

Initial Costs of Ebola Treatment Centers in the United States

Technical Appendix

A.1 General Aspects. The facility addressed in this checklist:

A.1.a) Please indicate the name of the EVD/Special Pathogens Care Treatment sponsoring hospital and location:

Hospital: _____ City/State: _____

A.1.b) Is the hospital applying to be the regional center? YES NO

A.1.c) EVD inpatient care facility is located within:

i) Main Hospital Building(s) YES NO

If yes: Located within

Academic/teaching hospital

Referral / regional hospital (but not Academic Medical Center)

Other (Armed Forces/Infectious Disease Center): _____

ii) Independent facility (stand alone facility) YES NO

If yes, is facility located on the same campus as main hospital

building(s)? YES NO

No information / other (please specify):

A.2. High level isolation Capacity:

A.2.a) Number of Ebola or Highly Infectious Disease ISOLATION ROOMS AND BEDS

i) Maximum number of high level patient isolation rooms and beds that can be used simultaneously

number of rooms: _____ number of beds (total): _____

ii) Bed capacity for adult patients n = _____

Critical care capable? YES NO

iii) Bed capacity for pediatric patients n = _____

Critical care capable? YES NO

No information / other (please specify):

A.3. Location of isolation rooms

A.3.a) Where are the isolation rooms specifically located?

i) In a separate ward, but within the same building as other main hospital facilities YES NO

If yes, is the air handling for the ward separate from the air handling for the rest of the building?

YES NO

ii) In separate rooms, but in the same ward as other hospital facilities YES NO

(e.g. Inf. Diseases Ward, or ICU)

If yes, is there a physical barrier (wall or other) separating the isolation rooms from the rest of the ward?

YES NO

If yes, please describe the barrier: _____

B.2 Laboratory capabilities of isolation facility

B.2.a) Location of laboratory support (Check all that apply)

- | | | |
|--|-----|----|
| i) Located within the patient care room | YES | NO |
| ii) Located within the isolation unit | YES | NO |
| iii) Located within the same campus | YES | NO |
| iv) Located within the same city | YES | NO |
| No information / other (please specify): | | |
-

B.3.b) Classification of laboratory support (Check all that apply)

- | | | |
|--|-----|----|
| i) Bedside Point of Care Testing | YES | NO |
| ii) Clinical laboratory | YES | NO |
| iii) Public Health laboratory | YES | NO |
| No information / other (please specify): | | |
-

B.3.c) Biosafety designation of hospital laboratory

- i) BSL-2
 - ii) BSL-3
 - iii) BSL-4
- No information / other (please specify):
-

B.3.c) Biosafety designation of public health laboratory

- i) BSL-2
 - ii) BSL-3
 - iii) BSL-4
- No information / other (please specify):
-

C.1 Cost of establishing high-level isolation capability

C.1.a) Approximate total cost incurred to establish ETC capacity since June, 2014: \$ _____

- | | |
|--|----------|
| Construction/facility modifications: | \$ _____ |
| PPE purchases: | \$ _____ |
| Staff training: | \$ _____ |
| Unit planning: | \$ _____ |
| Acquisition of lab testing equipment: | \$ _____ |
| Other unit equipment purchases (not PPE or lab equipment): | \$ _____ |

D.1. Ebola treatment center consortium participation

D.1.a) Would your facility participate as a member in a consensus network of isolation units to establish infection control metrics, competencies, and peer review for high-level patient isolation centers? YES NO

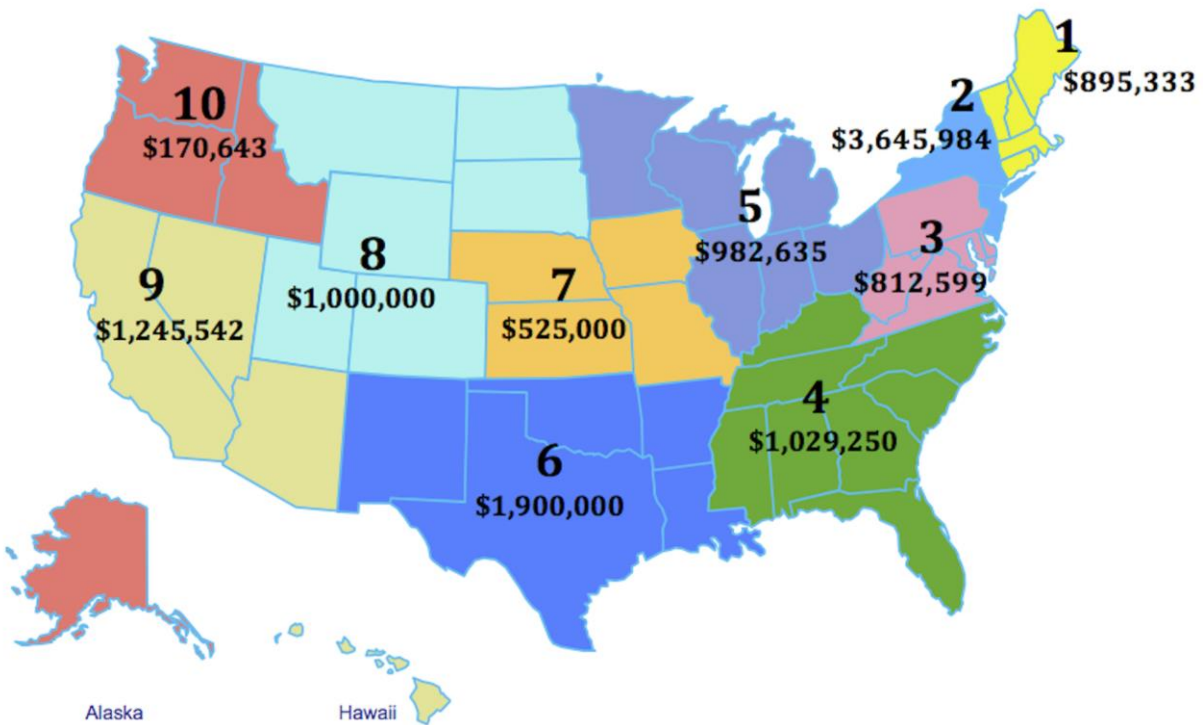
If yes, please specify

Point of contact for consortium participation:

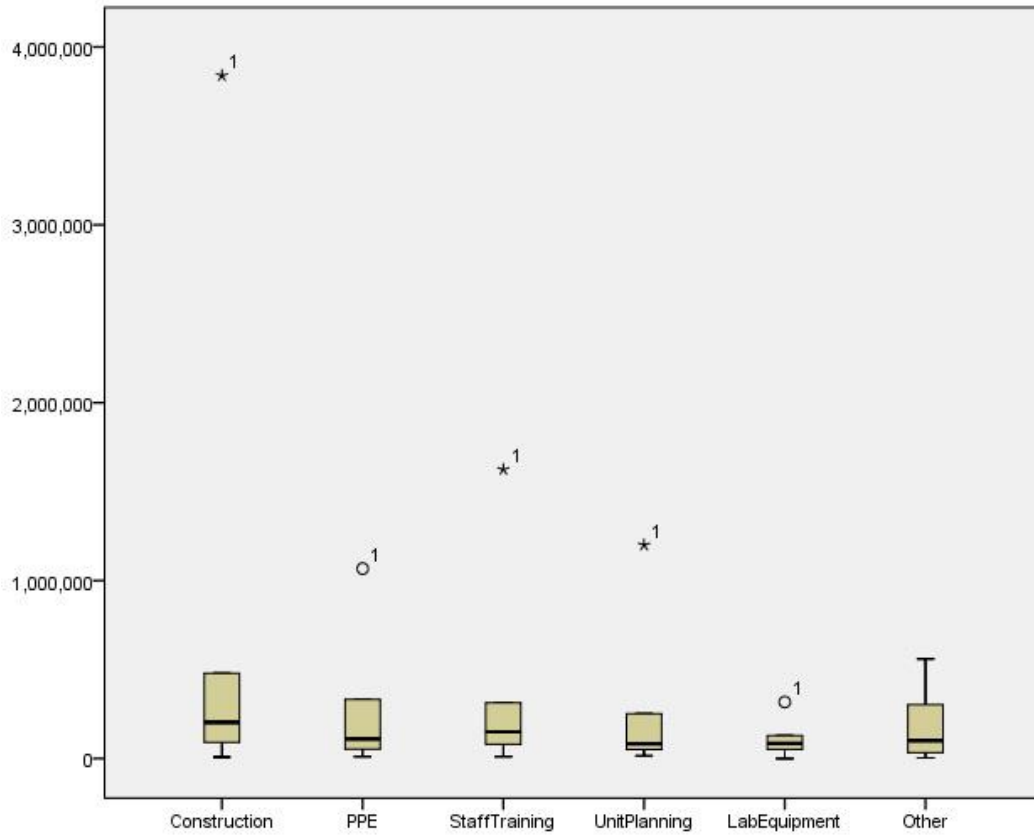
Name: _____

E-mail: _____

Survey sent to all Ebola Treatment Centers.



Technical Appendix Figure 1. Average total costs incurred in each of the 10 US Health and Human Services regions. Summarized data was collected through self-report by individual treatment centers through an electronically administered survey. ¹All Region 8 Ebola treatment centers provided estimates



Technical Appendix Figure 2. Interquartile ranges of the distribution of costs of 45 Ebola treatment centers (US \$). Data were collected through self-report by individual ETCs through an electronically-administered survey.