

**Johns Hopkins University / Earthquake Engineering Research Institute
Hospital Impact Survey**

Hospital Name: _____ Date: ____/____/____

Contact name: _____ Tel: _____

Email address: _____ Surveyor: _____

Section 1- Baseline Hospital Information

1. What is the estimated size of the population served by/assigned to this hospital? _____

Please fill in the following related to general hospital statistics in the year before the earthquake. Write in 'NA' if that service or those beds are not available in this facility.

In-Patient	Hospital Name:			
2. Non-ICU medical beds (excluding Psychiatry)	Number of beds	Annual discharges	Avg. length of stay (days)	Avg. % occupancy
a. Adult medical beds				
b. Adult surgical beds				
c. Pediatric beds				
d. Other non-ICU beds (please describe)				
3. ICU Beds				
a. Adult medical ICU (combined)				
b. Adult surgical ICU (combined)				
c. Pediatric ICU				
d. Other ICU beds (please describe)				
4. Psychiatric beds				
5. Total Available Hospital Beds				
		Annual Procedures		
6. Surgical/Operating rooms				
a. Major/In-patient				
b. Minor/Out-patient				

Out-Patient	Hospital Name:			
7. Emergency/Accident and Emergency Department	Number of beds	Annual visits	Avg. length of stay (hours)	Avg. % occupancy
a. Emergency/A&E Department				
b. Pediatric Emergency/A&E				
8. Out-Patient Clinics				
a. Adult clinics (all)			NA	NA
b. Pediatric clinics (all)			NA	NA
c. Psychiatric clinics			NA	NA
d. Other out-patient clinical services (please describe)			NA	NA

9. How many births are there annually at this facility? _____

10. What types of surgical sub-specialties procedures are performed at this facility (*check all that apply*)?

- a. General surgery _____
- b. Cardiovascular/Thoracic surgery _____
- c. Gynecologic surgery _____
- d. Neurosurgery _____
- e. Otolaryngology/ENT surgery _____
- f. Ophthalmology surgery _____
- g. Orthopedic surgery _____
- h. Genitourinary surgery _____
- i. Pediatric surgery _____
- j. Other surgical procedures _____

Staffing Information

11. How many physicians work/are on staff at this facility? _____

- a. Emergency/A&E department _____
- b. Surgeons _____
- c. Primary care/Internal Medicine _____
- d. Pediatricians _____
- e. Other _____

12. How many **nurses** work at this facility/are on staff at this facility? _____

Comment [JM1]: Chile had a lot of paramedics.

13. How many other clinical support staff work at this facility? _____

- a. Laboratory technicians _____
- b. Radiology technicians _____
- c. Clinical technicians _____
- d. Other clinical staff _____

14. How many other (not listed above) people are employed at this facility? _____

Section 2- Event Impact Assessment- Earthquake of February 22nd 2011

15. Did the hospital suffer any physical damage during the earthquake of February 22nd, 2011?
 Yes ____ No ____

16. Did the hospital lose any ability to provide services following the earthquake?
 Yes ____ No ____

17. Did the hospital accept any patients transferred from other hospitals as a result of the earthquake in the first week after the earthquake?
 Yes ____ No ____

18. Were any of the hospital's patients killed as a result of the earthquake (either direct from injuries or indirect from loss of power or other loss of function)?
 Yes, direct injury ____ Yes, loss of a function ____ No ____

19. Were any staff working at the hospital killed as a result of the earthquake?
 Yes ____ No ____

If 'No' to all then skip to question ??, 'Transfers'

Now I am going to ask you a series of questions about how the hospital was impacted by the earthquake. Some of these will be related to the physical damages to the structure, others to the loss of the usual services that a hospital supplies from laboratory testing to laundry.

20. Was the hospital completely closed by the earthquake? Yes ____ No ____

Were physical areas closed or services lost as a result of the earthquake?
 Please fill in the number of beds lost for each time period for all that apply, mark 'NA' when not applicable.

Hospital Services	<24 hours	Days 1-3	Days 4-7	Days 7-30	> 30 days	No Loss	NA
21. Non-ICU Medical Beds							
a. Adult medical beds							
b. Adult surgical beds							
c. Pediatric beds							
d. Other non-ICU beds							
22. ICU Beds							
a. Adult medical ICU							
b. Adult surgical ICU							
c. Pediatric ICU							
d. Other ICU beds							
23. Psychiatric Beds							
24. Total Hospital Beds Lost							
25. Surgical/Operating Rooms							
a. Major/In-patient							
b. Minor/Out-patient							
26. Out-Patient Areas							
a. Emergency department							
b. Out-patient clinics							
c. Dialysis							

38. Electrical Power							
a. Municipal power service							
b. Hospital back-up power							
c. Surgical clinics							
d. Pediatric clinics							
39. Water							
a. Municipal water supply all							
b. Municipal water drinking							
c. Hospital back-up supply all							
d. Hospital back-up drinking							
40. Medical Gases							
a. Oxygen							
b. Other gases							
41. Suction							
42. HVAC							
a. Heating system							
b. Cooling/Air conditioning							
43. Information Systems							
a. Computer system							
b. Medical records							
44. Communications							
a. Telephones (land lines-internal)							
b. Telephones (land lines-external)							
c. Telephones (cellular)							
45. Elevators							
46. Other							
(please describe)							

Did the hospital run out of supplies after the earthquake?

Mark an 'X' for complete loss of a supply and a 'P' for partial loss, or check the 'NA' column if that supply is not used.

Hospital Supplies	<24 hours	Days 1-3	Days 4-7	Days 7-30	> 30 days	No Loss	NA
47. Pharmaceuticals/Medicines							
48. Blood Products							
49. Diagnostic Supplies							
a. Laboratory							
b. Radiological							
c. Other							
50. Food							
51. Other							
(please describe)							

Were there other important pieces of equipment lost?

Yes ____ No ____

Please describe _____

Were there other important services lost? Yes ___ No ___

Please describe _____

Does the hospital have a back-up internal communication system? Yes ___ No ___

Please describe _____

Was the back-up system sufficient? Yes ___ No ___

Please describe the means of communication used before the earthquake and if they functioned after (check all that apply):

	Used prior(Y/N)	Not functioning (Y/N)	# days
Land line telephones			
Cellular telephone			
Two-way radios			
Other (Please describe) _____			

Does the hospital have a back-up communication system? Yes ___ No ___

Please describe _____

Was the back-up system sufficient? Yes ___ No ___

Section 3- Response to the Earthquake

Please describe the staffing of the hospital after the earthquake compared to normal staffing levels by the number of days after February 22nd.

H= higher than normal, N= normal, L= Lower than normal

	>24 hours	1-3 days	3-7 days	7-14 days	>14 days
Physicians					
Nurses					
Other clinical staff					
Other employees					

Please describe the demand for OUT-PATIENT hospital services after the earthquake compared to normal.

H= higher/more than normal, N= normal, L= Less than normal

Out-Patient	>24 hours	1-3 days	3-7 days	7-14 days	>14 days	NA
Emergency/A&E services						
Surgical services						
Medical/Primary care						
Ob/Gyn services						
Pediatric services						
Psychiatric services						
Other clinical services						

Please describe the demand for IN-PATIENT hospital services after the earthquake compared to normal.

H= higher/more than normal, N= normal, L= Less than normal

In-Patient	>24 hours	1-3 days	3-7 days	7-14 days	>14 days	NA
Surgical services						
Medical services						
Ob/Gyn services						
Pediatric services						
Psychiatric services						
Other clinical services						

Patient Evacuations, Discharges and Transfers

At the time of the earthquake how many patients were hospitalized in the facility? _____

Did the hospital have to evacuate ANY patients to outside the hospital after the earthquake?

ICU patients Yes _____ No _____ Number evacuated _____
 Non-ICU patients Yes _____ No _____ Number evacuated _____

How long did it take to evacuate all the patients? (in minutes) _____

Did the hospital discharge more hospitalized patients in the first 24 hours after the earthquake to make room for earthquake-related patients? Yes _____ No _____

If 'Yes' how many more than usual were discharged from the hospital? _____

How long did it take to discharge the FIRST patient? (in minutes) _____

Please provide details: _____

Did the hospital transfer patients *within the hospital to other parts of the hospital* because of earthquake damage? Yes _____ No _____

If 'Yes' how many were transferred within the hospital? _____

How long did it take to transfer ALL the patients within the hospital? (in minutes) _____

Please provide details: _____

Did the hospital transfer patients *to other hospitals* because of earthquake? Yes _____ No _____

How were the patients transferred between hospitals (check all that apply)

- Hospital-based ambulances _____
- Municipal ambulances (SAMU) _____
- Private ambulances _____
- Military vehicles _____
- Other government vehicles _____
- Private cars _____

Other (Please describe): _____