



AMERICA'S ESSENTIAL HOSPITALS

The Ebola Outbreak: Essential Hospitals on the Front Line

Webinar

February 25, 2015

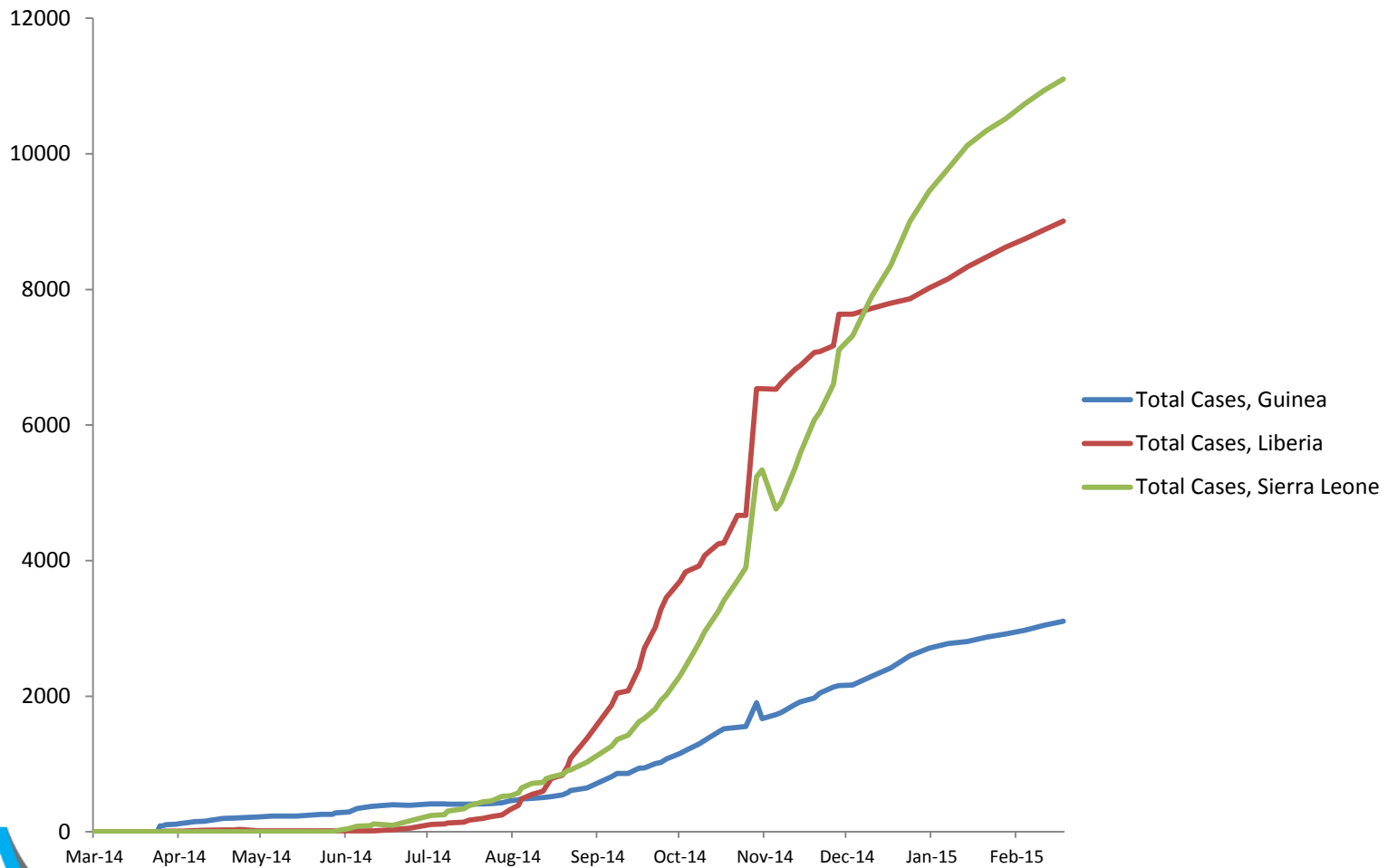


EBOLA OUTBREAK IN WEST AFRICA

- Nearly 24,000 Total Cases of Ebola virus disease since outbreak began (*as of Feb. 21, 2015*)
- World Health Organization (WHO) Situation Report
 - » Guinea: decrease in cases since January
 - » Sierra Leone: transmission remains widespread; intense in Freetown
 - » Liberia: two new cases in early February

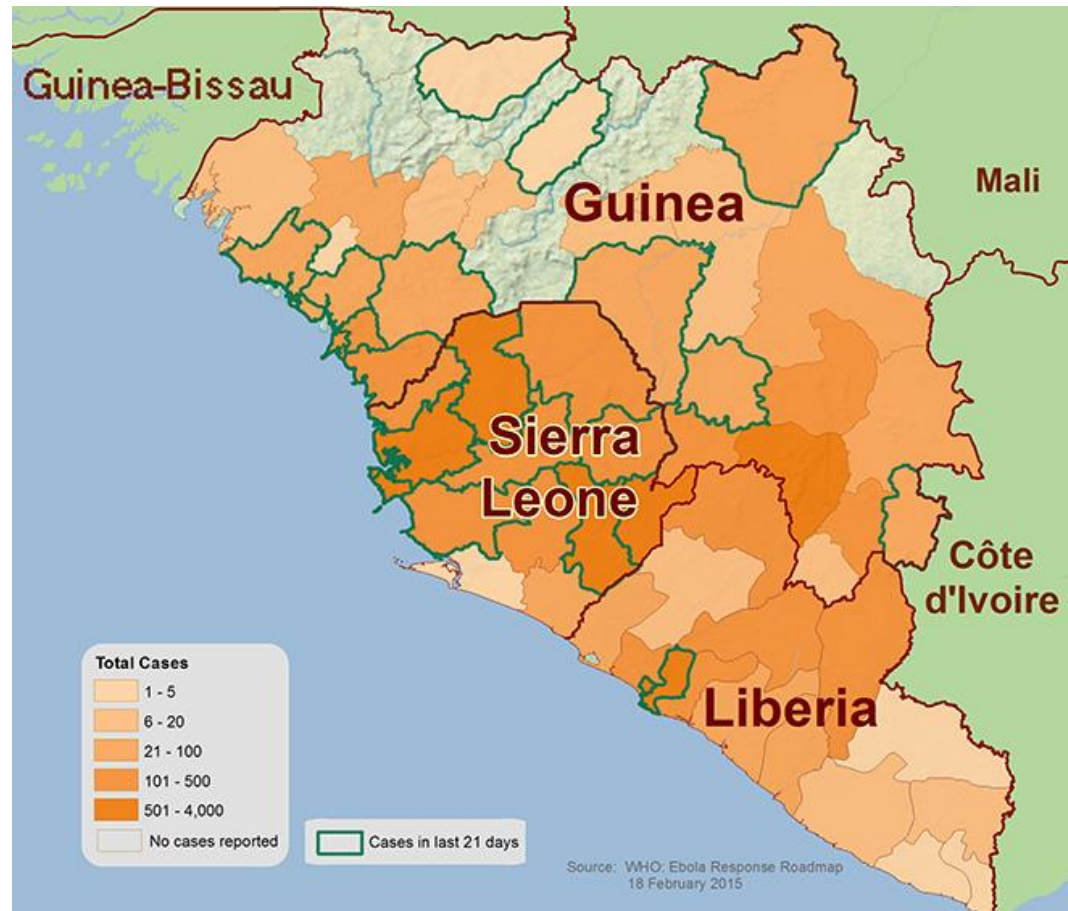


TRENDS IN REPORTED EBOLA CASES



As of February 18, 2015. Source: CDC Website

TRENDS IN REPORTED EBOLA CASES



As of February 18, 2015. Source: CDC Website

US RESPONSE

- Getting to zero
- Funding for preparedness
 - » FY 2015 Omnibus Designates \$5.4 billion
 - » ASPR to award more than \$194 million in federal grants
- Designated hospitals



DESIGNATED HOSPITALS

- 55 hospitals designated as Ebola treatment centers
 - » Member hospitals receive designation
 - » New York City Hospitals and Health and Hospitals Corporation
 - HHC Bellevue Hospital Center
 - » University of Texas Medical Branch at Galveston



SPEAKERS

Lauren Johnston

Senior Assistant Vice President
Chief Nursing Officer
Office of Patient Centered Care
New York City Health & Hospitals Corporation

Machelle Allen

Deputy Chief Medical Officer
Senior Assistant Vice President
Division of Medical and Professional Affairs
New York City Health & Hospitals Corporation

Kenra Ford

Assistant Vice President
Clinical Laboratory Operations
New York City Health & Hospitals Corporation

Deborah A. McGrew

Chief Operating Officer
The University of Texas Medical Branch

Christine Wade

Director, Patient Care Services and
Assistant Chief Nursing Officer
The University of Texas Medical Branch





HHC Ebola Experience...so far

America's Essential Hospitals
February 25, 2015

Lauren Johnston, RN
Machelle Allen, MD
Kenra Ford, MBA, MT (ASCP)

Providing
**quality,
affordable care**
to all New Yorkers



Bellevue • Belvis • Carter • Coler • Coney Island • Cumberland • East New York • Elmhurst • Gouverneur
Harlem • Health & Home Care • Jacobi • Kings County • Lincoln • Mariner's Harbor • McKinney • MetroPlus
Metropolitan • Morrisania • North Central Bronx • Queens • Renaissance • Sea View • Stapleton • Woodhull



NYCHHC - Who We Are

A Public Benefit Corporation Governing:

- 6 regional networks serving 5 boroughs
 - 11 acute care facilities
 - 6 Diagnostic & Treatment Centers
 - 4 long term care facilities 6 diagnostic and treatment centers
 - More than 80 community health clinics
- A certified home care agency
- A managed care organization - MetroPlus
- Affiliations with all major NYC Medical Schools
- >42,000 staff, including affiliates, contractors etc
- The largest public (municipal) health system in the US



HHC Work Outline

1. Leadership & Management – Roles and Responsibilities
2. Identifying and Training “involved” staff
3. Training Programs and monitoring
4. PPE Equipment
5. Models of Care
6. Regulated Waste Management
7. Lab & Specimens
8. Regulatory and Advisory Agencies
9. Communication - internal & external



HHC system preparation.... from July 2014

- 11 Emergency Departments
 - Screening at presentation
 - Isolation area and workflow
 - Standard PPE
 - Staff identification & training
- One location for confirmed case (Bellevue)
 - Physical location and layout
 - Lab
 - Work and patient flow
 - Staffing
 - Standard PPE
 - Training
 - Regulated Waste Management and Environmental services



Ebola Readiness

Search this site...

Home Corporate Offices HR Gateway Hospitals Directory Procedures Forms Service Desk Contact

Ebola

Facility Ebola Materials

Bellevue Hospital Center

Belvis DTC

Coney Island Hospital

Cumberland DTC

East NY DTC

Elmhurst Hospital Center

Gouverneur DTC

Harlem Hospital Center

Health & Home Care

Henry J. Carter Specialty Hospital & Nursing Facility

Jacobi Medical Center

Kings County Hospital Center

Lincoln Medical and Mental Health Center

Metropolitan Hospital Center

Morrisania DTC

North Central Bronx Hospital



Dr. Craig Spencer expresses thanks at his discharge from Bellevue, along with Mayor de Blasio, HHC Pres. Raju, and Bellevue Director of Critical Care Dr. Laura Evans

New Items

- **Video of Dr. Craig Spencer with Mayor de Blasio and HHC President Raju, courtesy of NYT** **NEW**
November 11, 2014
[VIEW >](#)
- **Dr. Spencer Discharged - see HHC press release, Remarks from Dr. Spencer and HHC President Dr. Raju** **NEW**
November 11, 2014

Staff Education

- HHC EVD Evaluation Algorithm
- HHC EVD 2014 Evaluation Algorithm Checklist
- HHC Ebola Tabletop Exercise
- What HHC Staff Should Know About EVD PP for Town Halls, updated 10.31.14

[More Staff Education >](#)

Patient & Community Education

- What the Community Should Know - PP presentation, updated 10.31.14
- EVD Patient Advisory - Clinical Areas
- EVD Patient Advisory - Non-Clinical Areas
- CDC Ebola Facts
- Ebola: Am I at Risk?



- **Screening at all patient entry points**
- **Training and simulation**
- **Multiple languages**

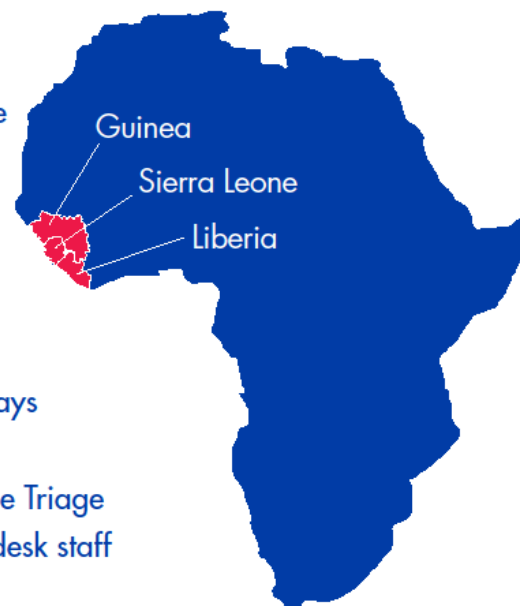


HEALTH ALERT

Individuals with fever who have arrived from the West African countries of:

- **Guinea**
- **Sierra Leone**
- **Liberia**

in the past 21 days should identify themselves to the Triage Nurse or front desk staff immediately.





How did we work?

- Focused on ED screening from late July at all facilities, and physical facility at Bellevue.
- Increased simulated EVD patient drills and also changed our PPE standards in September
- Moved to emergency management model early October, with routine system level leadership calls and procurement of equipment
- Created a system level “tiger team” that created many of the materials/protocols/training programs etc
- Moved all the resources of the Institute for Medical Simulation and Advanced Learning, into this effort
- Prepare for the impact of a confirmed case on our routine (ICU) services
- Modified patient room for dedicated near patient laboratory using POC methodology







Sick nurse was on this jet & CDC knew



AIR EBOLA

Frantic hunt for 132 passengers

Nurse Amber Joy Vinson (right) flew on this jet before first case linked to Dallas while running a fever — hours before being diagnosed with Ebola — sparking a mad scramble by the feds yesterday to find her 132 fellow passengers. Incredibly, she told the CDC — which didn't stop her.

SEE PAGES 4, 5, 6, 7



nyc.gov/hhc



SPORTS FINAL
 Daily News, 10-16, Friday, October 16, 2014

DAILY NEWS

NEW YORK'S HOMETOWN NEWSPAPER

First confirmed city case of deadly virus

NY DOC HAS EBOLA

Dr. Gabe Gonsky, 33, was the first confirmed case of Ebola in New York City. He was diagnosed with the virus on Thursday night after returning from a trip to West Africa. He is currently in isolation at a hospital in Harlem.

PAGES 2, 3, 4, 5, 6, 7

- **Harlem MD stricken after return from Guinea**
- **He rode trains, took car service, now in hosp**
- **Bowled at two B'klyn lanes Wednesday**
- **Cuomo, Blaz and health czar urge calm**

NEW YORK POST Just a Buck!
 THURSDAY, OCTOBER 16, 2014 / Clearly, fall 72° / Weather 9:28 a.m. LATE CITY FINAL nypost.com \$3.00

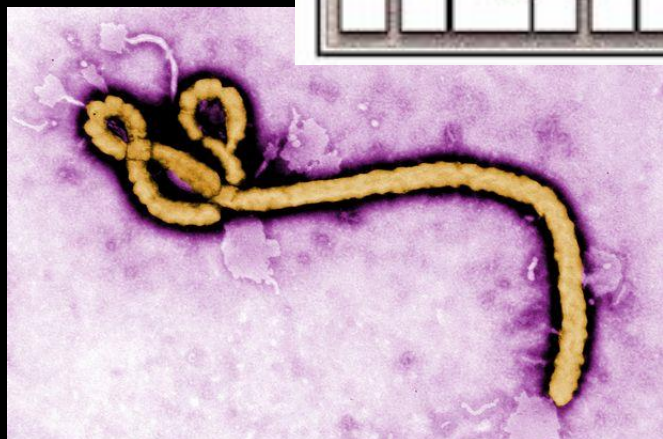


EBOLA HERE!

- Local doc is NYC's first case
- He treated victims in Africa

Dr. Gabe Gonsky, 33, was the first confirmed case of Ebola in New York City. He was diagnosed with the virus on Thursday night after returning from a trip to West Africa. He is currently in isolation at a hospital in Harlem.

SEE PAGES C-1





Training – Lessons Learned

- For the Emergency Departments:
 - Too many people initially on the Covered Personnel list
 - Use of external trainers improved standardization of training and increased rollout
 - How to be efficient with PPE use (reuse for training)
 - Cannot change use of PPE without retraining
- For the Confirmed Case
 - Changing observer to active coach
 - Difference between training and “the real thing”
 - SIMULATE-SIMULATE-SIMULATE

Correct Gear

to be Worn by HHC Staff in
the Care of Confirmed
Ebola Virus Disease Case

Equipment Includes:

- Scrubs
- Cover-all (suit)
- Impermeable leg and shoe cover
- Impermeable gown
- Two pairs of gloves
- outer glove having extended cuff
- Dedicated footwear
- Powered Air Purifying Respirator, Face Mask, and Hood (PAPR - shown) or N95 Mask, Face Shield, & Hood (not shown)



HCW EVD PPE: DONNING

1

Engage Trained Observer



Ensure trained observer has written checklist competency document to confirm each step.

2

Remove Personal Clothing



Change into dedicated footwear and hospital issued scrubs.

No personal items such as jewelry, cell phones, belts should be worn under PPE which may damage or interfere with the use of the PPE.

3

Inspect PPE prior to Donning



Inspect PPE to ensure all equipment available and in correct size.

4

Perform Hand Hygiene



Perform hand hygiene with alcohol-based hand sanitizer.
Allow hands to dry.

5

Don Inner Gloves



Put on first pair of gloves.

6

Don Leg and Shoe Cover



Serves as barrier to feet (the shoe & leg cover are joined). Extends upward to cover lower leg.

7

Don Gown



Ensure gown is large enough to allow unrestricted freedom of movement. Ensure cuffs of inner gloves are tucked under the sleeve of the gown.

8

Don N95 Mask



Complete a user seal check.

9

Don Hood



Over the N95 mask, place the surgical hood ensuring the hood extends past the neck to the shoulders. Be sure that the hood completely covers the ears and the neck.

10

Don Outer Apron



Don outer apron to provide additional protection in case of excessive body fluids or excrement, if necessary.

11

Don Outer Gloves



Put on second pair of gloves with extended cuffs. Ensure the cuffs are pulled over the sleeves of the gown.

12

Don Face Shield



Pull on face shield over the N95 mask and surgical hood to provide additional protection to the front and sides of the face, including skin and eyes.

13

Verify



- After completing donning process the trained observer will verify the integrity of the ensemble.
- The HCW should be comfortable, able to extend arms, bend at waist and go through a range of movement, while all areas of body remain covered.
- A reflective surface (non-breakable mirror) should be used whenever possible.

14

Disinfect Outer Gloves



Disinfect outer gloves with alcohol-based hand sanitizer. Allow gloves to dry.

HCW EVD PPE: DOFFING

<p>1</p> <p>Engage Ties of Observer</p>  <ul style="list-style-type: none"> • Clothing has information on the location of a trained observer, who needs visual confirmation that the PPE has been removed properly. • Ties are used to tie the observer's clothing to the HCW's clothing. • All though the trained observer should maintain a distance of 3-6 feet from the HCW, the observer should not touch the HCW's PPE. • The trained observer should remain in the room until the HCW has completed the doffing process. 	<p>2</p> <p>Inspect</p>  <ul style="list-style-type: none"> • Inspect the PPE to assess for visible contamination, cuts, or tears before starting to remove. • If any PPE is visibly contaminated, then it is to be decontaminated using a disinfectant wipe. 	<p>3</p> <p>Disinfect Outer Gloves</p>  <p>Disinfect outer glove with either a disinfectant wipe or alcohol-based hand sanitizer.</p>	<p>4</p> <p>Doff Apron</p>  <p>Doff apron. Remove apron taking care to avoid contaminating gloves by rolling the apron from inside to outside. Discard.</p>	<p>5</p> <p>Inspect</p>  <p>Inspect the PPE ensemble to assess for visible contamination, cuts or tears. If visibly contaminated, then disinfect PPE using a disinfectant wipe.</p>	<p>6</p> <p>Disinfect Outer Gloves</p>  <p>Disinfect outer gloves with either a disinfectant wipe or alcohol-based hand sanitizer.</p>
<p>7</p> <p>Doff Shoe and Leg Covers</p>  <p>While sitting down, remove and discard shoe and leg covers.</p>	<p>8</p> <p>Disinfect and Doff Outer Gloves</p>  <p>Disinfect outer gloves with either a disinfectant wipe or alcohol-based hand sanitizer. Remove and discard outer gloves taking care not to contaminate inner gloves during removal process.</p>	<p>9</p> <p>Inspect and Disinfect Inner Gloves</p>  <ul style="list-style-type: none"> • Inspect the inner gloves for visible contamination, cuts or tears. • If any inner gloves are visibly contaminated, then they are to be decontaminated using a disinfectant wipe. • If the inner gloves are not visibly contaminated, then they are to be decontaminated using a disinfectant wipe. • If the inner gloves are not visibly contaminated, then they are to be decontaminated using a disinfectant wipe. 	<p>10</p> <p>Doff Face Shield</p>  <p>Avoid touching the front surface of the face shield.</p> <ul style="list-style-type: none"> • Remove the face shield by tilting the head slightly forward while grasping the rear strap with both hands to hold the shield to the front. • Discard the face shield. 	<p>11</p> <p>Disinfect Inner Gloves</p>  <p>Disinfect inner gloves with either a disinfectant wipe or alcohol-based hand sanitizer.</p>	<p>12</p> <p>Doff Hood</p>  <p>Unfasten impermeable hood, and discard. The trained observer may assist with unfastening hood.</p>
<p>13</p> <p>Disinfect Inner Gloves</p>  <p>Disinfect inner gloves with either a disinfectant wipe or alcohol-based hand sanitizer.</p>	<p>14</p> <p>Doff Gown</p>  <ul style="list-style-type: none"> • Remove and discard. • Depending on gown design and location of fasteners, the HCW can unfasten, break, or tear the gown or gently break fasteners. • Avoid contact of scrubs with outer surface of gown during removal. • Put gown away from body, rolling inside out and touching only the inside of the gown. 	<p>15</p> <p>Disinfect, Change Inner Gloves</p>  <ul style="list-style-type: none"> • Disinfect inner gloves with a disinfectant wipe or alcohol-based hand sanitizer. • Remove and discard gloves taking care not to contaminate bare hands during removal process. • Perform hand hygiene with an alcohol-based hand sanitizer. Don a new pair of gloves. 	<p>16</p> <p>Remove Goggles Mask</p>  <p>Remove the mask by tilting the head slightly forward while grasping the elastic strap and remove without touching the front of the mask. Discard.</p>	<p>17</p> <p>Disinfect Gloves</p>  <p>Disinfect gloves with either a disinfectant wipe or alcohol-based hand sanitizer.</p>	<p>18</p> <p>Disinfect Washable Shoes</p>  <p>Sitting on a clean surface (e.g., second clean chair, clean side of a stool/bench) using a disinfectant wipe to wipe down every external surface of the washable shoes.</p>
<p>19</p> <p>Disinfect and Remove Gloves</p>  <ul style="list-style-type: none"> • Disinfect gloves with either a disinfectant wipe or alcohol-based hand sanitizer. • Remove and discard gloves taking care not to contaminate bare hands during removal process. 	<p>20</p> <p>Perform Hand Hygiene</p>  <p>Perform hand hygiene with alcohol-based hand sanitizer.</p>	<p>21</p> <p>Inspect</p>  <ul style="list-style-type: none"> • Perform a final inspection of HCW for any contamination. • If contamination is identified, immediately inform the Infection Control, Occupational Health and Safety, or the designated person for PPE removal area. 	<p>22</p> <p>Scrubs</p>  <p>HCW can leave PPE removal area wearing dedicated washable to go wear and scrubs or disposable garments.</p>	<p>23</p> <p>Shower</p>  <p>Showers are available for use. NOTE: If suspected contamination exists refer to HCW Decontamination Policy.</p>	<p>24</p> <p>Perform a Final Evaluation of Medical Assessment</p>  <p>Either the Infection Control, Occupational Health and Safety, or the designated person for PPE removal area should meet with the HCW to review the patient care activities performed to identify any concerns about care protocols and to record HCW's level of fatigue.</p>





Clinical Model

- Personnel
 - Selection including who should not participate
 - Preparation
 - Use of simulation drills
 - PPE training and competency
 - Scheduling
 - Exclusivity
 - Lost wages
 - Support
 - Emotional
 - Physical
- Supplies
 - Back to basics – do you really need it?
 - Can you use it wearing PPE?
- Regulatory/Compliance
 - Tracking
 - CDC/DOHMH/OHS
 - The Governor's Order
 - The CDC guidelines



Clinical Model (con't)

- Activation schedule
 - Weekly call schedule
 - 30 minute timeframe
- Attending physician only
- 24/7 in house staffing when PUI or patient
- Hospitalist primary for PUI
- Intensivist primary for either “sick” PUI or any highly suspicious or confirmed case
- Limited numbers of providers in the room to the minimum necessary
- “Cognitive” consultations
 - Telemedicine
- Staff monitoring
- Many of usual hospital services not readily available
 - Lab testing limited
 - Radiology testing limited





Key messages

- Dedicated response team approach
- Understand agreement requirements in advance
- Regulated Medical Waste is immediately generated on patient arrival
- Measures are needed to limit Class A waste: costly and logistically challenging
- Regulated Medical Waste must remain secure/segregated-consumes space
- 55Gal drums require 95 Gal overpack
- Loading Dock Considerations to Accommodate Transport Vehicle
- Escort Vehicles Needed for Transport
- Separate Permitting for Each State Travelled – Some required Gov. Signature



This large public US healthcare system can...

- safely and effectively treat an EVD patient, and activate and treat a number of complex suspected cases
- Screen for and isolate possible EVD cases at 11 Emergency Departments across NYC
- Effectively collaborate with many agencies, including CDC, NYC DOHMH, NYS DOH, NYC OEM, NYC FDNY (EMS), NYC OCME as well as Emory and Nebraska
- Satisfy review requirements from NYS DOH, NYC DOHMH and consultation with CDC



Key to Success

Our staff!

All needed to belong and contribute

All needed to feel safe

All needed to problem solve

Many felt stress and anxiety

Were devoted to the HHC mission to serve all
New Yorkers



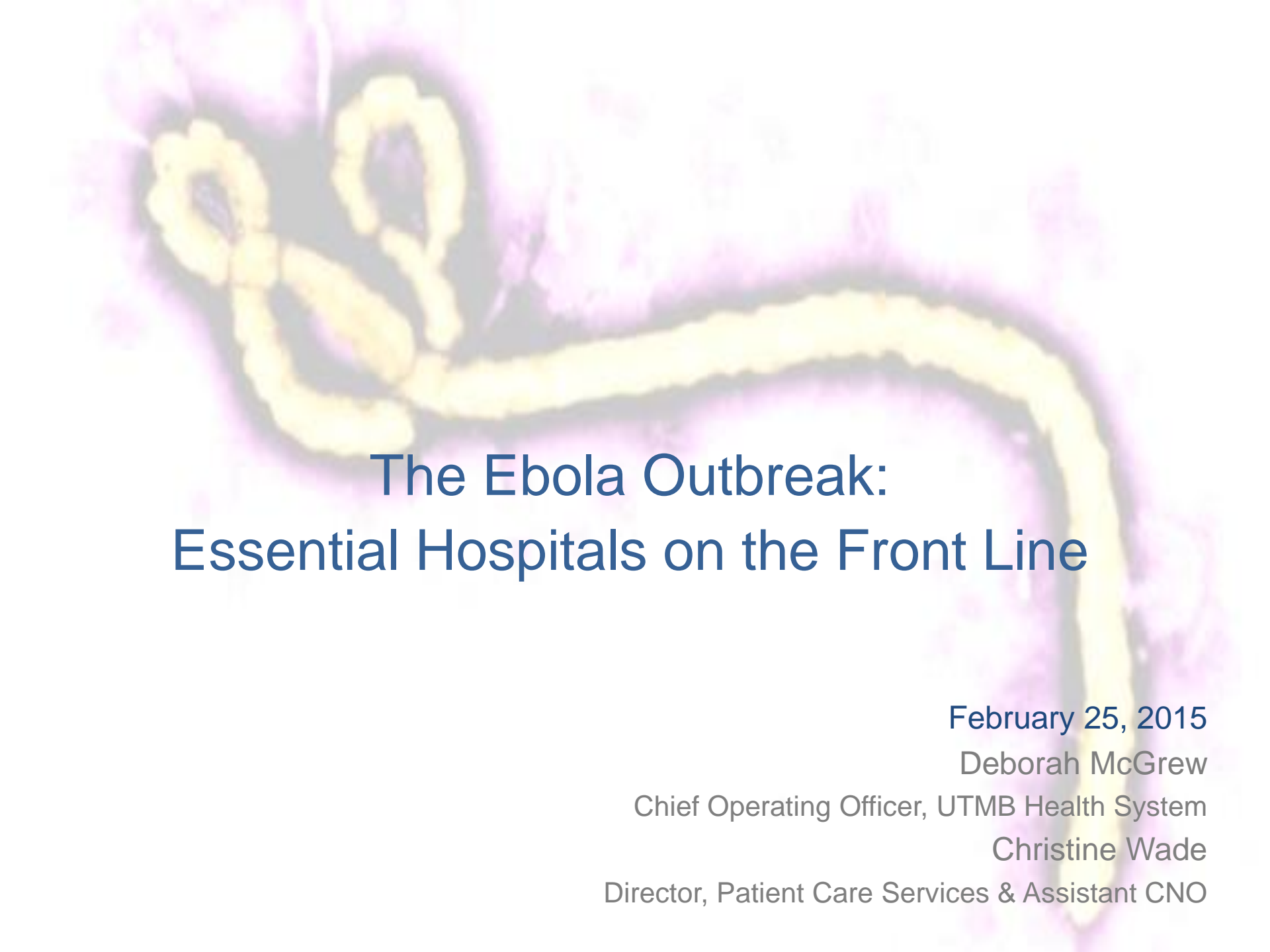


Thank you!



AMERICA'S
ESSENTIAL
HOSPITALS





The Ebola Outbreak: Essential Hospitals on the Front Line

February 25, 2015

Deborah McGrew

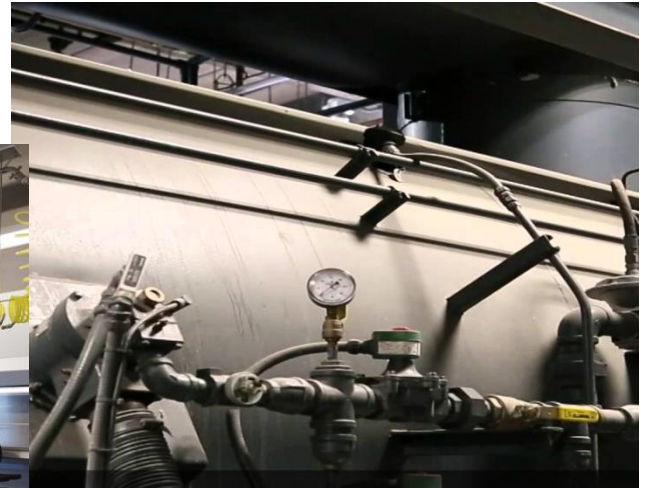
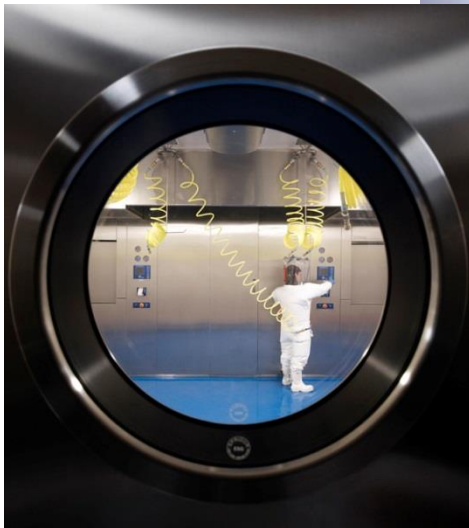
Chief Operating Officer, UTMB Health System

Christine Wade

Director, Patient Care Services & Assistant CNO

Galveston National Laboratory

- Internationally Acclaimed Expertise
- Biosafety Training Center
- Environmental Health & Safety
- Incinerator



Ebola Dream Team



Dr. Thomas Ksiazek



Dr. James LeDuc



Dr. Thomas Geisbert
Time Magazine
“Man of the Year”



Dr. A. Scott Lea

Our Inter-Professional Planning Team

- Infectious Disease
- Epidemiology
- Galveston National Lab
- Pathology
- Pulmonary Critical Care
- Nursing
- Police
- Communications
- Administration
- Employee Health & Human Resources

Establishing UTMB as a Designated Treatment Facility

- General Principles of Care
- Establishing PPE Standards
- Training & Simulation
- Ebola Response Team
- Staffing Plans
- Employee Health Screening & Surveillance Policies
- Clinical Care Protocols

Establishing UTMB as a Designated Treatment Facility

- Internal & External Communication
- Bio-containment Patient Care Unit Facility Plan
- Equipment & Supplies
- Institution Wide Screening Process in EPIC
- Training & Coordination with EMS
- Tracking Expenses

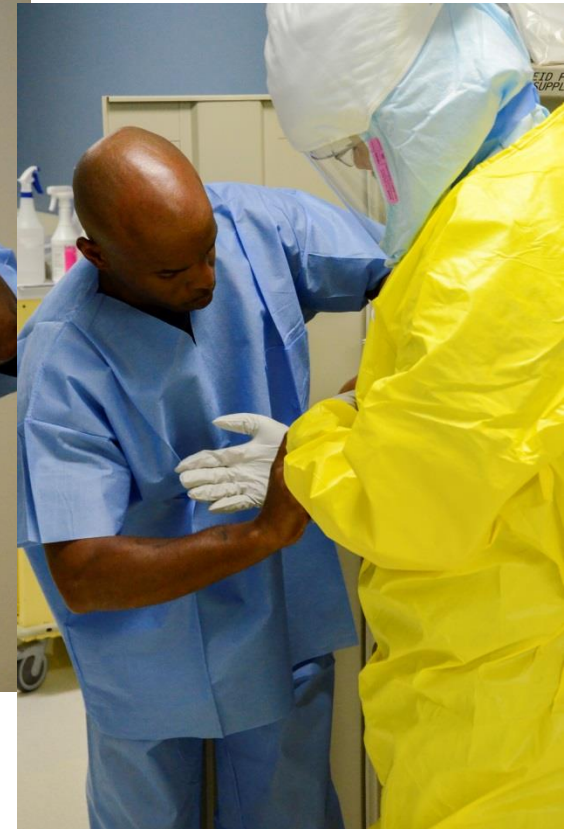
General Principles

- Minimize the number of faculty and staff exposed to the patient
- Establish faculty and staff as either “thinkers” or “doers”
- Minimize the number of times providers are entering and leaving the room
- Conduct inter-professional team meetings at least twice per day
- Remove waste immediately
- Establish designated space for family and facilitate electronic visitation

Leveraged Biosafety Training Center to Develop UTMB Standard for PPE



Simulation & Process Improvement




Facility Highlights

- Separate Entrance
- Support Spaces for Family
- Dedicated Lab
- Negative Pressure
- Ante Room
- Adequate Storage
- Shower Facilities for Staff
- Telemedicine
- Access to Incinerator



Communication and Transparency



Using our expertise to help Texas
combat Ebola and misinformation

Guidelines, resources and disease facts

Ebola Response

As a state institution and a national and international leader in understanding Ebola and other emerging infectious diseases, UTMB Health has a responsibility to help Texas combat this disease and misinformation surrounding it. We're uniquely positioned to do it. With our collaborative approach to fulfilling UTMB's mission, our research enterprise and Health System have worked together for many years to ensure the safety of our employees, our patients and our community as we advance knowledge about and measures against diseases. This web site assembles Ebola-related information and resources for UTMB caregivers and other employees, patients, the community and other important stakeholders.

Ebola Response Team

- Members of the Team
 - Hand selected by hospital leadership
- Activation Process of the Biocontainment Unit
- Staffing of the unit
 - Scheduling and staffing mix
- Staging of the Unit
 - Supplies and challenges
- Accepting and Transfer Process
- Breakdown of the unit process

Tracking the Costs

Start Up Expense	\$347,000
Estimated Staffing Expense (30 day treatment course)	\$283,000
Estimated Waste Removal & Terminal Cleaning Expense	\$243,000

QUESTIONS?

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