



DISASTER NETWORKING COLLABORATIVE

Session Nine
Transition from Preparedness to Response

May 14, 2024

Acknowledgements & Disclaimer

The Pediatric Pandemic Network is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements U11MC43532 and U11MC45814 with 0 percent financed with nongovernmental sources.

The content presented here is that of the authors and does not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, visit HRSA.gov



Announcements



Welcome; We are excited to be hearing from select teams this session!



This session is being recorded. The recording & slides will be posted online - you will be notified.



Please add questions to the Q & A box. Questions may be answered during the presentation.



Q & A and discussion will occur after the breakout groups.



For nursing professionals: CE is available. Please put your first and last name and credentials in the chat box; remain until the end of the webinar to click the link or scan the QR code to receive credit.



For physicians: MOC part 4 credit is available. **Now** is the time to notify us if you are a physician and can confirm requirements were met and you are ready to complete the attestation form.



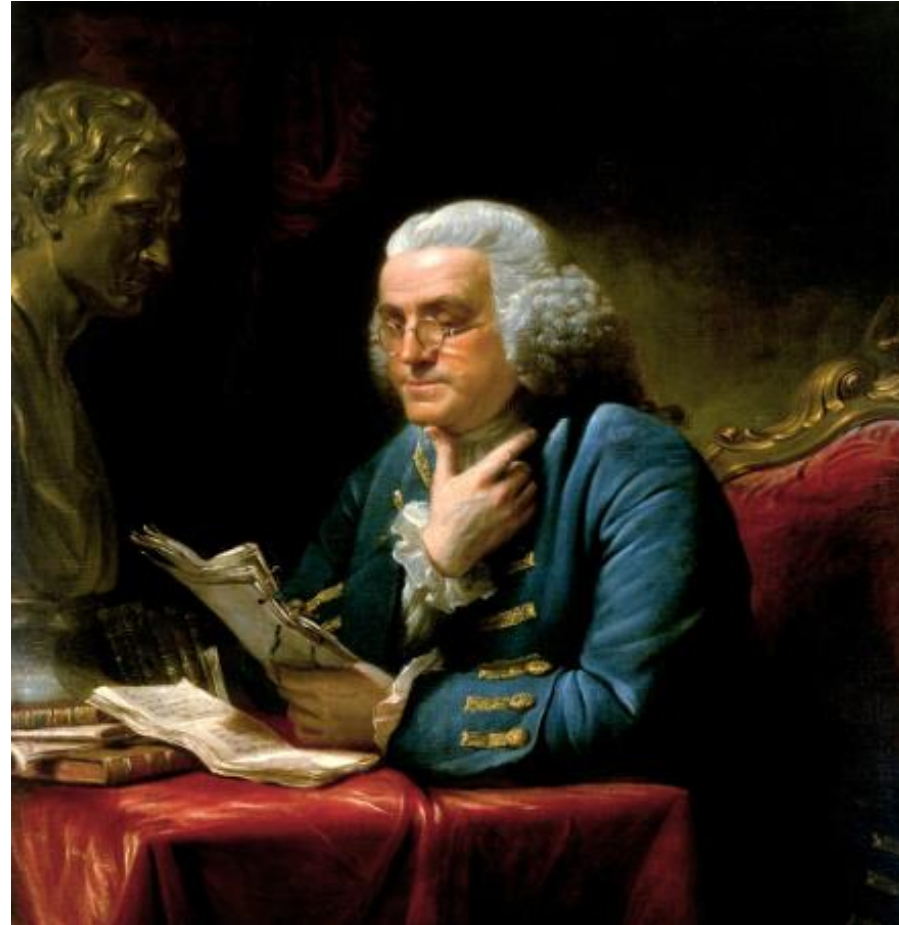
Agenda

- Pediatric preparedness and response
- Teams report on projects and progress
- Breakout groups
- Q & A, discussion
- Final words and action steps

Objectives

1. Describe the importance of leveraging a strong preparedness infrastructure to support effective disaster response.
2. Compare various strategies on how DNC teams assessed gaps and designed and implemented improvements in preparedness.
3. Identify examples teams used to connect with their c-suite or leadership, expand disaster roles, and engage with the emergency management landscape.

“If you fail to plan, you plan to fail”



Benjamin Franklin

pixabay.com



**DISASTER
NETWORKING
COLLABORATIVE**

Improved Preparedness = Advanced Response

- **Pediatric preparedness is the foundation of effective disaster response**
 - Identify vulnerabilities and risks specific to children
 - Brings new awareness of how to engage c-suite/leaders
 - Clarifies roles and responsibilities, emphasizing pediatric disaster positions
 - Encourages connections with healthcare coalitions; bringing pediatric expertise
 - Enhances skills in those who care for children, leading to better health outcomes
 - Emphasizes the value of investing in pediatric preparedness to improve financial outcomes for the hospital (e.g., COVID-19, recent incidents)

Presenters



**Christy Cooper, RN, EMT-P, MSN, CEN
CPEN, CENP**



Steve Baron, EMT-P, CHECH II



Lisa Drago, DO, FAAP



Disaster Networking Collaborative

Christy Cooper, RN, EMT-P, MSN, CEN, CPEN, CENP
Director of Emergency Services



**DISASTER
NETWORKING
COLLABORATIVE**

Who We Are...

152 Bed Acute Care Beds

- Level 3 NICU
- Comprehensive Regional Pediatric Center

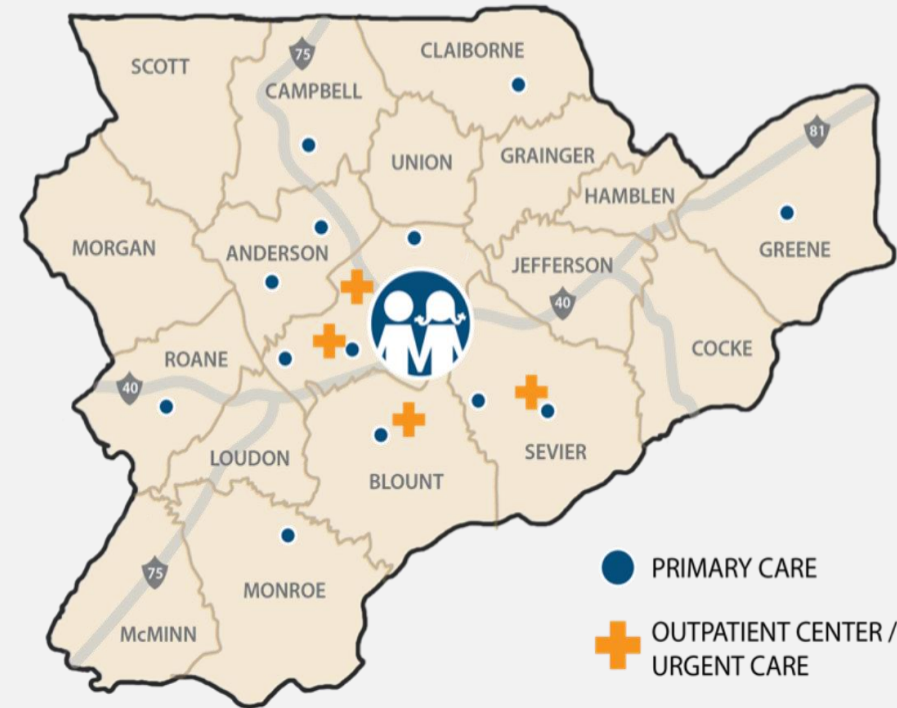
3 Outpatient Centers

4 Urgent Cares

12 Primary Care Sites

Home Health

Ambulatory Surgery Center



DISASTER
NETWORKING
COLLABORATIVE



Emergency Preparedness



Org-Wide Emergency Preparedness Committee

Reports up to Environment of Care



Led by Director of Emergency Services

With support from Director of Campus Safety and Security



DISASTER
NETWORKING
COLLABORATIVE



Engagement with Emergency Management Landscape

Regional Medical Communications
Center

Local Emergency Planning Committee

Healthcare Coalitions



C-Suite Commitment & Support

Never let an emergency event pass that has potential to help the organization grow, learn or change

inclement-weather

code-pink

internal-flood

weather

fire

covid-19

cyberattack

patient-move

telephone-outage

it-outage

code-black

internet-outage

workplace-violence-event

inclement

planned-power-outage

code-orange-exercise

unplanned

power-outage

patient-elopement

code-yellow-exercise



DISASTER
NETWORKING
COLLABORATIVE

Disaster Roles & Responsibilities

Leveraged workload and prior events to create new role to support EM work

LEAD NURSING COORDINATOR

- Develops and implements emergency preparedness plans, works with Emergency Services Director to ensure areas are trained on current plans.
- Attends Emergency Preparedness Committee and other event planning meetings.
- Actively participates in event planning and management of known operational events, as well as response to unplanned events.

Manager/Director Level Training

- Covered Emergency Operations Plans
- FEMA/HICS Structure
- EM Specific Roles and Responsibilities

DNC Project Report

Engagement of Emergency Management

Lisa A. Drago, DO, FAAP

Assistant Professor of Pediatrics and Emergency Medicine

Cooper Medical School of Rowan University

Pediatric Medical Director

Division of EMS and Disaster Medicine

Cooper University Health Care





Trauma Center 4,600 pts/year
Level I Adult
Level II Pediatric
Special Operations Combat Medics (SOCM) training site



Emergency Department 80,000 pts/year
20% are peds
Seen in separate Pediatric ED
Staffed by PEM



Children's Regional Hospital
Peds within University Center
Floor 28
Step Down 12
PICU 6
NICU 35



Emergency Medical Services
Ground 40,000 pts/year
Air 4,000 pts/year



- High-rise residences
- Waterfront
 - Camden Aquarium
 - Freedom Mortgage Pavilion
 - Battleship New Jersey
 - Camden Children's Garden
- Above and below ground trains
- Industrial sites
 - Campbells Soup
 - Subaru
- Interstates, large commuter bridges
- Trailer parks and tent cities



Images from www.camdenwaterfront.com/

Environmental Scan

Strengths

- Established Disaster Management Committee
- Established EMS & Disaster Division
 - SOCMs
 - EMS Fellows
- Southern Regional Medical Coordination Center
- NJ EMS Task Force
- C-Suite Engagement
 - CEO is EM physician

Opportunities for Improvement

- Pediatric Leadership/Representation
 - Disaster Management Committee
 - Disaster preparedness/drills
 - Pediatric specialties outside of EMS/Disaster
- Engage Pediatric Support Services
 - Child Life/Social Work
- Reunification/Unaccompanied Minors
 - Document in draft
 - Actual process
- Engage in regional coalition

- Support from DNC
 - Educational sessions
 - Leveraging environmental scan results to optimize improvement
 - Working with leaders and stakeholders
 - Engaging in a regional coalition
 - Idea sharing with DNC participants

- Our team for this project included personnel that have not previously engaged in disaster preparedness
 - Chairman and Chief, Department of Pediatrics
 - Head, Division of Pediatric Emergency Medicine
 - Division Head, Pediatric Critical Care
 - Medical Director, Inpatient Pediatrics

- Asked DNC members how to add pediatric patients to MCI
 - Response was immediate and very helpful with varied approaches/suggestions
- Our local freestanding children's hospital reached out to have more discussions around support and collaboration



- MCI Active Shooter
- Freedom Mortgage Pavilion
- 25,000 people
 - Not including parking lots
- Mixed ages & demographics

- Exercise to include 50 participants
 - Adult actor as child
 - Trauma bay
 - Peds ED
 - Unaccompanied



- Pediatric Goals
 - Pediatric Surge plan
 - Unaccompanied minors
 - Patient tracking
 - Family Reunification
 - Pediatric Equipment

- Tabletop Exercise last month
 - Surge plan in place
 - Family reunification center designated
 - Reunification document still in draft form
 - Unaccompanied minors/tracking
 - Pavilion? Guest services
 - Child life/Social Work/DCPP
 - Pediatric Equipment at Pavilion
 - Peds tourniquets/other

- Continue our work with the support of Disaster Response Collaborative
 - Focus area = Pediatric Patient Tracking and Family Reunification
 - Engaging everyone involved such as child life, spiritual care, social work, etc.
 - Moving our document from draft to live working document to test in next drill
 - Meeting with other local children's hospitals to perform drill together



Advocate Children's Hospital DNC Team

**Steve Baron, EMT-P, CHEC II
Advocate Interim Midwest Region
Emergency Management Director**



We are  AdvocateAuroraHealth[®]





Advocate Christ
Advocate Children's

Oak Lawn, Illinois



Advocate Lutheran
Advocate Children's

Park Ridge, Illinois



Our Team:

Steve Baron, EMT-P, CHEC II

Advocate Interim Midwest Region Emergency Management Director

Kimberly Kreydich, RN, BS, CPEN

Assistant Clinical Manager Peds ED Oak Lawn

Allison Palhegyi, RN, MSN, CPEN

Manager of Clinical Operations Peds ED Oak Lawn

Shannon Manio, RN, MSN, CPNP

Manager of Clinical Operations Peds ED Park Ridge

Tammy Klapp, RN, MSN, CPN

Director of Clinical Operations Peds ED OL/PR

Sue Hecht RN, BSN, TNS, NHDP-BC, IPEM, CHEC III

(Retired) APMC Manager, Center for Prehospital Care and Region VII Disaster Coordinator

Ron Krause, IPEM, CHEC II, EMT-P

ALGH Emergency Management Coordinator, Emergency Preparedness

Elizabeth Regan, MD

*APMC ED Attending Physician, Emergency Department
Medical Director of Disaster Medicine & Preparedness*

Michael TeKippe, MD, PhD

*Pediatric Infectious Diseases, Advocate Children's Hospital-Oak Lawn and
Medical Director, Pediatric Infection Prevention, Advocate Aurora Health*

Shannon Staley, MD, FAAP

Division Director of Pediatric Emergency Medicine

Ivelisse Sanchez, DNP, APRN, ACCNS-P, CPN, CPEN

APRN Coordinator for Pediatric Emergency Departments, Pediatric Clinical Nurse Specialist



Our AIM Statement:

Advocate Children's Hospitals will commit to staff Pediatric Emergency Preparedness (PEP) Coordinators on each campus by June 2024.

The PEP Coordinator will improve pediatric emergency preparedness by incorporating pediatric considerations into current site plans, provide education, conduct drills and evaluate best practices.



Our Journey:

- ACH is a bi-campus children's hospital located in both Oak Lawn and Park Ridge, Illinois.
- In 2017, ACH-OL designated a pediatric ED champion to work closely with the adult campus EP team.
- In 2022, ACH-OL underwent renewal of IDPH EDAP survey.
 - EDAP survey key moment:
 - Our CNO identified an opportunity to allow additional protected office time for the peds disaster champion.
 - A realization that the Park Ridge campus lacked a similar pediatric champion.
 - ACH had no path forward to expand our pediatric disaster teams.



Our Journey:

- The PPN/DNC opportunity was a catalyst to expanding our pediatric disaster team.
 - The advertising reached many disciplines within ACH, APMC, and ALGH and therefore we united our efforts as one team.



- ACH achieved Executive support early on for participation in the DNC from our Chief Medical Officer.
 - The DNC [foundational resources](#) were pivotal for us to share our mission.
 - We utilized those documents to gain support across all 3 Advocate campuses.



Our Journey:

- **HURDLES** we conquered:
 - **FTE Budget:**
 - The Peds ED managers and Peds ED Director partnered to find room in the budget for these new roles.
 - **Human Resources:**
 - The DNC document “Recommended Disaster Roles and Responsibilities for a Children’s Hospital” helped guide our discussions with HR to build the scope of this new role.
 - **Partnership with Adult Campus EP Teams**
 - Collaborating to ensure pediatric considerations are robust and thorough on both shared campuses.



We Accomplished our AIM!

- As of April 2024, Advocate Children's Hospital successfully hired 2 PEP Coordinators, 1 for each campus.
 - They are both clinical nurses, holding leadership roles within the pediatric ED's.
 - FTE 0.5 dedicated to PEP and 0.5 dedicated to assisting ED clinical operations.



Kimberly Kreydich, RN, BS, CPEN
Oak Lawn, IL



Cassie Santos, RN, TNS, CPEN
Park Ridge, IL



We Accomplished Our AIM!

- This has given our children's hospital the foundation to move into the DRC:
 - Enhanced pediatric readiness across Advocate Health is a future goal.
 - Both PEP Coordinators are part of Advocate Midwest Region Emergency Management Committee.
 - Both PEP Coordinators are participants in the IL R7 and R9 RHCC and Illinois Pediatric Preparedness workgroup.

THANK YOU to the PPN and DNC for giving ACH the foundation to build our Pediatric Preparedness teams!



Transition to Breakout Groups

- 1. What have you been working on for DNC?**
- 2. What ideas have you learned about from these presentations that might support your work?**
- 3. Have you registered for the Disaster Response Collaborative? Do you have questions?**



**DISASTER
NETWORKING
COLLABORATIVE**



Return from Breakout Groups

Questions and Discussion



DISASTER RESPONSE COLLABORATIVE

- Register now: be added to an online list of registered children's hospitals
- Get recognized for joining; see who you will partner with
- DNC members – short registration process
- Team leaders and roster of members can change
 - We will follow up over the summer
- Start of the collaborative is **September 10, 2024**
- Being built: a portal that will be used to support not only the DRC but future PPN QI Collaboratives and activities



Register for The DRC!



DISASTER
NETWORKING
COLLABORATIVE

June 11 – Final DNC Session



Register here



Nursing - CE contact hours

Collaborative Session #9 May 14, 2024

1. Enter your first & last name in the **chat** if you have not done so
2. Scan the QR code/use link to access session evaluation
3. Submit completed evaluation by 1700 (Pacific) on 5/16/2024 to be eligible for CE contact hours



<https://bit.ly/DNCCollab9>

If you have any questions, please contact Robin Goodman at robin.goodmanRN@gmail.com



**DISASTER
NETWORKING
COLLABORATIVE**

BRN CE Provider: Pediatric Liaison Nurses Los Angeles County. Provider approved by the California Board of Registered Nursing, Provider # 15456, for 1 Contact Hours

Thank You

CONTACT US:

DNCPPN@austin.utexas.edu

VISIT THE WEBSITE:

<https://pedspandemicnetwork.org/disaster-networking-collaborative/>



**DISASTER
NETWORKING
COLLABORATIVE**