



# Disaster Networking Collaborative

Talking Points—Why Engage in Pediatric Disaster Preparedness?

Hospital leadership support is crucial when any improvement planning occurs. These talking points will help children's hospital professionals communicate with and engage C-suite or hospital leaders in pediatric disaster preparedness.

## **WHAT IS THE DNC?**

The Disaster Networking Collaborative (DNC) is a first step in supporting children's hospitals to improve pediatric disaster preparedness efforts in their region. During this quality improvement (QI) collaborative, we will 1) work to garner C-suite support and drive home the value pediatric disaster preparedness brings to the institution, 2) help to promote more standardization of a disaster care team infrastructure, and 3) identify mechanisms to build community engagement. The DNC will serve as an entry point into future and/or ongoing pediatric disaster activities supported by the Pediatric Pandemic Network (PPN).

## **WHY JOIN THE DNC?**

Joining the DNC will support children's hospitals to improve pediatric disaster planning through support, collaboration, and sharing of best practices. The DNC will enable hospitals to strengthen the infrastructure hospitals need to achieve pediatric disaster preparedness. Children's hospital teams that register for the DNC will also recognize the benefits of engaging in this collaborative and joining a PPN network of children's hospitals that are collectively prepared for emergencies, disasters, and pandemics that impact children. Participants in the DNC can expect to gain the following:

### **1. Hospital/Clinical Operations and Workforce Resiliency**

Disaster preparedness is compatible with the organization's mission and leadership is supportive of the medical center's capability to fulfill that mission. As children's hospitals (CHs) have been substantially impacted by the COVID-19 pandemic, other emergencies or disasters, and recent respiratory illness surges, we have collectively learned how disruptive disasters are on hospital operations and finance. Going forward, CHs are likely to fare better and plan effectively through active engagement in preparedness activities. The COVID-19 pandemic prompted many untested solutions, some costly and with variable effectiveness. The DNC supports collective efforts to identify and share best practices and cost-effective solutions in creating a hospital structure to address disaster preparedness. Healthcare personnel resignations across the sector increased during the pandemic. However, disaster preparedness also enhanced retention and job satisfaction of the dedicated personnel upon which the hospital relies to provide services.

### **2. Community and Medical Home Engagement, Education, and Partnership**

The communities that CHs serve are also substantially impacted by emergencies, disasters, and pandemics. The DNC fosters CH engagement with community groups and medical homes. CHs are often viewed as a key resource for pediatric subject matter expertise, and DNC participation will establish local CHs as the leading resource for pediatric emergency preparedness for their communities. Community engagement builds on this foundation and demonstrates ongoing commitments to communities during challenging or difficult times. DNC participation also provides opportunities to develop, distribute, and exchange educational materials with community stakeholders.

### **3. Data, Research, and Improvement Science Infrastructure**

The DNC will identify a core data set for use within the collaborative. This data set provides opportunities to benchmark performance across DNC centers. Additionally, this data infrastructure supports local investigators interested in emergency preparedness and/or improvement science. Thoughtful planning and conducting drills and exercises with a Plan-Do-Study-Act (PDSA) approach promotes the health and resiliency of the organization in the face of crisis. Ongoing collaboration will identify new research questions in disaster preparedness and foster multicenter research, the funding for which can be pursued by leveraging DNC and/or external funding opportunities.

### **4. Professional Education and Development**

As part of the overarching Pediatric Pandemic Network (PPN), the DNC offers career development opportunities for hospital staff and providers, trainees, and faculty, through networking and participation in educational forums. The PPN:

- Provides access to more than 200 pediatric topic-specific experts across the nation.
- Offers connection to domains that bolster strategies for infectious disease/outbreaks, mental and behavioral health emergencies, connections to and communication with each child's medical home, reunification planning, as well as provides opportunities to strengthen health equity, and community and regional engagement.
- Improves awareness of disaster and pandemic preparedness approaches.
- Enhances satisfaction of participants and stakeholders by helping them to feel that they are doing all they can to achieve quality emergency care through pediatric readiness and a disaster management framework.

### **5. Clinical Care Regionalization and Telehealth**

The DNC offers a platform for resource data sharing and the ability to meet the needs of all children, especially high acuity and/or critically ill/injured children from a regional perspective, fostering alignment of key resources such as ICU beds and subspecialty care. Sharing best practices for telehealth and using lessons learned from regulatory changes achieved during the pandemic, the DNC permits real-time sharing of pediatric expertise between CH centers and their regional healthcare partners, as well as provision of essential care to patients by CH providers.

### **6. Healthcare Access and Equity**

Health equity is core to the DNC mission and DNC efforts focus on the importance of following health equity trends affecting the nation's diverse, vulnerable, and socially disadvantaged populations. Despite the ongoing and determined efforts of CHs and other pediatric and community organizations, the healthcare system landscape varies greatly in terms of available and accessible services for children, particularly those in marginalized populations, resource poor communities, and with special health care needs. These inequities were further exposed and worsened during the pandemic. Including representatives from historically marginalized populations in improvement planning efforts is critical. The DNC offers opportunities to adopt best practices and work with peers towards equitable access to quality healthcare and other essential resources, particularly during emergencies, disasters, and pandemics.



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