

# Information Kit

September 2023 through June 2024



**DISASTER  
NETWORKING  
COLLABORATIVE**

# THE PEDIATRIC PANDEMIC NETWORK (PPN) DISASTER NETWORKING COLLABORATIVE September 2023 through June 2024

## INTRODUCTION

The Disaster Networking Collaborative is an initiative of the Pediatric Pandemic Network. The Information Kit will support the project work of the Disaster Networking Collaborative, and assist clinicians and others who work in a children’s hospital to assess and improve pediatric disaster preparedness through enhanced leadership support, consistency among disaster leadership positions and an emergency/disaster committee, and integration of work with the emergency management landscape. There are many benefits for collaborative participants described below. Also see, [The Top 10 Reasons to join the DNC](#). Please adapt the proposed framework and strategies to meet the unique needs of your hospital, staff, and the patient population.

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## BACKGROUND INFORMATION

Natural disasters and pandemics are increasing in their intensity and frequency. Children represent up to 25% of the population and yet pediatric issues are often not taken into consideration in disaster planning and management. In addition, children have unique needs that must be addressed in disaster planning. Children are still categorized as an “at risk,” “special needs,” or a “vulnerable” population, which suggests that they are a lower priority. These points were emphasized in the [National Advisory Committee on Children and Disasters report to Congress in 2010](#), where it was made clear that priority is still given to adults, and there are persistent deficiencies in every area of pediatric disaster preparedness. Pediatric information is sometimes only included in an annex rather than integrated into the planning process, and this can give the impression that children are less important or considered later. A more recent federal committee, the [National Advisory on Children and Disasters \(NACCD\)](#) confirmed that these deficiencies remain today. See the [2022-2023 Recommendations from the NACCD: The mental health crisis in the aftermath of the COVID-19 pandemic and other lessons learned](#), published in January 2023.

In its [2021 NPRP Assessment Results](#), the National Pediatric Readiness Project (NPRP) revealed that pediatric considerations in disaster plans remain the lowest scoring measure when providing quality emergency care for children. The [Emergency Medical Services for Children \(EMSC\) program](#), initiated in 1984, has integrated pediatric disaster preparedness into its focus. Planning has become more strategic since the launch of the [Pediatric Pandemic Network \(PPN\)](#) in 2021 and the engagement of the ASPR-supported Pediatric Disaster Care Centers of Excellence. The COVID-19 pandemic and the 2022 viral winter surge of influenza, COVID-19, and respiratory syncytial virus (RSV) infections associated surge and other consequences demonstrated the true state of disaster preparedness and response for children and our collective deficiencies. The work of the PPN, in partnership with Federal and national collaborators, has led to significant and critical improvements in pediatric disaster preparedness. However, it is imperative to prepare now for future situations. The Disaster Networking Collaborative allows opportunities for children’s hospitals to lead the way to improve pediatric disaster preparedness and planning.

## THE DNC AND THE PEDIATRIC PANDEMIC NETWORK

The Disaster Networking Collaborative (DNC) is a free initiative of the [Pediatric Pandemic Network](#) which is a federally funded group of 10 children’s hospitals and partner organizations working to improve outcomes for all children in emergencies, disasters, and pandemics. The PPN aims to empower health care systems, communities, and youth to provide high-quality, equitable care to children every day and in crises. Through the PPN, 10 children’s hospitals serve as regional hubs for improving care and addressing issues of health disparity for all children every day and in disasters, emergencies, and pandemics. The PPN hospitals work with regional and national programs, academic institutions, community organizations, and subject matter experts to share pediatric-related information, educational resources, and best practices.

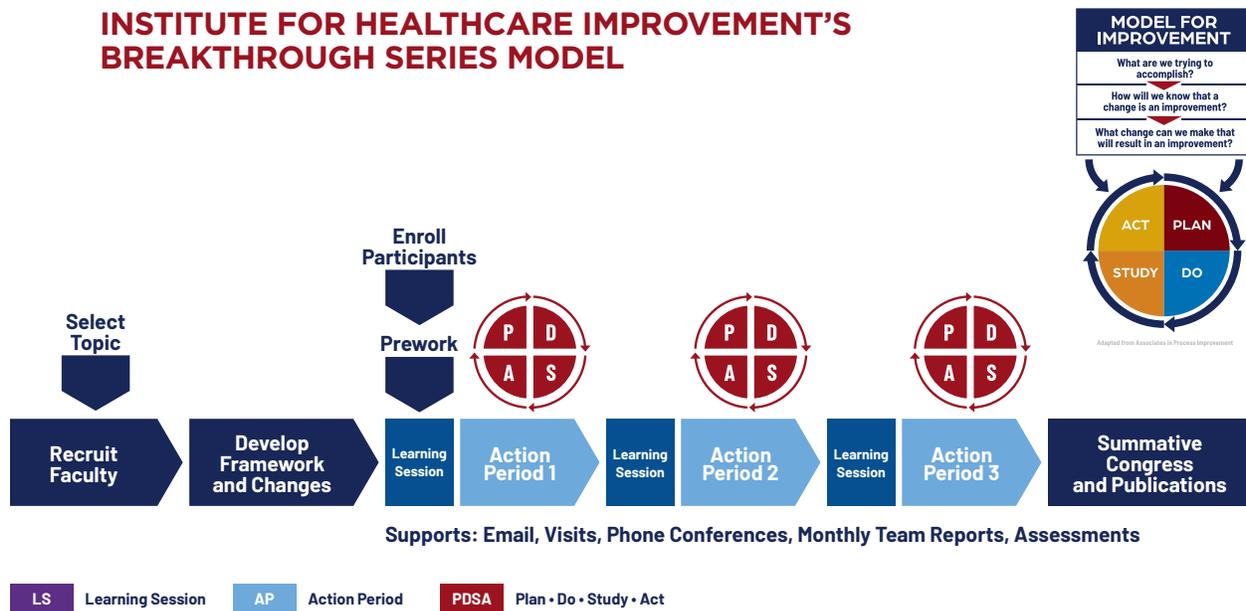
To reach these goals, PPN offers the DNC to all children’s hospitals in the United States. The DNC will serve as an entry point into future and/or ongoing pediatric disaster activities supported by PPN, including a Disaster Response Collaborative (DRC) that is planned for August 2024 through June 2026.

The mission of PPN is to support collaboration with the nation’s children’s hospitals and their communities within a network that will coordinate, prepare, and enable high-quality, equitable, research-based pediatric care in emergencies, disasters, and pandemics. The vision of the PPN is to improve the health outcomes of children and the resiliency of children, families and communities impacted by emergencies, disasters, and pandemics.

## **OVERVIEW OF PPN COLLABORATIVES**

Quality improvement (QI) **science** has been proven to be a timely and effective approach for health care providers and centers to integrate best practices and/or consensus guidelines. Collaboratives allow emergency department (ED) or hospital-based teams to identify gaps and needed areas for improvement, learn from their colleagues, and test changes to improve quality. In addition, teams use their collective experience and data to understand, implement, and disseminate best practices for common adoption. The Health Resources and Services Administration (HRSA), in collaboration with the **Emergency Medical Services for Children Innovation and Improvement Center (EIIC)**, has convened effective QI **collaboratives** that align with the **Institute for Healthcare Improvement’s Breakthrough Series** collaborative model to facilitate rapid adoption of evidence-based guidelines, resulting in short-term transformation of health care outcomes for patients. Following this model, PPN and DNC will share best practices and cost-effective solutions to enhance the infrastructure of children’s hospitals to prepare for emergencies, disasters, and pandemics. The Institute for Healthcare Improvement’s Breakthrough Series Collaborative, of which the EIIC and PPN Collaboratives are modeled, “is a short-term learning system that brings together a large number of teams from hospitals or clinics to seek improvement in a focused topic area (IHIbreakthroughserieswhitepaper2003).” In this model, hospitals are provided a space to learn from each other and subject matter experts to create system-level changes leading to improvements in care.

## INSTITUTE FOR HEALTHCARE IMPROVEMENT'S BREAKTHROUGH SERIES MODEL



Since 2022, the DNC planning committees have recruited a robust panel of pediatric disaster and emergency management experts to support participating teams in enhancing the pediatric disaster infrastructure at their respective institutions. Beginning in September 2023, participating teams registered their children’s hospital. Adding a team member’s name to the children’s hospital team roster notifies that person of the request for them to fill out an “Intake Survey”, which helps to offer information on participant locations, disaster role, credentials, etc. Throughout the collaborative, children’s hospital teams will attend learning sessions and use the Model for Improvement to work internally to identify and address gaps in the engagement of C-suite or hospital leaders in pediatric disaster preparedness and enhance disaster roles and strengthen partnerships with health care coalition as well as community-based or emergency management organizations. This will be a 10-month QI collaborative (September 2023 - June 2024) that engages health care professionals and their teams in QI, learning, and networking opportunities focused on driving improvements in pediatric disaster preparedness.

Children’s hospitals have an opportunity to be leaders in improving nationwide pediatric disaster preparedness. The DNC was developed to help children’s hospitals improve pediatric disaster preparedness through QI strategies and change strategies targeting key focus areas such as: C-suite or hospital leadership commitment and support, a consistent infrastructure for recommended disaster roles and responsibilities, and external engagement.

Supporting the DNC focus areas, the EIIIC’s **Pediatric Disaster Preparedness Toolkit** titled, “Checklist of Essential Pediatric Domains and Considerations for Every Hospital’s Disaster Policies,” was updated to help hospitals and other groups to address children’s need in a disaster. This toolkit covers 11 domains or topic areas within pediatric disaster preparedness and offers detailed

information on how each domain can improve or address gaps in three phases: foundation, intermediate, and advanced. Children's hospitals enrolled in the DNC will focus on the first two domains, pediatric disaster care coordination and regional coalition-building to ensure the necessary foundation to drive improvements in pediatric disaster preparedness and plan action steps. Through strategies to examine and accelerate improvements of these focus areas, children's hospital teams will improve their pediatric preparedness infrastructure and understand the groundwork needed for disaster response planning. Additional areas of improvement can be considered once the above-mentioned areas are reviewed. Results will be tracked using brief surveys, including an environmental scan, as well as session and post-collaborative evaluations.

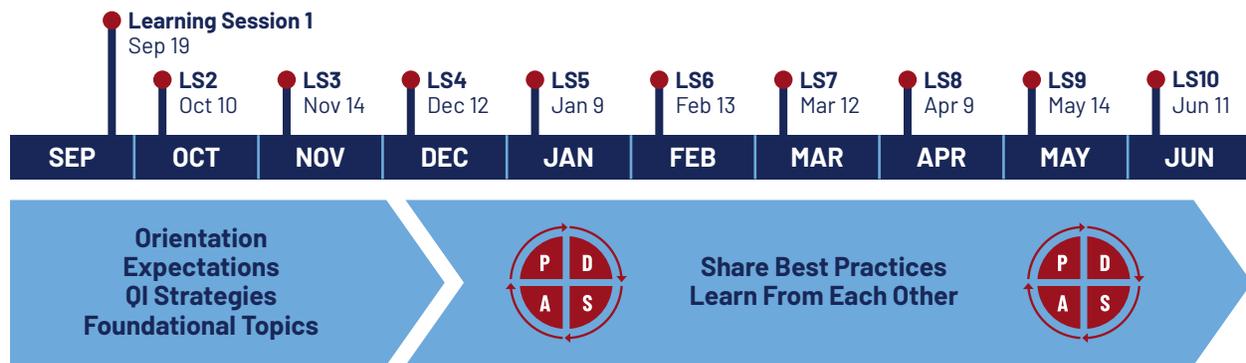
## **COLLABORATIVE STRUCTURE**

The DNC participants have access to evidenced-based or consensus driven best practices, collaborative sessions, presentations and coaching by experts, resources, and networking opportunities to improve the care of children and adolescents in their community – at no cost. Continuing education credits are offered and available for physicians, as well as nursing professionals. Details on being awarded credits (MOC Part IV for physicians or continuing education credits/contact hours for nurses) can be found on the [\*\*DNC Participation and Details\*\*](#) webpage.

The collaborative includes multidisciplinary teams of children's hospital professionals interested in working together to improve pediatric preparedness. Each team consists of at least two or more individuals affiliated with the same institution. However a robust team of at least 5 to 6 professionals is recommended. An ideal team will be multidisciplinary and could include emergency/disaster management professionals, a medical director, emergency coordinators, physicians, nurses, social workers, child life specialists, respiratory therapists, infection control or infectious disease specialists, or others with pediatric/disaster medicine interests. Previous collaboratives have shown that starting with a team of at least 4 members is optimal to allow for role changes and competing priorities.

Core collaborative activities consist of monthly, 90-minute deep-dive sessions that will initially focus on orientation, expectations, and QI strategies as well as the foundational topics or select focus area mentioned above. As teams progress, the collaborative or learning sessions will serve as a virtual venue for teams to share and learn from each other's improvement efforts. Teams should plan to regularly attend these sessions to learn about strategies for improvement, and exchange ideas, challenges, and successes with colleagues. Team leaders can work out a schedule where at least 1-2 team members are able to attend each session and report back to the entire team. However, if physicians or nurses intend to request continuing education, regular ongoing attendance in the sessions is required. Sessions will be recorded for later viewing, and slides will be provided. Teams will also have the opportunity for regular check-ins with support staff, as well as access to experts as needed.

The overarching timeline for the DNC collaborative is shown below:



Children’s hospitals have an opportunity to be leaders in improving nationwide pediatric disaster preparedness. The DNC was developed to help children’s hospitals improve disaster preparedness through change strategies focused on the three selected areas mentioned previously.

**Foundational documents or handouts for each focus area topic are provided:**

- **Talking Points—Why Engage in Pediatric Disaster Preparedness?**
- **Recommended Disaster Roles and Responsibilities for a Children’s Hospital**
- **Introduction to the Emergency Management Landscape**

Teams are encouraged to assess each of the three focus areas as the basis of their team’s improvement efforts before taking on other improvement efforts. Using QI tools, DNC teams will choose to assess and/or improve in these focus areas.



**C-suite or hospital leadership support**



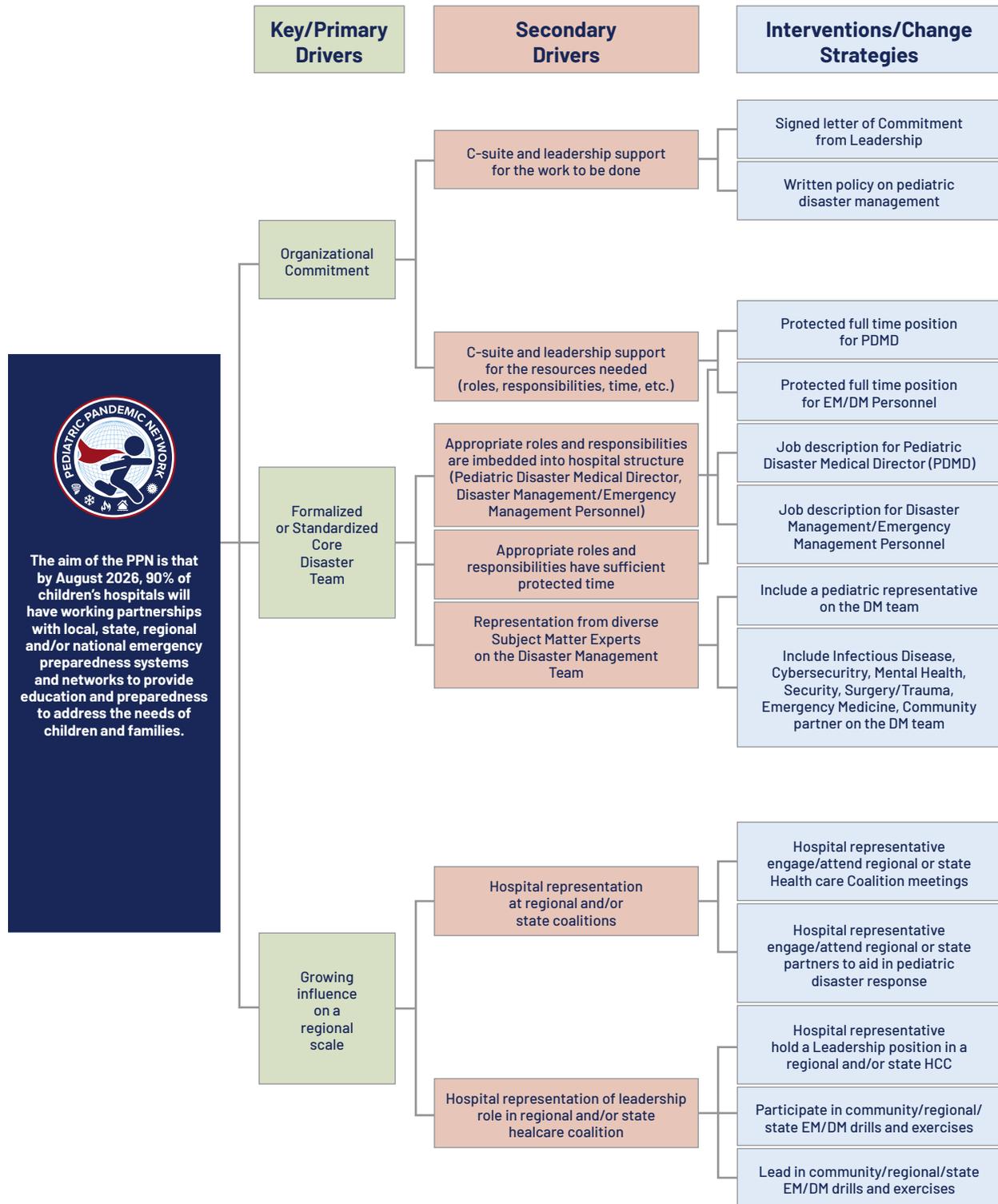
**Recommended disaster roles and responsibilities**



**Engagement in the emergency management landscape**

For teams that prefer to focus on QI tools, a key driver diagram is shown below and offers children’s hospitals ideas for improving internal pediatric preparedness. This resource is often used as a QI strategy for planning an improvement project. This diagram shows the relationship between the overall aim of the project (sometimes called a “SMART” aim), the primary drivers or “key drivers” that contribute directly to achieving the aim, secondary drivers that affect the primary drivers, and specific change ideas to test. When developing a key driver diagram, team members decide on a SMART Aim, drivers or areas that impact the end goal, and action steps or intervention strategies to guide their project work. Additional details, templates, and instructions can be found on the [Institute for Healthcare Improvement’s Breakthrough Series Driver Diagram page](#).

# KEY DRIVER DIAGRAM



## TIME COMMITMENT/TIME MANAGEMENT

Teams should make every effort to have one or more representatives attend each monthly collaborative learning session. Physicians intending to claim MOC Part Four credit will need to attend sessions regularly. Nursing professionals can request contact hours of continuing education by attending a full LIVE collaborative session, signing in within the chat box and completing an evaluation using a link/QR code provided during each session. The collaborative sessions will be recorded for participants who cannot attend the live events and posted to the [DNC Session Information and Materials](#) webpage. All participants should create appointments for each of these virtual meetings (90 minutes in length) and register to enter each session. Participants can estimate at least one hour per week to meet with their team, select an improvement idea, test the change, and reflect on progress. The total commitment may range from 3 to 5 hours per month, depending on the time needed to plan and implement improvement efforts. Even small changes in preparedness can result in significant progress, enhance job satisfaction, and improve emergency care for children.

## COMMON TERMS

**Children’s Hospital Team:** This collaborative is for professionals who work in a children’s hospital, whether it is free-standing or non-free standing (e.g., pediatric health care provided within a larger hospital or health care system that also provides care to adults). The teams include a team leader and participant members. With previous collaboratives, team leaders have reported that it’s difficult to achieve desired outcomes with small teams, especially if members change jobs or otherwise need to opt out of the team. So, starting with a team of four or more members and planning for changes is appropriate. This collaborative focuses on disaster preparedness, yet as mentioned, it will be followed by another collaborative focused on disaster response. Teams can elect to include EMSC representatives or those who work in an agency external to the children’s hospital if the team members believe this will be beneficial to their work (e.g., when the team is implementing its QI project or change process and wants to add details on leveraging regional resources). A list of children’s hospital teams registered for the DNC is posted on the [PPN website](#). These details are current as of the date indicated and are subject to change.

**EMSC State Partnership Program Manager:** The national Emergency Medical Services (EMS) or more specifically, the EMS for Children (EMSC) program supports all 50 states and US territories through state partnership grants. The EMSC program manager at the state level (also known as the state partnership manager) serves as the coordinator of all EMSC activities in their own state or territory. Contact information is available in the [EMSC grants database](#).

**Environmental Scan:** Each team will complete a short survey, or environmental scan, in October 2023. This information will help each children’s hospital team to understand the site’s current state of infrastructure for pediatric disaster preparedness. Hospital teams may use the information to determine what improvement project to focus on during the collaborative, as well as compare themselves with other children’s hospitals who are participating. We ask that all registered teams complete this survey as soon as it is received, no later than mid-November. A post-collaborative evaluation will show progress that has occurred during the collaborative.

**Intake Survey:** When the team leader registers their children’s hospital for the DNC and adds team members to the team roster, each member is prompted to complete a brief survey so that the planning team can understand who has joined the collaborative and so that the participants can see where they fit in the larger collaborative group.

## COLLABORATIVE SESSIONS

A chart of the collaborative session offerings is shown below. Advance registration is required for each session; registration links can be found on the **DNC Session Information and Materials** webpage. The topics and speakers are subject to change, as a collaborative often adapts and changes to meet the needs of registered participants.

DISASTER NETWORKING COLLABORATIVE SESSIONS		
DATE & TIME (CST)	EVENT	TOPICS
September 19, 2023 2:00-3:30pm	Collaborative Session #1	<ul style="list-style-type: none"> <li>• Overview of the Disaster Networking Collaborative</li> </ul>
October 10, 2023 2:00-3:30pm	Collaborative Session #2	<ul style="list-style-type: none"> <li>• Growing the Influence of Your Children’s Hospital Leadership</li> </ul>
November 14, 2023 2:00-3:30pm	Collaborative Session #3	<ul style="list-style-type: none"> <li>• Be a Leader: Growing the Pediatric Voice Through Recommended Disaster Roles and Responsibilities</li> </ul>
December 12, 2023 2:00-3:30pm	Collaborative Session #4	<ul style="list-style-type: none"> <li>• Understanding and Engaging in Regional Coalitions</li> </ul>
January 9, 2024 2:00-3:30pm	Collaborative Session #5	<ul style="list-style-type: none"> <li>• Regulatory Requirements and Emergency Declarations</li> </ul>
February 13, 2024 2:00-3:30pm	Collaborative Session #6	<ul style="list-style-type: none"> <li>• Disaster Preparedness Stakeholder Groups (e.g., Pediatric Disaster Care Centers of Excellence)</li> </ul>
March 12, 2024 2:00-3:30pm	Collaborative Session #7	<ul style="list-style-type: none"> <li>• Pediatric Specific Elements of Disaster Planning (Checklist)</li> <li>• Registration for the Disaster Response Collaborative</li> </ul>
April 9, 2024 2:00-3:30pm	Collaborative Session #8	<ul style="list-style-type: none"> <li>• Education and Training Opportunities and Resources</li> </ul>
May 14, 2024 2:00-3:30pm	Collaborative Session #9	<ul style="list-style-type: none"> <li>• Disaster Response Collaborative</li> <li>• Topical Focus Areas and Demonstrating Improvements via Tabletop Drills and Exercises</li> </ul>
June 11, 2024 2:00-3:30pm	Collaborative Session #10	<ul style="list-style-type: none"> <li>• Celebration of DNC Achievements and Review of Teams’ Successes</li> <li>• Disaster Quality Metrics/Scorecard</li> <li>• Transition to the DRC</li> </ul>

## **PLANNING COMMITTEES**

The list below includes members of the Core Planning Team and the Advisory Committee, specifying those who serve on both.

### **Amanda L. Adler**

#### **Advisory Committee**

Researcher, Center for Clinical and Translational Research  
Seattle Children's Hospital

### **Suzette E. Brann, PhD, JD, MBA**

#### **Advisory Committee**

Emergency Medical Services for Children & Regional Pediatric Pandemic Network Programs  
Division of Child, Adolescent & Family Health, Maternal & Child Health Bureau  
Health Resources & Services Administration, U.S. Department of Health and Human Services

### **Jill Edwards, MBA**

#### **Advisory Committee**

Hub Program Manager, Children's Mercy Kansas City  
Disaster Management Domain Manager, Pediatric Pandemic Network  
Emergency Management, Children's Mercy Kansas City

### **Jonathan Eisenberg, MD**

#### **Core Planning Team and Advisory Committee**

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Attending, Dell Medical Center  
Pediatric Pandemic Network/Disaster Networking Collaborative - QI Service Core

### **Brigitte French, CEM-IAEM, DVM**

#### **Advisory Committee**

UCSF Hub Program Manager  
Pediatric Pandemic Network

### **Hilary Hewes, MD, FAAP**

#### **Advisory Committee**

Associate Professor, Pediatric Emergency Medicine  
Principal Investigator, EMSC Data Center (NEDARC has rebranded as EDC)  
Hub-site lead, Pediatric Pandemic Network  
University of Utah, School of Medicine, Department of Pediatrics

### **Brent Kaziny, MD, MA, FAAP**

#### **Core Planning Team and Advisory Committee**

Medical Director of Emergency Management and Attending Physician,  
Emergency Center Texas Children's Hospital  
Principal Investigator, The Gulf 7 - Pediatric Disaster Network  
Co-Director, Disaster Preparedness Domain, EMSC Innovation and Improvement Center  
Associate Professor, Department of Pediatrics, Section of Emergency Medicine,  
Baylor College of Medicine

### **Larry K. Kociolek, MD, MSCI, FSHEA, FPIDS**

#### **Advisory Committee**

Vice President, System Preparedness, Prevention, and Response  
Ann & Robert H. Lurie Children's Hospital of Chicago

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**Core Planning Team and Advisory Committee**

Associate Quality Officer of Education, UH Rainbow Babies and Children's Hospital  
Pediatric Residency QI Director  
Associate Professor of Pediatrics, Case Western Reserve University  
Division of Pediatric Emergency Medicine, UH Rainbow Babies and Children's Hospital

**Lorah Ludwig, MA**

**Advisory Committee**

Lead Public Health Analyst / Project Officer  
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**Katherine Remick, MD, FAAP, FACEP, FAEMS**

**Core Planning Team and Advisory Committee**

Co-Director, EMS for Children Innovation and Improvement Center  
EICC Collaboratives Domain Co-lead  
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**Joelle Simpson, MD, MPH, FAAP**

**Advisory Committee**

Chief of Emergency Medicine, Emergency Medicine & Trauma Center  
Medical Director for Emergency Preparedness, Children's National Hospital  
Associate Professor of Pediatrics & Emergency Medicine  
George Washington University School of Medicine & Health Sciences

**Jennifer Watts, MD, MPH**

**Advisory Committee**

Chief Emergency Management Medical Officer  
Pediatric Emergency Medicine Physician  
Children's Mercy Kansas City  
Professor of Pediatrics, University of Missouri-Kansas City School of Medicine  
Disaster Management Co-Lead, Pediatric Pandemic Network

**PPN DNC STAFF**

**Laura Aird, MS**

Senior Project Manager  
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**Julie Shelton, MPH, CPHQ**

Advance Quality Improvement Specialist  
Pediatric Pandemic Network, Quality Improvement Service Core  
The University of Texas at Austin, Dell Medical School Dept of Pediatrics

## **PARTICIPANT EXPECTATIONS**

### **Team Leader**

- Serve as a point of contact to facilitate communications with team participants and others as needed
- Complete the team registration, personal Intake Survey, and the Environmental Scan
- Update team roster if there are changes throughout the collaborative
- Upload optional Letter of Commitment if desired
- Confirm team participants are receiving important updates (via appointments, emails, and meetings)
- Participate in monthly learning sessions (1.5 hours each) and encourage others to do the same
- Work with team members to develop and implement a QI project/improvement plan for their hospital
- Collaborate with team members to present project on their work to the larger collaborative
- Share progress with the hospital's Disaster/Emergency Management Committee and hospital leadership

### **Team Member/Participant**

- Participate in team meetings and monthly learning sessions
- Complete the Intake Survey; help complete Environmental Scan and review results with team
- Offer input on project improvement plans
- Work collaboratively on project updates, including data collection and presenting on results
- Follow up if you agree to complete or are delegated any tasks
- Be responsive to requests from the team leader
- Share progress or seek help with challenges as needed

### **EMSC Program Manager**

- Support the ED site teams by sharing pediatric readiness and EMSC resources
- Participate in monthly collaborative sessions and children's hospital team meetings if they are part of a team
- Attend/monitor collaborative sessions if interested
- Maintain awareness of children's hospitals in their area; share improvements and suggestions as appropriate



# DISASTER NETWORKING COLLABORATIVE

[pedspandemicnetwork.org](https://pedspandemicnetwork.org)



This DNC Information Kit was developed by the PPN DNC initiated in 2023.

Additional information can be found online:

Pediatric Pandemic Network - Pediatric Pandemic Network | ([pedspandemicnetwork.org](https://pedspandemicnetwork.org))

Disaster Networking Collaborative - Disaster Networking Collaborative | PPN ([pedspandemicnetwork.org](https://pedspandemicnetwork.org))

If you have questions, please email [dncppn@austin.utexas.edu](mailto:dncppn@austin.utexas.edu)

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