Challenges and responses of the Israeli healthcare system after the attack from Hamas

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1.11.2023

Presentation to the

UJA Federation NEW YORK

"It was a day that no one in the western world knows how to prepare for.
It is not an event that the western world is familiar with, nor is it an event that we are familiar with"

(CEO of Soroka Hospital in Beer Sheva)

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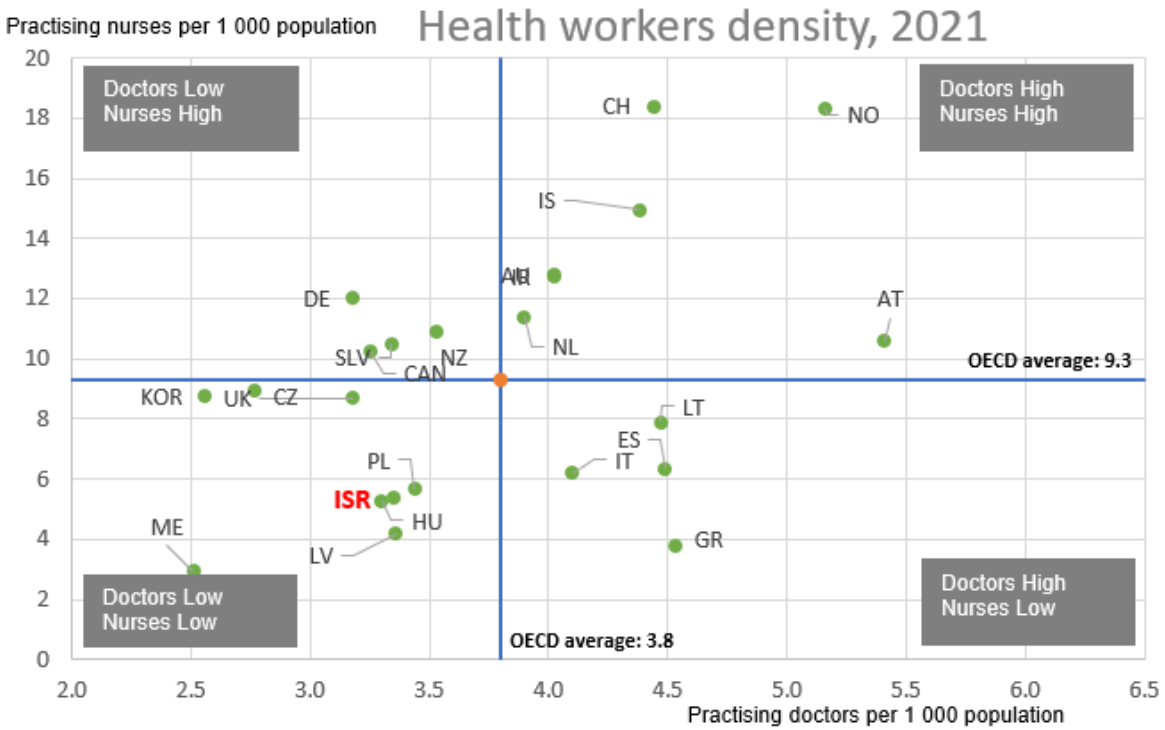
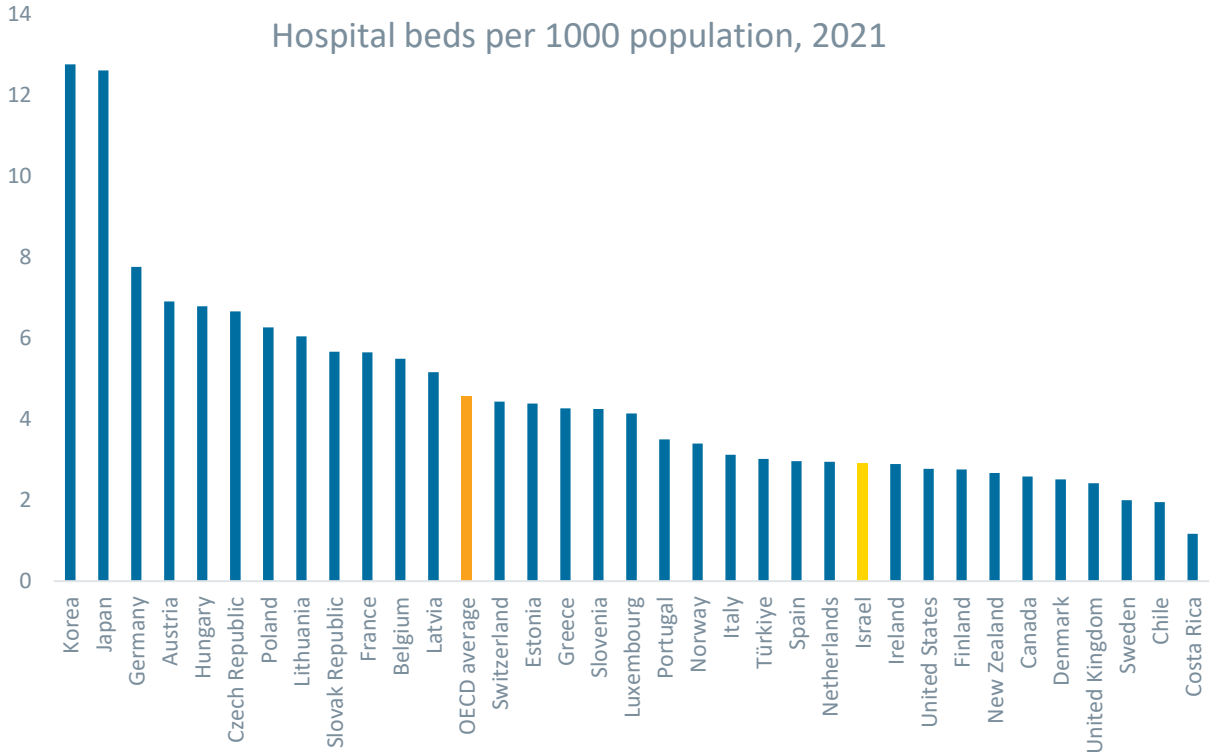
The Israeli healthcare system has a strong and accessible primary care, well connected to specialist care

However, the system is stretched: it has lower-than average public funding, rates of workers and hospital beds



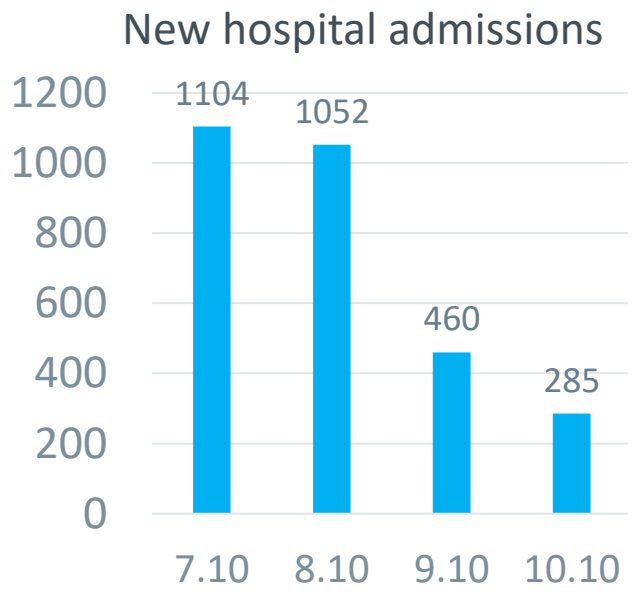


Source: OECD stats, 2023

The first four days (7-11.10.2023): Initial shock and emergency responses

The immediate challenges created by the attack – hospitals

- Sudden surge of patients, mainly needing trauma care, orthopedic and burns, surgery and mental health
  - 100 patients arrived to Soroka hospital between 9-10 AM of Saturday (7.10.23)
  - 1100 patients arrived to Soroka hospital on Saturday
  - Within 4 days ~3,000 patients were taken to Soroka; 439 additional to Barzilai hospital
  - Barzilai hospital was hit by two missiles; some surgery rooms were shut down



Source: Taub Center/ Data: MoH

Immediate emergency plans and preparedness were in place, with good communication channels

"COVID left a legacy of fast action throughout the decision chain"

1. Communication between pre-hospital and hospital care →
   hospitals were called in advance and could prepare to receive patients
2. Communication between hospitals →
   Hospitals in the south (and in the north) transferred patients to hospitals in the center
3. Communication between hospitals and ambulatory care →
   - non-war related patients discharged and sent to outpatient care;
   - outpatient specialists called for emergency care at Soroka
4. Communication between hospitals and local authorities →
   Hospitals sent information to local authorities for families of hospitalized patients

Health workforce for acute care - no shortages, so far

Challenges:

- Many health workers were called to military reserve duty
- Difficult to shift workforce from other clinical fields (as during COVID), as most care urgently needed is trauma care and surgery
- Workers functioning under emotional distress
- Suspiciousness of Jewish patients and health workers towards Arab health workers

Responses:

1. Current hospital workers are working longer hours → Not yet clear if and how health workers will be paid for the extra hours
2. ~800 military medics and medical students recruited to hospitals, many volunteering
3. Students of other health professions were employed temporarily in hospitals, HP clinics, ambulances, and nursing homes
4. Health workers voluntarily provide (remote) outpatient care (unpaid)
5. Volunteers operate childcare for health workers

Other challenges

"Doctors and forensic experts are still working to identify the bodies. They are all wrapped in plastic bags. There are obviously adult bodies and children's bodies, but the vast majority of bags are misshapen". Dr Michel Thieren, WHO Representative in Israel

- The need to identify a massive number of dead bodies, issue death certificates and burial licenses → many physicians volunteering, from Israel and abroad
- Demand for routine health care did not increase → non-war related patients refrained from leaving homes and reduced demand for elective care

Civil society engagement

1. A massive blood donation
2. A massive human milk donation for babies

The subsequent three weeks (10-31.10.2023): Routine emergency phase

Mental health – a country in trauma

Challenges:
The entire population is in mental and emotional trauma;
difficult to estimate the needs for mental health care

Responses:

1. Hospitals are providing MH care to patients and workers
2. HPs are operating emergency MH hotlines for initial care and screening
3. HPs have recruited additional MH workers, who are being paid higher fees
4. The hotline established during COVID was repurposed to help children and parents exposed to atrocities
5. MH organizations increased their activities
6. Local authorities have established hotlines with care provided by volunteers
7. Collaboration among various MH institutions (NII, HPs, MoH, MoW, IDF, hospitals)

Preparedness for threats from Hezbollah coming from Lebanon and Syria

1. Hospitals moved entire wards to underground protected areas and parking lots
2. In Haifa protected wards are being assembled, with preparedness plans to absorb workers from Northern hospitals
3. Most of the elective activities in hospitals in the south and north were put on hold to reserve capacity for emergency care
4. Hospitals initiated prevention measures against cyber attacks
5. Hospitals preparing health volunteers, registering and vaccinating in advance
6. MoH organizing agreements with private hospitals to provide publicly-funded care
7. Medical equipment is being stored to avoid shortage
8. MoH securing additional funds for hospitals, topped up by private donations

Long-term care needs: rehabilitation and disabilities

1. Within two weeks, 1,210 new IDF wounded were being accompanied by the IDF Rehabilitation Division
2. 329 of the wounded have already been recognized as disabled by the IDF (IDF Rehabilitation Division, 22.10.23)
3. Wounded were discharged to hotels while their homes are being adapted for accessibility
4. Disability allowances will be paid for four months automatically, without the need for medical committees → not clear from which budgets
5. No estimates yet on mental health injured and disabled
6. Current shortage for rehabilitation experts, orthopedic and neurological → planning volunteers from abroad to hospitals

Adapting service delivery for the displaced

1. Extended working hours of all outpatient clinics and pharmacies
2. HPs are cooperating and sharing infrastructure and workforce:
    1. Clinics and workforce in the affected areas are receiving patients from all HPs, even non-members -- currently unpaid
    2. Opening unified, walk-in clinics
    3. United Pharmacies; pharmacists' competence (temporarily) expanded to prescribe some urgent medicines → HPs cannot cover these medicines
    4. Not yet clear how HPs will reimburse each other
3. HPs expanded all services to the displaced in the Dead Sea and Eilat
4. Temporary hold on competition between health plans → choice of HP put on hold for 3 months
5. Self-employed health providers volunteering to provide care to victims and displaces
6. MoH's dashboard from COVID-19 converted for information about points of care by HP, area, specialty, type of insurance, contact details https://datadashboard.health.gov.il/portal/dashboard/health

Source: MoH https://ironswords.health.gov.il/

Discussion and conclusions

"In these days of chaos, when most of the authorities are not functioning, the health system is an island of stability in the chaotic sea."
(Dr. Adv. Adi Niv-Yagoda, expert in health policy and law)

Next challenges:

- Post-discharge, continuity of care
- Increased demand for mental health and rehab (4,400 patients as per 20.10.23)
- Backlogs and (longer) waiting times for the elective care put on hold
- Maintaining quality of care
- Supporting the health workforce to prevent burnout
- Financial sustainability (also) of the healthcare system

עושה שלום במרומיו
הוא יעשה שלום עלינו
ועל כל ישראל
ואמרו אמן.

ספר איוב, פרק כ"ה, פסוק ב'

May He who makes peace
in the heavens
grant peace to us
and to all our people;
and let us say, Amen.

Book of Job, chapter 25, verse 2

Acknowledgements:
Prof. Bruce Rosen
Dr. Michal Laron
Prof. Bruria Adini

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