

# Hospital Resilience Self-Assessment Tool

Based on: Resilient Hospitals - Inter-regional Guidance for Strengthening Resilience to Health Emergencies and Disasters

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## Instructions

### Scoring System:

| Score | Status | Description |

|-----|-----|-----|

| 0 | Not Started | No action taken, not implemented |

| 0.5 | Partial | In progress, partially implemented, or needs improvement |

| 1 | Completed | Fully implemented and regularly maintained |

### How to use this tool:

1. Review each item with your hospital team
  2. Assign a score (0, 0.5, or 1) based on current status
  3. Document evidence of compliance in the "Evidence" column
  4. Calculate section and total scores to identify priority areas
  5. Develop action plans for items scoring below 1
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## Assessment Summary

Phase	Section	Max Score	Your Score	Percentage
BEFORE	1.1 Strategic Risk Assessment & Planning	6	____	____ %
BEFORE	1.2 Risk Reduction - SPACE	8	____	____ %
BEFORE	1.3 Risk Reduction - SYSTEMS	8	____	____ %
BEFORE	1.4 Risk Reduction - STUFF	6	____	____ %
BEFORE	1.5 Risk Reduction - STAFF	6	____	____ %
BEFORE	1.6 Preparedness - SPACE	5	____	____ %
BEFORE	1.7 Preparedness - STRATEGIES	12	____	____ %

Phase	Section	Max Score	Your Score	Percentage
BEFORE	1.8 Preparedness - SYSTEMS	6	____	____%
BEFORE	1.9 Preparedness - STUFF	8	____	____%
BEFORE	1.10 Preparedness - STAFF	8	____	____%
DURING	2.1 Response - SPACE	4	____	____%
DURING	2.2 Response - STRATEGIES	8	____	____%
DURING	2.3 Response - SYSTEMS	8	____	____%
DURING	2.4 Response - STUFF	6	____	____%
DURING	2.5 Response - STAFF	6	____	____%
AFTER	3.1 Recovery - SPACE	4	____	____%
AFTER	3.2 Recovery - STRATEGIES	8	____	____%
AFTER	3.3 Recovery - SYSTEMS	6	____	____%
AFTER	3.4 Recovery - STUFF	4	____	____%
AFTER	3.5 Recovery - STAFF	6	____	____%
AFTER	3.6 After Action Review	8	____	____%
<b>TOTAL</b>		<b>127</b>	____	____%

## PHASE 1: BEFORE (Routine Hospital Operations)

### 1.1 Strategic Risk Assessment and Planning

#	Component	Score (0/0.5/1)	Evidence of Compliance
1.1.1	Hospital has conducted a comprehensive hazard identification and risk assessment (HIRA)	____	
1.1.2	Risk assessment is based on historical data, community risks, and hospital vulnerability analysis	____	
1.1.3	Hospital has a documented risk profile covering natural, technological, biological, and societal hazards	____	
1.1.4	Risk assessment is updated at least annually or after significant events	____	

#	Component	Score (0/0.5/1)	Evidence of Compliance
1.1.5	Risk assessment findings are communicated to hospital leadership and relevant departments	___	
1.1.6	Strategic plans incorporate risk-informed decision making	___	
	<b>Section Total</b>	___/6	

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## 1.2 Risk Reduction - SPACE (Structural & Non-Structural Elements)

#	Component	Score (0/0.5/1)	Evidence of Compliance
1.2.1	Hospital has completed the Hospital Safety Index (HSI) assessment	___	
1.2.2	Structural mitigation measures are implemented based on building vulnerability assessment	___	
1.2.3	Non-structural elements (equipment, utilities, architectural) are secured against hazards	___	
1.2.4	Hospital meets accessibility standards for persons with disabilities	___	
1.2.5	Critical infrastructure (power, water, HVAC, medical gases) has redundancy/backup systems	___	
1.2.6	Hospital has implemented green/sustainable infrastructure measures	___	
1.2.7	Fire safety systems are installed, maintained, and regularly tested	___	
1.2.8	Evacuation routes are clearly marked and accessible	___	
	<b>Section Total</b>	___/8	

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## 1.3 Risk Reduction - SYSTEMS (Leadership, Coordination, Information)

#	Component	Score (0/0.5/1)	Evidence of Compliance
1.3.1	Multi-disciplinary disaster management committee is established and functional	___	
1.3.2	Hospital accreditation system includes emergency management standards	___	
1.3.3	Hospital Information Management System (HIMS) is operational and can support emergency operations	___	
1.3.4	Risk communication and community engagement (RCCE) is integrated into routine operations	___	
1.3.5	Hospital has linkages with local emergency management authorities	___	
1.3.6	Business development plans include continuity and resilience considerations	___	
1.3.7	Routine emergency and support services are documented and standardized	___	
1.3.8	Capacity development plans include HEDRM competencies	___	
<b>Section Total</b>		___/8	

## 1.4 Risk Reduction - STUFF (Finance, Logistics, Supply Chain)

#	Component	Score (0/0.5/1)	Evidence of Compliance
1.4.1	Preventive maintenance program is established for all critical equipment and infrastructure	___	
1.4.2	Supply chain management system is robust and can track inventory in real-time	___	
1.4.3	Procurement logistics system supports emergency purchasing	___	
1.4.4	Healthcare financial management includes reserves for emergency response	___	

#	Component	Score (0/0.5/1)	Evidence of Compliance
1.4.5	Centralized purchasing system is in place for inventory control	—	
1.4.6	Digital inventory management system with barcode/tracking is operational	—	
	<b>Section Total</b>	___/6	

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## 1.5 Risk Reduction - STAFF (Human Resources)

#	Component	Score (0/0.5/1)	Evidence of Compliance
1.5.1	HEDRM is integrated into routine HR development strategies and plans	—	
1.5.2	Staff competency assessment for HEDRM has been conducted	—	
1.5.3	HEDRM training programs are developed and implemented	—	
1.5.4	Job descriptions include HEDRM-related competencies	—	
1.5.5	Staff contacts directory is maintained and regularly updated	—	
1.5.6	New staff orientation includes HEDRM roles and responsibilities	—	
	<b>Section Total</b>	___/6	

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## 1.6 Preparedness - SPACE

#	Component	Score (0/0.5/1)	Evidence of Compliance
1.6.1	Critical operational areas are pre-identified in hospital plans (triage, decon, EOC, evacuation areas)	—	

#	Component	Score (0/0.5/1)	Evidence of Compliance
1.6.2	Signage and color markings identify operational areas for mass casualty response	___	
1.6.3	Spaces that can be converted for surge capacity are identified (corridors, auditorium, gymnasium)	___	
1.6.4	Step-down facilities are identified with necessary provisions	___	
1.6.5	Patient cohorting areas are designated for infectious disease outbreaks	___	
	<b>Section Total</b>	<u>  </u> /5	

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## 1.7 Preparedness - STRATEGIES (Policies, Plans, Coordination)

#	Component	Score (0/0.5/1)	Evidence of Compliance
1.7.1	Emergency Preparedness Program is established with workplan, budget, and dedicated personnel	___	
1.7.2	Service Continuity Plan identifies critical services and alternative care sites	___	
1.7.3	All-Hazards Hospital Emergency Response Plan is developed and approved	___	
1.7.4	Hospital Incident Management Team (HIMT) is established with defined roles	___	
1.7.5	Hospital Command Center/EOC is designated with required equipment and protocols	___	
1.7.6	Mass Casualty Management Plan is developed	___	
1.7.7	Mass Fatality Management Plan is developed	___	
1.7.8	Communicable Disease Outbreak Plan is developed	___	
1.7.9	Evacuation Plan is developed and tested	___	
1.7.10	Hospital plans are linked with local/national emergency management plans	___	

#	Component	Score (0/0.5/1)	Evidence of Compliance
1.7.11	Memoranda of Understanding (MOUs) with partner hospitals are established	___	
1.7.12	Plans are reviewed and updated at least annually	___	
	<b>Section Total</b>	___/12	

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## 1.8 Preparedness - SYSTEMS

#	Component	Score (0/0.5/1)	Evidence of Compliance
1.8.1	Community engagement mechanisms are established for preparedness	___	
1.8.2	Risk communication protocols are developed for various hazard scenarios	___	
1.8.3	Early warning systems are linked to hospital operations	___	
1.8.4	Emergency communication systems (internal/external) are established and tested	___	
1.8.5	Drills and exercises are conducted regularly (at least annually)	___	
1.8.6	Tabletop, functional, and full-scale exercises are conducted	___	
	<b>Section Total</b>	___/6	

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## 1.9 Preparedness - STUFF

#	Component	Score (0/0.5/1)	Evidence of Compliance
1.9.1	Emergency stockpile of medicines and supplies is maintained	___	
1.9.2	Stock and inventory management system for emergency supplies is operational	___	

#	Component	Score (0/0.5/1)	Evidence of Compliance
1.9.3	Procurement system for emergency medicines and supplies is established	____	
1.9.4	Vendor and service agreements for emergency supplies are in place	____	
1.9.5	Emergency flexible and sustainable finance mechanisms are established	____	
1.9.6	Personal Protective Equipment (PPE) stockpile is maintained	____	
1.9.7	Emergency communication equipment is available and tested	____	
1.9.8	Triage supplies (tags, ribbons, stretchers) are stocked	____	
	<b>Section Total</b>	____/8	

## 1.10 Preparedness - STAFF

#	Component	Score (0/0.5/1)	Evidence of Compliance
1.10.1	Staff competencies for emergency response protocols are developed	____	
1.10.2	Training on response plans and roles is conducted regularly	____	
1.10.3	Human resource mobilization system for emergencies is established	____	
1.10.4	Staff recall/call-tree system is tested regularly	____	
1.10.5	Volunteer management program is established	____	
1.10.6	Emergency Medical Teams (EMT) coordination mechanisms are in place	____	
1.10.7	Just-in-time training resources are available	____	
1.10.8	Psychological first aid training is provided to staff	____	
	<b>Section Total</b>	____/8	

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## **PHASE 2: DURING (Response Phase)**

### **2.1 Response - SPACE**

#	Component	Score (0/0.5/1)	Evidence of Compliance
2.1.1	Rapid structural damage assessment protocol is in place	____	
2.1.2	Protocol for repurposing hospital spaces during surge is established	____	
2.1.3	Infection prevention and control spatial arrangements are implementable	____	
2.1.4	Alternative care site activation protocol is established	____	
	<b>Section Total</b>	____/4	

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### **2.2 Response - STRATEGIES**

#	Component	Score (0/0.5/1)	Evidence of Compliance
2.2.1	Protocol for activating All-Hazards Response Plan is established	____	
2.2.2	Hospital Incident Management System activation criteria are defined	____	
2.2.3	Incident Action Planning (IAP) process is established	____	
2.2.4	Hospital Command Center activation protocol is in place	____	
2.2.5	Internal and external coordination mechanisms are established	____	
2.2.6	Patient surge protocols are established	____	
2.2.7	Crisis standards of care protocols are developed	____	

#	Component	Score (0/0.5/1)	Evidence of Compliance
2.2.8	Patient transfer/referral protocols are established	___	
	<b>Section Total</b>	___/8	

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## 2.3 Response - SYSTEMS

#	Component	Score (0/0.5/1)	Evidence of Compliance
2.3.1	Early warning monitoring protocols are established	___	
2.3.2	Rapid needs assessment protocol is in place	___	
2.3.3	Internal communication protocols during response are established	___	
2.3.4	External communication protocols (media, public, authorities) are established	___	
2.3.5	Situational awareness and information management systems are operational	___	
2.3.6	Patient tracking system is operational	___	
2.3.7	Infection prevention and control protocols are implementable	___	
2.3.8	Needs-based and risk-adjusted standards are defined	___	
	<b>Section Total</b>	___/8	

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## 2.4 Response - STUFF

#	Component	Score (0/0.5/1)	Evidence of Compliance
2.4.1	Timely and flexible resource mobilization protocols are established	___	
2.4.2	Emergency procurement protocols are in place	___	

#	Component	Score (0/0.5/1)	Evidence of Compliance
2.4.3	Resource tracking and accountability systems are operational	____	
2.4.4	Pharmaceutical and medical supply surge protocols are established	____	
2.4.5	Blood bank surge capacity protocols are in place	____	
2.4.6	Equipment sharing agreements with partner facilities are established	____	
	<b>Section Total</b>	____/6	

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## 2.5 Response - STAFF

#	Component	Score (0/0.5/1)	Evidence of Compliance
2.5.1	Staff safety and security protocols during response are established	____	
2.5.2	Staff health monitoring during response is established	____	
2.5.3	Staff welfare support (rest, meals, family support) protocols are in place	____	
2.5.4	Staff surge/augmentation protocols are established	____	
2.5.5	Volunteer integration protocols are in place	____	
2.5.6	Psychological support for staff during response is available	____	
	<b>Section Total</b>	____/6	

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## PHASE 3: AFTER (Recovery Phase)

### 3.1 Recovery - SPACE

#	Component	Score (0/0.5/1)	Evidence of Compliance
3.1.1	Damage and loss assessment protocol for facilities is established	____	
3.1.2	Step-down facility utilization protocol is in place	____	
3.1.3	Facility rehabilitation and repair protocol is established	____	
3.1.4	Return to normal operations protocol for spaces is defined	____	
	<b>Section Total</b>	____/4	

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## 3.2 Recovery - STRATEGIES

#	Component	Score (0/0.5/1)	Evidence of Compliance
3.2.1	Short-term recovery strategies for service continuity are defined	____	
3.2.2	Stand-down of response operations protocol is established	____	
3.2.3	Post-disaster recovery planning process is in place	____	
3.2.4	Long-term reconstruction planning process is established	____	
3.2.5	Security protocols for recovery phase are defined	____	
3.2.6	Transition from emergency to routine operations is defined	____	
3.2.7	Build-back-better principles are integrated into recovery	____	
3.2.8	Lessons learned are incorporated into plan updates	____	
	<b>Section Total</b>	____/8	

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### **3.3 Recovery - SYSTEMS**

#	Component	Score (0/0.5/1)	Evidence of Compliance
3.3.1	Information technology and medical records recovery protocols are established	____	
3.3.2	Rehabilitation services protocols are in place	____	
3.3.3	Surveillance continuation during recovery is planned	____	
3.3.4	IPC measures during recovery phase are defined	____	
3.3.5	Communication protocols for recovery phase are established	____	
3.3.6	Community engagement for recovery is planned	____	
<b>Section Total</b>		____/6	

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### **3.4 Recovery - STUFF**

#	Component	Score (0/0.5/1)	Evidence of Compliance
3.4.1	Inventory update and supplies restocking protocol is established	____	
3.4.2	Equipment repair and replacement protocol is in place	____	
3.4.3	Cost mitigation strategies (direct and indirect) are defined	____	
3.4.4	Financial recovery and insurance claim processes are established	____	
<b>Section Total</b>		____/4	

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### **3.5 Recovery - STAFF**

#	Component	Score (0/0.5/1)	Evidence of Compliance
3.5.1	Mental Health and Psychosocial Support (MHPSS) program for staff is established	____	
3.5.2	Financial and non-financial incentives for recovery phase are defined	____	
3.5.3	Demobilization protocols for staff and volunteers are established	____	
3.5.4	Staff recognition and rewards program post-emergency is in place	____	
3.5.5	Return to normal staffing levels protocol is defined	____	
3.5.6	Staff fatigue management during recovery is addressed	____	
<b>Section Total</b>		____/6	

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## 3.6 After Action Review (AAR) and Lessons Learned

#	Component	Score (0/0.5/1)	Evidence of Compliance
3.6.1	After Action Review (AAR) process is established	____	
3.6.2	Background information collection protocol for AAR is in place	____	
3.6.3	Trigger questions development process is defined	____	
3.6.4	Identification of strengths, challenges, and new capacities is conducted	____	
3.6.5	Consensus building among participants is facilitated	____	
3.6.6	AAR team debriefing process is established	____	
3.6.7	AAR report writing and dissemination process is in place	____	
3.6.8	Lessons learned process with corrective action plan is established	____	

#	Component	Score (0/0.5/1)	Evidence of Compliance
	<b>Section Total</b>	____/8	

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## Score Interpretation

Total Score Range	Overall Rating	Interpretation
0-31 (0-25%)	<b>Critical</b>	Hospital is highly vulnerable. Immediate action required on foundational elements.
32-63 (25-50%)	<b>Developing</b>	Basic elements in place. Focus on filling major gaps and strengthening systems.
64-95 (50-75%)	<b>Progressing</b>	Good foundation. Continue to build comprehensive capabilities.
96-114 (75-90%)	<b>Advanced</b>	Strong resilience framework. Focus on refinement and sustainability.
115-127 (90-100%)	<b>Exemplary</b>	Comprehensive resilience achieved. Maintain and share best practices.

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## Priority Action Plan

Based on assessment results, list top 5 priority areas for improvement:

Priority	Component #	Description	Target Completion	Responsible Person
1				
2				
3				
4				
5				

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Assessment Date: \_\_\_\_\_

**Assessed By:** \_\_\_\_\_

**Hospital Name:** \_\_\_\_\_

**Next Review Date:** \_\_\_\_\_

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*Based on: Resilient Hospitals - Inter-regional Guidance for Strengthening Resilience to Health Emergencies and Disasters in Health Facilities (WHO)*