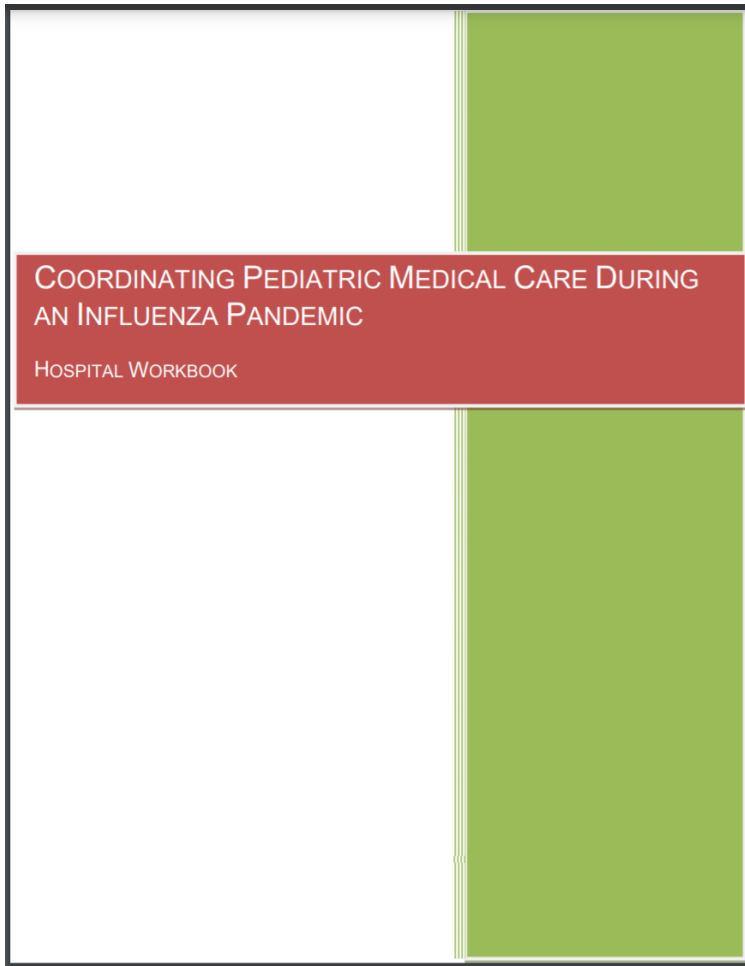


Coordinating Pediatric Medical Care During a Pandemic

A Hospital Workbook

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Coordinating Pediatric Medical Care during a Pandemic – A Hospital Workbook

- Developed 2009 – CDC sponsored Pediatric Stakeholder Meeting, Atlanta, GA
- Attended by many of the best Pediatric and General Hospital providers across country
- Published 2011 – Healthcare Prepared website
https://www.cdc.gov/cpr/readiness/healthcare/documents/hospital_workbook.pdf
- Two Part book – part one for Pediatric hospital and part two for General hospital

Coordinating Pediatric Medical Care during a Pandemic – A Hospital Workbook

Background

- 2009 H1N1 – need for assistance for Peds hospitals and General hospitals
- Request to CDC- Healthcare Preparedness Activity to host Stakeholder Meeting
- Short timeframe to get into place (90 days)
- Invitees were top level practitioners from Pediatrics, General Hospitals/Healthcare systems, CDC Science and Influenza unit, Infectious Disease and Center on Birth Defects and Developmental Disabilities, HHS-ASPR, , National Association of Children’s Hospitals and Related Institutions – total of 21 attendees.

Coordinating Pediatric Medical Care during a Pandemic – A Hospital Workbook

- Four focus Areas - Pediatric Hospitals, General Hospitals, Pediatric Offices, Communication
- An Evaluation of general hospital system ED's had been published prior to this time and were found to be very poorly equipped.
- We began with focus on Pediatric hospitals but quickly shifted to general hospitals and their needs.
- The identification that Pediatric hospitals needed to reach out to their partners in general hospitals and offer to assist getting them able to address pediatric needs was a breakthrough.

Coordinating Pediatric Medical Care during a Pandemic – A Hospital Workbook

- We began Day 2 of this meeting hearing that CDC had just announced new antiviral guidance for Pediatric practitioners.
- We received much feedback about how hard it would be for them to follow it and that we needed to modify it.
- By the end of Day 2 we had outlines for three of the four tools and a great deal of input which needed to be sorted and then made into a tool. They all promised to read whatever we sent and to either change or approve.
- CDC guidance was changed to milder stance on antivirals.

Coordinating Pediatric Medical Care during a Pandemic – A Hospital Workbook

- The completed workbook took almost two years to get feedback from not only meeting attendees but also from people who were currently working in healthcare systems across country
- It took time to get through clearance at CDC and prior to publishing on our website was also sent to HHS-ASPR
- The next few slides are what the book looks like when you download – note the SME Tips and links on the side bars

CHILDREN'S HOSPITAL WORKBOOK

CHILDREN'S HOSPITAL FOCUS

TARGET AUDIENCE

Children's Hospitals

OVERVIEW

Subject matter experts (SMEs) identified six areas that should be addressed by children's hospitals when coordinating medical care for pediatric influenza-like illness (ILI) across a community.

- Area 1 Pediatric Medical Liaisons Between Children's Hospitals and General Hospitals
- Area 2 Internal Surge Capacity Assessment
- Area 3 Pandemic influenza alternate staffing model
- Area 4 Coordination with the Community Pandemic Influenza Response
- Area 5 Patient- and Family-Centered Care During a Pandemic Influenza Surge
- Area 6 Pandemic Influenza Pediatric Triage

Meet with other pediatric medical liaisons and community influenza pandemic planning committees to decide which facilities in your community will care for the sickest children. It will be important to include Emergency Medical Services representatives and others from the transportation sector in these discussions and planning efforts. Record that information here.

What are the criteria agreed upon by your community to transport pediatric cases to this facility?

What resources are available to your hospital to aid in this transport?

SME TIP

During your planning, use the American Academy of Pediatric's revised and expanded edition of the *Air and Ground Transport of Neonatal and Pediatric Patients* which is listed in the sidebar.

Resource

Air and Ground Transport of Neonatal and Pediatric Patients, 3rd Edition
American Academy of Pediatrics (AAP)

https://www.nfaan.org/netFORUM/web/DynaMicPage.aspx?webcode=sacbsa_productdata&key=fa657e6e-d1ad-4c5b-aeaa-7b35b421baa

GENERAL HOSPITAL WORKBOOK

GENERAL HOSPITAL FOCUS

TARGET AUDIENCE

General hospitals that have pediatric units or the capability to convert existing hospital units into pediatric units

OVERVIEW

Subject matter experts (SMEs) identified five areas that should be addressed by general hospitals when coordinating medical care for pediatric influenza-like illness (ILI) across a community.

- Area 1 Pediatric Medical Liaisons and Other Key Contacts
- Area 2 Internal Pediatric Care Capabilities Assessment
- Area 3 Coordination with the Community Pandemic Influenza Response
- Area 4 Patient- and Family-Centered Care During a Pandemic Influenza Surge
- Area 5 Pandemic Influenza Pediatric Triage

A review of local healthcare emergency preparedness coalitions' objective statements reveal that communities use their coalitions for a variety of purposes, including:

- Creating a communication forum to enhance regional emergency planning
- Strengthening all-hazards emergency preparedness and response by the healthcare system
- Developing all-hazard preparedness plans with emergency management and public health officials
- Creating a policy advisory board to review plans and resource sharing agreements
- Implementing an emergency communication and coordination system for healthcare organizations
- Coordinating training and planning support between community entities
- Implementing standardized practices between response partners
- Coordinating region wide exercises and trainings

Planning Reminder

In Area 1 – Pediatric Medical Liaisons and Other Key Contacts, you identified contact persons at your local emergency management agency and public health department.

ENGAGE IN COMMUNITY PLANNING EFFORTS

It is important to establish on-going partnerships with your local emergency management agencies and public health departments prior to a public health emergency. It is not enough to have simply identified a contact person.

SME TIP

Individual facility planning is necessary but not sufficient for a robust community emergency response.

ACTION

► Develop partnerships with local emergency management agencies and public health departments by participating in a community-wide emergency preparedness coalition.

The U.S. Department of Health and Human Services' (HHS) document entitled *Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies* states, "A healthcare coalition organizes individual healthcare assets into a single functional unit. Its goal is to maximize medical surge capacity and capability across the coalition through cooperative planning, information sharing, and management coordination . . . [A healthcare coalition creates] the ability to move medical resources to sites of greatest need."

WORKING WITH COMMUNITY PARTNERS TO COLLECT NEEDED DATA

SMEs that provided input for this workbook determined two epidemiological data points needed by hospitals to more effectively care for patients during a pandemic influenza surge. These data points are (1) the age distribution of pediatric patients and (2) the site of care where the patients present for evaluation and treatment. Collecting these data will require coordination with other healthcare entities and public health partners. Planners should consider working with these partners to determine what avenues exist for collecting and distributing these data.

Strategies and Contingency Actions to Address Pediatric Surge

Project ECHO

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*Area Emergency Manager – Children’s Health /Primary
Children’s Hospital*



Intermountain West Situation – Peds Access

- Primary Children's Hospital receives critically ill patients from nine surrounding states, Alaska and Canada.
- If critical pediatric care is not tenable at Primary Children's Hospital because of surge, the next closest similar resources are (by air miles):
 - Denver 390
 - Seattle 687
 - San Diego 627
 - Phoenix 507



Contingency Actions – Joint Task Force Planning

JTF - Primary Children's Hospital, UT Hospital Association, and UDOH Incident Command

Planning elements:

- Forecasting team to conduct pediatric hospitalization modeling
- Tracking pediatric bed occupancy and availability reporting
- Forecast impact of COVID cases in schoolkids on the healthcare workforce
- Participation on Utah Hospital Association Chief Medical Officer Policy Team



Contingency Actions – Joint Task Force Planning

JTF - Primary Children's Hospital, UT Hospital Association, and UDOH Incident Command

- Refresh and distribute contingency guidance for non-pediatric hospitals if holding kids is needed
- Coordination with pediatric specialty hospitals in Western States
- Coordination with Pediatric Vaccine Advisory Group
- Aligning Pediatric Crisis Standards of Care guidance with approved Adult CSC COVID-19 guidance
- Merge pediatric surge bed placement into Medical Command Response Team (MCRT)



Pediatric Bed Tracking and Occupancy

JTF - develop additional data collection matrix for daily collection from all hospitals (in addition to the adult questions matrix):

- New pediatric hospital admissions
- Total PICU beds
 - PICU occupied – COVID, COVID suspect, non-COVID
- Total Med/Surg acute beds
 - Med/Surg occupied - COVID, COVID suspect, non-COVID
- Pediatric ventilator use and availability



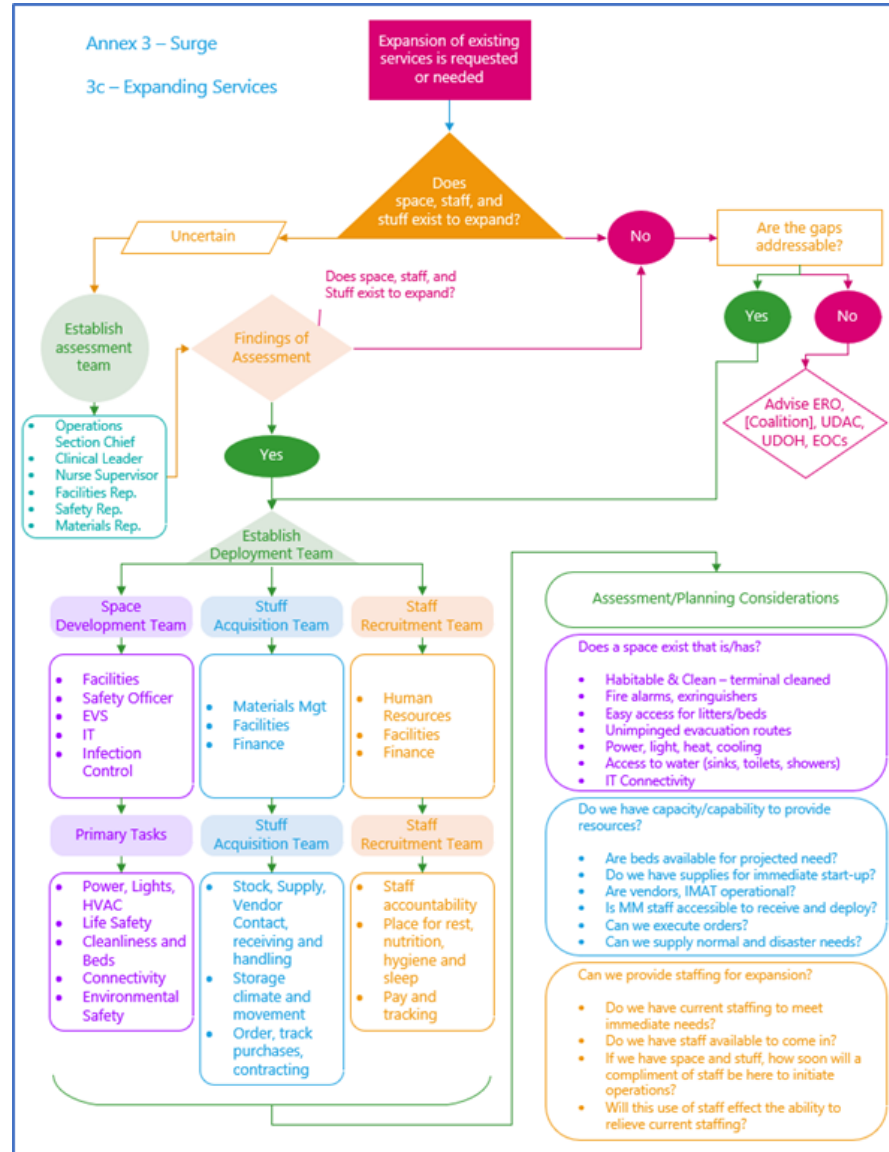
Current Contingency Actions – Primary Children's

- Double bunking in multiple areas
- Space Shift
- Leveraging pediatric inpatient units of other hospitals
- Modification of operations
- Using staffing incentives to increase staff availability

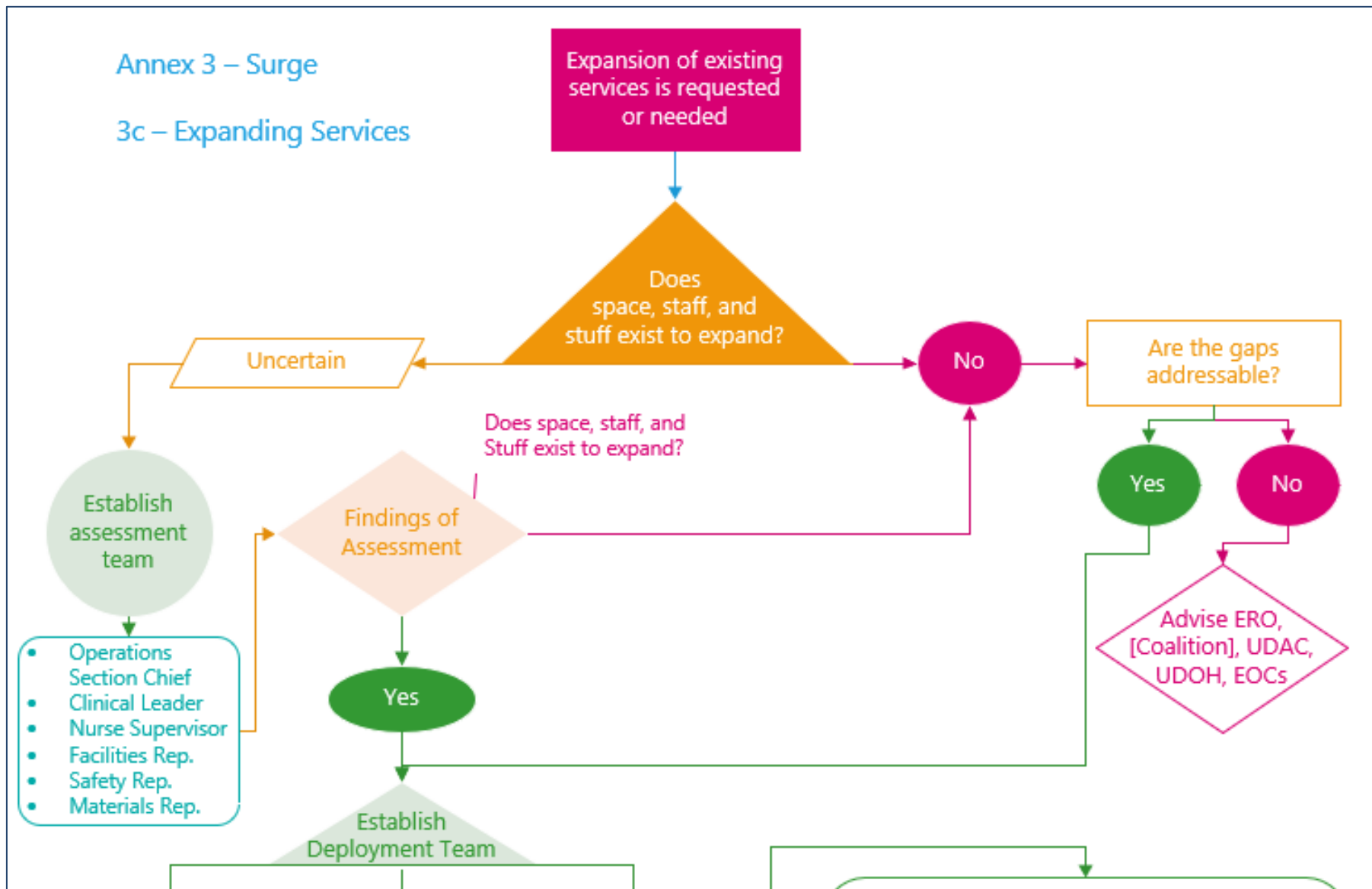


Current Contingency Actions – Primary Children’s

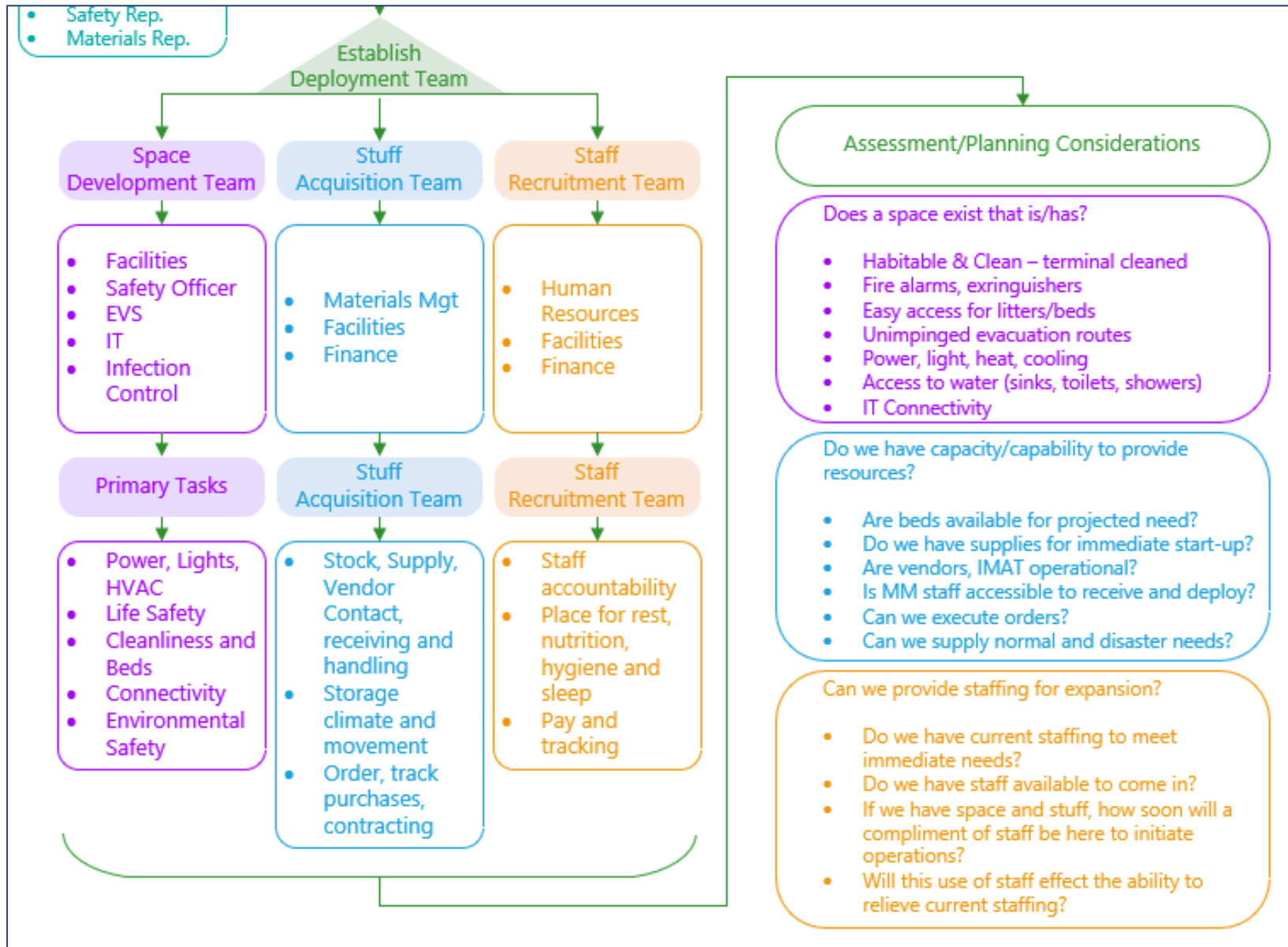
- Expansion of Services
 - Non-traditional areas
 - Outpatient clinic areas
 - Education center
- Assessment of expansion



Expanding Services



Expanding Services



Impending Transfers from Remote Facilities

Transfer center connects the provider with a PCH attending for consultation and approval or assistance for them to maintain:

- Provides clinical guidance to determine if:
 - The child can stay there for continued care
 - The child should not stay there but does not need advanced resources of PCH
 - Coordinate transfer to one of our other facilities, particularly Riverton, UVH, and McKay-Dee (pediatric capacity).
 - The child must be transferred to Primary Children's Hospital (sickest of sickest)



Poll Question

Waterfall Question*:

If you answered “yes” to the poll question, what is your contingency plan?

*Do not hit enter until prompted**



Continuing Efforts – PCH and Utah DOH

- Process development - identifying tiered pediatric capabilities as established at each hospital, by each hospital.
- This to ensure that in surge of pediatrics, early distribution is the key strategy, hospitals keep or receive the patients that match their capabilities and capacities.
- Distribution of peds-specific helps/assists/tools for immediate care and extended care to all hospitals.
- Development of critical planning and response Subject Matter Experts – TRIAD
- Pediatric Emergency Care Coordinator (PECC), Trauma Coordinator, Medical Staff.



Clinical Response Tactics – Peds Surge

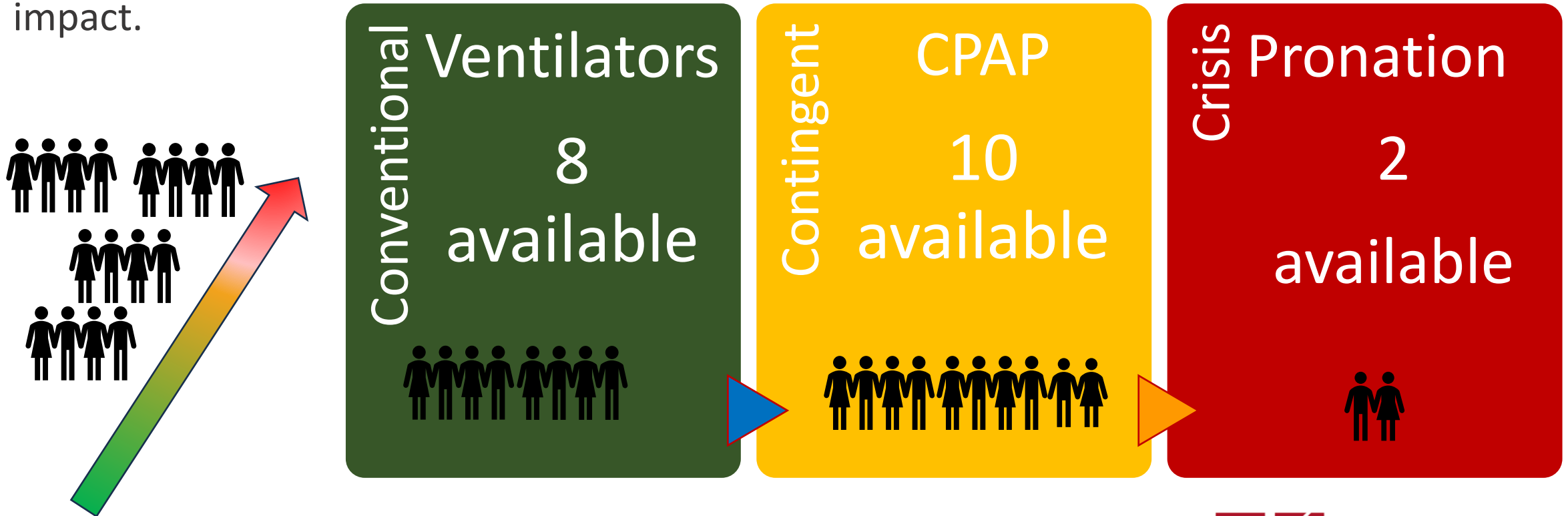
Pediatric Advanced Strike Team - PAST

- Pediatric Critical Care Champion – MD or RN
- IV Team - the best with child patients
- Pharmacist - the best with dose modification
- Lab Tech/phlebotomist - the best stick
- MOD – the best clinical strategist
- Housekeeping and Facilities – transport teams



Continuing Efforts – PCH and Utah DOH

Re-tooling of the UT Peds CSC to ensure all patients get some level of care, defining those care steps during healthcare system resource consumption through a prolonged impact.



Wrap-up

- As the only free-standing children's hospital in the Intermountain West, Primary Children's Hospital plays an important role in maintaining patient access to care.
- In collaboration with members of the Joint Task Force Planning Committee, PCH develops forecasting and bed status reports to coordinate pediatric care across the system.
- As an institution, PCH has developed several contingency strategies to address when patient capacity exceeds availability.
- Using telemedicine, PCH assists local hospitals to provide safe and high-quality care to keep kids closer to home.
- As part of the contingency strategies, CSC are being re-tooled to ensure all kids get some level of care.



Questions

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