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Statement

of the

American Hospital Association

before the

United States House Energy and Commerce Committee

Subcommittee on Oversight and Investigations

"Update on the U.S. Public Health Response to the Ebola Outbreak"

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On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our more than 40,000 individual members, the American Hospital Association (AHA) appreciates the opportunity to submit this statement for the record as part of the hearing on the government's response to fighting Ebola.

America's hospitals are dedicated to the health and safety of every patient and health care worker and have joined together with physicians and nurses to work to protect patients and caregivers. We, along with the American Medical Association and American Nurses Association, believe that a solution-oriented, collaborative approach to Ebola preparedness is essential to effectively manage the care of Ebola patients domestically. Our members are using the most recent guidance from the Centers for Disease Control and Prevention (CDC) and the resources available to them in order to continue to train nurses, doctors and other staff who would be involved in caring for these patients. Hospitals are repeatedly drilling and exercising on the entire course of care, from diagnosis to final waste disposal, using the same equipment on which they will rely in order to safeguard their staff, patients and communities. This includes proper procedures for putting on and taking off appropriate personal protective equipment (PPE) under the watchful eye of a trained observer and proper handling and disposal of waste.

Since this summer, when the CDC began to warn providers to be on the lookout for travelers from the Ebola-stricken region of West Africa, the AHA has shared information with the hospital field to help them prepare to detect, diagnose and safely treat potential Ebola patients. We continue to send numerous advisories and alerts to the field as new guidance and resources are

released. We also have convened multiple forums with officials from CDC and other agencies, as well as hospital leaders, to answer questions and share lessons learned. All of this information has been consolidated on our website at *www.aha.org/ebola*. It also includes links to lessons shared, video demonstrations and toolkits from hospitals with Ebola experience, such as Emory University Hospital and the University of Nebraska Medical Center, as well as state public health departments.

Below, we detail how hospitals are preparing and the standards they are meeting, as well as the resources hospitals need to assist them in these efforts. Ensuring safe care for patients and protecting health care workers and communities from infectious diseases like Ebola also demands the combined efforts of inter-professional, state and federal organizations.

HOW HOSPITALS ARE PREPARING

Hospitals take very seriously their responsibility to safeguard patients and the public's health. That includes the health of their staff. There is no more valuable resource than the selfless, caring women and men of America's hospitals. Assertions that hospitals would put financial considerations before the lives and health of their staff are outrageous and totally unfounded.

Using lessons learned from hospitals that have treated Ebola patients, and from caregivers working on the frontlines in West Africa, hospitals have increased their readiness to respond to the Ebola crisis. Below are just a few examples of how hospitals across the country are preparing their facilities, securing necessary supplies, training staff and repeatedly drilling to ensure everyone knows how to safely care for a patient with a suspected or confirmed case of Ebola. We can provide the Committee with additional examples upon request.

New York City Health and Hospitals Corporation (HHC). The largest municipal health system in the country with 11 acute care hospitals, HHC has been rigorously training staff and conducting drills on how to detect, diagnose, isolate and properly treat Ebola. Since mid-September, HHC has sent trained staff members pretending to be patients with potential symptoms of the disease – travel history, fever, headache and stomach pain – to all 11 of its emergency departments (EDs) to test their preparations. The drill takes staff through the detection and isolation stages, including the use of PPE. Once the "patient" is revealed to be an actor, staff review what occurred with trained observers to fine-tune their protocols. Hospitals throughout the New York City area are regularly conducting similar drills.

Florida Hospital. The health system has been preparing for the possibility of Ebola for months, stressing stringent PPE protocols and training. It has created an Ebola care team consisting of 100 health care worker volunteers from various departments, including the ED, respiratory care, critical care, obstetrics and pediatrics. The health care worker volunteers have received even more extensive hands-on training in the safe use of PPE. While any of the system's locations are prepared to identify and isolate a potential Ebola patient, two facilities have been designated to treat a confirmed Ebola patient. The rooms have their own ventilation systems, are separate from other patient units and have a separate entrance and exit. For more on their preparation efforts, see the video the system has created and shared.

Mount Sinai Health System. The system's seven New York-area hospitals and affiliated health providers, in conjunction with the New York City Department of Health and Mental Hygiene and Greater New York Hospital Association, sprang into action after the CDC's July 28 health advisory. The incident management system was activated, notifying the Chief Medical Officers, ED leadership, faculty and staff, and Infectious Disease Division. Providers quickly initiated procedures for the screening for travel and symptoms, isolation of suspected cases to ensure rapid evaluation, and notification and coordination of diagnostic testing with the local health department. An Incident Action Plan was developed and distributed targeting key areas such as EDs and outpatient clinics. Strict isolation protocols were put in place out of an abundance of caution, and an inventory of PPE was conducted. A screening tool was added to the electronic health record, and the physical plant was assessed to identify best locations for patient care. The system was tested on Aug. 4 when a patient with potential symptoms presented. He tested negative for Ebola, but the experience allowed the system to fine-tune its response. Like other New York hospitals, it continues to conduct drills and secret patient exercises.

External Partners. Hospitals continue to actively plan with their local partners, as well as the state. One example is on the management of ambulance Ebola waste. Ambulance providers need assistance with proper disposal of waste following the transporting and hand-off of an Ebola patient. Ambulance personnel also need assistance with the removal and disposal of their PPE. Hospitals and their local emergency medical services (EMS) providers have been working together to develop specific policies and procedures to address this area of their planning. Among other policies and procedures, hospital personnel (in appropriate PPE) will come out and meet the ambulance in the bay and transfer the patient to a designated area inside the facility. Hospital personnel plan to monitor and assist in the EMS personnel removal process, if needed. Hospitals also have an adequate supply of drums to collect, store and prepare for the hauling of medical waste, not only for their facility, but also for their EMS partners.

A MISSION OF SAFETY

Some have called for additional regulation of hospitals. As you will see below, however, hospital safety is already highly regulated. At best, new regulations would create additional burden for providers without improving safety for patients and health care workers. At worst, they could result in hospitals trying to navigate their way through conflicting and out-of-date requirements and stymie innovation that could result in better outcomes for patients, as well as hospital staff.

The existing infection prevention and control standards, including their assessment and enforcement by regulatory, accrediting and certifying bodies, have proven to be effective, functional and appropriate, and substantial resources are dedicated to their continuous maintenance and improvement.

Safety is our Highest Priority. The health and safety of every patient – and the health care workers who care for them – is hospitals' paramount concern. As such, hospitals and health care

systems have long had in place effective and comprehensive programs that protect patients and health care personnel.

Compliance is Not Voluntary. Continuous education and training of new and current employees is the cornerstone of hospital infection control and employee health programs. This includes ongoing practice and refresher training. These programs are not "voluntary," as some have suggested. They are mandated by the Centers for Medicare & Medicaid Services (CMS) and all accrediting agencies with deemed status from CMS, such as The Joint Commission. To participate and receive reimbursement from Medicare and Medicaid, hospitals must comply with program conditions of participation, and the standards of the accreditation organizations and state agencies. The basis for CMS's standards is evidence-based guidelines from the CDC.

Hospitals that do not comply with CMS standards risk loss of their Medicare and Medicaid certification, or even their operating license, if CMS determines the facility has unsafe conditions related to infection control standards or life safety codes.

Hospitals also must comply with the U.S. Occupational Health and Safety Administration's (OSHA) Bloodborne Pathogen regulations, General Industry Respiratory Protection standard and the General Duty clause. OSHA actively enforces compliance.

Improving Care and Safety for All. Hospitals devote much time and effort to facility-wide performance measurement and improvement. Hospitals are committed to a safety culture, as demonstrated through many successful programs focused on sustained infection reduction. According to the Department of Health and Human Services, hospital-acquired conditions decreased nine percent during 2011 and 2012. National reductions in adverse drug events, falls, infections, and other forms of hospital-induced harm are estimated to have prevented nearly 15,000 deaths in hospitals, avoided 560,000 patient injuries, and saved approximately $4 billion in health spending over the same period.[i]

RESOURCES KEY TO PREPAREDNESS

Preparedness is not a one-time investment. Rather, it is a dynamic process that changes over time. Hospitals and health systems have learned from each emergency situation, and it is crucial that they have the appropriate funding to adopt best practices, incorporate new technology into their emergency readiness plans and have the ability to care for their communities when a pandemic, disaster or terrorist attack occurs.

The Hospital Preparedness Program (HPP), the primary federal funding program for hospital emergency preparedness, has provided resources since 2002 to improve health care surge capacity and hospital preparedness for a wide range of emergencies. The HPP has supported enhanced planning and response, facilitated the integration of public and private sector medical planning to increase the preparedness, response and surge capacity of hospitals, and has led to improvements in state and local infrastructures that help hospitals and health systems prepare for public health emergencies. These investments have contributed to saving lives during many events, such as the Joplin tornado and the Boston Marathon bombing.

However, authorized funding levels and annual appropriations for the HPP have significantly declined since the program began. Congressionally authorized funding and appropriations for the HPP was $515 million per year in the early years of the program. The Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 reduced authorized funding for the HPP to $374.7 million per year for fiscal years (FYs) 2014 through 2018. For FY 2014, Congress appropriated only $255 million for the HPP, more than a 50 percent reduction from prior years. Similarly, the president's FY 2015 budget proposal recommended only $255 million for the HPP.

While the HPP has been of assistance to hospitals, all too often, the dollars appropriated by Congress for hospitals have been siphoned off. In the current situation, as hospitals are on the frontline dealing with Ebola, there needs to be a dedicated fund that will provide assistance directly to them. At a minimum, if funds are to flow through the HPP, Congress should legislate that at least 90 percent of those funds be provided directly to hospitals.

State governments are working with their state hospital associations and hospitals to designate Ebola treatment facilities. While all hospitals are prepared to identify, isolate, protect patients and other health care workers, and contact their local health department and the CDC in the instance of a possible Ebola patient, hospitals are stepping up to be designated facilities in their individual states. Funding must be provided to all hospitals designated by a state, as they have assumed a greater responsibility. There should not be a limitation imposed at the federal level on funding for hospitals so designated by a state.

We appreciate the interest by the Congress in providing much-needed funds to combat Ebola both domestically and abroad. As stated above, however, we believe a dedicated funding stream needs to be provided to designated hospitals. In addition, we are working with a number of our designated hospital members to ascertain what level of funding they will need and look forward to working with the Committee. The examples below represent the needs of hospitals.

SUNY Upstate University Hospital in Syracuse is one of 10 New York hospitals designated by Gov. Andrew Cuomo to treat Ebola cases. The hospital estimates its cost of Ebola preparedness could be in the hundreds of thousands dollars. Most of the 555-bed hospital's costs are related to Ebola training, modifying physical plant and providing personal protective and diagnostic and other testing equipment for a four-bed Ebola unit.

The University of Nebraska Medical Center (UNMC) in Omaha, which has treated patients who contracted Ebola in West Africa, also says additional resources are needed. The resources should be aligned with those hospitals that are likely to receive patients and transfer them after they are initially identified and stabilized elsewhere.

The medical center required 40 to 60 staff members for each case. Five medical workers tended to a single patient during each 12-hour shift, plus laboratory and other staff. One room was taken up by the laboratory, which was moved closer to the patient to keep it separate from other samples, and two rooms were set aside for clean supplies and dirty supplies. Preparation is costly. UNMC estimates it cost about $1.6 million to treat the first two patients directed to them by the federal government. In addition to the direct treatment costs, the hospital estimates it has

incurred $148,000 so far in costs to take beds near the Ebola treatment ward out of service. As additional patients are directed to UNMC, the hospital will incur additional costs for treatment.

CONCLUSION

Ebola is a new disease in the United States. As such, it is understandably frightening for many. But America's hospitals and health care providers have a long history of battling new diseases – and defeating them.

Our nation's hospitals, professional physician and nursing organizations remain in communication with one another and with our nation's public health institutions at the local, state and national levels. We are committed to maintaining a strong collaborative effort to address this public health threat.

Hospitals are working hard to improve readiness and reassure their communities. They have learned from the experiences of organizations that have treated these first few Ebola patients and are updating the strategies they had put in place based on the latest scientific evidence and guidelines. They are taking the real-life experience of a handful of hospitals, and using it to strengthen the readiness of all.

We stand ready to work with the committee to enhance the safety of every patient, health care worker and community in America.

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[i] Department of Health and Human Services. May 7, 2014. Accessed at: http://www.hhs.gov/news/press/2014pres/05/20140507a.html.