



1

# Expanding Acute Care Capacity Due to Pediatric Surge

Jeanette Abundis, RN, MN,CNS, BC-NE  
Senior Director, Emergency and Critical Care Services

Carole Snyder, RN, MS, BSN, MICN  
Director, Emergency Preparedness

October 3, 2023



2

## Organization Background

- PIH Health is a regional nonprofit health care delivery network serving more than 3 million residents in Los Angeles County, Orange County, and the San Gabriel Valley in California.
- The fully integrated network, comprised of three hospitals (PIH Health Downey Hospital, PIH Health Good Samaritan Hospital, and PIH Health Whittier Hospital), offers multiple outpatient medical offices, a multispecialty medical group (PIH Health Physicians), primary care, urgent care, home health and hospice care as well as heart, cancer, stroke, women's health, digestive health, bariatrics, orthopedics, emergency medicine programs, and more.



### PIH Health Integrated Delivery System

<b>PIH Health Locations</b>	3 hospitals, 37 medical offices
<b>Total Number of Licensed Hospital Beds</b>	1,130
<b>Total Hospital Visits</b>	503,793 (includes inpatient admissions and outpatient visits)
<b>Employees</b>	7,806
<b>Volunteers</b>	1,459
<b>Service Population</b>	Approximately 3 million residents in Los Angeles County, Orange County and the San Gabriel Valley.

3

## Quick Facts - PIH Health Whittier Hospital

### PIH Health Whittier Hospital

PIH Health Whittier Hospital was founded in 1959 as a purpose-driven organization guided by a charitable mission to serve our community and continues to serve in this capacity today. As a 501(c)(3) nonprofit, 523-bed hospital, the Whittier campus has developed into a health system offering a multitude of services.



### PIH Health Whittier Hospital

<b>Licensed Hospital Beds</b>	523
<b>Employees</b>	3,950
<b>Medical Staff</b>	662
<b>Volunteers</b>	982
<b>Births</b>	1,969
<b>Hospital Visits</b>	21,912 inpatient admissions 297,306 outpatient visits
<b>Surgical Volume</b>	Main Operating Room: 6,533 Same Day Surgery: 13,098
<b>Cardiac Catheterizations</b>	1,132 heart catheterizations were done and 362 patients had stents placed
<b>Emergency Department Visits</b>	74,002

4

## Quick Facts - PIH Health Downey Hospital

### PIH Health Downey Hospital

PIH Health Downey Hospital officially became part of PIH Health as the second hospital of the health system in October 2013, and will celebrate 10 years in the PIH Health network in October 2023. As a 501(c)(3) nonprofit, 199-bed hospital, the Downey campus has provided quality care in a welcoming environment for more than 100 years.



### PIH Health Downey Hospital

Licensed Hospital Beds	199
Employees	1,163
Medical Staff	473
Volunteers	291
Hospital Visits	9,576 inpatient admissions 84,688 outpatient visits
Surgical Volume	Main Operating Room: 1,285 Same Day Surgery: 2,131
Cardiac Catheterizations	373 heart catheterizations were done and 155 patients had stents placed
Emergency Department Visits	55,792

5

## Quick Facts - PIH Health Good Samaritan Hospital

### PIH Health Good Samaritan Hospital

Founded in 1885, PIH Health Good Samaritan Hospital became part of PIH Health in December 2019, the third hospital in our grow health system. As a 501(c)(3) nonprofit, 408-bed acute care hospital, the downtown Los Angeles campus serves the health care needs of a growing and diverse community.



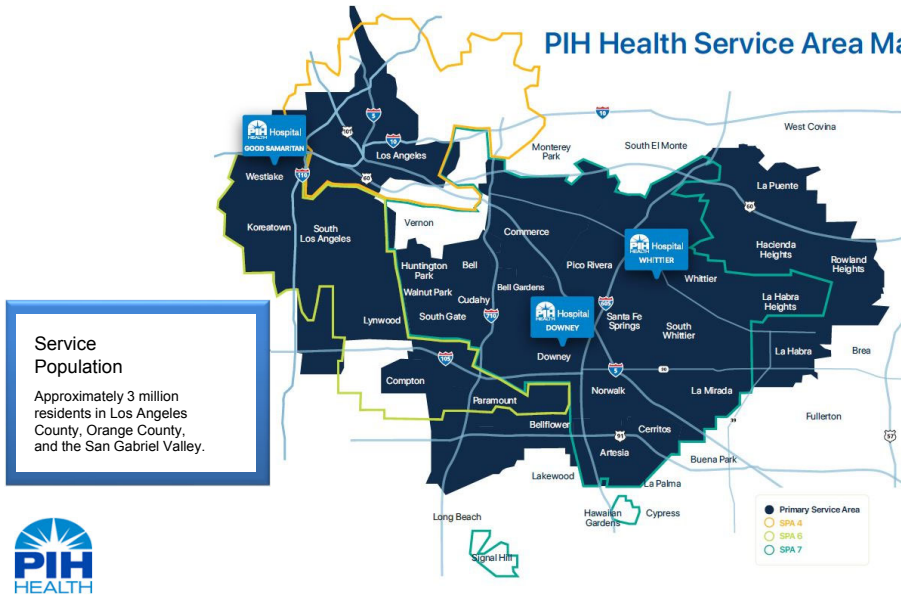
### PIH Health Good Samaritan Hospital

Licensed Hospital Beds	408
Employees	1,498
Medical Staff	691
Volunteers	326
Births	1,543
Hospital Visits	13,605 inpatient admissions 76,706 outpatient visits
Surgical Volume	Main Operating Room: 2,661 Same Day Surgery: 4,400
Cardiac Catheterizations	803 heart catheterizations were done and 365 patients had stents placed
Emergency Department Visits	47,761

6

## Service Area

### PIH Health Service Area Map



7

## Children in Los Angeles County

Indicator	Year	Los Angeles County	California	Data Source
Child Population Ages 0-17	2021	2,174,428	8,947,160	California Dept. of Finance, <a href="#">Population Estimates and Projections</a> ; U.S. Census Bureau, <a href="#">Population and Housing Unit Estimates</a> (Aug. 2021).
Percentage of Infants Born Preterm (Based on Obstetric Estimates (OE))	2016	8.9%	8.6%	California Dept. of Public Health, <a href="#">Birth Statistical Master Files</a> ; CDC WONDER, <a href="#">Natality Public-Use Data</a> (Feb. 2019).
Percentage of Children Living with Two Parents	2014-2018	59.4%	63.8%	U.S. Census Bureau, <a href="#">American Community Survey</a> (Jan. 2020).
Percentage of Children Living with One or More Foreign-Born Parent	2014-2018	56.9%	48.3%	U.S. Census Bureau, <a href="#">American Community Survey</a> (Jan. 2020).
Percentage of English Learners in Public Schools	2021	16.9%	17.7%	California Dept. of Education, <a href="#">English Learners by Grade and Language</a> (Sept. 2021).
Percentage of Children Living Below the Federal Poverty Threshold	2016-2020	19.5%	16.8%	U.S. Census Bureau, <a href="#">American Community Survey</a> (Aug. 2022).
Percentage of Children Living in Low-Income Working Families	2016-2020	27.4%	23.0%	Population Reference Bureau, analysis of U.S. Census Bureau <a href="#">American Community Survey</a> microdata files (Aug. 2022).
Percentage of Children Living in Food Insecure Households	2019	14.5%	13.6%	Feeding America, <a href="#">Map the Meal Gap</a> (Jul. 2021).
Percentage of Public School Students Who Are Homeless	2018	4.5%	4.5%	California Dept. of Education, <a href="#">Coordinated School Health and Safety Office</a> custom tabulation & <a href="#">California School Basic Educational Data System</a> (Oct. 2019).
Percentage of Children Ages 0-18 with Health Insurance Coverage	2016-2020	96.4%	96.7%	U.S. Census Bureau, <a href="#">American Community Survey</a> (Aug. 2022).
Average Monthly Enrollment in Medi-Cal Among Children/Youth Ages 0-20	2020	53.6%	48.7%	California Dept. of Health Care Services, <a href="#">Eligible Individuals Under Age 21 Enrolled in Medi-Cal</a> (Apr. 2021); California Dept. of Finance, <a href="#">Population Estimates and Projections</a> (Jul. 2021).
Percentage of Kindergarteners with All Required Immunizations	2020	94.5%	94.3%	California Dept. of Public Health, <a href="#">Immunization Branch, Reporting Data for Kindergarten and 7th Grade</a> (Feb. 2022).
Percentage of Children Ages 1-17 Ever Diagnosed with Asthma	2019-2020	13.3%	12.4%	UCLA Center for Health Policy Research, <a href="#">California Health Interview Survey</a> (Feb. 2022).



8

## Number of Children in Orange County

Indicator	Year	Orange County	California	Data Source
Child Population Ages 0-17	2021	702,608	8,947,160	California Dept. of Finance, <a href="#">Population Estimates and Projections</a> ; U.S. Census Bureau, <a href="#">Population and Housing Unit Estimates</a> (Aug. 2021).
Percentage of Infants Born Preterm (Based on Obstetric Estimates (OE))	2016	8.0%	8.6%	California Dept. of Public Health, Birth Statistical Master Files; CDC WONDER, <a href="#">Natality Public-Use Data</a> (Feb. 2019).
Percentage of Children Living with Two Parents	2014-2018	70.2%	63.8%	U.S. Census Bureau, <a href="#">American Community Survey</a> (Jan. 2020).
Percentage of Children Living with One or More Foreign-Born Parent	2014-2018	53.9%	48.3%	U.S. Census Bureau, <a href="#">American Community Survey</a> (Jan. 2020).
Percentage of English Learners in Public Schools	2021	20.3%	17.7%	California Dept. of Education, <a href="#">English Learners by Grade and Language</a> (Sept. 2021).
Percentage of Children Living Below the Federal Poverty Threshold	2016-2020	12.9%	16.8%	U.S. Census Bureau, <a href="#">American Community Survey</a> (Aug. 2022).
Percentage of Children Living in Low-Income Working Families	2016-2020	19.4%	23.0%	Population Reference Bureau, analysis of U.S. Census Bureau <a href="#">American Community Survey</a> microdata files (Aug. 2022).
Percentage of Children Living in Food Insecure Households	2019	10.1%	13.6%	Feeding America, <a href="#">Map the Meal Gap</a> (Jul. 2021).
Percentage of Public School Students Who Are Homeless	2018	6.2%	4.5%	California Dept. of Education, <a href="#">Coordinated School Health and Safety Office</a> custom tabulation & <a href="#">California Basic Educational Data System</a> (Oct. 2019).
Percentage of Children Ages 0-18 with Health Insurance Coverage	2016-2020	96.7%	96.7%	U.S. Census Bureau, <a href="#">American Community Survey</a> (Aug. 2022).
Average Monthly Enrollment in Medi-Cal Among Children/Youth Ages 0-20	2020	39.8%	48.7%	California Dept. of Health Care Services, <a href="#">Eligible Individuals Under Age 21 Enrolled in Medi-Cal</a> (Apr. 2021); California Dept. of Finance, <a href="#">Population Estimates and Projections</a> (Jul. 2021).
Percentage of Kindergarteners with All Required Immunizations	2020	95.5%	94.3%	California Dept. of Public Health, Immunization Branch, <a href="#">Reporting Data for Kindergarten and 7th Grade</a> (Feb. 2022).
Percentage of Children Ages 1-17 Ever Diagnosed with Asthma	2019-2020	14.1%	12.4%	UCLA Center for Health Policy Research, <a href="#">California Health Interview Survey</a> (Feb. 2022).



9

## PIH Health Pediatric Populations Seen in 2022

- PIH Health Urgent Cares (8 locations) – 29,635
- PIH Health Pediatric Provider Offices – 53,742
- PIH Health Whittier Hospital – ED 13,161
- PIH Health Downey Hospital – ED 11,943
- PIH Health Good Samaritan Hospital – 1,464

**Total Pediatrics – 109,943**



10

## Polling

- Does your facility have a comprehensive Pediatric Surge Plan?
- Do you know the anticipated pediatric volume in your service area?
- Has your Pediatric Surge Plan (PSP) been tested/drilled?



11

## Session Objectives

- Provide guidance for Pediatric Surge Plan development.
- Identify the key components of Pre-Planning including use of a Steering Committee.
- Understand the limitations of your respective public health agency(ies) and Local Emergency Medical Services Agency (LEMSA) that will drive the need for a Pediatric Surge Shelter-in-Place plan.



12

## Steps for Plan Development

- **DO NOT ASSUME** resources will be there when you need them.
- Assign a project lead for the organization.
- Validate local public health agency(ies) and Local Emergency Medical Services Agency (LEMSA) expectations and limitations. Capacity discussions should also include the handling of seasonal pediatric medical surges and their communication plan(s) with the hospitals.



13

## Polling

- Does your facility have a pediatric steering committee?



14

## Steps for Plan Development (cont.)

- Identify organizational content experts to help build the **Steering Committee**. Be sure to include:
  - Regulatory Affairs
  - Risk Management
  - Case Management
  - Social Work
  - Emergency Department
  - Respiratory
  - Pharmacy
  - Supply Distribution
  - Infection Control
  - Information Services related to Medical Record documentation
  - Nursing Administration (House Supervisors)
  - Education
  - Medical Staff Leader(s)
  - Security
  - Patient Billing



15

## Gap Analysis

- Hold orientation for the committee and discuss current state. **Establish team charter, goals, and timeline.**
- Acknowledge the limitations of the public agency(ies) and LEMSA plans.
- Discuss the tools/resources, policies, training, equipment, pharmaceuticals, staff, and treatment space that currently exist.
- Determine referral sources (access points) in which patients will be routed to and from (provider offices, Urgent Care, other EDs).
- Establish an escalation threshold for activation and a timeline in which key stakeholders must respond if plan includes expansion of facility (per site).



16



## Gap Analysis (cont.)

- Identify overflow treatment site(s), treatment team, path of travel, and security.
- Assign a **gate keeper to monitor referrals** and holding patients at other locations. **Communicate expectations in providing ongoing care.**
- Create **pre-established pick-lists** for key supply inventory for DME and pharmacy. **List should be updated weekly when in a surge due to distribution shortages.**
- Create **exchange carts with age-appropriate supplies, including linen** for the ED and overflow treatment area. Ensure correct monitoring supplies are readily available.
- Establish Resource Pool and Just-in-time Training.



17

## PIH Health's Plan Purpose

### **PRINCIPAL #1:**

To address how PIH Health will support pediatric medical patient needs in the event the LA County (LAC) Pediatric Surge Plan activation or pediatric transfers for higher level of care are severely delayed due to limited capacity at pediatric hospitals or pediatric units due to overwhelming regional/national surge.



18

**PRINCIPAL #2:**

To provide guidance for activation and implementation of pediatric surge policies and procedures in response to an emergency. This policy details the pediatric surge plan process from decision making to resumption of normal operations as part of the overall hospital's Emergency Operations Plan.



**PRINCIPAL #3:**

To maintain the safety of patients, visitors, and staff and maintain life support functions. To implement a rapid pediatric surge plan based on a sound decision making process plan for pediatric patients to transfer to children's hospitals and restoration of services.



## PIH Health's Policy

Pediatric Surge Plan (PSP) for all or a portion of the facility will be authorized when the environment cannot support adequate patient care and treatment, or there is an immediate threat to the safety of patients, staff, or visitors.

Shelter-in-Place in the Emergency Department is the preferred option pending transfers, unless the decision is made by Administration or the Incident Commander to evacuate.

Mass Pediatric Surge Plan implementation will be the last resort.



21

## PIH Health's Policy (cont.)

- Safety of lives is the primary concern; therefore, the hospital's Emergency Operations Plan (EOP) and the Hospital Command Center (HCC) shall be activated.
- The PSP must be carried out as quickly and efficiently as possible. The decision to establish a Pediatric Surge Inpatient Unit (PSIU) is the responsibility of the hospital Incident Commander (IC).



22

## PIH Health's Policy (cont.)

Hospital pediatric surge plans requiring the assistance of Emergency Medical Services (EMS), or other Public Safety agencies will be conducted in accordance with the Hospital Incident Command System (HICS) management structure and will be treated as an incident with multiple casualties.

The designated lead public safety agency, if available, and the hospital IC will establish a unified command.



23

## Polling

- Is your facility informed of your local EMSA expectations for a pediatric surge event?
- Do you know the extent your county is able to assist in the transfer of your pediatric inpatients or pediatric patients that need a higher level of care?



24

## LEMSA Activation and Notification

- The goal of LEMSA plan is to double Los Angeles County (LAC) inpatient pediatric capacity.
- The LAC Pediatric Surge Plan may be activated in response to an event that has a disproportionate number of pediatric patients.
- This plan will be activated in the same manner in which LAC EMS Agency functions daily using ReddiNet® and transfers through the Medical Alert Center (MAC).
- The EMS Agency will be responsible for activating the plan based upon the information they receive about a given incident.



25

## LEMSA Hospital Expectations

- To expand the hospital's existing capability, each individual hospital will determine what specific strategies to implement to meet their surge capacity target.
- Hospitals will utilize the clinical practices of pediatric care that are standard for their facility.
- If an interfacility transfer needs to occur due to the need for a higher or lower level of care, the hospital will need to contact the DOC to coordinate the transfer.
- All communication regarding plan activation, resource requests, and patient transfers will utilize the everyday systems and procedures in place.



26

## LEMSA Prehospital Providers Expectations

- The Medical Alert Center will notify prehospital providers that the Pediatric Surge Plan has been activated.
- Providers will continue to work with the DOC through standard operating procedures to distribute patients.
- The DOC will consider the activation of the Pediatric Surge Plan and will provide hospital destination information by utilizing the tiered guidelines.



27

## Los Angeles County EMS

Hospital Tier	Tier Description
Tier 1	Pediatric Centers (PTC/PMC)
Tier 2	Pediatric Medical Centers (PMC)
Tier 3	Adult Trauma Centers
Tier 4	Pediatric Acute Beds
Tier 5	Emergency Departments Approved for Pediatrics (EDAP)
Tier 6	No Pediatric Services
Tier 7	No Emergency Services / Specialty Centers



28

## LA County Tier 1

	Hospital	PICU Surge	Pediatric Acute Surge	Licensed PICU Beds 2021
1.	Children's Hospital Los Angeles (PTC, LI, PMC)	25	15	74
2.	LB Memorial Medical Center / Miller Children's Hospital (PTC, LI, PMC)	20	15	30
3.	Ronald Reagan UCLA Medical Center (PTC, LI, PMC)	20	15	24
4.	Cedars-Sinai Medical Center (PTC, LI Adult, PMC)	15	15	12
5.	Northridge Hospital Center (PTC, LII, PMC)	15	15	4
6.	LAC+USC Medical Center (PTC, LI, PMC)	15	15	10
7.	LAC Harbor-UCLA Medical Center (PTC, LI, PMC)	10	15	8
	<b>TOTAL SURGE FOR TIER 1</b>	<b>120</b>	<b>105</b>	<b>162</b>

LI = Level I Trauma Center    PTC = Pediatric Trauma Center  
 LII = Level II Trauma Center    PMC = Pediatric Medical Center



29

## LA County Tier 2

	Hospital	PICU Surge	Pediatric Acute Surge	Licensed PICU Beds 2021
1.	Kaiser Foundation Hospital – Los Angeles Medical Center	15	15	16
2.	Valley Presbyterian Hospital	5	15	10
3.	Providence Tarzana Medical Center (PMC)	5	15	4
4.	Santa Monica – UCLA Medical Center	5	15	0
	<b>TOTAL SURGE FOR TIER 2</b>	<b>30</b>	<b>60</b>	<b>30</b>



30

## LA County Tier 4

	Hospital	Pediatric Acute Surge
1.	Beverly Hospital	15
2.	Emanate Health Queen of the Valley Hospital	15
3.	Greater El Monte Community Hospital	15
4.	Hollywood Presbyterian Medical Center	15
5.	Adventist Health White Memorial	15
6.	LAC Olive View-UCLA Medical Center	15
7.	Providence Little Company of Mary Hospital Medical Center Torrance	15
8.	Torrance Memorial Medical Center	15
	<b>TOTAL SURGE FOR TIER 4</b>	<b>120</b>



31

## LA County Tier 5

	Hospital	Pediatric Acute Surge
1.	Centinela Hospital Medical Center	15
2.	Encino Hospital Medical Center	15
3.	Adventist Health-Glendale	15
4.	Dignity Health Glendale Memorial Hospital and Health Center	15
5.	Kaiser Foundation Hospital – Baldwin Park	15
6.	Kaiser Foundation Hospital – Panorama City	15
7.	Kaiser Foundation Hospital – Downey	15
8.	Kaiser Foundation Hospital – South Bay	15
9.	Kaiser Foundation Hospital – West Los Angeles	15



32



## LA County Tier 5 (cont.)

	Hospital	Pediatric Acute Surge
10.	USC Arcadia Hospital (Methodist Hospital of Southern California)	15
11.	PIH Health Downey Hospital	15
12.	PIH Health Whittier Hospital	15
13.	Providence Little Company of Mary Hospital Medical Center San Pedro	15
14.	Providence Saint Joseph Medical Center	15
15.	Sherman Oaks Hospital	15
16.	USC Verdugo Hills Hospital Center	15
17.	West Hills Hospital and Medical Center	15
	TOTAL SURGE FOR TIER 5	255



33

## PIH Health's Plan Supporting County Expectations

- Goal for LAC Pediatric Surge Plan is to accommodate up to 30 pediatric patients, ages 8-12 years old (PHWH is tier 5 and will accommodate 15, PHDH is tier 5 and will accommodate 15, PHGSH is tier 6 and will accommodate 5 patients). PHWH has agreed to care for the pediatric cases at PHWH. PHDH and PHGSH will assist with staffing. This may change based on circumstances specific to each event.
- PIH Health Pediatric Medical Surge Plan will accommodate a total of 30 inpatient pediatric patients, ages 0-17 years old. This includes 8 inpatient beds, up to 6 high acuity pending transfer in the ED and NICU opening a bay of 8 beds.



34

## PIH Health Procedure for Plan Activation

1. The decision to implement the PSP policy will be determined by the hospital IC. Once consideration has been given to implement a PSP, a Code Triage will be activated, and Pediatric Surge Plan order will be announced.
  
2. Prior to implementing the PSP, all the following should be considered:
  - a. Appropriately downgrade patients
  - b. Identify areas pediatric patients can receive medical care within the hospital
  - c. Cancel non-urgent, elective, and outpatient surgeries and procedures
  
3. PIH Health will strive to serve all patients, visitors, and staff. It is the obligation of the organization to continue to provide care and basic emergency medical services to current patients and possible incoming admissions during a PSP activation and in an alternative care site to the best of the organization's ability.



35

## Gate Keeper Role

### Notification/Responsibilities:

1. Access will get a daily status of number and acuity of pediatric patients holding at PIH Health facilities and report out at safety huddle.
  - a. Access will keep transfer list current with acuity of children and progress of transfer request.
  - b. EDs will report to Access severity of illness and any deterioration of condition.
    - i. Every 4 hours (minimum) for non-critical
    - ii. Every 1 hour or more frequently for critical
  - c. Updates will be communicated by Access to pediatric facilities and can influence the priority of transfer in the community.

PHWH ED CENSUS: 17		PHWH HOSPITAL CENSUS: 368				ACCESS ED/CM CARE COORDINATOR EXT 12344		FAX: (562) 789-4312	
ACCESS ED/CM RN: PH (562) 698-0811 EXT 12344		Tisk/Mtel		Btl		PHWH AVAILABLE OPEN BEDS			
PHWH OPEN STAFF BEDS		PENDING ED/SK ADMISSIONS		INCOMING TRANSFERS		PHWH AVAILABLE OPEN BEDS			
WHITTIER	TELE 3	TELE 2	TELE 0	TELE 3					
	MED/SURG 3	MED/SURG 2	MED/SURG 0	MED/SURG -4					
	ICU 3	ICU 3	ICU 0	ICU 0					
	ED PEDIATRIC TRANSFERS		ACCEPTED TO PIDS HOSPITAL		PENDING PIDS PLACEMENT		ED PIDS TX QTY		
	TOTAL 0		TOTAL 0		TOTAL 0		TOTAL 0		
	ODON EXTERNAL TRANSFERS		ACCEPTED TO CAP HOSPITAL		TX PENDING ACCEPTANCE		PENDING TX QTY		
	TOTAL 0		TOTAL 0		TOTAL 0		TOTAL 0		
DOWNEY	ED PEDIATRIC TRANSFERS		ACCEPTED TO PIDS HOSPITAL		PENDING PIDS PLACEMENT		ED PIDS TX QTY		
	TOTAL 0		TOTAL 0		TOTAL 0		TOTAL 0		
	ODON EXTERNAL TRANSFERS		ACCEPTED TO CAP HOSPITAL		TX PENDING ACCEPTANCE		PENDING TX QTY		
	TOTAL 0		TOTAL 0		TOTAL 0		TOTAL 0		
GOODSAM	ED PEDIATRIC TRANSFERS		ACCEPTED TO PIDS HOSPITAL		PENDING PIDS PLACEMENT		ED PIDS TX QTY		
	TOTAL 0		TOTAL 0		TOTAL 0		TOTAL 0		
	ODON EXTERNAL TRANSFERS		ACCEPTED TO CAP HOSPITAL		TX PENDING ACCEPTANCE		PENDING TX QTY		
	TOTAL 0		TOTAL 0		TOTAL 0		TOTAL 0		



36

## Notify Licensing

### Regulatory Agency Notification:

Once the decision has been made and the PSP process has been initiated, it is the responsibility of the Chief Executive Officer (CEO) or specified designee to notify the Los Angeles County Department of Health (LACDH) and the Department of Public Health Licensing and Certification Program (DPHLCP) of the hospital's status and resulting PSP as soon as practical. Although the initial contact may be via telephone, a subsequent written notification must be filed.



37

## Polling

- Does your facility have established tools i.e., check sheets for staff identification, overflow treatment space, just-in-time education, par levels, exchange carts, resource contact lists?



38

## Pre-Identify Staff

### 1. Staff:

1. Chief Nursing Officer (CNO) identify staff for PSIU (email sent to all nursing staff). (Appendix 8)
2. ED administration to identify ED Pediatric Advance Life Support (PALS) certified nurses for charge role in PSIU.
3. ED team to evaluate list with nursing administration to determine who will be trained.
4. Staffing ratio 1:4 or based on acuity. Team model using PALS RN overseeing care.
5. Goal is to increase available hospital staff to provide direct patient care, in the event of a disaster or pediatric surge event. Work with Labor Pool on identifying RNs experienced with pediatrics.



39

## Staffing

The following staff have been pre-identified as having the ability to work with children.

### Supervisory and Engagement Personnel

Department	Category	Certification
Emergency Department	Social Workers	LCSW
House-wide	Social Workers	LCSW
Volunteer Services	Volunteers	NA
House-wide	Certified Nursing Assistants	CNA
House-wide	ED Technicians	EMT



40

## Staffing (cont.)

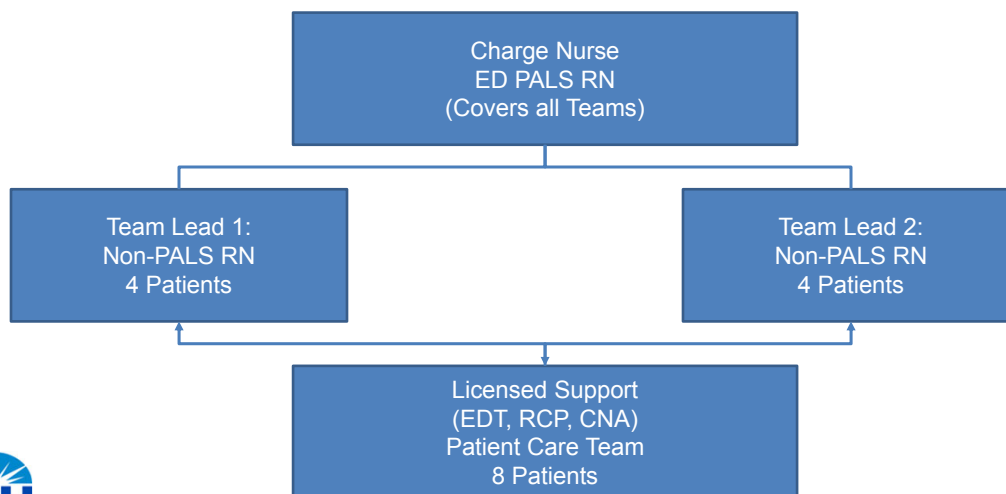
Goal is to increase available hospital staff to provide direct patient care in the event of a disaster pediatric surge event. Work with Labor Pool on identifying RNs experienced with recent pediatric care.

Department	Category	Certification
Emergency Department	Emergency Physicians	ED Board Certified or PALS
Emergency Department	Registered Nurses	PALS, 2 Day EDAP
Emergency Department	Nurse Practitioners	PALS
Emergency Department	Physician Assistants	PALS
Respiratory Therapy	Respiratory Therapists	PALS
Family Practice	Family Practice Residents	PALS
Same Day Surgery	Registered Nurses	PALS
PACU	Registered Nurses	PALS
NICU	Neonatal Intensivist	NICU Board Certified
NICU	Registered Nurses	Neonatal Resuscitation (NRP)
NICU	Respiratory Therapists	PALS, NRP
LDRP	Registered Nurses	NRP
Surgery	Anesthesiologists	Board Certified

41

## Overflow Patient Care Staffing

### Pediatric Team Based Model



42

## Staffing Roles

### Pediatric Team Roles and Responsibilities

Goal: To provide safe, effective, and quality support within Pediatric Surge Inpatient Unit (PSIU)

Primary Care Nurse (PCN)	Charge Nurse PALS ED RN	Ancillary Support Patient Care Team
<p>Primary Care Nurse is not PALS certified. PCN responsibilities included but are not limited to:</p> <ul style="list-style-type: none"> <li>• Perform primary care and documentation</li> <li>• Overall care coordination and delegation of patient care duties (i.e., rounding, acknowledging orders, assessment, procedure/transport coordination)</li> </ul>	<p>Charge Nurse (CN) is an ED Nurse that is PALS certified. CN responsibilities include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Unit coordination</li> <li>• Pediatric resource for primary care nurses</li> <li>• Liaison with Access to transfer to children's hospital as appropriate</li> </ul>	<p>Respiratory Therapists</p> <ul style="list-style-type: none"> <li>• Age-appropriate respiratory care</li> </ul> <p>Certified Nursing Assistants (CNA)/Emergency Department Technician (ED Techs)</p> <ul style="list-style-type: none"> <li>• Assists as directed in patient care</li> </ul> <p>Social Worker</p> <ul style="list-style-type: none"> <li>• Assess and monitors psychosocial, developmental aspects of care</li> <li>• Provides clinical intervention and resources as needed</li> <li>• Report Child Abuse / Neglect</li> </ul>

43

## Education/Training/Standards Of Care

### Appendix 2: Education Pediatric Surge Strategies for Staff

Strategy	Location of Strategy	How to use
<p>Just-in-Time training: Trifold on Intranet Pediatric Surge Orientation PowerPoint Pediatric Surge Inpatient Unit Standards of Care Critical Care Pediatric Surge Area 2 Plaza POD C Life Safety</p>	<p>Medical Staff PowerPoint and Memo (Appendix 10) Intranet&gt; PIH Health Whittier Hospital &gt; Disaster Resource Center&gt; Disaster Manual&gt; Pediatric Surge Plan&gt; JIT pocket guide Pediatric Surge Orientation PP (Appendix 9) Training and Life Safety Orientation (Appendix 3)</p>	<p>Education has been expanded to address infant and toddlers and address seasonal diseases. Non-pediatric trained staff to review when notified of incoming surge of children.</p>
<p>Surge Reference Guide Quadfold</p>	<p>PIH Health Whittier Hospital&gt;Disaster Resource Center&gt; Disaster Manual&gt; Pediatric Surge Plan&gt; Surge Reference Quadfold</p>	<p>Non-pediatric trained staff: Print and review when notified of incoming surge of children. Keep copy with each non-pediatric nurse Keep copy with chart or patient (especially normal vital signs)</p>
<p>Badge buddy pediatric vital signs</p>	<p>Pack of 40 pediatric surge disaster bin Intranet&gt; PIH Health Whittier Hospital&gt; Disaster Manual&gt; Pediatric Vital Signs Badge Buddy</p>	<p>Add badges of anyone caring for pediatric patients</p>

44

## Pre-established Communication Templates

### APPENDIX 8: SAMPLE MEMOS

#### MEMO: CALL TO ACTION FOR RN WITH PEDIATRIC EXPERIENCE

Hello Everyone,

As the flu and RSV seasons continue to grow, pediatric hospitals are at capacity and moving closer to being unable to accept pediatric transfers from our ED timely. As a result, PHWH is creating a Pediatric Medical Surge Plan.

Part of our plan includes asking for and training nurses who are interested in providing care to this patient population during this surge. We are working with educators to provide just-in-time training, badge buddies, and orientation to this overflow unit. Our goal is to have a small core team of RNs trained to ensure safe care for this population.

If you are interested in being a designated RN float to this pediatric unit, please respond to me and copy your Clinical Director as soon as possible. Since most of our newer RNs have more recent experience with pediatric training during their clinical rotations there is not a work experience requirement, however in-person pediatric clinical rotations during nursing school is required. This will be a temporary assignment until the surge passes.

Thank you in advance for putting our patients first and for responding to this request for our pediatric patients.

Best wishes to all of you for a Happy Thanksgiving with your family and friends!

Warmest regards,  
Ramona

Ramona Pratt MSN MSHCA RN  
Chief Nursing Officer  
PIH Health Whittier Hospital  
12401 Washington Blvd.  
Whittier, CA 90602  
P: 562-698-0811 Ext. 12755  
C: 562-777-5896  
E: ramona.pratt@PIH HealthHealth.org



**Memo to Solicit  
Nursing Staff  
with recent Peds  
experience.**

#### MEMO TO MEDICAL STAFF ABOUT PEDIATRIC SURGE

Subject: Letter to Medical Staff regarding Pediatric Surge

Due to the disaster level surge of influenza, RSV and Covid-19 impacting pediatric hospitals, our PIH Health Health team has developed a contingency plan to address pediatric medical surge that cannot be timely transferred to a higher level of care pediatric hospital.

In the event that the ED is unable to transfer a pediatric patient timely for higher level of care, your respective specialty may be called upon by the ED provider to render care for a pediatric patient. This includes surgery, neurology, neurosurgery, interventional radiology, cardiology, orthopedics, anesthesia, etc.

Please contact Jeanette Abundis with questions. Thank you in advance for being available to assist this pediatric population.

Jeanette Abundis, RN, MN, CNS, BC-NE  
Administrative Director, Emergency and Critical Care Services  
PIH Health  
12401 Washington Blvd.  
Whittier, CA 90602-1006  
P: 562-698-0811 Ext. 17622  
E: Jeanette.abundis@PIH HealthHealth.org

**Memo to Medical  
Staff letting them  
know about  
surge and role  
expectations.**

ADDENEY Q

45

## Space Strategies

### APPENDIX 3: SPACE STRATEGIES

- Hospital Resources: Space
- Remember: Expedite discharges
- Cancel non-urgent, elective, and outpatient surgeries and procedures
- Downgrade patients – appropriately
- Identify areas where pediatric patients can receive medical care within the hospital
- The following considerations should be made when identifying space appropriate for children:
  - Proximity to other units and potential hazards
  - Access to stairwells, elevators
  - Age of patients on units
  - Security



46

## Surge Area Opening Checklist

	Completed Y/N	Trainer Initials	Comments
Room Set up (suction set up, Ambu bag, zeroing Stryker bed)			
Clinical Sink			
Skytron Boom: Thermometer stays mounted on Boom. Do not remove, call Biomed if broken			
GE Bedside Monitor (NIBP/Oximetry adjusting parameters)			
Rauland Nurse Call System			
Room Door (open and close)			
COWs, sub-station computers and phones			
Cic Pro Central Station and Camera Monitoring			
Equipment/Supplies/Blanket Warmer Locations			
Soiled Utility Room Location			
Omnicell/Medication Refrigerator			
ZOLL Defibrillator/Adult and Pediatric Crash Cart Locations			
PALS Code Blue Activation call 12999			
Adult Code Blue Activation call 12999			
Biomedical to be notified of all broken equipment (tag with red "Out of Service" sticker)			



47

## Supply Distribution Exchange Carts

Goal is to increase hospital supplies and equipment or conserve resources to use most efficiently.

Strategy	Location of Strategy	How to Use
Conserve resources	Emergency Operations Plan	
Supply pediatric floor	Appendix 4	Command Center will initiate use of the Supply List when pediatric unit is opened.
Pediatric Disaster Medication Cache		Use a checklist to confirm drug supplies and communicate needs.
Pediatric Crash Cart	Material Reprocessing	Contact Security to pick up Pediatric Crash Cart and bring to Pediatric Floor. Contact Pharmacy to add emergency medication to top of cart and lock.
Obtain supplies from disaster cache or EMS Agency		Email completed Resource Request Form to address.
Notify vendors regarding anticipated needs	Command Center Central Supply Purchasing	(Notify MAC if anticipate potential inability to replenish supplies from outside vendors.)
Pediatric Vendor Supply	Vallarta Supermarket Stater Brothers Aldi Walmart Target	Consider use for diapers, formula, cribs/playpens, distraction toys.

48



# Pharmacy Weight Base Dosing

## APPENDIX 6: PHARMACY AND PEDIATRIC DRIPS

Team will verify this is the current version at time of use.

**PIHH Whittier Pediatric Drips**

**Less than 5 kg**

Drug	Concentration	Product	Dilution	Stability/Storage	Unit of dosing	Dose Range/ Order Comments
Amiodarone	1.8 mg/mL	36 mg in 20 mL (Syringe)	Use 360 mg in 200 mL D5W pre-made bag to draw up drip in a 20 mL syringe	2 hours Room Temp. Use in line filter Protect from light	mcg/kg/min	Start: 5 mcg/kg/min Range: 5-15 mcg/kg/min
<del>DOBUTAMINE</del>	2000 mcg/mL	40 mg in 20 mL (Syringe)	Use 500 mg in 250 mL D5W bag to draw up 20 mL syringe	24 hours Refrigerated	mcg/kg/min	Start: 0.5 - 1 mcg/kg/min Titrate by 1 mcg/kg/minute every 5 min until optimal response is obtained to a max of 20 mcg/kg/min
<del>DOBUTAMINE</del>	1600 mcg/mL	32 mg in 20 mL (Syringe)	Use 400 mg in 250 mL D5W pre-made bag to draw up in a 20 mL syringe	24 hours Refrigerated Protect from light	mcg/kg/min	Start: 5 mcg/kg/min Titrate by 5 mcg/kg/minute every 10 min until optimal response is obtained to a max of 20 mcg/kg/min
<del>EPINEPHRINE</del>	32 mcg/mL	0.64 mg in 20 mL (Syringe)	0.64 mL of 1 mg/mL + 19.4 mL of NS	24 hours Refrigerated Protect from light	mcg/kg/min	Start: 0.05 - 0.3 mcg/kg/minute. Titrate by 0.1 mcg/kg/min every 5 minutes until optimal response is obtained up to a maximum of 1 mcg/kg/min.
<del>FENTANYL</del>	10 mcg/mL	200 mcg in 20 mL (Syringe)	4 mL of 50 mcg/mL + 16 mL of NS	24 hours Refrigerated Protect from light	mcg/kg/tx	Start 0.5 - 1 mcg/kg/tx to a max of 5 mcg/kg/hour
Insulin Drip (Regular insulin)	0.1 unit/mL	2 units in 20 mL (Syringe)	2 mL of 1 unit/mL (DOUBLE DILUTION)* + 18 mL NS	24 hours Refrigerated	Unit/kg/tx	Dose Range: 0.05-0.1 unit/kg/tx Send extra 20 mL syringe with each new order and tubing change request for priming.
Midazolam (Versed)	0.5 mg/mL	10 mg in 20 mL (Syringe)	10 mL of 1 mg/mL (PF**) + 10 mL NS	24 hours Refrigerated	mg/kg/hour	Start: 0.08-0.12 mg/kg/hour. Range: 0.024 - 0.36 mg/kg/hour
Morphine Sulfate	0.5 mg/mL	10 mg in 20 mL (Syringe)	10 mL of 1 mg/mL <del>ASTRAMORPH</del> (PF**) + 10 mL of NS	24 hours Refrigerated	mg/kg/hour	Range: 0.01 - 0.04 mg/kg/tx
<del>NCRASPIROPHINE (Levosin)</del>	16 mcg/mL	0.32 mg in 20 mL (Syringe)	0.32 mL of 1 mg/mL + 19.7 mL of NS	24 hours Refrigerated	mcg/kg/min	Start: 0.05 - 0.1 mcg/kg/minute. Titrate by 0.1 mcg/kg/min every 5 minutes until optimal response is obtained up to a maximum of 2 mcg/kg/min



49

# Waivers

## Crib Waiver



12401 Washington Blvd.  
Whittier, CA 90602-1000  
T: 562.408.2811

Hearing Impaired  
TDD: 562.408.2817  
P: 562.408.2817

### Patient Safety Parental Agreement Form

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_ who is less than three years of age. I understand that PIH Health, states that for patient safety, it is best practice to place my child in a crib rather than a full-size bed. This is to help protect my child from injuries he/she could receive from a fall. I have been educated on my child's fall risk and requesting that my child be provided with a full-size bed. The hospital has agreed to do this under the following circumstances:

- I or responsible adult that I designate must remain with my child at all times.
- If I plan to leave the bedside, I must notify my child's nurse prior to doing so.

I understand that if I cannot comply with the above OR my child sustains a fall while in a full sized bed, staff will place my child in a crib, in which he/she will remain for the rest of his/her hospital admission.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness to Signature



50

## Documentation of Patient Care

Documentation of Patient Care		
Physician notes and orders	eMD	Physicians will use generic physician eMD notes. User will need to add document to their list of favorites since they do not appear automatically.
Nursing Assessment	eMD	Use Pediatric Assessment and Intervention in place of Adult Assessment. Use generic intake/output. Other pediatric specific forms in eMD. User will need to add document to their list of favorites since they do not appear automatically.
Ancillary Documentation	eMD	Use current electronic documentation.



51

## External Contacts

### Pediatric Medical Center

Name	Transport Team	Helicopter
Long Beach Miller Children's Hospital	Yes	No
Children's Hospital of Los Angeles	Yes	No
LAC + USC Medical Center	No	No
LAC Harbor-UCLA Medical Center	No	No
Adventist Health White Memorial	No	No
CHOC Children's Hospital	Yes	Yes
CHOC PICU		

### Pediatric Trauma Center

Name	Transport Team	Helicopter
Long Beach Miller Children's Hospital	Yes	No
Children's Hospital of Los Angeles	Yes	No



52

## Lessons Learned

- Plan should be tested annually as part of the statewide disaster drill.
- Multidisciplinary team is important for collaboration of a comprehensive plan. Divide the work and meet regularly and hold teams accountable.
- Evaluation of supply inventory and pharmaceutical caches to be reviewed annually. Rotate inventory to prevent expiration and wastage.
- Resource tools and communication (education, memos, and county contacts) reviewed and updated annually.
- All information updated and posted on disaster share drive for easy access and transparency.



53

## PIH Health Policy

Status **Active** PolicyStat ID **13035815**



Origination 7/3/2023  
Last Approved 7/3/2023  
Last Revised 7/3/2023  
Next Review 7/2/2026

Owner Carole Snyder:  
Director,  
Emergency  
Preparedness  
Area  
Applicability Enterprise-wide

### Pediatric Surge Disaster Plan

#### APPLICATION:

PIH Health Whittier Hospital (PHWH), PIH Health Downey Hospital (PHDH), PIH Health Good Samaritan Hospital (PHGSH), and PIH Health Physicians (PHP)

#### PURPOSE:

To address how PIH Health will support pediatric medical patient needs in the event the LA County (LAC) Pediatric Surge Plan activation or pediatric transfers for higher level of care are severely delayed due to limited capacity at pediatric hospitals or pediatric units due to overhauling regional/national surge. To provide guidance for activation and implementation of pediatric surge policies and procedures in response to an emergency. This policy details the pediatric surge plan process from decision making to resumption of normal operations as part of the overall hospital's Emergency Operations Plan. To maintain the safety of patients, visitors and staff and maintain life support functions. To implement a rapid pediatric surge plan based on a sound decision making process plan for pediatric patients to transfer to children's hospitals and restoration of services.

#### DEFINITIONS:

Los Angeles County Pediatric Surge Plan (LACPS5): LAC Emergency Management Service (EMS) system-wide plan to manage pediatric patient destination within Los Angeles County during a pediatric surge event. Reference: [https://file.lacounty.gov/EGCenter/dhs/206628\\_cms1\\_206628.pdf](https://file.lacounty.gov/EGCenter/dhs/206628_cms1_206628.pdf)

#### POLICY:

Pediatric Surge Plan (PSP) for all or a portion of the facility will be authorized when the environment cannot support adequate patient care and treatment or there is an immediate threat to the safety of patients, staff or visitors. Shelter-in-Place in the Emergency Department is the preferred option pending transfers, unless the decision is made by Administration or the Incident Commander to evacuate. Mass Pediatric Surge Plan implementation will be the last resort.

Safety of lives is the primary concern; therefore, the hospital's Emergency Operations Plan (EOP) and the Hospital Command Center (HCC) shall be activated. The PSP must be carried out as quickly and efficiently as possible. The decision to establish a Pediatric Surge Inpatient Unit (PSIU) is responsibility of the hospital Incident Commander (IC).

Hospital pediatric surge plans requiring the assistance of Emergency Medical Services (EMS) or other Public

Pediatric Surge Disaster Plan, Retrieved 8/15/2023. Official copy at <http://pihealth-enterprisewide.policystat.com/policy/13035815/>. Copyright © 2023 PIH Health Enterprisewide

Page 1 of 34



54

## PIH Health References Provided

- PIH Health Pediatric Surge Disaster Policy
- Appendix 1: Hospital Resource Staff
- Appendix 2: Education Strategies
- Appendix 3: Space Strategies
- Appendix 4: Supplies and Equipment
- Appendix 5: Example Crib Waiver
- Appendix 6: Pharmacy and Pediatric Drips
- Appendix 7: Personnel Resources
- Appendix 8: Sample Memos
- Appendix 9: Pediatric Inpatient Standards
- Appendix 10: Medical Staff PowerPoint



55

## Questions



56

Thank you

Jeanette Abundis, RN, MSN, CNS, NE-BC  
Senior Director, Emergency and Critical Care Services  
PIH Health Whittier Hospital  
[jeanette.abundis@pihhealth.org](mailto:jeanette.abundis@pihhealth.org)

Carole Snyder, RN, MS, BSN, MICN  
Director, Emergency Preparedness  
PIH Health Whittier Hospital  
[carole.Snyder@pihhealth.org](mailto:carole.Snyder@pihhealth.org)

