Hospital: _____ City/State: _____
Department of Health and Human Services Region: _____
Point(s) of contact and Email: _____

A. Operational Sustainability

A.1. Does the hospital still have the intent and capability to serve as a high-level isolation facility for care of patients with Ebola virus disease (EVD) and other special pathogens requiring similar specialized isolation?

☐YES ☐NO

A.1.1 *If respond "No"*:

1. Did the facility decommission its unit and/or discontinue serving in this role as a result of discontinuation of Hospital Preparedness Program (HPP) Ebola Preparedness & Response Activities funding?

☐YES ☐NO

2. When did the facility decommission the high-level isolation unit and/or discontinue serving in this role? _____

3. What factors led to the decision to decommission the high-level isolation capability and/or discontinue serving in this role?

☐ Lack of funding (if yes, please specify funding challenges related to training, equipment, leadership, or other, and estimated funding shortfall): _____

☐ Unit Space were needed for COVID-19 response, leaving unit without capabilities to address a patient with a special pathogen outside of COVID-19

☐ Consumable supplies/PPE were needed for COVID-19 response, leaving unit without capabilities to handle a patient with a special pathogen outside of COVID-19

☐ Diminished perceived threat of EVD or emerging special pathogens

☐ Training and response for COVID-19 made training for Ebola or other special pathogens perceived to be less necessary

☐ Lack of administrative support (e.g., shifting institutional priorities)

☐ Lack of state or local government support

☐ Lack of sustained access to physical space

☐ Location in close proximity to another designated high-level isolation facility

☐ Burdens of local regulations for handling Ebola virus specimens, waste, remains, etc

☐ Barriers to transport of specimens for testing (e.g., distance, costs)

☐ Barriers to operational readiness

- ☐ Emergency Management support
- ☐ Pre-hospital transport plans/Emergency Medical Services (EMS)
- ☐ Facility preparedness for proper patient placement
- ☐ Staffing
- ☐ Training requirements
- ☐ Personal Protective Equipment & Procedures for Donning/Doffing
- ☐ Clinical Care
- ☐ Ability to manage Special Populations (e.g., pediatrics, neonates, pregnancy)
- ☐ Laboratory Capability and Safety
- ☐ Infection Control challenges
- ☐ Waste Management

☐ Management of the Deceased

☐ Others (please describe):_____

4. If adequate funding existed, would the hospital plan to rebuild its high-level isolation unit program and capabilities and/or agree again to serve in this role?

☐YES ☐NO

5. Additional Comments related to funding and/or sustainability: _____

A.1.2 ***If respond "Yes" they still have ETC capability from A.1*****:**

1. To date, what have been the approximate annual operational expenses incurred per year to maintain high-level isolation capability and capacity? $_____

2. What is the shortfall, if any, from the funding that has been received? $_____

3. Please list any shortfall expenses not covered (e.g., equipment depreciation, overhead costs): _____

4. To date, what funding mechanisms have been used for sustaining unit operations?

- ☐ Hospital Preparedness Program (HPP)
- ☐ State (other than through HPP)
- ☐ Local
- ☐ Institutional (hospital)
- ☐ Private
- ☐ No funding
- ☐ Other (please specify): _____

4. Has funding for high-level isolation capabilities through the Hospital Preparedness Program (HPP) Ebola Preparedness & Response Activities to your facility lapsed or decreased?

☐YES ☐NO

4.1 If yes, has this changed your estimated operational budget for this fiscal year?

☐YES ☐NO

4.1.1 If yes, by how much has your estimated operational budget for this fiscal year changed?

$_____

4.2 If yes, will the facility continue to have the financial ability to maintain the unit and high-level isolation capabilities without federal funding?

☐YES ☐NO ☐UNCERTAIN

4.2.1 If yes, how long do you estimate your facility will be able to maintain the high-level isolation capabilities without federal funding?

- ☐ Less than 6 months
- ☐ 6 months to 1 year
- ☐ 1 to 3 years
- ☐ More than 3 years
- ☐ Uncertain (please comment): _____

4.2.2 If yes, what is the anticipated shortfall, if any, from current anticipated funding?

$_____

4.2.3 If yes, please describe anticipated other sources of funding or support:

☐ State
☐ Local
☐ Institutional (hospital)
☐ Private
☐ No funding
☐ Other (please specify): _____

5. Will the hospital maintain high-level isolation capability following the COVID-19 pandemic?

☐YES ☐NO

6. Additional comments related to funding and/or high-level isolation sustainability: _____

B. Role in COVID-19 Response

B.1. Did existing high-level isolation unit (HLIU) capabilities (e.g., trained staff, infrastructure) before COVID-19 affect your hospital's COVID-19 readiness and response?

☐YES ☐NO

If yes, please select from the below:

☐ First persons under investigation (PUIs) or patients diagnosed with COVID-19 in the **HHS Region** were treated in the unit

☐First persons under investigation (PUIs) or patients diagnosed with COVID-19 in the **state** were treated in the unit

☐First persons under investigation (PUIs) or patients diagnosed with COVID-19 in the **city** were treated in the unit

☐ Plans developed for the high-level isolation unit were successfully utilized in your **hospital** to safely care for patients with COVID-19

☐ Plans developed for the high-level isolation unit were successfully shared with others in your **region** by your hospital to safely care for patients with COVID-19

☐ Training materials and/or programs developed for the high-level isolation unit were successfully utilized in your **hospital** to safely care for patients with COVID-19

☐ Training materials and/or programs developed for the high-level isolation unit were successfully shared with others in **your region** by your hospital to safely care for patients with COVID-19

☐ Supplies and equipment procured for the high-level isolation unit were successfully utilized in **your hospital** to safely care for patients with COVID-19

☐ Supplies and equipment procured for the high-level isolation unit were successfully shared with others in **your region** by your hospital to safely care for patients with COVID-19

☐High-level isolation unit staff served as trainers/SMEs for **hospital**

☐High-level isolation unit staff served as trainers/SMEs for **other local hospitals**

☐High-level isolation unit staff served as trainers/SMEs for **other hospitals in the state or region**

☐Clinical and/or translational studies were implemented, developed or led by HLIU team

☐Other (please describe): _____

If no, what were the barriers to playing an early role in the COVID-19 response?

☐ Lack of situational awareness about unit/hospital capabilities

☐Lack of local health department awareness

☐Lack of collaboration/cooperation with local or state public health authorities
☐Lack of perceived appropriateness of reaching out to other hospitals
☐Lack of bandwidth to take on external training
☐Lack of funding to work with external partners
☐Lack of available laboratory testing
☐ Others (please describe): _____

B.2. Which of the following capabilities associated with your high-level isolation unit that existed prior to the COVID-19 pandemic do you perceive enhanced ***unit*** readiness and response to COVID-19?

☐Highly trained staff
☐Previous exercises or drills on novel pathogens
☐Availability of supplies (e.g., PPE)
☐Physical unit (e.g., advanced ventilation, restricted access)
☐Established partnerships and previous coordination with local response agencies (e.g., EMS, public health department)
☐Telemedicine/communications plans and equipment for patients in isolation
☐Adaptable standard operating procedures
☐Supportive and knowledgeable Leadership
☐Laboratory capabilities
☐NETEC involvement/use of resources (e.g., education, technical assistance, SPRN involvement)
☐N/A, Unit was not used in care of patients with COVID-19
☐Other (please describe): _____

B.3. In which of the following ways were high-level isolation unit and capabilities shared with the broader hospital (i.e. outside of your HLIU) to increase hospital-wide readiness and response to COVID-19?

☐Highly trained staff shared training and expertise across the organization
☐Just-in-Time Training strategies deployed and tools and checklists
☐Unit leadership played key roles in developing hospital-wide operating plans
☐Previous exercise or drills on novel pathogens with multiple departments or units in the hospital had identified gaps that had been addressed pre-pandemic
☐Availability of supplies that were shared hospital-wide
☐Previous relationship with PPE vendors allowed for earlier access to supply needs
☐Stockpiled pandemic respiratory supplies
☐Robust emergency management pandemic planning
☐Established partnerships and previous coordination with local response agencies (e.g., EMS, public health department)
☐Telemedicine/communications plans and equipment for patients in isolation
☐Adaptable standard operating procedures shared with entire hospital
☐Laboratory capabilities provided advantage in early stages of testing
☐Staff available that had an understanding of how to access the most up-to-date information on the emerging virus including treatment, transmission, PPE needs
☐NETEC involvement/use of resources (e.g., education, technical assistance, SPRN involvement)
☐Others (please describe): _____

B.4. How do you perceive having a high-level isolation unit and associated capabilities affected overall hospital-wide readiness and response to COVID-19?

☐Improved infection control practices across the hospital
☐Adopted safety protocols led to safer early IPC practices
☐Improved hospital-wide access to respiratory protection options
☐Staff were more proficient on PPE donning/doffing than in peer hospitals
☐Earlier adoption of updated protocols/processes based on evolving information
☐Improved coordination with pre-hospital agencies and stakeholders
☐Use of Incident Command structure for pandemic/special pathogen scenario
☐Others (please describe): _____

B.5. Are there any capabilities that you **did not have** prior to the COVID pandemic that you had to rapidly develop or implement?

☐YES ☐NO

If yes, please describe: _____

B.6. Are there any capabilities that you **did have** prior to the COVID pandemic that you never found a need to utilize?

☐YES ☐NO

If yes, please describe: _____

B.7. Are there any capabilities that you did not have prior to the COVID pandemic and were not able to implement during the pandemic that you will work towards for future pandemics?

☐YES ☐NO

If yes, please describe: _____

B.8. Are there any lessons learned you would like to share at this time (e.g., what went well, what needs to be improved)?

_____

_____

B.9. Are there any lessons learned you would like to share at this time related to what needs to be improved, and proposed action items you would suggest to mitigate and solve the improvements needed?

_____

_____

B.10. Are there innovations or best practices that evolved during the pandemic that you are especially proud of and/or would like to now hardwire in your organization or share more broadly with others?

_____

_____