A Retrospective Look at COVID-19 Outbreaks within William Osler Health System from April 2020 to January 2023

A success story

A Highly impacted Ontario Community Hospital System



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Overview

- Outbreak performance
- Retrospective lookback
- Outbreak source review
- Mandatory vaccine impact
- Highly impacted units
- COVID-19 surges (waves)
- Challenges



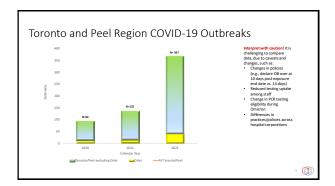
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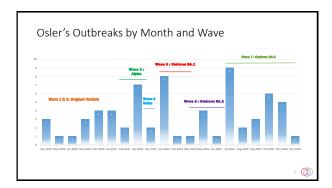
William Osler Health System (Osler)



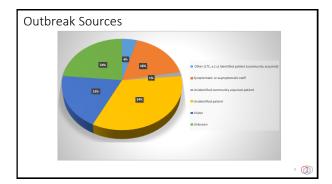
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Looking Back We undertook a retrospective descriptive study of COVID-19 outbreaks at our four sites between April 2020 and early January 2023 Outbreak summaries from Osler and local Public Health Units were cross-referenced to review: 1) Outbreak source 2) Susceptible units 3) How COVID-19 surges (waves) and public health impacted Osler's outbreak trajectory and



Outbreak Sources cont...

1. Unidentified Patient Sources 34%

- Unidentified patients in shared accommodations and mask use varied
- Exposure during admission (another patient, visitor, LTC) Universal testing not implemented until Wave 3

- 2. Unknown Sources 24%

 Not apparent at the time of the investigation
- Some symptomatic patients had challenges with wearing masks, staying in their room i.e. dementia

- 3. Visitor Sources 19% Unknowingly within two days before become symptomatic-highly infectious
 Not disclosing that they were positive or had symptoms

- By- passing screening
 Removing masks at point of care and missed opportunities for hand hygiene
- Multi family residences; transmission opportunities were elevated



Impact of Mandatory Vaccination

Immunity increased in healthcare workers because of mandatory vaccination in waves 3 & 4 thus contributing to less outbreaks



The median attack rate of staff to patient transmission decreased from 2.4% to 1.0% as the pandemic progressed



Highly Impacted Units...

Patients with cardiac complications requiring hospital admissions to our cardiology units presented in a similar fashion to those infected with the COVID-19 virus:

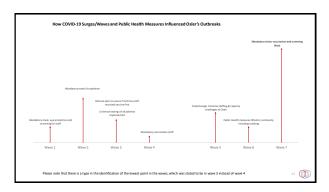
- Shortness of breath
 Chest pain or discomfort
 Fatigue/Weakness
 Cough

Cardiology units have a shorter LOS and the introduction of new patients each day increased the risk index on the unit because the patients were potentially incubating COVID-19 before universal testing.

Our cardiac units had our highest incidence of COVID-19 outbreaks at our organization (17.6%)







Conclusions



- Certain units were more at risk
- Public health measures directly influenced the number of outbreaks at our facilities
- Universal testing and vaccination allowed us to decrease outbreaks and transmission
- The proportion of patients in outbreaks requiring clinical intervention has been decreasing as we move through the pandemic largely due to higher vaccination rates.



Challenges

- Lifting of public health measures in wave 7
 - mandatory visitor vaccination
 - screening lifted
 - mask compliance with patients and visitors
- Pandemic fatigue

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