

Resource Allocation and Tiered Medical Service Adaptations in the IDF Healthcare Services Center During Operation Roaring Lion

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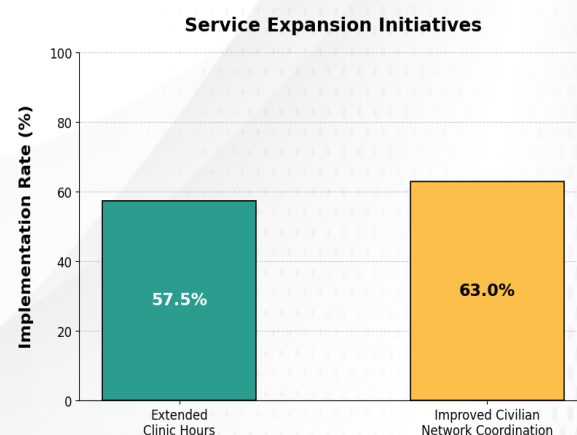
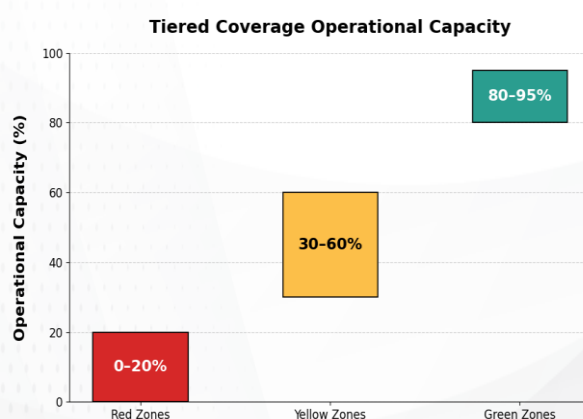
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Introduction

- Delivering medical care** to hundreds of thousands of soldiers during Operation Roaring Lion in the IDF Healthcare Services Center, **required rapid adaptation** to unpredictable threat levels, personnel constraints, and infrastructure risks.
- The goal:** To assess resource-allocation strategies and a tiered service model in real time to guide more resilient military medical operations.

Results

- Tiered coverage: **green zones maintained 80–95% operational capacity**; yellow zones 30–60%; red zones 0–20%.
- Personnel availability remained high: **87% of medical staff maintained consistent presence** despite significant personal disruptions.
- Patient behavior shifted: routine visits decreased 40% while telemedicine consultations rose 55%; **digital consultations increased 80% overall**, reducing traditional interactions by 45%.
- Infrastructure resilience: **85% of facilities had proximal shelters**; 40% maintained critical diagnostic procedures during alerts.
- Resource flexibility: **41% budgetary adaptability**, 25% emergency procurement capacity.
- Service expansion: 57.5% extended clinic hours, **63% improved civilian network coordination**.
- Qualitative themes:** prioritization of patient safety, effectiveness of traffic-light method, value of night/Friday service shifts, and the importance of preparedness exercises and civilian collaboration.



Methods

- Mixed-methods** study conducted across IDF medical facilities during the operation.
- quantitative analyses** of resource utilization, service metrics, attendance, diagnostic capability, and budgetary flexibility.
- Qualitative analyses** of 19 semi-structured interviews with medical personnel and command staff on decision-making and adaptation strategies.
- Development and assessment of a tiered **red/yellow/green service model**, safety protocols, and digital platform integration.

Conclusions

- A tiered service model combined with protected infrastructure, digital health integration, and flexible budgeting enables sustained medical support under severe uncertainty.**
- High staff commitment and rapid telemedicine adoption effectively compensated for reduced in-person care.
- Recommendations:** standardized tier criteria, expanded protected diagnostic capabilities during alerts, and preauthorized emergency procurement to improve responsiveness.

Four Key Themes

