Public Health Emergencies: Online Survey Report

From the General Consultation on the Draft Policy

September 14 – December 4, 2017

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

QUALITY PROFESSIONALS • HEALTHY SYSTEM • PUBLIC TRUST

Introduction

The College's draft *Physician Services During Disasters and Public Health Emergencies* policy was released for external consultation between September 14 and December 4th, 2017. The purpose of this consultation was to obtain stakeholders' feedback to help ensure that the final policy reflects current practice issues, embodies the values and duties of medical professionalism, and is consistent with the College's mandate to protect the public.

Invitations to participate in the consultation were circulated via email to all physician members of the College and key stakeholder organizations, as well as individuals who had previously indicated a desire to be informed of College consultations.

Feedback was collected via regular mail, email, an online discussion forum, and an online survey. In accordance with the College's posting guidelines, all feedback received through the consultation has been posted online.

This report summarizes the stakeholder feedback that was received through the online survey only.

Caveats

24 respondents initiated the survey, however, of these 1 did not complete any substantive questions, and 2 respondents were duplicates (see Table 1). For the purposes of this report, these 3 surveys are considered incomplete, and have not been included.

Note: *Participation in this survey was voluntary, and one of a few ways in which feedback could be provided. As such, no attempt has been made to ensure that the sample of participants is "representative" of any sub-population.*

Table 1: Survey status

Summary of surveys received	n = 24
Complete or partially complete	21
	87.5%
Incomplete/Duplicate	3
	12.5%

- The ***quantitative*** data captured in this report are complete, and the number of respondents who answered each question is provided.
- The ***qualitative*** data captured in this report are a summary of the general themes or ideas conveyed through the open-ended feedback. Where reported, stakeholder feedback to open-ended questions has been paraphrased.

Profile of respondents

7 out of 10 survey respondents were physicians *(Table 2)*.

The vast majority were residents of Ontario *(Table 3)*.

Table 2: Respondent demographics

Are you a…?	n = 21
Physician (incl. retired)	17
	91%
Medical Students	0
	0%
Member of the Public	0
	0%
Other health care professional (incl. retired)	2
	9%
Organization	0
	0%
Prefer not to say	2
	9%

Table 3: Respondent location

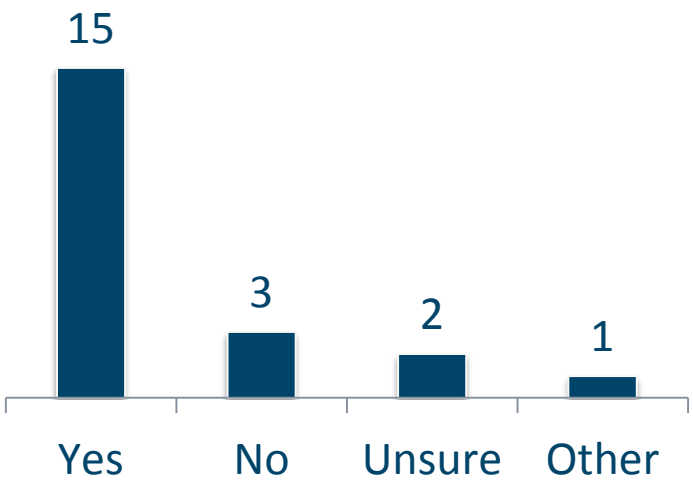
Do you live in…?	n = 21
Ontario	19
	91%
Rest of Canada	0
	0%
Outside Canada	0
	0%
Prefer not to say	2
	9%

Q4. “When reading the title, is the application of this policy to specific circumstances clear?”

The majority of respondents (71%) indicated that the application of the policy was clear when reading the title of the draft policy, while 14% did not *(Figure 1)*. Five respondents provided explanations for their responses, and are summarized below:

- The title and the policy itself does not provide specific information on the application, regulation and implementation of the policy.
- As is, the title *Physician Services During Disasters and Public Health Emergencies* suggests the policy will speak specifically about what services will be available during an emergency.
- The title could be clarified by adding “expectations of physicians”.

Figure 1: Title of draft policy



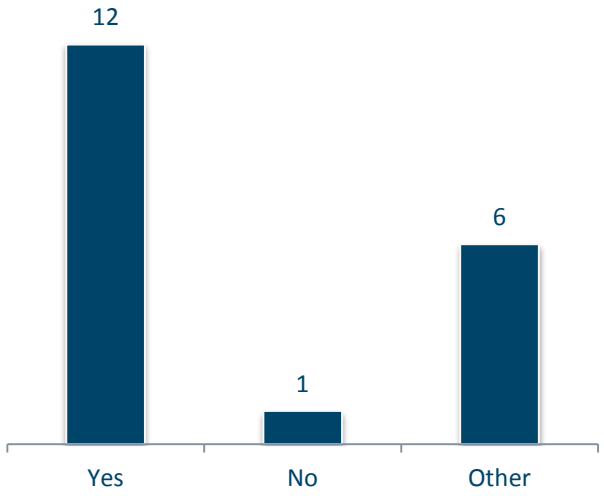
Base: n = 21

Q5. "The draft policy defines 'disaster' as follows: A disaster is a sudden calamitous event that seriously disrupts the functioning of a community or society and results in human, material, economic or environmental losses that exceed a community's or society's ability to cope. A disaster may require medical response for the treatment of injured persons, and can lead to the occurrence of a public health emergency. In your view is the definition of the term 'disaster' clear?"

The majority of respondents (63%) indicated that the definition of 'disaster' was clear, while 5 % did not *(Figure 2)*. The 6 respondents who indicated "other" noted that:

- The definition should be limited to clear circumstances where medical needs are impacted. The inclusion of material and economic losses is too broad.
- Examples would assist the reader in understanding the applicability of this policy to disaster events.
- The policy should include acknowledgement of the authorities who declare the onset and conclusion of public health emergencies and reference the related legislation.
- The definition is too vague and open to abuse by the government and other authorities who have the power to declare emergencies.

Figure 2: Disaster definition



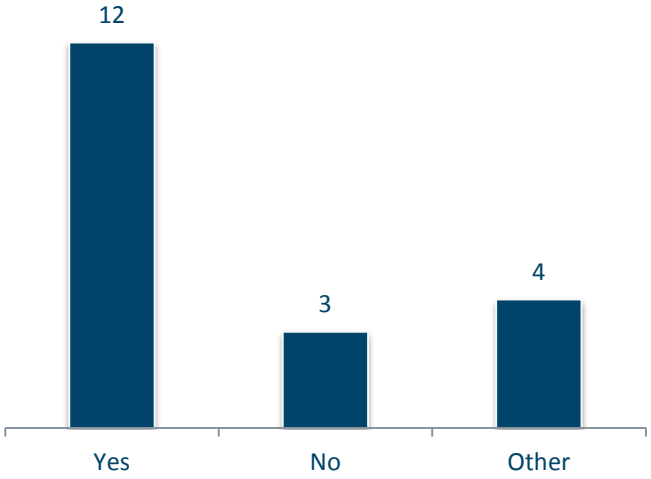
Base: n = 19

Q6. "The draft policy defines 'public health emergency' as follows: A public health emergency is an occurrence or imminent threat of an illness or health condition caused by biological and/or chemical terrorism, endemic/pandemic disease, or a novel and highly fatal infectious agent or biological toxin that poses a substantial risk to human life. In your view, is the definition of the term 'public health emergency' clear?"

The majority of respondents (63%) indicated that the definition of 'public health emergency' was clear, while 16% did not *(Figure 3)*. The 4 respondents who indicated "other" noted that:

- Better definitions are available through Public Health Ontario or found in legislation.
- Examples would assist the reader in understanding the applicability of this policy.
- The policy should include acknowledgement of the authorities who declare the onset and conclusion of public health emergencies and reference the related legislation.

Figure 3: Public Health Emergency definition



Base: n = 19

Q7. “Please provide any further comments that may assist us in improving the clarity of these definitions.”

3 respondents provided additional comments, and are summarized below:

- Emergency and disaster preparedness is a field of practice that should be acknowledged and referenced in the policy.

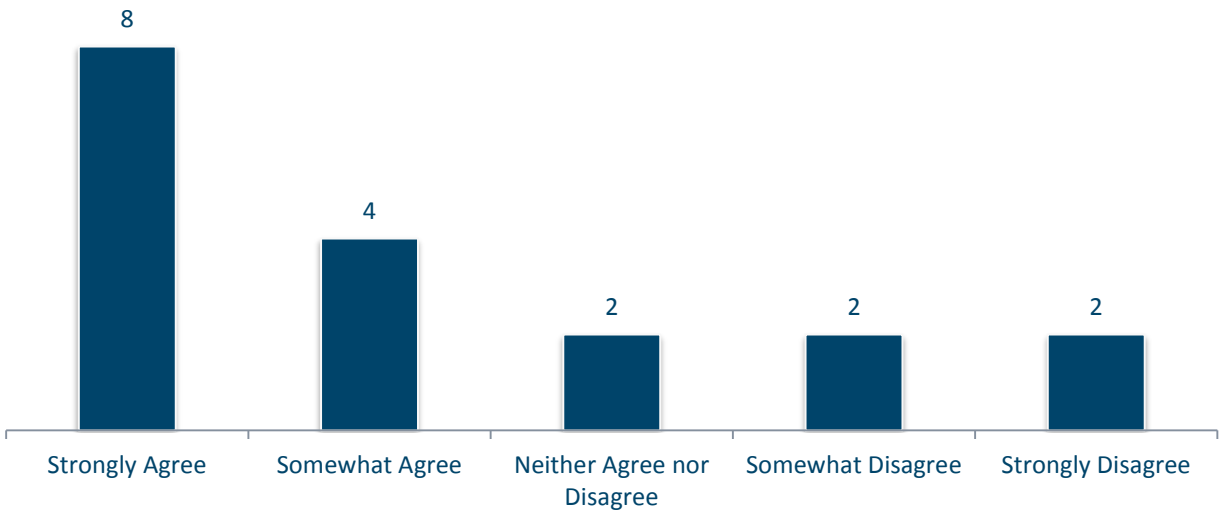
- The responsibilities outlined in this policy for physicians to be “informed” is too vague and does a disservice to persons skilled in disaster and emergency management.

- The definitions do not include industrial or nuclear accidents, war or large scale violence, or natural disaster. Physicians may be reasonably expected to act during these types of emergencies.

Q8. "Please indicate the extent to which you agree or disagree with the requirement to make reasonable efforts to stay informed during disasters and public health emergencies."

The majority of respondents strongly or somewhat agreed (66%) with the requirement to make reasonable efforts to stay informed during disasters and public health emergencies, while 22% strongly or somewhat disagreed with this requirement *(Figure 4).*

Figure 4 : Staying informed



Base: n = 18

Q9. "Please provide any further comments you may have regarding this expectation."

7 Respondents provided open-ended feedback regarding the requirement that physicians make reasonable efforts to stay informed during disasters and public health emergencies.

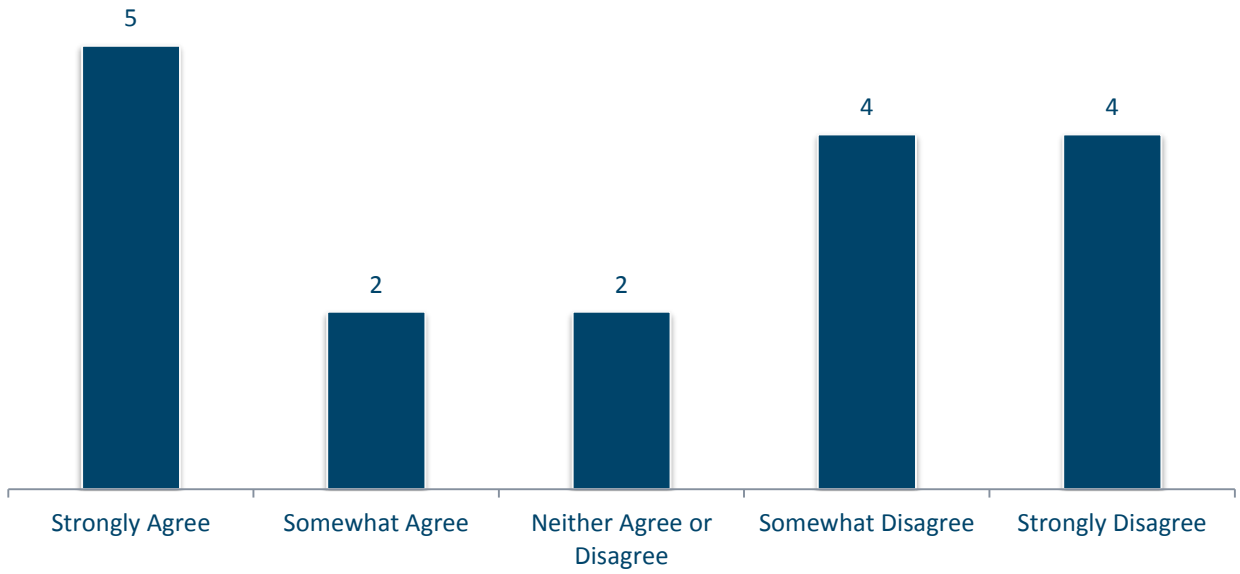
Below is a representative sample of the key feedback received. Comments have not been reproduced verbatim.

- The requirement to make reasonable efforts to stay informed is too vague. The policy needs to be explicit on what the physician is expected stay informed of.
- Sources of information should include public health agencies. The inclusion of government makes it seem like they are to connect with the heads of various levels of government, rather than public health officers and agencies.
- Each community needs to have assurance of medical readiness and every effort should be made by the leadership of hospitals, LHINs, Family Practice teams and municipal councils to ensure that regular training takes place that involves all stakeholders.
- Disasters and public health emergencies are not the same and therefore different expectations of physicians should be defined. Lumping the two events together creates a lack of focus and clarity in understanding.

Q10. "Please indicate the extent to which you agree or disagree with the requirement to provide physician services more broadly during disasters and public health emergencies."

Respondents were divided on whether they agreed or disagreed with the requirement to provide physician services more broadly. 41% of respondents strongly or somewhat agreed, whereas 47% of respondents strongly or somewhat disagreed *(Figure 5)*.

Figure 5 : Providing Physician Services



Base: n = 17

Q11. "Please provide any further comments you may have regarding this expectation."

9 Respondents provided open-ended feedback regarding the requirement to provide physician services more broadly during disasters and public health emergencies.

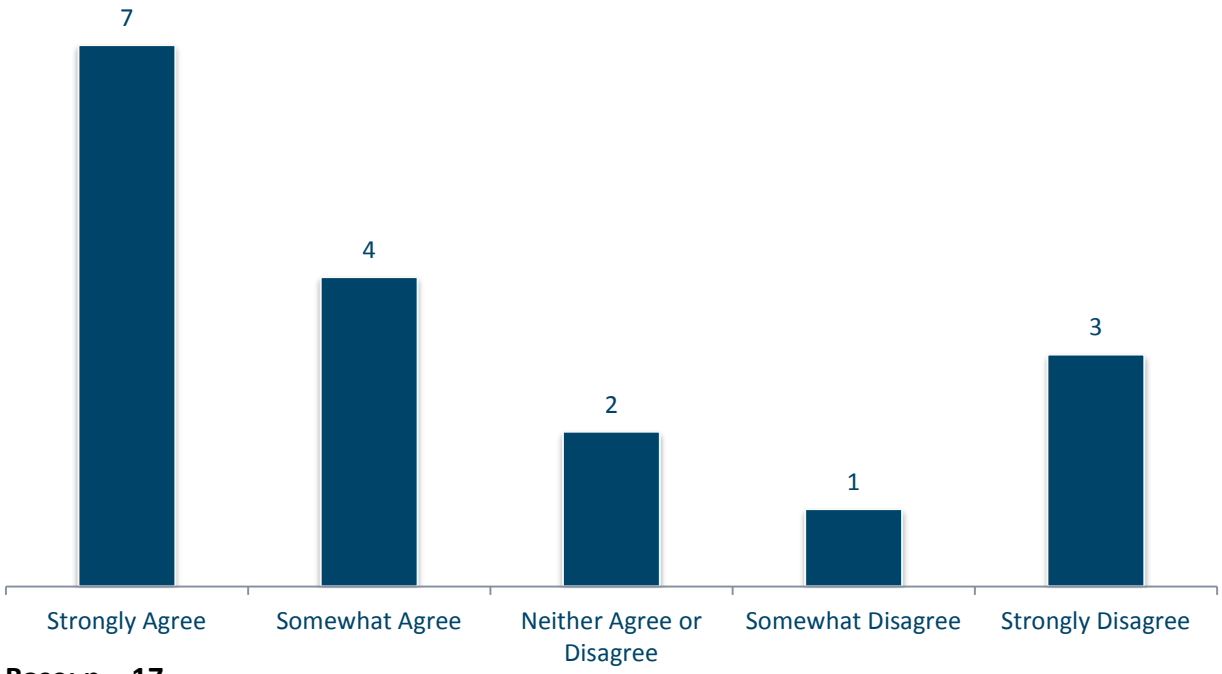
Below is a representative sample of the key feedback received. Comments have not been reproduced verbatim.

- Although all physicians may have a role to play, there must be designated physicians with expanded training and knowledge who can provide guidance and leadership to colleagues.
- The public no longer respects physicians enough to pay them properly therefore it is unreasonable to expect physicians to put themselves in harms way for the public.
- Concern was expressed about how a physician is to be compensated if they provide administrative support or temporarily practise outside of their scope of practice.
- Requests were made for examples of situations where a physician would have the capacity to provide support, but not direct patient care.
- The language of "personal health considerations" is imprecise and has little practical value.
- First and foremost the physician should be doing no harm. Therefore the physician's judgement of their competence and abilities is paramount.

Q12. “Please indicate the extent to which you agree with the requirement to document patient encounters to the best of one’s ability given the situational circumstances.”

The majority of respondents strongly or somewhat agreed (65%) with the requirement to document patient encounters, while 24% strongly or somewhat disagreed with this requirement *(Figure 6).*

Figure 6 : Documentation



Base: n = 17

Q13. "Please provide any further comments you may have regarding this expectation."

6 Respondents provided open-ended feedback regarding the requirement to document patient encounters during disasters and public health emergencies.

Below is a representative sample of the key feedback received. Comments have not been reproduced verbatim.

- One respondent approved of the wording of this requirement so long as it is interpreted to mean that suboptimal charting is acceptable in emergency situations.

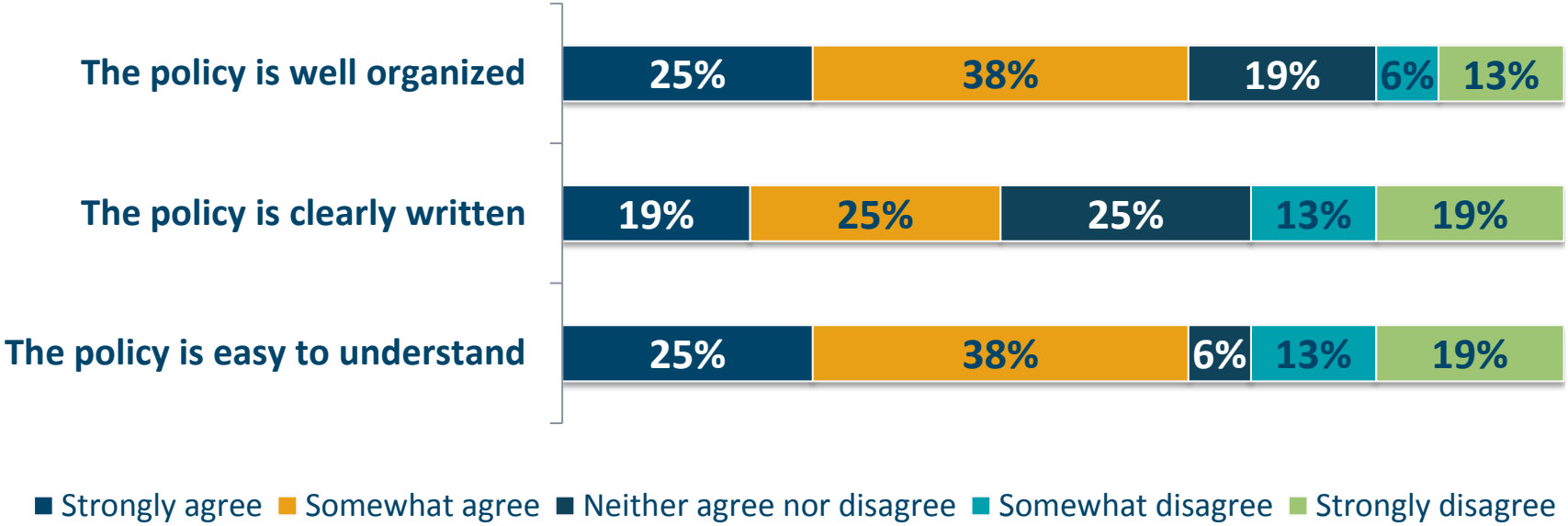
- One respondent noted that this requirement reads well but noted that without clear direction on what to do in specific circumstances (e.g. no electricity, paper, pen) the policy won't be implemented.

- One respondent expressed worry that the requirement to document will result in physicians spending their time doing paperwork rather than providing emergency patient care.

Q14. Please indicate the extent to which you agree or disagree with the following statements regarding the clarity of the policy.

The majority (63%) of the respondents indicated that the policy was well organized and easy to understand. Respondents provided mixed responses as to whether the policy was clearly written *(Figure 7).*

Figure 7:Clarity of the Policy

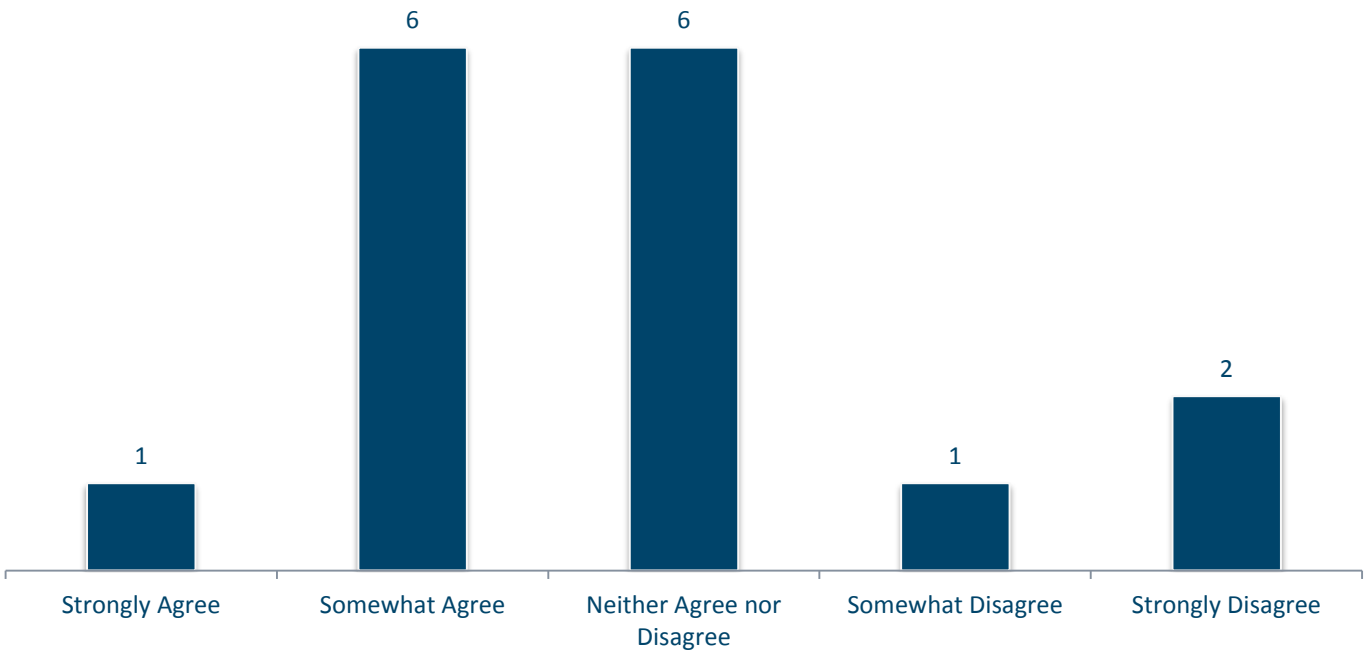


Base: n = 16

Q18. “Please indicate the extent to which you agree or disagree that the policy is comprehensive.”

44% of respondents strongly or somewhat agreed that the policy was comprehensive, whereas 38% neither agreed nor disagreed, and 19% strongly or somewhat disagreed *(Figure8)*.

Figure 8: Comprehensiveness of the policy



Base: n = 16

Q20. "If you have any additional comments that you have not yet had the opportunity to share, please feel free to provide them below, by email or through our online discussion forum."

5 Respondents provided open-ended feedback about the policy's clarity and comprehensiveness.

Below is a representative sample of the key feedback received. Comments have not been reproduced verbatim.

- One respondent felt the College should play a leadership role in hosting training events, developing disaster preparation guidelines for rural and urban medical providers, and provide a repository of sources that the physician can access. Without this, the respondent noted that the policy was superficial and unhelpful.
- One respondent felt that the policy was broad and vague. This respondent noted that without specific details, the implementation of this policy would not be possible.
- Examples were cited as a way of providing more clarity to the application of this policy various situations.