May 6, 2019

**2018 Frontline Hospital Survey Report**

West Central Healthcare Preparedness Coalition

Minnesota Department of Health

# Summary

Minnesota Department of Health, in Concert with the State’s regional healthcare coalitions, conducted an HCID/Ebola Frontline Hospital (FH) survey from November 14, 2018 to January 14, 2019. This survey aims to help identify Personal Protective Equipment (PPE) and training needs for Minnesota frontline hospitals regarding High Consequence Infectious Disease/Ebola virus disease (HCID/EVD).

The Summary includes a comparative analysis of data from 2016 and 2018. There was a 100% participation from FH in the West Central region

Overall, the data from the West Central region mirror the state data. Indeed, there are improvements improvement under patient care, personal protective equipment (PPE), and waste management areas. There is also an area that requires attention: PPE donning and doffing training.

In fact, the data collected this year, highlighted great improvements under patient care which imply that streamlining the changes suggested in 2016 into the hospital health care system led to achieve a new level of improvement. In addition, the continuous assessment of barriers to obtain or maintain an adequate supply of PPE, the presence of the waste management plan within each hospital and the assessment of training needs are indicators of the integral and tireless quality improvement efforts of the West Central Coalition.

The following table summarizes and contrast successes, gaps, and recommendations from 2016 and 2018.

|  |  |  |
| --- | --- | --- |
|  | 2016 | 2018 |
| Successes | **Patient Care**   * All eight frontline hospitals reported they are able to rapidly identify and triage patients with relevant travel and exposure history, immediately isolate them, * And the hospital has an EVD plan that includes the immediate notification of appropriate hospital staff. * Only one of the eight frontline facilities is unsure of their point of contacts at local public health and the State.   **PPE**   * Additionally, 100% of facilities reported having the CDC recommended PPE for symptomatic PUIs.   **Donning Doffing**   * Every frontline facility conducted a comprehensive Ebola training including donning/doffing of PPE in the last year and * All intend to do this training at least annually if not more frequently.   **Waste Management** | **Patient Care**   * 100% of FH reported that they have a process in place to immediately isolate any PUI for HCID * 100% FH have a response plan or procedures in place for to a suspect HCID/EVD patient * All seven FH know who their point of contact is to report a PUI for HCID/EVD   **PPE**   * 100 % of FH have access to the CDC recommended PPE for symptomatic PUIs   **Donning Doffing**   * Seven FH out of 7 conducted at least an interactive PPE annual training * Five out of the 7 FH have a minimum of 61% of their ED staff receiving a comprehensive training over the past twelve months   **Waste Management**   * Six out of 7 FH have a waste management plan |
| Gaps | **Patient Care**   * There are inconsistencies on who would transport PUIs to Assessment or Treatment facilities.   **PPE**   * While every hospital reported having appropriate PPE, one facility then reported they are missing basic PPE.   **Donning Doffing**   * Five of the facilities report 80% or less of their staff being trained in donning/doffing procedures. * Only 3 of the 8 facilities intend to conduct exercises testing the proves of a PUI from patient entry to transfer and donning/doffing procedures, the other five have no currently plan to conduct ongoing trainings. * Six facilities should review the CDC guidelines and tools for donning/doffing procedures since many of them implement some but not all recommendations.   **Waste Management**   * Finally, five of the facilities do not have waste management plans. | **Patient Care**   * Four out of 7 FH stated that they will contact MDH if they need to transfer a PUI to an assessment or treatment facility   **PPE**  **Donning Doffing**  **Waste Management-** |
| Recommendations | Requested Trainings: 5 hospitals requested training on Waste Management; 4 hospitals requested additional training/information but did not specify topics; 3 hospitals requested training on Development of an EVD Plan; 3 hospitals requested training on PPE Donning/Doffing   * Provide guidance on waste management, planning for highly infectious diseases like Ebola, and PPE donning/doffing. * Share contact information for Local Public Health and State Public Health with all hospitals. * Upon completion of selection of “Ebola Ready” Ambulance Services, disseminate information to hospitals | Requested Trainings: 6 hospitals requested training on Waste Management; 2 hospitals on Development of HCID plan; 3 hospitals on Donning Doffing; and on Decontamination |

# Action Items/Next Steps

The following actions steps should be addressed by May 17, 2020

|  |
| --- |
| **Action items from 2018** |
| * *Follow up with St Francis Medical Center, Breckenridge as they don’t a checklist for donning and doffing and they don’t utilize designated buddies wearing PPE. In addition, encourage them to take the Minnesota Centers for Enhanced Response (CER) assessment and/or request an ICAR Centers for Enhance Response (CER) site visit for help with setting up a frontline HCID readiness program by using the following link:* [*https://www.health.state.mn.us/diseases/hcid/index.html*](https://www.health.state.mn.us/diseases/hcid/index.html) *or contact the MDH Infection Control Assessment and Response Program (ICAR) team at 651.201.5414. Training in April 2019* * *Follow up with Glacial Ridge Hospital, Glenwood, as they don’t have a waste Management plan Use the regional plan?* * *Follow up with St Francis Medical Center, Breckenridge and Douglas County Hospital, Alexandria as they need help developing HCID plan Need to work on this!!!* * *Offer training opportunity focusing on - Do we need to invite the ICAR team to our regional meeting*   + *waste Management*   + *PPE donning*   + *Decontamination training* |
| Action items from 2016 |
| Follow up with frontline hospitals on why they answered “No” to Question 3: Is your hospital able to care for a PUI for EVD for up to 24 hours? Most of your frontline hospitals are very well prepared, so this needs to be clarified. Transfer will happen as quickly as possible, but they need to be prepared to care for a patient *up to* 24 hours and they cannot refuse care to these patients.   Other regions reported that Sanford as a system no longer requires travel questions, thus no longer are able to rapidly identify and triage (Q4).   Upon completion of selection of “Ebola Ready” Ambulance Services, disseminate information to hospitals.   One hospital said yes they have PPE but then reported they were missing extended cuff gloves with no plans to address the lack of PPE. Can you please clarify if they are in need of PPE? |

# Appendix: 2018 Frontline Hospital (FH) Survey Data

# West Central Region (7fH)

## Patient Care

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| **Q3** Does your hospital have a process and a place to immediately isolate any patient with relevant exposure history and signs or symptoms compatible with HCID/EVD? | 7/7 |  |
| **Q4** Is your hospital able to provide care to a Person Under Investigation (PUI) for High Consequence Infection Disease (HCID)/ Ebola Virus Disease (EVD) for up to 24 hours? | 6/7 | 1/7 |
| **Q5** Does your hospital have a response plan or procedures in place for responding to a suspect HCID/EVD patient? | 7/7 |  |
| **Q8** Does your hospital know who your point of contact is to report a PUI for HCID/EVD? | 7/7 |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1 | 2 | 3 |
| **Q6** Does your hospital response plan or procedures for HCID/EVD to include: (check all that apply)  **6\_1** Immediately notifying the hospital/facility infection control program, other appropriate facility staff  **6\_2** Notifying State Public Health that you have a patient with relevant exposure AND signs and symptoms compatible with HCID/EVD  **6\_3** Discussion on level of risk, clinical and epidemiological factors, alternative diagnoses, plan for HCID/EVD testing, and plan for possible transfer to an assessment and treatment facility? | 7/7 | 7/7 | 7/7 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Contact Local EMS | Contact Regional EMS | Contact MDH | Other |
| **Q7** What is your hospital’s plan to transfer a PUI to an assessment and treatment facility? |  | 3/7 | 4/7 |  |

## Personal Protective Equipment

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| **Q9** Does your hospital have access to the PPE needed for a PUI for HCID/EVD, including one who is clinically unstable and/or has bleeding, vomiting, or diarrhea for up to 24 hours? | 7/7 |  |
| **Q14** Do you have a PPE sharing plan? | 6/7 | 1/7 |
| **Q15** Do you have a signed agreement with other hospitals and/or your regional health care coalition so PPE could be shared if needed? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Too Expensive | N/A | No high Priority | Other ( no barriers) |
| **Q12** What are the barriers to obtaining PPE? | 1 | 1 | 1 | 4 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Lack of space | Too expensive | Not a priority | No barrier | other |
| **Q13** What are the barriers to maintaining an adequate supply of PPE? | 1 | 2 |  | 4 |  |

## Donning/Doffing

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 0-20% | 21-40% | 41-60% | 61-80% | 81-100% |
| **Q16** Within the last twelve months, what percentage of your emergency department/ infection control/relevant hospital staff received a comprehensive training on the doffing/donning of PPE for HCID/EVD which includes simulating their job functions while wearing PPE? | 2 |  |  | 2 | 3 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| This question was not included in the e-survey | Oct 2018 | Aug-Oct 2018 | May-Oct | Sep | Never |
| **Q17** When was the time you conducted a comprehensive HCID/EVD training on the donning/doffing of PPE? |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Monthly | Every other M. | Every 6 months | Annually | No plan | Other (quarterly) |
| **Q18** How often are you conducting interactive PPE trainings to maintain readiness and competencies which includes the donning/doffing of the PPE? |  |  | 2 | 5 |  |  |

|  | Yes | No |
| --- | --- | --- |
| **Q19** Has your hospital developed a checklist for donning and doffing based on your facility’s PPE policy? | 6/7 | 1/7 |
| **Q20** Is the donning/doffing checklist located where it is readily available and visible in designated donning and doffing areas? | 6/7 | 1/7 |
| **Q21** Have you designated someone who can oversee the entire process, be present on site at all times during the care of the PUI, read the checklist, and check for possible exposures during the donning/doffing of PPE? | 6/7 | 1/7 |
| **Q22** Does your hospital utilize designated buddies wearing PPE to assist health care workers who cannot doff PPE without assistance? | 6/7 | 1/7 |
| **Q23** Is there a designated a location and area for doffing that is separate from the donning location of PPE to minimize potential cross-contamination? | 5/7 | 2/7 |

## Waste Management

|  | Yes | No |
| --- | --- | --- |
| **Q24** Does your hospital have a waste management plan and procedures which includes the use of disposable leak-proof waste containers, such as a 55 gallon Stericycle container, which includes the proper disposing of used PPE resulting from the care of a PUI? | 6 | 1 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | W. Management | Dvlpt HCID plan | PPE Donning |  |
| **Q25** Are there additional trainings that you need or are interested in? (Check all that apply) | 6 | 2 | 3 |

## Decontamination training

Contaminated waste disposal is a priority at this point for us. Storage and disposal of such waste.

MDH is an excellent resource

## Comment