

CHA Statement to Legislative Preparedness Response and Recovery Committee

Oct. 23, 2014

Colorado Hospitals Preparing in Face of the Ebola Threat

- My name is Gail Finley and I want to thank the committee for the opportunity to testify today. I am here on behalf of the Colorado Hospital Association (CHA) which represents more than 100 hospitals and health systems throughout the state. CHA appreciates the opportunity to discuss the hospital preparedness efforts that are taking place throughout the state in regards to the Ebola virus.
- First and foremost, I'd like to stress that all Colorado hospitals are on high alert to watch for potential Ebola cases and are working diligently to evaluate, improve and confirm their readiness. Hospitals are vigilantly following patient screening guidelines and watching patients and visitors for symptoms associated with Ebola.
- Infectious disease preparedness is an ongoing effort, regardless of the size of a facility or level of resources. However, every hospital in Colorado has a plan in place to care for patients with infectious diseases.
- At a minimum, every hospital understands they have a responsibility to "ask, isolate and call." This means correctly identifying individuals exhibiting symptoms associated with Ebola; isolating them in order to minimize the risk to patients, health care workers and the community; and contacting the Colorado Department of Public Health and Environment (CDPHE).
- However, it has been said before and should be reiterated that not every hospital has the capabilities or resources to provide the comprehensive and extended care required for an Ebola patient throughout the full duration of the illness.
- Given the variation in resources available at hospitals throughout the state, from small rural hospitals to large urban hospital systems, each hospital's preparation for the possibility of receiving a patient who exhibits signs of Ebola is unique – while closely adhering to the most recent guidelines provided by the U.S. Centers for Disease Control and Prevention.
- CHA is currently working with the Colorado Department of Public Health and Environment to assess the readiness of hospitals and identify areas where hospitals could use additional assistance. The Association distributed a survey to hospitals Friday evening and urged hospitals to complete and return the survey as quickly as

possible. We believe the results will help the state evaluate the clinical capacity of all Colorado hospitals.

- Late Monday, the CDC released updated guidelines that detail enhanced protocols for the use of personal protective equipment (PPE) by health care workers. CHA has distributed these guidelines to hospitals throughout the state. We believe the new recommendations will provide additional safeguards to health care workers and help hospitals contend with Ebola should a case appear in our state.
- In that event, hospitals will ask, isolate and call CDPHE. If the patient's needs exceed the capacity and/or capabilities of the hospital which initially received the patient, the patient will then be transferred to a hospital capable of providing the comprehensive care necessary for the extended duration of the illness.
- Colorado's smaller hospitals are not staffed and resourced to deliver the comprehensive care these patients require for an extended period of time, but they are prepared to serve as the starting point.
- To date, three Colorado hospitals have voiced their ability to provide comprehensive care to a limited number of patients for an extended period of time in the event a hospital must transfer an Ebola patient. These hospitals are Denver Health, University of Colorado Hospital and Children's Hospital Colorado. This is an initial list and may expand.
- Dr. Michelle Barron and Patrick Conroy are here today from University of Colorado Hospital. As one of the hospitals that will provide treatment for an Ebola patient throughout the course of care or until transport to one of the nation's four biocontainment units can be arranged, Dr. Barron and Mr. Conroy have agreed to discuss their hospital's planning and preparedness efforts.
- In closing, CHA has acted daily to assist hospitals in their preparation for Ebola and will continue do so. Thank you and I am happy to answer any questions.

CHA Actions (If needed)

- Serve as a conduit of information on Ebola from the CDC, AHA, APIC, CDHPE, and other sources such as World Health Organization, Emory Healthcare, Nebraska Medical Center and HHS.
- Established an Ebola webpage featuring resources for Colorado Hospitals.
- Responding to information requests from the media, legislature, hospitals and other stakeholders.
- Established a team of CHA staff, including an infection preventionist and director of hospital emergency preparedness, to monitor and respond to Ebola developments, field questions and assist with preparedness efforts.
- Provide daily updates and links to educational opportunities in our electronic newsletter *HealthBEAT Today*.
- Worked with CDPHE to distribute a survey to acute-care hospitals assessing their readiness to respond to an Ebola threat.
- Provided two statewide educational webinars for hospitals on the Ebola virus.
- Sharing available training to help hospitals respond to Ebola and practice donning and doffing personal protective equipment – and making CHA staff available to walk through such training in-person.
- Reinforced the message that hospitals should be conducting drills.
- Provided examples of tabletop exercises.
- Urged hospitals to review their policies and protocols.
- Suggested hospitals provide opportunities to employees to practice donning and doffing PPE and identify areas within the hospital that would be used for patient isolation.



Ebola Issues – CHA Position

Safety of Health Care Workers

Whether it's a nurse, physician, laboratory worker or employee in environmental safety, hospitals take the safety of every health care worker seriously. These individuals are the backbone of Colorado's hospitals. They put their well-being at risk in order to care for Coloradans every day, not just for Ebola.

We understand that caregivers are concerned. That's why we are encouraging hospitals to train their frontline staff and caregivers to drill for provider competency on the entire course of care for an Ebola patient from screening to final waste disposal – using the same equipment they will rely on during an actual event. Hospitals and health care workers have the same goal – to ensure patients receive appropriate care and that all hospital and clinical staff remain safe while providing that care.

CDC Guidelines

The Ebola situation is changing every day and each new development is helping Colorado hospitals to improve their preparedness. We've learned a great deal from the events that took place at Texas Health Presbyterian Hospital. Although unfortunate, the lessons from Dallas will help make our response better and safer – for both patients and staff.

No single state or federal agency will have all the answers. This is why hospital leaders are continuously examining and compiling best practices and protocols from an amalgamation of resources. As I said earlier, we believe the new recommendations will provide additional safeguards to health care workers and help hospitals if Ebola is diagnosed within our state.

Transport of Ebola Patients

Under current conditions, hospitals are responsible for the interfacility transport of patients who need specialized services beyond their capability and/or capacity. Should a state of emergency be declared by the Governor different circumstances may exist as others will be in charge of the transportation assets of Colorado. It is our understanding that CDPHE is communicating with currently licensed critical care transportation agencies regarding statewide transportation of suspected or confirmed Ebola patients. Once these agencies are confirmed this information will be disseminated to all hospitals in Colorado.

Do Hospitals Need State Funding to Respond to Ebola? You could finish with this statement.

Preparing for this level of Ebola readiness is complex and requires significant expense and hospitals must build this surge capacity into the cost of care. It takes significant time and money to recruit, train and retain the right people; develop processes; and continually prepare for an endless number of possible scenarios. Yet, it's this standby capacity that makes the difference and allows us to serve those that depend on us and know we will be there in their time of need.