Western Region Healthcare Emergency Preparedness Coalition (WR HEPC)

WNY Hospital Pediatric Disaster Preparedness Presentation 2014-15 PDP2

Overview September 12, 2014
What is the Goal of PDP2?

- A separate WG opportunity from our Core Pediatric WG.
  - Hospitals who chose PDP2 on their Contract Work Plan will participate in the quarterly conference call/webex.
- PDP2 will discuss strategies and progress towards implementing the Hospital Planning Steps
  - Hospital input & discussion on calls is required
- Goal: aid WNY in developing sustainable Pediatric Surge Capability.
Assumptions

• 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.
2013-15 Core Pediatric WG Goals

• Involve Women and Children’s Hospital of Buffalo and pediatric service hospitals as resources for WNY planning.

• Develop hospital “Tiers” based on capacity and capability to guide:
  – Planning recommendations
  – Development of pediatric training priority areas, and course recommendations
2013-15 Core Pediatric WG Goals

• Develop **priority steps for surge planning.**
  – Use “Planning Steps” from the Pediatric Toolkit, and other resources
  – Develop a strategy and timeline for hospitals to implement the steps.

• Support trainings availability

• Develop a recommended pediatric supply and equipment list.

• 2015-16: Hospitals develop internal Pediatric Surge Plans.
Key Hospital “Planning Steps” for 2014-15

• Identify and implement a Pediatric Clinical Coordinator

• Identify and add a Pediatric Medical Technical Specialist to the HICS chart

• Develop and maintain a list of admitting physicians and mid-level practitioners with pediatric expertise

• Identify and discuss planning with community physician resources for emergency staffing, and pediatric supplies and equipment availability

• Identify and Establish Transfer Agreements with hospitals that accept pediatric patients beyond traditional networks, & in geographic proximity.
Training

- Increase medical and nursing staff trained in PALS, APLS, NALS, PEARs*, ENPC, and Disaster Mental Health techniques specific to children.
  - Explore the extension of the *Pediatric Emergency Assessment and Respiratory Stabilization (PEARS) to WNY Hospitals (currently only at WCHOB/ Kaleida System)
  - Obtain financial & local clinician trainer support to sponsor Pediatric Fundamental Critical Care Support (PFCCS) Course
Supply and Equipment List

- Agree on a recommended pediatric supply and equipment list
  - Maintenance of Broselow Carts
  - Supply levels to maintain
  - Just-in-Time Supplemental Resources
Develop hospital “Tiers”

• Survey Monkey launched for hospitals to self-report service levels & planning status:
  • Types and levels of pediatric services
  • Pediatric Trainings offered
  • Pediatric Supplies and Equipment
  • Access to a database of physicians/ mid-levels/ nurses credentialed/ verified for pediatric competency
  • Hospital transfer agreements outside WNY
  • Safe Areas identified
  • Procedure for Unaccompanied Minors
Conclusions from Survey…

- More PALS training could be conducted; there is interest in PEARS
- WNY hospitals see a need to develop an internal plan for pediatric surge.
  - WNY can work with other NYS Regions who are developing a template plan.
- Some Planning Steps may already be covered by a percentage of hospitals, putting WNY PDP2 ahead as a region.
Women and Children’s Initiatives

• Provide Core Work Group Leadership
• Plan for WCHOB to expand phone consultation capacity in a surge disaster
• Expand Pediatric Emergency Assessment, Recognition, and Stabilization (PEARS) course to regional hospitals
• Provide expertise on planning priorities
WNY Hospital Planning Steps Implementation 2014
Identify a Pediatric Clinical Coordinator

- Description of role: “Champion” appointed to:
  - Advocate for this population.
  - Serve as a liaison between internal hospital committees that address emergency prep.
  - Assist with the development and use of peds protocols and procedures; planning implementation.

- Time frame for identifying: December 2014.
- Target- 100% of hospitals will identify and appoint the positions.
Clinical Coordinator for Pediatric Emergency Care

• See Role Description

• A credentialed member of the medical and/or nursing staff with an interest in disaster preparedness who is accepted by the Emergency Preparedness Committee to assume the following responsibilities:
  – Attend at least two meetings per year of the EP Committee.
Pediatric Medical Technical Specialist

• Add a Pediatric Medical Technical Specialist to the HICS chart:

  – *Discussion*:
    • Role description
    • Who? ED Physician?
    • What competencies?

• CEMP Revision to include Job Action Sheet
• Time frame for completion: December 2014
• Target- 100% of hospitals.
Physician/ Clinician Resource List

• Develop and maintain a list of admitting physicians (ED-MDs, otolaryngologists, anesthesiologists) and mid-level practitioners with pediatric expertise
• How developed and maintained?
  – Medical Staff Office assistance
  – Other:
• Time frame: December 2014
• Target- 100% of hospitals.
Action Step Suggestions

• Put initiative on your next EP Committee Agenda
  • Seek suggestions for the Peds Clinical Coordinator from EP Committee; Nursing Administration; Medical Leadership
  • Discuss your existing credentialing databases for physicians and specialists
  • Consider CEMP amendment to include Tech Specialist and other JAS
  • *A presentation by Dr. Young to the CEOs at the WNYHA is planned for October 6th*
  • Consider other internal meetings or clinician groups in your area to inform.
Next Webinar

• Next Webinar Meeting,
  – Thursday November 6th, 2014, 10:00 – 11:00 AM
  – Be prepared to report on progress and challenges to implementing these steps
    – Focus reporting on: specific strategies used to identify and engage a Clinical Coordinator; Physician/ Clinician Resource List identification.
Community Resource Identification

- Identify and discuss planning with community physician resources (i.e., Immediate Care Centers, Pediatrician offices) for emergency staffing, and pediatric supplies and equipment availability

- *Discussion:* How to approach? Venues?
  - Invite Immediate Care Centers to a meeting?

- Time frame: June 2015

- Target- 100% of hospitals.
Transfer Agreements

• Establish Transfer Agreements with hospitals that accept pediatric patients beyond traditional networks, & in geographic proximity
  – Identify existing agreements.
  – What hospitals are located outside WNY and NYS?

• Time frame: 2015
• Target- 100% of hospitals.
Training

• Increase medical and nursing staff trained in PALS, APLS, NALS, PEARs, ENPC, and Disaster Mental Health techniques specific to children

• *Discussion*: What staff? What hospitals? What % increase are we aiming for
  – Obtain financial & local clinician trainer support to sponsor Pediatric Fundamental Critical Care Support (PFCCS) Course

• Use of Survey Data and Tiers to develop recommendations

• 10% regional increase in staff trained outside the ED for PALS/ PEARs/ ENPC?
Supply and Equipment List

• Regional adoption of a recommended pediatric supply and equipment list

• What hospitals need what equipment?
  – Use Tiers system to develop recommendations?

• Time frame for hospital implementation?

• Percent improvement expected?
Other Planning Steps for 2015

• Procedure for documenting an Unaccompanied Minor
  – Included in the NYS Pediatric Toolkit

• Identification of A Pediatric Safe Area
  – Checklist for the Area is in the NYS Pediatric Toolkit
  – Staffing
  – To be included in the Pediatric Surge Annex
Future Work Group Goals

• Continue the Pediatric Work Group in WNY; explore regional expansion.
• Increase the involvement and commitment from regional hospital pediatric clinical leadership.
• Increase the involvement and commitment from regional partners.
• Continue to work with statewide Region WGs to share Best Practices…..
Future

- Envision a 3-year plan (2013 – 2016)
- Complete tasks identified in BY 2014-15
- Hospitals develop/ enhance internal Pediatric Surge Plans in 2015-16
- Include ongoing testing of current plans in facility and regional exercises