

MA Hospital Pediatric Capabilities & Surge Capacity Survey

While the state of Massachusetts currently collects data on emergency department readiness for pediatrics, there are many aspects of pediatric care that have not been quantified for our state. We are administering this survey to assess several important pieces of information for the care of children in the state of Massachusetts:

- 1) Current inpatient pediatric capacity in standard operating procedures and surge capacity in a disaster scenario
- 2) Availability of hospital staff and specialized therapies for pediatric patients in standard and disaster scenarios
- 3) Status of existing surge/disaster plans and protocols for pediatric patients

Data from this survey will be collated with data from the MA DPH to create a full picture of our state's capabilities and identify gaps in availability of pediatric care in a surge or disaster.

In answering questions about surge/disaster scenarios, please use the following assumptions:

- DPH waivers are in place to admit beyond baseline capacity.
- You will activate your hospital staff surge plan.
- MA DPH will provide necessary pediatric equipment through regional caches.

If there is information you do not know, you should ask the appropriate people in your hospital for information (e.g., critical care division, nurse leadership, neonatal services). Your answers will be critical for disaster planning and we sincerely appreciate your time and effort in gathering this information for your hospital.

The survey platform does have draft mode enabled. As you progress through the survey, you will see "Reset" and "Saved" along the top of the screen. Draft mode automatically saves answers locally in the browser as a respondent progresses through the survey. A respondent can resume the survey in the same browser at a later time.

Your participation in this survey is voluntary. You may exit the survey whenever you wish. Your answers will only be visible by Dr. Sarita Chung and the research team. Any data published external to the research team will be anonymous and in aggregate.

Please contact sarita.chung@childrens.harvard.edu if you have any questions.

Demographics

1.	Your Name*	Free Text
2.	Positions that contributed to the survey: (including yourself) <ul style="list-style-type: none">- MD/DO Leadership- Emergency Management- Hospital Administration- Nurse Leadership- Other (explain)	Check all that apply

3.	Your phone number	Free Text
4.	Your email*	Free Text
5.	Please select your institution*	Drop-down
6.	Does your hospital have a 24/7 Transfer Center*	Yes/No
If yes, #7; if no, #8		
7.	Transfer Center phone number	Free Text
8.	Do you have a surge plan for pediatric patients (<18yo)?*	Yes/No

Inpatient Pediatrics

Excluding newborn/nursery.

9.	Does your hospital have a pediatric non-ICU inpatient unit? (e.g., Medical/Surgical)*	Yes/No
If yes, #10; if no, #14		
10.	How many non-ICU pediatric patients (<18yo) does your disaster/surge plan specify can be admitted beyond your licensed inpatient non-ICU capacity? (We realize the actual number would be based on census and staffing. We are interested if your plan predesignates a number of additional beds.)*	# or "Does not specify"
11.	Does your hospital have a dedicated Pediatric ICU? *	Yes/No
If yes, #12; if no, #13		
12.	How many ICU pediatric patients (<18yo) does your disaster/surge plan specify can be admitted beyond your licensed inpatient ICU capacity? (We realize the actual number would be based on census and staffing. We are interested if your plan predesignates a number of additional beds.)*	# or "Does Not Specify"
13.	Excluding newborn/nursery, please indicate the youngest age range that you could administer the following therapies in your hospital. * i. Extracorporeal Membrane Oxygenation ii. High Frequency Oscillatory Ventilation iii. Mechanical Ventilation iv. High Flow Nasal Cannula v. Continuous Albuterol Nebulizers vi. Hemodialysis vii. Peritoneal Dialysis	Grid: 0-<1yo; 1-5yo; 6-11yo; 12-15yo; 16-17yo; Not less than 18yo; Therapy Not Available

Inpatient Adults

14.	Does your hospital have an adult non-ICU inpatient unit (e.g., medical/surgical)? *	Yes/No
If yes, #15; if no, #25		
15.	Do you currently admit pediatric patients (<18yo) to your adult non-ICU inpatient unit(s)? *	Yes/No

If yes, #17; if no, #16		
16.	In a disaster, could you admit pediatric patients (<18yo) an adult non-ICU unit?*	Yes, without consultation/Yes, with pediatric specialist consultation/No
17.	How many non-ICU pediatric patients (<18yo) does your disaster/surge plan specify can be admitted to your adult, non-ICU inpatient beds?* (e.g., how many adult beds can be converted to admit pediatric patients) (We realize the actual number would be based on census and staffing. We are interested if your plan predesignates a number for pediatric patients.)	# or "Does Not Specify"
18.	In a disaster situation, what is the age (in years) of the youngest non-ICU pediatric patient (<18yo) you would admit to your adult, non-ICU inpatient beds? If you would admit patients less than 1 year old, please enter '0'. *	Integer 0-18
19.	Does your hospital have any adult ICUs? *	Yes/No
If yes, #20; if no, #24		
20.	Do you currently admit pediatric patients (<18yo) to your adult ICU(s)? *	Yes/No
If yes, #22; if no, #21		
21.	In a disaster scenario, could you admit pediatric patients (<18yo) an adult ICU? *	Yes, without pediatric specialist teleconsultation/Yes, with pediatric specialist teleconsultation/No
22.	How many pediatric ICU patients (<18yo) does your disaster/surge plan specify can be admitted to your adult ICU beds? * (e.g., how many adult beds can be converted to admit pediatric patients in your ICU(s)) (We realize the actual number would be based on census and staffing. We are interested if your plan predesignates a number for pediatric patients.)	# or "Does Not Specify"
23.	In a disaster situation, what is the age (in years) of the youngest ICU pediatric patient (<18yo) you would admit to your adult, ICU beds? If you would admit patients less than 1 year old, please enter '0'. *	Integer 0-18
24.	Excluding newborn/nursery, please indicate the youngest age range that you could administer the following therapies in adult units in your hospital.* i. Extracorporeal Membrane Oxygenation ii. High Frequency Oscillatory Ventilation iii. Mechanical Ventilation iv. High Flow Nasal Cannula	Grid: 0-<1yo; 1-5yo; 6-11yo; 12-15yo; 16-17yo; Not less than 18yo; Therapy Not Available

	v. Continuous Albuterol Nebulizers	
	vi. Hemodialysis	
	vii. Peritoneal Dialysis	

Inpatient Newborn

25.	Does your hospital have a Special Care Nursery/NICU? *	Yes/No
If yes, #26; if no, #30		
26.	How many ICU newborn patients does your disaster/surge plan specify that can be admitted beyond your licensed inpatient ICU capacity? (We realize the actual number would be based on census and staffing. We are interested if your plan predesignates a number for newborn patients.)*	# or "Does Not Specify"
27.	In a disaster scenario, could your SCN/NICU accept admissions from outside the unit? * (e.g., from the ED or community)	Yes/No
28.	In a disaster scenario, what is the oldest patient in months you could admit to your SCN/NICU? *	Integer 0-24
29.	Does your NICU staff assist in clinical management of younger patients in other departments as needed? (e.g., a response in the ED or on an inpatient floor) *	Yes/No
30.	Does your hospital have a well-baby nursery? *	Yes/No
If yes, #31; if no, #32		
31.	How many non-ICU newborn patients does your disaster/surge plan specify can be admitted beyond your licensed inpatient non-ICU newborn capacity? *	# or "Does Not Specify"

Observation/Medical Decision Unit

32.	Does your hospital have a dedicated Observation/Medical Decision Unit beds?*	Yes/No
If yes, #33; if no, #36		
33.	Do you currently admit pediatric patients (<18yo) to your Observation/Medical Decision Unit? *	Yes/No
34.	How many pediatric patients (<18yo) does your disaster/surge plan specify can be admitted to your Observation beds? (We realize the actual number would be based on census and staffing. We are interested if your plan predesignates a number for Observation patients.)*	# or "Does Not Specify"
35.	In a disaster situation, what is the age (in years) of youngest pediatric patient (<18yo) you would admit to your Observation beds? If you would admit patients less than 1 year old, please enter '0'.*	Integer 0-18

Staff & Specialties

36.	<p>What type of provider clinically evaluates pediatric patients (<18yo) in your hospital?*</p> <ul style="list-style-type: none"> i. Emergency Medicine ii. Family Medicine iii. General Pediatrician iv. Nurse Practitioner v. Pediatric Emergency Medicine vi. Pediatric Hospitalist vii. Pediatric Intensivist viii. Pediatric Sub-Specialist ix. Physician Assistant x. Other (explain) 	Please check all that apply
37.	<p>Does your hospital have an in-house anesthesia provider available to manage pediatric airways 24 hours a day, 7 days a week? *</p>	Yes/No
38.	<p>Does your hospital have the following pediatric-certified staff in house? *</p> <ul style="list-style-type: none"> i. Certified Pediatric Nurses ii. Certified Pediatric Pharmacists iii. Certified Pediatric Respiratory Therapists iv. Child Life 	Grid: Yes/No
39.	<p>For the following surgical subspecialties, please indicate under which circumstances your specialists would see pediatric patients (<18yo). *</p> <ul style="list-style-type: none"> i. Cardiovascular Surgery ii. General Surgery iii. Ophthalmologic Surgery iv. Neurosurgery v. Oral Maxillofacial Surgery vi. Orthopedic Surgery vii. Pediatric Surgery viii. Thoracic Surgery 	Grid: Normal Operating Procedures/Only Surge_Disaster Plan/Not Under Any Circumstance
40.	<p>For the following medical subspecialties, please indicate under which circumstances your specialists would see pediatric patients (<18yo). *</p> <ul style="list-style-type: none"> i. Cardiology ii. Critical Care iii. Infectious Disease iv. Nephrology v. Neurology vi. Pulmonology vii. Radiology 	Grid: Normal Operating Procedures/Only Surge_Disaster Plan/Not Under Any Circumstance

Policies & Procedures

41.	Do you already coordinate with other hospitals related to patient surge events? *	Yes/No
42.	Does your surge plan have the following policies/procedures? * <ul style="list-style-type: none"> i. Pediatric patient tracking in case of surge/computer systems outage/or other disaster scenario ii. Pediatric patient identification (i.e., for patients who cannot provide their own information and do not have a guardian available) iii. Physical decontamination of children 	Grid: Yes/No
43.	Does your surge plan have the following policies/procedures for the care of pediatric patients without a guardian present? * <ul style="list-style-type: none"> i. A missing/abducted pediatric patient? ii. Reunification of pediatric patients with their parents or guardians in a disaster scenario iii. Establishing a pediatric-safe holding area/waiting area for unaccompanied minors not admitted to the hospital iv. Staffing plans for supervising unaccompanied pediatric patients 	Grid: Yes/No
44.	Are you willing to share your pediatric surge plan?	Yes/No
If yes, #42; if no, #43		
45.	Thanks, feel free to upload it here.	File attachment field

General Comments

46.	Please share any general comments here	Free Text
47.	Would you like someone from the team to contact you related to pediatric surge/disaster planning? If yes, we will reach out via the email provided at the start of this survey.	Yes/No