



# HOSPITAL INFECTION CONTROL & EMERGENCY MEDICINE PRACTITIONERS SURVEY

## RESOURCE, TECHNOLOGY & INPATIENT FACILITY READINESS

**AUGUST 2014**

Hospitals play a critical role within the health system in providing essential medical care to the community, particularly during a crisis, such as a community exposure, outbreak, epidemic or even a worldwide pandemic. Prolonged and combined outbreaks of any communicable disease or pathogen exposure can lead to the progressive spread of disease with rapidly increasing service demands on staff and supplies can potentially overwhelm the capacity of hospitals and the local health care delivery system at large. To enhance the readiness of the health facilities to cope with the challenges of virus outbreaks or any other emergency or disaster, hospital managers need to ensure the initiation of relevant generic priority action.

There are an estimated 800,000 healthcare associated infections in US hospitals each year and 75,000 hospital patients with hospital acquired infections die during hospitalizations. 1 in 24 hospital patient every day has at least one hospital acquired infection on any given day of the year. Transmission of infections and diseases within hospitals in a normal situation is significant. The threat of a highly infectious, deadly disease among health care workers and inpatients is among the top concern of emergency physicians and nurses, infection control practitioners and epidemiologists.

Yet hospitals rarely have a full-time infection control practitioner or epidemiologist as the CDC recommends. There is great disparity between what hospital administrative personnel and front line clinical personnel believe as realistically upholding infection control practice guidelines in a non-crisis environment.

Overcrowded emergency departments also present a danger to exposure of infectious diseases as 25% of hospitals have closed their EDs in recent years and patient boarding fills ED beds. As more Medicaid patients seek ED care for all conditions, more recent Obamacare enrollees with high deductibles and ED co-pays avoid seeking care for what could well be the early identifiable symptoms of an Ebola exposure.

Nearly all hospitals self-assess their readiness for crisis events and quarantines, yet less than one in ten confirms being prepared with facilities, trained staff and supplies for more than one or two Ebola patients. Administrators and physicians also are highly aware that even trained personnel may refuse patient care assignments with highly infectious disease patients based on the hospital's actual capability to protect the staff member.

Only a handful of US Hospitals have performed drills for staff on biological emergency situations including Ebola patient presentations/admissions within the past 12 months.



**TOTAL RESPONDENTS: 970**    **SURVEYED BY RESPONDENT TITLE**

304 CHIEF EXECUTIVE OFFICER/EXECUTIVE DIRECTOR/CHIEF OPERATING OFFICER/CHIEF FINANCIAL OFFICER/ CHIEF OPERATING OFFICER ADMINISTRATOR (31.3%)

60 CHIEF MEDICAL OFFICER, MEDICAL DIRECTOR, CHIEF OF STAFF (6.2%)

151 EMERGENCY DEPARTMENT MANAGEMENT - PHYSICIAN (15.6%)

71 EMERGENCY DEPARTMENT MANAGEMENT – NURSING (7.3%)

115 INFECTION CONTROL SPECIALIST/EPIDEMIOLOGIST (11.8%)

107 OTHER CLINICIAN/PHYSICIAN/NURSE (11.0%)

162 OTHER MANAGER/DIRECTOR/LEADER (16.7%)

**RESPONSES BY PROVIDER/FACILITY TYPE: 389 TOTAL**

24 NURSING HOME/SKILLED NURSING FACILITY (SNF)/ LONG TERM REHABILITATION FACILITY

88 SMALL HOSPITAL, RURAL HOSPITAL, CRITICAL ACCESS HOSPITAL UNDER 100 BEDS

74 COMMUNITY HOSPITAL 101-250 BEDS

89 LARGE HOSPITALS 251+ BEDS

31 ACADEMIC MEDICAL CENTERS 400+ BEDS

30 HOME HEALTH/INFUSION/DIALYSIS/OTHER ANCILLARY CARE

53 OTHER PROVIDER TYPE INCLUDING CHAINS/SYSTEMS/IDNs & CLINICS



1. AS A HEALTHCARE PROFESSIONAL, DO YOU CONFIDENTLY PERCEIVE YOUR INPATIENT INSTITUTION IS ADEQUATELY PREPARED FOR DIAGNOSING, ISOLATING AND TREATING AN EBOLA PATIENT POPULATION (FACILITIES, STAFFING, RESOURCES, AND SUPPLIES)?

RESPONDENTS	PHYSICIANS (NON EMERGENCY DEPT)	EMERGENCY MEDICINE PHYSICIANS	INFECTION CONTROL EPIDEMIOLOGY CLINICAL COORDINATORS	ADMINISTRATIVE & FINANCE (NON CLINICAL) MANAGEMENT
SMALL HOSPITALS UNDER 100 BEDS	YES = 2% NO = 70% DON'T KNOW = 26%	YES = 2% NO = 95% DON'T KNOW = 3%	YES = 0% NO = 97% DON'T KNOW = 3%	YES = 31% NO = 55% DON'T KNOW = 14%
COMMUNITY HOSPITALS 101-250 BEDS	YES = 7% NO = 43% DON'T KNOW = 50%	YES = 12% NO = 80% DON'T KNOW = 8%	YES = 6% NO = 83% DON'T KNOW = 10%	YES = 22% NO = 67% DON'T KNOW = 11%
LARGE HOSPITALS 251+ BEDS	YES = 19% NO = 30% DON'T KNOW = 51%	YES = 15% NO = 73% DON'T KNOW = 12%	YES = 6% NO = 81% DON'T KNOW = 13%	YES = 32% NO = 60% DON'T KNOW = 8%
ACADEMIC MEDICAL CENTERS	YES = 56% NO = 17% DON'T KNOW = 27%	YES = 63% NO = 26% DON'T KNOW = 1%	YES = 32% NO = 55% DON'T KNOW = 11%	YES = 89% NO = 8% DON'T KNOW = 2%



2. IN TERMS OF CAPACITY, HOW MANY PATIENTS WITH HIGHLY INFECTIOUS OR DANGEROUSLY CONTAGIOUS CONDITIONS (SUCH AS EBOLA) CURRENTLY DIAGNOSE, ISOLATE AND TREAT SUCCESSFULLY?

RESPONDENTS, RESPOND TO THE AFFIRMATIVE BY NUMBER OF PATIENTS PRESENTING	SINGLE (EBOLA) PATIENT	TWO (EBOLA) PATIENTS	THREE (EBOLA) PATIENTS UP TO TEN	MORE THAN TEN (EBOLA) PATIENTS	EPIDEMIC, DOZENS (SEASONAL OUTBREAK OF INFECTIOUS DISEASE)	PANDEMIC, HUNDREDS (NEW VIRUS OR GLOBALLY SPREADING DISEASE)
<b>ACUTE CARE HOSPITALS 251+ BEDS (NON UNIVERSITY BASED)</b>  (Total Respondents n= 251)	<b>47%</b>  (n=119)	<b>22%</b>  (n=55)	<b>10%</b>  (n=25)	<b>1%</b>  (n=3)	<b>84%</b>  (n=210)	<b>2%</b>  (n=6)
<b>ACADEMIC MEDICAL CENTERS/MEDICAL SCHOOLS</b>  (Total Respondents n=31)	<b>97%</b>  (n=30)	<b>87%</b>  (n=27)	<b>52%</b>  (n=16)	<b>23%</b>  (n=7)	<b>97%</b>  (n=30)	<b>35%</b>  (n=11)
<b>HOME HEALTH, HOSPITAL POST-ACUTE CARE/SHORT TERM REHABILITATION, NURSING HOME/SKILLED NURSING FACILITY (SNF)/ CORP/LONG TERM REHABILITATION FACILITY AND SMALL/RURAL HOSPITALS UNDER 100 BEDS</b>  (Total Respondents n = 160 )	<b>3%</b>  (n=4)	<b>3%</b>  (n=4)	<b>3%</b>  (n=4)	<b>0%</b>  (n=0)	<b>25%</b>  (n=40)	<b>0%</b>  (n=0)



### 3A. ADMINISTRATIVE/FINANCIAL MANAGEMENT RESPONDENTS

#### DESCRIBE YOUR INPATIENT FACILITIES' INFECTION CONTROL/EPIDEMIOLOGY FTE COUNT, PERSONNEL COMPETENCY AND STAFF TRAINING

ADMINISTRATIVE RESPONDENTS	FOLLOWS CDC, FEDERAL, STATE & LOCAL GUIDELINES	ADEQUATELY STAFFED & TRAINED IN NON-EBOLA SITUATION	ADEQUATELY STAFFED & TRAINED IN EBOLA SITUATION
SMALL HOSPITALS UNDER 100 BEDS	YES = 100%	YES = 82% DON'T KNOW = 18%	YES = 9% NO = 87% DON'T KNOW = 4%
COMMUNITY HOSPITALS 101-250 BEDS	YES = 99% NO = 1%	YES = 99% DON'T KNOW = 1%	YES = 3% NO = 76% DON'T KNOW = 21%
LARGE HOSPITALS 251+ BEDS	YES = 100%	YES = 85% DON'T KNOW = 15%	YES = 26% NO = 62% DON'T KNOW = 12%
ACADEMIC MEDICAL CENTERS	YES = 96% NO = 3% DON'T KNOW = 1%	YES = 93% NO = 2% DON'T KNOW = 5%	YES = 2% NO = 94% DON'T KNOW = 4%



### 3B. CLINICIAN/PHYSICIAN/NURSING RESPONDENTS

#### DESCRIBE YOUR INPATIENT FACILITIES' INFECTION CONTROL/EPIDEMIOLOGY FTE COUNT, PERSONNEL COMPETENCY AND STAFF TRAINING

CLINICAL/NURSING RESPONDENTS	FOLLOWS CDC, FEDERAL, STATE & LOCAL GUIDELINES	ADEQUATELY STAFFED & TRAINED IN NON-EBOLA SITUATION	ADEQUATELY STAFFED & TRAINED IN EBOLA SITUATION
SMALL HOSPITALS UNDER 100 BEDS	YES = 60% NO = 40%	YES = 34% NO = 66%	YES = 3% NO = 97%
COMMUNITY HOSPITALS 101-250 BEDS	YES = 79% NO = 21%	YES = 75% NO = 15% DON'T KNOW = 10%	YES = 17% NO = 82% DON'T KNOW = 1%
LARGE HOSPITALS 251+ BEDS	YES = 86% NO = 10% DON'T KNOW = 4%	YES = 82% NO = 10% DON'T KNOW = 8%	YES = 5% NO = 95%
ACADEMIC MEDICAL CENTERS	YES = 91% NO = 7% DON'T KNOW = 2%	YES = 84% NO = 15%	YES = 21% NO = 72% DON'T KNOW = 7%



#### 4. FREQUENCY & SUBJECT MATTER OF HOSPITAL EMERGENCY PREPAREDNESS TRAINING & DRILLS

ALL RESPONDENTS	ANNUAL DRILLS	QUARTERLY DRILLS	ACCIDENTS/DIASTERS/EXPLOSIVES/NUCLEAR/CHEMICAL (WITHIN 12 MONTHS)	BIOLOGICAL/DISEASE EPIDEMICS & WARFARE eg. EBOLA (WITHIN 12 MONTHS)
SMALL HOSPITALS UNDER 100 BEDS	72%	10%	4%	0%
COMMUNITY HOSPITALS 101-250 BEDS	94%	15%	22%	4%
LARGE HOSPITALS 251+ BEDS	100%	28%	64%	18%
ACADEMIC MEDICAL CENTERS	100%	29%	70%	24%
ALL POST ACUTE, NURSING HOMES, HOME HEALTH PROVIDERS	13%	4%	1%	0%



**5. DO YOU BELIEVE THAT EMERGENCY DEPARTMENT OVERCROWDING IN YOUR FACILITY DOES/WILL COMPLICATE EBOLA & INFECTIOUS DISEASE DETECTION & INCREASES EXPOSURE POTENTIAL?**

<b>RESPONDENTS</b>	<b>YES</b>	<b>NO</b>	<b>NOT SURE</b>
<b>EMERGENCY PHYSICIANS</b>	<b>93%</b>	<b>7%</b>	<b>0%</b>
<b>EMERGENCY NURSES</b>	<b>99%</b>	<b>0%</b>	<b>1%</b>
<b>ADMINISTRATIVE &amp; FINANCIAL MANAGEMENT</b>	<b>58%</b>	<b>3%</b>	<b>38%</b>





**6A. WHAT IS YOUR ASSESSMENT OF YOUR ORGANIZATION'S INFORMATION TECHNOLOGY & PATIENT DATA EXCHANGES AS THEY ADDRESS THE CARE AND TREATMENT OF EBOLA AND/OR OTHER INFECTIOUS DISEASE PATIENTS?**

<b>RESPONDENTS: HOSPITALS UNDER 250 BEDS</b>	<b>CURRENTLY NON-EXISTENT OR EXTREMELY POOR</b>	<b>CURRENTLY MINIMAL OR UNDERUTILIZED</b>	<b>CURRENTLY MODERATE OR OCCASIONAL UTILIZATION</b>	<b>CURRENTLY ADVANCED OR DAILY UTILIZATION</b>
<b>CLINICAL DECISION SUPPORT SYSTEMS</b>	<b>72%</b>	<b>5%</b>	<b>19%</b>	<b>3%</b>
<b>EMERGENCY DEPARTMENT ELECTRONIC HEALTH RECORDS</b>	<b>7%</b>	<b>12%</b>	<b>40%</b>	<b>41%</b>
<b>HIE INTEROPERABILITY BETWEEN PROVIDERS</b>	<b>89%</b>	<b>5%</b>	<b>3%</b>	<b>0%</b>
<b>INFECTION CONTROL &amp; EPIDEMIOLOGY APPLICATIONS</b>	<b>76%</b>	<b>16%</b>	<b>7%</b>	<b>1%</b>
<b>DATA SECURITY, PRIVACY &amp; HIPAA SUPPORT PROGRAMS</b>	<b>48%</b>	<b>41%</b>	<b>6%</b>	<b>5%</b>
<b>POPULATION HEALTH &amp; ANALYTICS</b>	<b>95%</b>	<b>5%</b>	<b>0%</b>	<b>0%</b>



**6B. WHAT IS YOUR ASSESSMENT OF YOUR ORGANIZATION'S INFORMATION TECHNOLOGY & PATIENT DATA EXCHANGES AS THEY ADDRESS THE CARE AND TREATMENT OF EBOLA AND/OR OTHER INFECTIOUS DISEASE PATIENTS?**

<b>RESPONDENTS: HOSPITALS <u>OVER 250 BEDS</u></b>	<b>CURRENTLY NON-EXISTENT OR EXTREMELY POOR</b>	<b>CURRENTLY MINIMAL OR UNDERUTILIZED</b>	<b>CURRENTLY MODERATE OR OCCASIONAL UTILIZATION</b>	<b>CURRENTLY ADVANCED OR DAILY UTILIZATION</b>
<b>CLINICAL DECISION SUPPORT SYSTEMS</b>	<b>20%</b>	<b>46%</b>	<b>10%</b>	<b>23%</b>
<b>EMERGENCY DEPARTMENT ELECTRONIC HEALTH RECORDS</b>	<b>5%</b>	<b>2%</b>	<b>5%</b>	<b>82%</b>
<b>HIE INTEROPERABILTY BETWEEN PROVIDERS</b>	<b>70%</b>	<b>10%</b>	<b>10%</b>	<b>10%</b>
<b>INFECTION CONTROL &amp; EPIDEMIOLOGY APPLICATIONS</b>	<b>10%</b>	<b>20%</b>	<b>48%</b>	<b>21%</b>
<b>DATA SECURITY, PRIVACY &amp; HIPAA SUPPORT PROGRAMS</b>	<b>4%</b>	<b>11%</b>	<b>18%</b>	<b>66%</b>
<b>POPULATION HEALTH &amp; ANALYTICS</b>	<b>69%</b>	<b>25%</b>	<b>4%</b>	<b>2%</b>



**7. HAS YOUR ORGANIZATION'S BUDGETED FUNDS FOR IMPROVED, ENHANCED OR FIRST PURCHASES OF INFORMATION TECHNOLOGY & PATIENT DATA EXCHANGE IN NEXT TWELVE MONTHS/2015?**

RESPONDENTS	HOSPITALS UNDER 100 BEDS	HOSPITALS 101-250 BEDS	HOSPITALS 251+ BEDS
CLINICAL DECISION SUPPORT SYSTEMS	YES = 7% NO = 67% DON'T KNOW = 25%	YES = 11% NO = 10% DON'T KNOW = 76%	YES = 18% NO = 7% DON'T KNOW = 75%
EMERGENCY DEPARTMENT ELECTRONIC HEALTH RECORDS	YES = 90% NO = 10% DON'T KNOW = 0%	YES = 98% NO = 0% DON'T KNOW = 2%	YES = 99% NO = 0% DON'T KNOW = 1%
HIE INTEROPERABILITY BETWEEN PROVIDERS	YES = 12% NO = 82% DON'T KNOW = 6%	YES = 18% NO = 24% DON'T KNOW = 57%	YES = 39% NO = 15% DON'T KNOW = 45%
INFECTION CONTROL & EPIDEMIOLOGY APPLICATIONS	YES = 1% NO = 84% DON'T KNOW = 15%	YES = 6% NO = 55% DON'T KNOW = 39%	YES = 5% NO = 28% DON'T KNOW = 66%
DATA SECURITY, PRIVACY & HIPAA SUPPORT PROGRAMS	YES = 24% NO = 4% DON'T KNOW = 72%	YES = 51% NO = 26% DON'T KNOW = 21%	YES = 96% NO = 1% DON'T KNOW = 3%
POPULATION HEALTH & ANALYTICS	YES = 3% NO = 69% DON'T KNOW = 27%	YES = 20% NO = 20% DON'T KNOW = 60%	YES = 55% NO = 9% DON'T KNOW = 36%



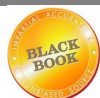
**8. ANTICIPATED PERSONNEL REACTIONS TO EBOLA PATIENT ADMISSION TO YOUR HOSPITALS (ALL SURVEY RESPONDENTS)**

RESPONDENTS	ISOLATION CARE PHYSICIANS & NURSING STAFF	CRITICAL CARE & EMERGENCY DEPARTMENT STAFF	HOSPITAL CLINICAL, NURSING, REHAB & LAB STAFF	NON CLINICAL SUPPORT & HOUSEKEEPING STAFF	ADMINISTRATIVE, FINANCIAL, NON-PATIENT CARE STAFF
STAFF WILL CALL OFF DUTY	14%	25%	33%	68%	17%
STAFF WILL REFUSE TO WORK IN AREA PATIENT IS TREATED/HELD	17%	49%	72%	88%	97%
STAFF WILL REFUSE TO WORK IN HOSPITAL UNTIL THREAT IS CLEARED	10%	24%	39%	85%	66%
STAFF WILL HAVE <u>NO ISSUE</u> WITH EBOLA PATIENT & WORK AS ASSIGNED	73%	26%	13%	6%	50%



9. WHAT IS YOUR HOSPITAL'S PREPAREDNESS AND CAPABILITY TO SERVE AS QUARANTINE FACILITY AFTER AN EBOLA EXPOSURE FOR AFFECTED STAFF AND THE LOCAL COMMUNITY?

RESPONDENTS	NOT CAPABLE	CAPABLE WITH EXTERNAL SUPPORT OF FEDERAL & STATE SUPPORT	CAPABLE WITHOUT EXTERNAL SUPPORT
SMALL HOSPITALS UNDER 100 BEDS	98%	2%	0%
COMMUNITY HOSPITALS 101-250 BEDS	95%	5%	0%
LARGE HOSPITALS 251+ BEDS	91%	9%	0%
ACADEMIC MEDICAL CENTERS	94%	5%	1%
POST ACUTE FACILITIES, NURSING HOMES, HOME HEALTH	100%	0%	0%



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