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The Children’s Hospital Association
United States

Consolidating Pediatric Hospital Care to Increase Capacity for Adults with COVID-19

The spread of COVID-19 will challenge our national capacity of hospital beds, staff and supplies for adults and children. Addressing this demand quickly, safely and effectively is our highest priority.

Children’s hospitals can contribute to our national solutions by serving as ‘pediatric consolidation centers’. Consolidation of pediatric patient cohorts to successively larger children’s hospitals allows hospitals and health systems to transfer out subsets of their pediatric population and free up bed, staff and technology capacity to serve the adult surge in COVID-19 demand. Federal guidance is essential to increasing awareness and understanding as to how best this can occur to inform implementation at the state and local levels.

Children’s Hospitals
The nation’s children’s hospitals serve as unique resources for the nation’s sickest children. Of the over 6,000 US acute care hospitals operating today:

- 200 hospitals or 2% of all US hospitals, operate both within larger adult systems and independently, and care for the most acutely ill children at higher volumes, providing some 50% of pediatric admissions, and

- 2,000+ adult-focused 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 supplies in the most comprehensive children’s hospitals – especially pediatric intensive care – is heavily utilized serving infants and children who are severely ill, not elective and cannot be treated elsewhere.

There is a greater opportunity to coordinate care between the 200 pediatric hospitals serving half of pediatric admissions and the 2,000+ adult-focused hospitals admitting most of the other half, creating additional capacity to care for the adult COVID-19 surge in the most effective clinical setting.

Guidance
1. Consolidate children requiring acute care hospitalization on a non-elective basis into the nation’s pediatric hospitals to create new adult care capacity to serve the COVID-19 surge volumes. Both adult and pediatric patients will benefit if pediatric care is consolidated in children’s hospitals, where pediatric resources, staff and facilities are customized for pediatric care, and where pediatric capacity can more quickly and effectively
be extended to care for more children. This includes pediatric emergency department capacity which should be focused on children. The adult hospital capacity, where adult-focused clinical specialists, intensive care capabilities, supplies and facilities designed for adults are in place, provide the safest and most effective surge response for adult COVID-19 cases.

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 adult counterparts must also be considered. In all cases, the safety of adult and child patients, their families and providers must be central to any decision.

3. Formal coordination and operating guidelines should be rapidly put in place across the pediatric and adult hospital systems of care to facilitate the transfer of existing pediatric inpatients and inform how new non-elective pediatric admissions and emergency visits safely and effectively reach the appropriate settings. This must take into consideration current restrictions states and insurance plans have on the eligibility of their beneficiaries to receive care in children’s hospitals.

4. Children’s hospitals should be specifically allocated the necessary supplies to safely and effectively mobilize this expanded care capacity for children, particularly the PPE and testing necessary to protecting children, their parents or guardians who must accompany them as their legal representatives, and the pediatric staff serving these increased volumes.

5. Children’s hospitals should be granted the necessary regulatory waivers to create new pediatric bed, staffing and supply capacity on at least an interim basis to accommodate increased volumes.

This guidance is endorsed by The Children’s Hospital Association of the United States 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.