

## Is Your Health Care Organization Prepared for the NEXT Public Health National Disaster?

There is no doubt about it: COVID-19 has impacted the U.S. health care delivery system in a way few could have ever predicted. It has rattled our delivery infrastructure, burdened our providers and facilities with unprecedented challenges, created greater gaps in health disparity, unleashed animosity amongst states vying for medical supplies and equipment, and introduced a sense of vulnerability we, as a country, have not felt in a very long time.

But as history shows, the U.S. is a nation of great strength and resilience. We've learned that yesterday's peril is tomorrow's opportunity. As our great nation -- states, cities, and regions - slowly begin to re-open and adjust to our new normal, it is our responsibility as health care leaders to transform COVID-19's fury into new found strength and forge positive change.

With no COVID-19 roadmap, transforming the health care delivery system to prepare and respond to a global health and economic crisis will not be easy or without missteps. Yet, if we use this moment, as a time for change and growth, we may in fact create a stronger, more unified, and pandemic-protected health care delivery system.

Our goal is to help to stimulate a national dialogue and use this opportunity to execute situational management principles, to safeguard our health care delivery system now and into the future, and to protect people, our most valuable asset. For health systems and other healthcare facilities with high-COVID experience or those yet to be impacted, reopening must embrace a truly comprehensive organizational reassessment, ranging from operational redundancies, staffing contingencies, financial modeling, including extraordinary cash flow reserve requirements to employee relations activities, and supply chain transportation-related bottlenecks . First, it is vital to use a simple Crawl, Walk, Run (CRW) approach to reopening (see below) and then create a Pandemic Preparedness Index (PPI<sup>SM</sup>) measure to evaluate our readiness for future events.

The "Crawl, Walk, Run" (CWR) Approach:

- C: Communicate with the multiple departments and personnel that came together informally to respond to the COVID national emergency, build formal linkages and then create a new level of interconnectedness, one that previously did not exist
- W: Work with co-workers to formulate lessons-learned and incorporate "real-world" continuity of operations drills into future plans
- R: Recognize staff that made truly heroic contributions and sacrifices in time of crisis and fully appreciate the immense mental health impact (and probable needs) on all staff

Following the CWR approach, refine and enhance preparedness by creating a PPI<sup>SM</sup> by asking your organization these simple questions:

Are We Prepared?

- Crisis Action Teams: Do they exist, how are they mobilized, executed, and tracked?
- Continuity of Operations Plans? Where are the gaps? How are they rectified?
- Supply Chain Operations: What are they? Are there contingency plans? How are they rolled out? Are assessments made in a timely fashion, were Personal Protection Equipment (PPE)

needs evaluated, were staffing assignments re-evaluated, as absences mounted? Is our dependency on a single or few vendor(s) a possible single point of failure?

- Leadership Action Plan: Who's in charge? Are roles properly delineated and executed?
- Dynamic Planning: What level of dynamic planning was built into planning models due to constantly changing external and internal environments?
- Safety Training: Are specific safety training programs provided to staff?
- Training Programs: Who is developing staff education on pandemic and response efforts for clinical and administrative areas of the organization? Are these programs built collaboratively in a trusting environment? What independent body will evaluate them for both management and staff?
- Measurements: Are there specific actionable and objective steps to measure pandemic response efforts? Can they be measured and evaluated, and refined?

We know that in this new normal we must maintain great strength, be confident in our insight and actions, and make our systems more integrated. We must build redundancy into our systems, incorporate greater use of technology, and be prepared to augment critical staffing shortages, all while exhibiting significant resiliency and patience as we move ahead. As we've all learned, no one can predict the future. Yet, one thing remains clear: our nation – health care heroes, patients, families, health care leaders, and our communities deserve nothing but our very best effort in the days and months ahead.