



## Short Commentary

# How Development of a Healthcare Standard of Preparedness Can Save Community Medicine: A Conflict Analysis and Resolution Perspective

Courtney Lee Connor\*

Ph.D. Candidate, Conflict Analysis and Resolution Department, Nova Southeastern University, Ft. Lauderdale, Florida, USA

### Abstract

U.S. hospitals and health systems are facing a trifecta of crises in the aftermath of the Covid-19 pandemic - financial peril, reduction in provision of healthcare, and a rise in litigation. Despite these strenuous times, hospitals and health systems are expected to maintain continued readiness to face the next disaster. Failure to meet preparedness expectations will undoubtedly lead to costly litigation. However, development of a healthcare standard of preparedness can help to mitigate or even avoid such financial entanglements. The application of Conflict Analysis and Resolution techniques will show why the time is now to pursue a standard of care to evaluate hospital disaster preparedness and how this standard's development solidifies a pathway forward.

**Keywords:** Conflict Analysis and Resolution; Disaster Preparedness; Healthcare; Healthcare Standard of Preparedness; Standard of Care

### Introduction

In the aftermath of the Covid-19 pandemic, U.S. hospitals and health systems are facing a trifecta of crises - financial peril, reduction in provision of healthcare, and a rise in litigation. In the face of these crises, however, hospitals and health systems are expected

**\*Corresponding author:** Courtney Lee Connor, Ph.D. Candidate, Conflict Analysis and Resolution Department, Nova Southeastern University, Ft. Lauderdale, Florida, USA, Tell: (413) 446-8161; E-mail: cc3134@mynsu.nova.edu / courtneyleyconnor@gmail.com

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to maintain continued readiness to face the next disaster. Failure to meet preparedness expectations will undoubtedly lead to one dubious, albeit anticipated, end - litigation. Through the application of Conflict Analysis and Resolution techniques, I will show that now is the time to commit to the development of a healthcare standard of preparedness; in other words, a standard of care for evaluating hospital disaster preparedness. The following commentary will briefly explore these crises facing hospitals and health systems, conditions that encourage conflict which embody hospital disaster preparedness-related litigation, and will conclude with a proposed way forward.

### Crisis Facing Healthcare

AHA President and CEO Rick Pollack cautioned that “America’s hospitals [are] in serious financial jeopardy as they experience severe workforce shortages, broken supply chains, the Medicare 2% sequester kicking back in and rapid inflation that has increased the cost of caring [1].” In 2022, hospital expenses increased by nearly “\$135 billion” driven by a projected “\$86 billion increase in labor expenses [1].” Existing financial hardships also impact hospitals’ ability to stockpile for future disasters. “Stockpiling of supplies is difficult because expenses for preparedness are a low priority in times of financial instability and are not considered reimbursable expenses by most health insurers (including Centers for Medicare and Medicaid Services) [2].”

Unfortunately, financial jeopardy has negatively impacted access to healthcare for many. CEO of Trinity Health, Michael Slubowski, shared that “the nonprofit health system that provide services across 25 states has had to close about 12% of its beds, 5% of its operating rooms and 13% of its emergency departments [1].” Furthermore, in 2020 alone, 19 rural hospitals shut their doors [3]. Sadly, these closures reflect more than any prior year in the past decade [3]. Such a precipitous reduction in access to healthcare poses detrimental risks to the stability of community medicine.

The third crisis facing healthcare is the proliferation of litigation. Between 2020 and 2023, litigants filed roughly 2,410 cases involving insurance-related claims, as well as allegations of wrongful death and negligence against health and medical institutions [4]. However, some states bear this burden more heavily than others. Florida, for example, saw 280,122 new case filings in March 2023, which represents a staggering 126.9% increase from the previous record in May 2021 [5]. While this drastic increase in new filings was due to new tort reform looming on the horizon, Florida is no stranger to litigation. In fact, “Florida’s lawsuit spending tops more than every other state in the nation and accounts for 3.6% of Florida’s \$1.4 trillion economy, with no other state surpassing 3% of their state GDP. This means over \$50 billion is spent on litigation in Florida every year [6].”

## Turning to Conflict Analysis and Resolution to Better Understand the Need for a Healthcare Standard of Preparedness

While hospitals and health systems across the nation are juggling crises that are negatively impacting their ability to provide healthcare to their respective communities, there is one avenue of hope that remains untapped - the development of a healthcare standard of preparedness. Currently, this standard does not exist [7]. In the absence of such a standard, how can its development now be regarded with such optimism? Let's turn to the field of Conflict Analysis and Resolution to expound on this sentiment.

The field of Conflict Analysis and Resolution ("CAR") was borne out of a quest for "world order" and a desire to understand the dynamics of international relations, which later became a distinct field of study in 1919 [8]. In addition to international studies, CAR was influenced by early initiatives in the fields of psychology and political science, among others [8]. CAR began as its own distinct field of study in the 1950s and 1960s [8]. In the midst of the Cold War, "a group of pioneers from different disciplines saw the value of studying conflict as a general phenomenon, with similar properties whether it occurs in international relations, domestic politics, industrial relations, communities or families, or indeed between individuals [8]." Its founding characteristics, which remain valid today, embrace analysis and resolution that is multi-level, multidisciplinary, multicultural, both analytic and normative, and both theoretical and practical [8]. These time-tested characteristics afford CAR the ability to consider a diverse array of conflicts.

Applying CAR to the discourse at hand enables us to examine the conditions that encourage our present conflict. Pruitt and Kim [9] define conflict as "a perceived divergence of interest, a belief that the parties' current aspirations are incompatible." The conflict in focus is hospital disaster preparedness-related litigation. The more we understand the conditions that underlie this conflict, the easier it will be to manage, settle, or even avoid.

The conditions of conflict consist of four categories, namely the features of (i) the situation, (ii) parties, (iii) relationship between the parties, and (iv) the broader community surrounding the parties [9]. The features of this situation involve rapidly expanding aspirations that may not reflect reality. On one hand, patients may have expectations to be kept safe and unharmed under any circumstance. On the other hand, hospitals want to know the scope of the duty to their patients to plan and prepare for disasters. Until a standard sets forth unambiguous expectations, aspirations of both parties will likely diverge. Turning to the second condition, the features of the parties typically reflect zero-sum thinking. This is the belief that there is no scenario where both sides get what they want. This condition will remain until interests are viewed as compatible or both parties' views of the "pie" (i.e., what duty is owed) are changed. Regarding the third

condition, the feature of the relationship between hospitals and their patients is the ambiguity about relative power. Until a standard is developed by which both hospitals and patients can assess hospital disaster preparedness, the nature of power will remain vague. Lastly, the features of the community of the parties involve the types of hospitals, as well as the populations served. The focus here is on the availability of resources (e.g., abundance versus scarcity).

## A Pathway Forward

Now that we have a better grasp of the conditions that encourage this conflict, how do hospitals and health systems move forward? One possibility is through the development of a healthcare standard of preparedness. From a litigation standpoint, this standard, once fully developed, will provide plaintiffs with a clear understanding of the duty hospitals owe to keep them safe from the impacts of disasters. Moreover, it will also solidify the boundaries of a hospital's duty so that it has a reasonable end-point for disaster preparedness. As a Ph.D. Candidate, I am actively conducting research in the state of Florida with the aim of identifying factors that could influence a healthcare standard of preparedness. My goal is to continue this effort through post-doctoral research until such a standard is realized.

## Conflict of Interest

The author has no conflict of interest to declare.

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