HealthManagement
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COVID-19 Lessons: Hospital Disaster Preparedness and Emergency Management

The law firm, Proskauer Rose LLP (New York City), highlights deficits that COVID-19 uncovered in hospital disaster preparedness and emergency management and strategies for improvement.

The lessons learned during the pandemic inspired healthcare leaders and regulators to implement post-pandemic changes to health care delivery. Stopgap measures facilitating patient care access during the pandemic are becoming permanent solutions due to their efficiency or effectiveness (e.g., telehealth and related regulatory waivers). One hard lesson learnt was the inadequacy of previous emergency management and disaster preparedness plans to handle the scale, intensity, and duration of a health crisis on COVID-19's scale.

In September 2019, the Centres for Medicare & Medicaid Services (CMS) released the 'Burden Reduction Rule'. This guidance lowered emergency preparedness obligations for emergency planning, communication, training, and testing to help hospitals deliver care at lower costs. CMS now mandates that healthcare providers develop emergency preparedness protocols (policies, procedures, and communication plans) to use Medicare and Medicaid. CMS requires hospitals to plan for an 'all-hazards approach' focusing on 'capacities and capabilities' key for a 'full spectrum of emergencies or disasters'.

While the healthcare crisis is still fresh, now is an excellent time to plan better hospital disaster preparedness and emergency management. Proskauer Rose below emphasises several issues needing better resolution in hospital disaster preparedness planning that the COVID-19 pandemic uncovered:

Personnel, Medical Equipment, and Personal Protective Equipment (PPE) Shortages:

The pandemic was a global event. The strategy used in mass causalities, of requesting aid from regional hospitals, failed. COVID-19 stripped hospitals everywhere of resources. In late 2020 and 2021, retired healthcare workers return to assist with staffing shortages. Hospital executives should establish resource and staff backups for the following health crisis, including detailed quick and efficient recruitment mechanisms. These plans should also consider the ethical allocation of life-saving resources, like ventilators, should supplies become limited.

Bed Shortages:

Bed shortages occurred because hospitals could not discharge 'patients too sick to go home, but not sick enough to remain in the hospital'. Starting May 2020, New York State post-acute care facilities would only admit patients that tested COVID-19 negative. This led to hospital overcrowding because waiting for test results delayed patient discharges. Hospital executives should consider surge capacity planning and identify where to redirect patients in overcrowding conditions.

Ongoing Uncertainty:

Unlike natural disasters or mass trauma events, the pandemic's duration, spread, or how to reduce the pathogen's transmission were unknowns. This uncertainty delayed hospitals in developing protocols and communicating them to their staff and patients. Hospital executives should plan to be decisive and unambiguously communicate their decisions to staff in future crises with ongoing uncertainty.

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