

Pediatric Respiratory Surge Addendum

This Pediatric Respiratory Surge document is designed as an operational response addendum to the Northwest Healthcare Response Network (NWHRN) [Pediatric Surge Annex](#). This addendum was developed to support a coordinated statewide strategic response to the current respiratory pediatric surge, recognizing the unique nature of the surge and ongoing stressors within healthcare facilities. This addendum was developed with input from pediatric subject matter experts and response partners.

Current Situation

- Over the last two years healthcare has been experiencing continued capacity issues related to downstream COVID impacts
- Current healthcare system stress is primarily related to staffing shortages and difficulty discharging patients alongside a continued surge and an increased acuity level of patients.
- Reports are coming in from across the country of significant and accelerating pediatric patient surges related to an early spike in RSV, influenza, rhinovirus, and enterovirus.
- Currently, Washington hospitals, primarily on the west side of the state, are experiencing a significant increase in pediatric patients.
- Pediatric surge presents unique challenges for WA because non-pediatric facilities traditionally refer these patients to specialty facilities.
- However, as this pediatric respiratory surge continues, it may become increasingly difficult to transfer pediatric patients.

Planning Assumptions

- We will see a significant pediatric surge to emergency departments across the state, with the surge likely to first impact western WA.
- We will see a significant pediatric surge for acute care services.
- We will see a significant and concurrent pediatric surge for non-acute care services.
- Resources will remain constrained with limited out of state support.

Respiratory Operational Response

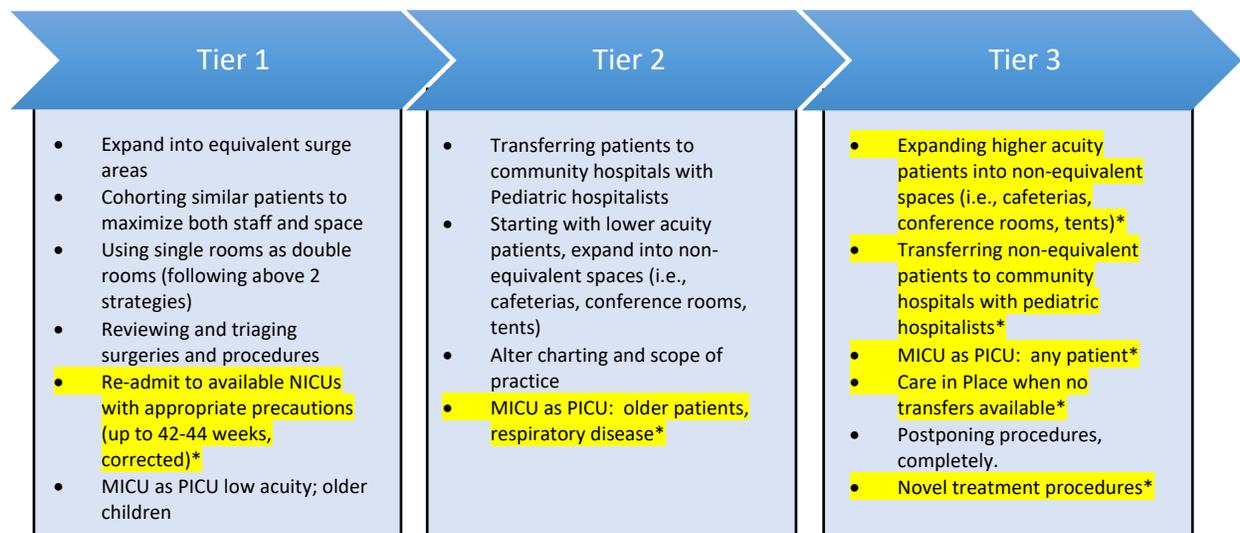
Statewide response to a pediatric surge will require that pediatric facilities are able to implement mitigation measures and are supported in overcoming operational and policy barriers. All acute care facilities will need to be equipped and prepared to stabilize and care for pediatric patients, as outlined in the [NWHRN Pediatric Surge Annex and accompanying toolkit](#). Lastly, close coordination and integration of the Washington Medical Coordination Centers' (WMCC) pediatric component will ensure pediatric patient load-balancing across the state.

Operational Framework

1. Pediatric facilities

- **Information Sharing**
 - Pediatric Hospital Capacity Coordination Call
 - WMCC & Disaster Medical Coordination Center Call
 - Other relevant situational awareness calls
- **Mitigation measures:**
Pediatric and non-pediatric facilities will implement mitigation measures to maintain patient care capacity. Mitigation measures include but are not limited to those shown in [figure 1] and should be implemented in tiers [1-3], dictated by the level of stress to facility-specific operations.

Figure 1: Tiered Mitigation Measures



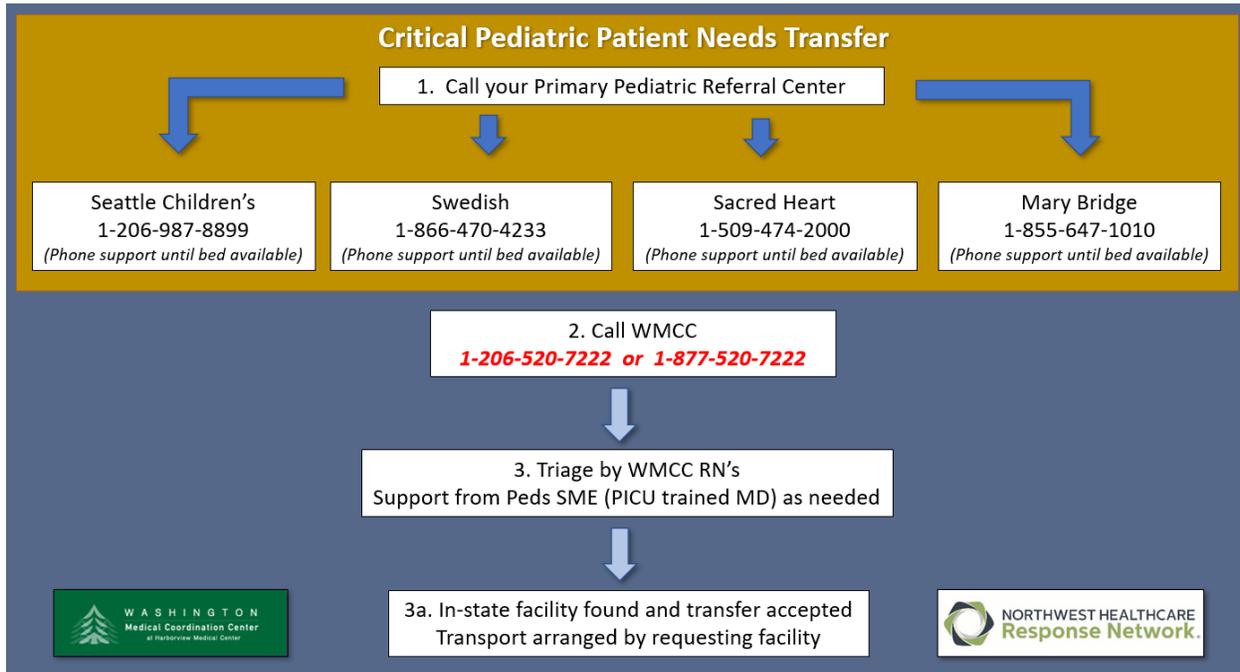
*Mitigation measures pending operational details.

2. Washington Medical Coordination Center (WMCC) pediatric patient load-balancing

- The WMCC is a statewide resource to support hospital decompression and identify appropriate acute care bed availability for patients. If WMCC receives a call to transfer a pediatric patient, WMCC clinical staff will work with an on-call pediatric specialist to identify appropriate patient placement and support [figure 2]. The WMCC role and responsibilities include:
 - Support facilities load-balance patients
 - Sharing data with relevant partners via coalition calls
- The WMCC will share patient transfer data with relevant partners via NWHRN coalition and other NWHRN coordinated calls to ensure ongoing situational awareness.
- WMCC will implement Guaranteed Acceptance Policy if hospital capacity becomes too scarce to identify bed availability for the most acute patients. WMCC will utilize a geographic and acuity-

based system to place highest acuity patients. Contacted hospitals will be required to accept the patient regardless of facility capacity.

Figure 2: WMCC Pediatric Patient Load-Balancing Diagram. For full WMCC Framework see: [Washington Medical Coordination Center \(WMCC\) - NWHRN](#)



3. Non-Pediatric facilities care for pediatric patients

- Non-pediatric facilities prepare to stabilize and care for pediatric patients until transfer.
 - NWHRN Pediatric Surge Annex and Toolkit
- If transfer is unavailable, non-pediatric facilities may be asked to provide patient care for ongoing duration with telehealth support (i.e., “care in place”).

4. Health Care Authority: For Medicaid patients HCA will

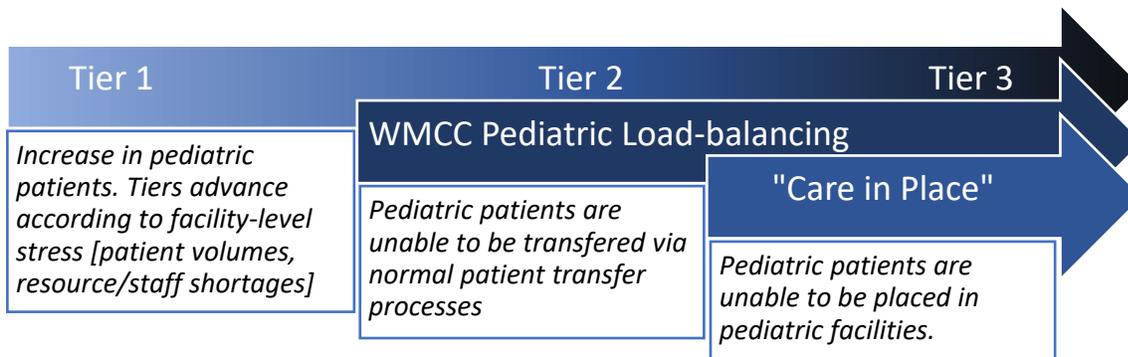
- Focus on ensuring timely hospital discharge for Medicaid pediatric population.
- Ensure Managed Care Organizations (MCOs) evaluate all hospitalized pediatric members [patients] and prioritize discharge planning and care coordination.
- Identify barriers to discharge, and collaborative approaches to solutions.
- Escalate pathways for hospitals including the Difficult to Discharge program.
- Multi-system rounds available for cross-agency collaboration on members.

5. Northwest Healthcare Response Network

- Statewide situational awareness via
 - Coordination calls
 - Pediatric Hospital Capacity Coordination Call
 - WMCC-DMCC
 - Data collection
 - Pediatric bed data (daily)
 - Critical information distribution
- Regional operational planning
- Resource distribution/sharing
- Interstate coordination through WRAP-EM & DOH

Additional roles and responsibilities can be found within the NWHRN Pediatric Surge Annex

Figure 3: Example of scalable implementation of pediatric care



Maintenance

This document will be updated as more strategies are identified and will be reviewed in alignment with the NWHRN Pediatric Surge Annex.

If you have any questions, please contact the NWHRN at info@nwhrn.org