



Greater New York Hospital Association | Health Care Association of New York State

NYS Ebola Conference

January 23, 2015



Department of Health

Commissioner's Order

Commissioner's Order

- Transmitted to all hospitals, all clinics, all Funeral Directors, & EMS agencies
- Electronic and certified mail
- FAQs on the Department's website

Commissioner's Order

1. 2 pts of contact for Ebola preparedness
2. PPE for covered personnel (CDC's guidance has changed since issuance)
3. In person training on donning and doffing with monthly reassessment
-maintain a training log of monthly training
4. Log for HCW monitoring
5. Written protocol for regulated medical waste
6. Written protocol to safety clean and disinfect physical locations where PUI have been located

Commissioner's Order

General Hospitals, D&TCs, Off-campus ED

1. Patient Registration Protocol
2. Training for Patient Registration Personnel
3. Post signage
4. ID isolation room
5. Log of persons with PUI contact pre-isolation
6. Notify LHD when patient is in isolation
7. Conduct drills monthly

Commissioner's Order

General Hospitals

1. Written protocol for initial inpatient care
2. Written transport protocol or plan for ongoing care
3. Inventory of biohazard containers for specimen transport
4. Biohazard risk assessment
5. Trained staff on every shift

Commissioner's Order

D&TCs, Off-campus ED

1. Written transport protocol

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Funeral Directors

1. Comply with CDC guidance

Commissioner's Order

- No sunset date
- DOH, LHD, and federal authorities continue to monitor Ebola levels in Africa and to screen and monitor incoming travelers from affected countries

Assessment Visits

Assessment visits

Hospitals

- Hospital status on the following requirements of the Commissioner’s Order determined an overall *ready vs not-ready* status for *evaluation and stabilization* of a PUI for Ebola in the ED:
 - Intake/triage protocols/screening/signage
 - Staff training on PPE
 - Isolation room/anteroom for observation
 - Transport/EMS protocol
- All hospitals in NYS were visited; all but one have been deemed “ready” at this time

Assessment visits

Diagnostic & Treatment Centers

1,000+
site visits

Regional Office	% Ready
Capital District Regional Office	52 %
Central New York Regional Office	17 %
Metropolitan Area Regional Office – NYC	31%
Metropolitan Area Regional Office – Outside NYC	16%
Western New York Regional Office	45%

Assessment visits

Lessons learned

- Capability to provide assessment, evaluation and stabilization services varied widely
- All have met minimum requirements
- Some hospitals have needed construction to meet expectations for isolation and care
- Multi-specialty assessment teams were an advantage; hospitals found the experience as beneficial; DOH staff found it relationship building and enabled clearer understanding of each hospital's situation.
- Creative physical plant solutions
- Traffic pattern changes
- POC labs
- Staff incentives and support

Assessment visits

Challenges

- Physical plant limitations-lack of attached bathrooms, anterooms, and/or rooms that allow observation of the patient
- PPE
- Staffing and ongoing training to assure competence
- Volunteer Ebola staff –how to keep them engaged, support services

Next steps

- Random spot checks
 - P and Ps
 - Training
 - HCW monitoring plan
- Developing survey protocol
- Work with hospitals to meet expectations in a efficient and capable way; recognized that not one size fits all approach to achieving our goal
- Regional approaches to Ebola planning but potential for alleviating some difficulties and readiness if a larger number of cases were to occur.