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Speaking out for health. Speaking out for nursing.

Via Email: tiffany.jay@ontario.ca

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Dear Tiffany,

Thank you for the opportunity to comment on the Ministry of Health and Long Term Care's draft report: *"Pandemic (H1N1) 2009: A Review of Ontario's Response"*.¹ The Registered Nurses' Association of Ontario (RNAO) is the professional organization representing registered nurses who practice in all roles and sectors across the province. The nursing perspective is critical to understanding both the successes of Ontario's pandemic response, as well as the areas in the response which need improvement. Nurses are in a unique position to provide feedback on pandemic response, as they were the professionals at the point of care, directly interacting with the public during the response, and helping to coordinate and deliver care.

RNAO supports the observations gathered in this document, and the Ministry's stated goals of both identifying elements of the response that worked well, as well as opportunities to strengthen health emergency response processes and plans at all levels of the health system. A number of Ministry proposals contained in the document would achieve the outcomes of improving public access to essential health services during a pandemic and alleviating pressure on our public health care system. We offer the following additional suggestions to strengthen the report *Pandemic (H1N1) 2009: A Review of Ontario's Response*:

A. Introduction

- Review the footnote of the introduction to ensure the dates are correct.
- Structurally reformat the timeline chart on page 13 to provide clearer visual information.

B. 1. Roles, Responsibilities and Ethical Framework for Decision-Making

- Congruent with this report, RNAO believes that the role of the 14 Ontario LHINs need to be better utilized. Public Health Units are currently coordinated at the municipal level. RNAO believes that LHINs are well suited to establish and coordinate regular collaboration and communication among local public health units and between primary care providers within each LHIN. In addition to their existing role of strategizing critical care surge capacity, augmenting the role of the LHINs by allocating full responsibility for Public Health Units may reduce significant variations in local health messaging and integrate overall public health service delivery. A health system that does not integrate public health will not be able to respond effectively to a pandemic threat, thus risking public safety.
- In the report, it is unclear under the heading "**Deliberative Decision-Making Processes**" whether there were any experts in nursing (specifically public health nursing) who participated in the Scientific Response Team. If there were nursing experts on the team, this should be identified in the document. If there were no nursing experts on the team, this issue should be addressed for future responses and in OHPIP.
- **Box: Examples of Ethically Driven Decisions** - Each point should start with a topical subheading, i.e. reciprocity, protection from harm, and proportionality.

C. 3. Surveillance: Detecting and Monitoring Influenza

- With the establishment of Nurse Practitioner-Led Clinics (NPLC), the provincial network of Community Health Centres (CHC) and Family Health Teams (FHT), and the substantive increase in the number of practising Primary Health Care Nurse Practitioners (PHC-NP), RNAO believes accurate reporting should include NPs as sentinel primary health care providers in addition to sentinel physicians. Including NPs as sentinel reporting practitioners would strengthen and improve monitoring, and provide greater observation of the health care impact of influenza for Ontarians.
- RNAO was pleased to learn of the engagement of the Ministry of Education as a partner in pandemic surveillance. Further collaboration between the Ministry of Education, and Public Health should be facilitated and encouraged. This collaboration will benefit from the government's extended funding for Early Years (JK/ SK).
- As was mentioned in the report, a robust and effective e-health system (electronic medical record) is essential for clinicians to provide seamless care, with reduced wait times. By having an EMR in place during pandemic, primary health care providers would have the ability to target risk groups, thus streamlining the sequenced distribution of vaccine and antivirals to prioritized populations. A provincially accessible EMR that includes e-prescribing and is integrated with the Telehealth system would also help reduce wait times in Flu Assessment Centres. Such technology would enable telephone triage to take place ahead of the patient's arrival at the centre. RNAO recommends that funding for a fully operational e-health system be in place as soon as possible to protect the public from the next pandemic.
- Timing factors of H1N1 in the homeless and other vulnerable populations may have been different from the general population because of "congregate settings" where people spending much of their time in large groups at shelters and drop-ins, and to some extent separate from the general community. Methods should be developed to reliably conduct surveillance among vulnerable populations.

D. 4. Public Health Measures

- RNAO applauds the collaboration between the Ministry of Health and Long-Term Care, Ministry of Education and the Ontario Early Years Centres in monitoring school absenteeism, and health promotion. We strongly support additional collaborative pandemic planning and response efforts including the Ministries of Health Promotion and Sport; Training, Colleges and Universities; Community and Social Services as well as the Native Affairs Secretariat.
- RNAO strongly encourages the re-integration of school nurses into the present composition of school staff. Not only could school nurses assist in the development of a school-appropriate plan for effective management and evaluation of a pandemic outbreak, they could also liaise with clinical expertise between school boards and public health units. In addition, school nurses could provide practical skills and expertise by assessing students who are displaying signs and symptoms of illness, and administering vaccine to vulnerable populations which include healthy primary and high school-aged children who were identified as high-risk in the H1N1 pandemic.

E. 6. Accessing Antiviral Drugs

- The figure in the middle of page 33 obscures the text beginning with "Supply".
- RNAO strongly recommends that pandemic-specific antivirals be added to the provincial drug formulary, so that those individuals who are registered with the

Ontario Drug Benefit Plan have timely access to them prior to the opening of the provincial stockpile, and do not face financial barriers to their access in the early days of a pandemic.

F. 7. Accessing pH1N1 Vaccine

- The figure in the middle of page 36 obscures the text beginning with “Supply”.
- RNAO applauds the collaboration between the Ministries of Health and Long-Term Care and Natural Resources to fly vaccine to remote locations in Northern Ontario.
- Media coverage complicated matters by focusing on queues, and ‘queue-jumpers’. Better and earlier collaboration with media partners and other health professional associations like RNAO would help spread appropriate messages to the public and serve to lessen fear and anxiety about unknowns. (e.g., the H1N1 vaccine and the manifestation of the virus itself).
- RNAO supports augmenting traditional messaging with innovative messaging methods, especially when these methods target high risk groups such as teenagers and young adults who may be more technologically savvy. Some care however must be taken when using social media technologies such as Twitter and Facebook, as they may overlook and further disadvantage vulnerable populations.
- Significant concerns were raised that in many instances, for-profit agency nurses were contracted-in at various vaccine clinics at significant cost to the system. RNAO continues to call for the Ontario government to meet its commitment to increase the nursing workforce by 9,000 additional positions by 2011. This would include increasing the number of full-time nurses across our province to 70 per cent, and include a much-needed investment in public health nurses. Essential to recruitment and retention of public health nurses in our province is a commitment from the government to address wage inequities among nurses practicing in different sectors.

G. 8. Equipment and Supplies

- The figure in the middle of page 42 obscures the text beginning with “Ontario had a stockpile...”

H. 9. Influenza Assessment, Treatment and Referral Services

- Variation in the links between key local health system organizations, such as LHINs and public health units, contributed to confusion. LHINs occupy the ideal position to establish and coordinate regular collaboration and communication among local public health units, and between primary care providers within the LHIN.
- Official government pandemic plans are directed at mainstream services such as hospitals, primary care clinics and other residential settings. Many of these plans are not directly translatable to drop-ins, shelter-based health services and street outreach services. Critical elements of a pandemic plan need to address those who are most vulnerable and have difficulty accessing pandemic services through mainstream access points.
- Chief Nursing Officers are necessary to optimize clear lines of inter and intra-professional communication within Public Health Units. Unfortunately, less than 10% of all public health units across Ontario are able to identify a Chief Nursing Officer within their institution. Currently directors within public health units may or may not be nurses or belong to any regulated health-care profession. Without this senior level of nursing leadership to direct nursing staff, which characterize

over half of all human resources in public health units, critical and high impact decisions may be made without the necessary and appropriate consideration of professional standards or ethics. A Chief Nursing Officer would be able to provide clarity to nurses and other professions with regards to how nurses may or may not practice within the set scope of practice of the College of Nurses of Ontario. This clarity is critical in pandemics like H1N1, when nurses are redeployed out of their usual practice setting.

I. 11. Acute Care Services

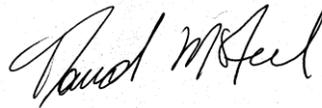
- **CritiCall Ontario:** At present, physicians have the CritiCall services at their disposal. Recent government legislative and regulatory changes expanded the scope of practice of Nurse Practitioners in Ontario. RNAO strongly recommends expanding the availability of CritiCall Ontario emergency referral service to include Nurse Practitioners seeking emergency clinical advice and referral to this specialty service for patients requiring urgent or emergent care.

From the outset, RNAO has appreciated being involved as a partner in pandemic planning and in the review of the H1N1 response. We now offer these recommendations to improve future pandemic responses. Thank you for the opportunity to comment on this important document that impacts the profession of nursing in Ontario and the public that we serve. Be assured of our continuing support in seeking ways to better utilize the education, competencies and experience of all nurses to improve the health and health-care system of Ontarians.

Sincerely,



Doris Grinspun, RN, MSN, PhD, O.ONT.
Executive Director, RNAO



David McNeil, RN, BScN, MHA, CHE
President, RNAO

¹ Ministry of Health and Long-Term Care. (2010). *Pandemic (H1N1) 2009: A Review of Ontario's Response – DRAFT MOHLTC: Toronto.*