Ebola 2014

Citywide and DOHMH After Action Review Summary

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Ebola Virus Disease (EVD) Evaluation Process

**Phase 1 (November 2014): 12 DOHMH-focused Hotwashes**
Identified potential problems that needed rapid problem solving and implementation (i.e., before a next Ebola case).

**Phase 2 (early December 2014): 6 NYCEM/External Hotwashes**
Explored interagency coordination in the areas of HC system readiness, quarantine and active monitoring, waste management and environmental remediation, worker health and safety, and command element and executive decision making.

**Phase 3 (mid-January 2015): 10 DOHMH-focused Hotwashes**
Hotwashed additional and new groups that weren’t hotwashed in Phase 1 as well as a “functional” hotwash about the staffing and resource requests.

**Phase 4 (end January/early February 2015): 5 External Hotwashes and Key Informant Interviews**
Covered ESF-8, Regional/Collar counties, City, State and Federal leaders, and designated and non-designated healthcare facilities. Key informant interviews were held with Jamaica Hospital, NYU and Primary Care Emergency Preparedness Network (PCEPN).
3 Ebola Virus Disease (EVD) Products

1. NYCEM-Citywide Ebola After-Action Report (AAR) produced in conjunction with DOHMH (December 2014)

Reports currently in review process:
2. NYCDOHMH & NYCEM-Ebola Virus Disease Citywide AAR

3. NYCDOHMH-Agency Response to Ebola Virus Disease AAR and Improvement Plan
What do they cover?

• Command Element and Executive Decision Making
• Healthcare System Readiness
• Worker Health and Safety
• Case Investigation
• Quarantine and Active Monitoring (including policy, facilities, and support services)
• Public Outreach and Messaging
• Waste Management and Environmental Remediation
• Regional and Jurisdictional Collaboration

The internal DOHMH report covers the Agency’s internal functions - including things like surveillance, staffing and resource requests.
Many, many positive elements..

• The entire public sector collaborated well.
• Early planning throughout New York City’s health sector helped the response.
• A Unified Command Element with key executives from DOHMH, Fire Department of New York (FDNY), New York Police Department (NYPD), and OEM participated in joint decision-making for major issues.
• Joint preparedness and response efforts included strong engagement from a range of stakeholders, including City agencies, the public health community, elected officials, and labor unions.
• Mayor Bill de Blasio, DOHMH Commissioner Mary T. Bassett, and other City officials provided unified and accurate communication to the public.
• Direct and personal community engagement in affected neighborhoods helped to mitigate EVD concerns.

We’re going to talk about a few lessons...
City Decision-Making

• Make sure we establish an appropriate Citywide Incident Management System (CIMS) structure with a clear Incident Command Post.
• Have a daily/weekly schedule for all decision-making calls and meetings to ensure a clear planning process.
• Make sure City leadership is briefed on and understands the appropriate scientific and medical issues.
Jurisdictional Collaboration

• More coordinated early planning between city, state and federal executives.
• Make sure a senior level liaison from NYSDOH is part of the Command Element during planning and response.
• Create a rapid guidance feedback process between levels of government.
• Develop a playbook of protocols for biological incidents that can be used at all levels of government. Hold joint exercises to test this playbook.
Healthcare Sector Coordination

• Plan exercises to leverage the capacity achieved to care for EVD patients and facilitate a continuous state of readiness for future public health outbreaks.

• Activate ESF-8 earlier in an emerging public health threat for planning purposes and ensure it is used broadly to share information prior to, during, and following a response.

• Determine and finalize the ESF-8 role in planning and response activities to ensure that they are used effectively in future responses.
Within the Healthcare System

• Develop a strategy to increase the capacity for the City’s healthcare system to respond to biological incidents.
• Find strategies to mitigate surge staffing issues within and between facilities.
• Work with NYSDOH to increase capacity to recognize pediatric/obstetric cases and prioritize their treatment.
• Provide ED staff with training/exercises on how to prepare for and identify a “no-notice” suspected EVD patient arrival as well as other relevant biological incidents.
Questions?
Thank you!

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