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The confirmation from the Centers for Disease Control and prevention (CDC) that a traveler from West Africa presented to a hospital in Dallas, Texas, with Ebola virus Disease (EVD), was a true eye opener. The CDC’s announcement sent healthcare organizations scrambling to determine the needs of a patient presenting with this type of communicable illness. Additionally, these healthcare organizations needed to analyze their current processes and systems to determine what modifications would be required to meet the needs of Ebola patients. It didn’t take many organizations very long to learn just how ill-prepared they were to provide the required interventions while also exercising the needed precautions. Identified process failures and improvement needs undoubtedly left many breathless as they rushed to implement what needed to be done. The lack of preparedness was recognized by the media as well. Frequent media stories hyped the shortcomings of our nation’s healthcare settings. Now that the dust stirred up by the Ebola scare has somewhat settled, it is time to use a lessons-learned approach to help prepare for a similar unanticipated event. So, just what did we learn from the Ebola event?

We learned that the presence of Ebola in the United States affected nearly all areas of a healthcare setting, from the time of triage to the time of discharge. From the triage perspective, the CDC provided emergency department (ED) staff members with an “identify, isolate, inform” strategy that was based upon the experiences of hospitals caring for Ebola patients.1 The transmission risks associated with caring for a patient with EVD required multiple healthcare-related processes to be modified, both inside and outside of healthcare settings. Some of the processes needing modification included being trained in use of and also actually using personal protective equipment (PPE);2 environmental infection control;3 handling, transporting and submitting Ebola specimens;4 waste management within a healthcare setting;5 waste transport;6 and transporting potential or actual EVD patients by emergency medical services (EMS).7 Additionally, the extensive needs of Ebola patients and the magnitude of required healthcare services led to the designation and implementation of treatment centers that could meet all aspects of the care and treatment of Ebola patients throughout the continuum of care.8

From a local perspective, preparing for the next Ebola-type event may not be as difficult as one may initially think. The presence of Ebola in the United States has already identified the need to strengthen communication, education, identification processes, and the processes associated with the management and containment of a serious communicable illness to prevent transmission to others. The Ebola event has already prompted most healthcare facilities to modify their processes and practices using newly developed, evidence-based resources. Capitalizing on these process changes can help organizations be prepared for future public health emergencies similar to Ebola. Understandably, the preparations will be dependent upon the transmissibility and virulence of the virus or bacteria, as well as on human susceptibilities.

From a more global perspective, public health officials have gleaned lessons by conducting retrospective analyses of other serious events. For example, following the severe acute respiratory syndrome (SARS) pandemic in 2003, public health officials identified several broad-based needs, including the following:

- Stronger and integrated coordination between animal and human public health
- Enhanced disease and symptom surveillance systems capable of communicating and sharing information across the borders of countries
- Responsive and capable laboratories to identify the responsible pathogen, confirm cases, support surveillance activities, and contribute to effective infection control practices
- Stressing infection control in all healthcare settings at all times
- Clear isolation and quarantine criteria
- Prompt public health response, with broad geopolitical responsibility and authority
- National public health institutes that have value in preventing and controlling outbreaks and other threats to health9
Actions taken on the needs identified above helped quell the impact of the H1N1 influenza pandemic when it appeared in 2009. Still, the H1N1 pandemic provided additional lessons and improvement opportunities. Once again taking a lesson-learned approach, public health officials identified:

... a number of deficiencies and defects, including vulnerabilities in global, national and local public health capacities; limitations of scientific knowledge; difficulties in decision making under conditions of uncertainty; complexities in international cooperation; and challenges in communication among experts, policymakers and the public. 10

One can anticipate that a retrospective analysis of the Ebola situation will eventually be conducted by public health officials; additional lessons learned will undoubtedly flow from such an analysis. Until that occurs, healthcare organizations can take snippets of previous lessons learned, the needs identified in public health official reports, and their own analyses of processes and systems to further strengthen what they have already modified as a result of EVD. Beefing up an organization’s surveillance process, stressing the constant application of infection prevention and control measures, and ensuring that isolation practices within the healthcare setting are in keeping with current guidelines (as modified since the Ebola crisis) should assist facilities with the timely identification, isolation and reporting of unfamiliar pathogens. Educating staff members about the chain of infection and its importance in disease transmission can also help the staff members better understand where a given pathogen resides (e.g., in blood or body fluids, on the skin), how it is transmitted (e.g., airborne, bloodborne), the means of transmission (e.g., direct contact, indirect contact), and how to prevent transmission (e.g., appropriate donning and doffing of PPEs).

As history has shown, it is not always possible to prepare for every threat that presents at our doorstep. History has, however, also shown that it is possible to use a lessons-learned approach to identify weaknesses, needs and risk mitigation strategies. It could be said that we will never be 100 percent prepared for another rarely seen tropical disease or some other pathogen that rises to the top of the scare-factor scale, but we can be more prepared by applying the lessons learned from the Ebola situation in a proactive manner to get ready for that next eventuality.

We hope you found this Instant Email helpful. If you have questions or would like further resources on this topic, please contact your Coverys Clinical Risk Management Consultant.

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References


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