

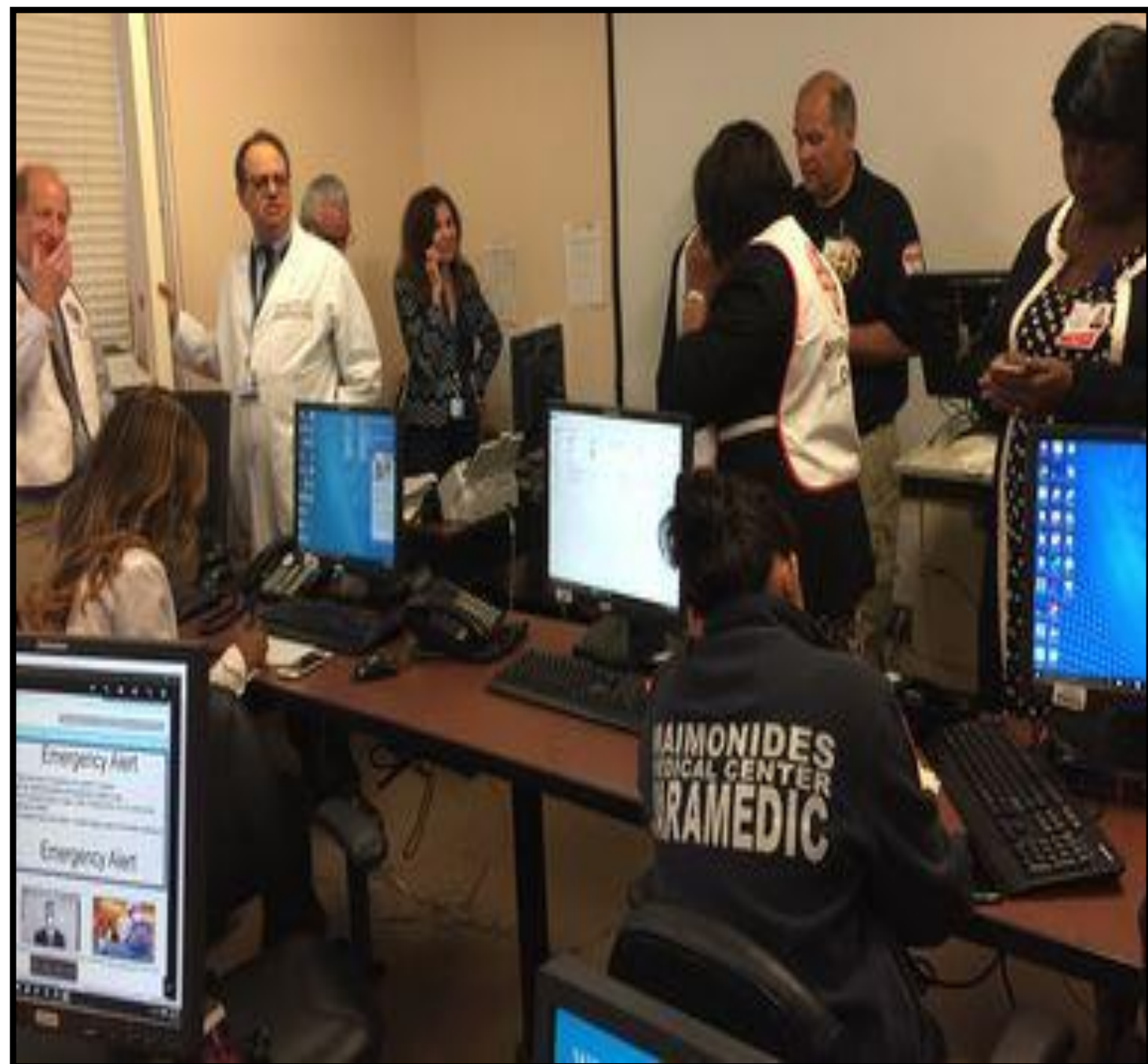


Lessons Learned from a 28 Hospitals and City Agencies Pediatric Disaster Plan Communications, Surge and Secondary Transport Exercise

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BACKGROUND

Children are frequently victims of disasters. However, gaps remain in pediatric disaster preparedness. The New York City Pediatric Disaster Coalition (NYCPDC) is funded by the NYC Department of Health and Mental Hygiene (DOHMH) to prepare NYC for mass casualty events that involve large numbers of children. The NYC PDC conducted a large citywide exercise testing surge, communications, and secondary transport. Participants included 28 NYC hospitals, the NYC Fire Department-Emergency Medical Services (FDNY-EMS), NYC Emergency Management (NYCEM), NYC DOHMH and the NYC Medical Reserve Corps (MRC).



DESIGN/METHODS

The exercise was prospectively designed with specific goals: to test and improve communications with staff and city agencies; to test and improve hospitals' pediatric surge capacity plans and response; to identify space, staffing, and equipment needs for a pediatric disaster; and for hospitals to identify and triage patients requiring secondary transport to another facility. In collaboration with the NYC DOHMH and FDNY-EMS we designed a Master Scenario Events List (MSEL) along with other tools to measure strengths and weaknesses to be identified at each institution and at a system level. We created an exercise evaluation guide to assess: Communications, Emergency Operation Plans, Surge, Patient Tracking, Patient Transfer, Supplies and Staffing utilizing a performance rating scale from 1-4 and qualitative reporting. This information was used to report out lessons learned and challenges to the participants and NYC DOHMH in an After-Action Report.



RESULTS

Strengths

Baseline*	254*
Pediatric Critical Care Beds Capacity	(Doubled for patient surge)
Pediatric Inpatient Unit Beds Capacity	1105* (Doubled for patient surge)
Adult Medical and Surgical Intensive Care Unit Beds	268 Additional pediatric surge beds generated)

Challenges included: gaps in communication/patient tracking, lack of sufficient sub-specialty support, the need for staff/volunteers to act as caretakers to address the needs of unaccompanied children and inadequate supplies of blood products and ventilators.

Performance Results Scale 1-4 (4 best)

Total Average Score	3.57/4.0
Communications	3.65/4.0
Emergency Operations Plans	3.67/4.0
Surge	3.58/4.0
Staffing	3.62/4.0
Tracking	3.50/4.0
Supplies	3.42/4.0
Transfer	3.38/4.0

CONCLUSIONS

Conducting a multi-hospital and agency pediatric specific exercise produced lessons learned to address exercise gaps that can improve citywide capabilities during future full-scale exercise and real-time events.