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The Children's Hospital Association
United States

Coordinating Hospital Care for Children to Increase Capacity for the Surge in COVID-19 Patients

The spread of COVID-19 is challenging national capacity of hospital beds, staff, critical equipment and supplies. Working together to address this demand quickly, safely and effectively is our highest priority.

Children's hospitals will be able to share the increased workload and contribute to the ongoing crisis in two fundamental ways. Local needs and resources will determine which approach may be preferred. In most settings, an approach that emphasizes consolidation of patients by age will maximize the care of patients of all ages by focusing younger patients around pediatric resources while making available capacity in community hospitals for the care of older patients. In other settings, admission of older patients to children's hospitals may be the preferred approach. In either case, the nation's children's hospitals stand ready to work closely with local, state and federal governments as well as our local community hospitals to find solutions that serve the interests of all patients regardless of age.

Children's Hospitals

The nation's children's hospitals serve as unique resources for the nation's sickest children. Of the over 6,000 U.S. acute care hospitals operating today:

- 200 children's hospitals, or 2% of all US hospitals, care for the most acutely ill children at higher volumes, providing some 50% of pediatric admissions and operating both independently and within larger academic, regional and community health systems, and
- 2,000+ US hospitals and systems admit most of the remaining 50% of children at lower volumes and acuity of illness and as neonatal services supporting obstetrics.

The nation's pediatric inpatient bed capacity, specialized staff and equipment is primarily concentrated in children's hospitals where neonates, infants and children who have complex health care needs and are severely ill receive urgently needed care that cannot be found elsewhere.

Guidance

1. In most settings, at least initially, consolidation of children requiring acute care hospitalization on a non-elective basis into the nation's pediatric hospitals will be the preferred approach as adult and pediatric patients will benefit. Hospitals experiencing COVID-19 patient surge will benefit from this scenario by creating additional inpatient capacity to care for older patients. And, this approach ensures that younger patients are consolidated where pediatric resources, staff and facilities are customized for pediatric care, and where pediatric capacity can effectively be extended to care for more children. In those settings in which admitting adult patients to

children's hospitals is preferred, proactively developed guidelines will ensure the right patients are cared for in the right setting.

2. The criteria informing where patients are admitted should be defined based on local conditions in surge situations. Important criteria include age of patient, health status, clinical diagnosis/condition and level of care required (e.g., surgical, trauma, NICU, PICU). The capabilities of the local/regional children's hospitals and their local/regional hospital counterparts must also be considered. In all cases, the safety of patients (regardless of age), their families and providers must be central to any decision.
3. Formal coordination and operating guidelines should be proactively put in place across hospital systems to facilitate the transfer or diversion of patients. This must be coordinated with local and state officials as well as payers to ensure no patient or family is unduly burdened by transfer or diversion.
4. As partners in the nation's response to the global pandemic, children's hospitals must be allocated the necessary supplies to safely and effectively mobilize this expanded care capacity, particularly the PPE and testing.
5. Children's hospitals should be granted the necessary regulatory waivers to create new bed, staffing and supply capacity on at least an interim basis to accommodate increased volumes.

Implementation

To facilitate local collaboration and implementation of the recommended guidance, the following criteria and considerations provide approaches to determining the ideal patients and the processes by which diversion or transfer can occur within a system, in a market and when needed across a region or state. Decisions to transfer or divert any patient, adult or pediatric, should be made collaboratively and with the engagement of state and local government as necessary and appropriate. Patient safety should be maintained as a primary consideration.

Patient criteria

In considering admissions to pediatric hospitals, specific age and health status criteria should relate to the clinical conditions and capabilities of the local children's hospitals and their hospital partners. In all cases, the safety of adult and child patients and families must be central to any decision to expand the admission age and inform pediatric and neonatal intensive care transfers between hospitals.

Using a tiered system (see Table 1), children's hospitals and their hospital partners can discuss and prioritize cohorts of patients to be transferred or admitted to the pediatric 'consolidation center' in order to optimize the care of adults and children. Tier 1 represents those patients whose care can be most readily supported by the children's hospital, and with the subsequent tiers, the challenges for children's hospitals related to staffing, equipment and supplies increase as patient age increases and non-pediatric comorbidities are encountered. Cohort prioritization must be local; and the decisions to transfer or divert any patient must be individualized in order to ensure the safety of the patient, family and those caring for them. All decisions should be made at the local level and in partnership between hospitals, physicians and the families. The final approaches and implementation of tiers, and cohorts within each, may vary based on specific community and patient situations.

Table 1: Considerations in Patient Transfers to Children's Hospitals

Tier/Cohort	Guidance	Patient Examples
Tier 1: Pediatric and Neonatal Patients		
Pediatric	Transfer or divert pediatric patients to children's hospitals	Stabilized trauma patients that will require >48 hours of care, non-elective cases such as appendicitis that present to ED
Neonatal	Transfer or divert neonatal admissions to children's hospitals	Prioritize intubated neonates, all neonates who will remain >48 hours who are stable for transport
Tier 2: Young Adult Patients		
COVID-19 positive	Transfer or divert admission of otherwise generally healthy young adult patients (>18 years, up to 30 or 40 years) with COVID-19 and without comorbidities, unless the co-morbid conditions are typically found in children	Patients without comorbidities or patients with COVID-19 and childhood onset comorbidities such as asthma, congenital heart, diabetes
COVID-19 negative	Transfer or divert admission of generally healthy young adult patients (>18 years, up to 30 or 40 years) without COVID-19 and without comorbidities, unless the co-morbid conditions are typically those found in children	Pneumonia without comorbidities, cholecystectomy
Tier 3: Adult Patients		
	Transfer or divert admission of otherwise generally healthy older adult patients (> 30 or 40 years) with or without COVID-19 and without comorbidities	Patients without comorbidities

Transfer and admission guidance

Guidelines and transfer agreements may need to be established between organizations, to facilitate the transfer of existing (pediatric or adult) inpatients, emergent patients and others as determined by local agreement and to inform how new non-elective admissions and emergency visits safely and effectively reach the appropriate settings.

The primary consideration for transfer is the safety of the patient. No transfer should occur that may directly or indirectly represent a threat to the patient's safety. The patient's condition, the urgency of the need for adult beds, weather, availability of a specific transport teams and other factors must be considered prior to transfer.

This guidance is endorsed by The Children's Hospital Association in consultation with the leadership of the American Academy of Pediatrics (AAP) and the Association of American Medical Colleges (AAMC), and has been submitted to the Centers for Medicare and Medicaid Services (CMS) as part of the White House Coronavirus Task Force initiative.