

**STATE OF RHODE ISLAND
DEPARTMENT OF HEALTH**

**HOSPITAL PREPAREDNESS PROGRAM
(Nursing Homes/Long Term Care Facilities)**

ABBREVIATED

**Emergency Preparedness
Communications**

**NEEDS
ASSESSMENT SURVEY
DATE: JULY 16, 2008**

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INTRODUCTION

The Rhode Island Department of Health (HEALTH) and the Hospital Association of Rhode Island (HARI) are requesting your health care facility's cooperation and participation in an important abbreviated survey to assess the long term care facilities (LTCFs) in Rhode Island for preparedness to respond to bioterrorism and other public health emergencies including an epidemic.

PURPOSE:

The following needs assessment survey is being conducted to meet federal guidelines of the Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Emergency Operations (OPEO) under the Hospital Preparedness Program. The purpose of the program is to upgrade the preparedness of the Nation's hospitals and other health care facilities to respond. Current program priority areas include interoperable communications, bed tracking, personnel management, fatality management planning and evacuation planning. The preliminary Needs Assessment Survey for Hospitals was conducted in 2002. A preliminary Needs Assessment for Health Centers was conducted in 2004.

SURVEY DESIGN & DISTRIBUTION:

This abbreviated survey will only focus on two sections; general emergency preparedness and communications. The comprehensive survey is a total of ten sections. It is anticipated that a comprehensive survey will be conducted in the HPP 2008-2009 grant year.

We urge you to complete this survey promptly to ensure that the needs of your facility and the community it serves are represented in the plan and accompanying HPP allocations.

We thank you in advance for your cooperation and assistance.

RESOURCES:

This survey was developed from one previously utilized. The following resources were used to develop this survey:

- Bioterrorism Needs Assessment for Connecticut Nursing Home/Skilled Nursing Facilities
- State of Rhode Island, HRSA Hospital Preparedness Program: A Comprehensive Needs Assessment Survey
- Bioterrorism Emergency Planning and Preparedness Questionnaire for Healthcare Facilities, developed by Booz-Allen & Hamilton
- HRSA Grant guidance, 2004
- HPP 2007-2008 grant

ACKNOWLEDGEMENTS:

Development of this assessment survey is credited to the model from the state of Connecticut Center of Excellence (CoE) for Bioterrorism.

INSTRUCTIONS

The purpose of this survey is to provide the Rhode Island Department of Health and the Hospital Association of Rhode Island with a statewide abbreviated emergency communications assessment of the long term care facilities' preparedness in the event of a bioterrorism and other public health emergencies including an epidemic.

To accomplish this goal, we are requesting that the attached abbreviated survey be completed by all facilities licensed as a nursing home/long term care facility in the State.

STEPS:

1. Identify one individual within the facility who will be responsible for coordinating the Survey efforts.
2. Upon receipt of the survey, the coordinator should distribute either a hard copy or electronic copy of the various sections to the appropriate individuals within the facility. The survey has been designed so that it can be broken down, copied and distributed, in this manner.
3. The coordinator should check for completion and any discrepancies which should be resolved prior to submitting results.
4. The survey coordinator should compile the final survey results for the respective facility and submit them to Dawn Lewis (Hospital Emergency Preparedness Coordinator), dawnl@hari.org at the Hospital Association of Rhode Island. Alternatively, the results can be faxed to 401-946-8188. Please call 401-946-7887 Ext. 110 for assistance with questions regarding the survey and how to complete it.

DUE DATE: It is requested that the survey coordinator require all sections to be submitted to **HARI no later than August 1, 2008 via fax (401) 946-8188 or via mail to:**

**Hospital Association of Rhode Island
c/o Dawn Lewis
100 Midway Drive-Suite 21
Cranston, RI 02920**

CONTACT: If you have any questions, please contact Dawn Lewis at 401-946-7887 Ext. 110 or Connie Allen (administrative assistant) at 401-946-7887 Ext. 109.

On behalf of HEALTH, HARI, and the Hospital Preparedness Planning Committee (HPPC), we thank you in advance for your participation and assistance in this important survey!

FREQUENTLY ASKED QUESTIONS

What is the purpose of completing this survey?

The information will help the State of Rhode Island obtain, allocate, and distribute grant dollars. The information will also be used to develop a Statewide emergency response plan related to communication procedures.

How will the information be used?

The information will be used to perform a gap analysis for communication planning preparedness; to assist in budget funding allocations; and to identify potential gaps that require time and attention.

Will the long term care facilities be “graded” or measured on their preparedness responses?

No. The questions are designed to measure your current state of communication preparedness. Accurate responses are critical to the development of a realistic and effective implementation plan.

What are the advantages of participating in this survey?

We can assist your facility to establish protocols and plans to respond to interoperable communication within the healthcare system in the State of Rhode Island.

LONG TERM CARE FACILITY DEMOGRAPHICS AND CAPACITIES

Facility Name (formal name): _____

Street Address: _____

City: _____ Zip Code _____ County _____

Telephone Number: _____ Fax: _____

Person responsible for Survey Coordination: _____

Survey coordinator's Title: _____

Telephone number of Survey Coordinator: _____

E-Mail Address: _____

For corporations with multiple locations:

Total Number of facilities (sites): _____

When answering the following, please include numbers in parent facility plus any/all satellite facilities:

Type	Beds/No. Operating Capacity
<i>Long Term Care</i>	
<i>Subacute</i>	
<i>Hospice/Palliative Care</i>	
<i>Psychiatric</i>	
<i>Ventilation Therapy (Respirator Care)</i>	
<i>Other:</i>	
TOTAL:	

Average Daily Census: (Total all sites) _____

Section A

GENERAL EMERGENCY PREPAREDNESS

Please select the best answer as ‘yes’, ‘no’, ‘don’t know’, or ‘not applicable’ to the following questions pertaining to the long term care facility’s disaster plan. (The disaster plan describes how the organization will establish and maintain a program to ensure effective response to disasters or emergencies affecting the environment of care. The plan should address four phases of emergency management activities: mitigation, preparedness, response, and recovery.)

	Yes	No	DK	NA
1. Does the long term care facility have a disaster plan?				
2. Has the plan been reviewed and updated within the last 12 months?				
3. Does the plan have an organizational structure and organized leadership (e.g., Incident Command System) during a disaster or emergency?				
4. Does the emergency plan state under what circumstances the plan will be activated?				
5. Does the plan address security issues, including the provision of personnel to secure the site?				
6. Does the plan contain a section on bioterrorism preparedness?				
7. Are specific persons or personnel assigned to a disaster response and/or a bioterrorism response team?				
8. Is the long term care facility incorporated into any hospital disaster plan?				
9. Has your facility worked with other healthcare providers to coordinate planning and response activities?				
10. Has your facility performed a Hazard Vulnerability Assessment (See glossary for definition) within the last 12 months?				
11. Does your facility conduct or participate in an annual disaster drill exercise?				
12. Has your facility conducted or participated in a drill using a scenario with a biological or chemical agent exposure, within the last two years?				
13. Is your facility included in your area’s (community’s) mass prophylaxis plan, providing resources, such as personnel or facility space?				
14. Does your facility have provisions for housing and feeding key personnel for 72 hours in the event of a significant disaster or terrorism event?				
15. Does your facility’s disaster plan address increasing operational capacity (staff, space) by at least:				
15 a. 10%				
15 b. 15%				
15 c. 20%				
16. Does your facility have Memorandums of Understanding (MOUs) with any other health care facilities?				
17. Is your Emergency Plan readily accessible to all staff members (available on website or other capability)?				
18. Does your facility participate in the Statewide Hospital Emergency Codes (i.e Code Green, Code Triage)				

Section B COMMUNICATIONS

Please select the best answer as 'yes', 'no', 'don't know', or 'not applicable' to the following questions
With respect to the facility's communication capabilities.

	Yes	No	DK	NA
1. Does your facility have a pre-designated way to communicate with staff after hours in an emergency (e.g. a telephone tree or group paging system?)				
2. Does your facility have internet access? If yes, which type:				
2a. High speed access				
2b. Dial up access				
3. Does your facility have secure offsite data backup capability for its information system(s)?				
4. Are procedures in place for establishing emergency communications between facility partners and associations, hospitals and other partners?				
5. Is there a communication system in place for the State Health Department to quickly alert your facility to suspicious clusters of symptoms or disease outbreaks?				
6. Does the facility's emergency response plan provide for communications with the public and media in bioterrorism events?				
7. Does the emergency management plan address how you would communicate with law enforcement, fire, EMS, and/or HAZMAT organizations within the State?				
8. Does the emergency management plan address how your facility would communicate with the State Health Department, hospitals, laboratories, other health care providers?				
9. Are procedures in place for establishing emergency communications between the facility and local government?				
10. Which of the following emergency communication systems do you have that are fully redundant with or complementary to normal communications?				
a. Hospital Capacity System (HCS)				
b. Internal two-way radios				
c. Cell Phones				
d. Electronic Mail (E-Mail)				
e. Voice Mail Boxes				
f. Numeric pagers				
g. Satellite phones				
h. Wireless messaging				
i. Citizen's band radio				
j. Amateur radio				
k. 800 Mghrtz radios				
l. HEAR Radio				
m. Health Alert Network				
n. Leased lines to alternative locations				
o. Other (Please name):				
11. Have you been contacted by local emergency planners and/or government emergency managers about inclusion of your clinic in community planning for emergency preparedness?				
12. Does your facility currently receive alerts of local emergencies				

FEEDBACK

Rank the following needs as 1 through 6, in order of priority with 1 being the highest priority, for your facility(s):

- Planning and preparedness tools _____
- Communications _____
- Supplies _____
- Equipment _____
- Training _____
- Technical advice and information _____

Your suggestions, concerns, and issues are welcome. Please identify below:
