A Regional Approach to Pediatric Disaster Coalitions

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• Andrew C. Rucks, Ph.D.
What is the Pediatric Network?

A permanent voluntary network of health care providers, public health departments, volunteers, and emergency responders from Alabama, Florida, Georgia, Louisiana, Mississippi, and Tennessee.
Pediatric Network Vision

The Southeast Regional Pediatric Disaster Surge Network strives to be a high-reliability, highly collaborative regional network of hospitals, public health agencies, emergency management agencies, emergency responders, private practitioners, and volunteer agencies that effectively cooperate to meet the medical care needs of the region’s pediatric populations during an emergency or disaster.
High Reliability Organizations

HROs are organizations that operate successfully in uncertain settings where the potential for errors and system failure is unacceptable.

Characteristics of HROs
1. Aggressively seek to learn what they do not know
2. As new insights emerge, redesign and improve all aspects of prevention, detection, response, and recovery
3. Consistently communicate the big picture to everyone
An Organization, Management, and Leadership Opportunity

Responding to a large-scale disaster is not a response agency or institution competency problem, but rather an organization, management, and leadership opportunity.
SRPDSN Organization

Executive Committee
(19 members + 3 ex officio)

Network Coordination
UAB SOPH

Work Group 1
OP
Work Group 2
Licensing & Credentialing
Work Group 3
Resource Typing
Work Group 4
PH Law
Work Group 5
Pediatric Patient Transportation

About 175 Participants Representing:
5 State AAP Chapters, 6 State Associations, 4 Academic Medicine Centers, 39 Regional Hospitals, 6 State Health Departments, 15 Children's Specialty Hospitals, 7 Other
The SRPDSN Process for Building Coalitions

- Who should be involved?
- How often to convene?
- Two structural properties – Density and Intensity

Adapted from:
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<th>Hospital Signatories</th>
<th>Location (City, State)</th>
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<td>Children’s Healthcare of Mississippi</td>
<td>Jackson, MS</td>
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<tr>
<td>University of Mississippi Medical Center</td>
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<td>Children’s Healthcare of Atlanta</td>
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<td>At Egleston</td>
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<td>At Hughes Spalding</td>
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<td>At Scottish Rite</td>
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<td>Sacred Heart Health System</td>
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<td>T. C. Thompson Children’s Hospital</td>
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<td>Alabama Department of Public Health</td>
<td>Montgomery, AL</td>
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<tr>
<td>Florida Association of Children’s Hospitals</td>
<td>Orlando, FL</td>
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<tr>
<td>17 Hospitals throughout the state of Florida</td>
<td>Orlando, FL</td>
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<tr>
<td>Mississippi State Department of Health</td>
<td>Jackson, MS</td>
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SRPDSN MOU Signatories
SRPDSN Management & Leadership

• UAB assumed responsibility for the process
• Gained understanding of the scope of the problem
• Set the purpose and vision of the network
SRPDSN Management & Leadership (cont.)

• Developed a strategy for participant recruitment
• Developed a broad operational concept
• Divided work into manageable chunks
• Documented and communicated work products
SRPDSN Management & Leadership (cont.)

• Increased awareness of the problem and possible solution
  – Published in MCH Journal and Public Health Reports
  – Presented at national, state, and local forums

• Prospected for permanent financial support

• Designed research efforts to learn more about the state of the art
SRPDSN Funding

• CDC through the academic public health preparedness centers programs (SCCPHP and the SCPERLC)
• Alabama Department of Public Health (ADPH) through funds from the DHHS, Assistant Secretary for Preparedness and Response, Hospital Preparedness Program (ASPR HPP)
SRPDSN Funding (cont.)

- Mississippi State Department of Health (MSDH) through funds from the DHHS, Assistant Secretary for Preparedness and Response, Hospital Preparedness Program (ASPR HPP)
Lessons Learned

- A key principle – operate within the existing response systems of the National Response Framework
- Keep the time between the developmental phases as short as possible
- Participants should be knowledgeable of the “big picture”
- In Stage 2 of the coalition building process, institutional executives must be involved
Lessons Learned (cont.)

- One organization has to take primary responsibility for convening, facilitating, and documenting the work of participants
- One organization has to be responsible for network maintenance
- Multistate mutual-aid networks are practical, but more complicated than intrastate networks
- The process of convening independent agencies is beneficial and instructive in itself, knowing who to call is important
Lessons Learned (cont.)

- Continuous need to repeat processes to keep it going
- Expand stakeholders and involvement as the process evolves
- The process requires rethinking and change as it unfolds
- Plans and documents for the most part should be developed by people whose day job it is to write them
Key Issues for Interstate Coalitions

• Ascertaining the perceived need
• Developing a plan of operations
• Maintaining inventory of available resources
• Licensing and credentialing
• Transportation of patients/responders
• Reuniting kids and parents
Key Issues for Interstate Coalitions (cont.)

- How to pay for it!
Barriers to Coalition Formation

• State lines – incompatibility of laws, jurisdictions, organizations, procedures, nomenclature
• Decline in state funds
• Federal problem not a state problem
• No outside incentives to participate
Barriers to Coalition Formation (cont.)

• Inertia – institutional priorities, schedules of individual points of contact, turnover of institutional representatives
• Sustainability
• Small- and medium-scale disasters
Removing Some of the Barriers

• The Pediatric Emergencies Surge Act of 201x
• An amendment to 42 U.S. Code Chapter 6A – the Public Health Service Act
Features of the PESA

• Defines “Pediatric Emergency” as a localized, statewide or regional event resulting in excessive demand over capacity in pediatric emergency medical services

• Authorizes the Secretary of HHS to issue a Pediatric Emergency Declaration
Features of the PESA (cont.)

• A request for a declaration follows the normal path of local to state to federal
• A pediatric emergency declaration is equivalent to a public health emergency
• Provides access to the Public Health Emergency Fund
Features of the PESA (cont.)

- Waive or modify certain Medicare, Medicaid, SCHIP, and HIPPA requirements to maximize resource concentration on affected area
Thank you

Questions

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