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Commentary on the Feature Article by Marie Girard

Marie Girard, MD, MBA, is the Executive Director of the Centre hospitalier affilié universitaire de Québec. She also served as the President and Chief Executive Officer of the Agence de développement de réseaux locaux de services de santé et de services sociaux de Lanaudière (health agency of Lanaudière).

Although we have been preparing for a pandemic, the eventuality of one actually materializing always seemed to exist in some vague future. While our regional health authority asked us to do our homework,^a and while there were several lessons learned from the Severe Acute Respiratory Syndrome (SARS) crisis, we were well aware that we had to test our own procedures for dealing with a pandemic. When we underwent the agreement procedure with Accreditation Canada in the spring of 2008, we became increasingly aware of the importance of preparing for a pandemic. The requisite organizational practices that enhance both patient safety and quality monitoring and improvement led us to re-appraise our emergency procedures. It also increased our ability to promote worker safety although our responsibilities to staff are clearly dictated by law.

Several laws set the framework of Quebec's provincial health plan: the *Act respecting health services and social services*, the *Public Health Act*, the *Civil Protection Act*, the *Act respecting occupational health and safety* and the *Charter of human rights and freedoms*.

In reaction to the outbreak of H1N1 in Mexico on April 17, 2009, and propelled by our prevention and control of infections services, we mobilized our employees to step up our procedures for dealing with an infectious outbreak on the morning of Friday, April 24, preferring to "warm up" on a weekday rather than a weekend. It was a real test for the *Plan local de sécurité civile socio-sanitaire – Mission santé*. Basic practices and additional precautions were stringently applied, particularly in waiting rooms. In the event of a suspected case of severe respiratory illness, we would institute additional precautions to prevent airborne transmission. Amazingly, nearly 200 employees agreed to do the fit test during the ensuing weekend. During this first weekend, we had two suspicious cases, one at each of our emergency rooms. Fortunately, the tests were negative. The following Monday, we decided to add another team in our local procedure in order to evaluate the process during the onset. So we examined the path of all the clinical and administrative process to gather evidence about our organization's quality and safety of care and services.

On April 28, 2009, when the World Health Organization (WHO) raised the alert status to Level 4, we were already one step ahead. The next day, when the WHO again raised the alert status to Level 5, our health authority called a meeting of all the regional hospitals and health organizations to ensure that all the planned procedures were being implemented. At the same time, the WHO was aware that the virus was of low virulence. From that moment, we were instructed what to do and when.

The chain of authority in effect during a pandemic moves from top to bottom, commonly called a top-down model. "This simple chain of authority moves from the minister to agencies and from agencies to health and social services providers. The similarity of the management structures at each level makes the chain of command simple, fluid and effective, and all areas of ac-

^a In March 2006, the Quebec health minister set up the standards through the Quebec Pandemic Influenza Plan – Health Mission (<http://www.msss.gouv.qc.ca/documentation/index.php>) and asked the health authorities to prepare their regional plans, including plans for their hospitals. Like the World Health Organization, the federal government and other Canadian provinces, Quebec was preparing to deal with an influenza pandemic.

tivity can be integrated into a coherent and concerted whole.”¹ The Quebec pandemic influenza plan is linked to the *Québec National Civil Protection Plan*. The management of a pandemic, both in terms of planning and response, must therefore be done at a high level and headed up by the entire organizational structure of the *ministère de la Santé et des Services sociaux*. In this context, the entire internal coordination structure of the Ministère is placed under the authority of the associate deputy minister responsible for coordination, finance and equipment, and who reports directly to the deputy minister. This coordination structure² mobilizes all departments.

Communication was the key to making the exercise easier. The public health department of the health authority provided clear, relevant and mobilizing information. We provided all employees with specific training through e-learning and meetings. The most current information was available through the hospital’s intranet web site³ with a link to the provincial government’s web site.⁴

On the eve of the third weekend, we had our first confirmed case of H1N1, a teenager. A few days later, his best friend was also confirmed to have H1N1. However, this youngster had been a frequent visitor to a close relative who was an inpatient at our hospital. We were aware that “contact follow-up should be intensified during the alert period and, if possible, at the onset of the pandemic while it can still be done...it has not been recognized that quarantining contacts is an effective measure for preventing the spread of influenza once the outbreak is entrenched.”⁵ Again, we contacted staff and physicians during the weekend to provide them with post-exposure prophylactic antiviral medication. We also had to deal with

anxiety of the staff who had been caring for that patient. Again, in order to respond adequately to psychosocial needs, communication is the key to success. This experience clearly showed us the gaps in our process and the need for quality assessment.

As of May 15, 2009, we know that our coordination structure is highly effective. We are glad that we experienced only a low virulence virus. Although we dealt with a high volume of suspect cases, we encountered no staff or supply shortage. The health authority provided extra masks, which it had already stockpiled. The rules of governance concerning protection, solidarity and responsibility were crucial for sound management. Now, it is time to review the hospital’s current activities in order to maintain continuity of services in the event of a more severe pandemic.

Although, it is quite difficult to predict the virulence of the next wave of H1N1, we will increase our level of preparedness. It is a challenge that must be surmounted – and surmounted with our employees and health practitioners as partners. We must work on this challenge together.

References

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