SHM Rocky Mountain Chapter & Colorado Hospital Association Joint Meeting

"Caring for Adolescent Patients in Adult Hospitals: A Primer on the Medical, Legal, and Social Differences in Caring for Minors"

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Centura Health Physician Group
Pediatrix Medical Group

Special guests: Lyle Moore Jr., MPH, TLO (CHA), Kevin Sullivan, MD (CUSOM), Adam Beitscher, MD (DHHA)

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SHM Rocky Mountain Chapter Elections

Nominate Yourself or a Colleague by Nov. 30, 2022

hospitalmedicine.org/chapterelections

Agenda

Over the next 30 minutes, we will discuss:

- Colorado Combined Hospital Transfer Center

- Legal differences
- Privacy-related concerns
- Clinical considerations
- Communication best practices
- Resource utilization

Panel discussion: Drs. Sullivan, Beitscher, Manning, and Dakkouri

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D 2022 044

EXECUTIVE ORDER

Colorado COVID-19 and Other Respiratory Illnesses Disaster Recovery Order Amendment

Amending and Extending Executive Orders D 2021 122, D 2021 124, D 2021 125, D 2021 129, D 2021 132, D 2021 136, D 2021 139, D 2021 141, D 2022 003, D 2022 010, D 2022 013, D 2022 017, D 2022 020, D 2022 028, D 2022 035, D 2022 037, D 2022 038, D 2022 040, and D 2022 043

Pursuant to the authority vested in the Governor of the State of Colorado and, in particular, pursuant to Article IV, Section 2 of the Colorado Constitution and the relevant portions of the Colorado Disaster Emergency Act, C.R.S. § 24-33.5-701 *et seq*., I, Jared Polis, Governor of the State of Colorado, issue this coronavirus disease 2019 (COVID-19) Executive Order amending and extending Executive Order D 2021 122, as amended and extended by D 2021 124, D 2021 125, D 2021 129, D 2021 132, D 2021 136, D 2021 139, D 2021 141, D 2022 003, D 2022 010, D 2022 013, D 2022 017, D 2022 020, D 2022 028, D 2022 035, D 2022 037, D 2022 038, D 2022 040, and D 2022 043, which refocuses the State's efforts on recovery and incorporates Respiratory Syncytial Virus (RSV), influenza, and other respiratory illnesses in Colorado into the disaster declaration.

GIVEN under my hand and the Executive Seal of the State of Colorado, this eleventh day of November 2022.

Jared Polis
Governor

November 11, 2022: expanded the disaster emergency to include RSV, influenza, and other respiratory illnesses due to the serious increases in infection and hospitalization throughout the State.

Colorado Combined Hospital Transfer Center (CHTC)

CHTC Objectives	1. Provide appropriate placement of patients that facilities cannot care for due to internal capacity.
	2. Patients appropriate for transfer through the CHTC are those requiring an equal or higher level of care whom a facility cannot place within their hospital, hospital partners, or through normal transfer center operations.
	3. The CHTC does not assist with “waitlisted” patients.
	4. Actions are to be managed by each hospital and not the CHTC.
	5. If issues arise with transfers, the escalation process is:
	  1. Partnered system
	  2. CHTC lead
	  3. CHA

Tier 1: Partnering, everyone belongs to a system

Tier 2 (Regional): Inter-System transfers, bi-directional transfers

Tier 3 (State-wide): One state system, all beds

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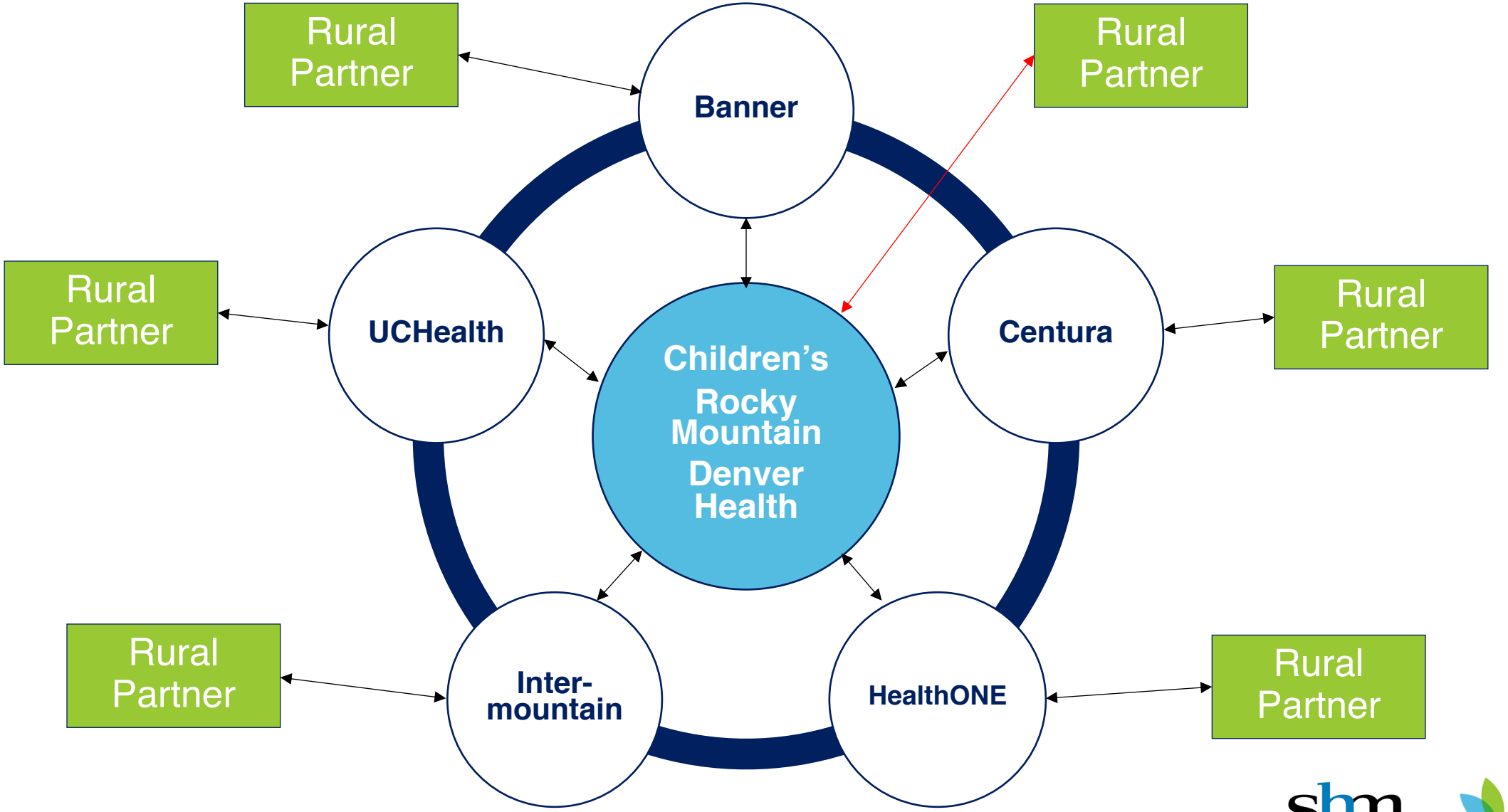
Colorado Combined Hospital Transfer Center (CHTC)



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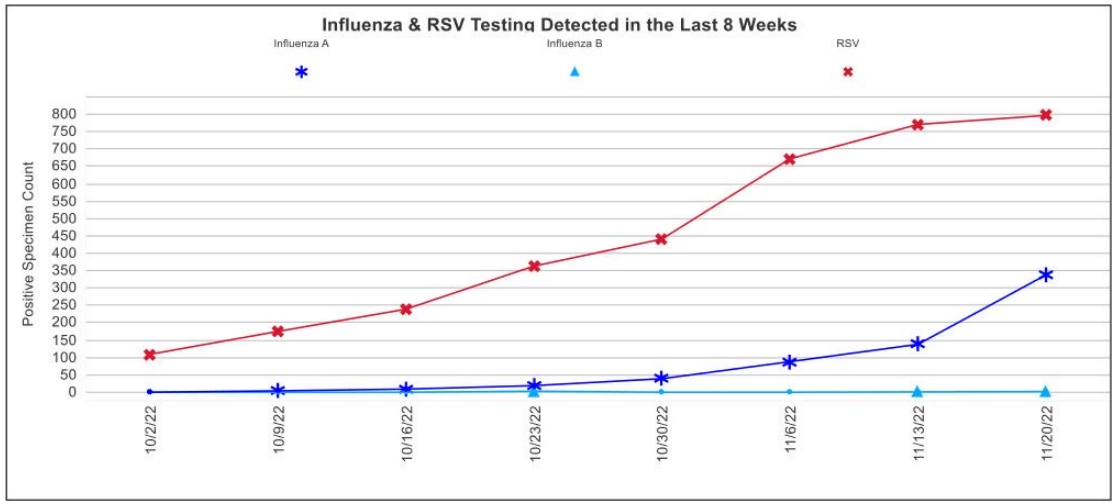
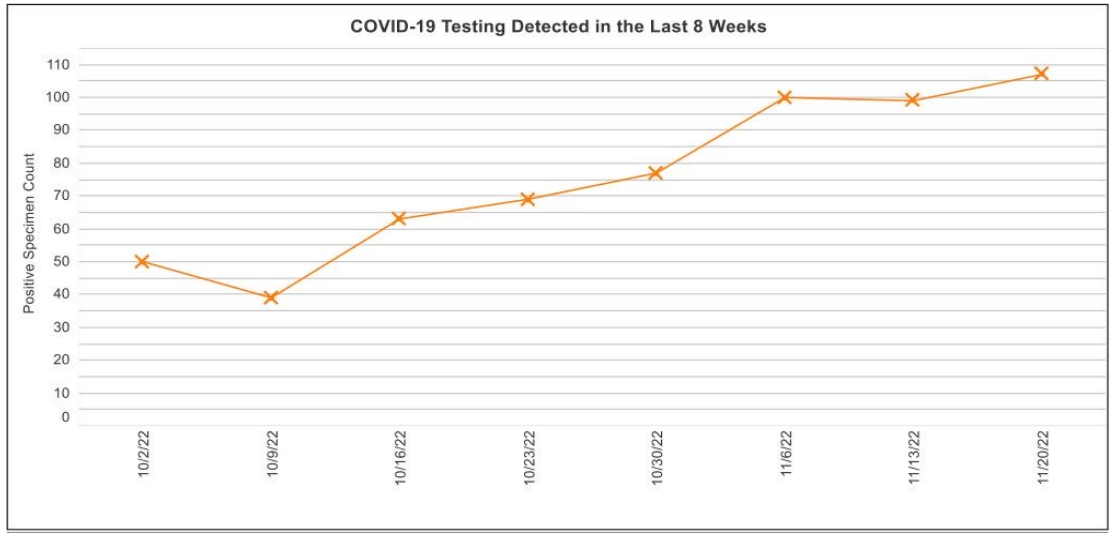
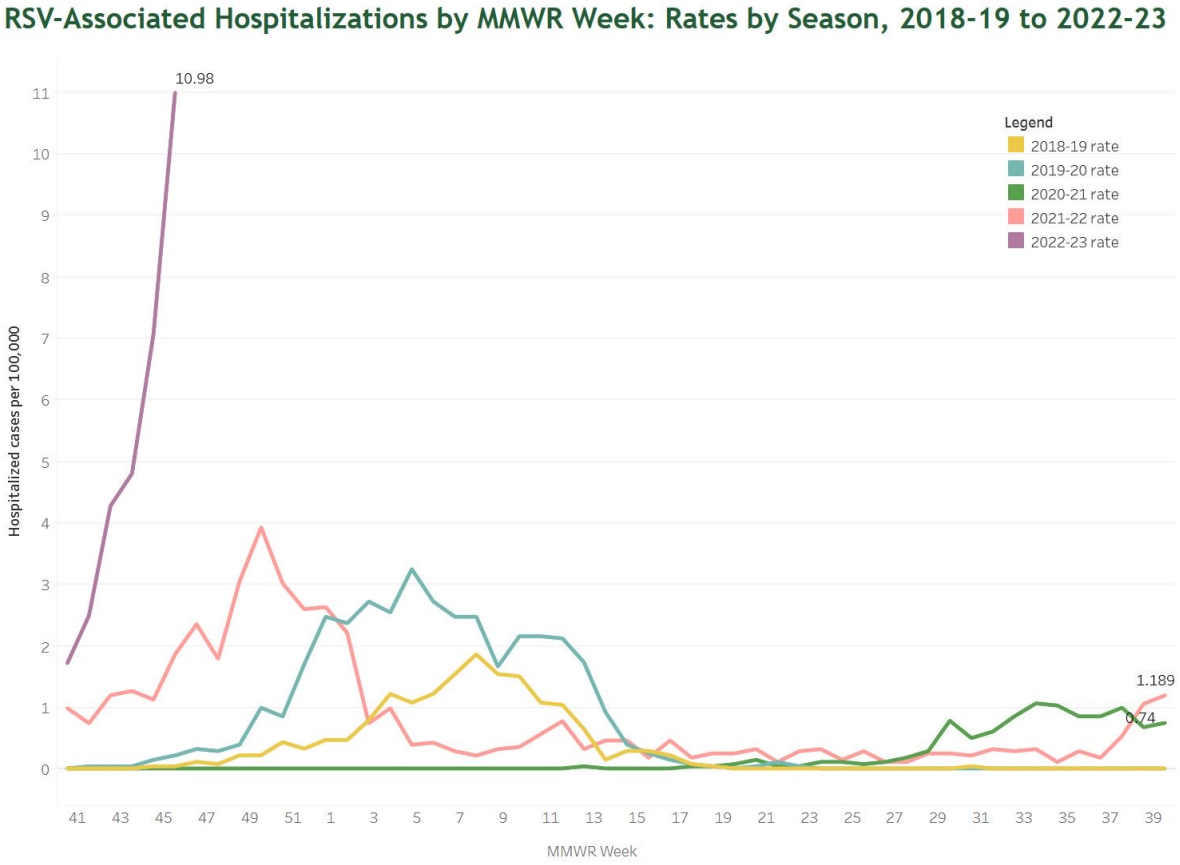
Background

Unprecedented RSV surge







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Background

Unprecedented RSV surge

- Many pediatric hospitals have asked neighboring adult facilities to help care for pediatric patients (largely older adolescents)

Medical News & Perspectives

"This Is Our COVID"—What Physicians Need to Know About the Pediatric RSV Surge

Jennifer Abbasi

On November 4, experts from the US Centers for Disease Control and Prevention (CDC) warned that an earlier-than-usual outbreak of respiratory infections—particularly respiratory syncytial virus, or RSV, and in more recent weeks influenza—were stretching thin pediatric hospital capacity.

In interviews with *JAMA*, clinicians from around the country and the across the spectrum of pediatric medicine shared how an unprecedented surge of RSV over the past months has affected patient care. "For us pediatricians, RSV is like COVID is for adults. This is our COVID," said Asuncion Mejias, MD, PhD, a pediatric infectious disease specialist and associate professor at The Ohio State University College of Medicine.

Medical News website

Here's what physicians need to know about a familiar virus that's behaving in unfamiliar ways.

RSV Outbreaks Occur Every Year. What's Different About This Year?

The answer is multifold. First, this year's outbreak started much earlier than the typical RSV season, which usually begins in late fall, peaks in December, January, or February, and tapers off by early spring. RSV hospitalizations picked up in late spring this year and in most regions have been increasing ever since, according to the CDC.

This outbreak is also larger and, in some physicians' view, more severe than usual. But what's making it especially challenging is that it has coincided with the circulation of several other respiratory pathogens, including SARS-CoV-2, but also enterovirus D68 (which can cause acute flaccid myelitis), parainfluenza viruses (the most common causes of croup), rhinoviruses, and now influenza.

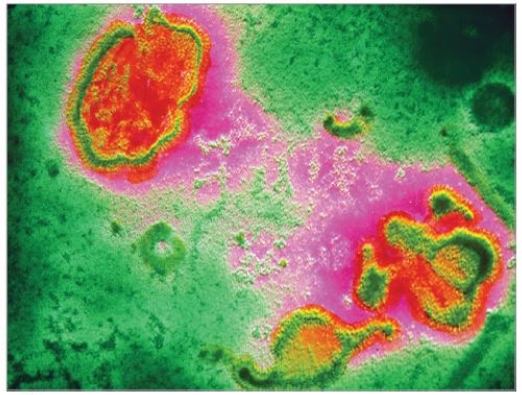
"Although the medical community was anticipating a worse than usual influenza season, I think we may not have been prepared for a multitude of respiratory viruses to descend on us all at once and to do so even a little bit before the typical respiratory virus season," David Henderson, MD, the NIH Clinical Center's former deputy director for clinical care, said in a November 6 Society for Healthcare Epidemiology of America (SHEA) town hall program.

Like RSV, the flu arrived early this year. Influenza A, specifically H3N2, has battered the southeast and south central US in recent weeks. "We have RSV activity that is moderately higher and definitely earlier than a normal season would be," explained pediatric infectious disease specialist JB Cantey, MD, MPH, of the University of Texas Health Science Center at San Antonio. "In a vacuum, that would probably not be the end of the world...But it's on top of a really, really high flu season on top of a global COVID-19 pandemic. So, it's sort of this horrible three-layer ice cream cone that is putting a lot of burden on the pediatric systems in the region and nationally."

Why Are So Many Children Becoming Infected With RSV This Year?

Blame it on the RSV "immunity debt." Most children are exposed to RSV in the first year of life, and almost all have been infected by 2 years. RSV infections in the first 6 months can be particularly severe, leading to bronchiolitis—infection of the lung passages—and pneumonia. Subsequent infections usually are milder, causing cold-like symptoms. But there was essentially no RSV in 2020, and now kids are paying for it.

The virus reemerged in the summer of 2021 and, after peaking that August, has been consistently circulating at low levels. Masking, social distancing, and other pandemic-related mitigation strategies have continued to protect many children from being exposed. But this year, as in-person gatherings and travel increased and kids went back to school and daycare without masks, the virus has ripped through a large pediatric population with little to no immunity.



CNRI/sciencesource.com

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Background

Unprecedented RSV surge

- Many pediatric hospitals have asked neighboring adult facilities to help care for pediatric patients (largely older adolescents)

Not a new issue!

- Many adult facilities already care for patients under the age of 18 with some frequency
- Almost all adult facilities care for young adults with chronic childhood-onset diseases

Adult-trained providers often feel uncomfortable caring for these patient populations

Agenda

Over the next 30 minutes, we will discuss:

- Colorado Combined Hospital Transfer Center

- **Legal differences**
- **Privacy-related concerns**
- **Clinical considerations**
- **Communication best practices**
- **Resource utilization**

Panel discussion: Drs. Sullivan, Beitscher, Manning, and Dakkouri

Legal Differences

Under Colorado state law, the age of competence at which someone is permitted to make decisions regarding their own body is **18 years or older.**

This means that patients under age 18 *generally* require parent/guardian consent for inpatient treatment.

Exceptions

- Emergency care
- Minors 15 or older living apart from their parents and managing their own financial affairs
- Minors who are married

Legal Differences

Exceptions (cont.)

- Minors receiving pregnancy-related care, contraceptive care, and abortion procedures
- Minors who are victims of a sexual offense
- Minors receiving care for sexually transmitted infections
- Minors receiving care for substance use disorder treatment or mental health services
  - age 12 or older for outpatient services
  - age 15 or older for inpatient services

Legal Differences

Exceptions

- Minors rec … care, and abortion p
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  - age 12 c
  - age 15 c

COLORADO MINOR CONSENT LAWS – Quick Reference Chart[1]	
SERVICES YOUTH CAN OBTAIN ON THEIR OWN	
Family Planning Services Funded by Title X[2] • Includes (among others) contraception, STD testing, and breast and pelvic examinations.	Minors of any age
Prenatal, Delivery, and Post- Delivery Care • Medical care related to the intended live birth of a child.	Pregnant minors of any age
Contraception • Birth control procedures, supplies, and information. • This does not include sterilization	Minors of any age who request and need birth control
Abortion[3]	Minors of any age
Sexually Transmitted Infections • Diagnosis and treatment	Minors of any age
HIV • Diagnosis and treatment	Minors of any age
Treatment after Sexual Offense (Sexual Assault) • Examinations, prescription and treatment of victim for any immediate condition caused by a sexual offense • For this purpose, "sexual offenses" include (but are not limited to) sexual assault, sexual assault on a child and unlawful sexual contact as defined by Colorado law.	Minors of any age
Mental Health Treatment • Includes outpatient treatment • Minors cannot consent to electroconvulsive treatment	Minors 12 years of age or older
Alcohol / Drug Abuse Treatment • Includes treatment for addiction to or use of drugs, emergency treatment for intoxication, and treatment for alcoholism.	Minors of any age

Legal Differences

For the Hospitalist…

Unless one of the aforementioned exceptions applies, if you find yourself needing to obtain consent you will need to **obtain from the parents/legal guardians**

- Procedures
- Blood transfusions
- Surgeries
- Vaccines

If unsure about the “legal guardian”, work with your social worker.

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Legal Differences

AMA Discharges

Minors **DO NOT** have “capacity” to leave AMA, all discussions should involve the parent/legal guardian

Each case is different - no standard approach

Should a Teenager Be Allowed to Leave the Hospital AMA to Attend His Father’s Funeral?

Thomas Kania, BS,[a] Melissa Schafer, MD,[b] Amy E. Caruso Brown, MD, MSc, MSCS,[b,c] Robert S. Olick, JD, PhD,[c] John D. Lantos, MD[d,e]

abstract

What should physicians do when an adolescent wishes to risk his physical health and leave the hospital to attend the funeral of his late father? What if the young man’s mother, and only remaining guardian, both supports and encourages such a decision? In this *Ethics Rounds* discussion, we examine the legality, morality, and safety of discharging a minor under such conditions.

Legal Differences

AMA Discharges

Minors **DO NOT** have “capacity” to leave AMA, all discussions should involve the parent/legal guardian

Each case is different – no standard approach

CPS should be contacted if high concern for morbidity/mortality due to AMA discharge

Very low threshold to involve your social worker!

Privacy

ASSUME that parents/caregivers are not aware of:

- Mental health treatment
- Contraception
- Sexual/reproductive health

} HEADSSS Exam

Standard practice is to ask parents/caregivers to excuse themselves when obtaining a history to ask about the above

- You can and should keep information obtained from HEADSSS confidential
- MUST disclose if pediatric patient reports intent to harm self/others

Protected notes are ideal when documenting on the above.

What to expect…

- Routine infections: pneumonia, pyelo, SSTIs
- Asthma exacerbations
- PO intolerance – CHS, CVS, viral syndromes
- APAP overdose and other toxidromes
- DKA

} Generally managed like adults

What not to expect (*subject to change*)**:**

- Young children (pre-puberty)
- Adolescents with chronic childhood-onset diseases requiring ongoing input from pediatric specialists

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Clinical

Patients weighing more than 40kg (88 lbs) generally may receive the same therapies as young adult patients of similar size

- IF you have a patient <40kg, strongly consider consulting your friendly pharmacist to ask about weight-based dosing

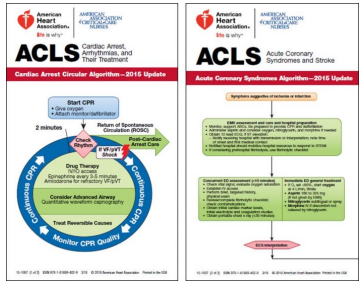
Fluids

- Have a lower threshold for MIVF
- For smaller patients (less than 40kg)

  4-2-1 rule: MIVF rate of 4ml/hr for first 10kg, 2ml/hr for next 10kg, 1ml/hr for every kg thereafter

33kg patient: (4 x 10kg) + (2 x 10kg) + (1 x 13kg) = 73 ml/hr

CODE BLUE: If signs of puberty, follow ACLS!



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Communication Pearls

Family-centered rounds should be the norm

Find the balance - encourage autonomy while recognizing parents/caregivers will ask most of the questions

Remember: discuss sensitive topics/medications outside the room

Review > Pediatrics. 2003 Sep;112(3 Pt 1):691-7.

Family-centered care and the pediatrician's role

Committee on Hospital Care. American Academy of Pediatrics

PMID: 12949306

Abstract

Drawing on several decades of work with families, pediatricians, other health care professionals, and policy makers, the American Academy of Pediatrics provides a definition of family-centered care. In pediatrics, family-centered care is based on the understanding that the family is the child's primary source of strength and support. Further, this approach to care recognizes that the perspectives and information provided by families, children, and young adults are important in clinical decision making. This policy statement outlines the core principles of family-centered care, summarizes the recent literature linking family-centered care to improved health outcomes, and lists various other benefits to be expected when engaging in family-centered pediatric practice. The statement concludes with specific recommendations for how pediatricians can integrate family-centered care in hospitals, clinics, and community settings as well as in more broad systems of care.

Resources

Phone a friend!

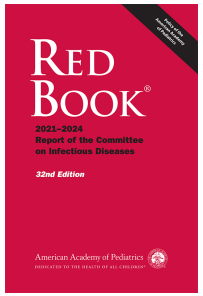
- If you have Med-Peds or Family Medicine-trained providers at your institution, reach out!

- Children's Hospital Colorado specialists are always available to discuss a case, or to help arrange pediatric subspecialty f/u
  - Anschutz Campus OneCall: **720-777-3999**
  - Colorado Springs OneCall: **719-305-3999**

- Can also use OneCall to connect to a pediatric hospitalist

Children's Hospital Colorado

UpToDate



UpToDate

Red Book (for all things ID)

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References

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3. https://umhs-adolescenthealth.org/wp-content/uploads/2021/02/confidentiality-laws-co-spark-handout.pdf
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5. Kania T, Schafer M, Caruso Brown AE, et al. Should a Teenager Be Allowed to Leave the Hospital AMA to Attend His Father's Funeral?. Pediatrics. 2018;141(5):e20170902