



CONVENING LEADERS FOR EMERGENCY AND RESPONSE

FIELD INSIGHTS BRIEF

Hospital Capacity Readiness for Emergency Preparedness and Response

Insights from the HCMC and CLEAR Hospital Capacity Readiness Discussions held March and May 2026

Public health emergencies, whether seasonal surges, natural disasters, infectious disease outbreaks or other sudden increases in patient demand, can place significant strain on hospital and health system capacity. These events may expose operational vulnerabilities in data infrastructure, staffing models, bed management processes and communication systems that are less apparent during routine operations. Even well-resourced organizations can struggle to align licensed capacity, workforce availability, discharge processes and transfer operations with rapidly changing patient needs.

This field insights brief examines opportunities to strengthen hospital capacity readiness as part of emergency preparedness and response efforts. It draws on structured discussions convened by the American Hospital Association's Health Research & Educational Trust (HRET) through the Convening Leaders for Emergency and Response (CLEAR) initiative, in collaboration with the AHA's Hospital Capacity Management Consortium (HCMC), during spring 2026. Participants included hospital and health system leaders working across capacity management, patient flow, transfer operations, workforce planning and emergency preparedness. This synthesis reflects participants' shared themes and experiences and does not attribute specific comments to individuals or organizations.

At a high level, the findings highlight five recurring opportunities for bolstering capacity management:

1. Strengthen predictive analytics.
2. Enhance surge planning.
3. Improve bed management and discharge throughput.
4. Modernize transfer center communication infrastructure.
5. Build staffing flexibility.

Across these domains, leading organizations are improving readiness by strengthening predictive data foundations, aligning surge plans with true staffed capacity, reducing delays between discharge readiness and bed assignment, modernizing transfer communication infrastructure, and building workforce flexibility before demand escalates. This brief examines each opportunity, the associated challenges and field-tested strategies that hospital and health system teams can apply to enhance capacity readiness and performance.

Opportunity 1: Strengthen Predictive Analytics

For many healthcare organizations, truly predictive, forward-looking capacity forecasting remains an aspirational goal. While electronic health record (EHR) platforms offer some native forecasting capabilities, many of these tools require substantial configuration, validation and ongoing refinement before they can reliably support operational decision-making. In addition, inconsistent documentation of estimated discharge dates can undermine the quality of the data on which predictive models depend. Healthcare organizations that have made the most progress typically invested years in improving data accuracy before implementing predictive tools, rather than attempting to improve underlying data quality and implement predictive tools simultaneously. Among forecasting applications, emergency department volume prediction remains the least reliable area, even where inpatient discharge prediction has meaningfully improved.

Field-Tested Strategies

- **Sequence the investment.** Resolve real-time data accuracy, especially discharge documentation, before layering on forecasting tools, since predictive tools built on unreliable inputs tend to function more as planning aids than as genuinely predictive systems.
- **Lean on proxy indicators.** Monitor volume of patient transfers, intensive care unit utilization, ED boarding and ambulance offload times to anticipate system stress where formal forecasting capability is not yet available.
- **Standardize tool adoption.** Align use of EHR-based forecasting and scoring tools across multifacility, multiplatform systems, since inconsistent adoption may be a bigger barrier to value than the underlying technology itself.

Opportunity 2: Enhance Surge Planning

Most hospitals and health systems have developed tiered surge frameworks, typically with two to four escalation levels tied to specific operational actions. These frameworks can become diluted when elevated surge levels persist for extended periods, since staff and leaders can grow desensitized to escalation triggers, weakening their effectiveness as action cues over time. Licensed bed counts also do not reflect the staffing, workflows and logistical infrastructure required to make those beds functional during a surge, and effective response requires planning for predictable seasonal waves as well as sudden, unforeseen events.

Field-Tested Strategies

- **Anchor surge frameworks to staffed capacity, not licensed beds.** Rebuild escalation levels around flex space, staffing and cross-system coordination so surge status reflects true operational readiness rather than a number on a licensing document.
- **Develop separate plans for seasonal and sudden-onset surges.** Build distinct activation postures for predictable seasonal waves and sudden unforeseen events. A framework built around only one scenario tends to underperform when the other occurs.
- **Invest in regional coordination.** Support state and regional load-leveling programs that distribute patients by proportional capacity, particularly for systemwide stress events that no single facility can absorb alone.
- **Co-design surge activation plans with front-line teams.** Involve leaders and team members from environmental services (EVS), transport, bed management and nursing leadership from the start to encourage buy-in when new processes are implemented, since plans built without front-line input are more likely to encounter resistance when activated.

Opportunity 3: Improve Bed Management and Discharge Throughput

Discharge timing has significantly improved at many hospitals, with more patients ready for discharge earlier in the day. At some organizations, however, EVS staffing and transport capacity have not kept pace with that improvement, which can delay patient admissions and bed assignments even when patients are ready to leave. By standardizing bed block criteria and reducing unnecessary telemetry use, some hospitals and health systems have expanded usable capacity without adding physical beds.

Field-Tested Strategies

- **Treat the discharge timing gap as a workforce issue.** Expand EVS and transport staffing to match earlier discharge timing, not just workflow redesign, since improving timing without matching staffing capacity simply shifts the bottleneck downstream.
- **Reclaim hidden capacity.** Standardize bed block criteria and reduce unnecessary telemetry use to expand usable beds without new construction. Draw on closer alignment with nursing leadership to sustain the change.
- **Quantify idle bed time.** Track the interval between discharge and next admission to quantify lost capacity and strengthen the case for additional EVS and transport staffing.

Opportunity 4: Modernize Transfer Center Communication Infrastructure

Fragmented transfer communication platforms and a lack of real-time visibility for referring facilities remain the most persistent challenge in patient transfer center operations. Many healthcare organizations communicate across multiple messaging, paging and telephony systems with limited integration between them. The lack of integration can impact time-sensitive patient movement, generate redundant follow-up calls and affect patient-provider relationships. Once a transfer is initiated, referring facilities need to have a reliable way to track the status, to avoid repeated inbound inquiries that add to the workload on both sides.

Field-Tested Strategies

- **Give referring facilities visibility.** Deploy transfer status tracking tools and group calling, which connects multiple receiving parties simultaneously rather than placing sequential calls, to reduce inbound status inquiries and speed placement.
- **Reduce phone dependency.** Use secure messaging between patient transfer centers and house supervisors to speed placement communication and reduce reliance on sequential phone calls during high-volume periods.
- **Invest in purpose-built infrastructure.** Prioritize workflow-driven communication systems over platforms layered onto legacy tools, and plan platform consolidation with realistic IT lead time.

Opportunity 5: Build Staffing Flexibility

Flexibility, not head count, is the defining staffing challenge facing hospital capacity management. Many hospitals and health systems are working to build or strengthen internal staffing pools as a way to reduce dependence on external agency contracting and to create a more adaptive workforce. Variable staffing models that flex tightly to current census can leave organizations structurally vulnerable to sudden surges if float capacity is not proactively built and maintained ahead of need, since that capacity is hardest to stand up in the middle of a crisis.

Field-Tested Strategies

- **Build flexibility ahead of need.** Establish internal staffing pools and flexible employment structures before a staffing crisis, not in response to one, so the infrastructure is ready to activate quickly when needed.
- **Secure leadership alignment early.** Proactively address workflow and role adjustments when shifting staff from unit-based roles into float pools, since the success of these models depends in large part on whether local leadership is genuinely aligned with the shift.
- **Monitor team burnout during transitions.** Support retention actively as staff adjust to on-call and float pool expectations, recognizing that this adjustment period should be actively managed rather than be expected to resolve on its own.

Looking Ahead

These insights will be incorporated into practical, field-informed tools and resources to help strengthen hospital capacity management nationally. This work is made possible through the CLEAR initiative, a funded partnership between the AHA's HRET and the Administration for Strategic Preparedness and Response. Explore the full library of CLEAR field resources at aha.org/aha-clear.

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