

# The Baycrest SARS experience: the human side

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## Abstract

*Toronto, in the province of Ontario, Canada was one of the cities severely impacted by Severe Acute Respiratory Syndrome (SARS). SARS required the health care system to respond quickly and efficiently. This paper describes the situation and response at a large public academic aged care centre.*

## Background

Baycrest Centre for Geriatric Care is a public multi level health care system serving the aging and the elderly and is an academic health sciences centre fully affiliated with the University of Toronto. Baycrest is located in the Greater Toronto Area, has been in existence since 1918, and currently serves approximately 1,200 residential clients in our Home for the Aged, Complex Continuing Care Hospital and Supportive Housing, and approximately 500 community clients daily in our ambulatory clinics, day and outreach programs.

The mission of Baycrest Centre, to enrich the quality of life of the elderly guided always by the principles of Judaism, is achieved by:

- addressing the diverse needs of an aging population enabling individuals to realize their maximum physical, psycho-social, and spiritual well-being
- striving for excellence in our services through the integration of care, research and education
- providing and facilitating services and programs to assist elderly people to live in the community and offering a supportive, caring and stimulating environment if they cannot do so
- conducting our activities in an innovative and fiscally responsible manner
- developing partnerships with clients, families, staff, volunteers, and the community
- providing comprehensive and coordinated services through the development of relationships with a range of organisations, and
- advancing knowledge of aging in cooperation with the University of Toronto and other academic centres.

The leadership that Baycrest Centre for Geriatric Care has shown in relation to the aged and aging has been a major factor in helping to change the way people age - locally, nationally and internationally. As a leading academic health sciences centre in Toronto, Baycrest has a long history of bringing care and quality of life for the aging population to a new level of excellence through the power of research and education, while addressing the realities of limited resources.

Yet, in spite of Baycrest's reputation and tremendous capabilities, nothing prepared us for SARS. Regardless of the fact that Baycrest has no shortage of contingency and disaster plans, including plans for bomb threats, chemical spills, fire, missing clients, staff shortage, natural disaster, utilities failure, crisis intervention, internal flood, person(s) trapped in elevators, and even a five-page infectious disease outbreak plan, not one of these policies could have adequately equipped Baycrest for SARS, which consumed the entire organisation for many months.

## **The response to SARS**

Little did we know when SARS first emerged in Toronto that life at Baycrest would never be the same again. These first few days in late March are now a blur. The first action taken by the provincial government was to declare a 'Code Orange', which meant that the health care system was experiencing an emergency because of an unknown infectious disease outbreak. Under a Code Orange, health care facilities, especially hospitals, were forced to close non-essential services, restrict access to buildings to essential staff, severely limit and/or eliminate visitors and implement stringent infection control precautions. Like all other health care facilities in Toronto, Baycrest responded to these directions immediately and with vigor. The safety of our clients, their families, staff, students and volunteers was contingent on our immediate response and effective implementation of the directives.

At the beginning, the days (and nights) were filled with conference calls and meetings with other organisations and with the provincial government's Ministry of Health (MOH) to try to get more information - information that was often ambiguous and sometimes conflicting. The truth was that even the experts didn't know a lot about SARS. The health system was starting on a journey without a roadmap.

Over the first weekend, roles and responsibilities within Baycrest senior management were defined and we got to work setting up systems for managing the situation. We decided early on to centralize decision-making with a Senior Management Command Centre and to decentralize operations to middle managers. Senior management met twice a day and all managers met once per day.

The screening tool required by the Ministry of Health was updated every day as more hospitals and community groups were added as possible "SARS sites".

The overarching principle for decision-making was to balance quality of life for our clients with keeping Baycrest SARS-free. Many of our decisions were difficult for stakeholders to accept. Yet we recognised that because we serve an elderly population and because SARS was so difficult to overcome, our clients were the most vulnerable. Our goal was to protect our clients and to ensure that we did this in a way that reflected compassion and humanity.

The Ministry of Health directed the response of the provincial health care facilities, with directives developed for each of the sectors (acute care hospitals, complex continuing care and rehabilitation hospitals, nursing homes, community health centres and doctors' offices). Baycrest is categorized as a complex continuing care and rehabilitation hospital, but in the early days only the directives for the acute care sector had been developed and, eager to implement the most conservative directives and protect patients and staff, Baycrest chose to implement directives geared toward the acute care sector. The Ministry focused initial attention and resources on the acute care sector as the primary recipients of potential SARS patients. Later, as our complex continuing care and rehabilitation hospitals directives were issued, it made sense to continue referencing the acute hospital directives as they were the most comprehensive and strict, enabling us to ensure that our residents and staff were protected to the greatest extent possible.

One of our biggest challenges was dealing with information overload; the MOH was faxing new and complex directives throughout the day and night seven days a week. Information management was made even worse by

the fact that, in addition to taking on board new directives, the existing directives changed on an ongoing basis and sometimes within hours of issue. A small leadership group was given responsibility for reading, interpreting, prioritizing and distributing the directive requirements to the appropriate persons to ensure consistency, rationality and practicality of implementation. This assignment also protected staff time to focus on our client services. Protocols (together with supporting training programs) were rapidly developed, embedding the directive requirements into clear guidelines to assist staff.

## **Maintaining resident quality of life in the absence of visitors, volunteers and paid companions**

In the beginning all visitors and volunteers were banned from entering the buildings to reduce the possibility of infection entering Baycrest. This was an unprecedented move and one that had tremendous impacts both positive and negative. Visits with family members are an important aspect of our residents' daily lives and it was very difficult for Baycrest clients to lose access to their regular visitors. In addition, we banned all paid companions, who are hired by residents and their families to provide additional companionship and assistance with activities of daily living. Residents rely on their relationships with the staff, volunteers, family members, and in many cases the private companions, to contribute to their quality of life. Excluding these people from the premises was a very dramatic move that was felt by all residential clients and was extremely difficult for family members, and the private companions, many of whom experienced a significant loss of earnings.

In response to this ban, Baycrest developed plans to fill these gaps, to bridge relationships and ensure high quality of care was retained. We redeployed staff from non-direct care areas (Finance, Research, Fundraising and Office staff) to become friendly visitors, to assist with one on one feeding and to contribute to the overall well-being and morale on the floors. For the first time, staff who generally did not have direct contact with residents were building new relationships and were exposed to the people who live at Baycrest. Where required, staff members received relevant training, such as in feeding assistance. Staff knew they were contributing to the client's daily sustenance and at the same time the staff were building new levels of understanding for the care processes and the unique capabilities of residents. Despite staff being hidden behind the SARS quarantine masks, the relationships that were developed were groundbreaking and created new ties which continue today.

Knowing that Baycrest family members were experiencing anxiety, frustration and disappointment by not being able to visit, the social work and unit staff took a leadership role in organizing a system to call family members on a regular basis. All primary contact people for each resident were called on a regular basis and feedback from families about the impact of these efforts was very positive. At a time when family members felt at a loss, they had a direct connection to their family member and to a staff member who could bring them up to date on the organisation's status and their family member's well-being. This communication system also forged new relationships and a new level of trust and partnership between Baycrest and our residents' families.

When the visitor restriction ban was lifted and families and private companions were welcomed back into Baycrest there was a renewed sense of camaraderie and an understanding that we were partners in ensuring the quality of care for the residents. This was an important and positive outcome from a time when being a provider or a consumer of health care was very unusual and trying. During a time of crisis, new bonds were developed with positive ongoing outcomes for staff, families and residents.

With the welcoming back of paid companions came the introduction of a new program. Prior to SARS Baycrest was looking at ways to support the hiring and use of private companions while at the same time addressing concerns related to quality of care, health and safety. Paid companions are hired privately to provide additional assistance to residents. Following SARS Baycrest implemented a program that required all private companions to receive training in infection control precautions related to working in direct contact with residents. The education was aimed at teaching private companions the best practices for ensuring the health and wellbeing of

their clients, while at the same time ensuring they were aware of and complying with Baycrest internal policies and practices. In addition, the family members who employ private companions were asked to sign a waiver agreeing that their private companion was not experiencing any of the symptoms related to SARS and that they would take responsibility for ensuring that their employee did not enter Baycrest if they were infectious. This program worked very well - private companions expressed appreciation for receiving the education and family members congratulated Baycrest for ensuring the environment was kept as safe as possible.

## **Maintaining quality of life under quarantine**

While the visitor ban existed, a ban was also implemented for resident passes - passes were no longer issued for residents to leave the facility. Only one entrance and exit was used. Anyone entering was screened. Sometimes the screening meant answering questions about possible exposure; later on it also included having temperatures taken. Admissions and transfers to and from Baycrest were halted. All outpatient and outreach activities were stopped. All non-SARS and all external meetings were cancelled and all projects were halted. Staff and eventually visitors were required to wear the appropriate protective 'gear'. The appropriate personal protective barrier equipment was defined by the MOH and included masks, goggles, gowns and gloves when in direct patient contact. Staff had to wear the gear for extended periods of time and this caused exhaustion and instilled greater levels of fear and anxiety on the part of both staff and clients.

Wearing the gear had unique impacts for Baycrest, presenting barriers to providing effective care. In particular, residents with loss of hearing were not able to hear when staff wearing the SARS masks spoke to them. New approaches to communicating were required. Staff went out of their way to assure the residents as there was a concern that the residents would be frightened of the staff in their 'strange' attire.

Another area that concerned Baycrest was the impact the gear and visitor restrictions would have on survivors of the holocaust. Aging is complicated by early life trauma and we know that those residents who are survivors have unique abilities compared to those residents who did not experience the holocaust. Since approximately 50% of Baycrest residents are survivors of the holocaust, this was an important distinction to address. In anticipation of the additional fear or recovering of early life memories that may be experienced by these residents, the Coordinator of the Holocaust Resource Project at Baycrest developed an education module and question and answer sheet for staff. The education centred on understanding the unique and individual needs of these residents and assisting the staff to understand the types of support and understanding they may need. Staff expressed gratitude for this knowledge and said it made a substantial difference in the way they responded to and supported clients who were holocaust survivors.

During the second wave of SARS, circumstances required the temporary quarantine of a unit and placed some of our staff on 'home to work quarantine' (that is, a requirement to restrict daily life and movements to home and work only). Baycrest provided supports to assist staff and their families to cope with the stress and challenges of this temporary lifestyle.

As a strategy we also decided to communicate often with all of our stakeholders. Aside from calling families as often as possible, we initiated special information phone lines, a website, intranet and regular faxing of letters and advertisements to the community papers. The President and CEO sent a daily e-mail to all staff and members of the Board of Directors that detailed the latest information and how Baycrest was responding to it. Our goal was to communicate to all of our stakeholders and to ensure that they felt well informed. Information seemed to ease the fear and anxiety and brought diverse groups together to achieve one common goal.

In spite of this very difficult period, staff, residents, families, students and volunteers came through in remarkable ways and demonstrated the heart in health care and the heart at Baycrest. Five months have passed since the SARS outbreak and operations at Baycrest have fully resumed. As we emerged from the SARS cloud, we have seen numerous silver linings:

1. Team building occurred on many levels. Staff from different areas worked together and built relationships that will outlast SARS.
2. Relationships with families changed for the better. Families appreciated the hard work and dedication of staff and the continuous communication throughout the period. There is a new level of openness and trust that we will work to maintain.
3. Staff members who do not normally provide direct client care participated in the voluntary meal assistance programs and established relationships that will continue, providing a platform for moving forward with our client centred philosophy.
4. The staff viewed Baycrest leadership more positively. Staff appreciated members of senior management being on site at all hours and pitching in at the front door screening, with meal assistance and portering. Staff felt that the situation was being well managed and that everyone's interests were being considered.
5. SARS forced us to focus exclusively on client care. We now have a rare opportunity to reevaluate our other priorities—to eliminate some and to fast track others. Senior management has spent time reflecting on the experience and how it will impact on the future and on the implementation of Baycrest's Strategic Plan and the Nursing Strategic Plan.
6. Decisions were made and implemented quickly showing a new agility and way of working that we want to retain.
7. We have created opportunities to fast track initiatives that were tested as part of our SARS response plan. The specific example is the private companion project, which was implemented to a degree to deal with SARS and is now generally understood and supported by clients.
8. We have new collaborative initiatives underway that will ensure we seize opportunities to improve our infection control practices for the future. An external review will take place as a joint project with several similar organisations.
9. We have a renewed Baycrest spirit that must be promoted. Building on this, a team that includes staff and family representatives is examining how we can retain the positive aspects of this experience.
10. We are participating in the reviews by the Ministry of Health and other organisations and supporting the development of recommendations for permanent changes. In addition we are currently reviewing our Human Resources policies on Sick Time, and our ability to protect our environment from any infectious disease.

SARS and SARS precautions are with us for good. Baycrest remains SARS-free - thanks to supportive families and understanding clients coupled with strong visible leadership, devoted staff, hard work, long hours, humour, and as always, incredible dedication to our clients.