

PREPARING FOR THE NEXT WAVE



The COVID-19 crisis will potentially affect health systems for months. We really do not know the timeline for a vaccine, which therapies will work, or how fast we can scale to universal testing on demand. As businesses begin to reopen and people emerge from isolation, we are naturally assuming more risk. Without doubt, the number of cases will increase. To what extent and at what pace is the great unknown.

Here our own thoughts on how you can operate and at the same time, **prepare for the next wave:**

SAFETY = BRAND = SUCCESS

Safety will be a major aspect of “Brand” in the medium and short run for patients, providers and staff until experience and metrics demonstrate performance. Patients feeling safe will return to their providers and to the hospital for services which have not disappeared during this time.

To that end:

- Develop a marketing plan to educate/inform patients and providers of measures to mitigate any impact from COVID-19 and maintain or improve safety.
- Look beyond published guidelines to actions that demonstrate the safest environment.
- Convert soft language such as “meeting guidelines” and “visitors would be encouraged” to guidelines for how social distancing will be enforced.
- Survey the community to surface hidden fears and determine a community definition of “safe”.
- Develop something beyond an “open it and they will come” plan which is necessary but vulnerable to disruption from more aggressive competitors.
- Use precise, customized scripts for reaching out to patients who deferred care that address their needs and fears.

Use this opportunity to improve/develop any signage program that supports the policy. If well executed, you can use this long into the future, for potential future surges and it will leave a positive first impression on patient and family.

Revamp your Emergency Operations Center (EOC).

Most systems have utilized their Emergency Operations Center (EOC), but now recognize it is not optimized for longer-term crisis operation.

Most EOCs were created to handle a different kind of crisis – a natural disaster or mass casualty event. Often, your EOC took a subordinate role to the state level EOC, especially in times of natural disaster. Now the state looks at you to lead.

Another key difference with this crisis is the length of time your operation will be engaged; the amount of forward-looking analysis that needs to happen; and the need to fuse the forward planning with your current

operations to accelerate your recovery. Most EOCs are simply not organized to do this. To respond to COVID-19 effectively – today and tomorrow – EOCs need to transform to what we call a Crisis Action Center (CAC).

There are five core practices needed for a high-performing CAC:

- a sustainable structure
- routine and predictable systems designed for longer-term engagement
- a thoughtful staffing plan with appropriate training
- C-suite engagement
- a comprehensive communication strategy

Start by separating current operations from future operations. The CAC should establish a **Current Operations** section – something reasonably close to what most EOCs look like today. It should be cross-disciplined and have at its core the following members: operations, finance, supply chain, legal, patient advocates, data analysis, media/press, MIS and human capital. To succeed, the Current Operations section should follow a routine daily business cadence. There should be common meetings with standard briefing decks and metrics. The focus here is on tracking patients, ensuring proper supplies to support the front-line providers, maintenance of the network infrastructure, short-term cash forecasting, and accurate messaging to the press, employees, and family. You want one source of truth.

The Current Operations Section should ensure that each shift begins with a simple, focused stand-up meeting to establish priorities and a daily level-setting of key tasks so that there is shared awareness across the entire team.

The CAC should also oversee a **Future Operations** section. This group is most likely led by the Chief Strategy Officer or an executive skilled in scanning the horizon and moving between strategy and operations. This group is smaller than the Current Operations team and is focused outward, usually thinking two to three weeks ahead of Current Operations.

Where Current Operations runs 24/7, Future Operations is more likely a single shift. It ideally consists of these elements: market intelligence, strategy, scenario developing, political liaison, and a finance planning team.

Future Operations has two key roles: (1) supporting the Current Operations team with fast-moving trends analysis, scenario planning, red teaming and intelligence; and (2) planning for how to emerge from the crisis and prepare for the next one. This group is probably six or seven people, looking ahead at the virus and its impact on the community – this is what we mean by market intelligence. They should be running various scenarios and matching that to what capacity exists currently.

Not every hospital is big enough or has the right skills to organize exactly this way. At a minimum you should have two to three people, augmented with outsiders if needed, to look at the future and how your current operations will be impacted by various scenarios.

We have written in detail about the [CAC](#) in another paper.

FORM A RED TEAM

The Red Team concept has been around for years and probably started in the military. The basic goal is to think like the enemy – to take a contrarian view of the main group; to poke holes in the existing order and challenge the main operating assumptions. You need one person in the room who will say “OK, but what if ...”. This will make your planning more focused and their work more relevant. Red Teaming can be a process, a role, or actual people. In some very hierarchical organizations, that find themselves needing to ensure they avoid groupthink, they are extremely useful.

CAPTURE AND IMPLEMENT YOUR LESSONS LEARNED

The Lessons Learned team does exactly what it sounds like. They are busy looking at successes and weaknesses of your current construct and documenting those as they happen. Organizing this team now, in the middle of the crisis, takes great organizational discipline. But the data that will be gathered will be fresh, timely, and more accurate than attempting to do this after the crisis passes, when memories are faded.

Again, for smaller organizations, you could potentially combine the Red Team and Lessons Learned into a single person, or even have someone from the outside assist.

PREPARATION IS KEY

Cancelling elective surgery has placed most hospitals in a precarious position. You will be going through an exercise to [Secure your Cash Flow](#), [Manage a Financial Turnaround](#), or [Leverage a Strong Balance Sheet](#).

In order to avoid having to repeat this situation, you must prepare to operate in new ways:

- Develop a forecasting tool to predict the impact on your organization from a rise in cases in your environment.
- Determine how you can segment operations, so you can continue to operate by forming clean facilities, to include COVID capable surgical suites and patient floors. It may be necessary to further isolate the perioperative areas from the areas of the hospital that would be impacted by COVID admissions to the medicine floors.
- Institutionalize your supply chain improvements; coordinate with your regional partners to critical items such as ventilators and masks. Have you agreed on the construct and “rules” for sharing both supplies and information?
- Are the 25% contingency supplies of PPE discussed by many state agencies adequate based on your analysis? Have you analyzed this based on various virus surge levels?
- Review physical construction requirements such as any need to modify the HVAC or construct temporary walls.
- Review service line and provider profitability to ensure available capacity is directed toward the higher margin services.

CONCLUSION

Your top priority is to recover from the crisis as quickly as possible in order to give yourself the runway and resources to prepare for the next wave. The lessons learned from your recent experience will inform how you plan for the “new normal” of operations for the foreseeable future as well as the likely next wave of COVID-19 patients. While much of your time will be spent in the “Current Operations” role of recovery, set aside time for the “Future Operations” role of planning for the future.

Galloway has developed a comprehensive work plan to accelerate your recovery based on conversations with leading healthcare executives and our experience leading financial turnarounds, customized for your situation.

Our thoughts on other related topics can be found on our website in our [INSIGHTs](#) section:

[Securing Cash Flow](#)

[Managing a Financial Turnaround](#)

[Leverage a Strong Balance Sheet](#)

[Engage Board and Staff](#)

MEET OUR EXPERT

Galloway Consulting helps hospital groups, physicians, and payer/providers improve operations, outcomes, and profits so they can better serve their communities. Our healthcare team has mastered every aspect of the business.



Boe Young is the Chief Operating Officer of Galloway and has personally led new CEO/senior executive transitions in five private and public-sector organizations. He was a Major General in the US Army Reserve, has commanded a battalion in combat, has two Master’s Degrees, including an MBA from Goizueta Business School at Emory University, and over 25 years of senior executive experience.