

ASPR TRACIE Technical Assistance Request

Response Date: 22 January 2020

Request:

The requestor asked for a tool to assist healthcare coalitions (HCCs) in completing a gap analysis to inform their pediatric surge annex.

Response:

ASPR TRACIE reviewed existing resources, including those included in the [Hazard Vulnerability/Risk Assessment](#), [Hospital Surge Capacity and Immediate Bed Availability](#), and [Pediatric/Children](#) Topic Collections, the [HCC Resource Page](#), and previous [technical assistance responses](#). ASPR TRACIE was unable to identify a tool specifically designed to conduct a gap analysis of an HCC's pediatric resources. However, several resources exist that can inform an HCC's pediatric gap analysis. Section I includes hazard vulnerability and gap analysis tools. Section II includes resources that may help identify elements to include when assessing gaps in an HCC's pediatric capabilities.

I. Gap Analysis Tools

ASPR TRACIE. (2019). [Healthcare Coalition Resource and Gap Analysis Tool](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This tool is designed to help HCC partners develop a common understanding of their resources and existing gaps, and strategies for prioritizing which gaps to close. Gaps may include inadequate plans or procedures, staffing, equipment and supplies, skills and expertise, and/or services. While this tool is intended to provide an overall picture of an HCC's resources and gaps, it does include some pediatric information. HCCs are encouraged to modify the template to reflect their coalition members, resources, and unique community attributes. Please contact ASPR TRACIE if you need assistance modifying the template to incorporate additional pediatric information.

ASPR TRACIE. (2018). [ASPR TRACIE Evaluation of Hazard Vulnerability Assessment Tools](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This comparison chart shows the similarities and differences among five of the primary hazard vulnerability tools used by public health and health care organizations, and the Federal Emergency Management Agency's Threat and Hazard Identification Risk Assessment (THIRA). Each description includes a summary of its primary use/purpose, as well as information on who developed the tool and how, the format of the tool, the

calculations approach, and the benefits and limitations of the tool. Links to each of the tools are included in the first column.

Centers for Disease Control and Prevention. (2011). [Community Assessment Tool \(CAT\) for Public Health Emergencies Including Pandemic Influenza](#). U.S. Department of Health and Human Services.

This planning tool can help community planners--in context with community partners-- assess disaster readiness from a healthcare system perspective. The tool can assist with identifying core agency partners' capabilities and resources and instances where the same vendors are being used for resource supplies by the partners and can help planners address gaps in their community's capabilities or potential shortages in resources.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2015). [Hospital Resource Vulnerability Assessment \(RVA\)](#).

Note: Before using this tool, access the "[Resource Vulnerability Assessment \(RVA\) Implementation Guide](#)." The Hospital RVA is a voluntary tool designed to complement a Hazard Vulnerability Analysis and assist hospitals with identifying and prioritizing preparedness gaps and creating a yearly analysis and prioritization cycle. The RVA examines the specific resources of the hospital including the plans, space, staff, and supply considerations.

II. Resources to Inform an HCC Pediatric Gap Analysis

Alameda County Public Health Department. (2017). [Alameda County Operational Area Pediatric Medical Surge Plan and Resources](#).

This concise plan describes a tiered approach to meeting surge capacity needs during incidents with a disproportionately high number of pediatric patients that other jurisdictions may refer to when conducting their planning activities.

Anderson, M., Amparo, A., Kaplowitz, L., et al. (2015). [Near-Term Strategies to Improve Pediatric Surge Capacity during Infectious Disease Outbreaks](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This report summarizes the methods, limitations, gaps, key findings, and results of the National Advisory Committee on Children and Disasters Surge Capacity Work Group's assessment of current national pediatric surge capacity. The assessment focused on: the current state of readiness to transport large numbers of critically ill children, the current state of general emergency/ pediatric emergency surge capacity; the current readiness of children's hospitals to surge during an infectious disease outbreak; the current state of non-pediatric facilities to care for children in large-scale disease outbreaks; a summary of potential mitigation strategies for identified gaps; and a review of best practices and a summary of practical tools to help build healthcare coalitions aimed at increasing community readiness to care for children.

Ann & Robert H. Lurie Children’s Hospital of Chicago. (2019). [Community Health Needs Assessment](#).

This needs assessment – last updated in 2019 – was conducted in order to identify barriers to good health and well-being for Chicago children and adolescents, and to guide continuing efforts of the Lurie Children’s Hospital to improve pediatric health in Chicago.

ASPR TRACIE. (2019). [Healthcare Coalition Pediatric Surge Annex Template](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This template provides general headers and descriptions for a sample HCC Pediatric Surge Annex Template. The resources used to develop this template include sample HCC plans and the Health Care Preparedness and Response Capabilities. Items listed in the Sample Resources column and Appendix B may be particularly helpful in identifying capabilities to assess.

Boyer, E.W., Fitch, J., and Shannon, M. (2009). [Pediatric Hospital Surge Capacity in Public Health Emergencies](#). (Archived.) U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality.

The special medical needs of children make it essential that healthcare facilities be prepared for both pediatric and adult victims of bioterrorism attacks and other public health emergencies. Clinicians and hospital administrators may use the report’s recommendations to develop unique responses to mass casualty events involving pediatric patients.

Children’s Hospitals and Clinics of Minnesota. (2013). [Community Health Needs Assessment](#).

Children’s Hospitals and Clinics of Minnesota conducted this CHNA to understand the health needs in their local communities and inform an implementation strategy to address priority needs. Topics and data addressed in this report include demographics, economic issues that affect children, community issues, health status indicators, health access indicators, health disparities indicators, and availability of healthcare facilities and resources.

Children's National Health System, Emergency Medical Services for Children National Resource Center. (2013). [National Pediatric Readiness Project](#).

The National Pediatric Readiness Project is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments (ED) have the essential guidelines and resources in place to provide effective emergency care to children. The first phase of this project was a national assessment of EDs' readiness to care for children. Results for each state and U.S. territory are available and includes their overall assessment response rate; the median pediatric readiness score; a list of meetings, conferences, and publications

related to project implementation; and a list of the National Pediatric Readiness State Team members.

Dodgen, D., Anderson, M., Edgerton, E., et al. (2013). [Pediatric Preparedness for Healthcare Coalitions](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This 90-minute webinar provides an introduction to healthcare system preparedness for children, and a national perspective on preparedness for children in disasters. Presenters also cover improving the emergency care system for children, perspectives on creating a multi-state coalition for pediatric surge, and New York City Pediatric Disaster Coalition operational pediatric disaster planning.

Emergency Nurses Association. (2016). [Disaster Planning: Preparing for Pediatric Surges](#).

This resource discusses the need for pediatric surge planning and includes guidance for emergency departments switching from standard operating capacity to pediatric surge capacity.

Hansen, C., Dodgen, D., Levine, C., et al. (2014). [Pediatric Preparedness for Healthcare Coalitions: Part II](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This 90-minute webinar reviews resources, strategies, and partnerships used by medical planners and healthcare coalitions to strengthen pediatric components of their jurisdiction's healthcare preparedness capabilities. Included are lessons learned from the response to Superstorm Sandy and the Alaska Shield/Hale Borealis exercise.

Nicklaus Children's Hospital (formally Miami Children's Hospital). (2012). [Miami Children's Hospital Community Needs Assessment](#).

This assessment includes input from hospital leadership, community focus group feedback, and data from various local, state, and national resources. Measures include material and fetal health, immunizations, childhood obesity prevention, pediatric asthma, and access to care.

U.S. Department of Health and Human Services, Administration for Children and Families. (2010). [National Commission on Children and Disasters: 2010 Report to the President and Congress](#).

This report includes the findings and recommendations from the Commission's examination and assessment of the preparedness, response, and recovery needs of children from all hazards. It includes 32 recommendations in areas such as disaster management, mental health, emergency medical services and pediatric transport, sheltering, and evacuation. Appendix B of the report includes an index organized by the agency, group, or individual charged with implementing the recommendations.