Pediatric Disaster Preparedness and Response: A National Assessment

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Children’s Needs in Disasters.....
The Good, The Bad and the Path Forward..

Disclosures

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<thead>
<tr>
<th>Consultant/Speakers bureaus</th>
<th>No Disclosures</th>
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<td>Research funding</td>
<td>No Disclosures</td>
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<th>Governmental Funding</th>
<th>Intermittent Federal Employee: FACA Rules Speaking as SME not Fed!</th>
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Our Agenda: A Dialogue

- The Good
  - Advances in the Arena of Pediatric Disaster Preparedness
- The Bad
  - Challenges in our Journey to Ideal State
- The Road Ahead
  - A Shared Vision and Strategy
A Shared Vision.........(Ideal State)

- Children’s Needs are Universally “Baked In” to Preparedness Planning
- Coalitions are defined, supported, funded, drilled and function at high levels year round
- Care Givers are Trained, Competent and Prepared for Children’s Unique Needs
- Federal, Medical and NGO Organizations function seamlessly before, during and after a crisis…
- .......AND???????????
Message 1: The Good

The “System” has been tested and done well

Models of Incredible Coalitions for Children Across the United States

- New York - Mike Frogel
- Michigan
- Chicago
- Wisconsin
- Los Angeles
Multiple Academic and NGO Partnering in the Journey

Multiple Federal Partners......
2012-2013 Report of the Children’s HHS Interagency Leadership on Disasters (CHILD) Working Group:
Update on Departmental Activities and Areas for Future Consideration

May 2014

National Library of Medicine:
National Library of Medicine:

Innovation Continues……
Commission Purpose

- Conduct a comprehensive study to assess the needs of children in relation to the preparation for, response to and recovery from all-hazards, including major disasters and emergencies
- Report findings and recommendations to the President and Congress
Reccomendations:

- Shelter
- Acute Care
- Long Term Housing
- Case Management
- Justice and Safety
- Education/Day Care
- Mental Health
- Prepare Respond Recover Mitigate

The Strength of the System.......
The Strength of Advocacy: The NACCD

• Provide advice and consultation with respect to the activities carried out pursuant to section 2814 of the Public Health Service (PHS) Act as applicable and appropriate (42 U.S.C. § 300hh-16);
• Evaluate and provide input with respect to the medical and public needs of children as they relate to preparation for, response to, and recovery from all-hazards emergencies;
• Provide advice and consultation with respect to state emergency preparedness and response activities for children, including related drills and exercises pursuant to the preparedness goals under section 2802(b) of the PHS Act (42 U.S.C. § 300hh-1); and
• Provide advice and recommendations to the HHS Secretary with respect to children and the medical and public health grants and cooperative agreements as applicable to preparedness and response activities authorized under Titles III and XXVIII of the PHS Act.

The Strength of Innovation and Collaboration
But….the need for advocacy continues…….

Starting Line  Current State  Ideal Realistic  100% Prepared

Celebrate??  Advocate!!

Q and A
The Way Forward
The Challenges
The Good
1) Not all reports are positive......

IOM 2013: Forum on Medical and Public Health Preparedness for Catastrophic Events

- Major Gaps
  - Child Care Centers
  - Mass Critical Care Transport
  - Tools for Primary Care Offices
  - Reimbursement
  - “Attention” of CEOs and Planners

2) Pressures of Health Care Reform

\[ V = \frac{Q + S}{C} \]

(Value) (Quality) (Service) (Cost)

- Volume-Driver Healthcare
- Value-Driver Healthcare

1. Organize into integrated practice units (IPUs)
2. Measure outcomes and costs for every patient
3. Move to bundled payments for care cycles
4. Integrate care delivery across separate facilities
5. Expand excellent services across geography
6. Build an enabling information technology platform
3) Are We Prepared for Daily Pediatric Emergencies?

Annals of Emergency Medicine
29 August 2015

Marianne Gausche-Hill, MD

- ERs with Pediatric Coordinators: Better Preparedness
- But…only 53% w Peds Advocates
4) Grants and Funding Streams

FY2014 PHEP and HPP Funding

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<tr>
<th>City</th>
<th>Funding</th>
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<td>Chicago</td>
<td>$12,515,448</td>
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<tr>
<td>LA County</td>
<td>$28,997,583</td>
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<tr>
<td>New York City</td>
<td>$26,376,025</td>
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<td>Washington D.C.</td>
<td>$7,298,556</td>
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KEY

- $25M-$70M
- $10-$19.9M
- $20M-$24.9M
- ≤ $9.9M

5) Not all stakeholders are engaged

Local Preparedness

Regional Preparedness

National Preparedness
6) Challenge of Surge

![Diagram showing former and new constructs]

**New Construct**
- ICU
- Step Down
- MED/SURG/OB
- Additional Surge

**Former Construct**
- ICU
- Step Down
- MED/SURG/OB
- Additional Surge

IBA: Healthcare Coalitions

- HCC Hospital(s)
  - Stroke/MIs
  - High Acuity Psychiatric patients
  - ICU Patients
  - Acute Surgical Patients
  - Imminent DB delivery
  - Convalescing
  - Awaiting discharge
  - Behavioral Health Issues
  - Post Operative Care
  - Acute
  - Social Issues
  - Elective Procedures

- Long Term Care
- Community Health Centers

- HCC Partner(s)
  - Community Health Centers
  - Long Term Care
7) Lack of consistent pediatric planning:

The Child Emergency Plan

Q and A
The Way Forward
The Challenges
The Good
The Way Forward: Courageous Advocacy and Leadership

2) Focus on Day to Day Readiness: “The Disaster of One”
3) Innovative Partnerships and Collaborations
4) Harness the True Power of Pediatric Coalitions:

- Local EMA and Leadership
- Pediatricians
- Family Medicine
- Hospitals (Children’s Hospitals)
- Fire/EMS
- RN’s
- Schools/School Nurses/Day Care Centers
- Federal/Regional/Local Government
5) Consistent Funding Streams

- HPP
- ASPR
- CDC/PHEP
- EMS-C
- Others??

6) Never Settle..............
Now let's get to work.....................

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