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Parents Urged to Take Preventive Measures As Pediatric Beds Fill Up

As Respiratory Viruses Circulate, Michigan Hospitals Urge Vigilance, Prevention

Michigan (Nov. 4, 2022) - Michigan children's hospitals and pediatric healthcare leaders are raising awareness about a pediatric hospital bed shortage and urging the public to help prevent respiratory illnesses, which are rapidly spreading in the form of respiratory syncytial virus (RSV) and influenza.

Michigan pediatric intensive care unit hospital beds are currently 89% occupied, according to data from the Michigan Health & Hospital Association (MHA) and Michigan Department of Health & Human Services (MDHHS). Hospitals are also reporting large surges in young patients visiting emergency departments, for both emergent and non-emergent care. Hospitals are urging those with mild cold-like symptoms to stay at home. If symptoms worsen, an urgent care or primary care physician's office would be the most appropriate setting to seek care, while emergency department visits should be reserved for those with moderate to severe symptoms including shortness of breath. Wait times and patient volumes in emergency rooms are increasing, and emergency department capacity in some areas is being depleted by visits for non-emergency medical conditions. Pervasive hospital staff shortages further complicate surges in hospital visits.

These pediatric bed shortages are impacting care statewide, making transfers of the sickest young patients to higher acuity care settings difficult.

"Hospitals are here for Michiganders, particularly in emergencies," said Gary Roth, DO, chief medical officer, MHA. "But our capacity to provide pediatric hospital care is extremely strained. Right now, the staffing challenges we have been sounding the alarms about all year combined with rapid spread of respiratory illnesses are impacting our hospitals' ability to care for our sickest children in a timely manner."

The MHA and the MDHHS are monitoring the pediatric bed capacity among Michigan hospitals. Nationally, the U.S. Department of Health and Human Services data shows that 76% of pediatric beds across the country are full, with anecdotal reports largely pinning the shortage on widespread RSV infections.

"Many of us in the pediatric medical community across Michigan are working to care for the surge of children battling RSV," Matthew Denenberg, MD, chief of Pediatrics, Corewell Health East, the new name for Beaumont Health, and chair of the MHA's Council on Children's Health. "Our teams are here to help when the illness becomes severe. Parents and quardians can also help stop the spread of illness in our communities by getting children vaccinated against both flu and COVID-19. We all need to work together to keep our children safe."

"In recent weeks we have seen a significant surge in cases of RSV which is most greatly impacting our infants and young children," said Rudolph Valentini, MD, chief medical officer, Children's Hospital of Michigan. "Since Oct. 1, more than 450 patients have tested positive for RSV at our hospital. This is putting a strain on our hospital's emergency department and inpatient bed capacity; further, this could intensify if influenza cases begin to rise in the near future. It is also important to note that RSV and its associated bronchiolitis cause symptomatic disease in 20% of infants and children less than one year of age. Although RSV may only cause a mild cold in older children and adults, it is important for parents to keep their infants and young children away from others who are ill, because RSV causes inflammation to the smallest airways making infants especially vulnerable sometimes resulting in hospitalization or ICU care. Other patients who need to avoid RSV are children with a history of prematurity, chronic lung disease, congenital heart disease, immunodeficiency or solid organ transplant."

"As we see this concerning trend in high volumes of pediatric emergent care and hospitalizations, we need to all work together to protect our children and conserve resources. Pediatric beds are a shared resource across the state," stated Christine Nefcy, MD, chief medical officer, Munson Healthcare. "Many smaller community or rural hospitals in Michigan have minimal pediatric bed capacity and rely on other facilities for higher level or specialty care for these patients. At this time of year, we naturally want to gather more often with family and friends; so as you make plans, we urge parents to follow these guidelines to ensure we manage this surge using all the tools at hand."

"We are urging Michiganders to have a plan for their families this respiratory season to help prevent hospital overcrowding and prevent outbreaks of respiratory illnesses using the tools available," said Dr. Natasha Bagdasarian, the state's chief medical executive. "This includes getting available vaccines, staying home if unwell, having a supply of masks at home, covering coughs, washing your hands often and finding out if you are eligible for treatment options if you do become unwell."

The MHA and its pediatric clinical leaders and partners offer the following tips for the public:

- **DON'T:** Seek hospital emergency care for non-emergency medical conditions, such as mild symptoms and routine testing.
- DO: Seek hospital emergency care if symptoms are worrisome and emergency care is needed. Emergency medical conditions can include difficulty breathing, dehydration and worsening symptoms.
- **DO:** Immediately get vaccinated against respiratory illnesses. Visit <u>www.vaccines.gov</u> to search for vaccine availability or call your provider or the local health department.
- **DO:** Be patient if seeking care through a hospital emergency department. Consider that wait times may be elevated as respiratory illnesses reach seasonal peak levels.
- **DO:** Consider having your children wear a mask in public places including school when you know local case rates of respiratory illnesses are high.
- **DO:** Practice frequent and proper hand washing and stay home if you're not feeling well.

Additional information:

Influenza is a viral respiratory illness with symptoms that include fever, cough, stuffy or runny nose, sore throat, headache, chills and fatigue. A flu test is not always needed to diagnose the flu, however in some cases it may be recommended by a healthcare provider. People at risk of complications should consult their healthcare provider.

RSV infection is a viral respiratory illness that usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be serious, especially for infants and older adults. Symptoms include runny nose, decreased appetite, coughing, sneezing, fever and wheezing.

Reporters may contact the following representatives from the Pediatric Leadership Collaborative to schedule interviews:

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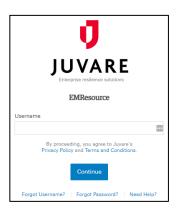
About the MHA

Based in greater Lansing, the MHA is the statewide leader representing all community hospitals in Michigan. Established in 1919, the MHA represents the interests of its member hospitals and health systems in both the legislative and regulatory arenas on key issues and supports their efforts to provide quality, cost-effective and accessible care. The MHA mission is to advance the health of individuals and communities.

A Statewide audit of hospital basic pediatric capabilities is being conducted for a real event, drill, or exercise. Update the included data elements with the actual, real-world values and capabilities of your hospital at the time of reporting. This information will be used for situational awareness and for the potential movement of pediatric patients, based upon the need. The goal for data submission is under 30 minutes from receipt of the alert.

1. Access the EMResource Website: https://emresource.juvare.com

Enter Username and select Continue.



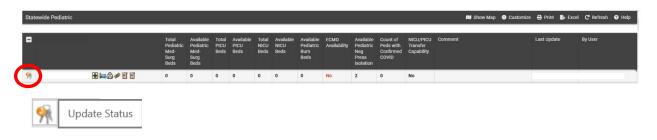
Enter Password and select Log In.



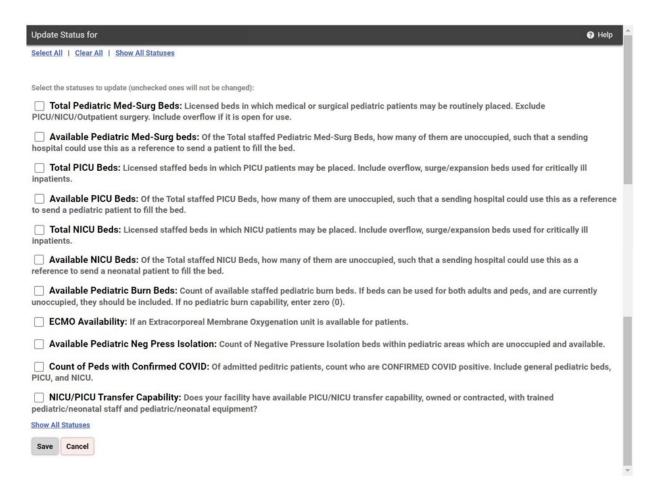
2. Locate the Statewide Pediatric Event.



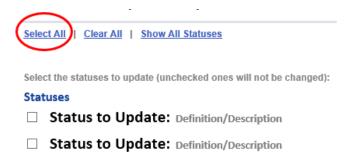
3. Locate the facility and select the key icon to Update Status



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4. Select All to expand and update statuses



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5. Update all data/status fields

If statuses do NOT apply to the facility, enter 0 and N/A in the Comment

Sta	tuses		
✓	Status to Update: Definition/Description		
	Comment:	If Status Request listed does NOT apply record "0" and N/A in Comment	
		datar a como da como	
Status to Update: Definition/Description			
	Comment:		

6. Select Save when complete

Show All Statuses

Save	Cancel
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EMRESOURCE DATA DEFINITIONS (on website - Click on the Status Type Name for Definition)			
Status Type Name	Status Type Definition		
Total Pediatric Med-Surg Beds	Licensed beds in which medical or surgical pediatric patients may be routinely placed. Exclude PICU/NICU/Outpatient surgery. Include overflow if it is open for use.		
Available Pediatric Med-Surg Beds	Of the Total staffed Pediatric Med-Surg Beds, how many of them are unoccupied, such that a sending hospital could use this as a reference to send a patient to fill the bed.		
Total PICU Beds	Licensed staffed beds in which PICU patients may be placed. Include overflow, surge/expansion beds used for critically ill inpatients.		
Available PICU Beds	Of the Total staffed PICU Beds, how many of them are unoccupied, such that a sending hospital could use this as a reference to send a pediatric patient to fill the bed.		
Total NICU Beds	Licensed staffed beds in which NICU patients may be placed. Include overflow, surge/expansion beds used for critically ill inpatients.		
Available NICU Beds	Of the Total staffed NICU Beds, how many of them are unoccupied, such that a sending hospital could use this as a reference to send a neonatal patient to fill the bed.		
Available Pediatric Burn Beds	Count of available staffed pediatric burn beds. If beds can be used for both adults and peds, and are currently unoccupied, they should be included. If no pediatric burn capability, enter zero (0).		
ECMO Availability	If an Extracorporeal Membrane Oxygenation unit is available for patients. Yes No		
Available Pediatric Neg Press Isolation	Count of Negative Pressure Isolation beds within pediatric areas which are unoccupied and available.		

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Count of Peds with Confirmed COVID	Of admitted pediatric patients, count who are CONFIRMED COVID positive. Include general pediatric beds, PICU, and NICU.
NICU/PICU Transfer Capability	Does your facility have available PICU/NICU transfer capability, owned or contracted, with trained pediatric/neonatal staff and pediatric/neonatal equipment? Yes No

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PEDIATRIC BED DATA NEEDED

Michigan hospitals with pediatric capabilities are reaching or are at capacity due to the recent increase in hospitalization of pediatric patients with respiratory illness. Accurate pediatric data in EMResource is necessary to reduce the time pediatric patients are held in the emergency department awaiting transfer for admission to a hospital with inpatient pediatric capabilities.

Hospital leadership is asked to ensure timely, accurate submission of data into EMResource to allow for up-to-date inpatient bed availability and pediatric emergency department capacity. This includes submitting data by 11 a.m., daily and when pediatric beds become available.

Pediatric data collected in EMResource allows pediatric tertiary centers and State health care preparedness leadership information necessary for:

- Informed decision making.
- Problem solving.
- Understanding of hospital challenges.
- Process improvement.
- Establishment of a baseline for discussion and collaboration.



EMResource is utilized by the State of Michigan for reporting of health care COVID-19 and preparedness data. Collected data supports federal and state reporting requirements.

For questions related to EMResource reporting, contact MDHHS-CHECC-EMResource@Michigan.gov.

