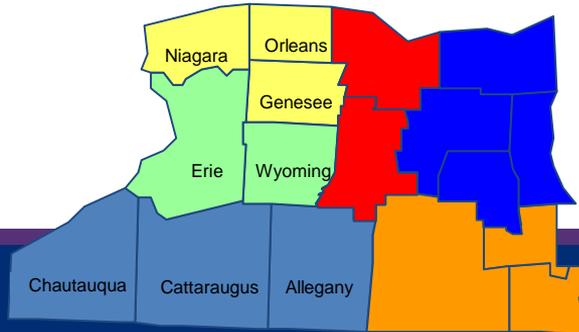




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# WNY Pediatric Surge Work Group

## 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**





## Department of Health

- 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



## Department of Health

- 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



## Department of Health

- 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



## Department of Health

- 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



## Department of Health

- 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



## Department of Health

- 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



- 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 &amp; Delivery (L&amp;D)/Pediatric Inpatient; has an Emergency Department (ED)</p>	<p>Women and Children’s Hospital of Buffalo</p>	<ul style="list-style-type: none"> <li>• Provide direction/ consultation/ training leadership to Western New York (WNY) community hospitals in preparedness activities.</li> <li>• Identify decompression procedures and surge capacity.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide or coordinate direction/ consultation to WNY community hospitals holding pediatric patients in a disaster.</li> <li>• Activate decompression and Surge Capacity Plan as needed.</li> <li>• Accept transport of most complex cases, “immediate” triage levels.</li> </ul>
<p>2. Non-trauma hospital with NICU, L&amp;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"> <li>• Participate on Core Pediatric Work Group to provide regional direction</li> <li>• Adopt Pediatric Disaster Preparedness Planning Steps internally.</li> <li>• Enhance/ develop the hospital’s existing Surge Plan to include pediatrics. <ul style="list-style-type: none"> <li>– Areas; staffing; supplies, medications, equipment; triage protocols; child identification protocols; safety and security measures; decontamination; mental health and developmental considerations.</li> </ul> </li> <li>• Provide staff training enhancement <ul style="list-style-type: none"> <li>– ENPC; PALS (outside ED); PEARS; PFCCL; ATLS; TNCC</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Activate Surge Capacity Plan as needed.</li> <li>• Establish contact with the Regional or Pediatric Center as designated.</li> <li>• Hold and treat complex and critical patients until the Regional Pediatric Center can accept.</li> <li>• Accept transport of secondary level of complex cases; “delayed” triage, non-life-threatening.</li> <li>• Consider ability/need to decompress/ divert adult cases.</li> </ul>



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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



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- 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**