemic influenza plans. Dedicated resources for influenza pandemic planning will continue to present a challenge, and the more that planners can do to leverage volunteer

expertise from clinicians, labour, regulatory experts and others, the quicker their plan will advance to a robust stage of development.

*Establish mechanisms for communication/information exchange among committees and working groups*

Recognizing that content developed by one working group has significant implications for others, the MOHLTC facilitated communication among working groups through cross-representation, regular teleconferences with subcommittee and working group chairs, and putting in place information technology supports such as a shared network drive, where draft documents and presentations could be shared between working group members.

**Challenges and future pandemic planning**

The challenge for Ontario in the upcoming year is to strengthen the plan in areas where it is less developed – such as delivery of clinical care to influenza cases – and clarifying the role of primary care practitioners during a pandemic. Ontario will also be planning how to effectively leverage Ontario's significant e-Health investments (such as the integrated public health information system, OntarioMD, and the pub-

lic health portal) to improve data collection, exchange and communications in a pandemic, and to provide additional clinical management tools and information for health care providers, both in primary and acute care settings.

Over the two and a half years that the MOHLTC has been engaged in the planning process, it has received unprecedented support, encouragement, constructive criticism and limitless hours of voluntary expertise from the health care community, who recognize the importance and urgency of these efforts. Their expertise and hard work has made, and will continue to make, Ontario's pandemic plan a robust, detailed document that we hope will provide useful advice and information well beyond its borders.

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