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<https://files.asprtracie.hhs.gov/documents/aspr-tracie-healthcare-system-preparedness-considerations-speaker-series-summary.pdf>

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<https://files.asprtracie.hhs.gov/documents/mocc-adaptations-during-a-pediatric-surge-speaker-bios.pdf>

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<https://attendee.gotowebinar.com/recording/2024088091791072686>



T R A C I E

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

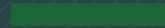
Healthcare System Preparedness Considerations Speaker Series

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MOCC Adaptations during a Pediatric Surge

Statewide Pediatric Patient Load Balancing During the Tripledemic



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Northwest Healthcare Response Network (NWHRN)

We lead cross-sector, solution-oriented coordination to build healthcare ecosystem resilience in order to face emergencies, disasters, disease outbreaks, and other disruptive events.

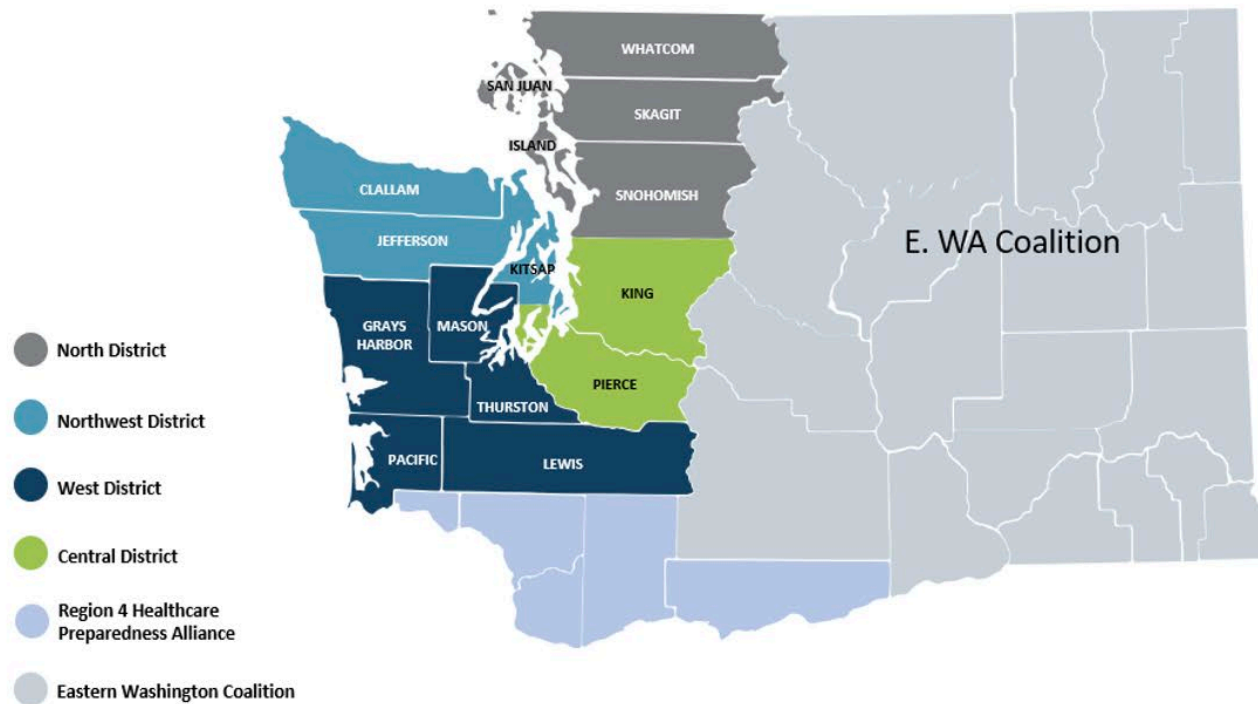
- Established 2005 within local public health
- Independent non-profit corporation (501c3) since 2013
- 15 counties and 25 Tribal Nations
- Largest concentration of critical medical specialty services in Pacific Northwest



NWHRN: About Us



Western Washington Coalition



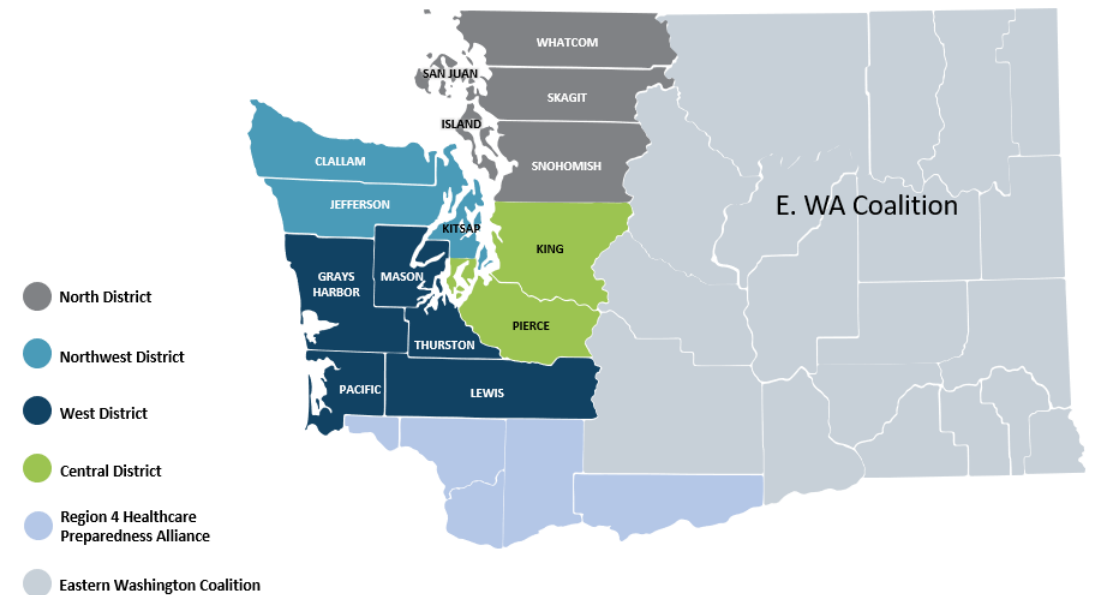
Washington State PICUs

• *115 beds per 1.64 million children <18 yrs = 7 beds per 100,000 kids*

- **Central WA** **96**
 - Seattle Children's 64
 - Mary Bridge 16
 - Swedish 6
 - Madigan 4
 - Harborview 6 (trauma only)
- **Eastern WA** **19**
 - Sacred Heart 19
- **Northern WA** **0**



Western Washington Coalition

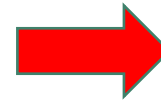


WA Medical Coordination Center

Disaster Medical Coordination Center



Regional COVID Coordination Center (RC3)
Harborview Medical Center/King County
Northwest Health Response Network



Washington Medical Coordination Center
(WMCC)



WMCC Coordination Strategies

- **Coordination across all aspects of Washington hospital leadership**
- **Governmental/regulatory**
 - Governor, DOH, Sec of Health, WA State Health Officer
- **Hospitals**
 - WA Hospital Association (WSHA), Health System Executive Leadership
- **Healthcare coalitions**
 - Northwest Healthcare Response Network, REDI Network



**Washington Medical Coordination Center
Operational Framework**

Guaranteed Acceptance Policy

WMCC - Washington State Hospital Association

- *WMCC will determine when a guaranteed acceptance rotation system is necessary. WMCC will notify WSHA when this goes into effect and WSHA will notify the major hospital CEOs.*
- *“IF the WMCC says they need to come to us – they come”*
 - *Worked only with trusted PICU level triage SME’s*



3 Major Challenges – Viral Respiratory Surge “Tripledemic”

1. Rapidly expand pediatric health system
2. Pediatric triage support for our RN's (Adult Critical Care RN's)
 - Stay in place with support
 - Acute care bed at hospital with no PICU
 - Send to tertiary hospital with a PICU
3. Provide expert “support” for hospitals requesting assistance



Solutions: Pediatric Bed Expansion

1. Rapidly expanded use of acute care pediatric beds in community hospitals

1. “OK to take transfers”
2. Expanded acute care areas and stretched staff ratios

2. PICU in the MICU

1. Primarily teens with overdose

3. Neonatal ICU expansion

1. Some limited success
2. Resistance from community groups (academic medical centers more malleable)

4. Support in place

1. Assistance from PICU consultant at tertiary referral center



Solutions: Subject Matter Experts

1. Utilized “On-call” PICU Attendings as Subject Matter Experts

1. PICU Faculty from Harborview > during their “off-season”
2. Provided triage support in decision making
 - Became trusted resource for referral hospital AND receiving hospitals
 - Clinical support for referring ER's



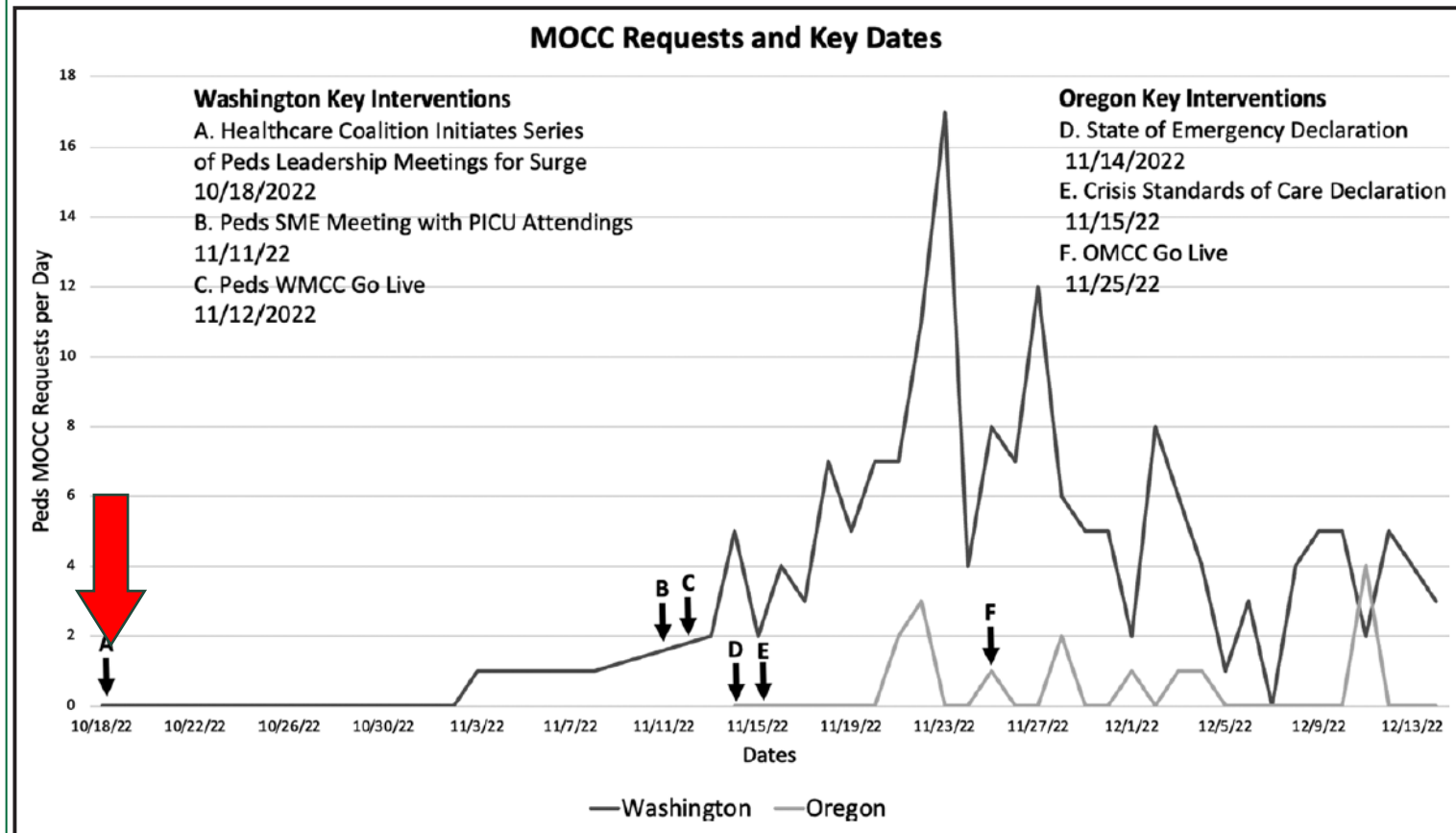


Figure 1. Key dates and summary of Washington and Oregon Medical Operations Coordination Center (MOCC) requests. Key interventions in pediatric MOCC development and pediatric hospital requests for assistance by date in Washington and Oregon. Region 1 = region within the Oregon Health Authority Emergency Response Plan encompassing the Portland, Oregon metropolitan area, SME = subject matter expert, WMCC = Washington Medical Coordination Center.

Mitchell SH, Merkel MJ, Eriksson CO, Sakata VL, King MA. Using Two Statewide Medical Operations Coordination Centers to Load Balance in Pediatric Hospitals During a Severe Respiratory Surge in the United States. *Pediatr Crit Care Med*. 2023 Sep 1;24(9):775-781. doi: 10.1097/PCC.0000000000003301. Epub 203 Jun 1. PMID: 37260321.

Results Summary

November 1, 2022 - December 14, 2022

- All pediatric acute and critical care beds over capacity (~135-150%)
- WMCC Managed:
 - 171 pediatric requests
 - 16% for ≤ 3 months old
 - 37% <1 one year old
 - 17% from Critical Access Hospital
 - 58% were critically ill children
 - 100% “accepted” with mean time of acceptance 3 hours in WA

Pediatric Crit Care Med. 2023 Sep 1;24(9):775-781.



Thank You

Look forward to our discussion.

Round Table Questions: 1/3

Systems Development:

1. Developing a MOCC takes takes a great amount of coordination and agreement. How did you facilitate that collaboration?
2. What were the advantages of developing a pediatric capability within an already established adult MOCC?



Round Table Questions: 2/3

Challenges:

1. When a pediatric patient could not be immediately transferred how did you assist with ongoing care?
2. How did you overcome the issues around admitting sick infants into NICUs?
3. What operational challenges did you face during the surge?



Round Table Questions: 3/3

Recommendations and Resources:

1. What recommendations would you give to those wanting to develop a pediatric capability within a MOCC?
2. What resources are available to those that want to develop a pediatric capability within a MOCC?
 - ASPR TRACIE MOCC Toolkit: <https://files.asprtracie.hhs.gov/documents/fema-mocc-toolkit.pdf>
 - WRAP-EM Pediatric Surge Playbook: <https://wrap-em.org/index.php/jit-resources/pediatric-surge-playbook>
 - Pediatric Critical Care Medicine: Using Two Statewide MOCCs to Load Balance
https://journals.lww.com/pccmjournal/fulltext/2023/09000/using_two_statewide_medical_operations.8.aspx#



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