

Winter Readiness Checklist: 10 Areas Health System Leaders Should Review Before Demand Peaks

Seasonal demand can put pressure on every part of a health system. Use these questions to identify where additional planning, coordination or support may be needed before volume increases.

Staffing Readiness

- 1. Workforce capacity and flexibility.** *Ability to adjust staffing and coverage as volume and acuity change.*
 - ☐ Can staffing adjust quickly as demand changes, especially in areas already operating with limited backup coverage?
- 2. Staff availability during seasonal illness.** *Ability to maintain adequate coverage when employee illness increases at the same time as patient demand.*
 - ☐ Do you have enough float, per diem, cross-trained or backup coverage if employee illness rises alongside patient volume?
- 3. Critical resource availability.** *Availability of the supplies, services and support needed to keep care moving.*
 - ☐ Are medications, diagnostics, transport, supplies and equipment available at the levels needed to support higher volume?

Patient Movement and Capacity

- 4. Patient flow and usable capacity.** *Ability to move patients through the system using the capacity that is actually available.*
 - ☐ Where are patients already waiting, and which delays are most likely to worsen as demand rises?
- 5. Discharge and downstream capacity.** *Availability of the services and resources needed to move patients safely out of the hospital when they are ready.*
 - ☐ What is most likely to delay discharge or placement if post-acute, home health or other downstream resources become constrained?

Access and Coordination

- 6. Access outside traditional hours.** *Ability for patients to get timely help when their usual provider or care setting is unavailable.*
 - ☐ Can patients reliably get help after hours, or could limited options contribute to more patients seeking higher-acuity care?
- 7. Operational visibility across the system.** *Timely visibility into volume, staffing, capacity and patient movement across facilities.*
 - ☐ Can leaders see changes in volume, staffing, bed availability and patient movement early enough to respond?
- 8. EMS and ambulance diversion status.** *Visibility into regional diversion status, not just capacity within one facility.*
 - ☐ Is diversion status tracked across the region, and how does a neighboring facility's diversion decision affect volume and routing here?
- 9. Surge triggers and escalation structure.** *Clear indicators, triggers and escalation paths for activating surge protocols across facilities, service lines and departments.*
 - ☐ Which indicators signal that demand is moving beyond normal operations, and are escalation paths and decision responsibilities clear once they do?

Sustained Readiness

- 10. Sustaining performance over time.** *Ability to maintain reliable operations through prolonged periods of higher demand.*
 - ☐ Can the organization maintain staffing, coordination and operational consistency if elevated demand lasts for several weeks?

Using this checklist

These questions are meant to surface where planning, coordination or support may already be stretched thin, not to score performance. Reviewing them ahead of peak season gives leaders a starting point for where to focus before volume makes the answer obvious.

At Conduit Health Partners, we see many of these pressures play out year-round through nurse-first triage and transfer coordination. Winter tends to make existing gaps more visible, not create new ones.