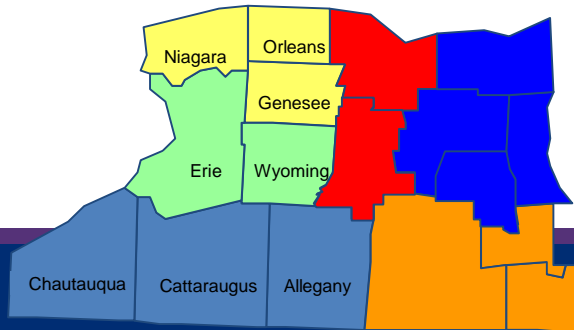




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WNY Pediatric Surge Work Group

WESTERN REGION





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- Pediatric Core Surge WG started in 2013 as a multi-year Healthcare Emergency Preparedness Coalition (HEPC) project in 8-counties of **WNY**
 - Could extend to the entire 17-county Western Region Healthcare Coalition Area (Rochester- Strong Golisano Children’s Hospital)
 - Information sharing with Statewide Regional HEPC Pediatric WGs

WNY Pediatric Core Work Group





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- Participants in the WNY Core Pediatric Work Group
 - Kaleida Women and Children’s Hospital of Buffalo
 - Mix of urban, suburban, Southern Tier hospitals with and without inpatient pediatric services: Kaleida Millard Suburban; Mercy; Sisters; WCA; ECMC
- DOH/ ECMC Trauma Center/ WNY Healthcare Association role: Facilitate participating hospitals in the development of WG goals, objectives, tasks

WNY Pediatric WG Participants



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- **All hospitals, *even hospitals that do not routinely provide pediatric services*, need to plan for the possibility that pediatric patients arriving at their hospital during a disaster might require emergency evaluation, critical care, surgical services, inpatient care, and psychosocial support and should be prepared to offer these services accordingly**

Assumptions



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- **In a natural disaster, terror event, or other public health emergency, the following may occur:**
 - Pediatrics, including critical patients, may initially be brought/ present to the nearest centers
 - Pediatric patients may present to ANY hospital
 - The patient may be too unstable to survive a longer transport time
 - Transfer of patients to specialized hospitals might not be feasible

Assumptions



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- WG would develop strategies to achieve Short-Term & Long-Term Goals and Objectives:
 - WNY hospitals will develop/enhance internal plans and improve capability to manage a surge of pediatric patients, including those of higher acuity.
 - WNY will develop a regional plan to address needs of pediatric patients (and families) during a disaster resulting in a surge of pediatric patients.
 - Integrate community partners' coordination.

WG Goals & Objectives



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- Reviewed 2012 NYSDOH Pediatric Capacity Survey
- Reviewed Draft NYSDOH Regional Pediatric Surge Plan
- Reviewed WNY Hazards and Vulnerabilities
- Identified key resource documents, reviewed current literature*
- Developed/ analyzed a **new survey** to verify WNY pediatric capacities and capabilities
- Developed and prioritized **Planning Steps** for Community Hospitals

Initial Core WG Activities



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1. Core Pediatric Work Group:

- WNY Hospitals with pediatric capacity and interest
- Take the lead in developing goals and strategies

2. Women and Children's Hospital of Buffalo Leadership Role

3. Pediatric Disaster Preparedness Initiative (PDP2)

- Separate Work Group meeting via WebEx
- Supports community hospitals in implementing the **Planning Steps**

Three Part Initiative



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- Quarterly **PDP2 WG Webinars review and discuss implementation of Planning Goals:**
 - Identify a Pediatric Clinical Coordinator
 - Identify a Pediatric Medical Technical Specialist and add to the HICS roles
 - Develop and maintain a list of admitting physicians and mid-levels with pediatric expertise
 - Identify and discuss planning with community physician resources for emergency staffing, and pediatric supplies and equipment availability
 - Identify if Transfer Agreements with hospitals that accept pediatric patients beyond traditional networks, & in geographic proximity are in place.
 - Augment supplies and equipment against a recommended list
 - Participate in a functional Mass Casualty Incident to test pediatric capability- WRECKIT October 2015

PDP2: Implementing Planning Steps for Community Hospitals



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- Leadership and technical resource to the Core WG
- Technical review of recommended resources for hospitals
- Assist in developing a recommended supply-equipment inventory for community hospitals
- Outreach on the WG initiative to community partners
- Explore their expansion of phone/ telemedicine consultation capacity in a surge disaster
- Expand Pediatric Emergency Assessment, Recognition, and Stabilization (PEARS) course to regional hospitals; assist in identifying and expanding other pediatric trainings to hospitals
- Enhance the WCHOB Surge/ decompression plan

Women and Children's Hospital role



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- Increase the involvement and commitment from regional hospital pediatric clinical leadership
- Increase the involvement and commitment from regional partners
- Continuation of a pediatric subcommittee in the Subregion
- Continue to work with other Regions WGs to share Best Practices.....

Current & Ongoing Goals



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- Review the recent ***“Essential Pediatric Domains and Considerations for Disaster Preparedness Checklist”*** document against current goals, assess gaps
- Hospital plans address Pediatric Surge
- More physician involvement and advocacy
- Agreements developed between tertiary centers for mutual aid for disaster surge.
 - State-wide Coordination
 - Telemedicine component
- Include ongoing testing of current plans in facility and regional exercises (WRECKIT 2015)

Current & Ongoing Goals

Regional Planning Initiative

Hospital Tiers for Pediatric Disaster Preparedness & Response



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- Initiated by NYSDOH with Regional Resource/
Trauma Centers in 2012
 - Basic planning elements drafted to a template plan
 - Core WG built upon the existing concepts and verbiage
 - WG updated hospital data to develop the five Tiers

Regional Tiers Concept



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- Develop a system of hospital “Tiers” according to current capabilities and services to guide:
 - **Hospital Planning & Preparedness recommendations**
 - Trainings recommendations
 - **A guide to response and transport management** in a disaster/ surge situation where WCHOB and other tertiary centers became overwhelmed
 - and/or community hospitals must hold pediatric patients

2013-15 Core WG Regional Planning Goal



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- WNY Core WG re-surveyed hospitals in 2013-14
 - Types and levels of pediatric services
 - Status of Preparedness and Planning elements:
 - Pediatric Trainings offered
 - Pediatric Supplies and Equipment

Data sets to develop “Tiers”



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- Pediatric Nurse & Physician Coordinator identified
- Access to a database of physicians/ mid-levels/ nurses credentialed/ verified for pediatric competency
- Hospital transfer agreements outside WNY
- Pediatric Safe Areas identified

Preparedness and planning surveyed.

Hospital Response Categories/Tiers:	WNY Hospitals*	Role/ Level of Preparedness Expected	Minimum Level of Response Care
<p>1. Regional Perinatal Center/Trauma Center/Pediatric Intensive Care Unit (PICU)/Neonatal ICU (NICU)/Labor & Delivery (L&D)/Pediatric Inpatient; has an Emergency Department (ED)</p>	<p>Women and Children’s Hospital of Buffalo</p>	<ul style="list-style-type: none"> • Provide direction/ consultation/ training leadership to Western New York (WNY) community hospitals in preparedness activities. • Identify decompression procedures and surge capacity. • Develop a written Surge Capacity Plan that can be shared regionally including the process to provide consultation to WNY community hospitals holding pediatric patients in a disaster. 	<ul style="list-style-type: none"> • Provide or coordinate direction/ consultation to WNY community hospitals holding pediatric patients in a disaster. • Activate decompression and Surge Capacity Plan as needed. • Accept transport of most complex cases, “immediate” triage levels.
<p>2. Non-trauma hospital with NICU, L&D, newborn nursery and General Pediatric Inpatient Units; has ED</p>	<p>Mercy Hospital of Buffalo Sisters of Charity Kaleida Millard Fillmore Suburban</p>	<ul style="list-style-type: none"> • Participate on Core Pediatric Work Group to provide regional direction • Adopt Pediatric Disaster Preparedness Planning Steps internally. • Enhance/ develop the hospital’s existing Surge Plan to include pediatrics. <ul style="list-style-type: none"> – Areas; staffing; supplies, medications, equipment; triage protocols; child identification protocols; safety and security measures; decontamination; mental health and developmental considerations. • Provide staff training enhancement <ul style="list-style-type: none"> – ENPC; PALS (outside ED); PEARS; PFCCL; ATLS; TNCC 	<ul style="list-style-type: none"> • Activate Surge Capacity Plan as needed. • Establish contact with the Regional or Pediatric Center as designated. • Hold and treat complex and critical patients until the Regional Pediatric Center can accept. • Accept transport of secondary level of complex cases; “delayed” triage, non-life-threatening. • Consider ability/need to decompress/ divert adult cases.



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- **Using the “Tiers” as a guide, agree on priority areas and course recommendations for pediatric training; and support availability**
- Increase medical and nursing staff trained in PALS, PEARS, ENPC, and Disaster Mental Health techniques specific to children
- Obtain financial & local clinician trainer support to sponsor **Pediatric Fundamental Critical Care Support (PFCCS) Course**

Recommendations for Training



- Agree on a **recommended pediatric supply and equipment list** for community hospitals:
 - Identification of hospitals with Broselow Carts
 - Supply levels to maintain
 - Just-in-Time Supplemental Resources

Supply and Equipment List



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- Continued Regional Pediatric Surge Plan development with partners
 - must include EMS
- Regular inclusion of physicians and stakeholder partners in WG planning meetings

Your Involvement