

Kaiser Permanente Northern California Highly Infectious Pathogen Program: What Does Ready Look Like?

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What Do We Need To Be Ready For?

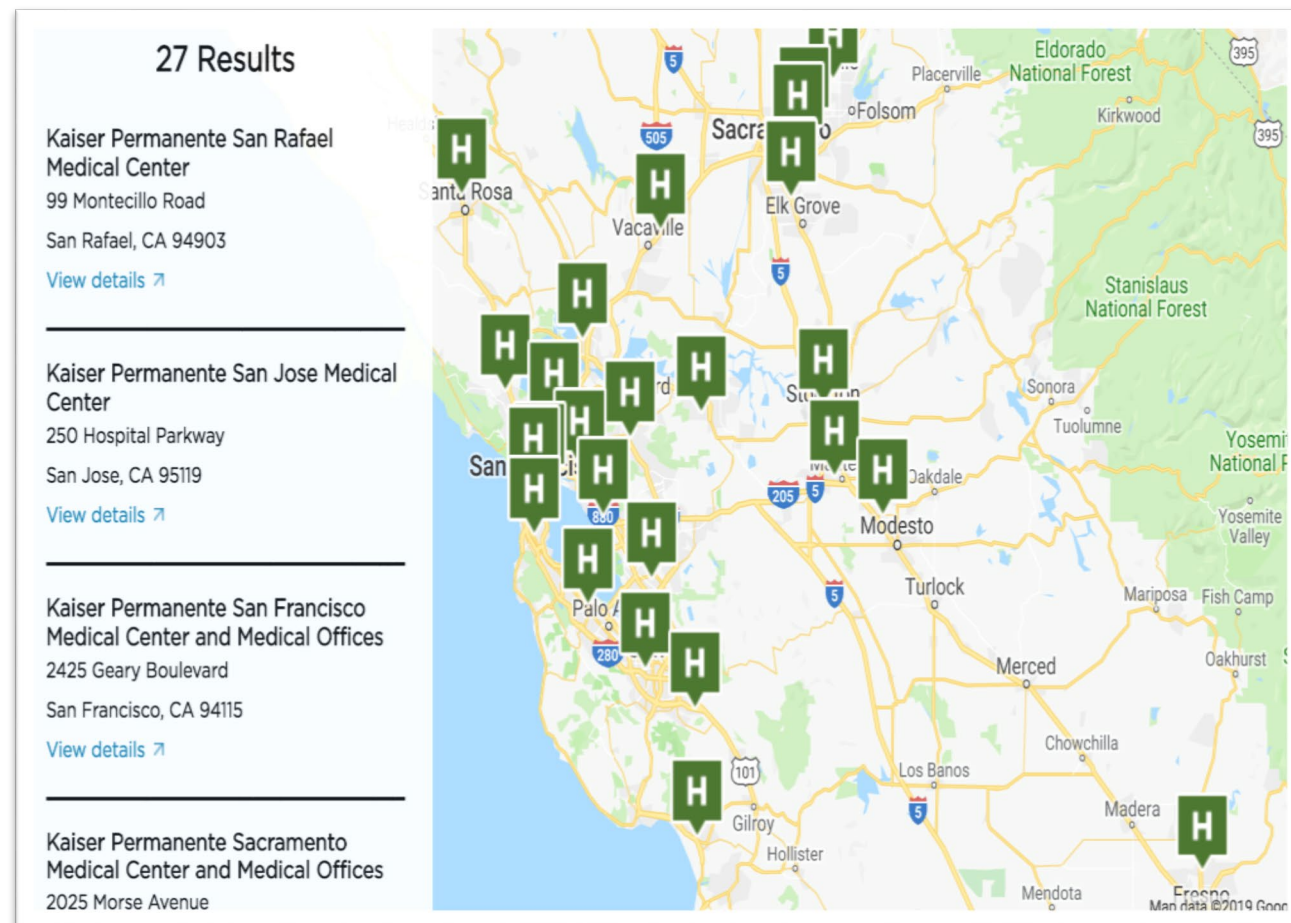


Increasing likelihood of a suspect Ebola patient presenting to our Emergency Departments

Ongoing likelihood of an ill, febrile patient with a travel history presenting to our Emergency Departments

Kaiser Permanente Northern California

Membership	4.3 million
Hospitals	21
Emergency Departments	22
Medical Offices	242
Physicians	8,950
Employees	77,700
Ebola Special Care Units	2 Oakland South Sacramento



Case Study: Kaiser Permanente Richmond Emergency Department Event

June 2018

Background:

- Ebola epidemic confined to the Democratic Republic of Congo
- Approximately 60 cases of Ebola Virus Disease confirmed

2 pm on a Saturday:

A 45 y.o. man presents to a Kaiser NCAL ED with a chief complaint of fever and headache. His VS are taken as he registers: Temp: 102.1F HR: 105 BP: 140/92 RR: 20 Pulse ox:100% RA

Travel screening has recently been initiated in all of KP NCAL ED registration areas:

- ❑ **Have you traveled outside of the US in the last three weeks or cared for anyone who has? Was that travel to the Democratic Republic of Congo? Do you have a fever, headache, joint or muscle aches, vomiting, diarrhea or abnormal bleeding?**
- ❑ The patient answers yes to all 3 questions. He is with his uncle, who has driven him to the ED. He is walking, talking, oriented and appears quite well.

NOW WHAT?!

Case Study: Kaiser Permanente Richmond Emergency Department Event

June 2018

2:15 pm on Saturday:

- The ED charge nurse and MD are notified of the patient's arrival
- The patient is walked to an isolation room in the emergency department

2:30 pm on Saturday:

- The ED MD calls ID on call to discuss the patient

3 pm on Saturday:

- The ID MD is outside the patient's room and conducts an H & P via cell phone
- The ID MD makes two phone calls:
 - ☐ **The county public health office**
 - ☐ **The hospital administrator on call**

Ready = Balance Between Risk, Readiness, Redundancy, and Reason

	Phase 1: Readiness Phase	Phase 2: Full Response Phase
Planning Assumption:	<p>Pre-test probability of Highly Infectious Pathogen-suspect patient presenting to KPNC medical facility extremely low.</p> <p>This will be the baseline, ongoing state of readiness in KPNC.</p>	<p>Pre-test probability of Highly Infectious Pathogen-suspect patient presenting to KPNC medical facility increasing.</p> <p>This phase includes all elements of the Readiness Phase plus additional elements to advance response capacity and capability.</p>

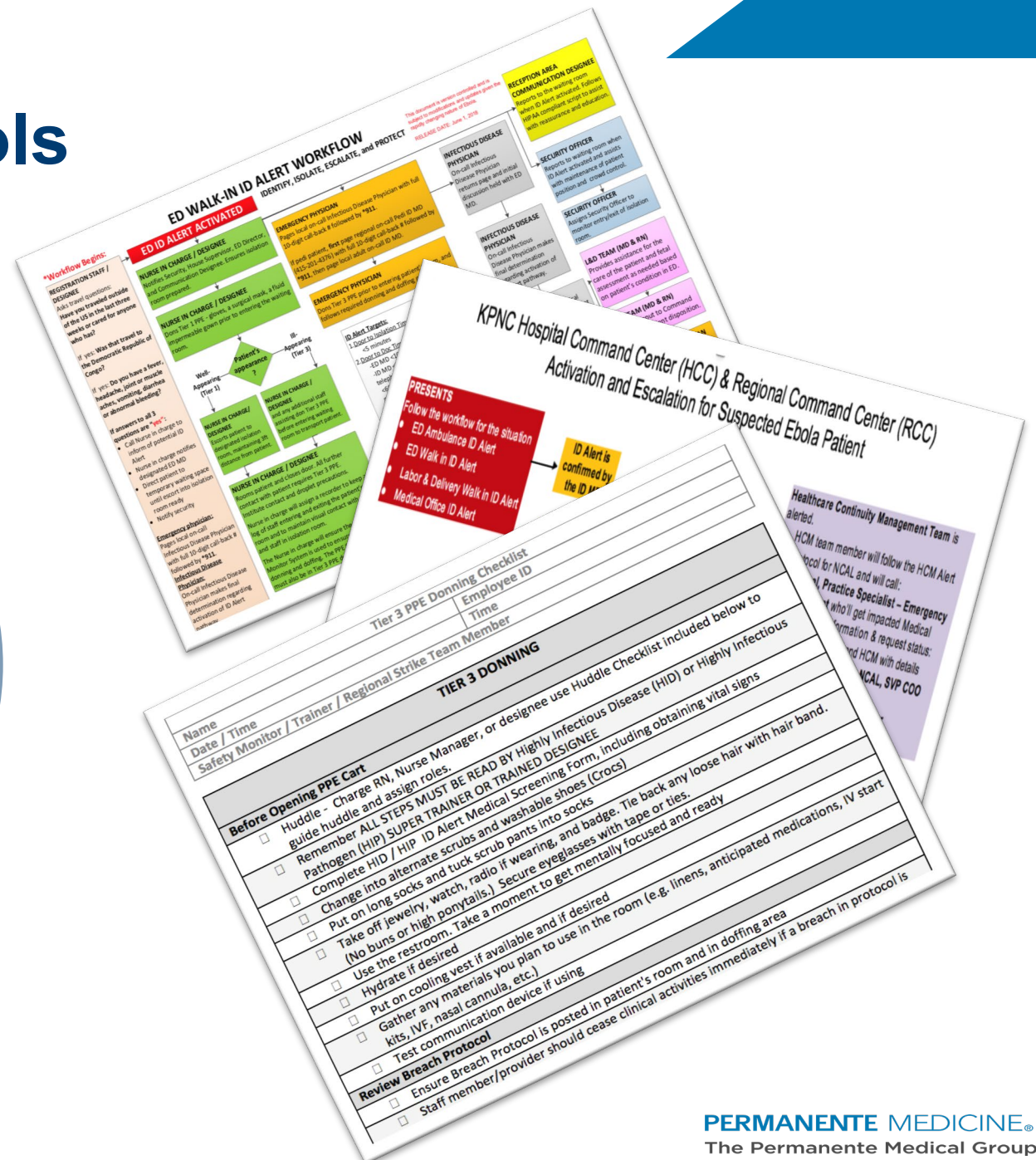
KP NCAL ID Alert: Identify, Isolate, Escalate, Protect:

- **Identify / Isolate** suspect Ebola patients rapidly
 - **Escalate** response immediately
 - **Protect** staff, suspect patient, other patients, and members
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- Focuses on key action steps, immediate involvement of essential personnel, and best practice guidelines for screening, PPE, and patient management
 - Entry Point Screening:
 - Call Center
 - Emergency Departments
 - ID Alert Workflows:
 - Emergency Departments & Medical Office Buildings
 - Walk-In & Ambulance

Readiness & Response Tools

Regional
ID Alert
Strike
Team

Medical
Center ID
Alert
Response
Teams



Regional ID Alert Strike Team

Regional team of highly trained responders to be deployed to our medical center EDs and our SCUs in the event of an ID Alert patient to assist with the local or SCU response

- ▲ Integrate with response locally & provide regional bridge
- ▲ May act as Safety Monitor, provide Just-In-Time Re-Training, or provide direct care
- ▲ Need credentialing/privileging for direct care
- ▲ Begin remote support while en route
- ▲ Deployment per availability / proximity



Medical Center ID Alert Response Teams

Local medical center team of highly trained responders to respond to their medical center ED in the event of an ID Alert patient

- ▲ Provide direct care, act as Safety Monitor, or provide Just-In-Time re-Training
- ▲ Begin support while en route
- ▲ Trained in local ID Alert workflow particulars
- ▲ Deployment per availability / proximity



Case Study:

Kaiser Permanente Richmond Emergency Department Event

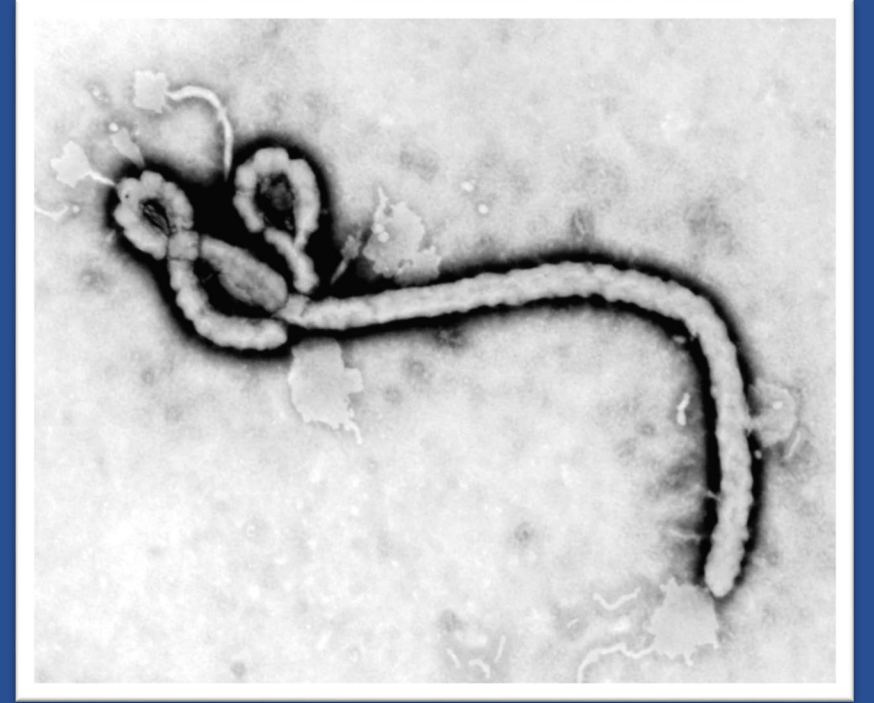
June 2018

The patient remained in isolation while:

- Public health authorities determined the need for ongoing isolation
- The hospital command center mobilized

Isolation was removed later in the afternoon:

- The patient was determined low risk for Ebola based on geographic history
 - Final diagnosis was Falciparum malaria
 - The patient remained stable during this process
- ☐ **He expressed appreciation for the steps that were undertaken during his stay**



Questions?