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What Nonhospital Healthcare Organizations May Wish to Consider

Our healthcare organization is not a hospital. What issues might we consider when developing plans for managing people who may have Ebola and routing them for hospital-based medical evaluation?

Leaders from the U.S. Department of Health and Human Services (HHS) have stressed that active symptom monitoring of travelers and people who have had contact with those infected with Ebola is intended partly to help to keep people who may have the disease from presenting to ambulatory and outpatient care settings. If a patient does present to such a setting, the Centers for Disease Control and Prevention's (CDC) recommended strategy is to identify, isolate, and inform. The leaders also recommended that ambulatory settings not try to evaluate patients for Ebola or provide care, instead immediately notifying public health authorities and, if the patient is acutely ill, calling emergency medical services. (HHS)

Many nonhospital healthcare organizations—including physician offices, ambulatory care centers, outpatient settings, long-term care facilities, and home care organizations—may believe that their likelihood of encountering someone who may have Ebola or another high-risk infectious disease is low, or that they will be able to quickly transfer such an individual. However, the organization should still have a management plan in place. This gives the organization a framework for response in the event that it does encounter someone who may have a high-risk infectious disease such as Ebola or needs to hold the individual for longer than expected. Such an approach also supports "all hazards" emergency preparedness. And as Gregg Margolis, PhD, NREMT-P, director, Division of Healthcare Systems and Heath Policy, Office of the Assistant Secretary of Preparedness and Response (ASPR), noted on the HHS conference call, "This isn't only about Ebola. . . . This is a really good time to think through how you manage patients who are infectious from any contagious disease" (HHS).

Organizations should take a systems approach to formulating their overall program for managing highly infectious diseases, including Ebola. Each facet of the program should take into consideration each other facet to best ensure a cohesive, meaningful program that

- maximizes the organization's internal resources,
- complements outside resources as needed,
- facilitates reliable internal communication, and
- minimizes the risk of unintended consequences.

The program must effectively identify the hazards and offer realistic controls for those hazards, and every control must have a clearly defined goal and the procedures to achieve that goal. The program should also have a set of leading indicators that proactively assess the readiness of the program and its controls. Examples of leading indicators include the number and sizes of personal protective equipment (PPE), the number of staff properly trained on PPE use and identification of individuals who may have Ebola, and identification of companies that

can transport patients and infectious waste. The controls must also have inherent mechanisms that provide feedback to the staff members who are responsible for implementing the controls, as well as all supervisors.

As a starting point, the organization may consult CDC's guidance on the evaluation of patients with possible Ebola in the ambulatory care setting and ASPR's checklist of Ebola considerations for ambulatory care providers. More broadly, issues that organizations may wish to consider when developing their programs include the following:

- General communication with patients, staff, and the public regarding the infectious disease (see ECRI Institute's frequently asked question on reassuring patients and staff)
- Proactive communication with individual patients regarding symptoms and risk factors (before patient presentation whenever possible)
    - Telephone scripts
    - Signage, handouts, and other materials tailored to the health literacy and language needs of the audience
- Definition of the scope of services that will and will not be provided before transfer for medical evaluation
- Protocols and screening tools for recognizing the need for medical evaluation for potential infection
- Criteria for activation of the emergency plan and incident command system
    - Designation of the public information officer (part of the incident command system) and preparation of crisis communication tools and strategies
- Protocols for reporting of and ongoing communication regarding specific suspected cases
    - Internal, such as which staff members to notify of and keep updated regarding a potential case and plans for communicating with other staff
    - External, such as with public health authorities, emergency medical services, receiving organizations, and other organizations that may require reporting (e.g., the Occupational Safety and Health Administration, if an employee acquired the infectious disease occupationally)
    - Staff access to expert consultation (e.g., by phone)
    - Development of a form to collect information for internal use and to send with the patient on transfer
- Plans to enact, in coordination with public health officials, if someone who meets screening criteria refuses to go to a hospital for medical evaluation for potential infection
- Protocols and designation of space (including a dedicated bathroom) for internal isolation before transfer
    - Considerations for movement and management of other patients during the individual's isolation, if necessary

    - Dedicated equipment and supplies necessary for internal isolation and any services that will be provided (e.g., meals, if the provider needs to hold the patient for an extended period)

- Limitation and identification of staff members who may enter the isolation area
    - Means for the patient to communicate with staff (without having to leave the isolation area)
- Restrictions regarding visitation
    - Means for the individual to communicate with family
- Immediate availability of and training regarding PPE for staff to use, in the event that they need to enter the isolation area while the patient is awaiting transfer (see CDC's guidance on the evaluation of patients with possible Ebola in the ambulatory care setting and ECRI Institute's frequently asked questions regarding PPE)
    - Ready availability of materials for hand hygiene
    - Designation of space for PPE donning and doffing, allowing for the presence of a trained observer to monitor the process and offer reminders if necessary
- Facilitation of hospital-based medical evaluation and work restrictions for exposed or ill staff that are nonpunitive and consistent with applicable laws, regulations, and mandates
- Transportation considerations, if the organization would be involved in this step
- Protocols and materials for waste management, decontamination, and cleaning, disinfection, and sterilization after patient transfer, in consultation with public health authorities
- Inclusion of events involving high-risk infectious diseases in the adverse event reporting database
- Staff training regarding symptoms and risk factors and all applicable protocols
    - Team-based training and simulation

These are only examples of issues that an organization may wish to consider. Taking a systems approach, as previously described, can help the organization identify the unique constellation of hazards it faces and devise controls that are responsive to its needs and capabilities.

CDC, state health departments, state medical boards, and other sources offer guidance and tools specific to Ebola on many of these and other topics, as well as broader guidance on emergency preparedness for infectious diseases.

Reference

U.S. Department of Health and Human Services. [Conference call on Ebola-related issues in ambulatory and outpatient care]. 2014 Nov 10.