Keeping Up With the Krisis

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Financial Disclosures

- Bruce S. Ribner, MD, MPH
  - I have no disclosures relevant to this presentation.
Learning Objective

- Describe when preparation and containment efforts should be ramped up or stepped down
Goals

- Roles and responsibilities of healthcare facilities in ID emergencies
- When/how often to hold drills/simulations
- How to debrief and develop after-action reports
- How to sustain preparation efforts
- Barriers to maintaining preparedness
Created in 2015 by the ASPR to establish a sustainable culture of readiness and continual improvement among US public health and healthcare systems regarding the ability to manage patients with EVD and other highly hazardous contagious IDs.

Web site: netec.org
National Ebola Training and Education Center (NETEC)

- Create readiness metrics
- Conduct peer-reviewed readiness assessments
- Create and maintain policies and procedures for the care of patients with serious communicable diseases
- Provide technical assistance
- Create research infrastructure
Experience of Our Units

- Emory—established in 2001 to support the CDC, has remained through multiple administrations and the recession
- UNMC—established in 2005 by homeland security funding
- NYCHH-Bellevue—established in 2014 to treat a patient with EVD
 Tiered Hospital System for EVD

- **Treat**
  - Hospitals designated to treat EVD

- **Diagnose**
  - Hospitals have capability to manage suspected case of EVD
    - Specimen collection for diagnostic testing
    - Lab capacity complete for diagnosis
    - Hospitals identify EVD symptoms
    - Isolate patients if needed
    - EMS transport to hospitals for diagnosis

- **Identify and Isolate**
  - Specimen collection for diagnostic testing
  - Lab capacity complete for diagnosis
  - Hospitals identify EVD symptoms
  - Isolate patients if needed
  - EMS transport to hospitals for diagnosis

- **Walk-In to the ED**
  - 911 Call
  - Monitored Case That Becomes Symptomatic

**Designated EMS Transport**
- 25 EMS zones
- Increased PPE, protocols, and training
- Dedicated phone number for triage and EMS coordination

**Designated Emergency Department (ED)**
- Hospitals designated to treat EVD

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Roles and Responsibilities of Healthcare Facilities

- Frontline facilities—Includes most US acute care facilities with emergency care departments, including:
  - Acute care hospitals, other emergency care settings including urgent care clinics, and critical access hospitals
- Capabilities (identify, isolate, and inform)
  - Identify possible patient with EVD
  - Isolate patient and take appropriate steps to adequately protect staff
  - Inform their hospital infection control and health officials
  - Transfer the patient to an EVD assessment hospital or EVD treatment center
  - PPE: Have enough EVD PPE for at least 12-24 hours of care

Roles and Responsibilities of Healthcare Facilities

- A frontline hospital will need to safely manage this patient for 12-24 hours in the ED; the focus on preparation will be to:
  - Have policies in place for screening all patients for travel histories and risk factors
  - Identify a suitable space within the ED for isolation
  - Procure PPE and train ED staff for its use to provide 24/7 short-term care of such a patient
  - Implement procedures for the prompt notification of health department officials and for the safe transfer of the patient to an assessment or treatment hospital

Roles and Responsibilities of Healthcare Facilities

- **Assessment facility**
  - Be prepared to provide care for PUIs for up to 96 hours; facility will need to decide where this can occur
  - Have laboratory testing capability to manage an ill patient, regardless of diagnosis, and explore alternative diagnoses such as malaria or other infectious agents
Roles and Responsibilities of Healthcare Facilities

- **ASPR Ebola Preparedness 2015: HPP measurement**
- **Assessment facility**
  - Isolate within 5 minutes of ED triage
  - Isolate actively monitored patient in 1 minute

Roles and Responsibilities of Healthcare Facilities

- **EVD treatment center**
  - Be ready to admit a patient within 72 hours
  - Care for patients with EVD for duration of illness
  - Be able to manage advanced stages of disease with ventilator support and dialysis, if necessary
  - Monitor progress of treatment through daily laboratory testing
Roles and Responsibilities of Healthcare Facilities

- ASPR Ebola Preparedness 2015: HPP measurement
- EVD treatment center
  - Ensure that rostered staff are trained in safely donning and doffing PPE
  - Ensure that rostered staff receive Just-In-Time training within 72 hours of being notified of a patient at the regional center
  - Hold annual exercises, during which data on most of the measures will be collected
Roles and Responsibilities of Healthcare Facilities

- **ASPR Ebola Preparedness 2015: HPP measurement**
- **Regional treatment center**
  - Ensure that rostered staff receive quarterly training in infection control and safety and patient care for EVD
  - Hold annual exercises, during which data on most of the measures will be collected
  - Be able to admit a patient within 8 hours
When/How Often to Hold Drills/Simulations

- **Exercises**
  - Provide a way to evaluate operations and plans
  - Reinforce teamwork
  - Identify resource gaps
  - Should be planned in a cycle that increases in complexity; each successive exercise should build on the scale and experience of the previous one

When/How Often to Hold Drills/Simulations

- **Types of exercises**
  - Seminars and workshops
  - Tabletops
  - Games
  - Drills
  - Functional exercises
  - Full-scale exercises
When/How Often to Hold Drills/Simulations

- Exercise program management
  - Multiyear training and exercise program planning
  - Budgeting and grant writing
  - Planning and executing individual exercises
  - Tracking improvements
When/How Often to Hold Drills/Simulations

- Exercise program management
  - As the program evolves, there will be increased involvement of outside resources
How to Debrief and Develop After-Action Reports

- Develop the draft after-action report
- Conduct an after-action conference
- Identify improvements to be implemented
- Finalize the after-action report and improvement plan
- Track implementation

Note, this is the most important part of the exercise.
How to Sustain Preparation Efforts

- **Key factors**
  - Support of key leadership
    - Awareness of outcomes at unprepared facilities
  - Designated physician, nursing, and administrative leads
  - A budget for supplies
    - Will likely need to look at multiple sources
  - Exercises led by experienced facilitator (NETEC templates are available)
  - Remember, NETEC performs site assessments and offers technical expertise and onsite support for exercises (netec.org)

Barriers to Maintaining Preparedness: Funding, Time, Energy, Interest

- Funding of a nonrevenue center
  - Frequently need to use multiple sources
- Limited government support
  - Be creative
- Already-overworked healthcare workers
  - Give credit for activity in work schedule
- Competing interests
  - Make part of a global preparedness program
Resources

- National Ebola and Training Center
  - Materials: netec.org/online-education/
  - Exercises: netec.org/exercise-materials/
  - Resources: netec.org/resources/


Thank You