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## Health Care Emergency Readiness Planning: Innovations in Health Care Surge Capacity Management

*As part of its role in facilitating the exchange of information between health care partners, WHA is running a series of articles highlighting the emergency planning resources available on [asprtracie.hhs.gov](https://asprtracie.hhs.gov).*

With the COVID-19 pandemic continuing to get smaller in the rearview mirror, it's a good time to reflect on some of the lessons learned from other states managing health care surge capacity. ASPR Tracie has a [new issue of "the Exchange"](#) on its website that highlights three specific state responses as a resource for other states:

- [Managing a Tripledemic in Washington State](#)
- [The Evolution of Patient Load Balancing in Texas](#)
- [Augmenting Rural Hospital Capacity in California: Lessons Learned from COVID-19](#)
- [Managing Patient Surge in Rural Areas: Experiences from Gallup Indian Medical Center in New Mexico.](#)

During the winter months of 2022-2023, hospitals in [Washington State](#) were surging from patients suffering from influenza, COVID-19, and RSV. The state used their Medical Operations Coordination Center (MOCC) and health care coalitions to balance patient loads, and also found ways to increase pediatrics capacity as well as care for teenagers in adult ICUs rather than PICUs.

The [Southwest Texas Regional Advisory Council](#) was created by its state legislature in 1989 to develop and monitor statewide EMS and trauma care, designate trauma facilities, and develop and maintain a trauma reporting and analysis system. Its mission is to "reduce death/disability related to trauma, disaster, and acute illness through implementation of well-planned and coordinated regional emergency response systems." Texas emergency planners learned during the pandemic that it is important to have daily systems for transfer management that can be easily adapted for disaster use, and that having access to senior leadership is critical for quickly identifying and solving challenges that arise. They also found that interoperable software can save providers time.

The issue also includes lessons learned from the lens of two states responding to rural health needs - California and New Mexico. [California](#) emergency planners said it was important for rural health care facilities to be flexible and innovative in setting up alternate care sites, and to be open to finding less traditional but equally effective resources when traditional resources (such as oxygen) become scarce. [New Mexico](#) emergency planners reviewed how they decided which patients to transport to tertiary care when that care was scarce and how they adapted to treat other patients in place when there were not enough beds in the region or staff to transport.

### Other Articles in this Issue

- [WHA Spotlights Scope of Insurer and Middlemen Consolidation in Letter to HHS, FTC](#)
- [GAO Recommends CMS Enhance Prior Authorization Oversight in Medicaid Managed Care](#)
- [WHA-Backed Federal Prior Auth Legislation Reintroduced as New GAO Report Exposes Further Prior Auth Abuse](#)
- [WHA Expresses Concerns with Continued Inadequate Payment Updates in 2025 Proposed Inpatient Rule](#)
- [Health Care Emergency Readiness Planning: Innovations in Health Care Surge Capacity Management](#)
- [WHA Information Center Welcomes New Employee, Phyo Aung](#)
- [Another Successful Year for the WHA Health Care Leadership Academy as it Graduates Latest Cohort](#)