The California Neonatal/Pediatric Disaster Coalition

“Going Grass Roots Supporting Preparedness”

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Founder and Co-Chair California Neonatal/Pediatric Disaster Coalition
County Demographics

- Contra Costa Population 1.1 million
- 255,915 children
- 3% of California’s child population
- 70,000 Pedi ED visits per year
- Out of County Pediatric Hospital serving multiple counties

2008 EMS for Children Program Assessment

- 3 pediatric units closed leaving 15 beds (economics)
- Lost >40% of our bed capacity in 5 years
- 1 licensed bed for >16,000 children
- NO ONE KNEW what the impact of the system was
Problem: The Status Quo
Why???

EMS/Disaster Community

Public Health

Pedi and NON-Pedi Hospital Administrators
Do you Speak Pediatrics?

Gaps & Silos

Why don’t these guys get it? Isn’t it obvious?

Translation Required!
Not Excuses...Real Barriers

The rules won’t let me

It costs too much

Too Busy

It’s too difficult

Going to be too risky

It will take a long time

No one will help
Solution Pathways
Complex With No Easy Button
2009 H1N1...
THE WARNING SHOT

Pediatric Disaster
Near Miss
NEONATAL / PEDIATRIC SURGE DISASTER COALITION
CA / National Regional Planning Progression

Development Progress

Identify Champions

Establish Priorities & Workgroups

Assessment

Strategic Alignment & Campaign

Operational Plans, Education, Training

National, State, Regional & Local Focus

Cross-Country DISASTER TOOLS COALITIONS

2010

2011-12

2013-2014

State EMSC & Emergency Preparedness Focus - Regional Consultation
Coalition Role: Document the Progress

Googlesite: Free & Functional

Welcome to the California Neonatal/Pediatric Disaster Coalition! This googlesite has been formed to connect Pediatric, Neonatal, NICU, PICU, Hospital, Emergency Department and Disaster professionals with ideas, information, resources and strategies for supporting regional pediatric surge and disaster preparedness throughout California and the United States. We encourage both novice and expert to participate in network support activities and planning.

NEW!!! Pediatric/Neonatal Disaster Reference Guide: Bridging the Gap between EMS and Hospital Care 
Resources to aid in the development of Emergency, Obstetrical, Neonatal and Pediatric Emergency Operations Planning (Download from project documents tab on the left and look for: CH-201-13 CFED NICU-PICO Conference Book REV FINAL..pdf)

California Neonatal/Pediatric Disaster Coalition Champions
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Join our listservs for regular updates by emailing Patricia.Frost@hsd.cccounty.us

Project at a Glance:
To support pediatric and neonatal local, regional and statewide disaster preparedness and medical surge efforts. Although this network began in California we welcome colleagues from all disciplines and from every state who are working on these issues.

Project Objectives
- Develop innovative models to support pediatric and neonatal disaster Preparedness
- To improve local capabilities for pediatric and neonatal medical surge.
- Connect providers to experts, research, resources, tools and best practices
- Support the development of regional pediatric and neonatal disaster planning.

https://sites.google.com/site/pedineonetwork/
How Can You Plan When You Do Not Understand Current Resources?
“California and West Coast’s Pediatric Safety Net”

8 Centers
- 55% of inpatient care
- 1.5 million outpatient visits
- 55% of PICU beds
- 60% organ transplants
- 72% of heart surgery

Additional Pediatric Centers
- UCLA Children’s Hospital
- UC Davis Children’s Hospital
- UCSF Children’s Hospital
- Children’s Center at Sutter Medical

California Children’s Hospital Association 2010
Pediatric Assets and Earthquake Risk

Robust but incredibly fragile!
What would it take to overwhelm YOUR current system of pediatric care?

Less than 4 to 5 critical children/hospital/day
Coalition Role: Promote Strategic Plan to Improve Day-to-Day Pediatric Readiness

A ‘Blueprint’ for Disaster Readiness

“The Elevated Hurricane Zone Housing Solution”
Planning for the “In-Between”
An incremental approach to preparedness

Daily Triage
• When abundant resources are available relative to patient demand
• Do the best for each individual
• Normal Standards of Care

Disaster Triage
• When patient needs outstrip resources
• Greatest good for greatest number of people
• Altered Care Standards
• Recognizes that resuscitation attempts may be futile
Locals: Still Not Aware of the Guidance
Confused by Information Overload

Coalition Role….Navigator
Barrier: Unused Tools

Coalition Role: Use and Promote Shamelessly

PEDSS : A Pediatric Disaster Planning Logistics Tool !
Use Technology in Normal Conditions

“Knowledge shared for when the power goes out”

- Telehealth
- Simulation Training
- Mobile Devices
- Online Decision-support
- Data Linkages
- Consultative Relationships
Barrier: Cost

Coalition Role: Point to the Free Stuff!!!

http://hsc.unm.edu/emermed/PED/education/onlineEd.shtml

Barrier: Readiness Gaps
Pediatric Centers and Non-Pedi Hospitals

“Share without Regard to Turf”
There is NO Magic Wand...
“Competency Requires Volume”
And Everyone Can Make a Contribution

Set Reasonable Expectations
Coalition Role: Reduce FEAR
Careful of the Message

Special = Scary…too scary to handle
No wonder we get this response
...adult providers and pediatrics

I could never...
I would never...
I couldn’t handle...
I can’t imagine...
Coalition Role
Reminder: We All Started Together
Coalitions Formal and Informal

Mobilize Partners

Small Collective Actions Matter!!!
Let’s Not Lose Focus Now...

One Child

8 Inches
Single Most Important Vehicle to Improve “A National Neonatal/Pediatric Disaster Drill”

An Exercise to Engage, Build and Implement Local Capabilities!
Now No Excuses...