DR. VARGA'S RESPONSES TO ADDITIONAL QUESTIONS FOR THE RECORD

The Honorable Marsha Blackburn

Question: Dr. Varga, who paid the medical bills for Thomas Duncan's care?

Texas Health Resources is a faith-based, nonprofit health care system dedicated to its mission of improving the health of the people in the communities it serves. As such, we maintain a policy to provide care for all individuals in need of charity assistance. Texas Health Resources applied its charity care policy to Mr. Duncan's care and did not bill Mr. Duncan or his family.

Question: Who is covering the cost of care for your two nurses who were stricken with Ebola?

Texas Health Resources is treating the costs of treating the nurses as a work related injury issue.

THE HONORABLE BILLY LONG

Question: The US Government has invested billions of dollars in assisting hospitals with implementing Electronic Health Records (EHR). In this instance, do you believe your hospital's EHR failed to catch Mr. Duncan's illness on his first visit, and if so, why?

Question: Will you please explain what your health system has done to address these clear shortcomings in the design of your Electronic Health Records?

We do not believe our Electronic Health Record (EHR) failed. However, following Mr. Duncan's initial admission, we changed our screening process in the Emergency Department (ED) to capture the patient's travel history at the first point of contact with ED staff. This process change makes the travel history available to all caregivers from the beginning of any patient's visit in the ED.

Additionally, we modified our EHR in multiple ways to increase the visibility and documentation of information related to travel history and infectious exposures related to EVD. These include:

- Better placement/title of the screening tool
- Expanded screening questions, which include:
    - Exposure to persons known or suspected to have EVD
    - High-risk activities for persons who have traveled to Ebola endemic areas such as: "have you touched a dead animal or helped carry someone sick";
    - A pop up identifying the patient as high-risk for Ebola with explicit instructions for next steps if the answer to any of the screening questions is positive

THE HONORABLE BEN RAY LUJAN

Question: The appearance of a handful of Ebola cases in the United States demonstrates the importance of robust investments in our nation's public health infrastructure. Unfortunately, the National Institutes of Health's budget has been largely flat for years. In addition, we've seen cuts to the Center for Disease Control and the Department of Health and Human Services' Hospital Preparedness program. Can each of you discuss if budget cuts have had any impact on our response to the Ebola outbreak in West Africa or impact the handling of the cases here in the United States?

The response to Ebola in West Africa is outside of our scope, but we do not believe budget cuts had an impact on our response to the EVD cases at Texas Health Dallas.

In a crisis like this, a hospital's focus needs to be on providing exceptional care. Coordination and collaboration with federal, state, and local agencies is critical to limiting the perimeter of Ebola, managing contact identification interviews, and establishing community confidence.

THE HONORABLE PAUL TONKO

Question: What type of guidance did you receive from the CDC prior to the first Ebola patient arriving at Texas Presbyterian Hospital? What form was this guidance in (handout, webinar, etc?)

We received the CDC health advisories via email entitled *Centers for Disease Control and Prevention (CDC) Health Advisory about Ebola Virus Disease*[1] on July 28 and the August 1 CDC *Guidelines and Evaluation of US Patients Suspected of Having Ebola Virus Disease (CDCHAN-00364)*[2].

Question: After the first diagnosis, do you feel your hospital had adequate guidance from the CDC on how to handle the infected patient?

CDC guidance did evolve through the course of our experience with treating the first patient diagnosed with EVD and as the CDC issued updates, we followed their guidelines. The hospital followed CDC and Texas Department of State Health Services recommendations in an effort to ensure the safety of all patients, hospital staff, volunteers, nurses, physicians and visitors.

Question: Did CDC's guidance require personal protective equipment with full body coverage – meaning no exposed neck or wrist?

When the CDC recommended that nurses wear isolation suits, the nurses raised questions and concerns about the fact that the skin on their neck was exposed. The CDC recommended that they pinch and tape the necks of the gown. Because our nurses

[1] http://emergency.cdc.gov/han/han00363.asp

[2] http://emergency.cdc.gov/han/han00364.asp

continued to be concerned, particularly about removing the tape, we ordered hoods for their use even though it exceeded current CDC guidelines.

Question: Reports have indicated that Nina Pham was not wearing protective gear when she first treated Thomas Duncan on September 29. Is this true? If so, why was she allowed in the treatment room without personal protective equipment?

No, Nina Pham was wearing protective gear. The treating personnel at Texas Health Dallas followed the CDC protocols included in the *CDC checklist*[3] for patients being evaluated for EVD, including use of personal protective equipment (PPE). Nurses who interacted with Mr. Duncan wore PPE consistent with the CDC guidelines.

Question: Did you conduct training for medical personnel on how to comply with the CDC's isolation procedures?

One of the lessons we learned is that communication is critical but it is it not a substitute for training. Despite the communications regarding EVD preparedness that occurred between August 1 and October 1, we realized a need for more proactive, intensive, and focused training for frontline responders in the diagnosis of EVD. Therefore an Emergency Department (ED) refresher course was provided to THD ED nurses. Additionally, an "in-service" face-to-face training was provided starting with the night shift and continued at the start of every shift for a number of days. The education included screening of suspected patients, documenting response to travel questions in the Electronic Health Record and proper donning and doffing of PPE.

Question: Do you have enough personal protective equipment to accommodate all health care workers who come into contact with an Ebola patient, and would you have enough to deal with a larger outbreak?

We have enough personal protective equipment to accommodate all health care workers who may care for an Ebola patient and we have enough personal protective equipment for the health care workers who would care for a larger number of Ebola patients.

[3] http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html