A green
light to
greatness.™
Spontaneous Planning, Governanc
Structure, and a Public Health
Emergency: Ebola in Dallas, TX
UNT®
UNIVERSITY
OF NORTH TEXAS™

Nina Pham Ebola Timeline

Nina Pham

- Oct. 10, 2014 – Develops fever and is isolated
- Oct. 12, 2014 – State officials announce Pham's illness. First case of U.S. transmission
- Oct. 24, 2104 – Ebola free
- Oct. 31, 2014 – Last day which those who came in contact with Pham to be monitored

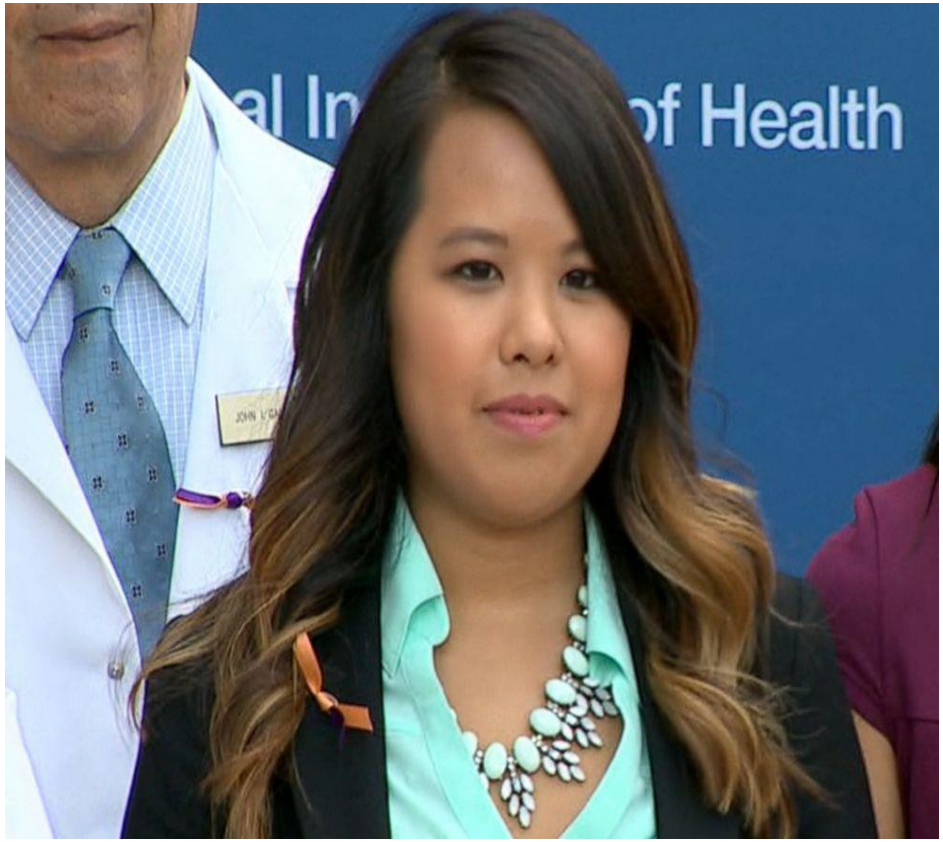
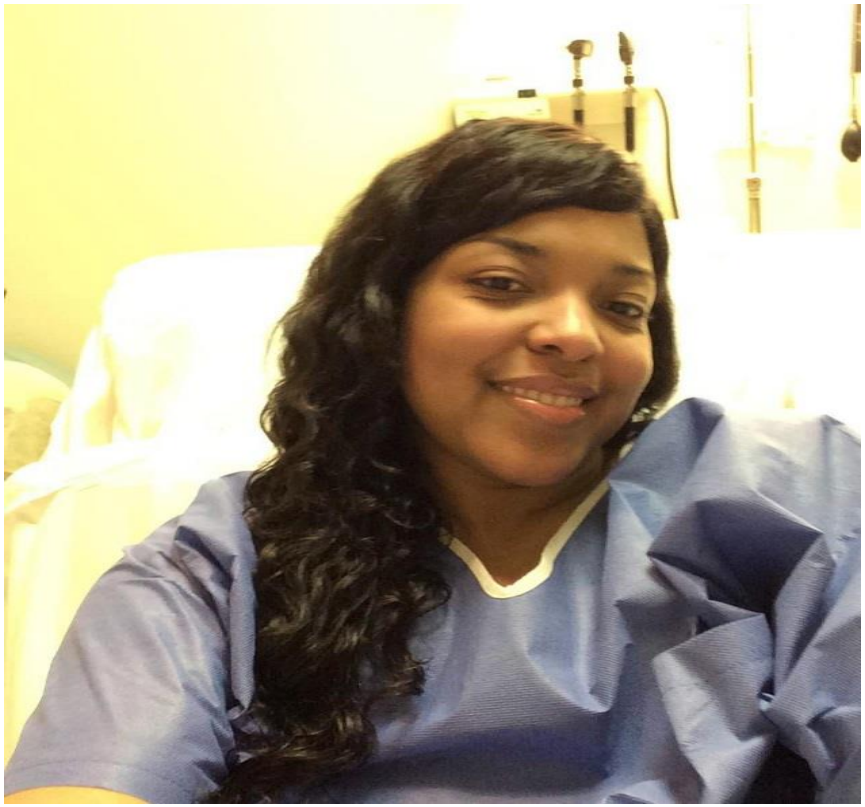


Image Retrieved 2015 from http://abcnews.go.com/
Information Retrieved 2015 from http://www.dallasnews.com/

Amber Vinson Ebola Timeline



- Oct. 08, 2014 – Travels to Ohio
- Oct. 13, 2014 – Returns to Dallas
- Oct. 14, 2014 – Reports to hospital with fever
- Oct. 15, 2014 – Tested positive for Ebola
- Oct. 22, 2014 – Ebola free

Image Retrieved 2015 from http://abcnews.go.com/
Information Retrieved 2015 from http://www.dallasnews.com/

Involved Parties

Local	County	Regional	State	Federal	Other
Mayor	Judge	EM	Governor	White House	Presbyterian
Fire/EMS	EM		EM	CDC	Contractors
Police			SHHS	DOT	
PIO			DOT		
OEM			Texas A&M		

Problem Statements

- United States experienced first death and spread of th infection
- Presence of deadly infection in urban areas highlights
  - Importance of coordination and decision-making
  - Dangers related to insufficient expertise in emergencies
  - Barriers in decision-making between governance, emergency management, and public health

Major Issues and Concerns

Image retrieved 2015 from www.latimes.com

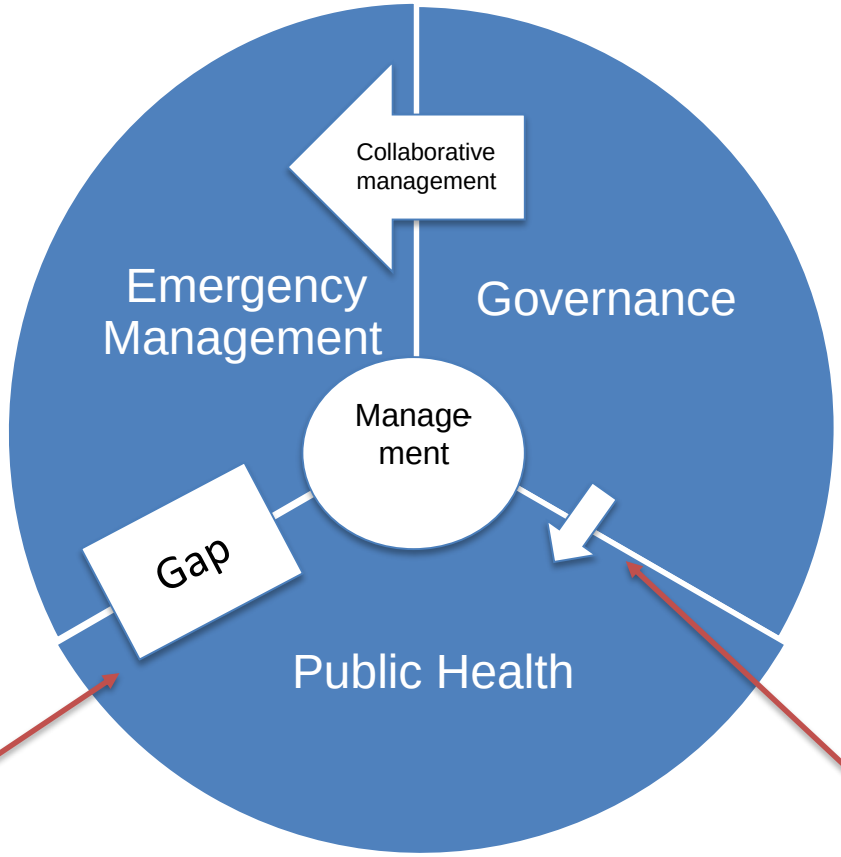
Image retrieved 2015 from: www.nbcnews.com

- Hubris and insufficient knowledge
- EM and public health disconnect
- Mixed messages
- Politics
- Decision making
- Decontamination, debris and waste
- Expense
- Scope

Research Question

- How can officials overcome barriers to P } À Œ v v v] v š P Œ e š (o Ç µ] decision-making in a complex and unfolding public health situation such as an Ebola outbreak?

Literature Review



- Pandemic and All Hazard Preparedness Act (PAHPA) of 2006 mandates local plan

- Literature does not clarify how entities should align

- Public health seen as late comers to emergency planning

- Global governance of infectious disease refers to involvement of states, intergovernmental organizations, non-state actors] v o µ] v P E ' K [multi-national corporations

- Local officials coordinate involvement based on relationship of local public health to county government

Theoretical Perspectives

- Public Administration – On the fly decisionmaking
  - In an unconventional crisis, the public manager will rely on the power of discretion inherent in the legitimized role of authority to overcome governance barriers
- Emergency Management – Spontaneous planning
  - A semi-formal process of evaluating existing and unfolding problems as well as determining potential solutions and required emergency management actions (Entire, 2013)

Interview Findings: Actor Roles

County	City	County HHS	Presbyterian Hospital	Parkland Hospital
"I had **organizational and leadership challenges**. I had medical challenges, PPE challenges, tons of challenges."	"County judge had important **role…but these are still our residents…we** have to respond quickly…we knew things had to happen."	"Everyone acted like this was a new phenomenon. **This is what public health does everyday**." "We do contact tracing."	"…it is safe to say **they (Presby) had as good of a plan** as anyone in the metroplex." "**They had robust infection prevention**…" "Infection prevision for Texas Health Resources is a powerful group."	"We **operated as if this was HAZMAT** not patient care…which exceeds other things." "We showed CDC our PPE ensemble. **The next day CDC changed their guidelines**."

Interview Findings: On the Fly Decisions

County	City	County HHS	Presbyterian Hospital	Parkland Hospital
"**There was not an Ebola plan**, we did not factor in the **waste…disposal rules changed hourly**."	"Individual had been in apartment for extended period of time…**decontamination decisions were made quickly**." "The mayor said nothing bad happens to the dog."	-	"**We ended up having to care for the body…the** State sent an elderly man and son to package the body…as much as you lay out a plan…so many unexpected variables."	"Almost 100% of equipment purchased in this room was right after the first Ebola patient was diagnosed…**we had 5,000 of those suits on my doorstep the next morning.**"

Interview Findings: Discretion

County	City	County HHS	Presbyterian Hospital	Parkland Hospital
"**We literally had to write the plan** and incident command structure on a white board..."	"There were some things **we just had to make decisions on and work out the details later**…"	"We were taking guidance from the federal level, to state down to local level?" "**CDC has the guidelines…any delay was on the CDC end**."	"…it was difficult to make a decision before the diagnosis was confirmed…when he was readmitted over the weekend **decision was made…to change our ballgame completely**…we had to made sure command center would function…we had little time."	"Basically, the CDC guidelines for PPE we started with…probably **in the first hours we figured out they were not acceptable**."

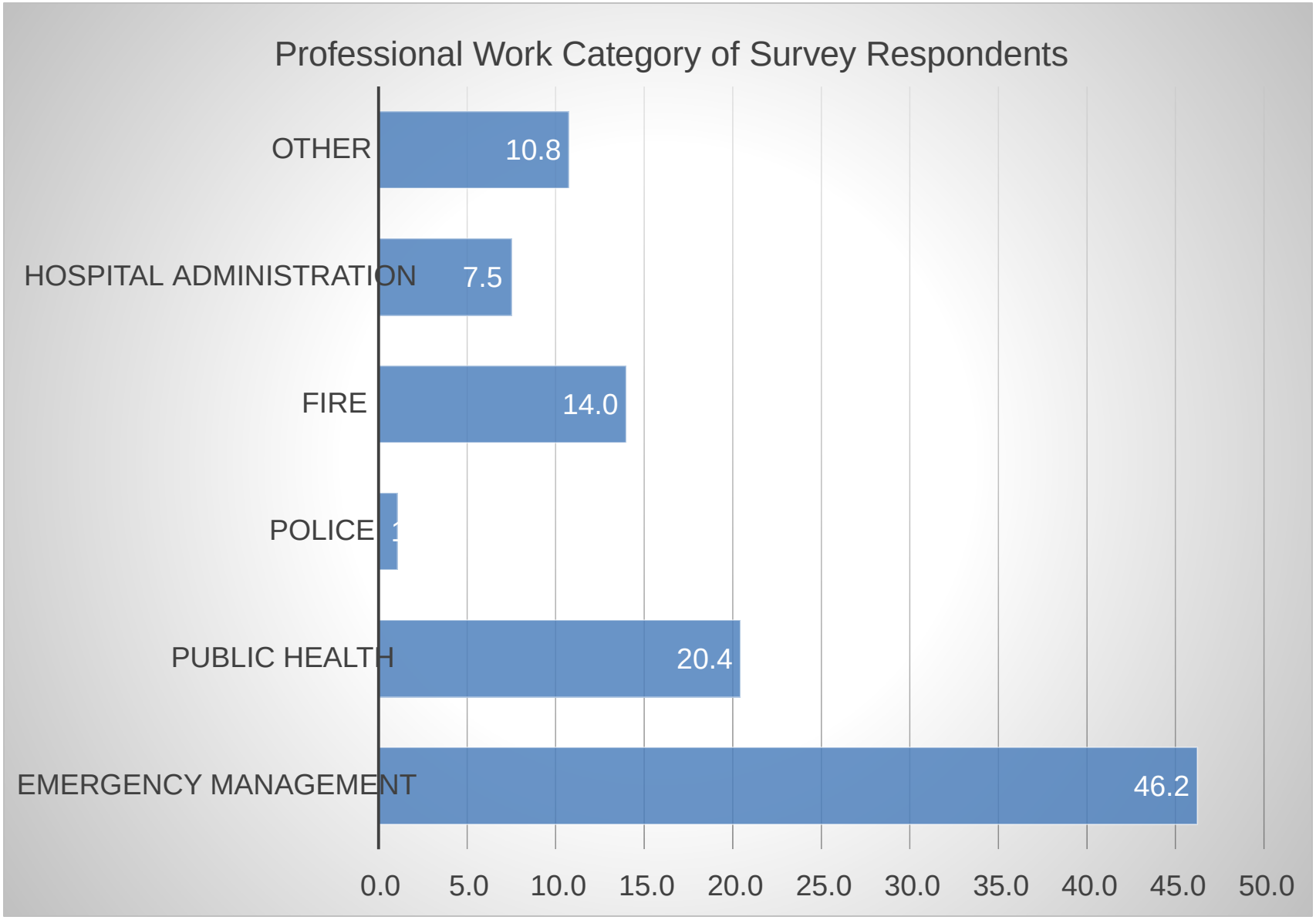
Data

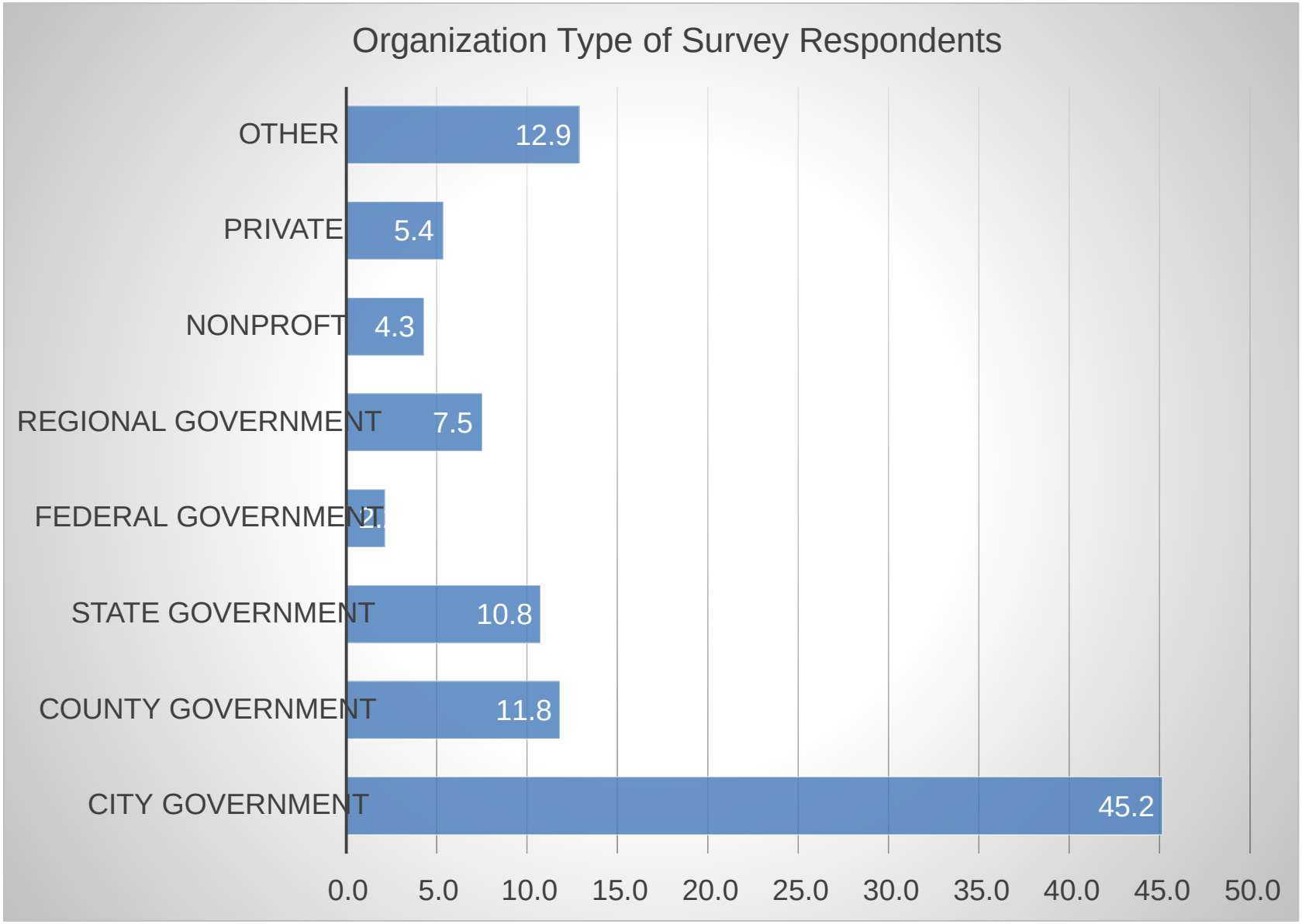
Sample: List of 200 state and local emergency managers, public health, first responders, and medical officials in the Dallas-Fort Worth metroplex

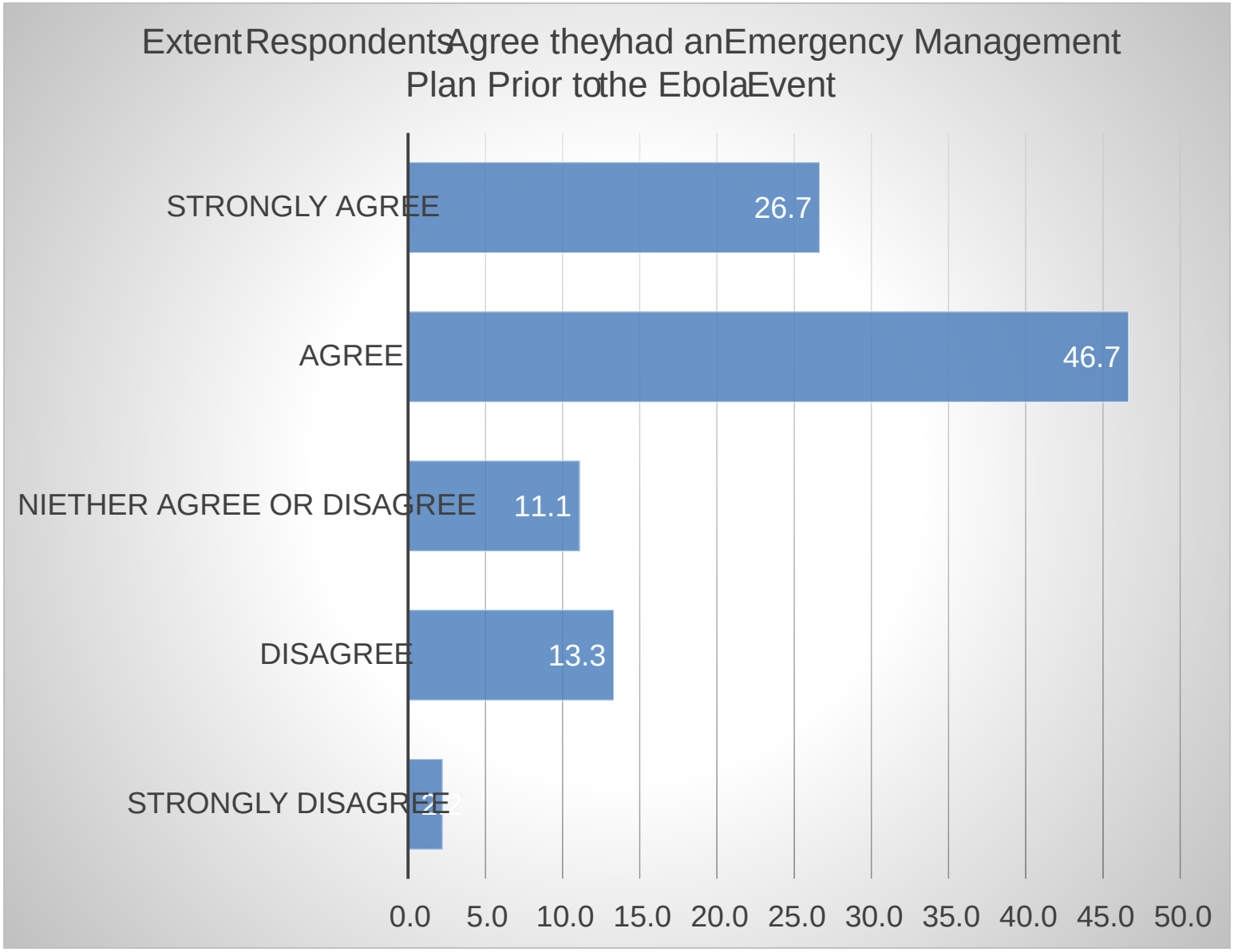
Online Survey: 34 question survey, summer 2015, four follow-up emails

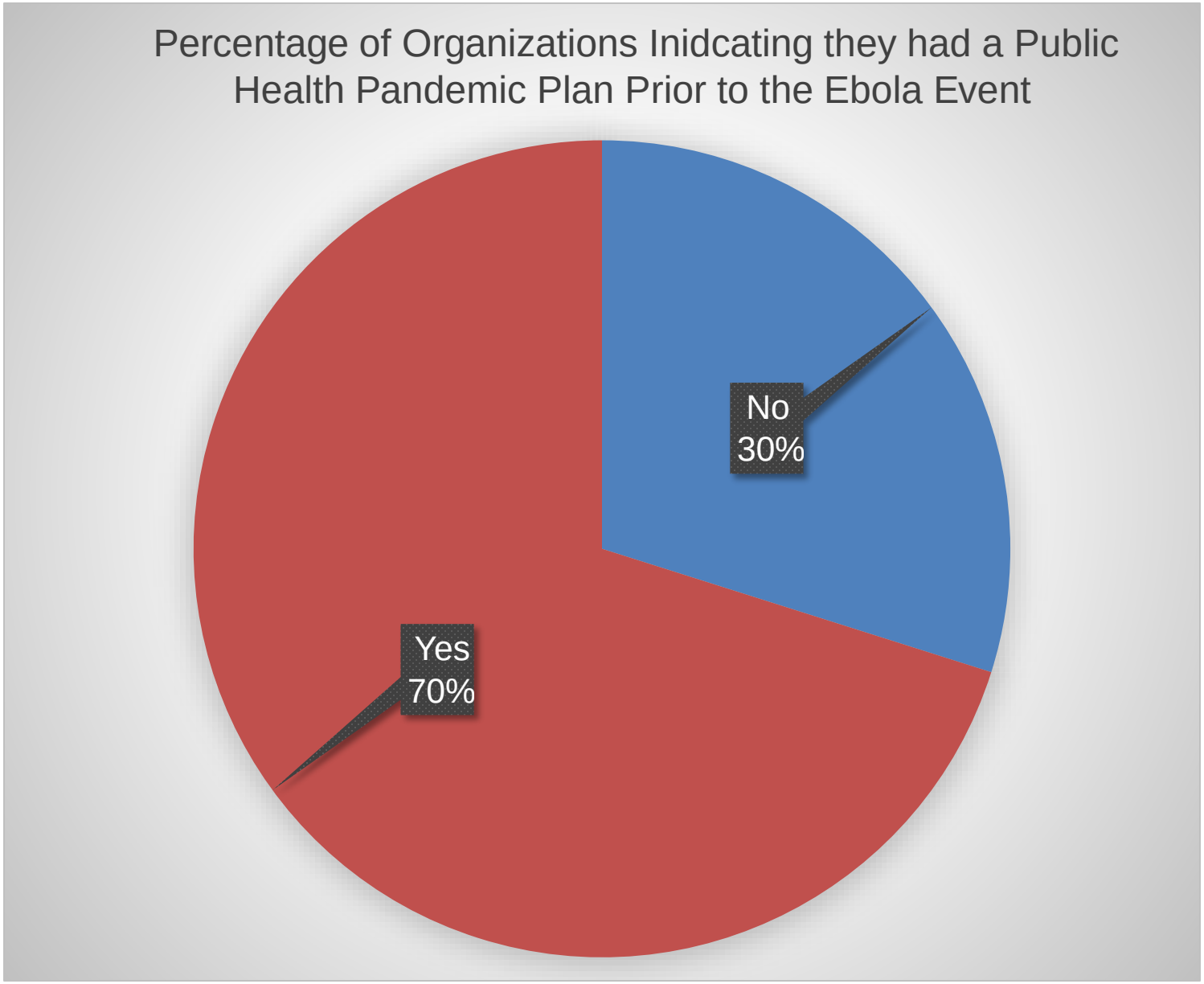
Response Rate: 40%

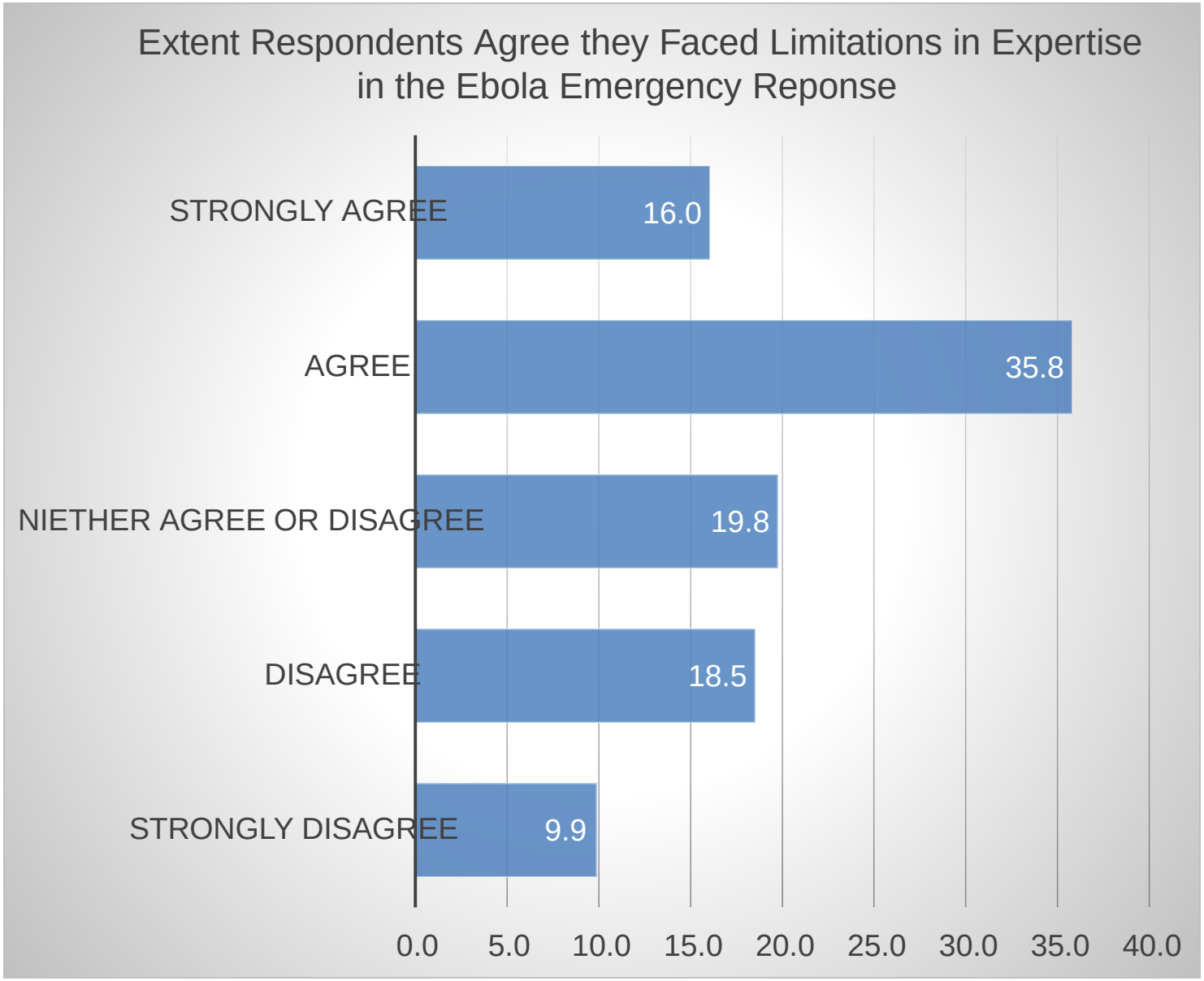
Major Findings

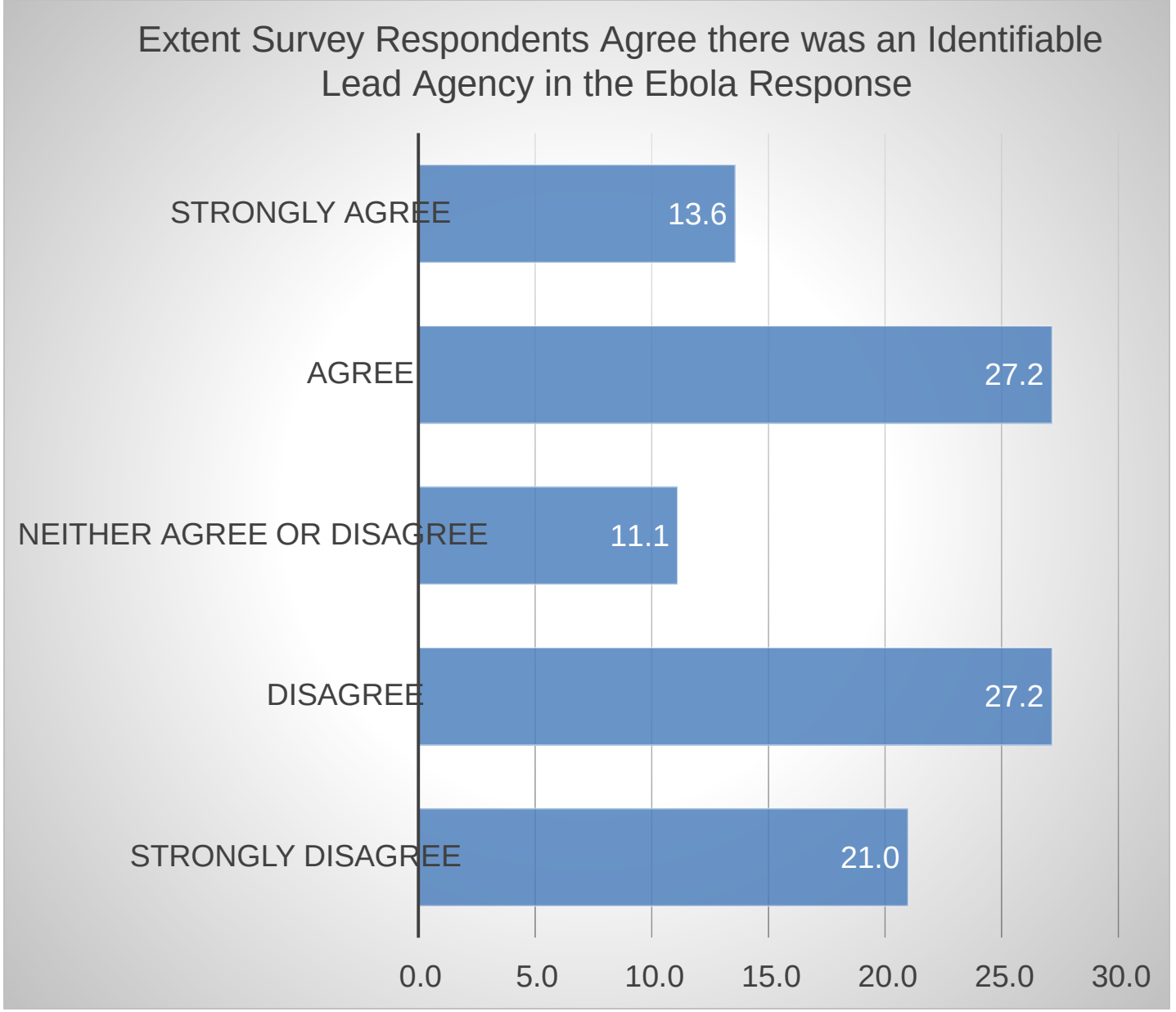

Professional Work Category of Survey Respondents
OTHER
10.8
HOSPITAL ADMINISTRATION
7.5
FIRE
14.0
POLICE
PUBLIC HEALTH
20.4
EMERGENCY MANAGEMENT
46.2
0.0
5.0
10.0
15.0
20.0
25.0
30.0
35.0
40.0
45.0
50.0

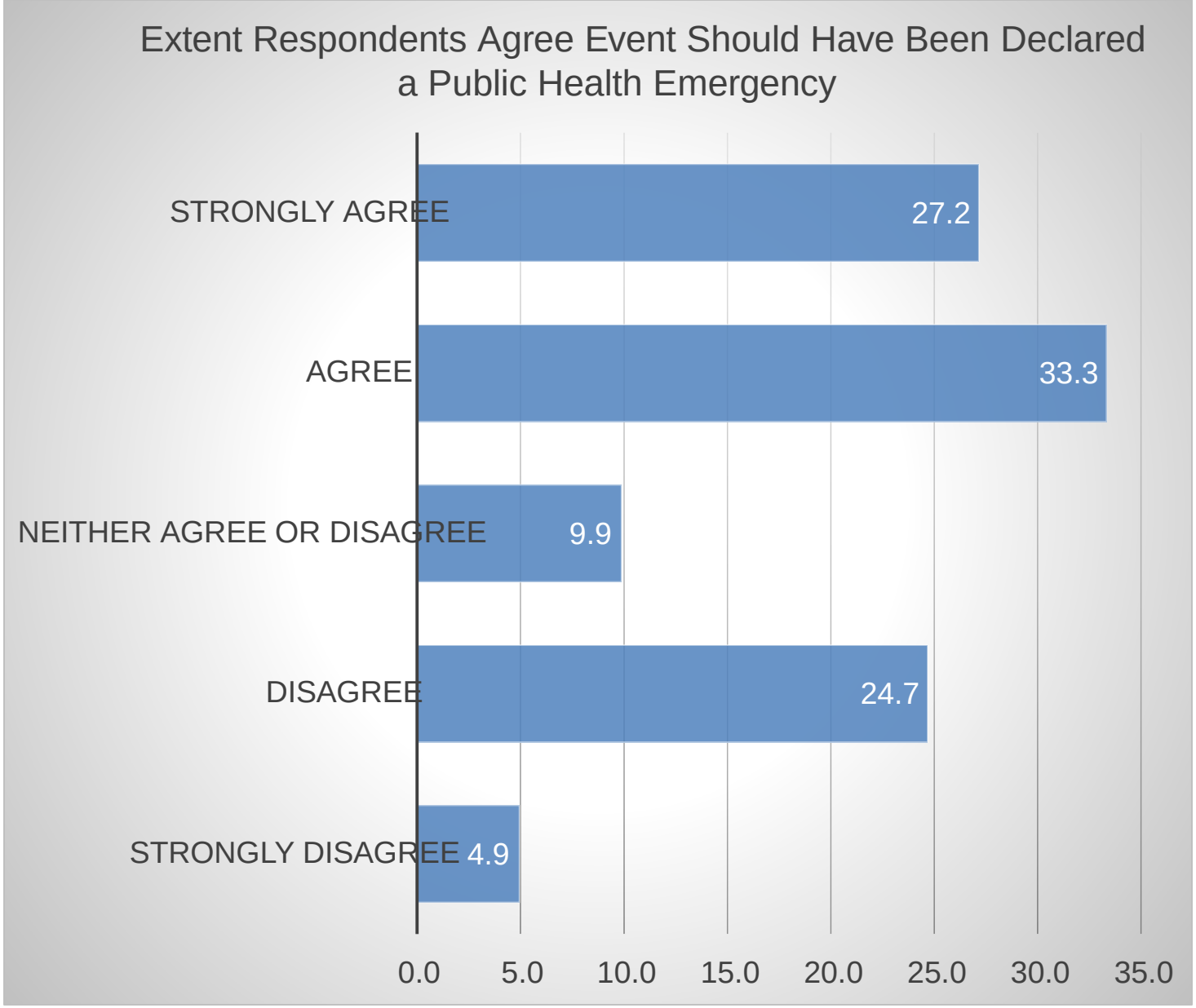

Organization Type of Survey Respondents
OTHER
12.9
PRIVATE
5.4
NONPROFT
4.3
REGIONAL GOVERNMENT
7.5
FEDERAL GOVERNMENT
2.
STATE GOVERNMENT
10.8
COUNTY GOVERNMENT
11.8
CITY GOVERNMENT
45.2
0.0
5.0
10.0
15.0
20.0
25.0
30.0
35.0
40.0
45.0
50.0

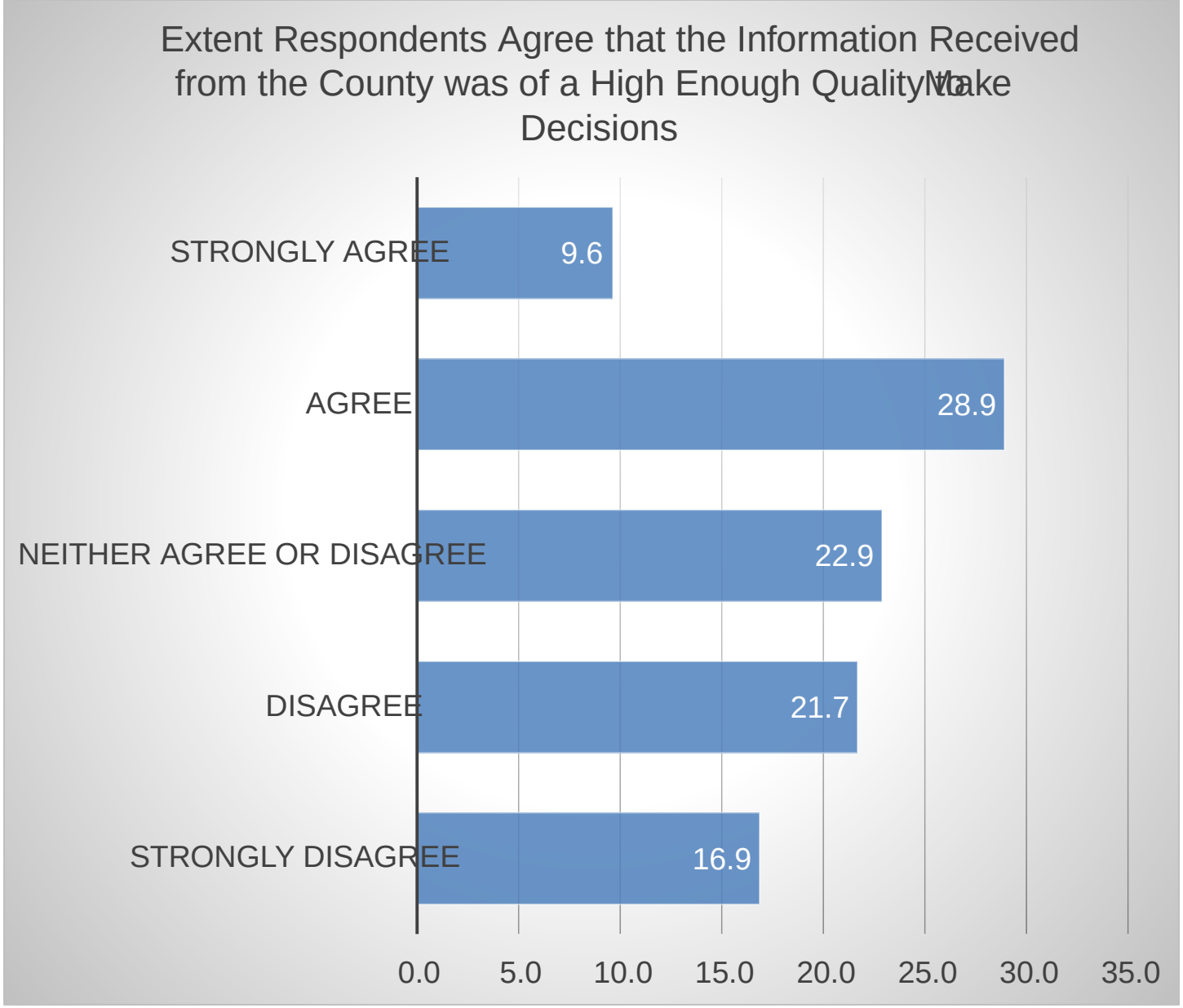

Extent Respondents Agree they had an Emergency Management Plan Prior to the Ebola Event
STRONGLY AGREE
26.7
AGREE
46.7
NIETHER AGREE OR DISAGREE
11.1
DISAGREE
13.3
STRONGLY DISAGREE
2.2
0.0
5.0
10.0
15.0
20.0
25.0
30.0
35.0
40.0
45.0
50.0

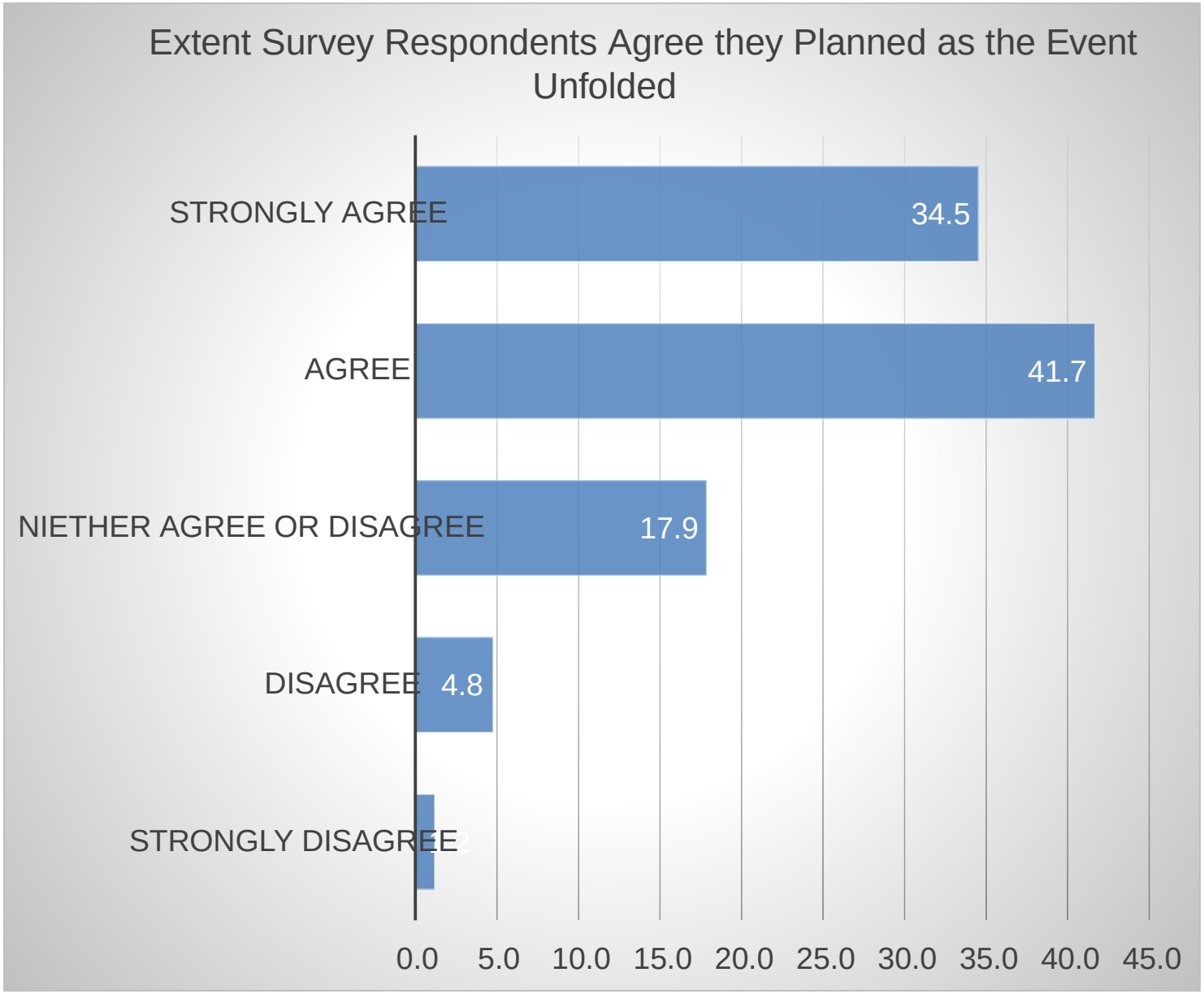

Percentage of Organizations Inidcating they had a Public Health Pandemic Plan Prior to the Ebola Event
No
30%
Yes
70%

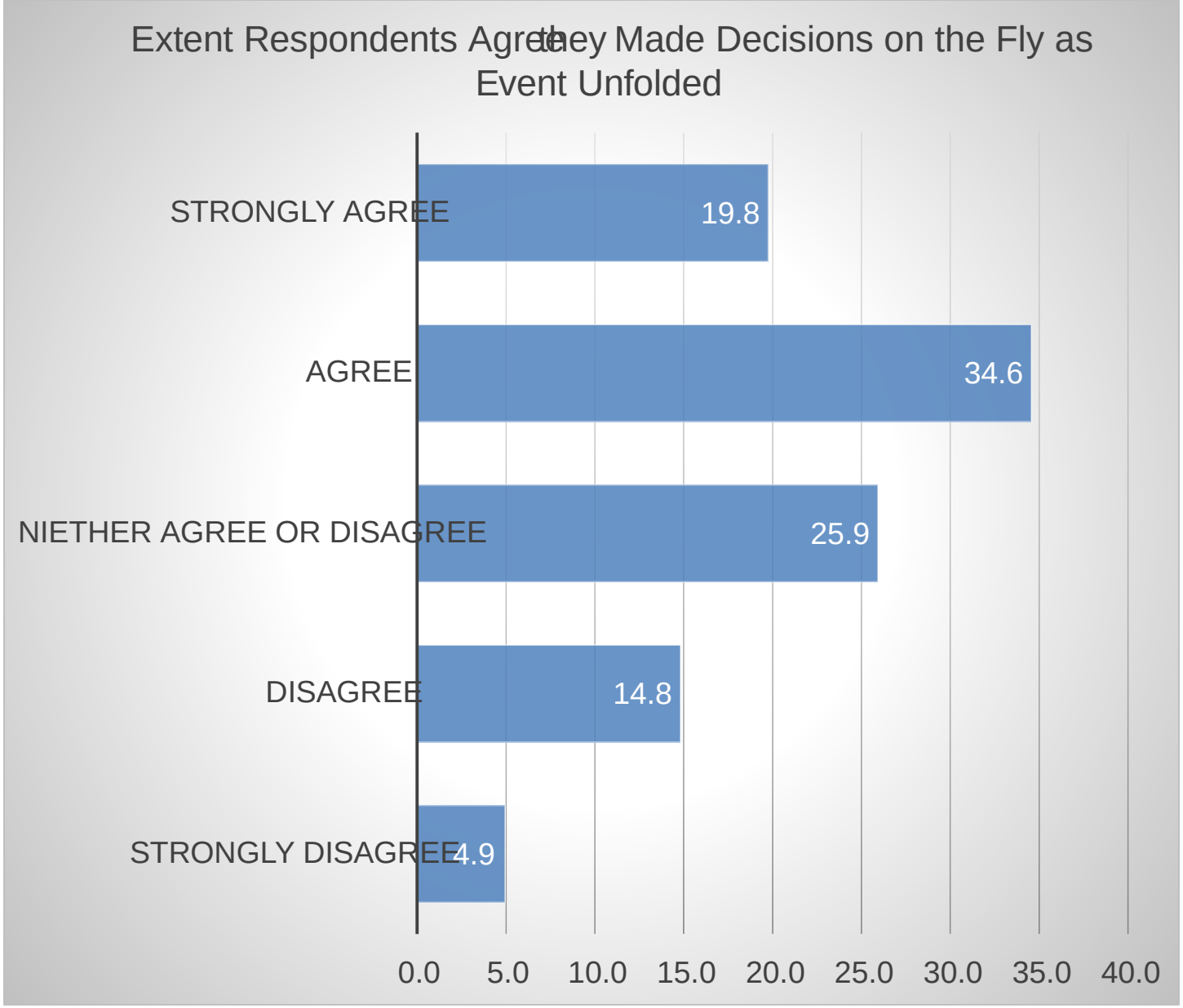

Extent Respondents Agree they Faced Limitations in Expertise in the Ebola Emergency Reponse
STRONGLY AGREE
16.0
AGREE
35.8
NIETHER AGREE OR DISAGREE
19.8
DISAGREE
18.5
STRONGLY DISAGREE
9.9
0.0
5.0
10.0
15.0
20.0
25.0
30.0
35.0
40.0

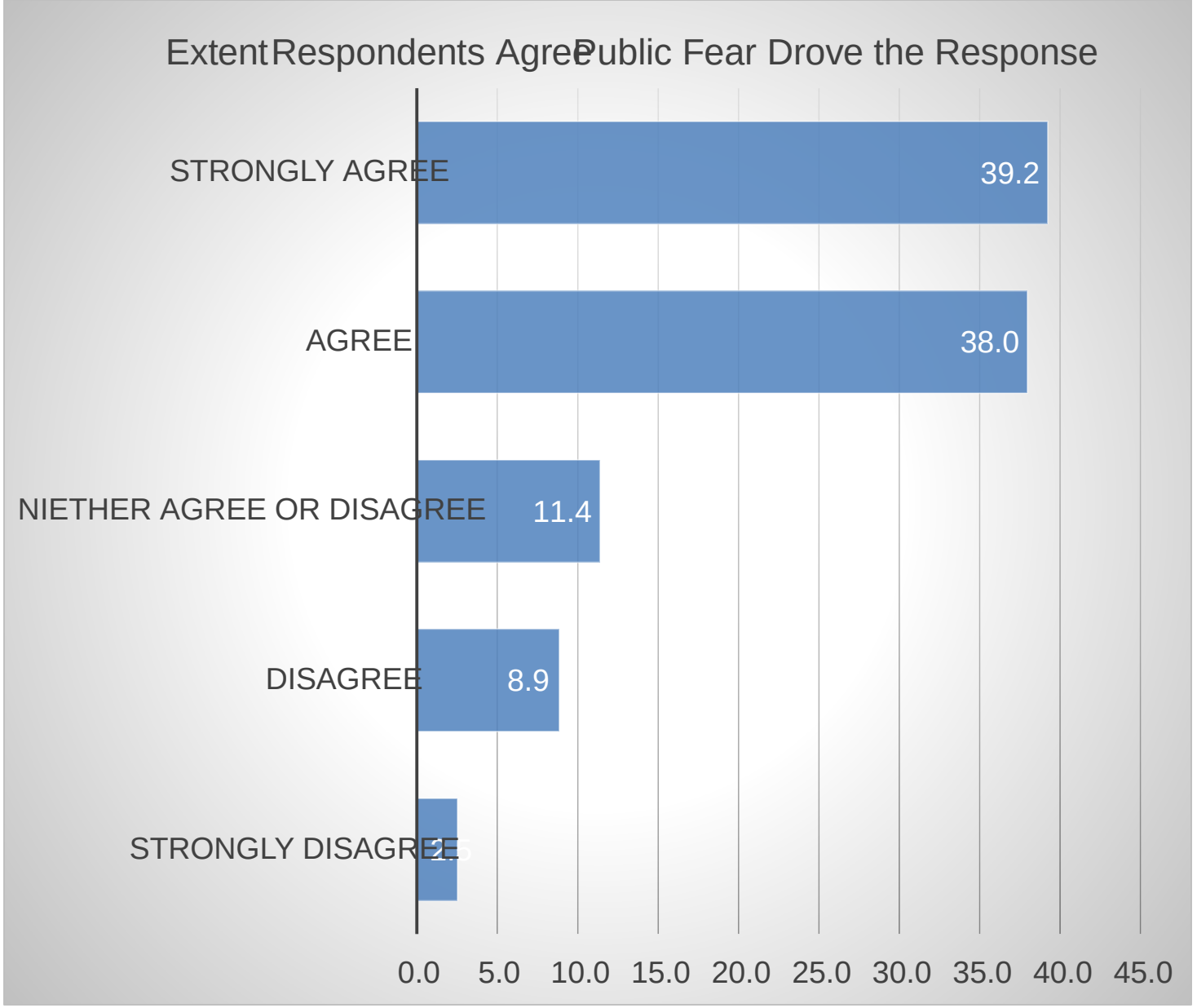

Extent Survey Respondents Agree there was an Identifiable Lead Agency in the Ebola Response
STRONGLY AGREE
13.6
AGREE
27.2
NEITHER AGREE OR DISAGREE
11.1
DISAGREE
27.2
STRONGLY DISAGREE
21.0
0.0
5.0
10.0
15.0
20.0
25.0
30.0

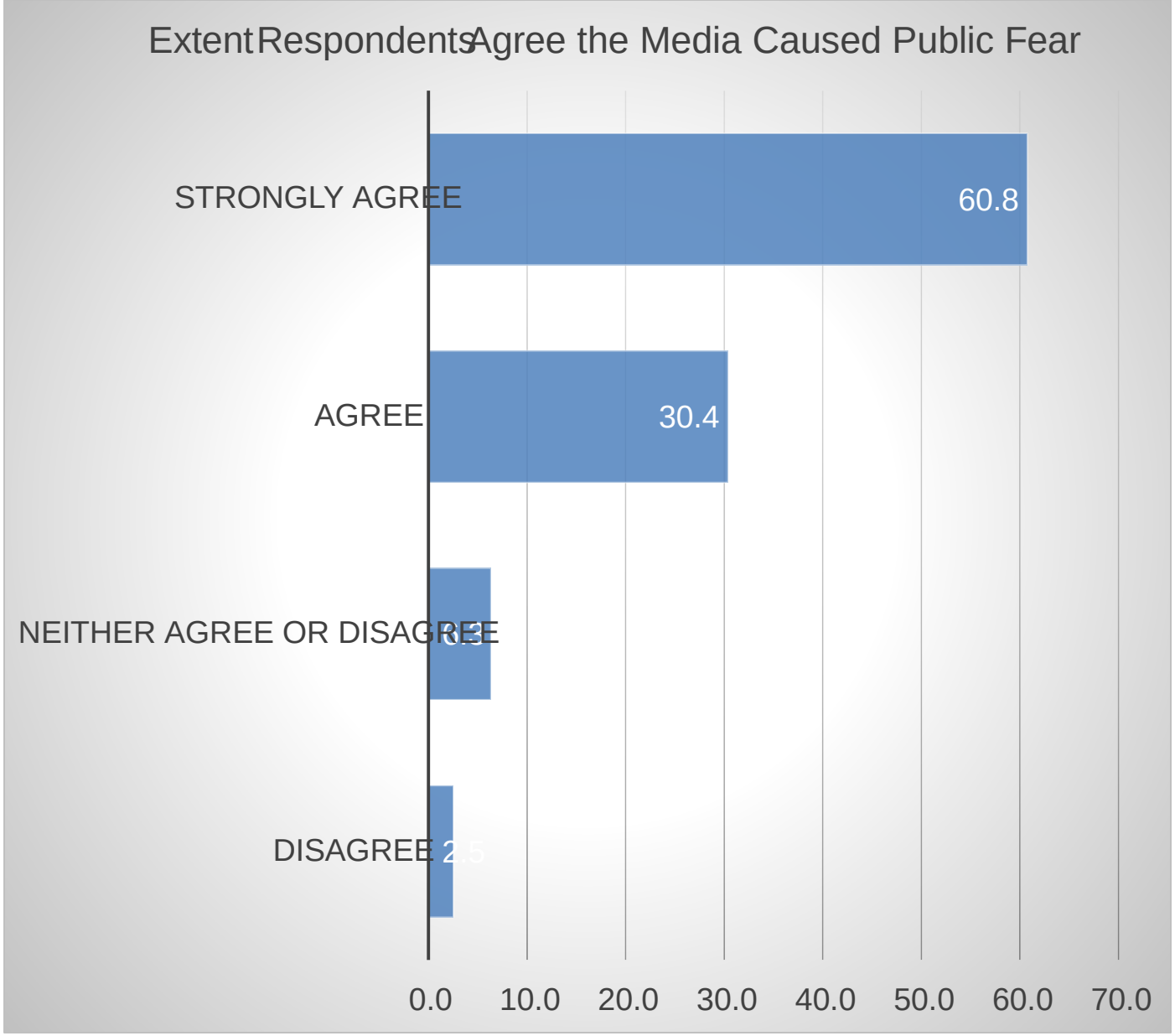

Extent Respondents Agree Event Should Have Been Declared a Public Health Emergency
STRONGLY AGREE
27.2
AGREE
33.3
NEITHER AGREE OR DISAGREE
9.9
DISAGREE
24.7
STRONGLY DISAGREE
4.9
0.0
5.0
10.0
15.0
20.0
25.0
30.0
35.0

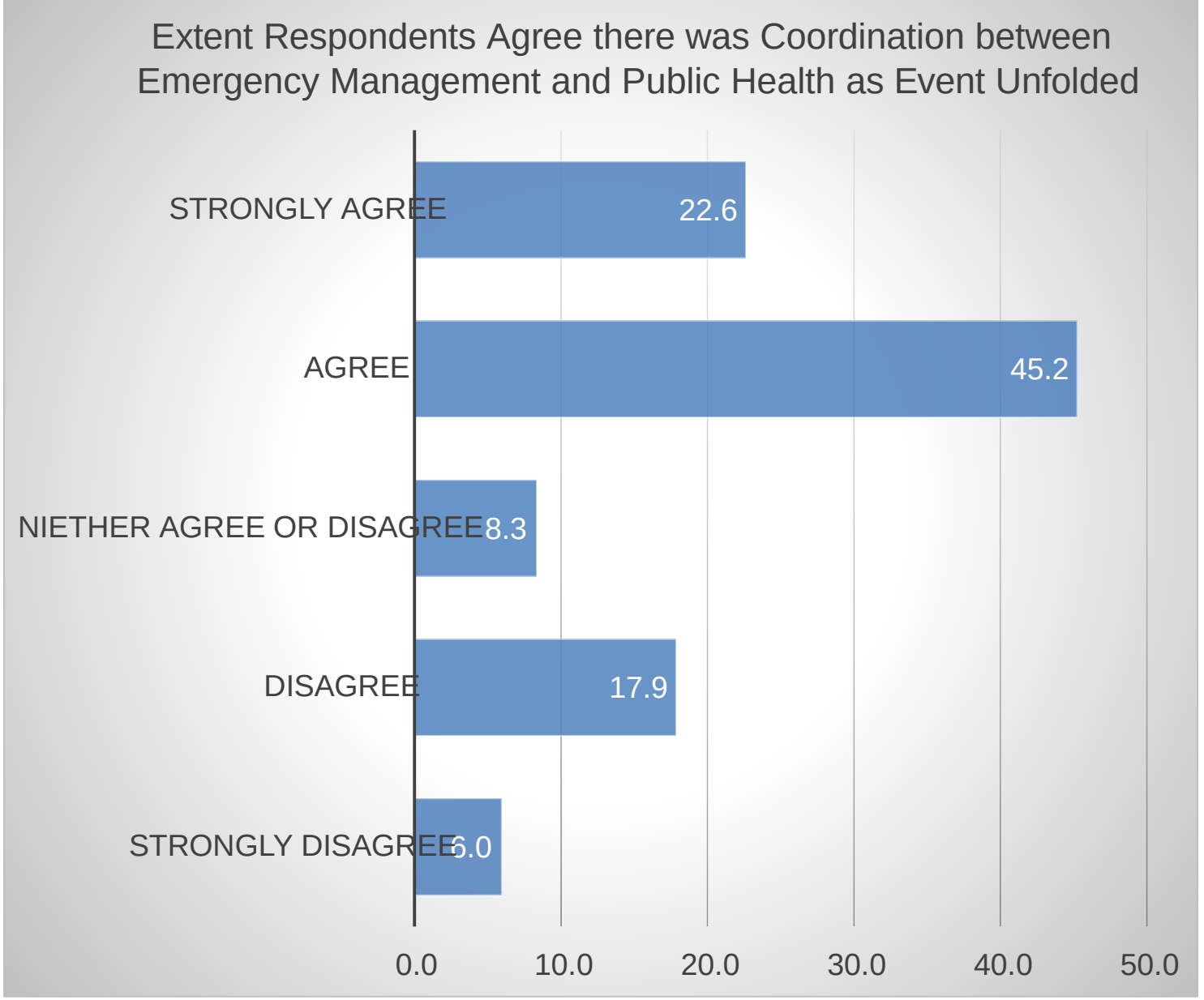

Extent Respondents Agree that the Information Received from the County was of a High Enough Quality to Make Decisions
STRONGLY AGREE
9.6
AGREE
28.9
NEITHER AGREE OR DISAGREE
22.9
DISAGREE
21.7
STRONGLY DISAGREE
16.9
0.0
5.0
10.0
15.0
20.0
25.0
30.0
35.0

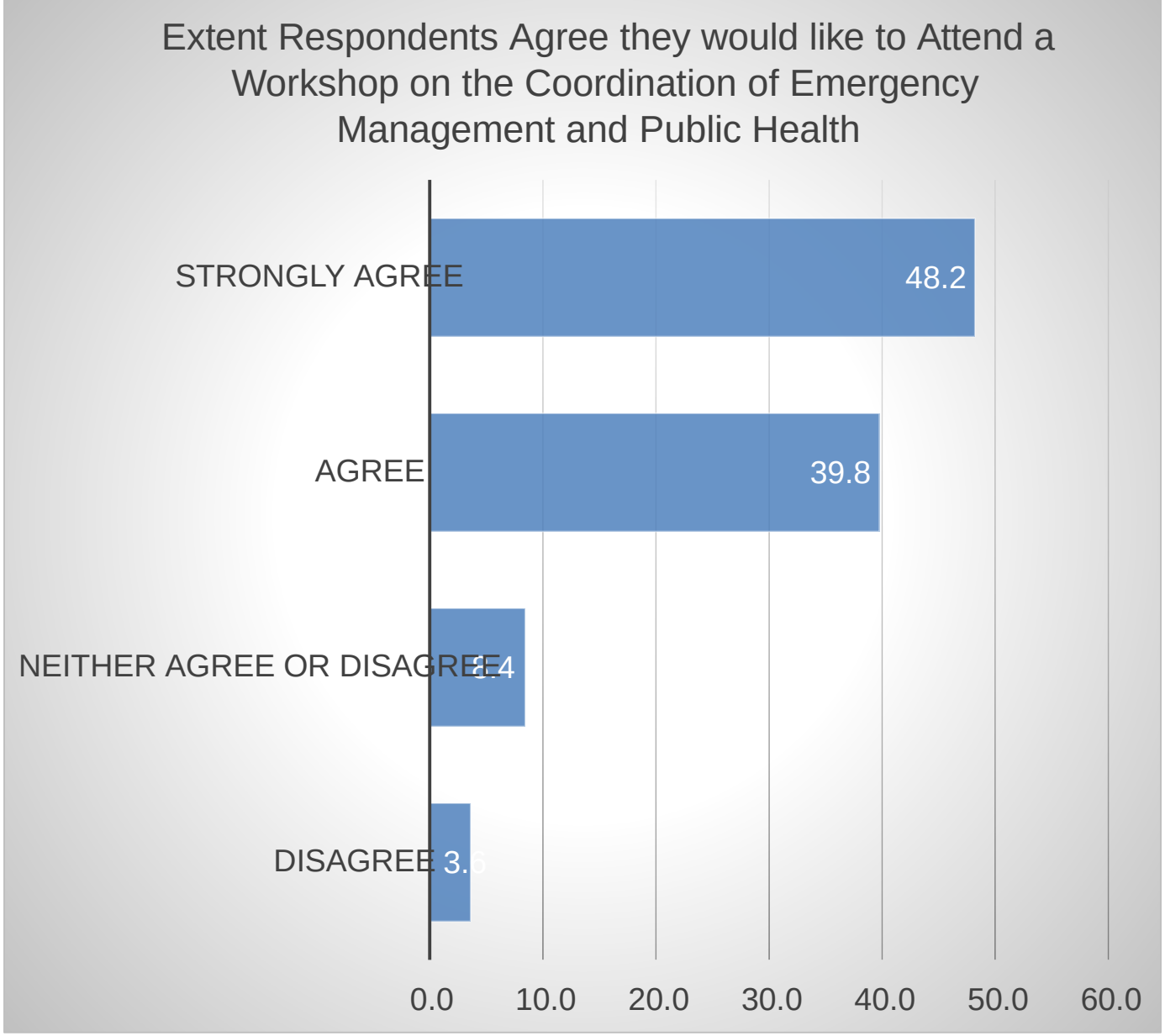

Extent Survey Respondents Agree they Planned as the Event Unfolded
STRONGLY AGREE
34.5
AGREE
41.7
NIETHER AGREE OR DISAGREE
17.9
DISAGREE
4.8
STRONGLY DISAGREE
0.0
5.0
10.0
15.0
20.0
25.0
30.0
35.0
40.0
45.0


Extent Respondents Agree they Made Decisions on the Fly as Event Unfolded
STRONGLY AGREE
19.8
AGREE
34.6
NIETHER AGREE OR DISAGREE
25.9
DISAGREE
14.8
STRONGLY DISAGREE
4.9
0.0
5.0
10.0
15.0
20.0
25.0
30.0
35.0
40.0


Extent Respondents Agree Public Fear Drove the Response
STRONGLY AGREE
39.2
AGREE
38.0
NIETHER AGREE OR DISAGREE
11.4
DISAGREE
8.9
STRONGLY DISAGREE
1.5
0.0
5.0
10.0
15.0
20.0
25.0
30.0
35.0
40.0
45.0


Extent Respondents Agree the Media Caused Public Fear
STRONGLY AGREE
60.8
AGREE
30.4
NEITHER AGREE OR DISAGREE
6.3
DISAGREE
2.5
0.0
10.0
20.0
30.0
40.0
50.0
60.0
70.0


Extent Respondents Agree there was Coordination between Emergency Management and Public Health as Event Unfolded
STRONGLY AGREE
22.6
AGREE
45.2
NIETHER AGREE OR DISAGREE
8.3
DISAGREE
17.9
STRONGLY DISAGREE
6.0
0.0
10.0
20.0
30.0
40.0
50.0


Extent Respondents Agree they would like to Attend a Workshop on the Coordination of Emergency Management and Public Health
STRONGLY AGREE
48.2
AGREE
39.8
NEITHER AGREE OR DISAGREE
8.4
DISAGREE
3.6
0.0
10.0
20.0
30.0
40.0
50.0
60.0

Lessons Learned and Recommendations

- Decision making on-the-fly when no play book
  - Review emergency management plans for public health coordination
  - Include public health component into emergency management plans
  - Provide training to improve coordination of emergency management and public he
- Hospitals add additional Incident Command Structure
  - Improve coordination and information sharing across ICS structures
- County has limited knowledge of hospital operations
- Hospitals have limited capacity to coordinate with local government
- Hospitals and counties navigate different publics:
  - Different courts of public opinion
  - Public law and legal liability
  - Constraints
  - Coordination

^ P v] • • Z } µ o ‰ Œ } À] P µ] v š } ‰ Œ ‰ Œ (} C
events including standards of training, communication
v } } Œ] v š] } v _ ~ (š Œ š] } v Z ‰ } Œ š • X

Recommendations from the North Central Texas Council of

* R Y H U Q P H Q W ¶ V
Ebola After Action Report

^ W Œ • } v v o] v À } o À] v š Z Œ • ‰
Ebola even in North Central Texas showed an immeasurable commitment to public safety in spite of challenge media,
‰ } o] š] o U v] v š Œ ‰ Œ • } v o • C
(After Action Report).

^ / v } v •] • š v š v l } Œ Z v P
and directives continued to be a challen
in response operations throughout the
À v š _ ~ (š Œ š] } v Z ‰

Contact information:

Dr. Abraham Benavides
abraham.benavides@unt.edu

- Laura Keyes, Doctoral Student
laurakeyes@my.unt.edu

Interview Findings: Participation

County	City	County HHS	Presbyterian Hospital	Parkland Hospital
"This was an **Ebola bull fighting ring…**you **did not want to be there by yourself**…we had to write the **incident command structure**."	"We followed what we called **unified command**…we co-located together with the county."	**Public health response…"was through City of Dallas** Homeland Security OEM. I don't have a problem with this structure."	"…**not working under disaster declaration** we and no access to state mission assignment and state resources." "We **had our own ICS**…"	"**Hospitals lacking the ability to operate in emergency management** as far as incident command with cities and counties." "They do not employ people with those capabilities."

Interview Findings: Situation

County	City	County HHS	Presbyterian Hospital	Parkland Hospital
"**We did not have the staff to have anyone do policy**…", "It turned out to be a much bigger deal then West Nile."	"…we had to figure out how this command structure was going to work…**we did not have the technical health expertise we needed**."	"I **have never seen a blueprint for handling Ebola**…the emergency management plan is what we all have to live by."	"We had CDC on site which was a **challenge…protocol was being modified on the fly…this is when we started to see a breakdown**…we never put our finger on where the breach was."	"Those plans (public health plans) cannot be found by them (public health) and **cannot be instituted** by them because **there was no disaster ever declared**."

Interview Findings: Relationship

County	City	County HHS	Presbyterian Hospital	Parkland Hospital
"… when we had **peer to peer** things started to improve"	"…**we had the expectation because we had a great relationship** based on a number of (previous) large events…this was **not something…gotten from CDC in this event**."	"It is all incident command structure." "It was **frustrating and challenging** because **these people were new to the process**."	"**A lot of frustration with relationship**s…we sent a liaison to Dallas EOC…legally we could not say certain things or release certain things."	**Public health, "…has a narrow scope…it stays in a tight restriction** and that is their perspective." "We **went others for advice and help**." "Here is how it works, we call her on her cellphone to our cellphone when we needed to talk."