Ebola Assessment Hospitals: The TN Perspective

Objectives:

- Review the process of visiting and assessing the Ebola Assessments Hospitals (EAH) in TN
- Give an overview of the common areas for gap mitigation for EAHs
- Audience participation

Three Tiers

Frontline Healthcare Facility

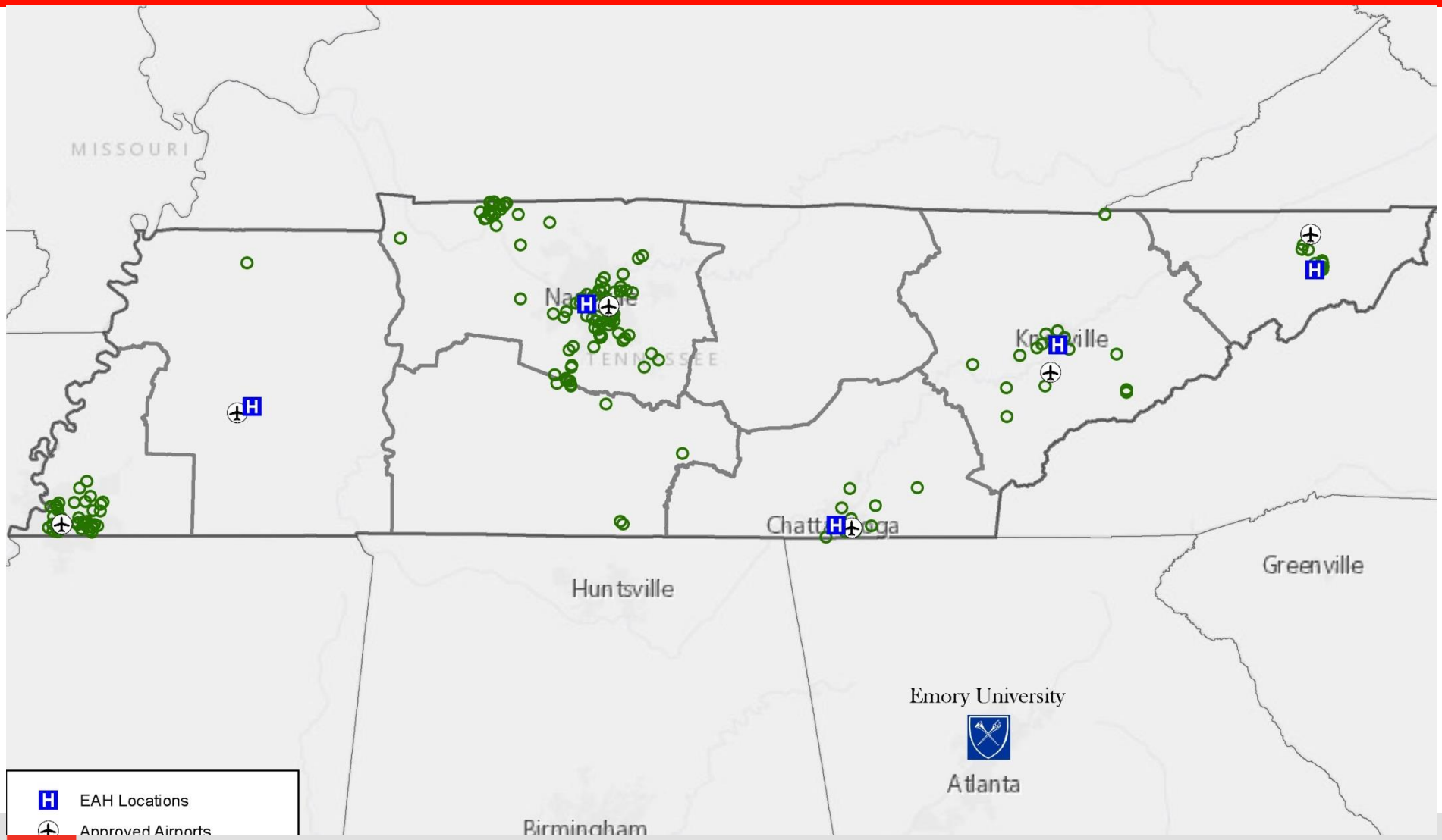
- Quickly identifies and isolates patients with possible Ebola
- Notifies facility infection control and state and local public health officials
- Has enough Ebola personal protective equipment (PPE) for at least 12–24 hours of care
- Prepares for patient transfer, if needed

Ebola Assessment Hospital

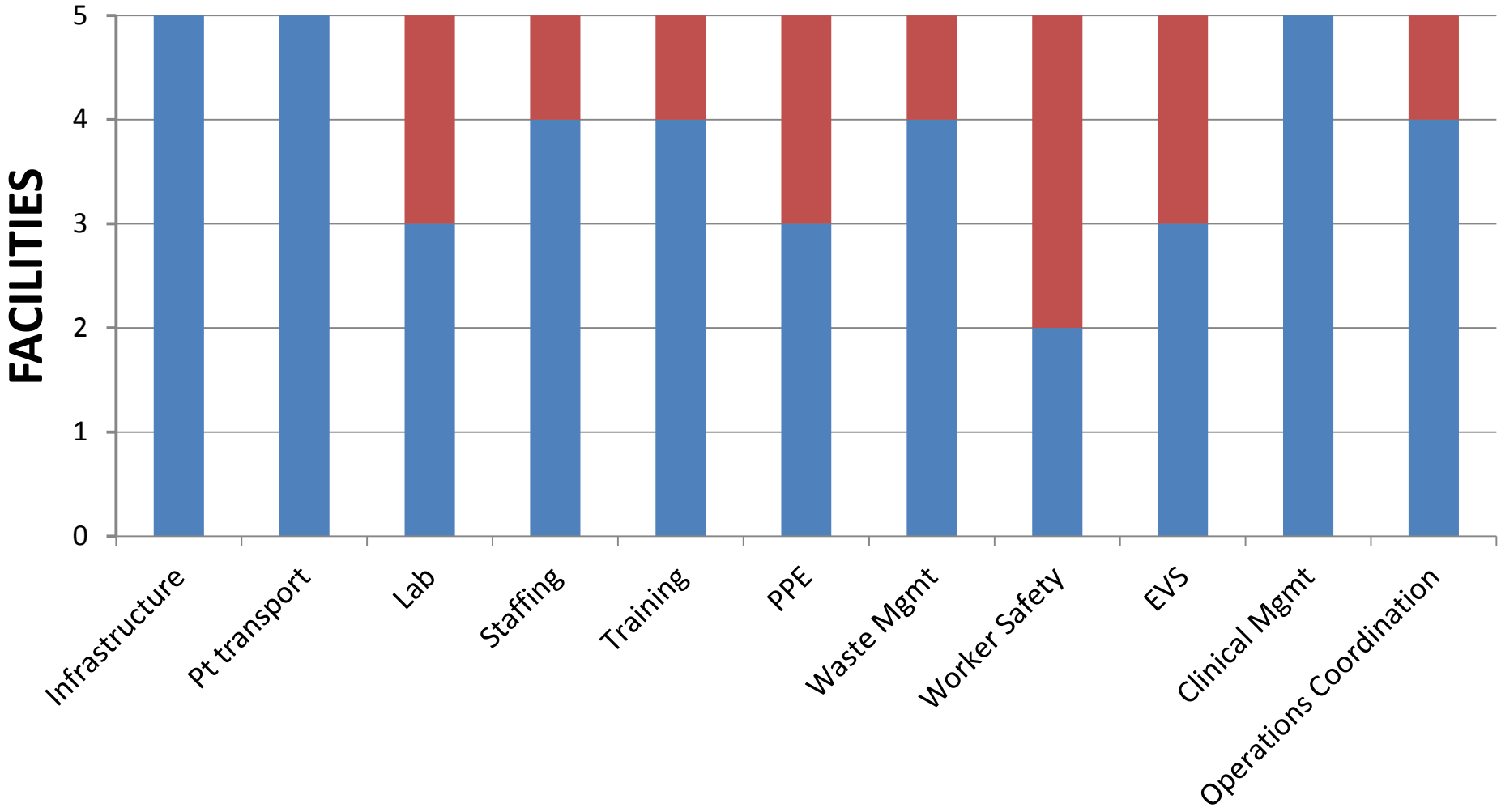
- Safely receives and isolates a patient with possible Ebola
- Provides immediate laboratory evaluation and coordinates Ebola testing
- Cares for a patient for up to 5 days (including evaluation and management of alternative diagnoses) until Ebola diagnosis is confirmed or ruled out
- Has enough Ebola PPE for up to 5 days of care
- Transfers a patient with confirmed Ebola to an Ebola treatment center in consultation with public health officials

Ebola Treatment Center

- Safely receives and isolates a patient with confirmed Ebola
- Cares for patients with Ebola for duration of illness
- Has enough Ebola PPE for at least 7 days of care (will restock as needed)
- Has sustainable staffing plan to manage several weeks of care
- CDC Ebola Response Teams (CERTs) are ready to deploy to provide assistance as needed


MISSOURI
Nashville
TENNESSEE
Knoxville
Chattanooga
Huntsville
Greenville
Emory University
Atlanta
Birmingham
EAH Locations
Approved Airports

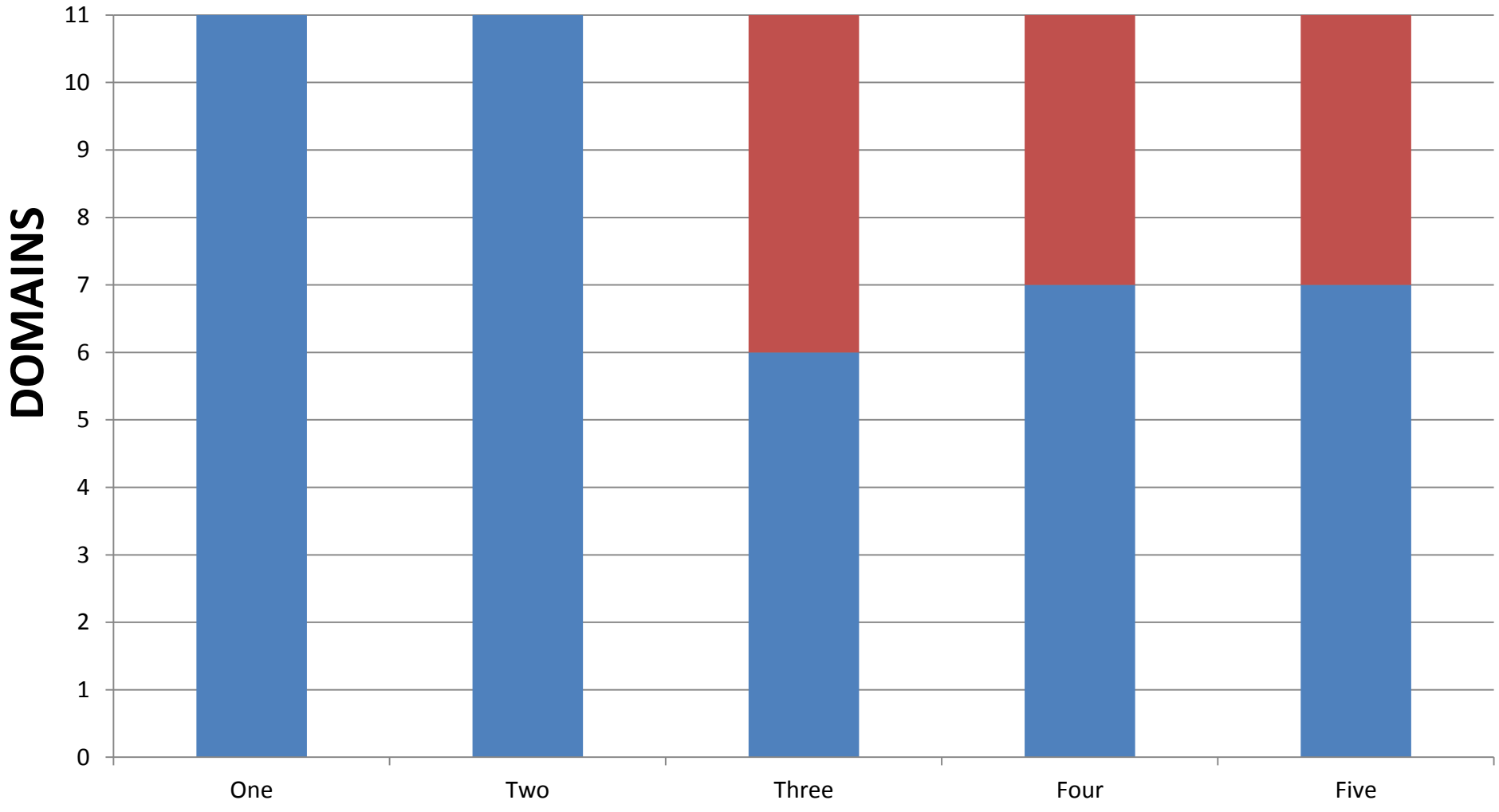
EAH summary by domains



Were the minimum requirements met for each domain?

TN Department of Health

EAH summary by facility



TN Department of Health

Infection Control and Assessment Response (ICAR)

Infection Control Assessment and Response (ICAR)

- **Expansion beyond Ebola Assessment Hospitals**
- **Developed through CDC to assist facilities evaluate internal infection control program**
- **Settings assessed**
  - **ACH, including LTACH**
  - **LTC**
  - **Dialysis facilities**
  - **Outpatient settings including ASC urgent care centers**
- **ICARs offered through HAI department at TDH**
- ***Non-regulatory***

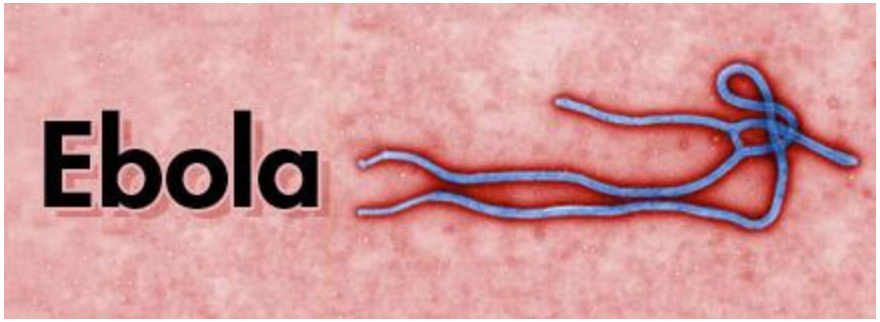
Common findings for all facility types

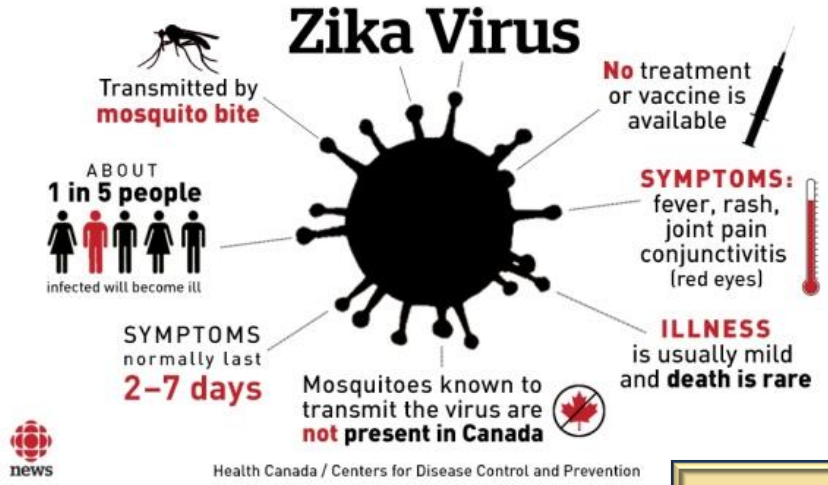
- **Most facilities do not anticipate potential infectious disease**
- **Travel questions not asked at various facility types**
- **Training r/t PPE donning/doffing not validated at most facilities**

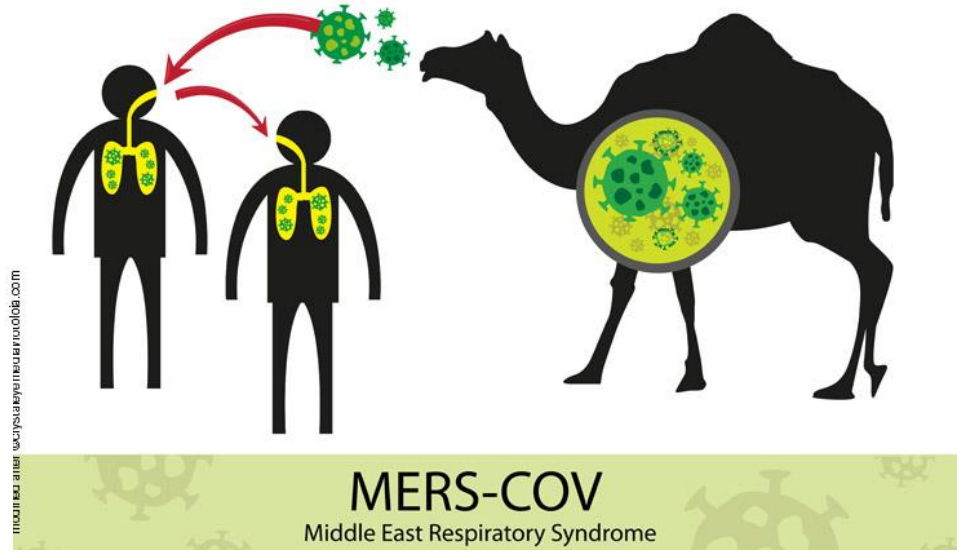
Are you ready for the next event?

- Aware of high risk patients entering facility or being transported
- Worker safety concerns
- PPE training and education

Next event… what will it be?



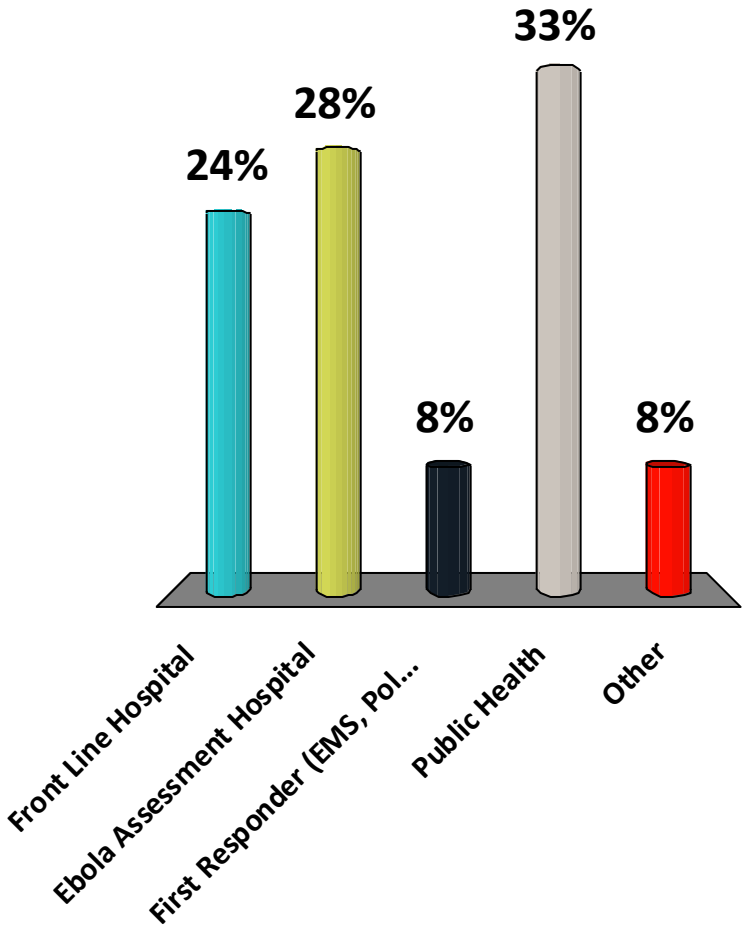




CRE

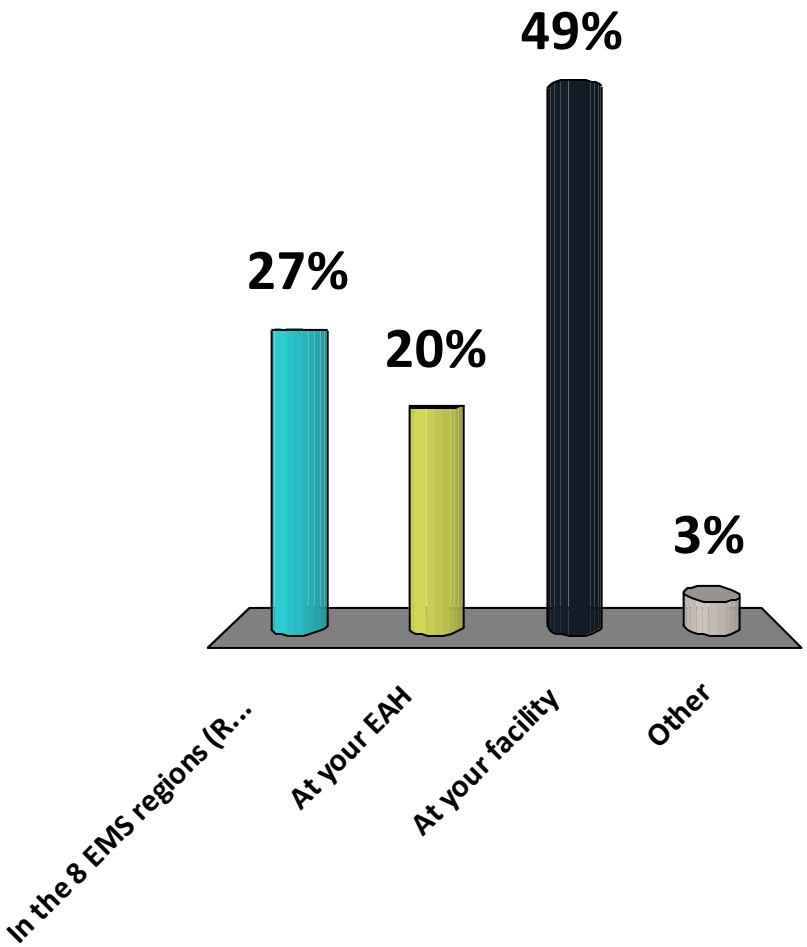
What category of institution are you from?

A. Front Line Hospital
B. Ebola Assessment Hospital
C. First Responder (EMS, Police, etc)
D. Public Health
E. Other



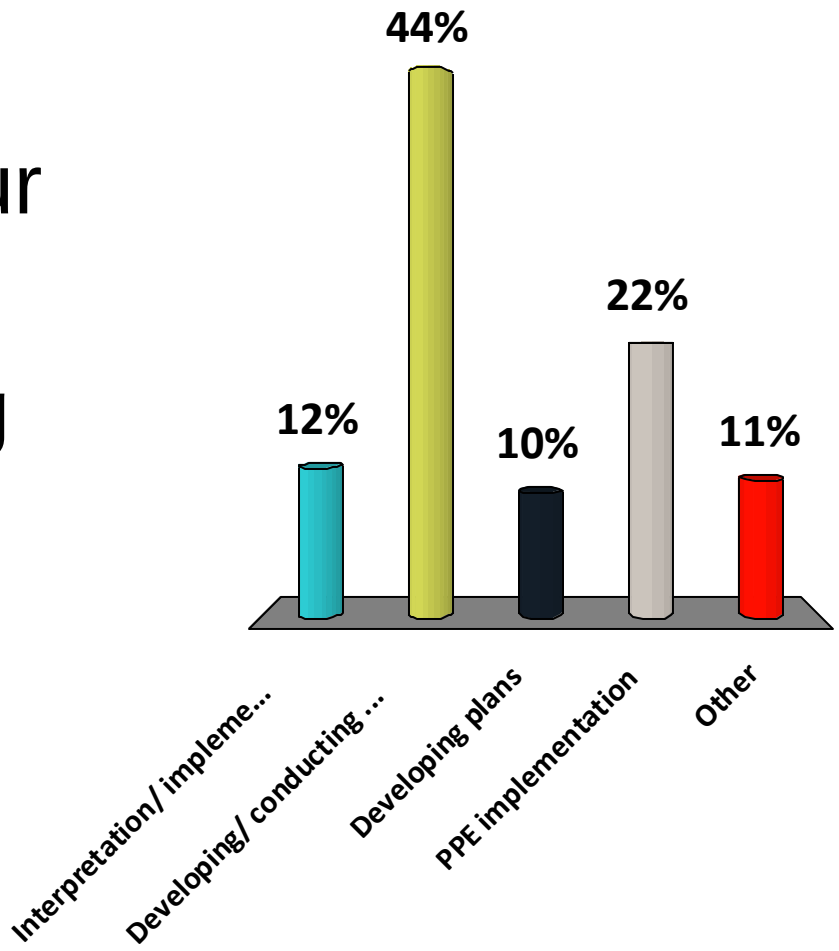
Your preference for the location for updated highly infectious PPE training would be:

A. In the 8 EMS regions (Regionally)
B. At your EAH
C. At your facility
D. Other



Which area(s) would you most like technical assistance?

A. Interpretation/ implementation of the operational plan for your facility/ service
B. Developing/ conducting exercises
C. Developing plans
D. PPE implementation
E. Other

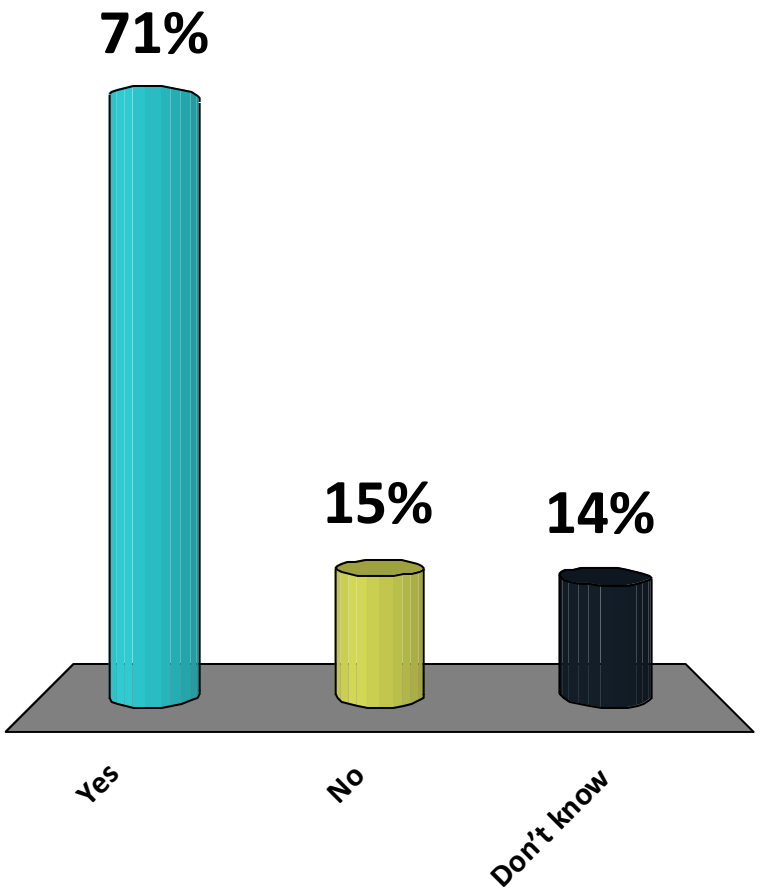


Does your facility or agency currently ask patients upon point of entry or prior to transport if he/she has been out of the country?

A. Yes

B. No

C. Don’t know

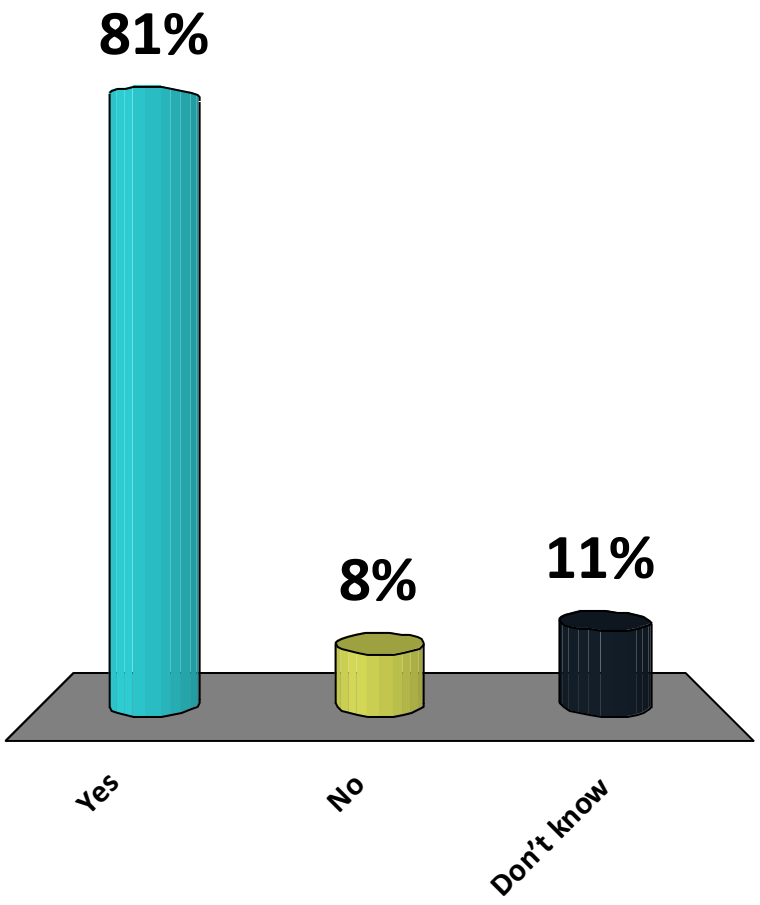


If the answer is “yes” to the previous question, is the out-of-country question asked for in-patients and out-patients?

A. Yes

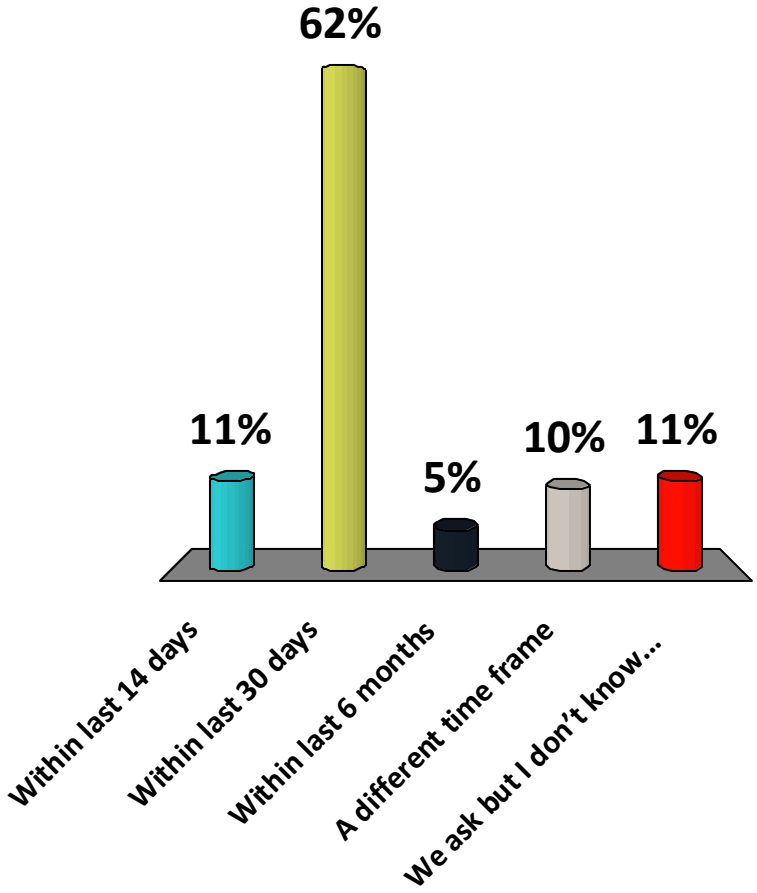
B. No

C. Don’t know



If the answer is “yes” to the previous question, what time frame is used to assess out-of-country travel?

A. Within last 14 days
B. Within last 30 days
C. Within last 6 months
D. A different time frame
E. We ask but I don’t know the time frame

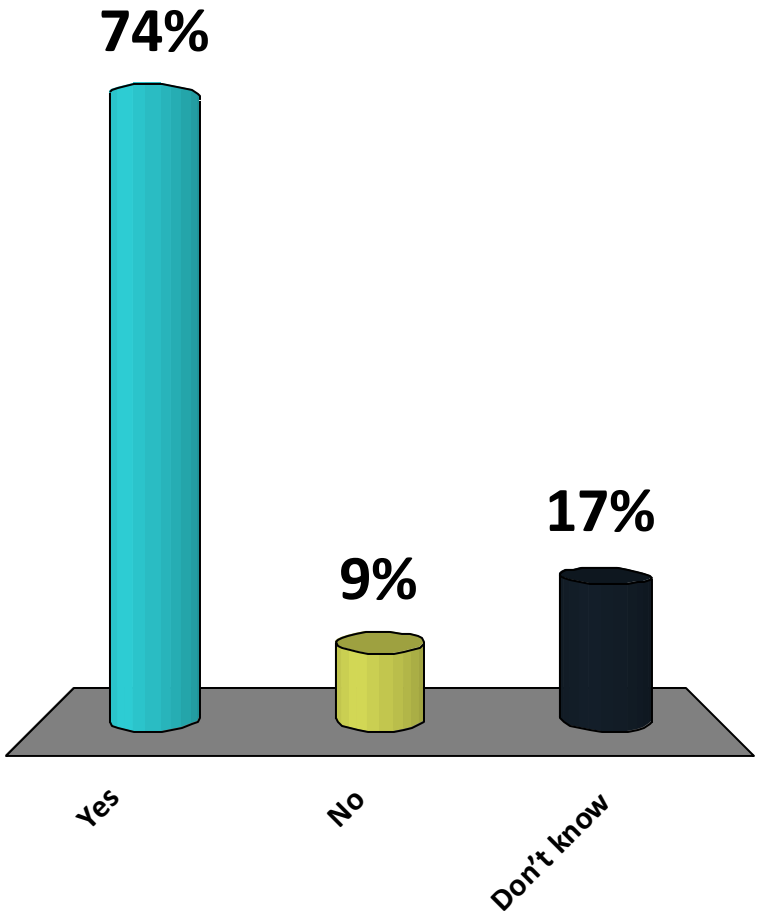


If your facility or agency asks the out-of-country question, do you record the country or countries traveled to?

A. Yes

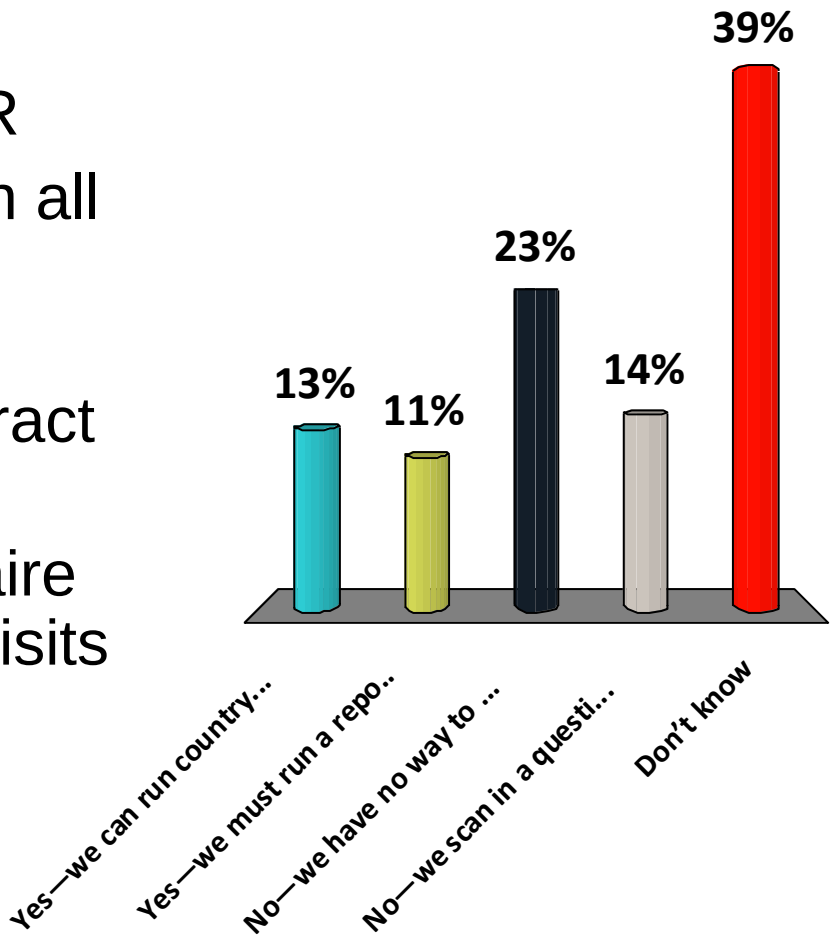
B. No

C. Don’t know



If your facility or agency asks the out-of-country question, can information be obtained from your charts quickly to analyze countries of concern during an outbreak situation?

A. Yes—we can run country-specific reports from our EMR
B. Yes—we must run a report on all out-of-country visits and manually review
C. No—we have no way to abstract the data out of our EMR
D. No—we scan in a questionnaire asking about out-of-country visits so we cannot abstract from charts
E. Don't know

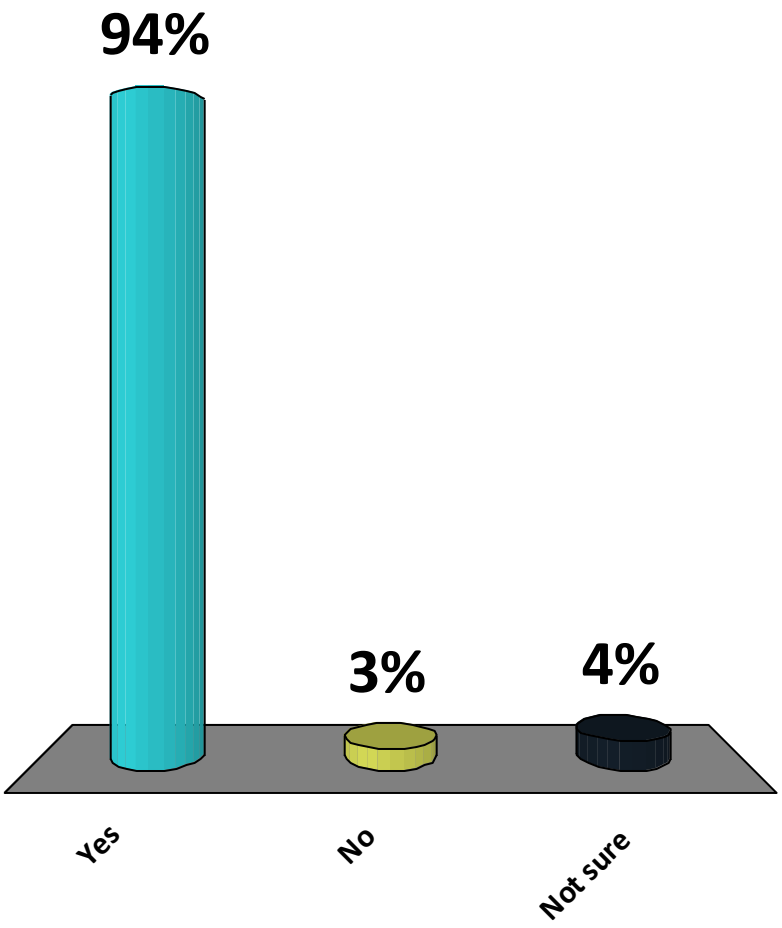


Would your facility or agency be willing to participate in a Table Top exercise related to an emerging infection, such as CRE?

A. Yes

B. No

C. Not sure



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All Outbreaks are Reportable

Thank You!