

CITY OF HAMILTON

PUBLIC HEALTH SERVICES **Health Protection Division**

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: June 27, 2011	
SUBJECT/REPORT NO: Memorandum of Understanding – Hamilton Health Sector Steering Committee (BOH11020) (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	PREPARED BY: Connie Verhaeghe 905-546-2424 ext. 3531
SIGNATURE:	

RECOMMENDATION

- a) That the City of Hamilton participate in a coordinated health sector emergency response through the Health Sector Steering Committee and Management Committee.
- b) That Council authorize and direct the Medical Officer of Health to execute the Hamilton Health Sector Steering Committee Memorandum of Understanding (MOU) that governs the coordination, interoperability, cooperation and communication between parties to plan, respond and recover from health emergencies.

EXECUTIVE SUMMARY

The Health Sector Steering Committee is a high level advisory group that provides stewardship and support to the Health Sector Emergency Management Committee. This advisory group was formed to give advice and resources for a coordinated health sector response during an emergency. A MOU has been developed as a focus of governance and coordination to the members of the Health Sector Emergency Management Committee. The MOU ensures a coordination of resources and response strategies during a large scale health emergency.

Alternatives for Consideration – see page 5

FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

Financial: The MOU states that each member organization of the Steering Committee is committed to mutually finding solutions to unexpected costs incurred during an emergency response. Costs that are not covered by the Ministry of Health and Long Term Care could involve expenses related to triage centres, medical supplies, staffing cost and other unexpected expenses. All costs must be mutually agreed upon prior to being incurred. There may be an occasion where the MOHLTC requires one partner to act as the lead agency for funding and reporting purposes. Public Health Services may be asked to act as the lead agency and coordinate the flow of funds from the Ministry of Health and Long Term Care to health care agencies. If Public Health Services is to act as a paymaster a recommendation report will be prepared for council approval.

Staffing: The Health Sector Emergency Management Committee will determine resources required to respond to the emergency. The parties to the Memorandum of Understanding will supply their respective resources to provide support to the response.

Legal: Each party assumes responsibilities for its own action in performance of this Memorandum of Understanding and during an emergency.

HISTORICAL BACKGROUND (Chronology of events)

Since 2002, Public Health Services has been actively planning the pandemic response of the city's health sector agencies. The initial structure for pandemic planning was the *Pandemic Influenza Steering Committee*. This committee included representatives from Hamilton Health Sciences, St. Joseph's Healthcare, Emergency Medical Services, Long Term Care Homes, primary care physicians, Public Health labs and Community Care Access Centre and was under the leadership of the Medical Officer of Health. In 2003 this committee coordinated a response to SARS. The committee met intermittently until 2006 when meetings became monthly.

It was thought that the Committee could be applied to a broader mandate than just pandemic planning. A more generic approach to health emergencies of all kinds was needed. Therefore in February 2009 the group was reconstituted as the Health Sector Emergency Management Committee. In April 2009, the first wave of the H1N1 influenza pandemic hit Hamilton and with it a renewed sense of urgency for the planning and response process to move ahead. Between the first and second pandemic wave, the committee had been challenged in its effectiveness by issues of membership, competing work schedules and a systematic structure and process to respond to acute issues as well as to plan for next steps. The efficiency of the response was reviewed by

the committee and the entire process was moved into the internationally recognized Incident Management System (IMS).

The Incident Management System is a standardized, coordinated approach to managing incidents. It is flexible enough to handle coordinated emergency response within an organization and jurisdiction. It should be noted that the City of Hamilton has now adapted the IMS structure as the overall model of response to an emergency.

As of June 25, 2009, the City of Hamilton's Health Sector Emergency Management Committee officially moved into the IMS model. As preparations went forward for the second wave of H1N1, the various partners from the committee were approached and gradually familiarized with the IMS structure (see Appendix A).

One of the examples of the efficiency of this model was the opening of the Flu Assessment Centres. In the last week of October as the stress on the city's Emergency Departments and primary care offices became overwhelming, it was decided to open 3 Flu Assessment Centres in Hamilton. The decision to open these centres was based on surveillance data that showed an exponential increase in disease burden in the region. Within 60 hours of making the decision to open the Centres, they were up and running smoothly and efficiently. After 2 weeks of operations, the Flu Assessment Centres closed as the H1N1 surge was over, having seen over 1200 patients.

The next stage of the IMS roll out was the development of a high-level advisory group to provide input and support into the Health Sector Emergency Management Committee. The advisory group was formed to give advice and resources to a coordinated health sector response. It is the aim of this group to provide advice and support for all major incidents at any level of care. This group is called the *Health Sector Steering Committee* and consists of the President, Chief Executive Officers or their representatives from Hamilton Health Sciences, St. Joseph's Healthcare, McMaster University, Mohawk College and the Community Care Access Centre.

The new Committee's terms of reference had 3 broad goals:

- 1) to ensure alignment and continuity of community and acute health sector services during an emergency event within the City of Hamilton
- 2) to approve budget and resources required to enhance the response from health sector agencies in preparation for and during an emergency event within the City of Hamilton
- 3) to endorse and commit staff and resources to training and education initiatives for health sector agencies for response to health emergencies

See attached Appendix B - Health Sector Steering Committee Terms of Reference.

The last stage of the IMS roll out was the development and approval from all committee members of the Memorandum of Understanding (MOU). The MOU will govern the coordination, interoperability, cooperation and communication between the committee members to plan, respond and recover from health emergencies. It is based on a

mutual respect and understanding to ensure services during a health emergency is equitable, efficient and cost-effective. For a copy of the MOU, see Appendix C.

The MOU focuses on the governance element of the response and is specifically aimed to assist the health sector agencies in establishing a multi-organizational coordination to a health sector response. The MOU considers the capability and unique characteristics of the each agency and the community needs during a response.

During a response to an emergency affecting our health sector agencies, the inter-agency interoperability defined in this MOU will ensure an organized method of coordinating resources to expedite an efficient unified command protecting the health and safety of our community.

POLICY IMPLICATIONS

There are no corporate policy implications that may be affected if council approves the recommendation.

RELEVANT CONSULTATION

There has been an extensive consultation process during the developed and review of this MOU. The first draft was completed with input from Eleanor Filippone, Solicitor, Legal Services, City Manager's Office. The MOU was reviewed and revised by the members of the Health Sector Emergency Management Committee as identified in the Terms of Reference for the Health Sector Emergency Management Committee (Appendix D). As the final review process, 1:1 meetings were held with the MOH and each member of the Health Sector Steering Committee. Eleanor Filippone from Legal Services, City Manager's Office has provided the final review and approval of the attached MOU.

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

The Health Sector Emergency Management Committee acknowledge the pivotal role each member plays in identifying, advocating for and providing services to meet the needs of the local population during an emergency impacting health agencies. It was agreed that the interests of the community was foremost when developing and agreeing to this emergency response strategy. Hence the MOU consolidates the agreement between the members in a collaborative initiative in support of an effective and efficient response to a health emergency.

ALTERNATIVES FOR CONSIDERATION

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

The framework and partnerships developed within this Memorandum of Understanding will bring together many community partners and strengthen our municipal capacity to respond to health emergencies affecting our community. The implications of not accepting this recommendation will impact our response to a health emergency.

Implications	With MOU	Without MOU
Financial	Coordination of the flow of funds if required by the MOHLTC	Financial Inefficiencies
Staffing	Operational efficiency of pooling resources and utilizing skilled staff as needed Generate a larger workforce that could respond. This will prevent burn-out and sustain the emergency response over a longer period of time	Organizations will be working silos. This will limit the efficiency and coordination of the health sector agencies response

CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)

Focus Areas: 1. Skilled, Innovative and Respectful Organization, 2. Financial Sustainability, 3. Intergovernmental Relationships, 4. Growing Our Economy, 5. Social Development, 6. Environmental Stewardship, 7. Healthy Community

This recommendation will build a healthy community as the management strategy to operational the response with be coordinated within the health sector agencies of the City of Hamilton.

APPENDICES / SCHEDULES

Appendix “A” to Report BOH11020 – Incident Management Structure

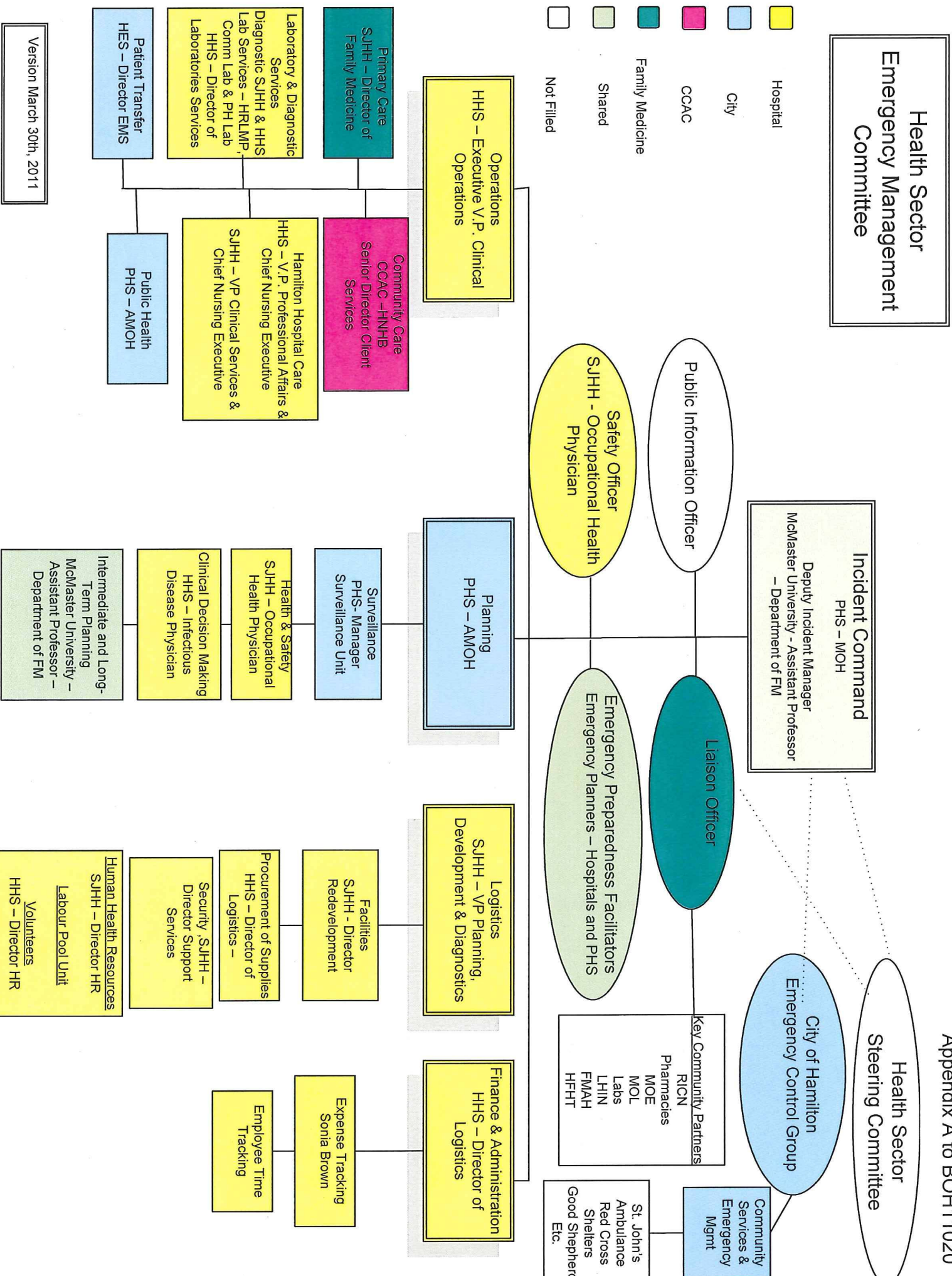
Appendix “B” to Report BOH11020 - Health Sector Steering Committee Terms of Reference

Appendix “C” to Report BOH11020 – Memorandum of Understanding

Appendix “D” to Report BOH11020 – Health Sector Emergency Management Committee Terms of Reference

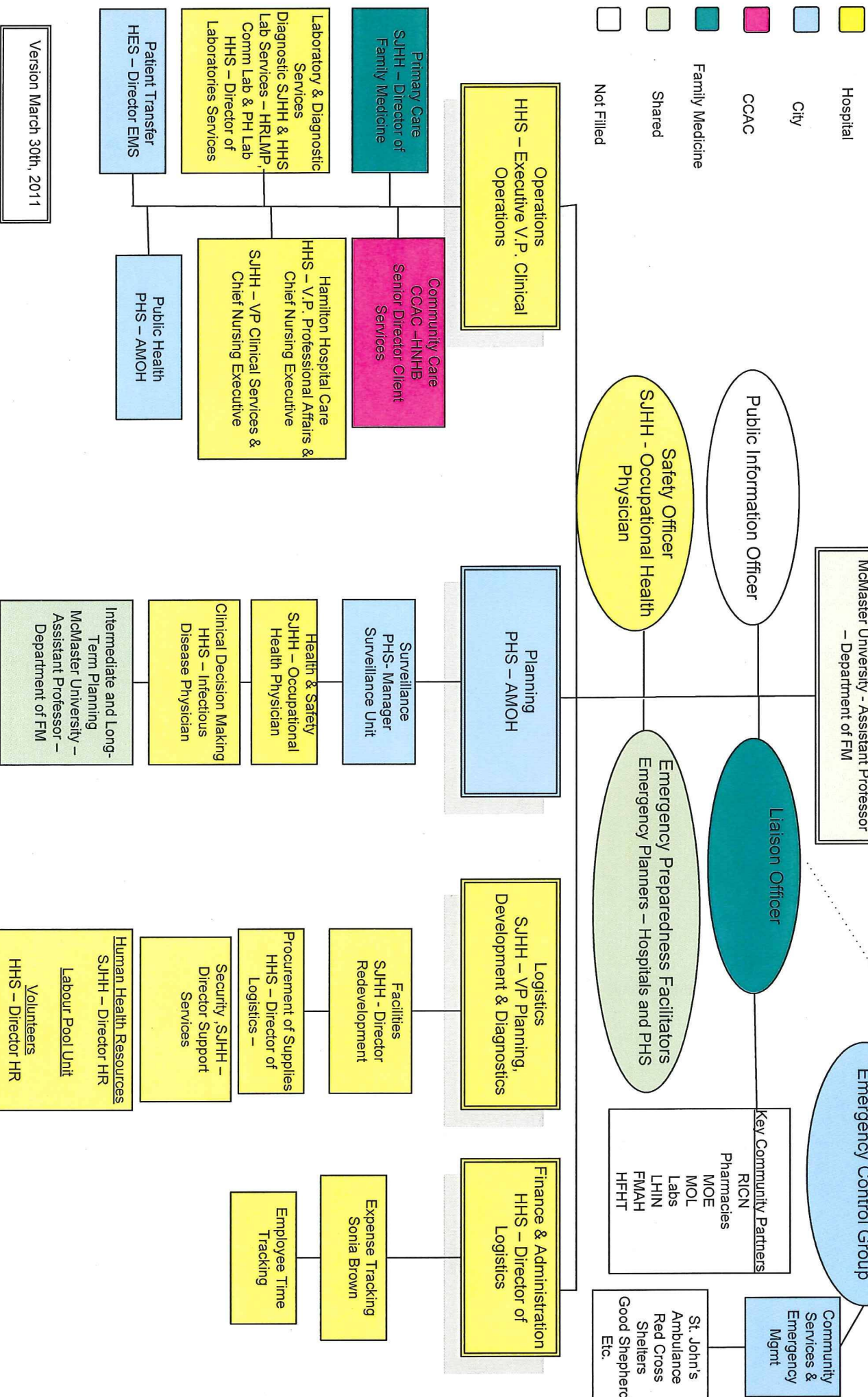
Health Sector Emergency Management Committee

- Hospital
- City
- CCAC
- Family Medicine
- Shared
- Not Filled



Health Sector
Emergency Management
Committee

The diagram illustrates the organizational structure of the Community Services & Emergency Response Unit. At the top, a large oval labeled "Health Sector Steering Committee" is connected by a dotted line to a smaller blue oval labeled "City of Hamilton Emergency Control Group". This blue oval is further connected by a solid line to a rectangular box at the bottom labeled "Community Services & Emergency Response Unit".



Health Sector Steering Committee

Terms of Reference

Revised June 18th, 2010

- Committee Title:** Health Sector Steering Committee
- Mission:** To ensure residents of the City of Hamilton have adequate and efficient health services during an emergency event within the City of Hamilton
- Purpose:** To provide stewardship to the Health Sector Emergency Management Committee that will support their initiatives needed for the preparedness, mitigation, response and recovery phase of emergencies affecting health sector agencies in the City of Hamilton
- Goals:**
- 1) To ensure alignment and continuity of community and acute health sector services during an emergency event within the City of Hamilton
 - 2) To approve budget and resources required to enhance the response from health sector agencies during an emergency event within the City of Hamilton
 - 3) To endorse and commit staff and resources to training and education initiatives for health sector agencies for response to health emergencies
- Membership:**
- Medical Officer of Health
Public Health Services
Note: when the Incident Commander Role is being reviewed and determined an alternate will attend from the City's Senior Management Team to avoid any conflict or perception of conflict.
 - President and CEO
St Joseph's Healthcare
 - President and CEO
Hamilton Health Sciences
 - Director
Community Care Access Centre (HNHB)
 - President
McMaster University

- President
Mohawk College Applied Arts and Technology

Corresponding/Supporting Members

- Assistant Professor – Department of Family Medicine
McMaster University (Deputy Incident Commander)
- Occupational Health Physician
St. Joseph's Health Care (Safety Officer)
- Executive Vice President – Clinical Operations
Hamilton Health Sciences (Operations Chief)
- Associate Medical Officer of Health
Public Health Services (Planning Chief)
- Vice President, Planning, Development & Diagnostics
St Joseph's Health Care (Logistics Chief)
- Chief, Department of Family Medicine, Hamilton Health Sciences
(Liaison Officer)
 - Director of Logistics
Health Hamilton Sciences (Finance and Administration Chief
Command Staff from the Health Sector Emergency
Management Committee

Members who can not attend meetings are to send alternates who have decision making powers.

Quorum At a minimum 50% plus 1 must be represented.

Decision Making

All decisions will be made by consensus. It is understood that all voices have been heard and although not agreed upon a majority vote will rule.

Governance:

Members of the Health Sector Steering Committee are responsible to the management structure of their respective organizations or governing bodies. Review to the Memorandum of Understanding

Chairperson:

Chairperson shall be selected by the committee membership at the first official meeting. The Chairperson position shall rotate among committee members every 2 years.

Co-chair: Deputy Incident Manager from the Health Sector Emergency Management Committee (Assistant Professor – Department of Family Medicine - Master University)

Meeting Frequency:

Quarterly as determined by the Incident Commander or depending on the development of emergency events affecting health agencies within the City Of Hamilton

Meeting Location:

Public Health Services, 1 Hughson St. Hamilton, ON or alternate amongst committee members

Agenda: Items for the agenda will be submitted to the Chairperson

Minutes: To be distributed following each meeting

Review: TOR to be reviewed annually by the committee.

Approved: June 18th 2010
year/ month/ day

HAMILTON HEALTH SECTOR STEERING COMMITTEE MEMORANDUM OF UNDERSTANDING

Draft #11 – March 31st, 2011

BETWEEN

CITY OF HAMILTON, as represented by Public Health Services
and Hamilton Emergency Services

AND

HAMILTON HEALTH SCIENCES CORPORATION

AND

ST. JOSEPH'S HEALTHCARE HAMILTON,
a division of the St. Joseph's Health System

AND

COMMUNITY CARE ACCESS CENTRE (CCAC)

AND

MCMASTER UNIVERSITY

AND

MOHAWK COLLEGE OF APPLIED ARTS AND TECHNOLOGY

WHEREAS

The parties agree that there is a need to establish a formal Memorandum of Understanding (MOU) that will govern the coordination, interoperability, cooperation and communication between the parties to plan, respond and recover from health emergencies;

A continuum of care between the hospital and community during a health emergency is essential;

The parties agree to a cooperative relationship based on mutual respect and understanding to ensure services to the community in an equitable, efficient and cost-effective way;

The parties acknowledge the pivotal role that each plays in identifying, advocating for and providing services to meet the needs of the local population

and agree that the interests of the community are foremost when developing and agreeing to new strategies;

The parties agree to make the most effective use of resources available within the municipality;

The parties are committed to supporting a collaborative initiative, namely the Health Sector Emergency Management Committee in support of an effective and efficient response to a health emergency;

The parties agree to engaging in a collaborative approach to using available health service resources to prepare for, respond to and recover from health emergencies, as requested by the Health Sector Emergency Management Committee;

In this MOU, an “emergency” has the meaning ascribed by the *Emergency Management and Civil Protection Act*, R.S.O. 1990, c. E.9, and means a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise. A “health emergency” means an emergency affecting public health or an emergency that places demands on the health sector.

TERM: June 2011 to June 2012. MOU will be reviewed annually.

A. INTRODUCTION

While health sector agencies and other key stakeholders each have well-established emergency plans, there is a need to establish a formal MOU that will govern the coordination, interoperability, cooperation and communications between the parties to plan, respond to and recover from health emergencies.

B. GOALS

1. The primary goals of the collaborative approach between the parties are to:
 - a. achieve a continuum of care between the hospital and the community during a health emergency;
 - b. ensure the delivery of essential health services during an emergency;
 - c. facilitate cooperation and coordination between the parties;

- d. guide response within the context of each party's mandate and legal obligations;
 - e. clarify and strengthen collaboration and information sharing between the parties; and
 - f. commit to ongoing training and planning between incidents to ensure preparedness.
2. The parties agree to enhance their working relationship and develop ways and methods to realize these goals.

C. ROLE AND RESPONSIBILITIES

1. The parties will exercise their rights and perform their obligations under this MOU in a manner consistent with their respective obligations under all applicable laws, including but not limited to the following:
 - Emergency Management and Civil Protection Act (EMCPA)
 - Health Protection and Promotion Act (HPPA)
 - Occupational Health and Safety Act
 - Public Hospitals Act
 - Long-Term Care Act
 - Community Care Access Corporations Act
2. All parties agree and recognize their respective agencies' responsibility under the Incident Management System (IMS) response model. See Appendix A. The roles and responsibilities of the positions contained therein are set out in the IMS Manual for the Health Sector Emergency Management Committee, which may be amended from time to time.
3. During a broader emergency where the City of Hamilton Emergency Control Group (ECG) is activated, the Incident Manager of the Health Sector Emergency Management Committee will sit on the City's ECG and will provide communication, coordination and expertise between the two groups.

D. GOVERNANCE

1. The parties are accountable to their respective organizations, the community we serve and to the agreed upon Incident Management System (IMS) response model. See Appendix A.
2. The parties agree to provide direction, support and resources as required by the Health Sector Emergency Management Committee.
3. When a health emergency is declared, this committee will be informed by the Incident **Manager** of the Health Sector Emergency Management

Committee and will be informed of all surveillance, incident action plans and situation reports as necessary.

4. Once the health emergency is terminated, this committee will receive an 'After Action Report' outlining the response to the health emergency and any recommendations.

E. COMMITMENTS/RESOURCES

1. The parties to this MOU agree to **meet up to** two times per year to govern the planning and response objectives identified by the Health Sector Emergency Management Committee
2. As part of the planning process, a transparent methodology will be developed regarding contributions to planned costs **that are agreed upon by the committee**; for example training, education and cost related exercises.
3. **a)** The parties to this MOU will be responsible for providing resources during an emergency according to their respective mandate in the health sector.

b) As students of McMaster University and Mohawk College do not have a mandate in the health sector, McMaster and Mohawk reserve the right to assess the risk and decide on deployment of their learners as appropriate and consistent with the students' abilities.
4. During an emergency, the Health Sector Emergency Management Committee will determine and direct the action plan and resources required to respond to the emergency. If required by the Health Sector Emergency Management Committee, the parties to this MOU will supply their respective resources to provide support to the response.
5. Resources will be shared as needed during the emergency.
6. The parties commit to mutually finding solutions to unexpected costs incurred during an emergency response. **These cost, that are not covered by the Ministry of Health and Long Term Care could involve expenses related to triage centres, medical supplies, staffing cost and other unexpected expenses. All costs must be mutually agreed upon prior to being incurred.**
7. ~~Each party accepts liability for its own actions accordingly to law, and indemnifies the other parties for any negligent act or omission or willful misconduct in the performance of its duties pursuant to this MOU.~~ **Each party assumes responsibility for its own actions in the performance of this MOU and during an emergency. In the event a party commits a negligent act or omission or engages in willful misconduct, such party will indemnify and reimburse the other parties for all costs, expenses and damages which the other parties suffer as a result of such negligence or willful misconduct.**

F. PROGRAM DEVELOPMENT AND MAINTENANCE

1. Each party is committed and agrees to participate in the development of policies, procedures, documents and any additional supporting document that will address the key response to an incident. This will be achieved by using an all hazards approach based on the four pillars of emergency management: mitigation, preparedness, response and recovery.
2. Each party is committed to ongoing education and this will consist of annual review of policies and procedures, training and exercises. The purpose of the training and exercises is to ensure awareness of the IMS response model used by the Health Sector Emergency Management Committee and to increase the knowledge of each party's role during a health emergency.
3. This MOU will be reviewed and evaluated annually and after every health emergency and any recommendations will be implemented based on the evaluation.
4. The City of Hamilton, Public Health Services, will be responsible for maintaining and updating this MOU.
5. Any party may choose at any time to withdraw from the MOU by submitting their desire to do so in writing with 2 months notice to the Steering Committee Membership; however, financial commitments will remain binding for the length of the MOU. Despite the withdrawal of one or more parties to the MOU, the MOU will continue in effect for the remaining parties.
6. Amendments to this MOU will be done by written agreement signed by all the parties hereto.

Date:

CITY OF HAMILTON, as represented
by Public Health Services

CITY OF HAMILTON, as represented
by Hamilton Emergency Services

Name:
Title:

Name:
Title:

HAMILTON HEALTH SCIENCES
CORPORATION

ST. JOSEPH'S HEALTHCARE
HAMILTON, a division of the
St. Joseph's Health System

Name:

Title:

COMMUNITY CARE ACCESS
CENTRE (CCAC)

Name:

Title:

MCMASTER UNIVERSITY

Name:

Title:

MOHAWK COLLEGE OF APPLIED
ARTS AND TECHNOLOGY

Name:

Title:

Name:

Title:

**Terms of Reference
Health Sector Emergency Management Committee
City of Hamilton**

Revised June 18th, 2010

- Committee Title:** Health Sector Emergency Management Committee
- Mission:** To plan for and respond to emergencies affecting health sector agencies within the City of Hamilton
- Purpose:** To make recommendations based on evidence and directives from the Ministry of Health and Long Term Care that will support the collaboration needed for the preparedness, mitigation, response and recovery phase of emergencies affecting health sector agencies in the City Of Hamilton
- Goals:**
- 1) To enhance the planning and response coordination to health emergencies between health sector agencies within the City of Hamilton
 - 2) To develop, support and participate in education and training to improve health sector agencies response to emergency within the City of Hamilton
- Membership:**
(Voting Members)
- Refer to the diagram 1 – IMS response Model reflecting members and their respective IMS role and [Appendix A](#) identifying current person occupying the positions
- Incident Manager
 - Deputy Incident Manager
 - Liaison Officer
 - Safety Officer
 - Public Information Officer
 - Operations Chief
 - Planning Chief
 - Logistics Chief
 - Finance and Administration Chief

Resource Members (Non-Voting)

■ Emergency Preparedness Facilitators:

1. Hamilton Health Sciences: Specialist and Emergency Disaster Management
2. St. Joseph's Healthcare Hamilton: Manager Emergency Preparedness
3. Public Health Services:
Emergency Response Planner/Pandemic Coordinator

Attendance: Members are required to a minimum of 75% of all meetings. Members who can not attend meetings either in person or via teleconference are to send alternates who have decision making powers. If a member is unable to personally attend meetings in person or by teleconference, the Incident Commander will work with the member to determine if a change in representation is required.

Quorum At a minimum 50% of voting members plus 1 must be represented.

Decision Making and Governance:

The committee shall strive for consensus facilitating a collaborative and inclusive approach based on all members having been heard and able to align with the decision, even if it is not the decision they would personally choose. In the event that consensus cannot be achieved, the Chair (Incident Manager or delegate) shall make the final decision

During the preparedness and mitigation phase the members are responsible to the management structure of their respective organizations or governing bodies. The Command Staff will seek support, guidance and assistance from the Health Sector Steering Committee as necessary.

During the response and recovery phase the members will respond to the Incident Commander who is responsible for the management of all response activities necessary for the resolution of the incident. The Liaison Officer will keep the Health Sector Steering Committee informed of all response initiatives and will seek resources and support from the Health Sector Steering Committee as required.

Objectives:

- a) To improve the capability and capacity of the City of Hamilton health sector to respond to emergencies
- b) To better integrate and coordinate health services in response to an emergency event
- c) To discuss local implications of directives from the province during an emergency event

- d) To coordinate and implement health strategies using an ethical framework
- e) To make recommendations to those to whom we are financially responsible, and to the City of Hamilton Emergency Control Group regarding resources, finances, delivery of services, public health measures and the coordination of needed resources and equipment
- f) To plan and implement a collaborative communication strategy to our stakeholders and the public

Chairperson:

Incident Commander

Deputy Chair

Deputy Incident Commander

Meeting Frequency:

Quarterly as determined by the Chair or as required based on the development of emergency events affecting the City Of Hamilton. Any member of the Committee may call a meeting of the committee as they determine is necessary to discuss or respond to a current or potential emergency.

Meeting Location:

Public Health Services; 4th floor boardroom, 1 Hughson St. Hamilton, ON or alternate amongst committee members

Agenda: Items for the agenda will be submitted to the Chairperson

Annual Review:

Terms of Reference and Committee Membership shall be reviewed annually.

Minutes: To be posted on Health Sector Emergency Management Committee web site

Accountability:

The committee, through the chairperson is accountable to their respective workplace however during an emergency will provide updates to the Health Sector Steering Committee.

Appendix A

**Health Sector Emergency Response
IMS Membership 2010-2011**

1. ***Incident Manager***- Medical Officer of Health, Public Health Services
2. ***Deputy Incident Manager***- Assistant Professor Department of Family Medicine, McMaster University
3. ***Liaison Officer***- Chief Department of Family Medicine, Hamilton Health Sciences
4. ***Safety Officer***- Occupational Health Physician, St. Joseph's HealthCare Hamilton
5. ***Public Information Officer***- TBD
6. ***Operations Chief***- Executive Vice President Clinical Operations, Hamilton Health Sciences
7. ***Planning Chief***- Associate Medical Officer of Health, Public Health Services
8. ***Logistics Chief***- Vice President, Planning, Development and Diagnostics St. Joseph's HealthCare Hamilton
9. ***Finance and Administration Chief***- Director of Logistics, Hamilton Health Sciences

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