

PILOT GUIDE ON HOSPITAL RESILIENCE

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OVERVIEW

In many disaster-prone countries, hospitals are an essential sanctuary for disaster victims seeking protection and the care they desperately need. Hospital systems also represent a significant investment in the countries, including the private sector. In the government, it comprises up to 70% of the government health expenditure and has become a symbol of the social well-being and security of the population.

Hospitals are complex institutions that play a fundamental role in the provision of health services. The COVID-19 pandemic highlighted the great need for rebuilding strong and resilient hospitals and health systems for pandemic preparedness. In response, WHO EMRO has inaugurated several activities including a regional study on hospital resilience and the development of capacity building resources for hospital managers. The comprehensive study on hospital resilience looks at 1) conceptualization, 2) operationalization, and 3) evaluation of hospital resilience¹. WHO EMRO also developed the Hospital Emergency Preparedness and Response (HEPR) training program to build the capacity of public hospital managers and program managers from the Ministries of Health to manage emergencies and disasters from all types of hazards. This work was conducted in close collaboration with the Asian Disaster Preparedness Center (ADPC).

Hospital resilience is a complex concept, and its operationalization is even more nuanced based on varying contexts and understandings on strengthening hospital resilience especially in resource-restrained and emergency settings. To strengthen hospital resilience in the EMR during both routine and emergency times, hospital managers need to consider strengthening the various components throughout the various stages of health emergencies and disaster risk management. To guide hospital managers, an operational matrix was developed, along with a detailed guidance embedded with relevant tools including a pilot guide to enable its application.

PURPOSE AND SCOPE

The purpose of this document is to provide an outline of the steps needed to pilot the hospital resilience operational guidance.

Throughout this piloting stage, hospitals are advised to work closely with a coach who is familiar with the concepts, tools, and processes of strengthening hospital resilience. A coach will provide technical support to hospital managers, heads of hospital departments, members of the relevant hospital committees including emergency management, support services and administration, and finance in this regard. Coaches will receive a training on utilizing the hospital resilience operational matrix, guidance, and pilot guide along with practical tips on working with hospital management teams on improving their resilience.

¹ [Summary report on the expert consultation on hospital resilience in the Eastern Mediterranean Region, Amman, Jordan, 16-17 May 2022 | Virtual Health Sciences Library \(who.int\)](#)

USING THE GUIDELINE

Piloting the suggested interventions to operationalize hospital resilience should be adapted according to the context, level of maturity, and needs of the hospital. The piloting of hospital resilience will be initiated in selected hospitals by conducting a preliminary (baseline) assessment based on the operational matrix; this will be followed by an orientation with relevant hospital staff on the roadmap of key actions for improving hospital resilience. The agreed actions will continually be monitored and evaluated, and plans adjusted as the hospital goes through the process. An endline assessment will be conducted to by the hospital team supported by the coach to critically analyze the process and provide recommendations on its institutionalization for its long-term sustainability.

KEY STEPS FOR PILOTING THE HOSPITAL DISASTER RESILIENCE MATRIX

Step 1: Selecting the Hospital

Selecting the appropriate hospital requires significant policy-level commitment and support from the hospital. In addition, implementing hospital activities will require allocating time for relevant hospital personnel to engage in the pilot project.

Step 2: Orientation Meeting with the Hospital

The initial meeting with the hospital manager and members of the disaster management committee would provide information on the overall concept of hospital disaster resilience and the different elements that dictate possible interventions that can be piloted in the hospital. In addition, the meeting will provide background information, especially on the requirements and expectations in implementing the pilot project. This initial meeting can include its members if a hospital disaster committee exists.

Step 3: Designate a Project Focal Person from the Hospital

Once the hospital manager and the DM Committee have been informed about the possible project, the hospital needs to designate a project focal person for regular coordination with WHO technical expert that will act as a mentor to support the project. The focal person should have an official directive from the hospital manager and clear roles and responsibilities.

In situations that a Hospital DM Committee does not exist, it is recommended that a multi disciplinary team be constituted supported by a policy directive to authorize the team to implement interventions including collect critical information to conduct assessment and planning purposes. Suggested members of the multi-disciplinary DM Committee may include head of departments/units from Administration and Finance, Emergency Unit, Surgery, Medical Services (In patient and outpatient) Nursing, Engineering/Facility Maintenance, Security, Human Resources, Pharmacy, Central Supply, and Dietary.

Step 4: Conduct a Rapid Baseline Assessment of Hospital Resilience Situation

Before the interventions are planned, an initial baseline assessment of the hospital will be conducted by the DM Committee with support from the designated experienced coach. This is to determine the level of development of various resilience elements in the hospital. The evaluation's findings will facilitate identifying the specific interventions as indicated in the Resilience Matrix (guide). A meeting can be organized to share the results of the baseline assessment with the hospital manager and representatives of key hospital departments/services to get inputs as part of the consultative process to promote ownership of the process and facilitate integration in the future into the hospital's systems, programs, strategies, and budgets. The training needs will be also initially identified in this stage.

The information from the baseline assessment will help the coach to have a better understanding of the operational environment of the assigned hospital and assist in contextualization of the approach to support the hospital in prioritizing hospital resilience activities to pilot.

Step 5: Conduct Risk Assessment

A risk assessment should be conducted, to understand better the hazards that can disrupt the hospital's normal operations. Risk assessment composed of information about hazards, vulnerabilities and the existing capacities of the hospital. Please refer to the operational guidelines on conducting a risk assessment.

The risk assessment will be led by the hospital preferably members of the multi-disciplinary hospital DM Committee guided by the coach. The Hospital Safety Index (HSI) will be the primary data collection tool followed by key discussions to validate and analyze the information among members of the assessment team including identify planning priorities for piloting.

It is expected at the end of this process, information about the hospitals' exposure to various hazards of concern will be determined as well as its vulnerabilities including current capacities to manage disaster risks. The results of this step will be presented to the hospital manager and representatives of hospital departments staff. The final risk assessment findings will be shared to all hospital staff for wider awareness of the whole hospital.

Step 6: Develop a Work Plan of Selected Interventions

Jointly develop the work plan for implementing the selected interventions with the hospital, including assigned responsibilities to staff, budget implications and a timeline for its completion.

Step 7: Conduct Consultation Meeting on the Work Plan

The work plan will be presented and discussed with the hospital manager and members of the DM Committee to seek concurrence and support. The required training programs will be also discussed and finalized.

Step 8: Implement Interventions

Initiate the implementation of priority interventions as part of the work plan. Please refer to the operational guideline for specific information and tools for the selected interventions.

Step 9: Review Progress and Initial Results (Midline assessment)

Monitor progress and consult as needed to adjust when required. It's important to note that in working in a unique operational environment like a hospital, engagement of hospital personnel to promote ownership is critical for its long-term sustainability. The hospital should steer all interventions and not be seen as externally led.

Step 10: Evaluate Interventions and Develop Corrective Actions (Endline)

Evaluate the effectiveness of the selected interventions. For example, if new systems, procedures, and arrangements are developed, this can be tested through discussion-based (workshops, tabletop) or operational-based (drills, functional, full scale) simulation exercises.

The endline assessment will also look at any changes from the baseline including its impact on the overall development process of engaging a multi-disciplinary team including on its application of systems, strategies, plans or SOPs and its outcome.

Step 11: Endorsement of corrective actions and integration to Regular Work Program & Budget Processes

The intervention outcome and recommendations are presented to the hospital manager and members of the DM Committee to get feedback and finalize recommendations. This step is essential to gain support to implement follow-up activities. It should be noted that the pilot interventions are just initial steps to institutionalize critical activities enhancing hospital disaster resilience. The next step is to advocate for its integration as part of the regular work program of the hospital, including allocation of budget for its implementation. The key is integration, meaning actions need to be embedded in routine systems and processes, when possible, rather than developing a parallel system designed only for emergencies or disasters. By strengthening routine hospital operations, the same functions are also bolstered that will be used to prepare for, respond to and recover from the impact of hazards.

Step 12: Process Documentation and Sharing of Experience

All the activities implemented in the hospital are sources of learning. Therefore, the hospital should consider documenting the process it undertook and the lessons it learned from the experience. This can be shared as case study documents and the basis for sharing in different learning and knowledge management platforms.