

WINTER SURGE RESILIENCE APPROACH

Hospitals will need to spend significant resources on building radical flexibility or risk being overrun. Build a peak volume model for your hospital and take preventive steps to help radically adjust volume levels.

LOWER THE PEAKS

- Create early warning pressure on local governments to close venues and limit mass gatherings (i.e. avoid the next super spreader event—once cases spike, it will be too late)
- Educate the public on the up and down nature of the crisis
- Advocate for local flu vaccine goals—including 100% of local government employees
- Have physicians and nurse “ambassadors” ready to be the public face of the hospital, explaining the need for safety
- Robust testing options outside the hospital or physician offices

No one has the incentive more than you to solve this.

Hospitals were not built to be flexible but need to be.

ESTABLISH A “RETRACTABLE” HOSPITAL ENVIRONMENT

- Build a model for peak ED demand, IP capacity and transfer need
- Utilize triage tents or temporary buildings, which can be deactivated and reactivated quickly
- Be prepared with technology and staff to scale call center operations- potentially with 3rd party overflow provider
- Ramp up telehealth (contracted or built out)
- Develop sustainable negative air pressure environment—given construction lead time
- Reserve post acute spaces with adequate medical support to move non-COVID patients out quickly (e.g., contract with underutilized SNF to guarantee placements if needed)
- Have space located away from the hospital to maintain elective volume (as long as consumers are willing)

BE READY TO ROTATE AND STAFF

- Have detailed staff management and testing plan for everyone (who gets tested when and why, when people stay home)
- Validated PPE supply chain
- Potential staff have been vetted and credentialed
- Have emergency housing and childcare surge capacity planned and contracted
- Create rotational plans and complete any cross training (e.g., for OR nurses to surge to ED, ED to Floor, etc.) – staff might have to rotate roles several times across the months
- Be prepared to furlough or redeploy ambulatory staff as patients downshift optional care (again)

Staff expectations will be higher for the next crisis.

While its tempting to focus on the good news... bad surprises are not good for board relationships.

PREPARE FOR ANOTHER CASH CRUNCH

- Be liquid: there was timely (if partial) relief to hospitals, but given the election and post-election uncertainty, don't count on it happening again
- Prepare for cost spikes: if supplies and staff aren't locked down, there could be another bidding war
- Don't rule out a government shutdown along the way, which could inhibit normal Medicare payments