

Planning and Evaluating the HHS Region III Network of Care for Special Pathogens

Akua Boatema, MPH | Sara Barra, MS | Molly Barlow, MS-HEM | Albert Romanosky, MD, PhD | Veronica Black, MBA | Sherry Adams, RN

Objectives

- » Describe the process by which United States Department of Health and Human Services (HHS) Region III partners collaborated to build the HHS Region III Ebola Virus Disease (EVD) Regional Network Coordination Plan
- » Describe lessons learned from the two tabletop exercises conducted to evaluate regional planning
- » Describe ongoing efforts to engage HHS Region III partners on Ebola and other special pathogens

Background

EVD and other novel, highly pathogenic diseases pose a serious threat to public health. Experience with patients with EVD in the United States has shown that care of such individuals is clinically complex, requiring highly skilled health care providers, specialized training and equipment, and technologically-advanced infrastructure. This has led Congress, subject matter experts, and stakeholder groups to suggest that, to the extent possible, care of these patients should be concentrated in a small number of facilities. Johns Hopkins Hospital (JHH), located in Baltimore, was chosen as the HHS Region III Ebola and other special pathogens treatment center.

Methods

HHS Region III partners representing Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia, as well as JHH and federal partners, began meeting in August 2015 to coordinate planning. This group was facilitated by the Maryland Department of Health (MDH). A project work plan was developed to modularize plan writing. Each state led a section of the plan writing, with MDH staff pulling the sections together into a cohesive document, utilizing a SharePoint portal provided by the Office of the Assistant Secretary for Preparedness and Response. Biweekly meetings were held through December to review plan sections and discuss any issues or decision points. Once the plan was completed, a comment period was held to gather and adjudicate feedback via the SharePoint portal.



Results

To test the plan, MDH facilitated two tabletop exercises in 2016 and 2018. These exercises served to ensure partners continued familiarity with the Coordination Plan, as well as to work through operational and tactical issues associated with transport and treatment of patients with Ebola or other special pathogens. Over 100 participants in 2016 and over 80 participants in 2018 from all HHS Region III partners representing health departments, health care systems, emergency medical systems, emergency management agencies, health care coalitions, and others participated. The first exercise focused exclusively on transporting and treating a patient with Ebola, while the second exercise focused on transporting and treating patients with other special pathogens. The first exercise was conducted after the plan was drafted but before it was finalized, allowing for lessons learned from the first exercise to be addressed and incorporated into the plan prior to signature.

Key Strengths: 2018 Exercise

- » The exercise included the right mix of people from the region and allowed for a productive and robust discussion
- » Participants were engaged in the discussion, worked well together, and have existing communication networks to share information
- » The exercise demonstrated the ability of the plan to be used for diseases other than Ebola

Areas of Improvement: 2018 Exercise

- » Questions remain about waste management, financing and reimbursement, and the role of federal partners
- » Additional work is needed to make sure all partners in the region are familiar with the plan
- » Additional planning and consideration are necessary for patients with unique needs (e.g. obese, pregnant, combative, families, pediatrics)

Conclusion

The HHS Region III EVD Regional Network Coordination Plan, signed by health officers in all six jurisdictions, provides a Concept of Operations for safe and effective Ebola or other special pathogen patient management and transport to the Bio-Containment Unit at JHH. It addresses the roles and responsibilities of all response partners and provides a link to local, state, federal, and private organizations and resources that may be activated to support Ebola patient management and transport in Region III. The two tabletop exercises demonstrated that the plan is flexible enough to cover the transport and treatment of patients with Ebola, as well as with other special pathogens. The plan will continue to evolve, responding to lessons learned from actual Ebola patient movement and management, ongoing planning efforts, training and exercise activities, and federal guidance.

Lessons learned from the two tabletop exercises have been documented in After-Action Reports, which incorporate information gathered during the exercise, as well as data from after action surveys. MDH also currently facilitates ongoing quarterly meetings to bring partners together for situational awareness of jurisdictional activities, shared learning opportunities, and planning for future exercises concerning Ebola and other special pathogens.

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