Northwell Health Ebola Response

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December 08, 2015
Session A:
9:30am to 10:45am
Session B:
11:15am to 12:30pm

Session Objectives

- To provide an overview of the current Health System’s emergency management’s structure to respond to external events.
- To outline the Health System’s strategy for Ebola Virus Disease (EVD) preparedness and readiness.
- To provide a plan for sustaining EVD readiness within the Health System.
- To discuss continued hospital readiness and preparedness activities for infectious disease events beyond EVD.
## Agenda

- Health System Overview
- Emergency Response Structure
- Internal and External Communication
- Health Care Personnel Training & Education & Assessment
- EVD Evaluation Tools for Regulatory Inspections
- Facility Designated EVD Unit and Modifications

## Health System Overview

[Map of North Shore LIJ]
Ambulatory Overview

450 medical group practices (including primary care and all specialties) within 185 locations

Emergency Management Fundamentals

Leadership Commitment
• Organizational priority
• Resource commitment

The Structure
• Continuous assessment of threats, weaknesses, and problems
• Creating a culture comfortable with emergencies

The People
• Emergency management professionals who are subject matter experts
• Multidisciplinary team
• Training and drills
Ebola Emergency Response Structure

System Steering Committee Chair & Co-Chair:
- Medicine
- Nursing
- Infectious Diseases
- Emergency Department
- Quality
- Human Resources
- Public Relations
- Site Leadership

System Clinical Steering Committee Chair & Co-Chair:
- ER
- Laboratory Services
- Nursing
- Infection Control
-RR
- Radiology
- Pharmacy
- Laboratory
- Clinical Engineering

System Emergency Management Chair & Co-Chair:
- Human Resources
- Public Relations
- Communications
- Nursing Administration
- System Safety
- Materials Management
- Clinical
- Corporate Security
- Information Technology

Community Hospitals
- Tertiary Hospitals
- Specialty Hospitals
- Clinical Joint Ventures
- Post Acute Facilities
- Long Term & Home Care
- Hospice Care Network
- Ambulatory Services
- Center for EMS

History: Emergency Preparedness & Response

- Y2K
- Hurricane Floyd
- SARS Outbreak
- H1N1 Outbreak
- 9/11
- Anthrax
- AA Flight 587 Crash
- Northeast Blackout
- Hurricane Sandy
- NYC Transit Strike
- Hurricane Irene
A Message from Michael J. Dowling

Dear Colleagues,

As a nationally recognized health system, North Shore LIJ has always been at the forefront of efforts to protect our employees, patients, visitors and the community at large during times of crisis, as evidenced by our preparations and response efforts during SARS/Q10 in 2003, when we admitted about 30 patients and hospital staff from other New York City and Long Island hospitals, nursing homes and shelters; during the recent swine flu pandemics; and more recently when one of our employees from North Shore LIJ was encountered to the coauthors, during recovery from Hurricane Sandy, but hurricanes like these have altered the way we think about and practice health care.

We are living in a unique era and in preparing for any potential Ebola patients who come to our hospital or outpatient facilities. Our clinical and administrative leadership has put together a virtual plan to handle a situation that we are not sure of the outcomes, but we will be able to handle them safely. We have also taken strict precautions that have been and are being recommended by the CDC for Ebola and other infectious diseases. We have implemented the necessary processes of isolation in every hospital, emergency facility and physician practice where patients are seen for treatment.

We are expanding and expanding training to staff how to wash and clean personal protective equipment (PPE). We have additional inventory as well as additional supplies of the event they receive a suspected Ebola patient, and there are trainings in the way to transport those individuals to a facility capable of managing their medical needs.

While our infection control and emergency staff have the capability to safely evaluate a suspected Ebola patient, we are recruiting a volunteer team of infectious disease experts and creating an additional team of healthcare providers at other North Shore LIJ hospitals to provide assistance to our emergency rooms, while training. We are also continually working on our preparedness efforts.

Sincerely,

Michael J. Dowling
President & CEO
North Shore LIJ

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External Communications

Up-to-date Alerts

North Shore LIJ Health System Safety

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 arma@lij.com

External Communications

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Clinical Policy & Procedure Guidelines

- Pre-Hospital Care and Transportation of Patients
- Emergency Department Assessment & Triage
- Precautions: Personal Protective Equipment (PPE)
- Ambulatory Screening Guidelines
- Laboratory Testing
- Infection Prevention: Environmental Cleaning, Waste Management, and Management of Human Remains
- Employee Management Post Care and Post-Exposure
- Initial & Ongoing Training

Pre-Hospital Care & Transportation

#27FORUM
Emergency Department: Assessment & Triage

Precautions: Personal Protective Equipment (PPE)
Ambulatory Screening

Laboratory Testing
Infection Prevention Guidelines

Key Focus Areas:

1) Cleaning Procedures (occupied & discharge room cleaning)

2) Waste Handling, Packaging, & Removal

3) Safe Handling of Human Remains

Employee: Post Care & Post Exposure

- Record all patient room entries and tasks on a log.
- Monitor health care workers temperature & symptoms for 21 days following the last day care was delivered.
- Health care workers will be provided with a thermometer and instructions for taking and reporting their temperature.
  - One of the daily temperature check will be in-person either:
    - During scheduled time or
    - via video chat (e.g. FaceTime)
Initial Education & Training

Electronic Learning (iLearn)
- Phased approach based on likelihood for exposure and type of exposure
- EVD educational modules & 3 PPE videos (Level 1, 2, & 3)

In-Person PPE Training for Health Care Workers
- Training conducted by Emergency Management staff with hazardous material training at the Bioskills Education Center
- Eight Hour Training Sessions included:
  - Donning and doffing of PPE Levels 1, 2, and 3 training
  - Training as a PPE observer
  - Movement and delivery of care within the PPE
  - Review of care protocols
  - Questions & answers

Ongoing Education & Training Plan

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Staff Education and Training Summary

- Over 45,000 employees were educated on EVD Management:
  - **iLearn:**
    - Over 40,000 employees completed online training on EVD, plus donning & doffing of PPE
  - **Bioskills Education Center:**
    - Over 570 employees received training at the Bioskills Education Center on Level I, Level II & Level III PPE
  - **Glen Cove Care Team:**
    - Over 58 employees completed training at the Glen Cove Specialized Treatment Center

Ongoing Assessment

Patient Safety Rounds  
Mock Drills
Facility Designation & Modification

Specialized Treatment Center:

- The plan called for the quick modification of a unit at Glen Cove Hospital with full isolation capability and on-premises ancillary and support functions.
- The unit will be staffed by self identified clinical and support professionals from across the Health System.
- The unit is accessible from the outside through a dedicated entrance and elevator.
- Every other existing clinical service would be unaffected by the existence of this specialized unit.
Glen Cove Hospital Overview

- 247 Bed Community Hospital
- Full Service Emergency Department
- 182 Medical/Surgical Beds
- 18 Critical Care
- 55 General Rehabilitation Beds
- 10 Brain Injury Beds
- Support Services (but not limited to)
  - 24/7 Hospitalist
  - 24/7 Advanced Care Practitioners
  - Respiratory Therapy
  - Radiology Service
  - Cardiology Services

Specialized Treatment Center Diagram

- One of six New York Metropolitan Area designated isolation facilities
- The second fully-activated facility following Bellevue
- 2 beds
- Point-of-Care (POC) Laboratory
- Staff housing
Specialized Treatment Center Environment

- Designated Hot (red), Warm (yellow) and Cool (green) zones for proper traffic flow
- Negative pressure isolation rooms and anterooms with proper pressure differential between contiguous areas
- **20 Air Changes/hour** providing dilution air for patient isolation room
- Alternative isolation rooms for evacuation due to fire or another emergency
- Fire/Life Safety Plan specific to the unit
- **2-hour fire** rated barrier allowing for horizontal evacuation to safe protected and appropriate alternate care area
- Completely sprinkler protected Isolation suit minimizing fire risk
- Complete smoke detection system and early warning system for fire

Specialized Treatment Center access:

- New York State Department of Health (NYSDOH) designated treatment unit
- Center for Disease Control and Prevention (CDC) designated treatment unit
- Occupational Health and Safety Administration (OSHA) and deemed as a safe environment for staff to provide care

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Patient Path of Travel
- Secured Access
Point of Care Laboratory

- Complete chemistries
- Liver enzymes
- CBC
- PT/INR
- ABG
- Urinalysis
- Blood Culture
- Malaria
- Type and Cross

Special Treatment Center Staffing

- Organizational Structure (volunteers)
  - Unit led by physician and nursing leaders
- Team Composition
  - Staff with 4 RNs per shift
  - 78% of core team are critical care level registered nurses (CTICU, SICU, MICU, CCU)
- 22% percent are medical/surgical nurses
  - Nursing specialties will have separate teams
    - Pediatrics
    - Obstetrics
    - Dialysis
    - Respiratory
Staff Education and Training

Specialized Treatment Center - Simulation Education
• Conducted at the Patient Safety Institute

High-Fidelity Simulation (quarterly)  Standardized Patient (quarterly)

Specialized Treatment Unit Training

Simulation (quarterly)
Summary

- Our clinical protocols are designed to ensure the highest levels of patient and staff safety and continue to exceed CDC guidelines.
- We have been training thousands of staff in appropriate PPE.
- Communications to our staff and to our communities have been ongoing.
- The structure that has been established can easily be modified to manage the next emergency management event whatever it is.

Questions