

BACKGROUND



Armed conflicts disrupt routine healthcare delivery, particularly ambulatory services, which are essential for continuity of care in chronic and time-sensitive conditions.

OBJECTIVE



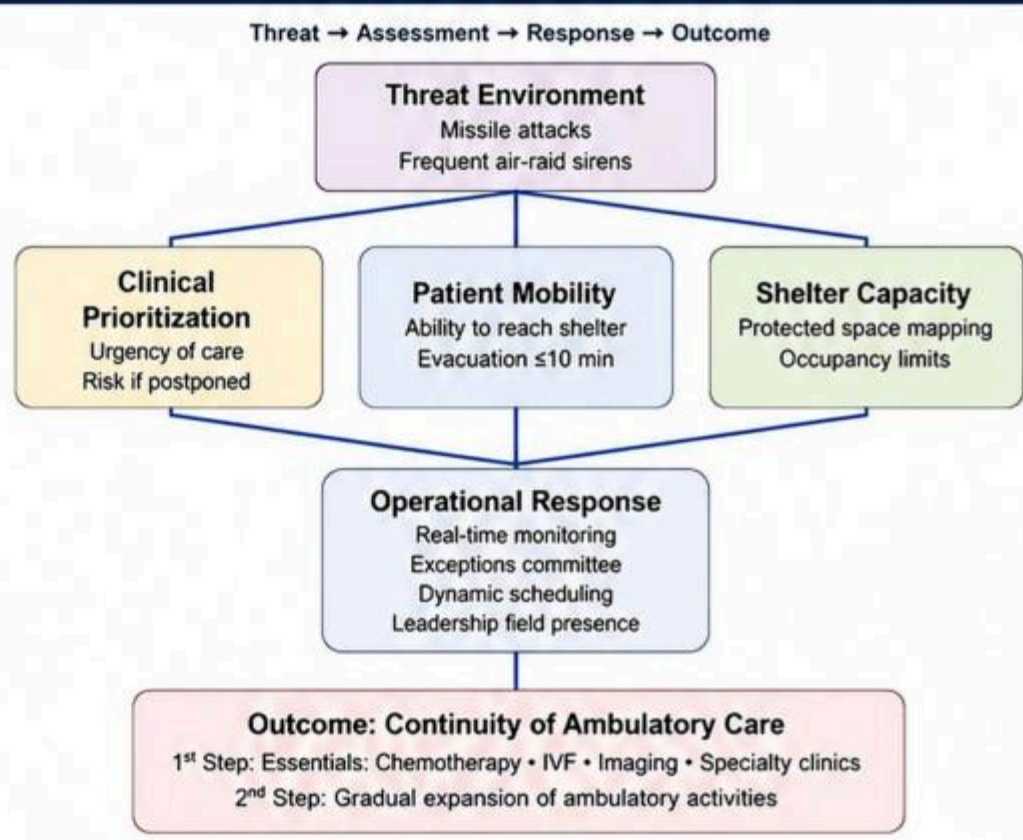
To evaluate whether structured operational preparedness is associated with faster recovery of ambulatory services during wartime.

METHODS



- Comparative observational time-series analysis in a tertiary medical center in Israel
- Examined ambulatory activity during the first 12 days of two conflict periods: June 2025 (later period) and March 2026 (earlier period)
- Daily activity expressed as % of routine baseline (mean daily ambulatory volume during non-conflict periods)
- Recovery rate assessed using linear regression models estimating daily change in ambulatory activity

FIGURE 1. OPERATIONAL MODEL FOR MAINTAINING HOSPITAL AMBULATORY SERVICES DURING WARTIME MISSILE ALERTS



RESULTS – RECOVERY DYNAMICS (FIGURE 2A)

A. Recovery of Ambulatory Activity Relative to Routine Operations

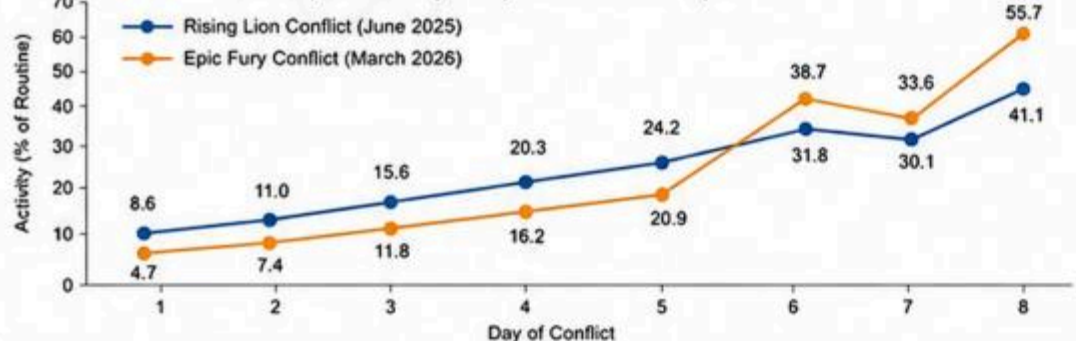
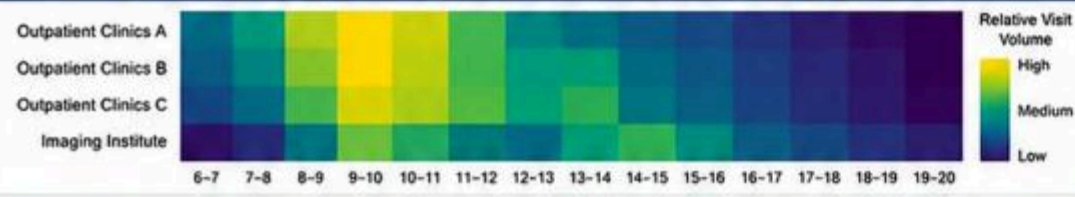


FIGURE 2B. TEMPORAL DISTRIBUTION OF VISITS ACROSS PROTECTED AMBULATORY FACILITIES



KEY FINDINGS



Ambulatory activity declined to ~15% of routine levels at the onset of both conflicts.



- Recovery rate:
- Later period: 4.17% per day (95% CI 1.30–7.03)
  - Earlier period: 2.07% per day (95% CI 0.39–3.74)



Difference between periods did not reach statistical significance (interaction  $\beta = 2.10\%$  per day, 95% CI  $-0.91$  to  $5.11$ ).



Telemedicine use increased 3.6-fold compared with baseline, partially offsetting reduced on-site care.



The later period was characterized by a more structured operational framework.

ESSENTIAL AMBULATORY CLINICAL SERVICES MAINTAINED DURING WARTIME (Examples)

- Oncology & Hemato-Oncology
- Fertility & Reproductive Medicine
- Cardiology
- Endocrinology & Metabolic Medicine
- Orthopedics & Sports Medicine
- Otolaryngology (ENT)
- Pain Medicine
- Women's Health & Obstetrics
- Diagnostic Imaging
- Procedural Ambulatory Medicine

CONCLUSIONS



Structured operational preparedness may facilitate recovery of ambulatory services during wartime.

Integration of real-time monitoring, capacity-based planning, and telemedicine may support continuity of care during prolonged crises.

OPERATIONAL LESSONS (TABLE 2)

|                         |                                                                                      |
|-------------------------|--------------------------------------------------------------------------------------|
| Governance              | Establish a centralized decision-making structure with frequent operational meetings |
| Clinical prioritization | Stratify patients according to urgency and risk of harm from treatment delay         |
| Infrastructure planning | Map protected spaces and define maximum patient capacity                             |
| Patient flow management | Monitor real-time patient presence across ambulatory areas                           |
| Scheduling strategy     | Distribute appointments across the day to prevent shelter overcrowding               |
| Field leadership        | Maintain continuous leadership presence and staff communication                      |
| Flexibility             | Adapt operational decisions continuously according to evolving security conditions   |

