



The Litaker Group • Case Study

Improved Emergency Preparedness for a Nationwide Investor-Owned Hospital System

Background: Healthcare client (HC) owns or operates more than 60 hospitals nationwide. In August 2005, Hurricane Katrina was responsible for catastrophic flooding in New Orleans due to the failure of levees around the city. As a result, hospitals operated by HC in New Orleans were damaged and incapacitated. Patients were evacuated from these hospitals on short notice, with few systems or resources in place to guide HC on such a massive undertaking. Similarly, HC needed to protect hospital assets during the post-Katrina turmoil. Since 2005, HC has invested heavily in preparing both its hospitals and its corporate structure to assist hospitals during future disasters. Indeed, HC learned from the Katrina experience and developed an emergency management program to better support its hospitals. This program involved creating plans and procedures, putting resources in place pre-disaster, and developing a command and control center at the corporate level to support individual hospitals during future local and nationwide disasters.

Client Needs: In addition to committing resources and internal know-how in developing its emergency preparedness program, HC required outside, expert advice to evaluate this program. Specifically, HC wanted to know: (1) if this program was focused in the right direction; (2) if resources were applied to appropriate priority areas within this program; and (3) how to improve the future strategic direction of this program.


Services: Rendered: HC contacted The Litaker Group (LG) to conduct a comprehensive evaluation of its emergency management program, with specific emphasis on the three questions above. The LG conducted a comprehensive assessment of all facets of HC's emergency management program, including a review of communications and information technology, contracts and service agreements, the corporate incident command center, exercises and training programs, and incident specific preparedness efforts (e.g., for pandemic influenza).

Results: The LG identified opportunities for improving the program based on industry best practices and national standards (e.g., Joint Commission standards), identified cost-saving opportunities, identified ways to further protect patients and employees during a disaster, and prioritized future program activities. The final report and presentation allowed management to make immediate decisions to better allocate resources, reduce spending, and improve disaster preparedness capabilities for their nationwide hospital system.

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