

Development of A Hospital Crisis Management Tool at the Mission Hospital, Durgapur

By

Manjari

*Dissertation submitted in partial fulfillment of the requirements of the degree
MBA Hospital and Health Management*

Academic year, 2017-2019



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TO WHOMSOEVER MAY CONCERN

This is to certify that **Ms. Manjari** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **The Mission Hospital, Durgapur** from **4th February 2019 to 30th April 2019**.

The Candidate has successfully carried out the study on **Development of a Hospital Crisis Management Tool at The Mission Hospital** assigned to her during dissertation and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all ^{er}his future endeavors.

A handwritten signature in blue ink, appearing to read 'Ashok Kaushik'.

Dr. Ashok Kaushik

Dean Academics and Student Affairs

The IIHMR University, Jaipur

16 May 19.

A handwritten signature in blue ink, appearing to read 'Nutan P. Jain'.

Dr. Nutan P. Jain

Professor

The IIHMR University, Jaipur



Ref: TMH/HRD/OG/April/19/87

Date: 01/05/19

TO WHOM IT MAY CONCERN

This is to certify that **Ms. Manjari** has done three months dissertation on **Development of a Hospital Crisis Management Tool** at **The Mission Hospital, Durgapur, West Bengal** from 04/02/2019 to 30/04/2019.

During the period of dissertation **Ms. Manjari** has been found sincere, hard working having an attitude to learn.

We wish her a successful future and brilliant professional career ahead.

For The Mission Hospital, Durgapur

Ramesh Lall
Sr. General Manager - HR

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Development of a Hospital Crisis Management Tool at The Mission Hospital, Durgapur** and submitted by **Manjari, 598** under the supervision of Dr. Nutan P. Jain for award of MBA in Hospital and Health Management at The IIHMR University carried out during the period from 4th February, 2019 to 30th April, 2019 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.


Signature

Acknowledgement

This report is the result of two months whereby I have been accompanied and guided by many people. It is a pleasant opportunity to express my gratitude to all of them.

I am grateful to Dr. Satyajit Bose, Chairman, The Mission Hospital, Durgapur, who found me suitable as management intern in this organization and gave me permission for three months training and project work.

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Manjari

MBA Hospital and and health management

The IIHMR University, Jaipur

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INTRODUCTION

A crisis is defined as ‘any event that is going to lead to an unstable and dangerous situation affecting an individual, group, community, or whole society’.

Crisis management is the process by which an organization deals with a disruptive and unexpected event that threatens to harm the organization or its stakeholders, by the application of strategies designed to help an organization deal with a sudden and significant negative event. Crisis management involves dealing with threats before, during, and after they have occurred.

Possible threats from crisis:

- Public safety
- Reputation loss
- Financial loss

Hospital crises basically fall into three broad categories:

1. **External disaster:** Earthquake, flood, fires, Train accident, etc.
2. **Normal** but significant operational problem, including:
 - a) Personnel emergencies such as unexpected strikes, work place violence, act of fraud
 - b) Quality incidents such as accident, surgical mishaps, suspicious deaths.
 - c) Financial irregularities or losses
 - d) Information sabotage, such as theft of proprietary information or tampering with records.

3. **Abnormal problems**, including criminal acts such as kidnapping or hostage situations.

Crisis management phases

- **Pre-crisis phase:** The pre-crisis phase is concerned with prevention and preparation. Prevention involves seeking to reduce known risk that could lead to a crisis. Preparation involves creating the crisis management plan, selecting and training the crisis management team, and conducting exercises to test the crisis management plan and crisis management team.
- **Crisis response:** The crisis response phase is when management must actually respond to a crisis. The crisis response is what management does and says after the crisis hits. Public relation plays a critical role in the crisis response by helping to develop the messages that are sent to various publics.
- **Post-crisis:** In the post-crisis phase, the organization is returning to business as usual. The crisis is no longer the focal point of management's attention but still requires some attention. Reputation repair may be continued or initiated during this phase. The crisis management effort needs to be evaluated to see what is working and what needs improvement.

PURPOSE OF THE STUDY

Durgapur is by far the most industrialized city in eastern India. City is surrounded by industries like Damodar Valley Corporation, Durgapur Thermal Power Station, Durgapur steel plant, Alloys steels plant, etc. and thus city is also very susceptible to critical events.

The Mission Hospital, being the first multispecialty hospital in Durgapur region, has been dealing with various critical events related to industrial mishaps, road accidents and climate change. There have been critical situations which hospital managed very well but there are some incidents which overwhelmed the hospital by its effect and could not be managed well due to ineffective crisis preparedness plan.

The purpose of this project is to avail a Crisis management tool to The Mission hospital in order to make the hospital prepared for handling patients and enhancing the capacity of the hospital to handle a Crisis situation.

OBJECTIVES:

- To assess the status of the hospital for crisis preparedness by applying WHO emergency response checklist.
- To introduce a tool for risk assessment, planning and readiness of the hospital for crisis management at The Mission Hospital, Durgapur.

LITERATURE REVIEW

1. **Timothy sellnow** in his article named '**crisis management in hospitality industry**' has talked about the importance of communication in managing crisis. He has stated that "having a communication crisis plan available prior to a threatening event can help an organization offset some criticism by making a timely and accurate response to the crisis.
2. **Daniel kollek** et al in his book '**Disaster preparedness for healthcare facilities**' has elaborated about the importance of checklist for any disaster preparedness plan for a hospital. The checklist makes liberal use of various resources. They have designed a plan checklist which includes various components to assess the capacity of the hospital in terms of bed, staff, resources, contingency plans, space requirements etc. The checklist is designed to provide facilities with questions that stimulate assessment and dialogue with key stakeholders within the facilities as well as at the local level and beyond.
3. **Gerardus Blokdyk** in his book named '**crisis management self-assessment guide**' stated "Self-Assessment has been developed to improve understanding of the requirements and elements of Crisis management, based on best practices and standards in business process architecture, design and quality management. The criteria of requirements and elements of Crisis management have been rephrased in the format of a Self-Assessment questionnaire, with a seven- criterion scoring system. In this format, even with limited background knowledge of Crisis management, a facility or other business manager can quickly review existing operations to determine how they measure up to the standards. This in turn can serve as the starting point of a 'gap analysis' to identify management tools or system elements that might usefully be implemented in the organization to help improve overall performance".

4. **Elsevier science** in his book named '**crisis information management**' explores the management of information in crises, particularly the interconnectedness of information, people, and technologies during crises. Natural disasters, such as the Haiti earthquake and Hurricane Katrina, and 9/11 and human-made crises, such as the recent political disruption in North Africa and the Middle East, have demonstrated that there is a great need to understand how individuals, government, and non-government agencies create, access, organize, communicate, and disseminate information within communities during crisis situations. This book brings together papers written by researchers and practitioners from a variety of information perspectives in crisis preparedness, response and recovery.
5. **Bruce T. Blythe** in his book '**BLINDSIDED**' has written about crisis leadership. BLINDSIDED is an invaluable leadership guide for improving program and for planning, communicating, and executing aggressive, successful crisis management. Crisis response is all about the plan, the knowledge, and the practice. It is about doing the right thing and taking care of those traumatized.

METHODOLOGY:

- 1) Review of literature for understanding various crisis plans and tools.
 - Finding out the various components of crisis management.
 - Selection of important components for Hospital Crisis Management Tool.
- 2) Selection of a standard tool (WHO emergency response) based on important components.
- 3) Assessment of hospital status for crisis preparedness using WHO emergency response checklist.
 - Assessment was done with the help of hospital staffs. In the assessment sheet, C refers to compliance, PC refers to partial compliance and NC refers to non-compliance.
 - Each component of the checklist was assessed after discussion with designated employee in the Hospital Incident Command Team.
 - Problems related to crisis preparedness were observed during assessment of the status for crisis preparedness.
 - Suggestions given to improve the crisis preparedness status of the hospital.
- 4) Introduction of tool for risk assessment, planning and readiness for Hospital crisis management.
 - Identification of key components that should be included in the tools of risk assessment, planning and readiness for crisis management.
 - Risk assessment tool: This includes hazard risk analysis tool for naturally occurring events, technological or infrastructure related events and human related events.

- Planning and readiness tool have been made considering the important elements of the emergency care services and surged capacity.
- Planning and readiness tool are divided into 11 sections which includes questions related to:
 - I. Determining bed capacity
 - II. Fundamental requirements of a crisis plan.
 - III. Human resources
 - IV. Activation process of a crisis plan
 - V. Security
 - VI. Internal traffic flow
 - VII. External traffic flow during disasters
 - VIII. Handling media
 - IX. Equipment, supplies and pharmaceuticals
 - X. Diagnostic capabilities
 - XI. Post-crisis recovery.

WHO EMERGENCY RESPONSE CHECKLIST

The World Health Organization has developed the Hospital emergency response checklist to assist hospital administrators and emergency managers in responding effectively to the most likely crisis scenarios. This tool comprises current hospital-based emergency management principles and best practices and integrates priority actions required for rapid, effective response to a critical event based on an all hazard approach.

The tool is structured according to nine key components:

1. Command and control
2. Communication
3. Safety and security
4. Triage
5. Surge capacity
6. Continuity of essential services
7. Human resources
8. Logistics and supply management
9. Post-disaster recovery.

Each component with a list of priority action to support hospital managers and emergency planners in achieving:

1. Continuity of essential services
2. Well-coordinated implementation of hospital operations at every level
3. Clear and accurate internal and external communication
4. Swift adaptation of increased demands
5. The effective use of scarce resources
6. A safe environment for health-care workers.

The checklist is intended to complement existing hospital emergency management plans and, when possible, augment standard operating procedures during non-crisis situations.

RESULTS

Key component 1: Command and control (Responsible Person: Incident Commander)	
Recommended actions	Status
Assign a hospital command centre, i.e. a specific location prepared to coordinate hospital-wide emergency response activities and equipped with effective means of communication.	Non Compliance
Consult core internal and external documents related to hospital emergency management to ensure application of the basic principles and accepted strategies related to planning and implementing a hospital incident action plan.	Compliance
Implement or develop job action sheets that briefly list the essential qualifications, duties and resources required for hospital managers and staff for crisis response activities.	Partial Compliance
Ensure that all crisis members have been adequately trained on the structure and functions of the crisis management plan.	Partial Compliance

Key component 2: Communication (Responsible Person: Incident Commander)	
Recommended action	Status
Appoint a public information spokesperson to coordinate hospital communication with the public, the media and health authorities.	Non Compliance
Designate a space for press conferences (outside the immediate proximity of the emergency department, triage/waiting areas and the command centre).	Compliance
Ensure that all communications to the public, media, staff (in general) and health authorities are approved by the head of crisis management committee.	Compliance
Establish streamlined mechanisms of information exchange between hospital administration, department/unit heads and facility staff.	Compliance
Brief hospital staff on their roles and responsibilities within the incident action plan.	Partial Compliance
Ensure the availability of reliable and sustainable primary and back-up communication systems as well as access to an updated contact list.	Compliance

Key component 4: Triage (Responsible Person: Head of EMS)	
Key component 3: Safety and security (Responsible Person: Security Officer)	
Recommended actions	Status
Appoint a hospital security team responsible for all hospital safety and security activities.	Compliance
Prioritize security needs. Identify areas where increased vulnerability is anticipated (e.g. entry/exits, food/water access points, pharmaceutical stockpiles).	Partial Compliance
Ensure the early control of facility access point, triage site and other areas of patient flow, traffic and parking.	Partial Compliance
Establish a reliable mode of identifying authorized hospital personnel, patients and visitors.	Partial Compliance
Develop a mechanism for escorting emergency medical personnel to patient care areas.	Compliance
Ensure that security measures required for safe and efficient hospital evacuation are clearly defined.	Partial Compliance
Identify information insecurity risks. Implement procedures to ensure the secure collection, storage and reporting of confidential information.	Compliance

Recommended actions	Status
Designate an experienced triage officer to oversee all triage operations (e.g. a trauma or emergency physician or a well-trained emergency nurse in a supervisory position).	Compliance
Ensure that the triage area is near essential personnel, medical supplies and key care services.	Compliance
Ensure that entrance and exit routes to/from the triage area are clearly identified.	Compliance
Identify a contingency site for receipt and triage of mass-casualties.	Compliance
Establish a mass-casualty triage protocol based on severity of illness/injury, survivability and hospital capacity.	Compliance
Establish a clear method of patient triage identification; ensure adequate supply of triage tags	Compliance

Key component 5: Surge capacity (Responsible person: Facility Manager)	
Recommended actions	Status
Calculate maximal capacity required for patient admission and care based not only on total number of beds required but also on availability of human and essential resources and the adaptability of facility space for critical care.	Partial Compliance
Estimate the increase in demand for hospital services, using available planning assumptions and tools	Partial Compliance
Identify methods of expanding hospital inpatient capacity (taking physical space, staff, supplies and processes into consideration).	Non Compliance
Designate care areas for patient overflow (e.g. auditorium, lobby).	Compliance
Verify the availability of vehicles and resources required for patient transportation.	Compliance
Prioritize/cancel nonessential services (e.g. elective surgery) when necessary.	Compliance
Designate an area for use as a temporary morgue. Ensure the adequate supply of body bags.	Compliance

Key component 6: Continuity of essential services (Responsible Person: Assistant Medical Superintendent)	
Recommended actions	Status
List all hospital services, ranking them in order of priority.	Non compliance
Identify and maintain the essential hospital services, i.e. those that always need to be available in any circumstances.	compliance
Identify the resources needed to ensure the continuity of essential hospital services, those for the critically ill and other vulnerable groups (e.g. paediatric, elderly and disabled patients)	compliance
Ensure the availability of appropriate back-up arrangements for essential life lines, including water, power and oxygen	compliance
Anticipate the impact of the most likely disaster events on hospital supplies of food and water. Act to ensure the availability of adequate supplies.	Non compliance
Ensure contingency mechanisms for the collection and disposal of human, hazardous and other hospital waste	compliance

Key component 7: Human resources (Responsible Person: HR Manager)	
Recommended actions	Status
Update the hospital staff contact list.	compliance
Estimate and continuously monitor staff absenteeism.	compliance
Establish a clear staff sick-leave policy, including contingencies for ill or injured family members or dependents of staff.	Partial compliance
Identify the minimum needs in terms of health-care workers and other hospital staff to ensure the operational sufficiency of a given hospital department	compliance
Establish a contingency plan for the provision of food, water and living space for hospital personnel.	Partial compliance
Prioritize staffing requirements and distribute personnel accordingly.	compliance
Ensure adequate shift rotation and self-care for clinical staff to support morale and reduce medical error.	Partial compliance

Key component 8: Logistics and supply chain (Responsible Person: Logistic Chief)	
Recommended actions	Status
Develop and maintain an updated inventory of all equipment, supplies and pharmaceuticals; establish a shortage-alert mechanism.	Partial compliance
Estimate the consumption of essential supplies and pharmaceuticals, (e.g. amount used per week) using the most likely disaster scenarios	Non compliance
Consult with authorities to ensure the continuous provision of essential medications and supplies	compliance
Establish contingency agreements with vendors to ensure the procurement and prompt delivery of equipment, supplies and other resources in times of shortage.	Partial compliance
Identify physical space within the hospital for the storage and stockpiling of additional supplies, taking ease of access, security, temperature, ventilation, light exposure, and humidity level into consideration. Ensure an uninterrupted cold chain for essential items requiring refrigeration.	compliance
Ensure that a mechanism exists for the prompt maintenance and repair of equipment required for essential services.	compliance

Key component 9: Post-crisis recovery (Responsible Person: Demobilization Unit Leader)	
Recommended actions	Status
Appoint a disaster recovery officer responsible for overseeing hospital recovery operations.	Non compliance
Determine essential criteria and processes for incident demobilization and system recovery	Partial compliance
In case of damage to a hospital building, ensure that a comprehensive structural integrity and safety assessment is performed	Compliance
Organize a team of hospital staff to carry out a post-action hospital inventory assessment; team members should include staff familiar with the location and inventory of equipment and supplies. Consider including equipment vendors to assess the status of sophisticated equipment that may need to be repaired or replaced	Partial compliance
Provide a post-action report to hospital administration, emergency managers and appropriate stakeholders that includes an incident summary, a response assessment, and an expenses report.	compliance
Organize professionally conducted debriefing for staff after the occurrence of the emergency incident to assist with coping and recovery, provide access to mental health resources and improve work performance.	Non compliance
Show appropriate recognition of the services provided by staff, volunteers, external personnel and donors during disaster response and recovery.	Non compliance

OBSERVATIONS DURING ASSESSMENT OF HOSPITAL CRISIS PREPAREDNESS STATUS

- There is a lack of clear and unambiguous plan of action which can be followed for crisis preparation.
- Communication gap between the planner and other hospital staffs which leads to ineffective implementation of plan.
- Staffs are not aware about their roles and responsibilities during the crisis.
- The Incident Command team has not been updated according to the current staffing of the organization. Some members of the team have left the organization, but their duties and responsibilities were not handed over to any existing staff.
- Mock drills and hands-on-practices are not done regularly, and thus onsite performances of the staffs were found to be deviated from the standard.
- The current crisis preparedness plan does not have defined parameters for various departments and sections of the hospital which is important for crisis management.
- Risk identification, assessment and prioritization is also not included in the crisis preparedness plan. A defined process and tool for risk assessment is required.

SUGGESTIONS

- Designing of a well-structured Crisis Management Plan.
- Job role should be clearly explained and circulated to all the employees.
- Incident Command Team should be informed and updated about any changes in structure and job responsibilities.
- Mock drills should be conducted and evaluated at least once in a month.

- A standard checklist should be followed to check the crisis preparedness level of the hospital and rectification on flaws found should be done.

CRISIS PREPAREDNESS TOOL FOR HOSPITAL

Risk assessment: The first step in any crisis plan is an assessment of the internal and external risks. It is impossible to prepare for all types of crisis, and limited resources make it important to focus on typical and high-impact disasters.

This is a sample Hazard Risk Assessment tool for Medical Facilities. Its purpose is to assist Medical Facilities in identifying hazards or vulnerabilities they must plan for. It is intended as a guide to assist in priority setting within the construct of a comprehensive emergency management program.

Risk, probability and impact

- Risk is defined as the product of the probability of a hazard and its potential impact.

Risk= probability * impact

- Probability may be expressed as the likelihood of an event occurring within a given time period. Issues to consider for probability include:
 - ❖ Known factors
 - ❖ Historical data
 - ❖ Statistics from various sources

Assessment of Probability Rating		
Probability Rating	Description	Detail
A	Highly likely	Nearly 100% probability of occurrence in next year
B	Likely	Between 10% to 100% probability in the next 5 years
C	Possible	Between 1% to 10% probability in the next 5 years
D	Unlikely	<1% probability in the next 5 years

Impact:

For hazard assessment, the impact should be assessed along three aspects of how the hazard being considered will affect the ability of the provider to deliver an appropriate level of service.

The Overall Impact Rating then gives a picture of the effect on the Facility in the context of the healthcare.

Three impact factors: The human impact, the property impact and the business impact.

The rating given for **human impact** should consider whether the hazard has/is:

1. Unlikely to cause injury, illness or death in staff or patients
2. Low probability of injury, illness or death in staff or patients
3. High probability of injury or illness in staff or patients; low probability of death
4. High probability of death in staff or patients.

The rating given for **property impact** should consider whether the hazard is/will cause:

1. Unlikely to cause physical plant or equipment damage requiring any replacement costs or recovery time
2. Minor physical plant or equipment damage requiring some replacement costs or recovery time
3. Moderate physical plant or equipment damage requiring moderate replacement costs or recovery time
4. Extensive physical plant or equipment damage with high replacement costs and recovery time.

The rating given for **business impact** should consider whether the hazard is/will cause:

1. Unlikely to cause service interruption or damage to public image of the institution
2. Minor or limited service interruption or damage to public image
3. Significant/widespread service interruption
4. Unable to provide services

Overall Impact rating (sum of three impact factors)		
1-3	Marginal	Normal level of functioning or increased level of service required.
4-6	Serious	Facility can provide a normal level of service with assistance from within region or local community, or facility can provide a reduced level of service with normal resources.
7-9	Critical	Facility can provide a normal level of services with assistance from other hospitals, or facility can provide a minimal level of service with normal resources.
10-12	Catastrophic	Facility cannot provide services without extensive assistance from government and external agencies.

Combining the impact rating with the probability rating determines the risk.

Probability rating Impact rating	A Highly likely	B Likely	C Possible	D Unlikely
10-12 catastrophic	A10-A12	B10-B12	C10-C12	D10-D12
7-9 critical	A7-A9	B7-B9	C7-C9	D7-D9
4-6 serious	A4-A6	B4-B6	C4-C6	C4-C6
1-3 Marginal	A1-A3	B1-B3	C1-C3	D1-D3



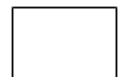
High



Moderate



Low



Very low

Hazard risk analysis tool (Naturally occurring events)						
Event	Probability	Human impact	Property impact	Business impact	Overall impact rating	Risk rating
	A,B,C or D	1,2,3, or 4	1,2,3, or 4	1,2,3, or 4	1-12	Risk rating table
Severe thunderstorm						
Hurricane						
Extreme heat						
Tropical cyclone						
Wind storm						
Heavy monsoon						
Hail storm						
Earthquake						
Drought						
Flood						
Epidemic						

Hazard risk analysis tool Technological / infrastructure events (internal/external)						
Event	Probability	Human impact	Property impact	Business impact	Overall impact rating	Risk rating
	A,B,C or D	1,2,3, or 4	1,2,3, or 4	1,2,3, or 4	1-12	Risk rating table
Electrical failure						
Generator failure						
Transportation emergency						
Fuel shortage						
Water emergency						
Sewer failure						
Fire alarm failure						
Communications failure						
Medical gas failure						
HVAC failure						
Fire						
Supply shortage						
Structural damage						
Information system failure						
HAZMAT exposure						

Hazard risk analysis tool (Human related events)						
Event	Probability	Human impact	Property impact	Business impact	Overall impact rating	Risk rating
	A,B,C or D	1,2,3, or 4	1,2,3, or 4	1,2,3, or 4	1-12	Risk rating table
Mass casualty incident (Trauma)						
Mass casualty incident (infectious)						
Terrorism						
Infant abduction						
VIP situation						
Hostage situation						
Bomb threat						
Civil disturbance						
Employees strike						
Pilferage						
Data breach						

Planning and readiness: Emergency preparedness for healthcare facilities includes elements of mitigation, preparedness, response, and recovery. Facility plans should consider factors such as the appropriateness and adequacy of physical facilities, organizational structures, human resources, and communication systems and need a tool to assess their readiness.

The purpose of this tool is to allow healthcare facility to assess their readiness to deal with crisis. This is not a planning tool, but once the facility's plan is in place, it will provide a means to review the plan and identify gaps.

There are 11 sections and each section contain multiple assessment questions. The question must be answered with: (Y= yes), (n= no), (N/A= not applicable) and (U= unsure). Along with that, the required action and person responsible for the action must be mentioned. In case of 'unsure', the name of a person to clarify the answer must be mentioned.

Section 1: Determining bed capacity for an internal/external disaster					
Facility department	Total physical beds (staffed and unstaffed)	Staffed beds (operational capacity)	Negative pressure rooms (beds)	Location of surge patient care areas	Approximate surge capacity
Adult medical and surgical wards					
Paediatric medical and surgical wards					
Adult ICU					
Paediatric ICU					
Operating rooms					
Emergency department wards					
Other departments					

Bed types	Total physical beds	Staffed beds	Surge beds (including portable O2 and suction)	Location of beds
Beds with oxygen only				
Beds with suction only				
Beds with both oxygen and suction				
Monitored beds				

Section 2: Foundational considerations						
	Y	N	N/A	U	Required action	Person responsible
1. Is there a Crisis Planning Committee (CPC)?						
2. If the hospital has a CPC, is it multidisciplinary and include administrative members?						
3. Does the plan detail actions to be taken for both internal and external disasters?						
4. Does the plan detail how it links with the local Emergency Response Agencies?						
5. Is the plan widely distributed and readily available throughout the healthcare facility?						
6. Does the hospital emergency preparedness plan address cancelling elective surgeries in order to make additional beds available for use in an emergency?						
7. Can hospital facility track the expenses incurred during an emergency disaster?						
8. Are isolation facilities monitored to ensure adequate airflow?						

Section 3: identification of authorized personnel						
	Y	N	N/A	U	Required action	Person responsible
1. Is there a process for designating an Incident Commander on a 24/7 basis?						
2. Has your healthcare facility designated a Medical Care Director who will be responsible for the facility's medical responses during the time the plan is activated?						
3. Have other key position holders who have a role in the Emergency Preparedness Plan been identified?						
4. Have job action sheets or role cards been developed for all personnel involved in disaster response?						
5. Does your facility emergency preparedness plan address expansion of staff availability?						
6. Is there designation of assembly points to which all personnel report?						

Section 4. Activation of the disaster plan							
		Y	N	N/A	U	Required action	Person responsible
1. Does the plan specify the circumstances under which the plan must be activated?							
2. Have activation stages been established and roles outlined with each stage?							
Level 1	Disaster situation exists: can be managed by staff and resources currently at the site.						
Level 2	Disaster situation exists: facility overwhelmed by situation but can be handled by the staff and resources within or available to the organization						

Level 3	Disaster situation exists: facility overwhelmed by situation and cannot be handled by the staff and resources within or available. Will need the coordination of staff and resources from more than one organization.						
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Section 5: Security

	Ye s	N o	N/ A	U	Require d action	Person responsibl e
1. Does the facility have the ability to lock down so that entry and exit to all parts of the facility can be controlled?						
2. Is there a plan to control movement of people and information within the facility?						
3. If established, has the facility tested their lock down procedure?						
4. Is there a plan to control movement of people and information within the facility?						
5. Has an assessment been done to determine the security risks for the facility? (e.g., liquid/gas storage, fuel storage, labs with bio/radiological hazards)						
6. Does the facility have a system in place for augmentation of the security force?						

Section 6: Internal traffic flow and control

	Yes	No	N/A	U	Required action	Person responsible
Internal traffic flow and control that allow movement of patients and staff:						
1. To/from ICU						
2. To/from OR						
3. To/from diagnostics						
4. To/from wards						
5. To/from exits						

Section 7: External traffic flow and control

	Yes	No	N/A	U	Required action	Person responsible
1. Have arrangements been made for vehicular entrance to and from the facilities entrances/exits?						
2. Have ingress routes been established for the following: • Emergency vehicles • Family/visitors • Media • Volunteers • All staff/ clinical personnel - Others						
3. Is there a process to handle authorized vehicles carrying supplies and equipment to a dock or other appropriate area?						

Section 8: Media						
	Y	N	N/A	U	Required action	Person responsible
1. Does the facility's plan include a media reception centre at a distant from patients and visitors?						
2. Does the plan include the following for media personnel? • Security • food • Seating space						
3. Does the facility has plan to designate a separate location identified specifically for press briefings?						
4. Has the facility established a designated spokesperson and alternates for information dissemination in the event of disaster?						
5. Does the facility has an information release policy, including regulating the use of social media?						

Section 9: Equipment, supplies, and pharmaceuticals						
	Yes	No	N/A	U	Required action	Person responsible
1. Does the facility have a means of real-time inventory and tracking of the essential equipment?						
2. What quantity (in days) of critical supplies are kept on-hand in the facility, including: • Medications • Medical–surgical supplies • Linen • Food • Medical gases						
3. Are local suppliers of medications identified (including location of pharmacies)?						
4. Are there 24-hours contact numbers for these supplies?						
5. Does your facility have a policy in place for decision-making around allocation of scarce resources including who will be involved in the decision-making?						

Section 10: Diagnostic capabilities

	Yes	No	N/A	U	Required action	Person responsible
1. Do you know what percent of laboratory specimens are analysed in-house?						
2. Do you know what percent of laboratory specimens are analysed by private contracted laboratories?						
3. Has your facility identified alternative laboratories in the event your internal laboratories are contaminated/inundated?						
4. Has your facilities identified alternative laboratories in the event your external laboratories are contaminated/inundated?						

Section 11: Post disaster recovery						
	Yes	No	N/A	U	Required action	Person responsible
1. Does the plan designate who will be in- charge of recovery operations?						
2. Does the plan include a declaration of initiation and termination of recovery efforts?						
3. Does the plan make provision for the following during recovery?						
Documentation Financial matters Inventory and re-supply Record preservation Hazard removal and clean-up Garbage and waste disposal Utility and equipment servicing						
4. Does the plan address the following program?						
Employee assistance program. Group/individual counselling service. Recognition to employees, volunteers and donors.						

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