Expert Panel on SARS and Infectious Disease Control (Walker) Report – Executive Summary

The Expert Panel on SARS and Infectious Disease Control, chaired by Dr. David Walker, Dean of Medicine at Queen’s University in Kingston, was established by the Ontario Minister of Health and Long-Term Care in May 2003. The panel was asked to identify the key lessons learned from the SARS outbreak and to provide recommendations regarding Ontario’s capacity to manage public health emergencies and infectious disease threats in the future. In carrying out the mandate, the panel attempted to ensure consistency with the framework for revitalization of public health in Canada set out in the Report of the National Advisory Committee on SARS and Public Health and endorsed by the Standing Senate Committee on Social Affairs, Science and Technology.

On December 15, 2003 the Panel released its Initial Report, which provided a series of 53 recommendations requiring urgent action. The Final Report builds on this initial advice and provides additional recommendations regarding the development of a centralized public health body for Ontario that would integrate into a comprehensive national public health framework. The text and recommendations in the Final Report were informed by meetings and discussions with a number of experts, healthcare professionals, patients and their families, as well as by a series of independent research projects.

The panel remains committed to the recommendations made in the Initial Report and urge that these be considered together with the recommendations found in this Final Report as part of a comprehensive framework. In releasing this Report, the Panel urges Ontario to play an active role in the rejuvenation of public health at both the provincial and federal levels.

Public Health Renewal in Ontario

One of the most striking and urgent issues raised in the Initial Report related to human resource shortages, especially in public health. As such, the Panel endorsed a comprehensive public health human resources revitalization strategy, including increased capacity for education and training, promotion of public health careers and improved recruitment and retention strategies for Medical Officers of Health and their staff. This Report additionally recommends a review of the existing Public Health Research, Education and Development (PHRED) program so as to build and expand upon its research and training components.

The Panel indicated in the Initial Report that it supports consolidating the number of Public Health Units on a regional basis within two years. It further recommends that any such consolidation be based upon core demographic and health status data, and an independent capacity assessment of: existing staffing levels; resources and skill sets at the local level; key operational, systemic and governance barriers to Public Health Unit functionality; and appropriate steps to improved alignment with other key health service areas.

The Panel has acknowledged the issues surrounding the municipal role in funding of public health in Ontario. It urges the restructuring of the present municipal-provincial cost-sharing agreement to reflect between 75% and 100% provincial funding of public health within two to five years.

In the short-term, full provincial funding of 180 positions committed to Public Health Units as part of the Ontario SARS Short Term Action Plan must be continued and processes for 100% funding of communicable disease programs in public health should be developed.

To support changes needed at both the local and provincial levels, the Panel endorses a review of the Mandatory Health Programs and Services Guidelines with a view to enhancing compliance, consistent with the 2003 Annual Report of the Provincial Auditor. As part of this review, consideration should be given to revising these guidelines so as to clarify their scope and the role and expectation of Public Health Units vis-à-vis the acute care sector and ensure the formal inclusion of public health risk communications.

Ontario Health Protection and Promotion Agency

In the Initial Report, the Panel called for the establishment of a new public health agency for Ontario. It also recommended a series of measures to enhance Ontario’s preparedness for a public health emergency, the development of a public health risk communications strategy and the establishment of a technology infrastructure that enables information to reach all key healthcare stakeholders and practitioners in a timely fashion.

In expanding upon this initial vision, the Final Report further supports and recommends the creation of an Ontario Health Protection and Promotion Agency (the Agency) through new legislation. The Agency would develop dedicated capacity including the provincial Central Public Health Laboratory, a department devoted to communicable disease and infection control issues, emergency preparedness support, health promotion and injury prevention, research/knowledge transfer, epidemiology and surveillance, library services and supports and communications. Appropriate linkages with federal public health bodies and research centres should be put into place.

The Central Public Health Laboratory should be co-located with the Agency and assume a key role in the area of communicable disease and infection control. While the initial focus should be on communicable diseases and infection control, an external evaluation of the Agency should be carried out within
three years of its establishment, with a view to incorporating appropriate capacity in chronic disease prevention and control, health promotion and injury prevention. The Agency would also be required to present a plan for the formal expansion of its health promotion activities.

In order to increase the trust and profile required in a new agency, the Panel has proposed in this Report a series of important transparency and governance provisions for the Agency. The Agency’s goals would embrace a series of key success factors based on the experiences of other jurisdictions and be one part of the broader public health renewal required across the province. In order to measure achievement against these goals, the Agency should produce and publicly disseminate a series of reports annually including a Performance Plan and a Report on the Health of Ontarians.

With regards to the independence of the Chief Medical Officer of Health (CMOH), the Panel has proposed statutory amendments increasing the scope of authority for the CMOH to speak and report on matters of public health relevance and urgency, including where necessary to the Legislature.

The Panel proposes that the Agency operationally be headed by a Chief Executive Officer who would report to the CMOH. Operational and financial management of the Agency should be carried out through a formal board structure, with membership appointed through a transparent process.

COMMUNICABLE DISEASE AND INFECTION CONTROL

SARS highlighted to the Panel key longstanding shortfalls with respect to infection control, including a need for provincial standards, shortages of necessary human resources and training opportunities and facility design barriers. In the Initial Report, the Panel recommended that a standing provincial committee be established to develop comprehensive infection control standards, develop mechanisms to ensure compliance with such standards and to supervise infection control audits. It further recommended that infection control resources and expertise be made available on a regional basis through the creation of regional networks, and that a series of measures be undertaken to enhance training and education in infection control at all levels.

In this Report, the Panel urges that a standing Provincial Communicable Disease Committee and any necessary subcommittees be struck immediately, with an advisory role to the Chief Medical Officer of Health and thereby to the Minister of Health and Long-Term Care. This Committee would ultimately become a resource to a Department of Communicable Disease and Infection Control within the Agency. The initial mandate of the Provincial Communicable Disease Committee and its subcommittees should be to establish standards and guidelines for infection prevention and control, including those relevant to implementing comprehensive infection control programs in all healthcare facilities and to infection control training at the facility level. Thereafter, the Committee should look to such things as: assisting in the refinement of provincial communicable disease protocols such as a pandemic influenza plan for Ontario; establishing core indicators for monitoring nosocomial infections to be collected on a province-wide basis; developing model infection control protocols and programs; and establishing its role with respect to audits by creating self-audit and peer audit systems.

The Provincial Communicable Disease Committee should be a resource to Regional Communicable Disease and Infection Control Networks to be established across Ontario, providing them with evidence-based standards and guidelines, among other things. The Panel sees a critical role of these Networks to be coordination of infection control and communicable disease activities on a regional basis. This would be achieved through such activities as assessing infection control practices and resources, assisting in the implementation of standards and guidelines, coordinating surveillance, supporting communicable disease initiatives and enhancing access to infection control expertise and resources.

In this Report, the panel has proposed a detailed model for Regional Communicable Disease and Infection Control Networks, including organizational structure, necessary resources, membership and funding. We have also set out a number of core variables to be considered in determining the boundaries of these regional networks.

In addition, the Panel has discussed and made recommendations around facility design issues that need to be addressed within the regional context. The activities of both a new provincial Committee and regional networks must be supported by a comprehensive provincial infectious disease surveillance plan together with an appropriate information technology infrastructure, as recommended in the Initial Report. The Panel has further recommended the development of an Ontario Public Health Information System (OPHIS) to enable sharing of relevant information, including surveillance and epidemiologic information.

POINT OF CARE

In the Initial Report, the Panel recognized the immense impact that SARS had on healthcare providers and facilities. In so doing, we recommended that at least 70% of healthcare workers be employed on a full-time basis, that casualization of workers be minimized and that psychological support and education programs for healthcare workers be put in place. It also endorsed a review of occupational health and safety policies, procedures and resources, with a view to developing best practices in relation to the interface between occupational health and safety and infection control.

Building upon these initial recommendations, the panel has
Commission to Investigate the Introduction and Spread of Severe Acute Respiratory Syndrome (Campbell Commission)

Interim Report Released April 15, 2004

The independent Commission to Investigate the Introduction and Spread of Severe Acute Respiratory Syndrome (SARS) was established by the Government of Ontario with Mr. Justice Archie Campbell of the Ontario Superior Court of Justice appointed Commissioner.

The Commission’s mandate is to investigate how the SARS virus came to the province, how it spread and how it was dealt with. The Commissioner, Mr. Justice Archie Campbell, is to provide a public report on what happened, what lessons have been learned and what improvements should be made.

Most of the Commission’s investigation is being carried out through personal confidential interviews and meetings and by examination of documents and consultations with experts. The Commission held six days of public hearings – three in September and October and three in November – to give members of the public and all interested organizations an opportunity to address Justice Campbell about their experiences, concerns and recommendations relating to the SARS outbreak.


TWENTY-ONE PRINCIPLES FOR REFORM

The lessons of SARS yield 21 principles for public health reform:

1. Public health in Ontario requires a new mandate, new leadership and new resources.
2. Ontario public health requires renewal according to the principles recommended in the Naylor, Kirby and interim Walker reports.
3. Protection against infectious disease requires central province-wide accountability, direction and control.