



**CALIFORNIA
HOSPITAL
ASSOCIATION**

*Providing Leadership in
Health Policy and Advocacy*

October 16, 2014

The Honorable Loretta Sanchez
1114 Longworth House Office Building
Washington, D.C. 20515

Dear Representative Sanchez,

The California Hospital Association (CHA) thanks you for your letter and interest regarding hospital preparedness to care for patients suspected or confirmed to be infected with the Ebola Virus Disease (EVD). Hospitals' ability to provide high-quality care to all patients, including patients with EVD — while at the same time ensuring safety for all patients, health care providers and staff as well as the community — is critical to our mission. For these reasons, California hospitals have been actively preparing for the possibility of patient(s) with EVD presenting to our emergency departments or otherwise seeking treatment. CHA shares your commitment to protecting Californians from this public health threat. We also appreciate your interest in assuring that the necessary information has been provided to hospitals and their resource needs have been met. We are writing you today with the most current preparedness information, including the results of a survey that was just completed.

EVD Background

Current scientific literature indicates EVD is being spread from person to person through direct contact. This can happen when the bodily fluids (such as blood, urine, stool, saliva or vomit) of someone who has EVD come into contact with the broken skin, the eyes or the mouth of someone who is not infected. Infectious diseases such as tuberculosis (TB), whooping cough and measles are much more contagious than Ebola because of airborne transmission. Spreading of EVD through the air has not been documented.

Fundamental infection control and isolation protocols are what hospitals do every day in addressing patients with infectious and/or contagious diseases; the new threat of EVD has heightened hospitals' dedication to infection control. On an ongoing basis, California hospitals are actively monitoring for infectious diseases when patients enter a hospital. The recommended measures when caring for individuals with infectious disease such as EVD include identifying potential cases, isolating the patient, wearing personal protective equipment (PPE), including appropriate N-95 masks, gloves, impermeable gowns and goggles in order to be protected from the bodily fluids of the patient, as well as cleaning and disinfecting a room and equipment after patient use.

California Hospitals' EVD Planning to Date

For many years, CHA has been recognized as a leader in assisting hospitals with health care emergency management, including disasters and public health threats. CHA has a multi-pronged approach: evaluate, educate, disseminate information and collaborate with other organizations and government agencies. In late September, CHA held its annual Disaster Planning for California Hospitals conference in Sacramento. A cross-section of 900 health care professionals, including physicians, nurses, pharmacists, respiratory therapists, emergency management personnel, government agency representatives and others, attended the two-and-a-half-day program. The program included a presentation on preparing for and responding to a patient with suspected EVD.

Through the daily electronic *CHA News*, California hospitals are provided with the most recent information available regarding Ebola. In addition, CHA has a dedicated preparedness website, www.calhospitalprepare.org, available to the public and health care providers, which includes the most recent disaster and emergency management information from sources such as the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH) and Cal/OSHA. A section on EVD has been added to our preparedness website and includes links to central state and federal sources of EVD information.

In addition to the educational activities and support, CHA and California hospitals are working with the CDC, the American Hospital Association (AHA), CDPH, Cal/OSHA, local public health officials, and a broad group of professional medical organizations. Activities include but are not limited to re-enforcing fundamental principles of medical screening and infection control, sharing experiences in the treatment of patients with EVD, and staff safety. This has been and continues to be an integrated statewide effort inclusive of multiple stakeholders in addition to hospitals and health systems. Following each meeting, webinar, conference call or other means of education, all stakeholders are assessing and evaluating their role and completing gap analyses to better respond to suspected or confirmed EVD patients, wherever they may present in California.

Hospitals have received and are using various guidance documents, including checklists and tools that CDC and CDPH have provided. The CDC checklist is being used to validate a hospital's ability to properly screen, isolate and manage these patients. On September 25, California hospitals participated in a statewide conference call on health care system preparedness for EVD conducted by CDPH. In addition, CDPH has provided a mock drill scenario for hospitals so they can conduct tabletop exercises to prepare for a patient with EVD. On October 9, California hospitals participated in the U.S. Department of Health and Human Services conference call on preparing health care systems to protect health and safety if a patient suspected of having EVD seeks care at a hospital. In addition to these calls, many local public health officials are also holding calls and meetings with hospitals and other health care providers.

Finally, CHA will be conducting a multi-organizational stakeholder webinar within the next week and is developing other educational opportunities.

Patient Care

All hospitals, regardless of size, play a role in caring for patients with EVD or any other suspected infectious disease. Hospitals must appropriately screen individuals presenting with symptoms of EVD who have a travel history from one of the West African or other affected countries. However, not all hospitals have the capability to manage the extensive treatment and supportive care a patient with confirmed EVD would likely need. Lessons learned from hospitals that have treated patients with EVD include the need for teams of medical specialists, as well as significant increases in the numbers of experienced nursing, respiratory, pharmacy and ancillary staffing to treat the very complex medical needs and support these patients require. For example, the availability of medical expertise varies. Larger hospitals may have a variety of physician specialists (infectious disease, pulmonologists and hematologists) on staff who are required to properly manage an EVD patient. In contrast, many smaller, rural and critical access hospitals have limited-size intensive care units with basic support equipment, staff and few specialty physicians. Often, patients with medically complicated treatment needs are transferred to a facility that can provide a higher level of care. While all hospitals have the ability to isolate a patient with an infectious disease, smaller facilities may have a limited number of rooms to appropriately isolate a patient presenting with suspected EVD.

Therefore, arrangements to transfer to a facility that has the appropriate capabilities are critical to the patient to receive the level of care required. This type of networking activity is well established, and movement of patients to more appropriate levels of care occurs on a daily basis within the health care delivery system. It is also important to note that within any community managing a patient with EVD, effective coordination among hospitals, public health and Emergency Medical Services (EMS) is required.

The role and leadership of state and local public health agencies in this area of planning is critical to successfully provide a safe and effective continuum of care. It is for these reasons CDPH has activated the Medical and Health Coordination Center (MHCC) in response to the potential presentation of an EVD patient. While there are no known cases of EVD currently in California and the public risk is low, the MHCC was activated to support EVD preparedness of California health care providers, local health departments and public health laboratories.

While much has been done to ensure proper preparation for EVD in a very short period of time, your letter requested feedback on whether providers have necessary information and resources. Therefore, CHA developed and rapidly conducted a survey of member hospitals that addresses the questions put forth in your letter, along with additional questions aimed at identifying potential gaps where hospitals need additional support. Most CHA member hospitals responded to the survey. Of the responding hospitals, more than 85 percent are in urban and suburban areas where there is a greater probability of a patient with suspected EVD presenting to a hospital. While CHA has completed a content analysis of the hospital responses, *we must emphasize that this is a snapshot in time*, as hospitals are rapidly implementing processes, protocols and addressing changes as they are recommended on an ongoing basis by various agencies.

Response to Specific Questions in Your Letter

- *Do hospital administrators feel they have received complete information from the CDC and have federal authorities been responsive to their questions and concerns?*
 - More than 90 percent of responding hospitals stated they have received sufficient information or guidance from CDC and federal authorities regarding direct patient care issues. However, in a follow-up question, many hospitals provided a list of non-direct patient concerns and issues that have not been addressed and are summarized under the section heading “Issues and Concerns.”
- *Have the hospitals encountered any problems with implementing CDC guidance?*
 - Approximately two-thirds of the responding hospitals have had no problems in implementing the CDC guidelines. Of the one-third of hospitals that have had problems, the common theme is conflicting instructions between federal, state and local agencies, and the demand on resources and costs required to implement the guidelines.
- *Do hospitals have a protocol in place to immediately screen patients for fever and place them in separate waiting areas until further screening can be done?*
 - Hospitals have long-established infection control practices to place a patient with a suspected infectious disease and fever in isolation, and with the events of recent weeks EVD has also been addressed. However, some of the rural and smaller hospitals expressed concerns regarding sufficient space to isolate these patients.
- *Have the hospitals communicated protocols, checklists, and other tools to all levels of their health care staff? Do they feel that every member of their staff, from an intake staffer on up, understands that it is crucial to pass on critical information to all of their colleagues — including information on a patient’s recent travel and activities?*
 - The CDC guidelines and CDPH mock drill scenarios have been available to hospitals for approximately a month. Hospitals have made preparation and training a top priority. Since their issuance, hospitals have dedicated significant resources to complete the checklist and modify, as needed, their current infectious disease guidelines and educational materials on EVD transmission and employee safety. These include the re-enforcement of the need to communicate critical information to their colleagues.
 - Hospitals’ workforces are large and complex with a wide range of roles, varying degrees of direct patient engagement and numerous work schedules. Disseminating information requires a systematic approach and logistically takes some time to reach the entire workforce. With EVD, hospitals are prioritizing the education and communication processes of protocols, checklists and other

information first to front line staff (e.g., emergency department, ICU, lab, intake staffer, environmental services staff) who are likely to have direct contact with a suspected or infected EVD patient. This will be followed by the education and communication of additional clinical staff and ancillary staff who would be less likely to have contact with a patient with EVD.

- Of the responding hospitals, approximately 40 percent have completed the communication and educational processes for their entire staff. Of the 60 percent that have not, many have completed the communication and processes with front line staff, with a completion target for the entire staff by the end of the month.
- Regarding the screening protocol, including a patient's travel history, 94 percent of the responding hospitals have implemented this process. Approximately one-fourth of those that have not yet implemented the screening protocols do not have emergency departments.
- *What communication and training has happened between California hospitals and local health clinics, urgent care centers, and physician offices to ensure that all front line health workers follow appropriate protocol to prevent another patient from mistakenly being sent home or treated in a way that puts others at risk?*
 - Approximately 70 percent of responding hospitals reported good communication between themselves and their local health officers, community health leaders and others regarding protocols and care of the EVD patient.
 - CDPH has activated the MHCC, which will be valuable in disseminating information and coordinating providers. It is anticipated that CDPH and the county health departments will be increasing their collaboration with hospitals to coordinate care, communication and education of community providers.
- *Do the hospitals have adequate supplies of Hazmat suits and other personal protective equipment? Do they have properly equipped isolation rooms to assure patient, visitor, and staff safety? And do they have proper procedures for disposal of medical waste and linens after use?*
 - In general, hospitals do have a supply of personal protective equipment but if there is a significant outbreak, some hospitals may not have an adequate supply. On October 14 the CDC and the two hospitals that have treated patients with EVD held a call for hospitals across the nation to share their experience. Both hospitals cited the use of Powered Air Purifying Respirator Supplied-Air-Respirators (PAPR) in addition to PPEs. Many hospitals do not regularly use PAPRs.
 - As referenced above, hospitals have long-established infection control practices to place a patient with a suspected infectious disease and fever in isolation, and with the events of recent weeks EVD has also been addressed. However, some of the rural and

smaller hospitals expressed concerns regarding sufficient space to isolate these patients.

- There is limited information and some conflicting information regarding storage, transport and disposal of medical waste/contaminated materials. For example, the U.S. Department of Transportation provided an exception for the Dallas hospital to transport EVD medical waste. California hospitals would need the same exception. California's strict environmental quality rules would require medical waste transported out of state to be incinerated (as CDC guidelines suggest). There is confusion about addressing contaminated material such as mattresses and other larger waste items.

Issues and Concerns

The CHA survey allowed additional comments to the questions to understand additional gaps that will require solutions, guidance and alignment of conflicting guidelines. CHA is committed to supporting processes to find solutions. We will conduct a webinar soon in collaboration with federal and state representatives to address many of these issues and concerns. CHA also is hosting an additional call with rural and critical access hospitals to assist with their specific concerns and needs.

The survey responses included five issues and concerns that require immediate attention:

- 1) Management of Waste - There are questions regarding the disposal of human waste. While the CDC has verbally indicated that waste can be disposed of through the sanitary system, there has been no written direction and no coordination between federal, state and local oversight agencies.

Based on U.S. hospital experiences to date, one EVD patient likely will generate eight 55-gallon barrels of medical waste per day. Storage, transportation and disposal of this waste will be a major problem and further guidance is necessary.

- 2) Inter-facility Transfers - There are questions regarding infection control guidance during inter-facility transfers, including procedures for EMS personnel to follow. CDC has provided interim guidance, and the California Emergency Medical Services Authority has provided guidance; however, it was unclear at the time of the survey whether sufficient training, guidance and coordination exist.
- 3) Disposition of Remains – While CDC has issued guidance, concern remains regarding transporting the deceased and how the remains are to be handled by the mortuaries. Questions remain as to burial versus cremation. In addition, there are religious considerations that must be addressed.
- 4) Staffing - Hospitals are concerned about the increased staffing demands should there be a large outbreak of EVD. In addition, there has been no direction provided to hospitals

regarding the quarantine protocol for staff to monitor their status if they develop a fever of unknown origin. The flu season will add another layer of complexity, as fever during the flu season is not unusual. This could have a tremendous effect on available staff. As with the AIDS crisis, there is always the possibility of staff not wishing to participate in the care of these patients.

- 5) Supplies - There may be a developing shortage of PPE supplies. Hospitals are concerned that in the event of a large outbreak there may not be sufficient supplies, with the possibility of escalating costs for the supplies. During the H1N1 outbreak, federal agencies worked with local disaster planning agencies to develop stockpiles for distribution.

Other Transmissible Diseases

California hospitals are dedicated to safe, high quality care, including prevention and proven practices to control the spread of infectious and/or contagious diseases. For several years, CHA has been at the forefront of the annual campaigns for Californians to get flu shots. CHA has sponsored statewide television advertisements and promoted flu shots for all hospital employees. CHA supports mandatory flu shots for all caregivers. Between 30,000 and 40,000 Americans die from the flu each year; most of these deaths can be prevented.

California hospitals are relentlessly pursuing the goal of preparedness to address the suspected or confirmed patient with EVD. We appreciate your interest in assuring this process is being completed, as well as your continued support of California hospitals and providers. Please reach out to me or Anne O'Rourke in CHA's Washington, D.C., office if you or your staff has any additional questions.

These problems demand expedited solutions. Your assistance is appreciated.

Sincerely,



C. Duane Dauner
President/CEO