



Risk & Insurance | Employee Benefits | Retirement & Private Wealth

WEBINAR

# How to Make Your Healthcare Organization Crisis-Ready





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# Agenda

- 1** Financial Dynamics
- 2** Regulatory Uncertainty
- 3** Labor Shortages & Workforce Challenges
- 4** Cyber/Data Security
- 5** Site-of-Care Shifts
- 6** AI in Healthcare

# Financial Dynamics

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# Regulatory Uncertainty

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# Navigating Regulatory Uncertainty



Now is the time to plan and prepare

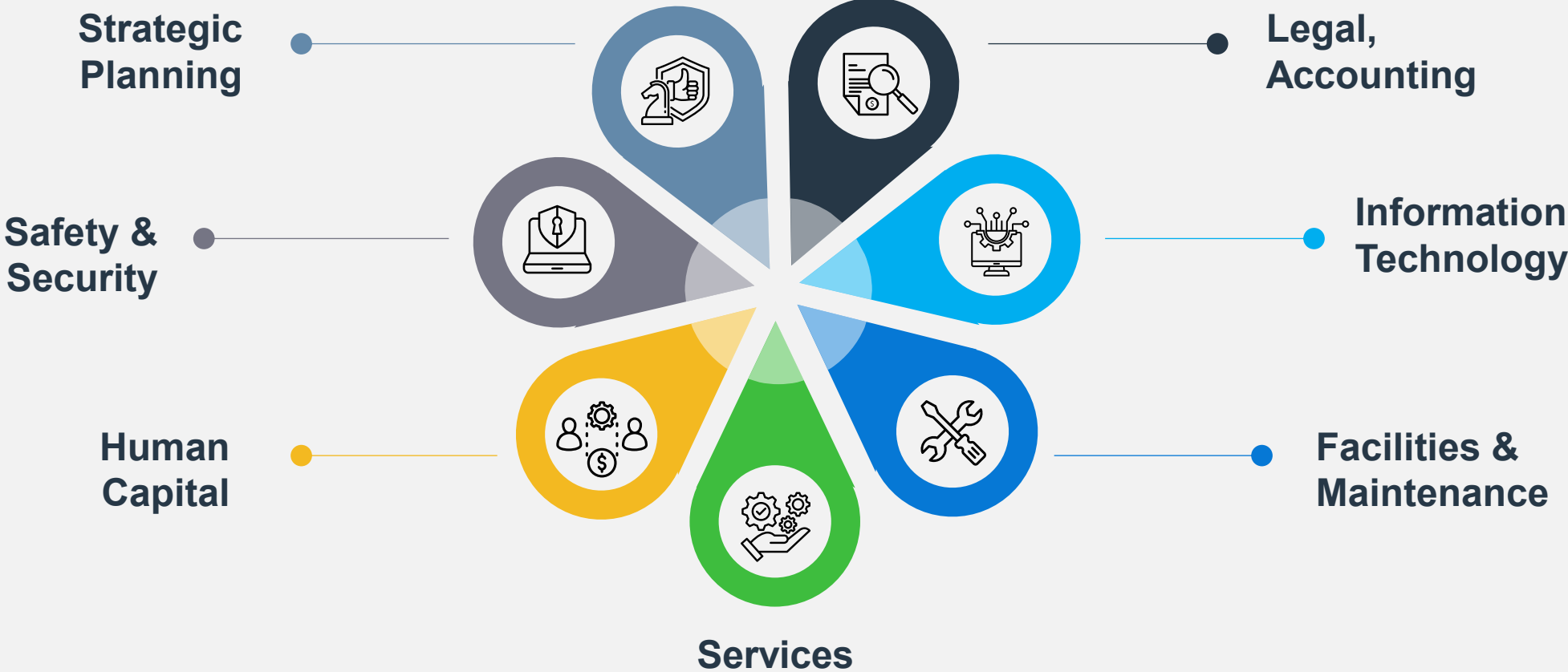
What can you do before, during and after implementation?

Cross-functional, collaborative work

Complex situation exacerbated by many other factors

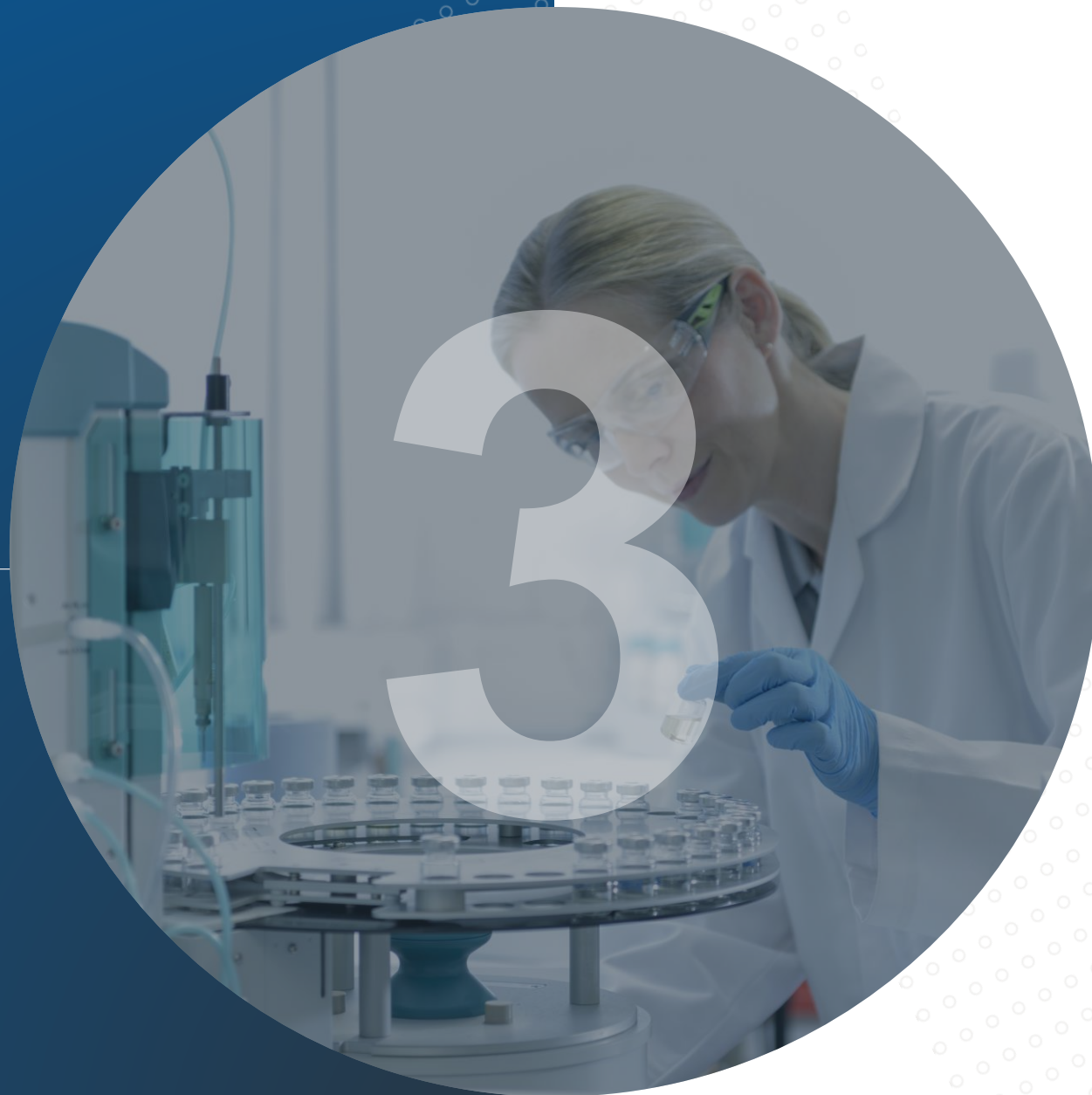
# Put ERM to Work for You

Successful ERM depends on multiple perspectives. *Consensus* is key.



# Labor Shortages & Workforce Challenges

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# Staff Shortages are a Critical Risk to Healthcare Organizations

Current nursing shortages jeopardize patient safety and staff wellbeing

Projections reveal a critical shortage of registered nurses through 2037, with a gap of over 300,000 RNs, year to date, 2025

The staffing crisis has led to increased nurse burnout and higher rates of sentinel events (e.g., death or serious injury).

## Risk Mitigation Strategy

Provide the workforce with educational resources on wellbeing and safety during organizational crises.

# Increased Patient Deaths and Serious Injuries

The Joint Commission (the largest accreditation body for healthcare) has identified decreased healthcare staffing levels as a major contributing factor in sentinel events

***Sentinel events*** are unexpected occurrences that lead to patient death or serious injury.



# Prepare the Workforce Before a Disaster

Direct care healthcare professionals face unique challenges during a healthcare facility disaster

01

Determine patient care challenges that the workforce would face during a disaster

02

Provide education on scenario-based disaster preparedness

03

Reduce emotional fatigue. Review worker schedules for risks

04

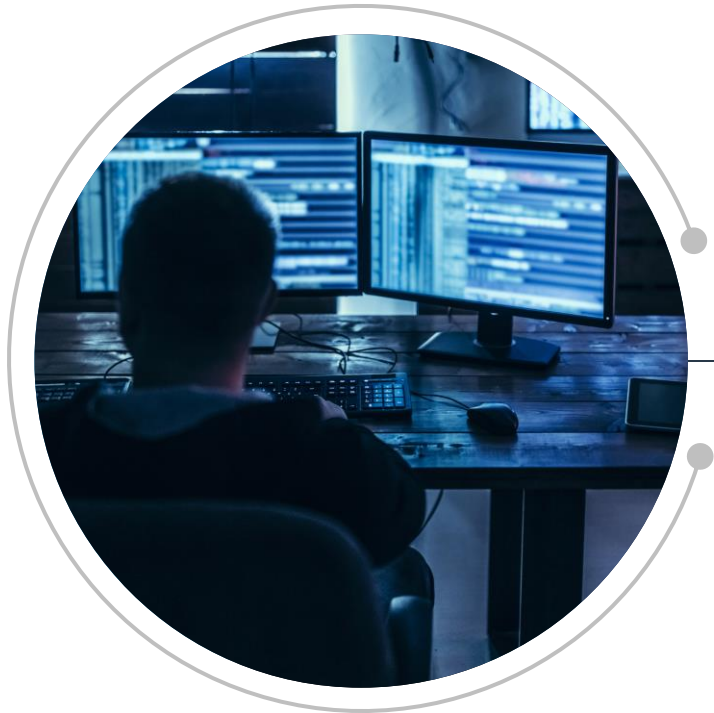
Provide education on topics such as Workplace Violence Prevention and de-escalation training for healthcare workers

# Cyber/Data Security

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# Cyber & Data Security



Deep dive topic in ERM activities

Both network outage and data breach

Volumes of PHI, hackers constantly coming up with new attacks

Assess, test, measure: impacts, consequence and controls

**Example:** 3rd party data breach

# Site-of-Care Shifts

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# ~700 Hospitals At Risk?

Flood Risk to Hospitals on the United States Atlantic and Gulf Coasts From Hurricanes and Sea Level Rise - Tarabochia-Gast - 2022 - GeoHealth - Wiley Online Library

## “170 U.S. hospitals face major flood risk”

At least 170 U.S. hospitals face major flood risk.... - CBS News

## “100 times a day...”

<https://www.storefrontsafety.org/>

# Unrecognized Exposure at the Site of Care



- What Can Go Wrong?
  - PD, injury & worse
  - Operational disruptions
  - Risk financing implications
- Costly – "Nuclear Verdicts"
  - 2017 Case / 2023 - \$91M
  - ~13,000 / 15Y – 6,253 crashes

# In the News – Austin, TX

## Preventing Disaster: Austin hospital crash among 300+ in U.S. since 2014 (kxan.com)



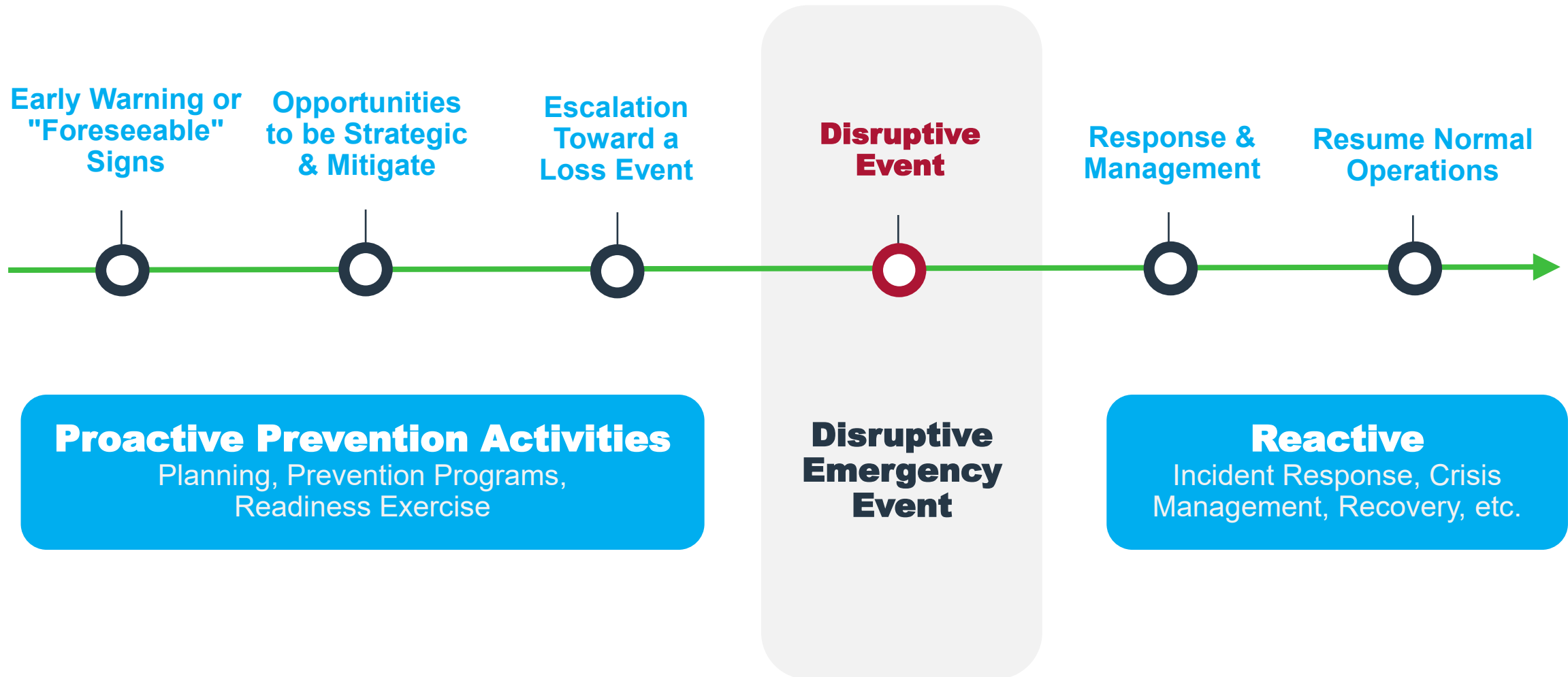
Photo Credits: kxan.com

February 13, 2024

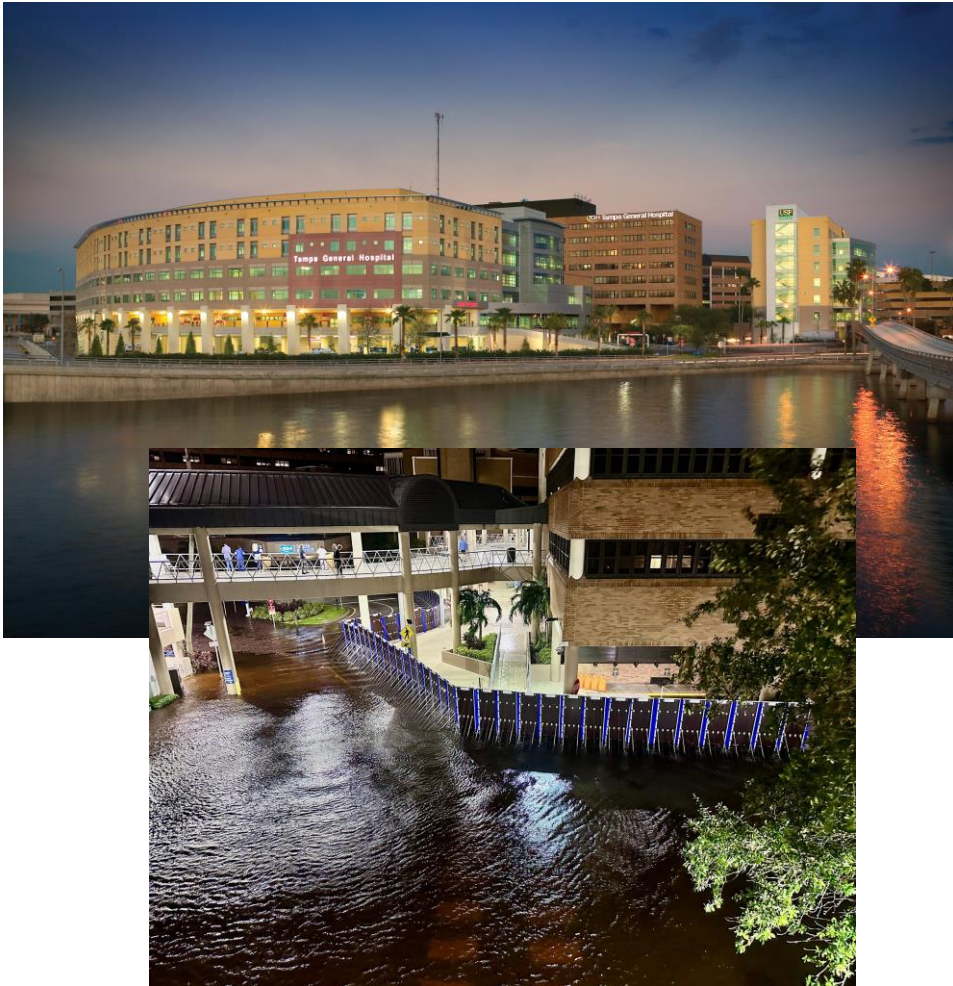
- “1 dead, 5 injured after vehicle crashes into medical center in Austin, Texas”
- **Storefront Safety Council**
  - 16,000 injuries / 2600 fatalities annually
- Standards
  - ASTM F3016-19
  - ASTM F2656-23

# Our Philosophy: Left of Loss

More time and effort in prevention activities not only reduce the chance of a loss event but significantly improve outcomes if an incident occurs.



# A Tale of Two Hospitals & IV Shortages



Top: [Tampa General Hospital Deploys Teams & Tech for Hurricane Helene](#)  
Bottom: [Tampa General Hospital Stands Strong Against Milton](#)



Top: [Ballard Health hospital knocked out by Hurricane Helene](#)  
Bottom: [Baxter begins importing IV supplies as 86% of providers report shortages - HealthExec](#)

# AI in Healthcare

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# Critical Risks of AI in Healthcare

AI is currently being used with different patient populations than it was initially trained and tested on.

Using AI in healthcare when demographics are underrepresented in testing poses serious risks such as misdiagnosis or underdiagnosis.

## Risk Mitigation Strategy

Ensure the AI testing was done on populations same/similar to the facility.

# AI Predictive Analytics

Predictive analytics in healthcare, while promising, has drawbacks, including:

- Potential for algorithmic bias
- Clinician over-reliance on technology
- Challenges in interpretation

## Risk Mitigation Strategy

- Ensure data quality by maintaining human oversight by augmenting AI with clinical expertise
- Conduct ongoing monitoring and validation of AI systems for accuracy

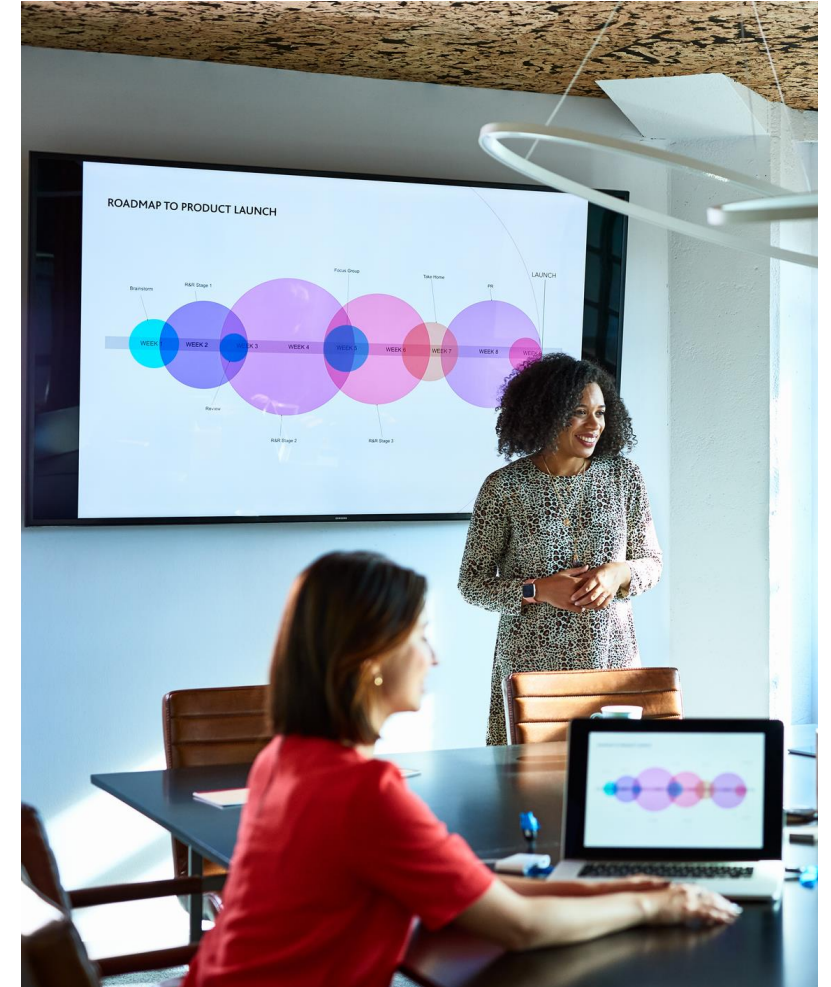
# AI Benefits During Critical Workforce Disruptions

## Medical Record Documentation

- Studies demonstrate that AI-assisted medical documentation can reduce the overall documentation burden for the workforce during a crisis

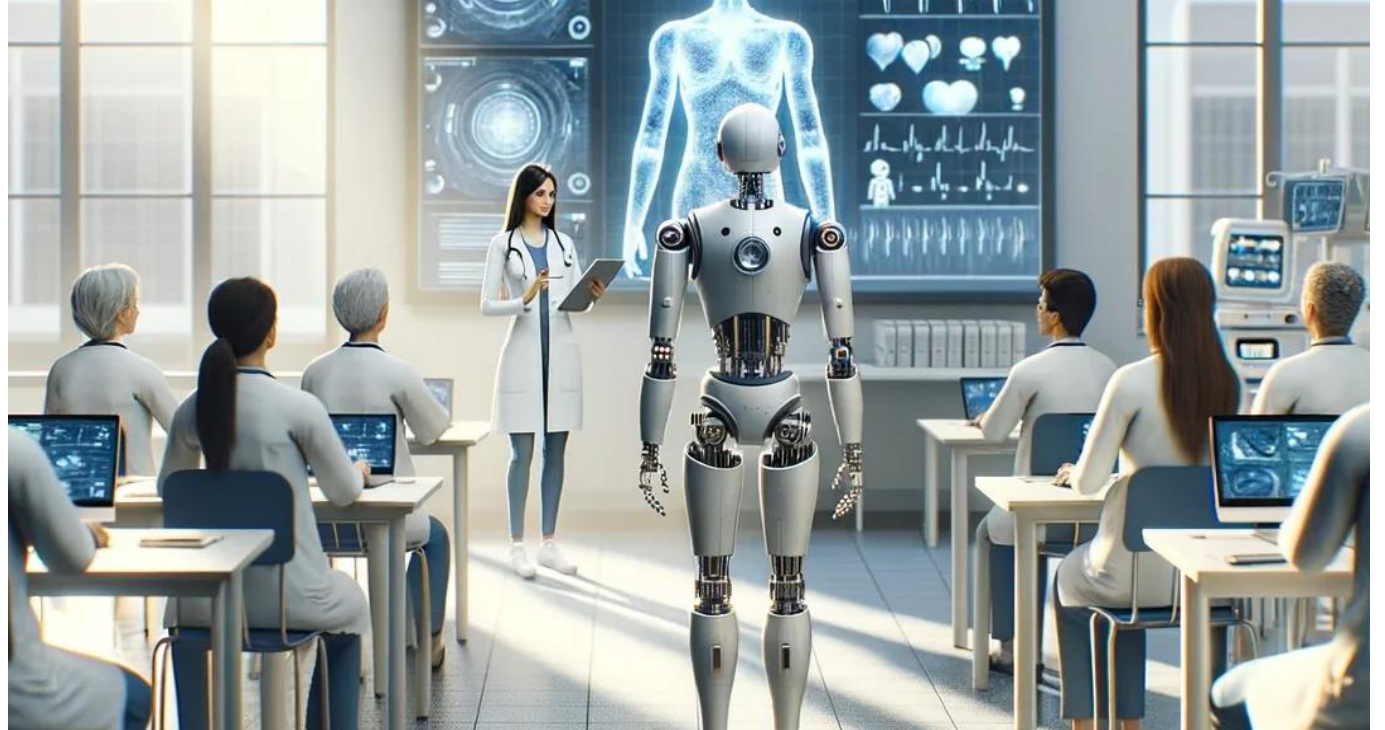
## Workforce Optimization

- AI can identify inefficiencies in healthcare workflows and suggest improvements.
- May lead to better workforce utilization and reduced facility costs.



# AI Training

Healthcare provider and staff lack training on the integration of AI algorithms into clinical decisions.



## Risk Mitigation Strategy

Develop a quality improvement program using simulation scenario training.

# AI Auto-Populate is a Big Critical Risk

## CASE STUDY

- A 38-year-old man was brought into a healthcare facility after a multi-car/truck accident, while riding a motorcycle.
- MRI of the brain and imaging of the spine were done.
- The provider team's progress notes documented identical Auto-populated examinations from a previous progress note, including the phrase "moves all extremities."
  - Nursing notes disagreed: A nurse documented that the patient withdrew his lower extremities to pin-prick stimuli on day 7, but not on day 8.
  - On day 9, a nurse documented "unable to move both lower extremities."
  - Not until day 13 did the patient undergo a repeat MRI, which showed a large hematoma with spinal cord compression.
  - The patient underwent emergency surgery but had virtually complete paralysis of the spine.

# Q&A

# Key Takeaways & Next Steps

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## Plan for Disruption

- Integrate readiness into everyday operations – because resilience isn't built in the moment, it's built in advance.

## Make Finance a Resilience Tool

- Align budgets, capital, and insurance strategies to ensure flexibility and recovery capacity when disruptions occur.

## Get Ahead of Regulatory Change

- Anticipate new mandates such as OBBBA and coordinate early across compliance, operations and leadership to stay ahead of shifting requirements.

## Protect and Empower Your Workforce

- Strengthen recruitment, retention, and wellbeing initiatives to reduce burnout and maintain patient-care continuity during crises.

## Build Cyber Strength Into Every Layer

- Treat cybersecurity as an enterprise risk. Regularly test systems, train staff, and evaluate vendor resilience to safeguard data and operations.

## Safeguard Against Physical Disruptions

- Prepare for severe weather, facility incidents and site-of-care exposures through proactive risk assessments and emergency-response planning.

## Adopt Technology Responsibly

- Harness AI to enhance – not replace – human judgement, ensuring governance, bias monitoring and patient safety controls are firmly in place.

# Thank you

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For more information visit [www.hubinternational.com](http://www.hubinternational.com)

