Keeping Up With the Krisis

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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

National Ebola Training and Education Center (NETEC)

- 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
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
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

- 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

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/
ABBREVIATIONS/ACRONYMS
Keeping Up With the Krisis

ASPR = Assistant Secretary for Preparedness and Response
CDC = Centers for Disease Control and Prevention
ED = emergency department
EMS = emergency medical services
EVD = Ebola virus disease
HPP = Hospital Preparedness Program
ID = infectious disease
PPE = personal protective equipment
PUI = patient under investigation