

Hospital Resilience Self-Assessment Tool

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

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

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	___	___%
TOTAL		127	___	___%

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	—	
	Section Total	—/6	

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	—	
	Section Total	—/8	

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	—	
	Section Total	—/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	—	
	Section Total	___/6	

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	—	
	Section Total	___/6	

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	—	
	Section Total	—/5	

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	—	
	Section Total	—/12	

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	—	
	Section Total	—/6	

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	—	
	Section Total	—/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	—	
	Section Total	—/8	

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	___	
	Section Total	___/4	

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	—	
	Section Total	—/8	

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	—	
	Section Total	—/8	

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	—	
	Section Total	—/6	

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	—	
	Section Total	—/6	

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	—	
	Section Total	—/4	

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	—	
	Section Total	—/8	

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	___	
	Section Total	___/6	

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	___	
	Section Total	___/4	

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	—	
	Section Total	—/6	

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
	Section Total	____/8	

Score Interpretation

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

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				

Assessment Date: ____

Assessed By: _____

Hospital Name: _____

Next Review Date: _____

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