

~ focus ~

PANDEMIC
PROTOCOLS

~ spotlight ~

DOORS &
HARDWARE



Emergency Power
Risk Assessment

Hidden GEM

Offield Family
Pavilion in Petoskey,
Michigan





grew out of recommendations from banking regulators in the late 1970s.

Another step being taken by the Los Angeles County officials is funding deployment of the Power P.I.O.N.E.E.R. tool to the 14 single-generator hospitals that participate in the HHS Hospital Preparedness Program. P.I.O.N.E.E.R., which stands for Power Information Needed to Expedite Emergency Response, provides automated, real-time alerts to designated individuals any time emergency power is activated or experiences a mechanical threat.

The first P.I.O.N.E.E.R. deployments took place in August 2021 and more are planned. They represent the first time a hospital in the U.S. has given access to real-time generator threat information to government officials. This improvement in situational awareness will help speed deployment of temporary generators to a stricken facility and allow utilities to assess options for prioritized power restoration.

Estimating number of United States single-generator acute care hospitals

Currently, no census exists of single-generator acute care hospitals across the U.S., a problem Powered for Patients recommends addressing through completion of a national census modeled after the approach taken in Los Angeles County.

As an interim step, Powered for Patients extrapolated the data from Los Angeles County to estimate the number of single-generator facilities and the age of their generators across the U.S. Based on the estimate from the Centers for Medicare and Medicaid Services of 4,749 acute care hospitals, Powered for Patients estimates there are 809 single-generator hospitals in the U.S. with 482 of these facilities relying on generators over 30 years of age.

Among these 482 facilities, 161 would have generators between 40 and 49 years of age; another 161 would have generators between 50 and 59 years of age and 53 facilities would have generators over 60 years of age. It's hard to imagine patients feeling comfortable undergoing surgery in a single-generator hospital with such outdated generators.

A serious discussion within the hospital industry and among policymakers about the number of outdated generators in single-generator, acute care hospitals is long overdue.

Are resource constraints facing hospitals forcing emergency power modernization too far down the priority list? What policy remedies might be considered to ensure patients are sufficiently protected when the single-generator hospitals caring for them are suddenly forced to rely on emergency power?

A robust discussion of these questions will help advance a much-needed conversation about emergency power infrastructure in the nation's hospitals.

Eric Cote is the founder and project director for Powered for Patients. He can be reached at cote@poweredforpatients.org.