Leadership Insight on Disaster Preparedness: A Pediatric Lens

Michael R. Anderson, MD, MBA, FAAP
President, UCSF Benioff Children’s Hospital
Professor and Vice Chair for Children’s Health
Department of Pediatrics
UCSF School of Medicine

@MikeAndersonMD
Disclosures

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New Interns

[YouTube Video Link]
UCSF Benioff Children’s

The Downside of Living in San Francisco
Agenda

I. Are we prepared for BIG disasters involving children?

II. Are we prepared for the “Disaster of One?”

III. A path forward …

Children’s Needs in Big Disasters …
The Good, The Bad and the Path Forward
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/California
Multiple Academic and NGO Partnering in the Journey

Multiple Federal Partners …
Children's National Creates First Pediatric Medical Reserve Corps in the United States

October 18, 2018

Washington, DC - Children's National has been certified by the Washington, DC, Department of Health as the Washington, DC, Pediatric Medical Reserve Corps (DC-PMRC) by the American Medical Response Team (AMRT) for the District of Columbia. The AMRT has been asked to prepare and provide medical assistance in the event of a disaster or public health emergency.

In addition to providing medical and health services for the District of Columbia, the AMRT will also provide medical and health services for the surrounding areas. The AMRT will also work closely with other local and regional health care providers to ensure that all residents have access to necessary medical and health services.

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Reports and Panels and Commissions and Seminars and …

The Strength of the System …
The Strength of Innovation and Collaboration

But ... the Need for Advocacy Continues ...

Starting Line  Current State  Ideal Realistic  100% Prepared

Celebrate??  Advocate!!
THE BAD …
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) Distractions??

\[ V = \frac{Q + S}{(QUALITY + SERVICE)(COST)} \]

- Value-Driven Healthcare
- Volume-Driven Healthcare

3) Grants and Funding Streams …

FY2014 PHEP and HPP Funding

- Chicago: $12,515,448
- LA County: $26,376,025
- New York City: $7,298,556

KEY:
- $25M-$70M*
- $10-$19.9M
- $20M-$24.9M
- ≤ $9.9M

*FY2014 PHEP and HPP funding total for States, Territories, and Insurers (5M-26M)
Vacancies ...

Health & Safety
The Trump administration is ill-prepared for a global pandemic

4) Not All Stakeholders are Engaged ...

Local Preparedness
Regional Preparedness
National Preparedness
5) Challenge of Surge

[Diagram showing a comparison between the Former Construct and the New Construct in the ICU, Step Down, and MED/SURG/OB departments.]

IBA: Healthcare Coalitions

[Diagram showing a flowchart with HCC Hospital(s) and HCC Partner(s) categories, including various event types such as Acute, Social Issues, Elective Procedures, etc.]

- Stroke/MIs
- High Acuity Psychiatric patients
- ICU Patients
- Acute Surgical Patients
- Imminent OB delivery
- Convalescing
- Awaiting discharge
- Behavioral Health Issues
- Post Operative Care
- Elective Procedures

- Long Term Care
- Community Health Centers
- Home
6) Lack of Consistent Pediatric Planning

The Child Emergency Plan

Agenda

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Are We Prepared for Daily Pediatric Emergencies?

Pediatric Anatomy Differences

- Larger head for BSA → Head Injuries
- Higher Center of Gravity → Falls
- Larger Area for Evaporative Losses → Temp Control
- Veins!!! → Access
- Weight: Largest Change in over shortest time period → Nightmares
- Larger Room for Errors
Equipment
Continuum of Care

Pediatric Emergency Experience Gap

- Children account for 5 to 10% of all EMS patients
  - Limited training in pediatric care
  - Limited experience for EMTs and paramedics with sick kids
- Children make 25-30 million ED visits per year
  - Nearly 90% of children are cared for in general hospital EDs
  - Many EDs care for few children
    - 50% of ED’s see <10 per day
  - Limited experience with sick kids for RNs and MDs in most U.S. EDs

Annals of Emergency Medicine
29 Aug. 2015, Marianne Gausche-Hill, MD

• ERs with Pediatric Coordinators: Better Preparedness
• But … only 53% with Peds Advocates

Agenda

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III. A path forward …
1) Courageous Advocacy and Leadership

2) Focus on Day to Day Readiness: “The Disaster of One”
The Disaster of One

- Guidelines
- Equipment
- Leader
- Drills/Mock
- QI/QA
- Partnerships
- Research
- Advocacy!!!!

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
- RNs
- Schools/School Nurses/Day Care Centers
- Federal/Regional/Local Government

5) Consistent Funding Streams

- HPP
- ASPR
- CDC/PHEP
- EMS-C
- Others??
6) Never Settle …

Questions for Discussion

- Did your last drill include significant numbers of children?
- Are you part of a pediatric disaster readiness coalition?
- How do we pay for this stuff?
- How do we harness the power of children’s hospitals BUT still be prepared for the kids?
- Who is your nagging peds voice??
Now Let's Get to Work!

@MikeAndersonMD
Michael.Anderson@UCSF.edu