

Impact of Illness on Pediatric Patients and Institutions

- **Children with lower rates of severe infection**
- **Pediatric specific institutions less overwhelmed with direct care of patients with COVID-19**
- **Shift in their duties/obligations to decompress overall workforce by caring for children specifically**
 - **Serve as regional sites for consolidation of pediatric care**
 - **Increase age of admission to permit admission of “adults” to pediatric facilities**
- **Barriers to pediatric consolidation**

Pediatric Workforce as a Resource

- **Pediatric workforce could also be deployed to adult hospitals**
- **Considerations**
 - **Maintaining a local staff with pediatric expertise adequate to serve the pediatric population**
 - **Contingency planning for workforce if surge occurred/repurposing staff & spaces**
 - **Coordinated/approved effort for those providing care at adult facilities**
 - **Adequate back-up coverage if need for quarantine or time for illness**
- **Expanding telemedicine services if workforce shortages**

Training the Workforce

- **Calibrating the workforce towards fluidity of resources to avoid triage at any one facility**
- **Multidisciplinary**
 - **Services: ID, ED, Medicine, ICU**
 - **Within Hospital: Incident Command/Leadership, Ethics**
- **Advocates/Communicators**
 - **Compliance with public health measures**
 - **Honest information re virus, transmission, risk to children**
 - **Vaccination/vaccine trials/hesitancy**
 - **Partnership with local entities in information sharing**
- **Research staff calibration**

Institutional, Regional, National Input

- **Need for regional rather than institutional oriented goals**
- **Chicago Bioethics Coalition**
 - **Study & Practice**
- **Pediatric Ethics Affinity Group**
 - **National Input**
- **Interface with local public health authorities for coordinated response**
 - **Liaison to weekly public health calls**
- **Coordination with Children's Hospital Association**

References

- Paquette et al. **Shifting Duties of Children's Hospitals During the COVID-19 Pandemic.** *J Hosp Med* 2020 Oct;15(10):631-633
- Clark et al. **Pandemic Related Shifts in New Patients Admitted to Children's Hospitals.** *Hosp Pediatr.* 2021 Aug; 11(8): e142-51.
- Kolaitis I, Fry J, Paquette E. **How Suboptimal Consolidation of Care During the COVID-19 Pandemic Can Teach Us to Do Better.** *Hosp Pediatr.* 2021 Aug; 11(8): e156-58.