

Poster Showcase

#iaem25

A Resiliency Scorecard Kit for Ambulatory Health Centers

Empowering Outpatient Care to Withstand Tomorrow's Emergencies

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INTRODUCTION

Throughout my 25+ year career in healthcare, there has been growth in emergency preparedness within the industry. However, while much of the focus was on the large hospitals, the training and tools were often not shared with the ambulatory centers or community partners. Therefore, it was necessary to create tools to help ambulatory healthcare centers prepare for disasters. I started with one goal: to create a Resiliency scorecard for Ambulatory Healthcare Facilities, which ultimately evolved into creating two scorecards. [The Preliminary Resilience Scorecard for Ambulatory Healthcare Facilities](#) and [The Resilience Scorecard for Ambulatory Healthcare Facilities](#).

What is the Importance of Resiliency for Ambulatory Facilities?

Operational Challenges:

- Ambulatory facilities face interruptions that threaten patient access and safety during care delivery.

Building Resilience:

- Helps minimize downtime and ensures the delivery of continuous, adequate healthcare.
- Supports the needs of the community and reduces the burden on hospitals during disasters.

OBJECTIVE

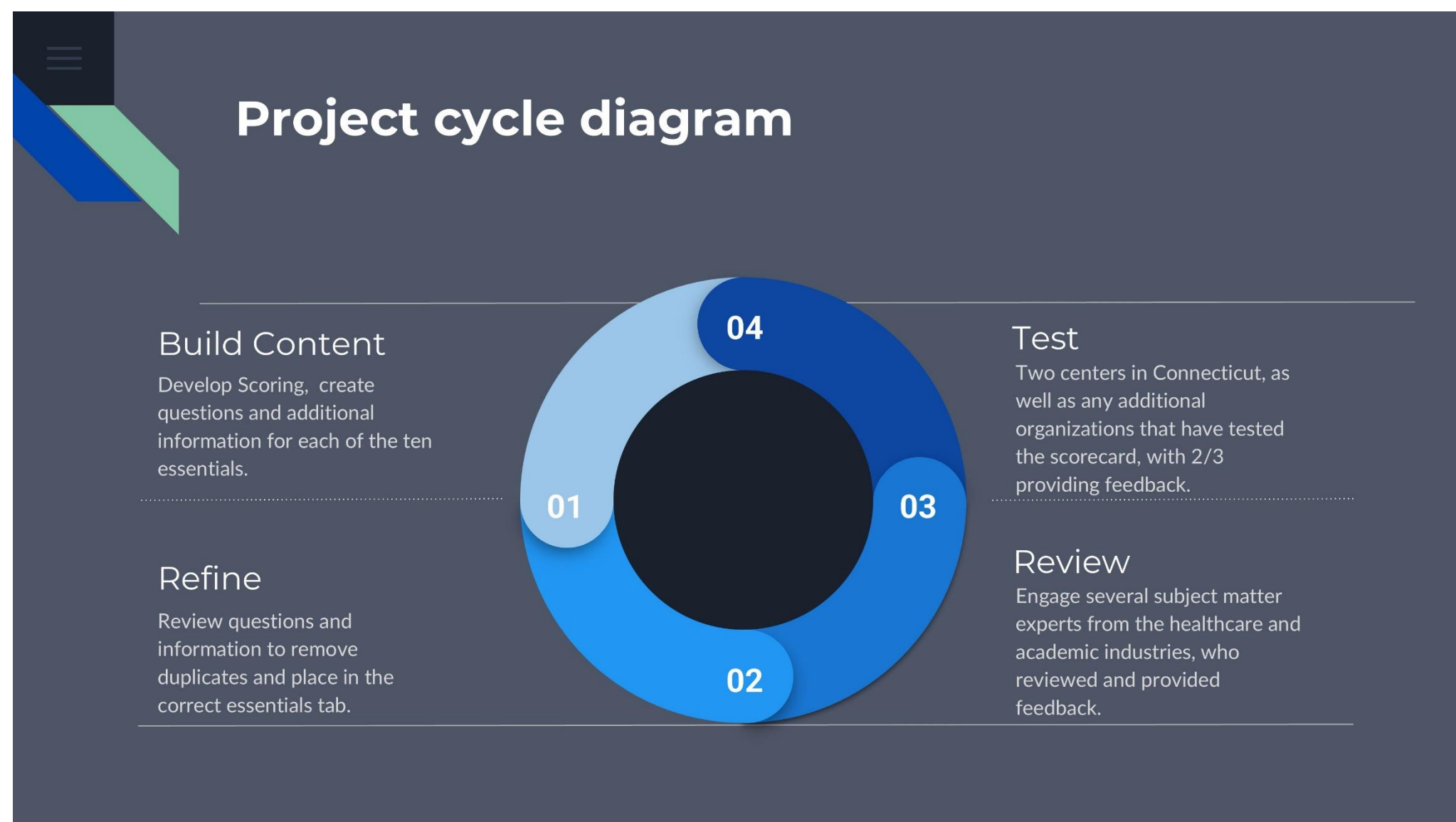
The aim was to develop a scorecard to:

- assess facility resilience using a structured method to evaluate how well facilities can withstand operational challenges
- identify operational gaps to pinpoint weaknesses or gaps in ambulatory care operations that need attention.
- guide improvement efforts through targeted improvement actions aligned with ambulatory care priorities for better outcomes.

METHODS

- Drawing on experience, FEMA training, and Peter Williams' (Arise US mentor) extensive emergency management experience the content for the resilience scorecard for ambulatory health facilities was created.^{1,2,3}
- Detailed questions with additional resources and clarifications were crafted and refined. Using the Sendai Framework as a guide for the ten essentials.
- Duplicate questions were removed, and questions were assigned. to the correct essentials tab.
- Several subject matter experts were asked to review and provide feedback.
- The full working document was tested within healthcare organizations, including a community health center and a large primary care and specialty group in Connecticut.

Figure 1. Project cycle diagram



METHODS: SCORECARDS

Breakdown of scorecards:

- The Preliminary Resilience Scorecard for Ambulatory Healthcare Facilities : 30 questions in approximately 45 minutes.
- The Resilience Scorecard for Ambulatory Healthcare Facilities: 110 questions in approximately 2-3 hours.

*users are encouraged to begin with the preliminary scorecard to identify gaps and then use the complete scorecard to identify areas for further improvement.

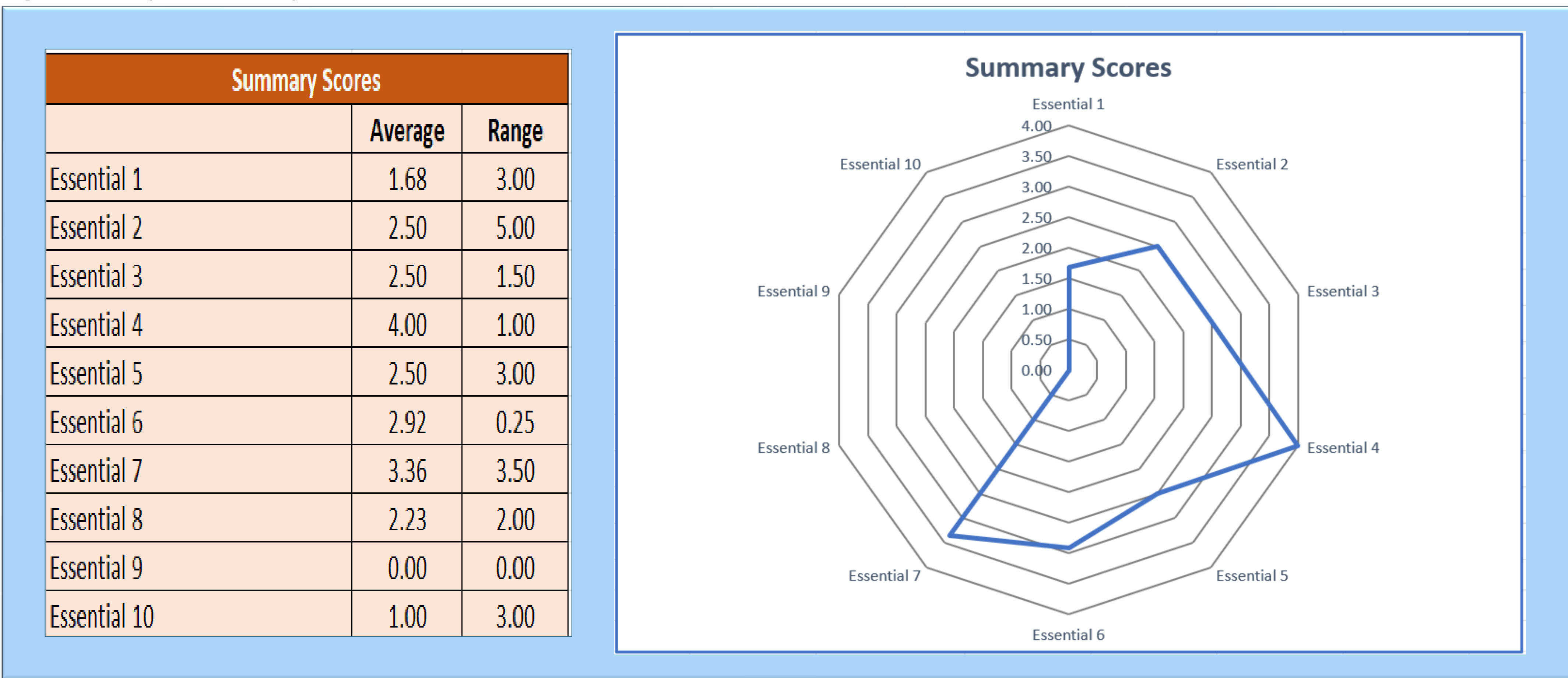
Figure 2. Example of Preliminary Scorecard

#	Question	Content	Detail Score	Summary Score	Your comments	Actions to achieve maximum resilience	Primary stake holder Or assigned lead	Time frame
22	Are policies in place for continuity planning, with a designated person, department, communication team (email, alert, radio), and other partnership with emergency management organization?	*Documented monitoring process and responsible roles *Established communication methods (email, website, radio, etc.) *Formal partnership with emergency specialist	3					
23	Has the healthcare center established a plan for recovery for continuity of care (back to normal service, business operations, established formal) and appropriate communication and business partners to ensure operations during emergency?	*Documented list of vital resources and dependencies *Formal partnership agreements for recovery continuity	1					
AVERAGE			2.3					
Range			0.0					

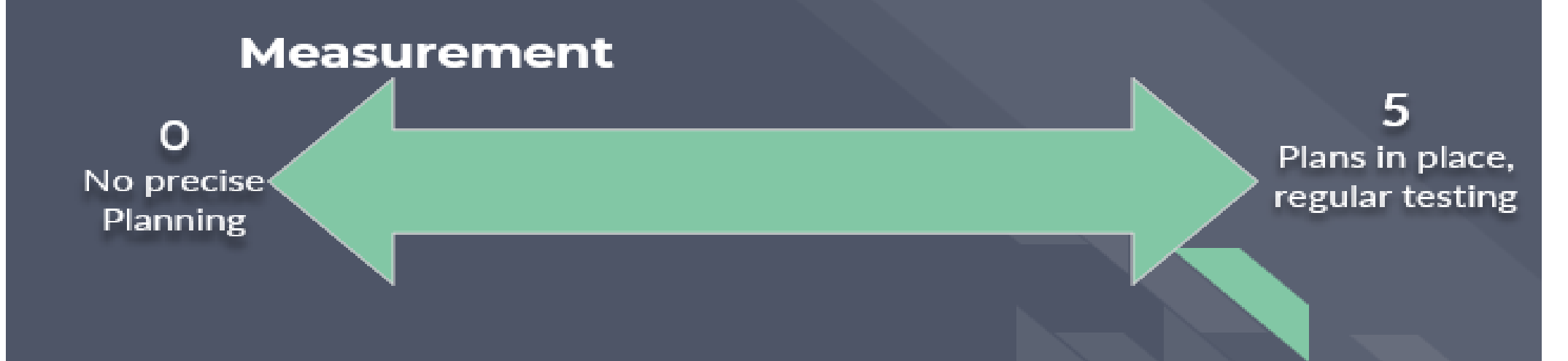
Figure 3. Example of Scorecard demonstrating layout and essentials tabs

#	Question	Content	Detail Score	Summary Score	Your comments
2.1.Understanding of all hazards risks					
2.1.1	To what extent has the healthcare center conducted a comprehensive risk assessment to identify potential hazards and vulnerabilities?	•To manage and mitigate hazards, it is essential to understand the many factors around the community that could exacerbate hazards: -https://hazards.fema.gov/nidmap is a great resource for natural disaster assessment for the United States Validation: -Presence of all hazards risk assessment document	5	2.3	
2.1.2	To what extent does the risk assessment consider internal and external factors that could impact the healthcare center's operations during	•The material your building is made of can affect your vulnerability •The location of your building: are you near woods or at risk of wildfires or near a river, putting you at risk of flooding? •Is your ambulatory center a stand-alone building, a large multi-floor building, or a strip mall? How does this affect your risk for fire and power losses? •A solid risk assessment has taken not only the internal factors, but must include the external factors as well. Validation: -Presence of a complete risk assessment of external factors	3		
2.1.3	To what extent has the healthcare center identified and prioritized the most significant risks based on their likelihood and potential impact?	•How many hazards does your assessment include? •What is the likelihood of a risk, and how do you prioritize plans for the more likely risks? • Does it include social impacts and how well-prepared your community is? Validation: -Presence of a prioritized list of hazards and completed plans or time line for completing plans	1		
2.1.4	Does the healthcare center have a process for regularly reviewing and updating the risk assessment?	•How often is your risk assessment reviewed and updated? •Risk assessments should be reviewed yearly or when internal and external events may impact the assessment. Validation: -Presence of a timeline for reviewing and updating risk assessments. -Presence of documented updates	0		
2.1.5	Does the healthcare center have a process for monitoring and assessing emerging risks that could impact its operations?	•Documentation on how emerging risks are reported and who is responsible for monitoring for emerging risks. •What resources are used to monitor emerging risks? Examples: -State communications: Email, Texts, or phone messages. -Weather Radio -National communications	3.5		
2.1.6	To what extent is a documented process for communicating risk information to staff, patients, and other stakeholders? How will you communicate, and does the plan consider the need for redundant communication methods?	Validation: -Presence of a communication plan to ensure that all stakeholders, including staff and patients, are updated.	1		
2.2 Mitigation					
2.2.1	To what extent has the healthcare center established mitigation strategies to reduce the likelihood or impact of identified risk?	The VUL is defined by the US Federal Register as anywhere that contains at least 1 housing unit per 40 acres and is more than 50% occupied by vegetation (labelled "intermittent" VUL) or less than 50% occupied by vegetation (labelled "intermittent" VUL) (see footnote 10 below). 60,000 communities in the US are in one or other form of VUL (1). Communities extending into the VUL are significantly more exposed to wildfire hazards than those within larger urban areas, due to a greater "attack surface" for fires (a longer boundary across which a fire can damage a community), and due to more potential ignition sources. Communities need to understand how they are positioned in this respect – which houses, schools and commercial premises are potentially in harm's way? Validation - Presence of analysis of % of community area, and % of structures, within the VUL	3	3.0	
Acknowledgments Summary E1 Governance E2 Risk Understanding E3 Financial Capacity E4 Resilient Development&Design E5 N ... + : <					

Figure 4. Example of summary scores from scorecard



METHODS: SCORING



Scoring Scale:

Each of the Ten Essentials is summarized with an average and a range of scores.

Score	Definition	The Ten Essentials of Resilience:
0	No precise planning has been developed	1. Governance/Organization Structure
1	Some planning has occurred, but it is neither documented nor tested.	2. Risk Analysis/Risk Understanding
2	Planning has occurred, but significant gaps remain that require further attention.	3. Financial Capacity and Planning
3	Planning has occurred with minor gaps that need additional work.	4. Resilience Development and Design
4	Planning has occurred covering the topic 100% and is NOT rehearsed or tested	5. Natural Buffers
5	Planning has occurred, covering the topic 100%, and is regularly rehearsed or tested.	6. Strengthen Resilience
		7. Social Resilience Capacity
		8. Infrastructure Resilience
		9. Effective Disaster Response
		10. Recovery

CONCLUSIONS

- The preliminary and full Resilience Scorecard for Ambulatory Healthcare Facilities were created.
- The results are limited to a small number of testing sites, with only 2 of the 3 sites providing feedback.
- The sites found that using the preliminary scorecard first was beneficial and less intimidating than using the full scorecard.
- The full scorecard is beneficial after identifying areas of concern for the sites.

Next steps:

- To test the scorecard in more facilities and refine it further based on feedback.

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Reviewers:

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Caroline S. Hackerott, PhD, Asst. Professor, Department of Landscape Architecture, Disaster Resilience, and Emergency Management at North Dakota State University
Patrick Turek, MPA, CEM, Senior System Director of Public Safety and Emergency Management for Hartford HealthCare (HHC)

Testing:

Hartford Healthcare Medical Group
Southwest Community Health Center
Undisclosed University Healthcare

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