

# Pediatric Pandemic Network

## Available Resources and Opportunities for Collaboration

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Session P-401



2023 ALL-GRANTEE MEETING

CULTIVATING COMMUNITY GROWING COLLABORATION

# Speaker Disclosure

No financial interests or relationships to disclose



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# PPN Mission and Vision

**Mission:** In collaboration with the nation's children's hospitals and their communities, the network will coordinate, prepare, and enable high-quality, equitable, research-based pediatric care in emergencies, disasters and pandemics.

**Vision:** Improving health outcomes of children and the resiliency of children, families and communities impacted by emergencies, disasters and pandemics.



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# Questions for you

- Within your existing work, can you identify an area in which the engagement and collaboration of EMSC State Partners with PPN should be pursued?
- Can you identify an area of support that PPN could provide to you as a EMSC State Partners?



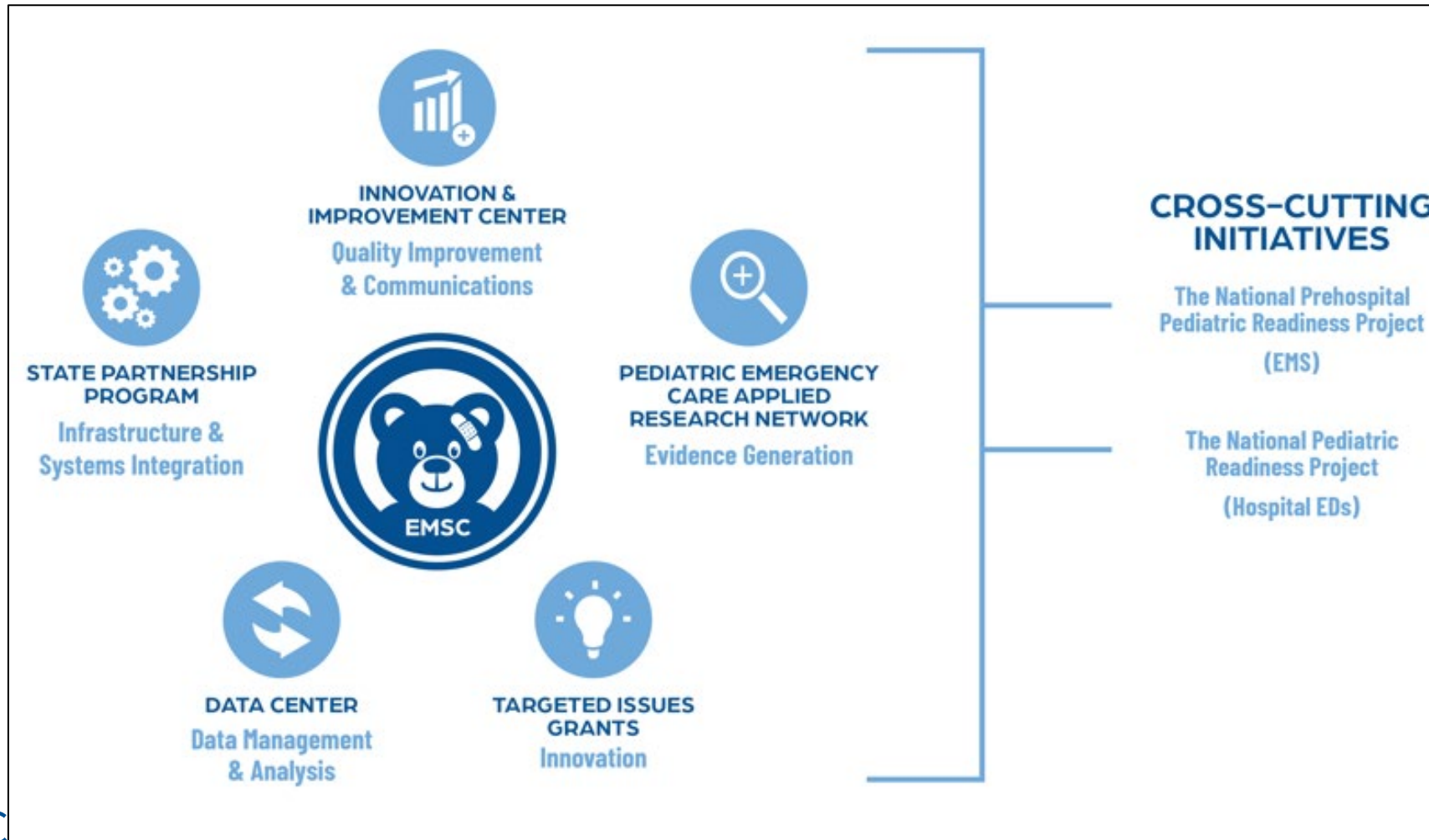
# PPN Foundation–Equity and Engagement

- Increase the number and types of collaborations so that children’s hospitals can better address the unique needs of children and their families, including **efforts to prevent and address disparities experienced by underserved populations.**
- **Health Equity Domain** - ensuring all activities and deliverables are viewed through the lens of equity, diversity, inclusion and justice. Includes equity simulation facilitated by UAB SimLab
- **Community Engagement Domain** – Supporting the development and inclusion of healthcare users, families and community organizations in guiding PPN’s work, its outputs, and its impact
- **Upcoming AGM Presentation Sept. 13 @ 12:45** – Charles Macias “Somewhere Over the Rainbow: Driving Equity through Community Collaboration”



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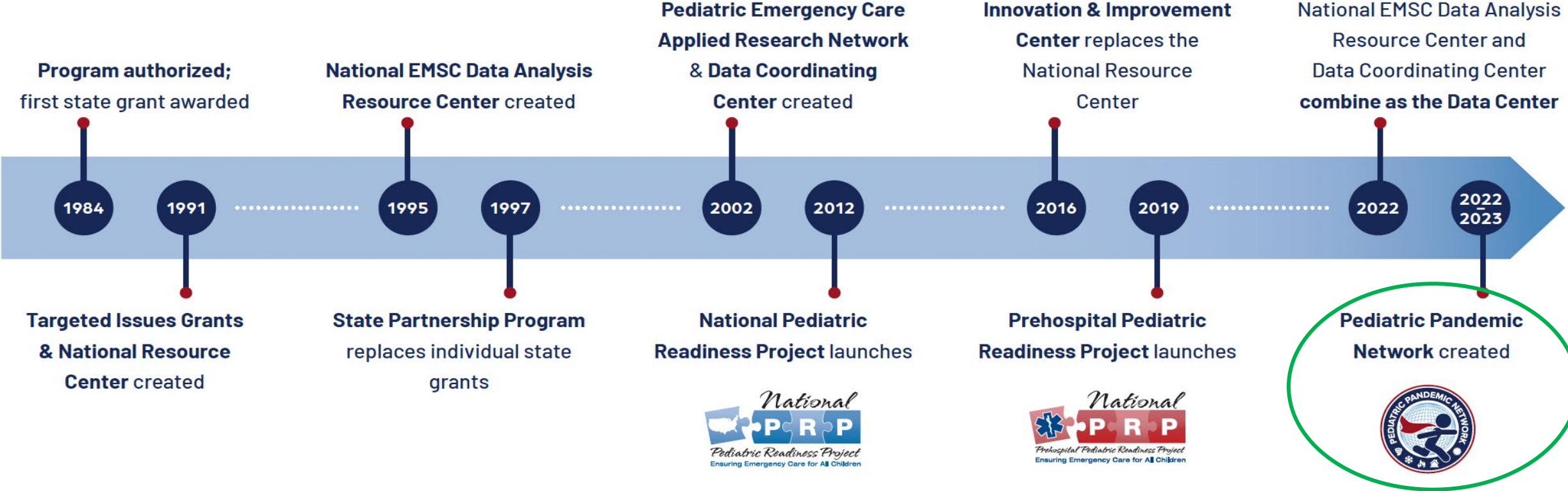
# Emergency Medical Services for Children: our “community”



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# Legacy of Improving Everyday and Disaster Readiness



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Created through SPRANS funding



# The Need

- Children (25% of US population) have **unique health care needs**
- **30 million children seek emergency care each year**—most (80%) in general Emergency Departments
- **Persistent disparities** in access to and quality of pediatric emergency care
- **Historical focus on adults** in emergency and disaster readiness
- National Pediatric Readiness Project (2013): **<50% of surveyed hospitals** include pediatric-specific needs in disaster plans
- **COVID-19** exposed and exacerbated gaps in pediatric care, which compelled Congress to fund PPN

“““

*Meanwhile, disasters affecting children in the US continue to occur—and in some cases are increasing in magnitude and severity.*

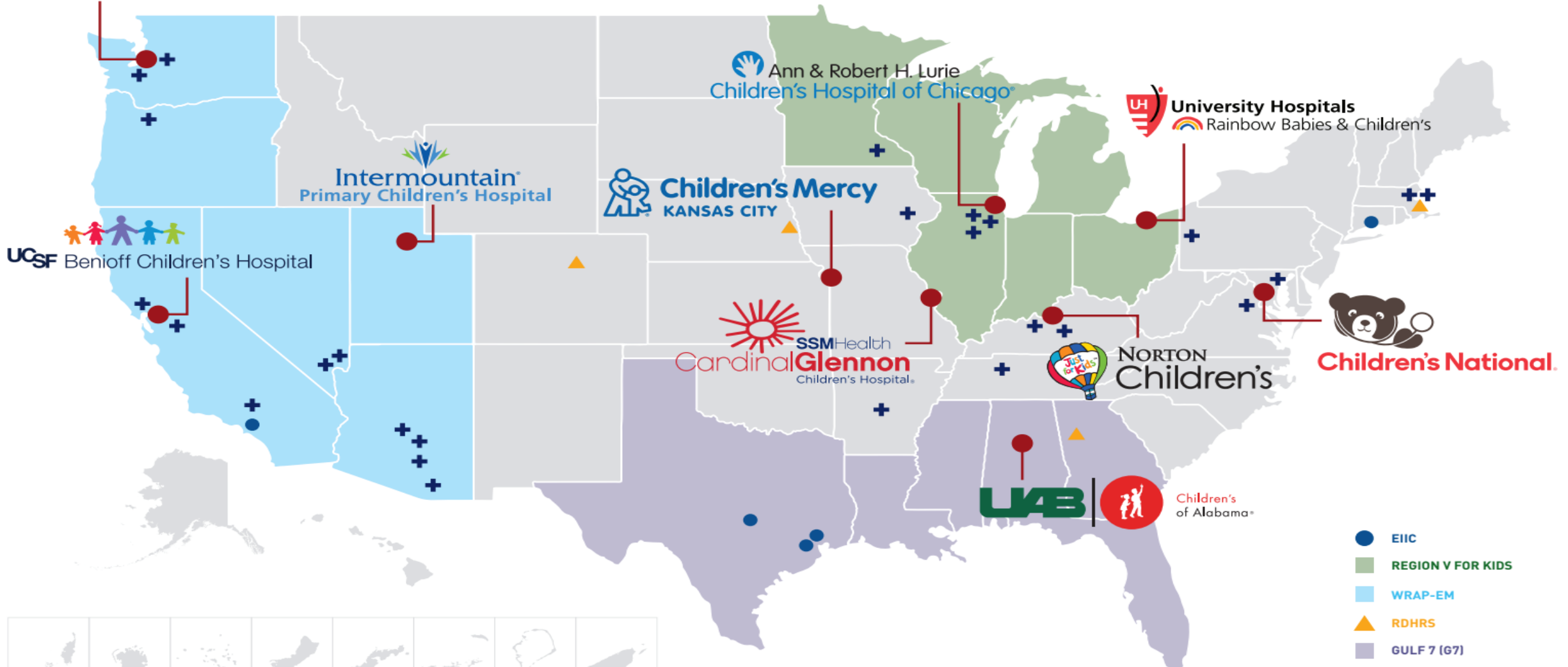


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# PPN Hub Sites and Key Partners



**Seattle Children's**  
HOSPITAL • RESEARCH • FOUNDATION



Palau	Federated States of Micronesia	Marshall Islands	Guam	American Samoa	U.S. Virgin Islands	Northern Mariana Islands	Puerto Rico

- EIC
- REGION V FOR KIDS
- WRAP-EM
- ▲ RDHRS
- GULF 7 (G7)
- + OTHER

EMSC State Partnership Programs are in 58 states and territories.



# Pediatric Disaster Care Centers of Excellence

- Funded by the Administration for Strategic Preparedness and Response (ASPR)
- Bring together children’s hospitals, private and public entities, and national organizations
- Designed to disseminate best practices in pediatric disaster preparedness, response, and recovery on a regional level



## Gulf 7 – Pediatric Disaster Network

- Awarded in 2022
- Anchored at Texas Children’s Hospital (Houston, TX)
- 7 states/territories: Alabama, Florida, Georgia, Louisiana, Mississippi, Puerto Rico, Texas

## Western Regional Alliance for Pediatric Emergency Management (WRAP-EM)

- Awarded in 2019
- Anchored at UCSF Benioff Children’s Hospital (Oakland, CA)
- 6 states: Arizona, California, Nevada, Oregon, Utah, Washington

## Region V for Kids (formerly EGLPCDR)

- Awarded in 2019
- Anchored at UH Rainbow Babies & Children’s Hospital (Cleveland, OH)
- 6 states: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

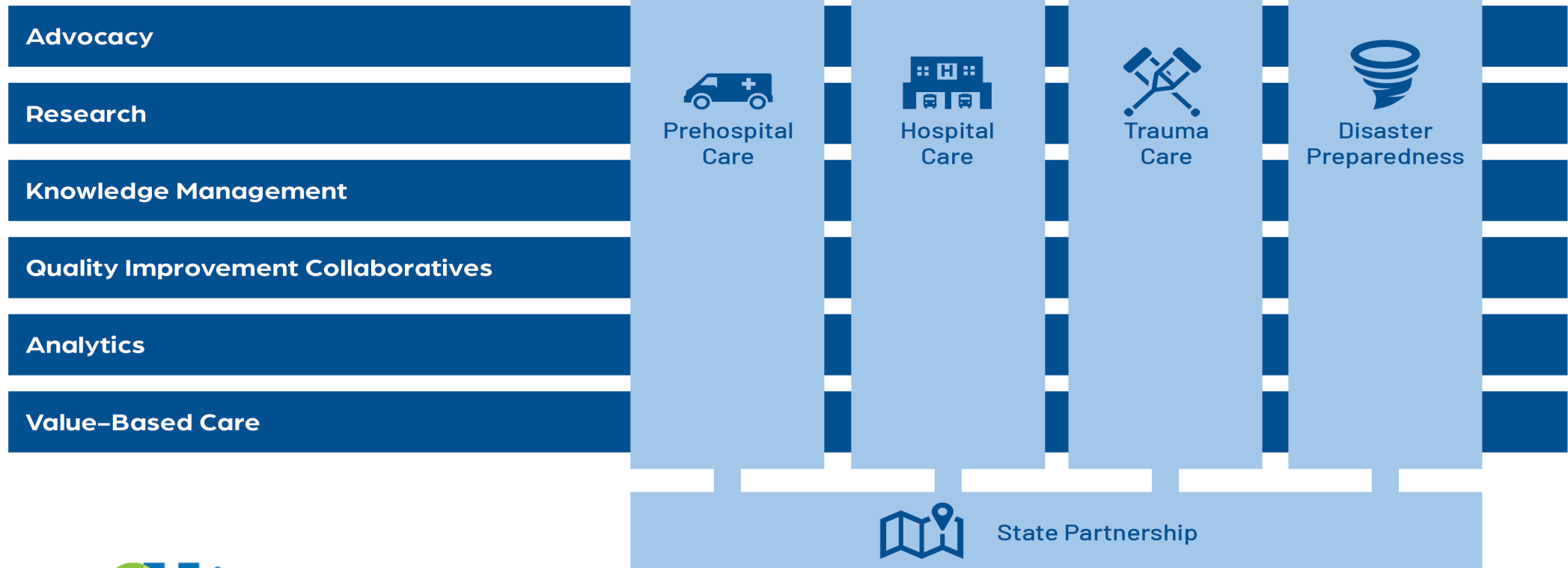


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# EMSC Improvement and Innovation Center (EIIC)

## FOCUS AREA DOMAINS (The Pediatric Emergency Care Continuum)

CROSS-CUTTING DOMAINS



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®



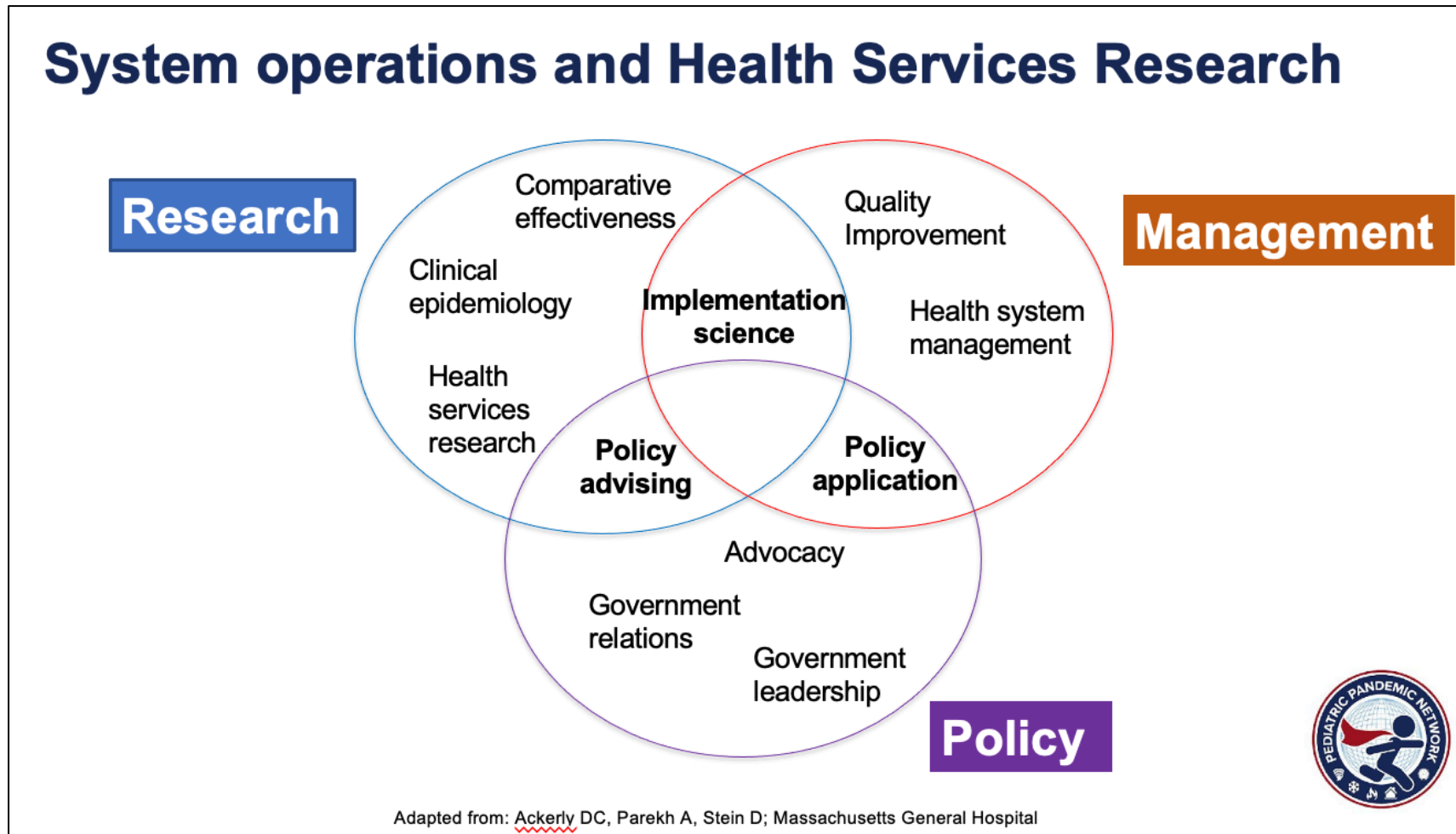
American College of  
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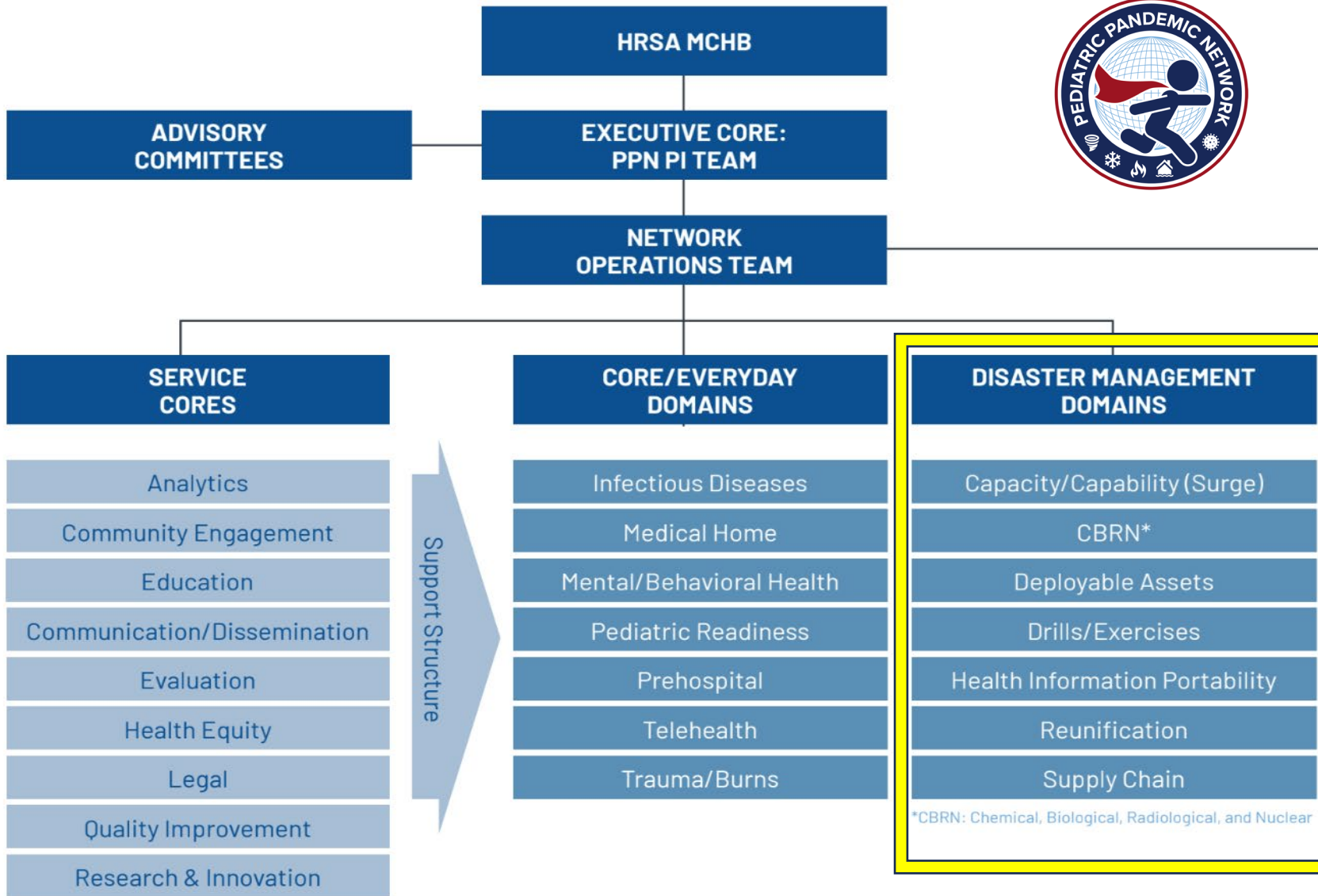
AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality: Highest Standards, Better Outcomes



# How can we support you? How can you engage?



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**OPERATIONS LEADERSHIP HUB SITE TEAMS**

- Rainbow Babies & Children’s – lead site
- Children’s National Hospital - lead site
- Benioff Children’s Hospitals
- Cardinal Glennon Children’s Hospital
- Children’s of Alabama
- Children’s Mercy Kansas City
- Lurie Children’s Hospital
- Norton Children’s Hospital
- Primary Children’s Hospital
- Seattle Children’s Hospital

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# Disaster Management Domains

- **Capacity and Capability (Surge)** - Surge toolkit; pediatric hazard vulnerability assessment (pHVA); Disaster Response Collaborative
- **Chem, Bio, Nuclear, Rad (CBRN)** - Education on pediatric considerations for chemical response plans in alignment with VTTX schedule; develop content for Decontamination bundle for Disaster Response Collaborative
- **Deployable Assets** - Pediatric Medical Operations and Coordination Cell best practices and implementation guide
- **Drills and Exercises** - Assist children's hospitals with elevation of pediatric content in local/regional exercises; facilitate children's hospitals hosted chemical virtual tabletop exercises
- **Health Information Portability** - Assessment/interviews of health information exchange end users for pediatric disaster gaps/needs
- **Reunification** - QI initiative through Disaster Response Collaborative; Community pediatric reunification toolkit
- **Climate Task Force** - Analyze state hazard mitigation plans and prepare educational content; Climate health module for clinicians in partnership with Emory



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# PPN Disaster Networking Collaborative (DNC)

- Quality Improvement (QI) collaborative
- Enhancing children's hospitals' role in improving pediatric disaster preparedness within their region
- Key DNC elements
  - Hospital/clinical operations and workforce resiliency
  - Community and medical home engagement, education, and partnerships
  - Data, research, and improvement science infrastructure
  - Professional education and development
  - Clinical care regionalization and telehealth
  - Healthcare access and equity
- Ten virtual sessions from September 2023-June 2024
- EMSC partners should link with CH to be a part of the team



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# Building Bridges: Leveraging PPN and EMSC activities for a unified purpose

PPN Disaster Networking Collaborative	EMSC State Program Activities
Children's hospital pediatric disaster infrastructure	All hospital and EMS pediatric disaster preparedness
Developing regional networks	Grow hospital and EMS networks across the state
Growing the voice of children's hospitals	Ensuring all hospitals are ready to care for children
Standards for disaster preparedness among children's hospitals	Sharing readiness and preparedness resources



# PPN in Response 2022-2023



## UNDERSTANDING THE PEDIATRIC SURGE CRISIS

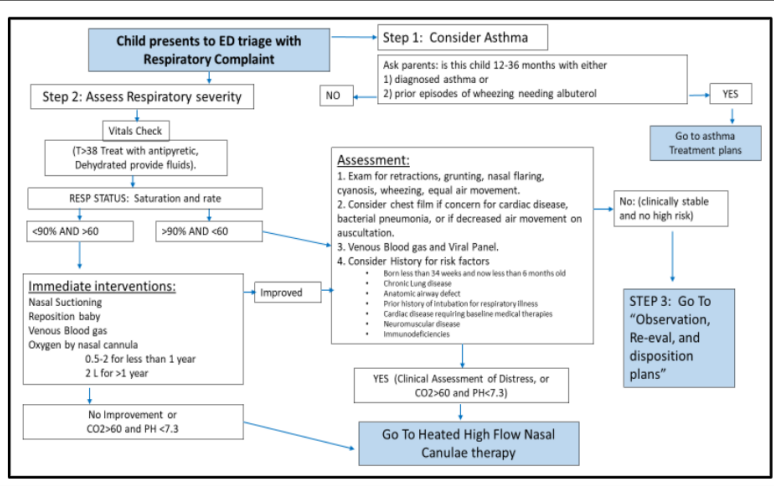
**>75%**  
As of early November, more than 3 in 4 pediatric inpatient beds in the U.S. were occupied.<sup>1</sup>

**>100%**  
Many states have surpassed full capacity for staffed pediatric intensive care unit beds.<sup>1</sup>

**2-3X**  
EDs are reporting pediatric volumes as high as 2-3X as normal.<sup>2,3,4</sup>

The crisis is making headlines now. But how did we get here?

Pediatric Mental Health and Community Wellbeing in the Aftermath of the Maui Fires



## Navigating potential influenza antiviral medication shortages: Information for healthcare providers

Date updated: Dec. 20, 2022

On December 14, 2022, the Centers for Disease Control and Prevention (CDC) issued a Health Alert Network (HAN) advisory entitled **"Interim Guidance for Clinicians to Prioritize Antiviral Treatment of Influenza in the Setting of Reduced Availability of Oseltamivir."** Please review the HAN advisory for additional details. The FAQs below provide pediatric-specific context for the advisory.

# Response and Engagement in Emerging Issues

- Primary question: What exactly does it mean to “respond and support” in an event ... for us?

Connecting people and organizations.

Providing “expert opinions” to tough problems.

Dissemination of vital information or situation awareness.

Elevating clinical care for children (best evidence possible).

Peds based advising on: Space / Staff / Stuff / Systems



# PPN in Response: Examples

- **Connected:** people, organizations, experts, and agencies
  - Participation on federal interagency calls as a voice of pediatric providers
  - **Federal regional townhall conference call series**
  - **Emerging issues and current events all-hands information sharing calls**
  - Supporting local and regional partners: EMSC, Coalitions, Counties and state agencies, emergency operations centers.
  - Support the development of “PMOCC” infrastructures with peds advising.
  - After Action Documentation.



**PEDIATRIC SURGE RESPONSE:**  
Briefing on Recent Federal Guidance  
*Including Regulatory Flexibilities and Available Resources*

Tuesday, December 13, 2022  
12:00 – 12:30 pm PT  
Virtual event

Zoom link: <https://uscf.zoom.us/j/96111863708>  
Meeting ID: 961 186 3708 | Password: 52141

In early December, the Secretary of the U.S. Department of Health and Human Services issued guidance to state governors on regulatory flexibilities and available resources for responding to the ongoing surge of RSV and other pediatric respiratory illnesses.

In this 30-minute briefing, James G. Hodge, Jr., JD, LL.M. will provide an overview of the scope and ramifications of the federal announcement, including flexibilities under the current 1135 waiver and how states and facilities can apply the guidance to response activities. The briefing will include a short Q-and-A period to address participant questions.

The briefing is jointly hosted by the Western Regional Alliance for Pediatric Emergency Medicine (WRAP-EM) and the Pediatric Pandemic Network (PPN), and is open to all.

Please note, the briefing will be followed by a 30-minute conversation on other surge-related topics, including supply chain updates and technical assistance requests. All attendees are welcome to join for the full hour.

**Presenter:** James G. Hodge, Jr., JD, LL.M. is the Peter Kiewit Foundation Professor of Law at the Sandra Day O'Connor College of Law and Director of the Center for Public Health Law and Policy at Arizona State University. Through scholarship, teaching, and applied projects, Professor Hodge delves into multiple areas of public health law and policy, including emergency preparedness and response.



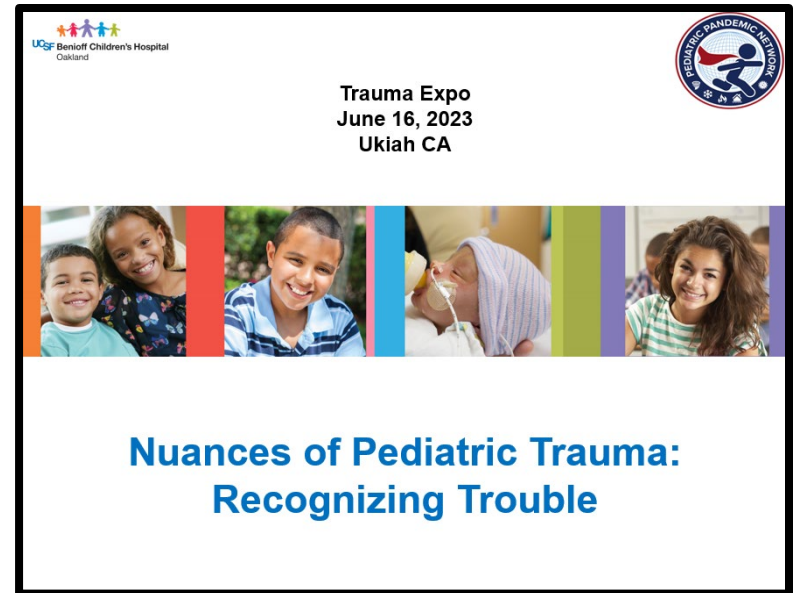
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# Example: On-Site/Virtual peds training

- Webinars
- Mini conference
- Peds ready site surveys
- Simulations (impacts)
- The “PECC for the PECC’s”

= Connected facilities



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# PPN in Response: Examples

- Informed: Situation Awareness, resource dissemination, clinical support tools.
  - Resources will vary depending on the event
  - FAQs to provide additional pediatric, family, and provider information
  - Dissemination of PDCOE developed resources
  - **Just-in-Time resources to provide pediatric clinical guidance, including contingency and crisis care guidance**
  - Supporting development of After-Action Reports

#5: A tidal wave of respiratory illnesses

**+68%**  
From October to December, the number of children with COVID-19 at hospital admission increased 68%.<sup>17</sup>

**+14%**  
Flu hospitalization of young children reached nearly 14% in November 2022, the highest point for that period since 2009.<sup>18</sup>


**+300%**  
RSV hospitalization among children in November 2022 was more than quadruple the rate a year earlier.<sup>19</sup>

**The result: an unprecedented pediatric care crisis.**

**How you can help**

**Healthcare professionals:**

- **Use** hospital and prehospital clinical resources related to capacity and respiratory illnesses in children.
- **Participate** in pediatric readiness projects.
- **Take part** in a quality improvement collaboratives.



**Everyone:**  
Promote prevention. Keep kids up to date on seasonal and routine vaccinations, and follow public health guidance to limit disease transmission.

YouTube

WRAP-EM  
Western Regional Alliance for Pediatric Emergency Management

PEDIATRIC PANDEMIC NETWORK

JIT Bronchiolitis Pearls and Pitfalls

Jonathan Kohler, MD  
Heather Siefkes, MD  
University of California, Davis

Region 10 Kids  
EMSC  
EMSC Innovation and Improvement Center  
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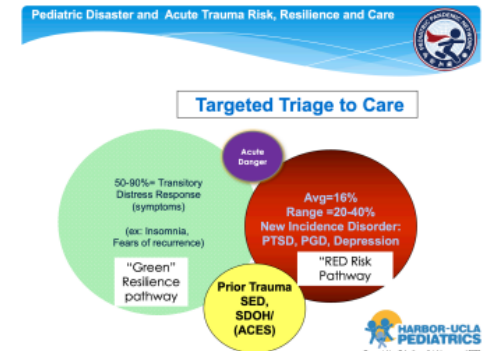


# Example: Maui Support

- Organic requests for Guidance / Tools
  - Mental health resource team
  - HRSA leadership and Health Department
  - Recovery and ongoing connection.

Rapid Response Support Team  
Internal Working DRAFT Document  
Ver 1.0  
Incident/Disaster: Maui Wildfire

- Overview:
- Population Level Continuum of Risk/Resilience:
  - CONCERN: ~unknown number of missing or deceased children
    - Priority IMPACT Population
      - Families of children
      - Children who lost parent/caregiver/siblings
      - Peers/friends
      - First Responders/ Hospital ED/Burn unit



Task: Estimate numbers in each color risk category  
# at each color coded category: \_purple\_red\_yellow\_green

- Resources in play
  - NCTSN PFA being delivered
  - 6 TF CBT certified providers in the Islands
  - PsyPACT? HI not currently PsyPACT state
  - ESAR-VHP for HI?

Mental Health Resource dissemination.  
"Rapid Response Team"



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# PPN in Response: Examples

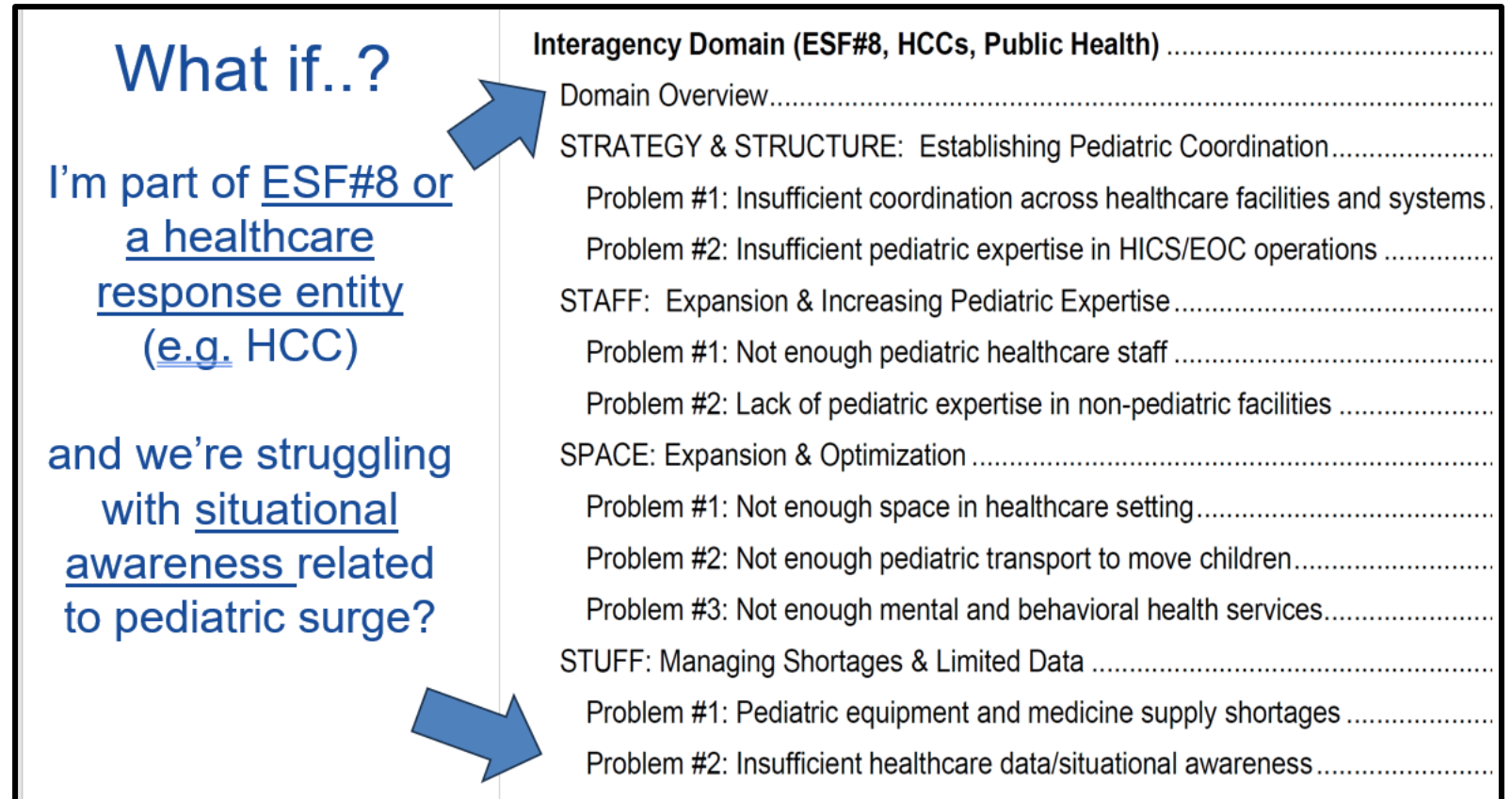
- Equipped and Efficient: Space / Staff / Stuff / Systems
  - **Pediatric Surge Playbook**
  - Video based table-top drills
  - “Peds ready” in action
  - Telemedicine options for regions
  - **Mental health screening and triage (PsySTART)**
  - Hospital pediatric bed occupancy tracker and dashboard (in development)



# Example: The Surge Playbook

## Surge Playbook:

- Organized into sections depending on role:
  - Hospital
  - Agency
  - PMOCC



# PPN Research and Innovation Domain

- **Delphi Conference**

- Identify gaps in pediatric disaster science – and what gaps PPN can fill
- Outputs include a widely disseminated report, and guidance to inform PPN research

- **Disaster Science Curriculum**

- 1 yr. curriculum for clinical fellows and jr. faculty members entering the field – initial goal of 20 trainees; 80 hours of content
- Addresses shortage of research(ers) in pediatric disaster science by increasing training in this new field, to include CBPR, vulnerable and at-risk populations, and data access



# PPN Research Expansion 2023-2026

- **Clinical Scholars Program**

- Career Development award with a focus on disaster science research and QI
- Goal to establish independently funded health researchers

- **Pilot Studies Program**

- Focus areas include disaster preparedness, mental health, health equity, infectious diseases, and innovations

- **PPN Wide Research Initiative**

- Scope and impact of COVID on MH/BH issues in children
- Implement interventions that will better prepare communities for future disasters.



# PPN Research Expansion 2023-2026

- **Research on Regulated Medical Devices and Software**
  - Address regulatory science gaps and challenges for devices used in responses
  - Outcomes will include white papers, risk models, and prototypes
- **Annual Research and Innovation Conference**
  - focus on research accomplishments of the PPN
  - Include sessions for community members, and youth council to share info and get feedback about future activities
  - Opportunity for Pilot projects, scholars, and others to present on their work



# Questions and Answers

- Within your existing work, can you identify an area in which the engagement and collaboration of EMSC State Partners with PPN should be pursued?
- Can you identify an area of support that PPN could provide to you as a EMSC State Partners?
- Other Questions?





# THANK YOU!

