

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/how-the-covid-19-pandemic-exposed-gaps-in-us-hospital-preparedness/36413/>

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www.reachmd.com  
info@reachmd.com  
(866) 423-7849

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## How the COVID-19 Pandemic Exposed Gaps in US Hospital Preparedness

### Announcer:

Welcome to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Amesh Adalja, who will be discussing the burden of COVID-19 on our healthcare systems. Dr. Adalja is a Senior Scholar at the Johns Hopkins Center for Health Security, an Adjunct Assistant Professor at the Johns Hopkins Bloomberg School of Public Health, and an Affiliate of the Johns Hopkins Center for Global Health. Here he is now.

### Dr. Adalja:

Healthcare infrastructure in the United States—you've got to think of hospitals almost like hotels. They do not want empty beds, they do not want excess capacity, because those are costs, so there has really been a push to decrease the number of hospital beds that are available, which means that even during a busy flu season or a busy RSV season, a hospital may be kind of busting at its seams. You can see this all the time if you go into an emergency department in a suburb or even in an urban area where there is a lot of crowding with patients in hallways, and that's because the system is built to not tolerate excess capacity, because excess capacity is a cost. You have to remember that hospitals can't just expand capacity the way you would think a normal business could. They are heavily regulated and competitors have the right to object, so they can't just create six new beds or 10 new beds or whatever it might be. They've got to go through a process. Those beds have to be licensed. The State Department of Health has to be involved. And I think that's part of how we get more resilient to pandemic preparedness, by actually examining, what are the constraints to the hospital being able to absorb surge? And there are many bureaucratic elements to it, and I think that needs to be something that's really looked at because that's part of why we saw hospitals crushed all over the country.

I think the most efficient and impactful way to increase resiliency to an infectious disease emergency or pandemic is to really strengthen public health preparedness, which means our local county, municipal, and state health departments where there are people that are working on all of these problems all the time, and they're chronically underresourced. And the same is true for hospital preparedness. Hospital preparedness coordinators and emergency coordinators are often relegated to some back corner of the hospital, have very little interaction with the C-suite, and are underfunded, underutilized; they're not really invested in pandemic preparedness or prolonged surges where there's major changes in operations. That has to be something that hospitals value and understand as part of their continuity of operations during an emergency, and I think we've always had this problem. This isn't just new to COVID-19. It occurred during the 2009 H1N1 pandemic. It occurred during the scare over Ebola in 2014. Emergency preparedness managers and hospitals are just not appreciated to the degree that they need to be. It's not integrated into the operations. Hospitals make money on orthopedic surgery, not on infectious disease. Therefore, orthopedic surgery is something that is valued much more than the infectious disease expertise and the emergency preparedness expertise that might be at a hospital. There needs to be a real paradigm shift. And you think that that would have happened after COVID-19, but I fear that everything kind of goes back to the baseline.

### Announcer:

That was Dr. Amesh Adalja talking about how we could have better prepared our healthcare infrastructure for the COVID-19 pandemic. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!