

Ontario Health Plan for an Influenza Pandemic

Chapter 2: Health System Communications

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Ministry of Health and Long-Term Care
Emergency Management Branch
1075 Bay Street, Suite 810
Toronto, Ontario
Canada M5S 2B1
416-212-8022 (local); 1-866-212-2272 (long distance)
emergencymanagement.moh@ontario.ca

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Audience

- health sector employers, communication professionals in health organizations, health care providers and other health workers, and relevant staff in health liaison organizations (associations, unions and regulatory bodies), public health units (PHUs) and Local Health Integration Networks (LHINs)

Chapter objectives

- to describe how the Ministry of Health and Long-Term Care (MOHLTC) and health system partners communicate during an influenza pandemic

Health communications response summary

Response objective: to ensure the two-way communication between the MOHLTC and health system partners in order to inform the development of the MOHLTC's recommendations, directives and response strategies and to enable the decision-making of all parties during an influenza pandemic

COMMUNICATION ACTIVITIES ACROSS ALL SEVERITY SCENARIOS

The MOHLTC uses a variety of methods to communicate with and/or solicit feedback from health system partners, such as situation reports, [Important Health Notices \(IHNs\)](#), the Health Care Provider Hotline, the Health Stakeholder Teleconference, the MOHLTC website, knowledge translation tools and other methods

Health workers and health sector employers ask the MOHLTC questions and share information on the local response directly (through the Health Care Provider Hotline) and through health liaison organizations, PHUs and LHINs

Introduction

The MOHLTC communicates with health system partners throughout an influenza pandemic to ensure they have timely access to recommendations¹, directives² and information on provincial response strategies³. An important component of the MOHLTC's communications to health system partners is sharing information on the risk⁴ posed by the pandemic to support decision making. Health sector employers require information on risk in order to apply the RACE approach to risk management⁵, while health care providers and PHUs must explain risk to clients/ patients/ residents (C/P/Rs) and the public.

The MOHLTC requires information from health system partners to understand the response to the influenza pandemic at the local level, including the challenges being faced by health sector employers and health workers. As well, the MOHLTC collaborates with its health system partners to understand the impact of the pandemic on Ontario, as well as the progress of response strategies.

The MOHLTC may communicate directly with health sector employers and health workers or may communicate through health liaison organizations (associations, unions and regulatory bodies), PHUs and LHINs.

The MOHLTC also establishes unique methods to ensure two-way communication with PHUs given the role that they play in communicating risk and coordinating local response activities during an influenza pandemic.

¹ This term refers to best practices as well as guidance on the risk posed by the pandemic. Recommendations related to occupational health and safety (OHS) may be considered by health sector employers to be reasonable precautions in the application of the [Occupational Health and Safety Act \(OHSA\)](#).

² Directives are sent from the Chief Medical Officer of Health (CMOH) to health care providers or other health entities as per the [Health Protection and Promotion Act \(HPPA\)](#).

³ Provincial response strategies include the surveillance strategy, public health measures strategy, outpatient care & treatment strategy, antiviral distribution strategy, immunization strategy and supplies & equipment strategy.

⁴ The risk posed by the pandemic is based in part on the assessment of the severity (transmissibility of the virus and clinical severity of illness; for more information see Chapter 1: Introduction).

⁵ RACE stands for recognize, assess, control and evaluate. The RACE approach involves recognizing a hazard; assessing the risk associated with a hazard; controlling the risk associated with a hazard; and evaluating the controls. See Chapter 5: Occupational Health & Safety and Infection Prevention & Control for more information on the RACE approach.

Roles and responsibilities

[Table 1](#) outlines roles and responsibilities related to health system communications during an influenza pandemic. For a broad overview of roles and responsibilities during an influenza pandemic, see Chapter 1: Introduction.

TABLE 1. HEALTH COMMUNICATION ROLES AND RESPONSIBILITIES

Party	Roles and responsibilities
WHO	Provide information on the global situation
Public Health Agency of Canada (PHAC)	Provide information on the national situation Liaise with the WHO, provinces and territories Communicate with provinces and territories on national recommendations and response strategies

Party	Roles and responsibilities
<p>MOHLTC⁶ (through the Ministry Emergency Operations Centre (MEOC))</p>	<p>Liaise with PHAC, other provinces and territories, and provincial health system partners</p> <p>Collaborate with Public Health Ontario (PHO) to use surveillance information to determine the pandemic severity</p> <p>Develop recommendations and provincial response strategies for the health system, as well as others affected by public health measures</p> <p>Communicate with health system partners through situation reports, Important Health Notices (IHNs), the Health Stakeholder Teleconference, the MOHLTC website, memos and other methods</p> <p>Develop and issue directives, orders and requests as per the Health Protection and Promotion Act (HPPA), Long-Term Care Homes Act and other relevant provincial legislation⁷</p> <p>Identify key MOHLTC spokespersons</p> <p>Solicit and respond to feedback and input from health system partners</p> <p>Respond to questions on the Health Care Provider Hotline</p> <p>Ensure communications processes and products are based on the MOHLTC's communication principles</p>

⁶ Throughout the OHPIP, the MOHLTC includes the [Minister](#), the [Chief Medical Officer of Health \(CMOH\)](#) and the rest of the MOHLTC. For information on how decisions are made in the MOHLTC during an emergency, see the [Ministry Emergency Response Plan](#).

⁷ The OHSA continues to apply during an influenza pandemic and prevails when there is a conflict between that act and any other legislation.

Party	Roles and responsibilities
<p>PHO (through the MEOC)</p>	<p>Support the MOHLTC to use surveillance information to determine severity</p> <p>Provide scientific and technical advice to the MOHLTC</p> <p>Liaise with provincial and national organizations (e.g., PHAC, National Microbiology Laboratory, and scientific agencies such as the British Columbia Centre for Disease Control and Institut national de santé public du Québec)</p> <p>Continue to issue provincial surveillance and Public Health Ontario Laboratories (PHOL) reports</p> <p>Generate knowledge translation tools and offer educational opportunities to supplement the MOHLTC's recommendations, directives and response strategies</p>
<p>Ministry of Labour (MOL)</p>	<p>Provide OHS advice to the MOHLTC (through the MEOC)</p> <p>Respond to questions and concerns from health workers and health sector employers about the OHSA and relevant OHS and employment standards</p>
<p>PHUs⁸</p>	<p>Communicate with local health system partners to coordinate the local response</p> <p>Analyze, report and communicate local surveillance information to local health system partners</p> <p>Follow MOHLTC recommendations, directives, orders and requests</p> <p>Communicate and reinforce the MOHLTC's recommendations and response strategies with local health system partners; may provide additional interpretation, targeted information and knowledge translation tools</p> <p>Communicate with the public on risk and appropriate public health measures</p> <p>Contribute to the MOHLTC's risk communication based on local surveillance information</p> <p>Develop and issue orders⁹</p>

⁸ Throughout the OHPIP, PHU includes boards of health, medical officers of health (MOHs) and other PHU health workers (e.g., public health inspectors, epidemiologists, public health nurses, etc.). See the HPPA and [Ontario Public Health Standards](#) for more information on the roles and responsibilities of various PHU parties.

⁹ This refers to orders made by MOHs and public health inspectors as per the HPPA.

Party	Roles and responsibilities
<p>Health liaison organizations (associations, unions, and regulatory bodies)</p>	<p>Communicate and reinforce the MOHLTC's recommendations and response strategies with members; may provide additional interpretation, targeted information and knowledge translation tools</p> <p>Liaise between the MOHLTC and members, acting as a conduit for information and communicating member needs and concerns to the MOHLTC</p> <p>Support and share sector-specific best practices</p>
<p>LHINs¹⁰</p>	<p>Communicate and reinforce MOHLTC recommendations and response strategies with transfer payment (TP) agencies; may provide additional interpretation, targeted information and knowledge translation tools</p> <p>Liaise between the MOHLTC and TP agencies, acting as a conduit for information and communicating TP agency needs and concerns to the MOHLTC</p> <p>Support and share sector-specific best practices</p>
<p>Health care providers and other health workers</p>	<p>Sign-up for IHNs</p> <p>Follow MOHLTC recommendations, directives, orders and requests</p> <p>Follow PHU orders</p> <p>Communicate and reinforce public health measures and other response strategies with C/P/Rs and their families</p> <p>Contact the MOHLTC's Health Care Provider Hotline to ask questions and share information about the local response</p> <p>Contact health liaison organization(s), PHU and/ or LHIN to ask questions and share information about the local response</p>

¹⁰ As the MOHLTC continues to work with LHINs to operationalize the LHIN role in emergency management, the role of LHINs in supporting health sector communication strategies will be further clarified.

Party	Roles and responsibilities
Health sector employers	<p>Sign-up for IHNs</p> <p>Follow MOHLTC recommendations, directives, orders and requests</p> <p>Follow PHU orders</p> <p>Use information on the severity of the pandemic and the local response to determine appropriate response actions, including working with Joint Health and Safety Committees (JHSCs) and Health and Safety Representatives (HSRs) (if any) to determine appropriate OHS and infection prevention & control (IPAC) measures</p> <p>Communicate and reinforce the MOHLTC's recommendations, response strategies, directives, orders and requests with supervisors, health workers, and JHSCs and HSRs (if any)¹¹</p> <p>Contact the MOHLTC's Health Care Provider Hotline to ask questions and share information about the local response</p> <p>Contact health liaison organization(s), PHU and/ or LHIN to ask questions and share information about the local response</p>

The MOHLTC develops recommendations for Ontario's health workers and health sector employers based on evidence, legislative requirements, the precautionary principle and health equity. Through the federal response structure, PHAC may also develop recommendations for health workers and health sector employers.

While every effort is made to align MOHLTC-issued recommendations with federal recommendations, it is possible and understood that differences between Ontario's and PHAC's recommendations may occur. Where there are differences, the MOHLTC strongly encourages Ontario's health workers and health sector employers to follow its recommendations during an influenza pandemic. The MOHLTC attempts to highlight and explain the differences between PHAC's and MOHLTC's recommendations in its communications with the health system.

¹¹ For more information on effective OHS communication strategies, see the [Guidance for Workplace Parties Regarding Effective Communication Processes for Occupational Health and Safety](#) developed by the Ontario Health Care Health and Safety Committee, an advisory committee appointed under Section 21 of the OHSA.

Communication principles

During an influenza pandemic, the severity and risk posed by the pandemic may be unclear, especially at first. Recommendations and response strategies may change as surveillance data is analyzed, the effectiveness of control measures is better understood and the pandemic progresses. Scientific and technical opinions are also expected to differ regarding what the provincial response should be. In this context, the MOHLTC bases its two-way communications with health system partners on the following principles:

- *Timeliness* – The MOHLTC is a leading voice in the influenza pandemic response, providing rapid access to needed information.
- *Transparency* – The MOHLTC communicates what is known (and with what degree of confidence and certainty), what is not yet known and what we are doing to learn more about the situation.
- *Accessibility* – The MOHLTC uses plain language; complies with both the [French Language Services Act](#) and the [Accessibility for Ontarians with Disabilities Act](#); uses multiple modes of communication; and engages in two-way communication with health workers, health sector employers, health liaison organizations, PHUs and LHINs.
- *Credibility* – The MOHLTC bases its communications on scientific and technical evidence, including available best practices. Messages will be delivered by trusted spokespeople.

Communications processes and products that are based on these principles provide health workers and health sector employers with the information that they need to make decisions and effectively respond to the evolving situation.

Communication methods

The MOHLTC uses a disciplined communications process based on a clear, recurring communication cycle. [Figure 1](#) provides a sample emergency information cycle that will be refined at the time of a pandemic to address the needs of the emergency¹². The cycle takes into account the nature of the emergency, the need for regular public and health system communications and the timing of other partners' communication cycles.

The MOHLTC uses a range of tools to ensure effective reach for its communications.

¹² Although a media conference is included in this emergency information cycle, it is not described in this chapter as it is beyond the scope of health sector communications. It will be discussed in the Ontario Influenza Response Plan (OIRP) as a method to communicate with the public and other sectors.

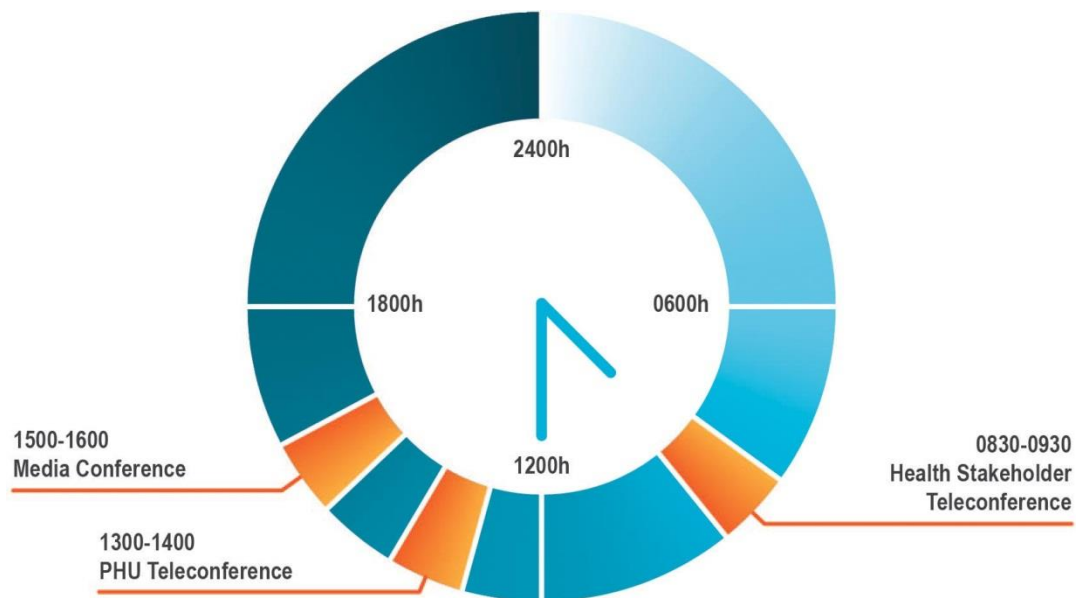


FIGURE 1. SAMPLE EMERGENCY INFORMATION CYCLE

Situation report

The MOHLTC issues situation reports to update health system partners on the status of the response. During an influenza pandemic, these reports may be sent to health liaison organizations, LHINs and PHUs, who then share information from these reports with their members/ TP agencies and local partners.

Situation reports include the following information:

- details of the event in progress, including information on the risk to the health and safety of Ontarians
- surveillance information
- health system impacts across the province, as well as the impacts to other critical infrastructure
- response activities at the local and provincial level
- next steps

Important Health Notice

An [IHN](#) is a short bulletin intended to communicate MOHLTC recommendations and directives, including clinical, OHS and IPAC guidance. It may also include the following information:

- description of the risk posed by the pandemic
- instructions on how to access the MOHLTC's stockpile of supplies & equipment

- links to knowledge translation tools
- MOHLTC's [Health Care Provider Hotline](#) contact information for further support

Health workers, health sector employers, and other health system partners may sign up to receive IHNs by fax or email through the [MOHLTC public health portal](#). The MOHLTC may tailor distribution of an IHN by geography, health sub-sector or health care provider category if the situation warrants.

The MOHLTC also posts IHNs on the [MOHLTC website](#) and circulates the link to health liaison organizations and LHINs, who distribute it to their members and TP agencies. While they may provide additional interpretation or targeted information for their sector/ jurisdiction, the MOHLTC discourages health liaison organizations and LHINs from altering the content of an IHN.

Health Care Provider Hotline

During an influenza pandemic, health workers and health sector employers contact the MOHLTC's Health Care Provider Hotline (1-866-212-2272) with questions and concerns on the response, including requests for follow-up on scientific and technical issues. Health workers and health sector employers may also provide information on the evolving local situation to the MOHLTC through the Hotline.

Teleconferences

Health Stakeholder Teleconference

The MOHLTC hosts the Health Stakeholder Teleconference with health liaison organizations and LHINs (see [Appendix A](#) for a list of the health liaison organizations typically invited to participate on these teleconferences). The focus of these teleconferences is information sharing and problem identification:

- the MOHLTC shares information on the emergency and health system response actions, including updates on recommendations, directives and provincial response strategies
- health liaison organizations and LHINs share questions and concerns from their members/ TP agencies with the MOHLTC

These teleconferences typically focus on issues related to clinical procedures, OHS and IPAC measures, funding, business continuity, and supplies & equipment. Health liaison organizations and LHINs share information from these teleconferences with their members/ TP agencies.

Preparedness tip

Health workers and health sector employers should identify their health liaison organization in advance of a pandemic. Some individuals and organizations may have more than one liaison (e.g., a union, regulatory body, and professional association). If a health worker or health sector employer does not know who their liaison organization is, they should contact the MOHLTC through the Health Care Provider Hotline at 1-866-212-2272 for more information.

Public Health Unit Teleconferences

The MOHLTC holds regular teleconferences with MOHs to share information and identify problems at the local level. These teleconferences also focus on problem solving to develop recommendations and response strategies to support public health response actions across the province, such as public health measures, risk communications, surveillance, immunization and IPAC measures.

The MOHLTC also meets with PHU communication specialists to inform local and provincial risk communications.

Other Teleconferences

The MOHLTC may hold teleconferences with select health system partners (e.g., lead Flu Assessment Centre agencies, PHU immunization managers) to share information, identify problems and develop solutions as part of the planning for and implementation of response strategies.

Knowledge translation tools

The MOHLTC may develop and issue knowledge translation tools (e.g., guidance documents, strategy documents) and other type of communiqués to disseminate its recommendations, directives and response strategies. These may accompany an IHN, or may be communicated to the health system through a separate process (e.g., [Bulletins](#), memos to specific health sub-sectors).

PHO may also develop supporting materials and offer education opportunities for health system partners to supplement the MOHLTC's recommendations, directives and response strategies. PHO may communicate these opportunities through MOHLTC communication methods, [Regional Infection Control Networks \(RICNs\)](#), health liaison organizations and PHUs.

Public Health Ontario reports

PHO's regular communications about surveillance and laboratories continue during an influenza pandemic, although frequency may change. PHO communication products include:

- [Labstract](#)
- [Ontario Respiratory Virus Bulletin](#)
- [Monthly Infectious Diseases Surveillance Report](#)

Key points from these reports may be included in IHNs.

Preparedness tip

To ensure they have access to the latest information during an influenza pandemic, health workers and health sector employers should subscribe to receive [IHNs](#), [Labstracts](#), [Ontario Respiratory Virus Bulletins](#) and [Monthly Infectious Diseases Surveillance Reports](#).

Ministry of Health and Long-Term Care website

The MOHLTC develops a webpage to share information and resources to support the health system's response to the pandemic, such as knowledge translation tools (guidance documents, strategy documents) and links to other relevant MOHLTC webpages (IHN website, Bulletin website).

Next steps

In the development of the OIRP, the MOHLTC will work with its partners to:

- describe how the MOHLTC and health system communicate with the public and other sectors during an influenza pandemic, including how public health measures are communicated
- develop strategies to ensure information reaches vulnerable populations
- explore opportunities to leverage social media in MOHLTC communications with health system partners and members of the public
- clarify the role of LHINs in supporting health system communications during a pandemic
- continue to streamline health system communications during an influenza pandemic
- develop strategies to support health system partners to communicate risk and precautions to health sector employers, health workers, C/P/Rs and the public during an influenza pandemic

- continue to work with PHAC to streamline the development of recommendations for health sector employers and health workers during an influenza pandemic

Appendix A – Health liaison organizations

Health liaison organizations are provincial associations, unions and regulatory bodies that liaise between their members and the MOHLTC during an emergency. They are a critical conduit for information collection, analysis, and dissemination. Health liaison organizations typically participate in the Health Stakeholder Teleconference.

The following organizations are health liaison organizations:

- [Association of Family Health Teams of Ontario](#)
- [Association of Local Public Health Agencies](#)
- [Association of Municipal Emergency Medical Services of Ontario](#)
- [Association of Ontario Health Centres](#)
- [Association of Ontario Midwives](#)
- [Canadian Forces Health Services](#), Central Region
- [Canadian Union of Public Employees](#)
- [Cancer Care Ontario](#)
- [Cardiac Care Network](#)
- [Colleges Ontario](#)
- [College of Nurses of Ontario](#)
- [College of Physicians and Surgeons of Ontario](#)
- [Council of Ontario Universities](#)
- [CritiCall Ontario](#)
- [Federation of Health Regulatory Colleges of Ontario](#) (which represents most regulatory colleges)
- [First Nations and Inuit Health Branch](#), Ontario Region
- [Nurse Practitioners' Association of Ontario](#)
- [Ontario Association of Community Care Access Centres](#)
- [Ontario Association of Medical Laboratories](#)
- [Ontario Association of Naturopathic Doctors](#)
- [Ontario Association of Non-Profit Homes and Services for Seniors](#)
- [Ontario College of Family Physicians](#)
- [Ontario Community Support Association](#)
- [Ontario Dental Association](#)
- [Ontario Dental Hygienists' Association](#)

- [Ontario Federation of Community Mental Health and Addiction Programs](#)
- [Ontario Home Care Association](#)
- [Ontario Home Respiratory Services of Ontario](#)
- [Ontario Hospital Association](#)
- [Ontario Long-Term Care Association](#)
- [Ontario Medical Association](#)
- [Ontario Nurses' Association](#)
- [Ontario Pharmacists' Association](#)
- [Ontario Public Service Employees Union](#)
- [Personal Support Network of Ontario](#)
- [Public Health Agency of Canada](#), Ontario and Nunavut Region
- [Registered Nurses' Association of Ontario](#)
- [Registered Practical Nurses Association of Ontario](#)
- [Trillium Gift of Life Network](#)

