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# Pediatric Focus

## Reframing Hospitals' Role in Disaster Preparedness: Words Matter

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**Since the start of the COVID-19 pandemic, Children's Minnesota managed 1,391 admissions of patients testing positive for COVID-19, conducted 175,503 COVID-19 tests, and administered 28,042 vaccine doses.** The hospital coordinated these activities through a COVID Command Center that was launched in February 2020 and maintained for over 16 months.<sup>1</sup>

This extraordinary level of activity is not unique to Children's Minnesota. It was replicated in virtually every hospital across the country to manage the 5.2 million patients admitted with COVID-19.<sup>2</sup> Hospitals secured supplemental staffing, identified space to accommodate excess capacity, and procured personal protective equipment. They quickly scaled telehealth capabilities, developed new care models, opened phone hotlines and pop-up clinics, implemented community outreach services, and continuously updated online information to keep their communities informed. Amidst the chaos, they re-engineered their data collection processes to comply with new federal and state reporting requirements.

Hospital teams worked tirelessly to design solutions—almost overnight. But, while efforts were nothing short of valiant, they were reactive. In August 2020, the U.S. Government Accountability Office (GAO) published a report of hospitals' medical surge preparedness. Executives from multiple hospitals stated that training and simulation exercises for disaster preparedness were insufficient to prepare them for the realities of the public health response needed for the COVID-19 pandemic.<sup>3</sup> They

1 Internal data, Children's Minnesota, August 2022.

2 CDC, "COVID Data Tracker," Accessed August 25, 2022.

3 *Public Health Preparedness: COVID-19 Medical Surge Experiences and Related HHS Efforts*, U.S. Government Accountability Office, August 2022.

had not properly prepared for a global pandemic that introduced unprecedented staffing shortages and supply chain challenges—all made worse by inconsistent communication from federal and state officials.

However, another potential reason for lack of preparedness is that most hospitals are in the private sector and, therefore, don't identify as being an essential part of the public health system. But they are. In fact, the nation's response to COVID-19 was only possible with private sector engagement, with thousands of private sector companies pivoting to participate in the public health response. For example:

- 3M produced 4.3 billion masks.
- Medtronic manufactured 25,000 ventilators and offered open access to their ventilator design, which was downloaded 90,000 times.
- Pfizer, Moderna, and J&J/Janssen manufactured over 3.7 billion vaccine doses for global distribution.
- United Parcel Service (UPS) and Federal Express delivered 737 million vaccine doses in the U.S.
- CVS and Walgreens conducted 76 million tests and administered 114 million vaccinations.
- Starkey Hearing Technologies partnered with a local company to produce 3 million face shields.
- Small and large employers, nationwide, implemented protocols for protecting and managing the health of employees in the workplace.

### → Key Board Takeaways

- **Educate the board.** Ensure board members understand the difference between public health and the role of public health agencies.
- **Edit the scope of the audit and compliance committee.** Revise committee charter language to reflect oversight for public health preparedness.
- **Establish public health as a strategic initiative.** Develop a comprehensive plan designed to address the key elements of public health.
- **Explore "coop-etition."** Encourage collaboration with local hospitals to coordinate medical surge contingency planning activities.
- **Exchange information with public health agencies.** Engage with local officials to establish the hospital as a true partner in public health planning.

Public health is formally defined as “the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals.”<sup>4</sup> Based on this definition, private and public sector companies as well as healthcare and non-healthcare companies are all participants in the public healthcare system. And, for all hospitals—private and public—public health is at the core of their mission.

Now more than ever, hospital boards and senior leaders know what it really takes to effectively respond as strong public health partners. Good governance applies the lessons learned over the last several years to avoid being overstretched by the next pandemic or public health crisis—which is inevitable. But there is also a larger strategic opportunity beyond just expecting more robust disaster preparedness. Hospitals can leverage the knowledge, experience, and infrastructure they have built to reimagine themselves as the public health partners that they are. It’s time to proudly own this responsibility and call it what it is.

Adopting public health planning as a strategic imperative will bolster institutional resilience when faced with future emergencies. More importantly, in the absence of periodic infectious disease outbreaks, the resources dedicated to public health preparedness can be deployed to focus on the very real threats posed by public health concerns such as heart disease, obesity, and cancer. Boards may want to consider the following ideas to advance their hospitals’ value and positioning as an essential partner in public health:

1. **Educate the board.** Address the widespread misperception about the definition of public health by offering educational sessions that distinguish between public health and the role of public health agencies. Dispel the myth that responsibility for public health is limited to governmental or public sector entities.
2. **Edit the scope of the audit and compliance committee.** Revise the language in the committee charter from “oversight of disaster/emergency preparedness” to “oversight of public health preparedness.” Words matter and are powerful in inspiring a mindset shift.

4 CDC, “[Introduction to Public Health](#),” Accessed August 28, 2022.

3. **Establish public health as a strategic initiative.** Hold the executive team accountable for developing a comprehensive plan to address the key elements of public health, which include:<sup>5</sup>
  - Assessing, monitoring, investigating, and addressing population health issues.
  - Collecting and maintaining data that supports research for new insights and innovative solutions to health problems.
  - Communicating and educating the community about factors that influence and improve health.
  - Establishing community partnerships and relationships.
  - Ensuring that public health services are designed to enable equitable access.
  - Engaging in legal, regulatory, and advocacy activities focused on improving and protecting the public’s health.
4. **Explore “coop-etition.”** Encourage the CEO to collaborate with their local counterparts and explore sharing medical surge contingency planning activities. This may alleviate the risk of capacity issues and help coordinate care in future surges.
5. **Exchange information with public health agencies.** Move beyond “meet and greet” relationships with public health officials. Sharing details about the hospital’s public health planning activities will establish the hospital as a true partner and sets the stage for being invited to proactively participate in public health agency planning.

Effective hospital governance is centered around establishing the strategic direction of the institution, ensuring the delivery of high-quality care, and maintaining financial stability. Hospital boards must recognize that COVID-19 is transient but the need for public health is permanent.

*The Governance Institute thanks Archelle Georgiou, M.D., Board Chair, Children’s Minnesota, and Chief Health Officer, Starkey Hearing Technologies, for contributing this article. She can be reached at [archelle@archellemd.com](mailto:archelle@archellemd.com).*



5 Adapted from CDC’s “[10 Essential Public Health Services](#).”