EMSC IIC
Emergency Medical Services for Children | Innovation & Improvement Center

Pediatric Disaster Preparedness Quality Collaborative

Welcome Packet

Welcome!

Welcome to the Pediatric Disaster Preparedness Quality Collaborative (PDPQC)! The mission of the collaborative is to enhance the ability of all hospitals to receive and treat children in response to a disaster regardless of location, patient volume, inpatient capabilities or pediatric expertise.

You can expect to enhance your hospital's overall level of pediatric disaster preparedness through access to national subject matter experts who will provide expertise and best practices for caring for children during a disaster. You will also build important relationships with partners in your region.

The collaborative will take an all-hazards approach to disaster preparedness beginning with the Environmental Scan. The aim of this Environmental Scan is to provide an understanding of your baseline level of pediatric readiness as well as inform us, the collaborative organizers, of the ongoing disaster preparedness and response activities at each hospital so that we can integrate collaborative activities with ongoing disaster efforts within each hospital. We will then progress through a series of 8, 2-week modules from July to October 2020. These modules are broadly divided into three focus areas: internal coordination, regional coalition building and patient tracking/reunification. Each focus area will be introduced during a Learning Session (conducted via teleconference) led by a national pediatric disaster preparedness expert. More details on the structure of these modules are included later in this document.

We hope that you find this collaborative a rewarding experience and—in the spirit of collaboration—all work together to enhance our ability to receive and treat children. We look forward to getting to know you all!

Warm regards,
The PDPQC Team

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Aim Statement

By October 30, 2020 collaborative participants will collectively improve their Pediatric Disaster Preparedness Environmental Scan score by 10%.

Specific Aim #1: Internal Pediatric Disaster Preparedness

By October 30, 2020, at least 85% of participating hospitals will have a hospital disaster plan that includes pediatric-specific needs.

Specific Aim #2: Regional Disaster Coalition Building

By October 30, 2020, at least 85% of participating hospitals will participate in a regional disaster coalition.

Specific Aim #3: Patient Tracking and Reunification

By October 30, 2020, at least 85% of participating hospitals will have a written process for the tracking and reunification of unaccompanied pediatric patients.

Schedule of Events

Event	Date(s)	Description
Site Recruitment	July 7	· Site recruitment
Intent to Participate	July 7	· Interested sites to complete RedCap survey to confirm interest and provide contact information.
Formal Application	July 7	· Formal application will cover details about the hospital for consideration for participation in the collaborative
Official Launch & Welcome	July 7th 12:00 ET / 11:00 CT	· Welcome and Introductions · Expectations and goals · Review of the RedCap data entry system
Environmental Scan	July 7 - 14	· Complete a RedCap assessment of the hospital's current disaster preparedness activities and level of pediatric readiness
Internal Pediatric Disaster Preparedness		
Learning Session #1	July 14th 12:00 ET / 11:00 CT	· Review of Environmental Scans · Overview of the role of a Pediatric Champion
Module 1: Pediatric Champion	July 15 - 28	· Identify a Pediatric Champion · Define disaster roles and responsibilities · Engage with the hospital preparedness committee
Module 2: Current Policies & Drill History	July 29 - Aug 11	· Pull current policies and summaries of previous drills · Evaluate for pediatric inclusion · Assess departmental participation and communication plan
Module 3: TABLETOP EXERCISE	Aug 12 - 25	· Test departmental engagement and communication · Scenario: Choose from 6 different possible

		· Complete and Upload After-Action Report
Learning Session #2	Aug 25 12:00 CT /11:00 ET	· Debrief of tabletop exercises · Review of After-Action Reports · Introduction to regional disaster coalitions
Regional Disaster Coalitions		
Module 4: Regional Coalition Structure and Drill History	Aug 26 - Sept 9	· Identify regional disaster coalition · Obtain contact information for key individuals · Review Past Drilling History and Pediatric Annex (if applicable)
Module 5: ASPR REGIONAL DRILL	10-Sep	· COVID-19 Focus · Morning didactic session followed by a tabletop exercise in the afternoon.
Learning Session #3	15-Sep	· Debrief of regional drill · Review of After-Action Reports · Introduction to Patient Tracking and Reunification
Patient Tracking and Reunification		
Module 6: Patient Tracking & Reunification	Sept 16-29	· Review of current patient tracking and reunification plan and resources
Module 7: Create/Update a Tracking & Reunification Plan	Sept 30 - Oct 13	· Create or update existing hospital tracking and reunification plan to include pediatric-specific needs
Module 8: Sustainability Planning	Oct 14 - 27	· Re-take Environmental Scan · Sustainability planning
Final Learning Session	27-Oct	· Collaborative Evaluation · Celebrate successes · Identify common challenges and best practices

Background

Natural and man-made disasters, violence, and acts of terrorism impact millions of individuals—including children—each year.

During catastrophic events, children are disproportionately impacted given their unique physiological, psychological and social-emotional needs. This subsequently influences their response to the event and dictates essential care considerations. Disaster preparedness necessarily depends on day-to-day readiness. Yet, emergency departments and healthcare facilities across America are often dealing with day-to-day deficiencies in pediatric readiness that are exacerbated during a disaster.

In 2013, the Emergency Medical Services for Children (EMSC) Program in partnership with the American Academy of Pediatrics, the American College of Emergency Physicians, and the Emergency Nurses Association launched the National Pediatric Readiness Project (NPRP) to ensure high quality emergency care for children 24/7 regardless of their geographic location. The project began with a national assessment based on the 2009 "Guidelines for Care of Children in the Emergency Department," to determine the capacity of our nation's ability to meet the needs of children. The 2013 National Pediatric Readiness Assessment had a remarkable response rate – with 83% of EDs across the US participating. This was a clear indication of the nation's desire to ensure high quality emergency care for children. Common gaps identified included:

- Presence of physician (47.5%) and nurse (59.3%) pediatric emergency care coordinators (PECC);
- Presence of quality improvement plans that include children (45.1%);
- Presence of disaster plans that include pediatric-specific needs (46.8%).

Yet, the nation's emergency care system is not alone in recognizing pediatric deficiencies. A 2010 National Commission on Children and Disasters Report stated:

- Persistent deficiencies in every functional area of pediatric disaster preparedness exist;
- Children appear more often to be an afterthought than a priority in planning for a disaster;
- Although children are often categorized as an "at risk," "special needs," or "vulnerable" population, only a few hospitals have integrated these patients' care needs into their disaster plans.

Since a disaster can never be anticipated—as exemplified by the recent pandemic--healthcare institutions, large and small, must be prepared to address this new reality. A 2013 report entitled, Preparedness, Response and Recovery: Considerations for Children and Families Summary, acknowledged that "current state and local disaster plans often do not include specific considerations for children and families. While disaster plans are required in all hospitals, at least two drills (including children) should be conducted each year to improve efficiency and skills.

Knowing that nearly 83% of all pediatric emergencies are seen at local community emergency departments, and the likelihood that children will be disproportionately impacted if and when a disaster strikes, the EIIC together with the Eastern Great Lakes Pediatric Consortium for Disaster Response has designed the Pediatric Disaster Preparedness Quality Collaborative (PDPQC) to assist facilities with adapting their existing hospital disaster plans to include pediatric populations.

About Us

Eastern Great Lakes Pediatric Consortium for Disaster Response (EGLPCDR)

The mission of the Eastern Great Lakes Pediatric Consortium for Disaster Response is to build on existing foundations in pediatric clinical care and emergency response by enhancing coordination mechanisms and incorporating relevant capabilities at the local, state and regional levels.

The consortium is led by Rainbow Babies and Children's Hospital in Cleveland, Ohio, and comprised of five other children's hospitals within the states of Michigan and Ohio including:

- Cincinnati Children's
- CS Mott Children's Hospital
- Children's of Michigan
- Helen DeVos/Spectrum Health
- Nationwide Children's Hospital

The EGLPCDR brings together private and public entities (regional healthcare coalitions, emergency medical services, public health and emergency managers) as well as representatives from national professional organizations to provide a multi-pronged approach to address gaps within the care of children across the disaster cycle spectrum of mitigation, preparedness, response and recovery for nearly 7 million children. Each entity in EGLPCDR provides unique local and state level expertise (telemedicine, evidence based clinical guidelines, simulation education, drill scenario expertise and special care units) and have integrated leadership roles within their Regional Healthcare Coalitions (8 in Michigan and 7 in Ohio). The overall goal of the EGLPCDR is to harness and develop best-practices around disaster preparedness and response to be shared with other children's and non-children's hospitals and affiliated entities within and beyond the region.

Emergency Medical Services for Children Innovation and Improvement Center (EIIC)

Recognizing the paucity of adequate pediatric emergency care nationwide, Congress authorized the federal Emergency Medical Services for Children (EMSC) Program in 1984. Housed under the U.S. Department of Health and Human Services (HHS) within the Health Resources and Services Administration (HRSA) and Maternal and Child Health Bureau (MCHB), the EMSC Program has strived for over 30 years to reduce pediatric mortality and morbidity across the nation. The EMSC Program is comprised of two national resource centers—the EMSC Innovation and Improvement Center (EIIC) and the National EMS Data Analysis Resource Center (NEDARC)—both of which support local EMSC programs across 58 states and territories as well as the Pediatric Emergency Care Applied Research Network (PECARN).

The EIIC is based at the University of Texas Dell Medical School in Austin, TX as well as Rainbow Babies and Children's Hospital in Cleveland, OH and includes co-investigators from Yale University School of Medicine, the Lundquist Institute for Biomedical Innovation at Harbor UCLA and Baylor College of Medicine/Texas Children's Hospital in Houston, TX. The EIIC employs quality improvement science and the expertise of multiple professional societies and federal organizations to continue to transform emergency medical care for children across the continuum of pediatric care.

The EIIC has a proven record of leading successful, national quality improvement collaboratives, the most recent of which was the National Pediatric Readiness Quality Collaborative (PRQC) which included nearly 140 hospitals in 17 states that, in aggregate, influenced nearly 1.5 million pediatric visits. For this reason, the EIIC partnered with EGLPCDR to launch the Pediatric Disaster Preparedness Quality Collaborative.

Funding Sources

The EGLPCDR is one of two Pediatric Disaster Care Centers of Excellence funded by the U.S. HHS Office of the Assistant Secretary of Preparedness and Response (ASPR). In September 2019, the ASPR awarded two cooperative agreements totaling $6 million to pilot the creation of Pediatric Disaster Care Centers of Excellence (COE) to improve disaster response capabilities for children in the United States. The two cooperative agreements were awarded to the Regents of the University of California, San Francisco (UCSF), for a COE led by the UCSF Health System and UCSF Benioff Children's Hospital; and the University Hospitals of Cleveland for a COE led by University Hospitals Rainbow Babies and Children's Hospital.

The pilot sites and awarded funds are part of a plan to address pediatric disaster care needs and known gaps. As COEs, the two recipients must develop or improve their capability and capacity to provide highly specialized care to pediatric patients within and outside their own regions.

The projects will also define the delivery of pediatric clinical care when existing systems become stressed or overwhelmed. Under this pilot project, UCSF Health System and UCSF Benioff Children's Hospital and University Hospitals Rainbow Babies and Children's Hospital will ensure the needs of all pediatric patients, including children with special health care needs, along with their parents and caregivers are considered and integrated into the Pediatric Disaster Care COE plans and operations. For more information on our funding source, please see the full press release here:
https://www.phe.gov/Preparedness/news/Pages/pdcc-award-30sept19.aspx

The EIIC is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of the Emergency Medical Services for Children Innovation and Improvement Center award totaling $1,500,000 with 0% financed with non-governmental sources.

Disclaimer

Structure of the Collaborative

The PDPQC Team

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Eastern Great Lakes Pediatric Disaster Consortium, ASPR Pediatric Center of Disaster Excellence

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Design

Quality improvement (QI) science has been proven to be a timely and effective approach for healthcare providers and centers to integrate best practices and evidence-based guidelines. QI collaboratives further support these efforts by allowing teams to learn from one another, test changes to improve quality, and use their collective experience to understand, implement, and disseminate best practices for common adoption.

Traditional QI methodology involves a series of iterative plan-do-study-act (PDSA) cycles where successive changes are rapidly introduced and tested until the project aim is achieved. However, a quality collaborative focused on disaster preparedness cannot function in this way. The relative infrequent—albeit increasing—occurrence of disaster events does not lend itself well to this type of rapid, iterative model of improvement. Nonetheless, this collaborative will utilize elements of traditional quality improvement collaboratives—sharing of collective experiences and dissemination of best practices by pediatric disaster preparedness experts—to create meaningful improvement.

The collaborative will begin and close with an Environmental Scan. The purpose of the environmental scan is to provide a baseline evaluation of participating hospitals' pediatric disaster preparedness level and to help the collaborative organizers understand the ongoing disaster preparedness and response efforts at each hospital so that collaborative activities can be tailored to meet the respective needs and ensure the collaborative is a meaningful experience for all participants. Each hospital will receive a simple readiness score based on the Environmental Scan. Only the aggregate score—and not individual hospital scores—will be shared with the larger collaborative. The group will then progress through a series of 8, 2-week modules grouped into three topic areas:

1. Internal Pediatric Disaster Preparedness
2. Regional Disaster Coalition Building
3. Patient tracking and reunification

The modules are designed to build a strong foundation for pediatric disaster preparedness (internal and regional coordination) and will begin to address an essential element of pediatric response—patient tracking and reunification. We will close out the collaborative by re-completing the Environmental Scan and sharing strategies sustained improvement.

Learning Sessions

Each topic area will be introduced during a Learning Session. These 1-hour virtual sessions will include an overview of the topic by one of our subject matter experts followed by time for discussion and questions. Learning Sessions will occur on select Tuesdays at 12:00 ET / 11:00 CT. These sessions will be recorded and posted to the participant-only webpage for those who cannot attend. Meeting links will be sent via calendar invites as well as be posted to the Participants-Only webpage (see below).

Participants-Only Website

All collaborative materials including the schedule of events, a contact list for participants, module packets, learning session call information/recordings, and more will be posted to the participants-only website.

Participants-Only website Link
https://emscimprovement.center/collaboratives/pediatric-disaster-preparedness-quality-collaborative/pdpqc-participants-only/
Password: *PedsDisasterReady*

Modules and the RedCap System

Modules will be released on the first Wednesday of each 2-week session. Participants will receive an email containing the module packet as well as link to the RedCap data entry form. These two items will also be posted to the Participants-Only website.

Each module packet will include an introduction to the topic, a short series of questions to be answered in RedCap, a list of recommended change strategies to improve in this area and links to additional resources.

Upon completion of the module data entry form in RedCap, you will be immediately sent a PDF copy of your answers. Only one data entry form needs to be completed by each hospital. It is up to each hospital to decide who is responsible for completing the forms. At the end of the collaborative, each hospital will receive a detailed completion report that will include all the module packets, hospital responses and baseline/final score on the Environmental Scan.

EGLPCDR Virtual Exercise

On September 10, 2020, all participating hospitals will participate virtual exercise developed by the Eastern Great Lakes Pediatric Consortium for Disaster Response. This will be a full-day event with a morning didactic session followed by a tabletop exercise in the afternoon. The exercise will have a pediatric COVID-19 focus and will test the mobilization of resources within the hospital's local community in response to a disaster.

Expectations

To gain the most from this collaborative, we ask that hospital try to commit to attending the learning sessions, participating in the virtual exercise and completing the data entry forms. From our experience in previous collaboratives, we understand that staff turnover is going to occur. If you can no longer participate in the collaborative, please email Meredith at Meredith.rodrguez@austin.utexas.edu and—if possibly—help identify another individual at your hospital that can carry on the work.

That being said, we are completely sensitive to the strain that the ongoing pandemic is placing on all of us. There will be no penalties for not attending learnings sessions, participating in the virtual exercise, or not completing the data entry forms. You will not be removed from the collaborative! We are grateful for any time you can commit to improving the quality of care for every child.

Environmental Scan

The purpose of this environmental scan is to 1) conduct a baseline assessment of your hospitals' current state of preparedness and 2) to inform us, the collaborative administrative team, of the current disaster preparedness work at your institution so that we can ensure the activities of this collaborative compliment ongoing efforts and are appropriately adjusted to your hospitals' level of preparedness so that this collaborative is a valuable use of your time. Each hospital will receive a simple score on this Environmental Scan. Only the aggregate, not individual, scores will be shared with the larger collaborative. This score is simply one of the ways for us to measure the effectiveness of this collaborative. It in no way a comprehensive reflection of the quality of care at your hospital.

We do not want you to spend a lot of time digging up the answers for this baseline assessment. It is perfectly acceptable to **NOT** have the answers to some of these questions. Most questions give you the option of "unsure". Participants will delve further into many of the elements of your hospital disaster plan that we ask about here during the upcoming modules.

Over the last couple of months, our emergency care systems have experienced unexpected strain that, in many cases, has pushed hospital disaster preparedness plans beyond their original scope and has required healthcare providers and leaders on the front lines to develop creative solutions to unforeseen challenges. With this in mind, we have devoted a section to how your hospital has optimized and standardized day-to-day emergency care processes during this crisis. This section is completely optional and not scored.

PLEASE NOTE: The paper version of the environmental scan presented here is for your reference only. Please complete this assessment through the RedCap system here:
https://tch redcap.texaschildrens.org/REDCap/surveys/?s=JJEHHTEFTJ

Section 1: Current Hospital Disaster Plan

1. Does your site have a formal all-hazard written disaster plan (in writing)?
    a. Yes
    b. No → **Go to 5**
    c. Unsure

2. If yes, what was the date that the plan was last reviewed?
    a. Date: _____

3. Who is responsible for maintaining the plan (choose all that apply)?
    a. Emergency Management/Preparedness Coordinator
    b. Emergency Management/Preparedness Committee

c. Hospital Administrator
d. Clinical Leadership
e. Other (specify)
f. Unsure

4. Does your hospital have a disaster/emergency preparedness committee?
    a. Yes
    b. No → **Go to 11**
    c. Unsure

5. Is there pediatric representation on the committee?
    a. Yes
    b. No
    c. Unsure

6. If yes, please specify the primary title of the pediatric representative: _____

7. If yes, does the pediatric representative carry a formal title (in writing) related to pediatric disaster coordination?
    a. Yes
    b. No
    c. Unsure

8. If yes, please specify the pediatric representative's formal title: _____

9. If yes to #4, Does anyone on the committee have any formal training in pediatric disaster preparedness (i.e. FEMA 439 course, PALS, PEPP, ACLD, ITLS)?
    a. Yes
    b. No
    c. Unsure

10. Based on your site's all-hazards vulnerability analysis, what are the top five (5) hazards for your site?
    a. Infectious pandemic
    b. Winter Storm
    c. Extreme Heat
    d. Active shooter event
    e. Chemical Emergency
    f. Bioterrorism
    g. Information Technology
    h. Cybersecurity
    i. Medication shortages
    j. Flooding

k. Fire
l. Radiation
m. Tornado
n. Tsunami
o. Volcano
p. Landslide
q. Hurricane
r. Wildfire
s. Earthquake
t. Other (specify) _____

11. Which of the following are included in your disaster plan (choose all that apply):**Expand this section?
    a. Decontamination
    b. Mental and Behavioral health
    c. Surge Capacity
    d. Patient Tracking
    e. Family Reunification
    f. Other
    g. None
    h. Unsure

12. Which of the following pediatric-specific needs are included in the plan (check all that apply)?
    a. Pediatric essential resources (medication, equipment, supplies, nutrition)
    b. Pediatric surge capacity/mass casualty
    c. Pediatric as defined by your institution
    d. Pediatric triage
    e. Pediatric patient tracking and family reunification
    f. None
    g. Other
    h. Unsure

13. How are ED staff educated on the disaster plan?
    a. New Employee Orientation
    b. Web based learning
    c. Tabletop drills
    d. Department specific meeting updates
    e. CME/CNE (Continuing Education)
    f. Unsure
    g. Other (specify)_____

14. Does your site have a process in place to decontaminate pediatric patients?
    a. Yes
    b. No

c. Unsure

15. Does your site have a tool/process for calculating the ED pediatric surge capacity?
    a. Yes
    b. No
    c. Unsure

16. What pediatric triage tool or approach has been adopted by your facility (select all that apply)?
    a. START
    b. JumpSTART
    c. SMART
    d. SALT
    e. Unsure
    f. None
    g. Other (specify)

17. Which of the following methods of communication does your hospital employ during a disaster?
    a. Overhead page
    b. Pagers
    c. Email
    d. Text message
    e. Unsure
    f. None
    g. Other (specify)

18. Does your hospital have a pediatric tracking tool for use when children might be separated from parents/guardians?
    a. Yes
    b. No
    c. Unsure

19. Does your hospital have standard criteria in place that define patients or diagnoses to be considered for interfacility transfer?
    a. Yes
    b. No
    c. Unsure
20. Are there criteria in place to guide decisions regarding the mode of pediatric interfacility transport?
    a. Yes
    b. No
    c. Unsure

21. Are there specific areas of pediatric disaster preparedness within your hospital that you would specifically like to improve?
    a. Specify: _____

Section 2: Hospital Exercise/Drill History

1. Over the last 2 years, has your ED conducted ANY disaster exercises or drills?
    b. Yes
    c. No
    d. Unsure

2. How frequently are any exercises/drills conducted involving the ED?
    a. Once every 2 years
    b. Annually
    c. 2 times per year
    d. 3 times per year
    e. 4 times per year
    f. Greater than 4 times per year
    g. Unsure

3. On average over the last 2 years, what was the percentage of children (live or simulated) represented in the drills?
    a. 0 / Unsure…… 50…… 100
    (Place a mark on the scale above)

4. Over the last 2 years, were actual children used in any drills (i.e. live child actors)?
    a. Yes
    b. No
    c. Unsure

5. In the past 2 years, has your hospital conducted pediatric-only or pediatric-focused disaster exercises or drills?
    d. Yes
    e. No
    f. Unsure

Section 3: Regional Disaster Coalition

1. Does your hospital participate in a regional disaster coalition?
    a. Yes
    b. No
    c. Unsure

2. If yes, what is the name of the coalition that you participate in?
    d. Please specify: _____

3. Is pediatrics represented on the regional disaster coalition?
    e. Yes
    f. No
    g. Unsure

4. Has the regional coalition determined pediatric surge capacity strategies (i.e. developed a pediatric annex)?
    h. Yes
    i. No
    j. Unsure
5. Does your hospital have transfer agreements or memorandums of understanding (MOU) in place for the transfer or offload of pediatric medical and/or trauma patients?
    k. Yes
    l. No
    m. Unsure

Section 4: COVID-19 Response

1. Have you developed new protocols or strategies in any of the following areas (check all that apply)?
    a. Staff coverage and reassignment
    b. Crisis standards of care
    c. Interfacilty Transfer
    d. eHealth and telemedicine
    e. Data analytics and sharing
    f. Supply chain and procurement (medications, supplies, equipment)
    g. Other
    h. None
    i. Unsure

2. Has your hospital expanded the age range of patients accepted?
    a. Yes
    b. No
    c. Unsure

3. If yes, how you have expanded the age range of patients admitted to your hospital.
    a. Increase pediatric age to 25-30
    b. Increased pediatric age 30-40
    c. Increased age in Pediatric ICU only up to 30
    d. Increase age in Pediatric ICU >30 years old
    e. Other_____

4. What strategies—virtual or otherwise—has your hospital employed to reunite and communicate with family members regarding their loved ones?

5. How are you managing the mental strain the crisis has placed on your staff?

6. How has your hospital collaborated with the continuum of care and engaged with other providers in your region (EMS providers, community physicians, SNFs, etc)?

References & Additional Resources

1. EIIC Pediatric Disaster Preparedness Toolkit
https://emscimprovement.center/education-and-resources/toolkits/pediatric-disaster-preparedness-toolbox/

2. ASPR Tracie Special Topic Collection. Pediatric/Children. https://asprtracie.hhs.gov/technical-resources/31/pediatric-children/0

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https://www.academicpedsjnl.net/article/S1876-2859(13)00205-2/fulltext

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https://www.sciencedirect.com/science/article/abs/pii/S1522840109000494

7. Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies. EMSC National Resource Center. 2014. Click here for link to PDF.