

Preparedness Is a Process

A Message from America's Hospitals

Preparedness pays. We've seen it time and again as hospitals launch preparedness plans to care for victims of natural and man-made disasters. We looked on in admiration as hospitals in and around Boston, the town of West, Texas, Oklahoma City and countless other places provided not only care for patients, but comfort for communities after unthinkable events. On a more personal level, we have been grateful

to see the lights of our local hospital still shining when a loved one needed care in the middle of the night.

While preparedness pays, it also costs. Providing emergency care around the clock demands constant staffing of the emergency department and much more — laboratory, radiology, pharmacy, surgical services, general and intensive care units, labor and delivery. Patient volume can vary greatly, hour to hour and day to day even in normal times, so hospitals maintain additional on-call staff. One in six Americans lacks health care coverage, increasing the likelihood they will delay seeking care until it is an emergency — but hospitals must care for all patients who seek emergency care, regardless of their ability to pay. This means that it costs your hospital far more to provide services — but it is this level of readiness and responsiveness that defines hospitals and benefits communities.

When major disasters strike, the stakes are even higher. Communities look to hospitals not only to mobilize the resources to care for the ill and injured, but also to provide food and shelter and help coordinate relief and recovery. Being ready for any event means hospitals must, for example, invest in communications



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and emergency power systems, purchase personal protective gear, build decontamination units and stockpile medical supplies. They must be part of comprehensive community disaster plans, training, drills and surveillance systems. These are formidable investments in an era of cost-cutting.

Hospitals have always planned and practiced for emergencies. Events like the

Sept. 11 terrorist attacks, the Boston Marathon bombings, mass shootings and a string of destructive natural disasters in recent years have driven expectations about hospitals' emergency preparedness and response higher than ever before.

At a time when hospitals are facing lower Medicare and Medicaid reimbursements, any further cuts will strain hospitals' ability to be prepared to care. Additionally, funding for the federal government's primary grant program for hospital emergency preparedness has already declined by almost 30 percent over the past decade. While this funding is just part of how hospitals cover the costs of providing 24/7 emergency coverage and building the infrastructure needed to be ready for disasters, cuts symbolize a further erosion of public support for disaster preparedness.

Americans are justifiably proud of the preparedness shown by their first responders, including hospitals, during recent emergencies. They understand that preparedness is not a one-time investment: It's a process that must be nurtured and grown over time. Let's make certain the care is there when we need it by providing reasonable funding to ensure hospital emergency preparedness.

America's hospitals are leading the way

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