The SARS Alliance

During the second SARS outbreak, the Ontario government decided to concentrate the treatment of SARS in four key hospitals that became known as the SARS Alliance. It was a decision made in an emergency, but one that was not widely acclaimed.

The SARS Alliance was a stopgap measure for a provincial or regional emergency plan that, as noted elsewhere in this report, Ontario did not have in place.

The hospitals designated were North York General Hospital, St. Michael's Hospital, Scarborough General Hospital and the William Osler Health Centre. The idea behind the move was to concentrate the treatment of SARS to these four hospitals. This would pool the expertise that had developed and, it was hoped, would free up other health care facilities to carry out their normal functions without the heavy burden of dealing with SARS patients.

Tony Clement, Ontario's Minister of Health at the time, said in a media release:

> We are concentrating the treatment and expertise of SARS at four key sites around the Greater Toronto Area to ensure we quickly identify and contain the disease during this current wave of cases … This will help us protect the capacity of the health care system as well as ensure that the health care system in the GTA keeps running safely and efficiently.[857]

Mr. Clement said the four hospitals would work together:

> … to develop a plan for moving patients in alternative levels of care, establish specialized units with dedicated staff, formalize agreement on staffing, resources and supplies, and ensure transfer protocols are in place.[858]

857. Ontario Ministry of Health and Long-Term Care, media release, Canada News Wire, May 27, 2003.
858. Ontario Ministry of Health and Long-Term Care, media release, Canada News Wire, May 27, 2003.

People interviewed by the Commission and those who spoke at the public hearings praised those who volunteered to work at the Alliance hospitals, but generally the move received a lukewarm reception.

The most critical comment came from an emergency medicine physician who worked in various capacities during the outbreak. In a submission to the Commission, he said that the SARS Alliance provided minimal, if any, benefit:

> NYGH, Scarborough General frequently did not have beds. Etobicoke General was not prepared until late to accept patients, and St. Michael's Hospital appeared to limit its transfers to intubated patients. The cost was prohibitive as nurses and other were given 2x contract pay. The non-SARS hospitals still had to care for SARS patients while waiting for beds and were not being paid the same rates. This pay inequity led to tremendous anger with some staff taking leave of absence or resigning.[859]

In hindsight, the physician said, it would have been better to protect some hospitals that provide specialized care such as trauma, burns, surgery and oncology from accepting SARS patients.[860]

The additional pay at the SARS Alliance hospitals was clearly a contentious issue. The Naylor Report noted that it created inequities, as health workers at other hospitals who had treated SARS patients did not get the benefit of double-time pay. Dr. Naylor also noted that the Ministry of Health and Long-Term Care did not sanction the move:

> The SARS Alliance hospitals chose to provide double-time pay to those individuals working in SARS affected areas/SARS units. The OMHLTC did not sanction this action. It was heavily criticized from an equity perspective since other hospitals that treated SARS patients did not provide the same benefit to their staff. Further, staff were provided the additional salary whether or not the SARS unit they worked on actually treated SARS patients. As a result, in some cases staff treating SARS patients received no added compensation benefit, while others who did not treat SARS patients did receive additional compensation.[861]

859. Dr. Laurie Mazurik, submission to the SARS Commission, September 7, 2003, p. 2.
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861. Naylor Report, p. 154.

The Ontario College of Family Physicians paid tribute to those who volunteered when North York General Hospital was asked to become a SARS Alliance hospital. The College's Executive Director and CEO, Jan Kasperski, told the Commission at its public hearings:

> … they quickly stepped up to the plate. I can tell you that no one was thrilled with the idea, but it was their own colleagues, their co-workers, who had fallen ill, and they wanted to bring as many of them as possible back into their own institution so they could care for them … Several family physicians and our residents volunteered to act as the attending physicians on the SARS ward.[862]

The president and CEO of a Toronto-area hospital was not impressed with the SARS Alliance as a response to the crisis:

> I think there needs to be much more focus on infection control so that you can handle these things … Designating a SARS hospital [is not enough]. Next week it's some other disease.

She said she favoured a more general approach:

> This was an outbreak. We didn't know what it was. So you're designating something [SARS Alliance] way after the fact. Its [success depends] on how you deal up front with something that you don't know about. My own view is that you have to, as much as possible, put in place mechanisms which control the possibility of those outbreaks occurring.

She told the Commission that such precautions should include universal precautions and building hospitals that can handle the virulent diseases that may be on the horizon:

> I think what you need [is] to have hospitals that can deal with outbreaks of infectious diseases. You need hospitals where, when people come into an emergency department, it's not like a cattle car and they're all put together … I think somebody talked about the reality of coming into an emergency department with somebody sitting, or in the next cubicle, two

862. SARS Commission Public Hearings, October 29, 2003.

> feet away. Hospitals aren't designed to deal with these diseases, whether it's emergency departments, intensive care units, etc.

But she said that newly constructed hospitals are taking these problems into account:

> Hospitals are built now to handle the really virulent diseases that you get. If you look at the evolution, for instance, of intensive care units in the country, it used to be that an intensive care unit [ICU] was one big room and there'd be a nursing station at the front and you'd sit and watch all the patients … Over the years, new ICUs are built now where they're all individual rooms. One of the reasons is that if you get [an outbreak], you have to shut down the whole ICU … If any hospital would have to shut down an intensive care unit, it would be a mess. So there is now a move towards having ICUs that are individual rooms with individual air pressure systems so if you have a patient in a room with a infectious disease, you could handle that through negative air pressure.

The SARS Alliance was a decision made in the middle of a crisis, and it is hard to fault the government for trying to get control over the situation. But it would have been much better to have an emergency plan in place that had already considered and resolved the issues that arose when the SARS Alliance hospitals were designated during SARS.