SUBJECT:  H1N1 Assessment Centres – BOH09030 - (City Wide)

RECOMMENDATION:

(a) That Public Health Services be directed to act as the lead agency for the pH1N1 assessment and treatment centres.

(b) That all eligible costs associated with assessment centres be submitted by Public Health Services for 100% funding by the Ministry of Health and Long Term Care.

EXECUTIVE SUMMARY:

As part of the response to Pandemic H1N1, Public Health Services (PHS) and the acute and community health sector must address circumstances where the existing health care system is unable to cope with the increased demands of the community. Public Health Services and the Health Care Sector have utilized, to their maximum ability, the existing primary care and emergency medical system to provide health care to the community. These existing systems have become overwhelmed and, as recommended by the Ministry of Health and Long Term Care (MOHLTC), alternate assessment and treatment centres have been opened to provide support and care to the community. These alternative assessment and treatment centres are a collaborative effort between community physicians, Public Health Services, Hamilton Health Sciences and St.
Joseph’s Healthcare. The MOHLTC requires one partner to act as the lead agency for funding and reporting purposes. Public Health Services is requesting Board of Health approval to act as the lead agency for these centres and coordinate the flow of funds from the Ministry of Health and Long-Term Care to involve physicians and hospitals. This will include acting as the paymaster where necessary.

**BACKGROUND:**

After transmitting at low levels over the summer, the Pandemic H1N1 virus has started to show increase transmission throughout the community. The indications from the effects of the pandemic in temperate Southern Hemisphere countries is that this will be a significant flu season and this pandemic will put stress on health services especially hospitals and intensive care units. It was inevitable that a second wave of the pandemic occur in the fall of 2009 and planning is under way for a third wave in the spring of 2010. A large majority of those infected during this second wave have experienced mild, self-limiting illness, however there are some people who have experienced more severe disease and some have died despite medical care. A large number of cases are occurring at once and although only a small proportion of these result in severe illness that is enough to stress the hospital healthcare systems, especially the emergency departments and intensive care units. The largest number of cases are highest in children and young adults, while those experiencing severe disease and requiring hospitalization are in the risk groups with chronic underlying medical conditions, pregnant women and young children (under two years of age).

**ANALYSIS/RATIONALE:**

As of November 4th Hamilton has had 97 schools that have reported outbreaks and absenteeism has increased in some large corporations. The emergency departments have seen a dramatic increase in visits. Family physicians offices have been very busy and have prioritized and re-aligned services to meet the high demand from ill patient requesting physician visits. Thirty-three people are currently hospitalized with H1N1, and four people have died.

To ensure that hospitals are able to focus on treating people who are critically ill with influenza or have other life-threatening illnesses or injuries, it is necessary to open assessment and treatment clinics. In Hamilton, during the week of October 26th, the emergency departments were experiencing increasing patient numbers particularly at McMaster University Medical Centre which was at 150% of its previous daily maximum number of patients. As a result, the hospitals, PHS and local physicians moved to open two centres as an initial response to this problem. These centres are for patients with flu symptoms only and are not in place to treat other forms of illness. The centres will be open for at least 4 fours weeks, and are a collaborative effort of family physicians, Public Health Services, Hamilton Health Sciences and St. Joseph’s Healthcare. They will be staffed by community physicians along with hospital nurses and clerical staff. The centres are located at:
Hamilton H1N1 West End Assessment Centre  
at Hamilton Health Sciences West End Clinic  
690 Main Street West  
Monday to Friday: 3 p.m. - 10 p.m.  
Saturday and Sunday: 11 a.m. - 7 p.m.

Hamilton H1N1 East End Assessment Centre  
at St. Joseph's Healthcare Urgent Care Centre  
2757 King Street East  
Monday to Friday: 3 p.m. - 10 p.m.  
Saturday and Sunday: 11 a.m. - 6 p.m.

Hamilton Pediatrics Assessment Centre  
At Hamilton Health Sciences  
1200 Main Street West  
7 days a week 6:00 p.m. – 11:00 p.m.

The Alternative Assessment and Treatment Centres will be temporary additions to the health care delivery system and will provide the following:
- supportive care strategies to ease symptoms
- access to antiviral drugs and associated therapeutics in accordance with clinical guidelines as provided at the time of the pandemic
- educational resources on transmission, supportive therapies to care for self or someone with influenza
- referral services for individuals to the appropriate community-based agency or hospital for follow-up and care if required

These services will be available at no cost to the patients. The Flu Centres will use unique identifiers to track patients.

To date the centres have seen the following numbers:
Each of the partners is taking on one or more of the required roles to make the centres operational: planning, staffing, supplies and providing physical space. Family physicians and nurse practitioners are providing their time in the clinics. The hospitals are providing the physical space, nursing and clerical staff and the majority of the supplies.

Supplies for the alternate assessment and treatment centres are being provided from the pandemic stockpile within Public Health Services, as well as Hamilton Health Sciences and St. Joseph’s Healthcare stockpile. Once this supply is depleted, the Logistics Chief for the Health Sector Emergency Response Committee will replenish the supplies through the Pandemic Order Management System. This is the MOHLTC emergency stockpile of supplies and equipment for pandemic. This stockpile is designed to help health care settings and providers protect the health and safety of health workers once their existing stockpile is exhausted.

Public health has provided the planning leadership and is being recommended to act as the funding coordinator and provide direct payment to the physicians and nurse practitioners. The MOHLTC requires that a single agency act as the lead for reporting purposes and to flow funding.

**ALTERNATIVES FOR CONSIDERATION:**

Alternatives for consideration would be to identify another agency within Hamilton to act as the funding coordinator. The health sector has asked Public Health Services to take on this function, given the substantial investment that they have made in the effort to date.
FINANCIAL/STAFFING/LEGAL IMPLICATIONS:

The MOHLTC has established funding guidelines for implementation of alternate influenza assessment, treatment and referral strategies. Eligible costs which include staffing, supplies and site costs, will be reimbursed 100% by MOHLTC upon their assessment and at their discretion. The following table illustrates represents the estimated staffing costs for one month of operation; which are the major cost drivers. Supplies, advertising and other related costs would also be incurred.

<table>
<thead>
<tr>
<th>Staff</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>$285,600</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>$25,920</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>$296,640</td>
</tr>
<tr>
<td>Clerical/Administration</td>
<td>$28,800</td>
</tr>
</tbody>
</table>

Public Health Services will provide direct payment for the Physicians and Nurse Practitioners while hospitals will front-end the nursing, clerical and supplies costs. These costs in turn, would be reimbursed to hospitals by PHS. As lead agency, PHS will submit total costs to MOHLTC for their funding of eligible expenses at 100%.

POLICIES AFFECTING PROPOSAL:

This recommendation is consistent with the MOHLTC policy for Alternate Influenza Assessment, Treatment and Referral Centres

RELEVANT CONSULTATION:

Since April 2009, Public Health Services has had bi-weekly meetings with the Planning Sector of the Health Sector Emergency Response Committee. This committee is comprised of representatives from Hamilton Health Sciences, St. Joseph’s Healthcare, Infectious Disease Specialist, Hamilton Emergency Services, CCAC, community physicians and Public Health Services. Discussion regarding alternative assessment and treatment centres has been ongoing since the start of the pandemic. The scope of care, triggers for opening, patient criteria, operational issues, spacing, staffing and roles and responsibilities have been discussed and agreed upon at numerous meetings and telephone conferences. The Ministry of Health as also been consulted and have provided support for opening these alternative assessment and treatment centres.
CITY STRATEGIC COMMITMENT:

By evaluating the “Triple Bottom Line”, (community, environment, economic implications) we can make choices that create value across all three bottom lines, moving us closer to our vision for a sustainable community, and Provincial interests.

Community Well-Being is enhanced. ☑ Yes    No

Environmental Well-Being is enhanced.    Yes    ☑ No

Economic Well-Being is enhanced.    ☑ Yes    No

This permits individuals to be seen as quickly as possible within the health system and minimize the impact of H1N1 on the population and employers.

Does the option you are recommending create value across all three bottom lines?    ☑ Yes    No

Do the options you are recommending make Hamilton a City of choice for high performance public servants?    ☑ Yes    No

This effort to respond to the pandemic H1N1 virus is a coordinated and multidisciplinary response within the City of Hamilton. The framework and partnerships developed for this response has brought together many community partners and strengthen our municipal capacity to respond to health emergencies affecting our community. Responding to the health of the community in this efficient, coordinated manner is paramount to a healthy city.