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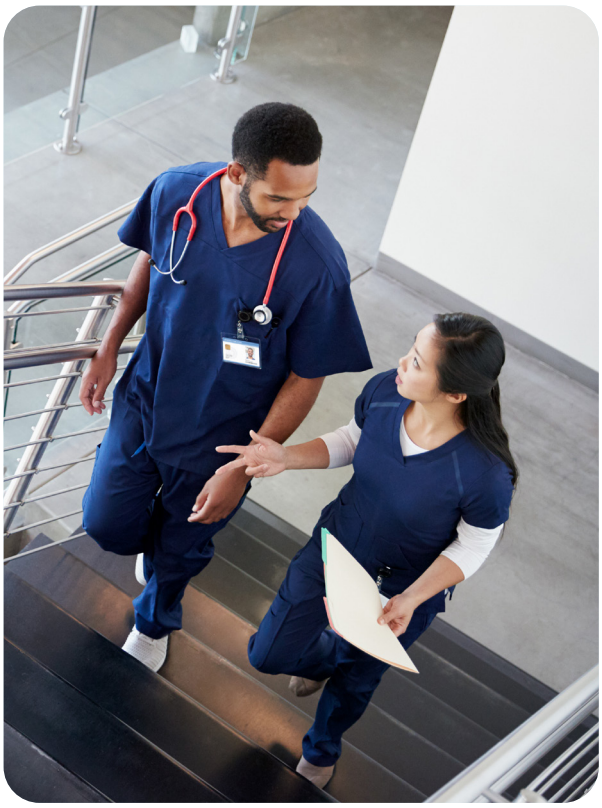
WHITE PAPER

Rising Risks and New Demands

for Emergency Preparedness in Healthcare



Recent years have yielded hard lessons in emergency management, particularly for healthcare organizations. We have learned, the hard way, what can happen when crises catch healthcare providers unprepared.



Looking at what we've learned from recent disaster responses, four observations stand out:

1. Emergency management sustains revenue.
2. Just-in-time supplies are no longer sufficient.
3. Outpatient centers must stay open during disasters.
4. Hospital service offerings must match the needs of the local population.

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Observations on disaster response perspectives

Recent years have yielded important lessons in emergency management, particularly for healthcare organizations. Many of us learned, the hard way, what can happen when crises catch healthcare providers unprepared. Looking ahead, healthcare organizations that manage to remain profitable and effective in caring for their communities are those that anticipate and prepare now for challenges ranging from weather events to technology misfires, manmade disasters, and the next infectious disease outbreak.

Undoubtedly, emergency preparedness demands a new approach. When the last pandemic hit, hospital leaders without a strong emergency management program in place found themselves in a situation similar to building an airplane with with improvised parts while flying through blinding storms. Despite their best efforts, many hospital weren't equipped for the surge in patients. As outpatient facilities closed and healthcare workers fled the industry, messaging mishaps caused patients to fear seeking out medical care. The crisis also highlighted many healthcare inequities that continue to exist today.

From a disaster response perspective, four observations stand out from that period:

Emergency management sustains revenue.

Emergency management is crucial to your ability to sustain operations and revenue during disasters — not a revenue-draining box we must check for the sake of regulatory compliance. Simply put, it ensures you can continue to care for patients (and your own workforce) in times of urgent need.

Just-in-time supplies are no longer sufficient.

For months, frontline healthcare workers had to reuse face masks and lacked adequate protective gear, among other shortages. Even now, years later, many medications are in short supply, forcing us to rely on less effective alternatives.

Outpatient centers must stay open during disasters.

We learned, the hard way, the value of outpatient centers during disasters. Hospitals generate tremendous revenue from outpatient centers, which move care closer to where patients and their families live, providing vital care that could only be performed at hospitals in the past.

Hospital service offerings must match the needs of the local population.

Since the pandemic, some hospitals have failed or struggled to maintain operations. Many have restructured, some closing service lines, others expanding services. Meeting the needs of the population you serve is crucial to your mission and survival.

With these observations in mind, you would do well to reassess your emergency management program, considering the following enhancements and lessons learned in recent years.



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Improving your emergency planning and response

Planning for (and funding) your emergency management program

Too often, emergency management responsibilities are assigned as additional duties to staff in other healthcare roles, or even administrative personnel. That model is no longer viable.

On the opposite end of the spectrum, hospitals often rush to over-staff emergency management teams only after suffering significant impact from disasters. When they can no longer justify the cost, they revert to former processes that made them vulnerable. There's a sweet spot for emergency management teams.

At Medxcel-managed facilities, we've had great success in combining safety and emergency management into a joint team responsibility. These teams work each day to sustain the environment of care, and are able to pivot and lead response to disasters as they arise. This blend of everyday safety with disaster planning and response helps to justify the dollars spent on full-time positions.

Built for self-sufficiency

How sustainable and resilient is your organization? Is your emergency plan dependent on external resource suppliers? Or does your plan ensure you can respond to emergencies with your own personnel and supplies?

Hospitals that lean on external saviors end up competing with other hospitals for valuable community resources, such as the local ambulance service — much like shoppers emptying grocery store shelves and grabbing the last loaf of bread before a snowstorm. Instead of being a resource to their community, these hospitals end up being a drain on community supplies.

On the flip side, having the personnel and supplies needed in crises enables your hospital to extend care to patients who normally don't come to your facility, positioning your organization as a leader in the community.

Leveraging partnerships

How connected is your organization with local, regional, state, and federal partners that deal in emergency management? Do you have out-of-state partners who can provide supplies when local sources are exhausted?

Because we maintain a number of those partnerships, Medxcel-managed facilities are often able to access supplies that other hospitals in their area can't. We're also able to access grant and financial assistance programs to reimburse costs for disasters or fund capital projects to make our facilities more resilient. In the past five years, Medxcel has secured approval for more than $100M in grants and assistance funds, enabling the facilities we manage to keep operations running and put money back into clinical care.

Climate change considerations

In today's world, competent emergency preparedness includes thinking about the potential effects of climate change on your facilities. Sustainability is a growing target for many health systems as leaders become more mindful of reducing their carbon footprint and employing eco-friendly resources such as electric vehicles or microgrids with solar and wind power.

These are all great efforts, but you need to ensure you're able to sustain that equipment during a disaster. If you have an electric fleet, for example, how will you charge those vehicles if your community loses power for days? Or, what happens if your solar panels get covered in ashes or debris and can't power the hospital?

As you make sustainability changes to your hospital, it is important to consider potential ramifications and how they might affect your preparedness plan.

Preparing now for the next disaster

At any given day, a cursory look through news headlines illustrates the rising frequency and magnitude of emergencies impacting patient care. Wildfires, floods, shootings, hurricanes, and power outages are a small sampling of recent events and risks still looming over many communities — yours included.

Looking back on the disruptions we experienced during the pandemic, strong responses had two elements in common, McKinsey Global Institute reports: agility and strong communications. Today's investment in emergency management is how you make that possible when the next disaster happens.

"If there's one theme throughout [disaster] lessons, it is the need for humility," McKinsey researchers conclude. "Many of our orthodoxies from past decades have been upended, and the need to continually learn has never been clearer, so that we can continue to adapt to today's crisis and prevent the next one."

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