



## Western Washington Regional Emergency Preparedness Survey

The Northwest Healthcare Response Network, in collaboration with the University of Washington School of Public Health, is gathering information on emergency preparedness capabilities of hospice, home health, and palliative care organizations across 15 counties within Western Washington by surveying local healthcare organizations.

The survey will take approximately 15 minutes to complete. Your responses will help us better understand current strengths, challenges, and areas for improvement regarding planning, preparing for, and responding to emergencies and disasters within the region.

For this survey, we are seeking one response per healthcare organization/facility (one per integrated health system). If you believe that there are others that may provide insight to this study, we ask that you coordinate to provide one group-based response with one email as a point of contact.

Thank you for taking the time to participate in this survey. Your participation is greatly valued.

All questions and corresponding selections require an answer.

### Contact Information

Organization

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Primary Contact Name

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Title

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Email Address

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Phone Number

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**Organizational Information**

1 Are you responding on behalf of an individual facility or integrated healthcare system (i.e multiple certified Medicare/Medicaid participating providers)?

- Individual Facility  
 Integrated Healthcare System
- 

1a Please provide all facilities within the health system you are responding for:

\_\_\_\_\_

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1b Does your organization participate in the integrated healthcare system's coordinated emergency preparedness program?

- Yes  
 Yes, but we also have a facility-level emergency plan  
 No  
 Unsure
- 

2 Please select the county(ies) your organization is located in: (Select all that apply)

- Clallam  
 Grays Harbor  
 Island  
 Jefferson  
 King  
 Kitsap  
 Lewis  
 Mason  
 Pacific  
 Pierce  
 San Juan  
 Skagit  
 Snohomish  
 Thurston  
 Whatcom  
 Tribal Jurisdiction
- 

2a Tribal Jurisdiction: \_\_\_\_\_

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3 Please select the type of healthcare organization you represent: (Select all that apply)

- Hospice  
 Home Health Agency  
 Other
- 

3a If Other, please describe: \_\_\_\_\_

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4 Please select the type of healthcare service(s) your organization provides? (Select all that apply)

- Inpatient  
 Outpatient  
 At-home  
 Other
- 

4a If Other, please describe: \_\_\_\_\_

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5 Please select which patients your organization provides services to: (Select all that apply)

- Pediatric  
 Adult  
 Geriatric  
 Unsure

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6 Please select which county(ies) your patients are traveling from to receive services in your facility: (Select all that apply)

- Clallam
- Grays Harbor
- Island
- Jefferson
- King
- Kitsap
- Lewis
- Mason
- Pacific
- Pierce
- San Juan
- Skagit
- Snohomish
- Thurston
- Whatcom
- Tribal Jurisdiction
- Unsure
- N/A, we do not provide services in our facility

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6a Tribal Jurisdiction:

\_\_\_\_\_

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7 If your organization provides in-home hospice and/or home health services, please select which county(ies) these services are provided in: (Select all that apply)

- Clallam
- Grays Harbor
- Island
- Jefferson
- King
- Kitsap
- Lewis
- Mason
- Pacific
- Pierce
- San Juan
- Skagit
- Snohomish
- Thurston
- Whatcom
- Tribal Jurisdiction
- Unsure
- N/A, we do not provide in-home services

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7a Tribal Jurisdiction:

\_\_\_\_\_

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- 8 Approximately how many patients visits, on average, does your organization provide under a normal 7-day period?
- 1-50
  - 51-100
  - 101-200
  - 201-500
  - 500+
  - Unsure
- 
- 9 Approximately how many clinical staff (i.e., physicians, nurses, home health aides, medical technicians, laboratory services) are employed by your organization?
- 1-50
  - 51-100
  - 101-150
  - 150+
  - Unsure
- 
- 10 How prepared is your organization to appropriately manage an increase in sudden healthcare demands during a disaster or emergency?
- Strongly Prepared
  - Fairly Prepared
  - Neutral
  - Fairly Unprepared
  - Strongly Unprepared
  - Unsure
- 

### Organizational Emergency Preparedness

- 11 Does your organization currently employ a person with full or part-time (< 30-40 hours FTE) emergency preparedness responsibilities?
- Yes, we currently employ a person with full-time emergency preparedness responsibilities
  - Yes, we currently employ a person with part-time emergency preparedness responsibilities
  - No, but we are planning to hire a person with full-time responsibilities for emergency preparedness in the next year
  - No, but we are planning to hire a person with part-time emergency preparedness responsibilities in the next year
  - No, we do not have an employee with full- or part-time emergency preparedness responsibilities and we do not have plans to hire anyone with full- or part-time emergency preparedness responsibilities in the next year
  - Other
- 
- 11a If Other, please describe:
- \_\_\_\_\_
- 
- 12 Has your organization experienced an emergency or disaster that impacted your ability to deliver healthcare services within the last 4-5 years?
- Yes
  - No
  - Unsure

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12a Please provide an approximate number of how many and the type of emergency(ies) or disaster(s):

\_\_\_\_\_

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13 Does your organization currently have a committee(s) that is used to address emergency preparedness programs, plans, and issues?

- Yes
  - No, we but we plan to develop one within the next year
  - No, we do not have one and do not have plans to develop one in the next year
  - Unsure
  - Other
- 

13a If Other, please describe

\_\_\_\_\_

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13b If yes, please provide the types of roles/positions represented on the committee (Select all that apply)

- Organizational Leadership
- Clinical Leadership
- Planning Leadership
- Other Leadership
- Physician
- Nurse
- Home Health Aide
- Rehabilitation Therapists (i.e. PT, OT)
- Pharmacy
- Laboratory Services
- Other Clinical
- Environmental Health Specialist
- Community Health Worker
- Social Workers
- Counselors
- Human Resources
- Finance
- Facilities
- Other Support

**14. Is your organization currently providing, or planning to provide within the next year, internal (i.e., organizationally run) emergency preparedness planning, workshops, exercises, or training?**

	Currently providing	Planning to provide within the next year	Not planning to provide within the next year	Unsure	N/A
Internal emergency preparedness planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal emergency preparedness workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal emergency preparedness exercises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal emergency preparedness training for clinical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal emergency preparedness training for non-clinical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal emergency preparedness training for volunteers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Training Questions**

14a How frequently does your organization provide internal emergency preparedness training for clinical staff?

- At onboarding only
- At least annually
- At least every two years
- Less than every two years
- Unsure
- N/A, we are not currently providing training to clinical staff

14b How frequently does your organization provide internal emergency preparedness training for non-clinical staff?

- At onboarding only
- At least annually
- At least every two years
- Less than every two years
- Unsure
- N/A, we are not currently providing training to non-clinical staff

14c How frequently does your organization provide internal emergency preparedness training for volunteers?

- At onboarding only
- At least annually
- At least every two years
- Less than every two years
- Unsure
- N/A, we are not currently providing training to volunteers staff

14d Approximately what percent of current staff, personnel and volunteers have received emergency preparedness training?

- < 25%  
 25-50%  
 50-75%  
 75-100%  
 Unsure  
 N/A

### Regional Emergency Preparedness

15 Is your organization (individuals responsible for emergency preparedness) familiar with the Northwest Healthcare Response Network (NWHRN)?

- Yes, and are active coalition members  
 Yes, but are only generally familiar  
 No  
 Unsure

### 16. Is your organization participating, or planning to participate within the next year, in the following activities with the NWHRN?

	Currently Participating	Planning to participate within the next year	Not planning to participate within the next year	Unsure	N/A
Planning through NWHRN committee membership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workshops with NWHRN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training with NWHRN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercises with NWHRN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incident Response Coordination with NWHRN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Emergency Preparedness Program

17 Has your organization reviewed and/or updated its emergency preparedness program within the last two years?

- Yes, we have reviewed and updated our emergency preparedness program within the last two years  
 Yes, we have reviewed our emergency preparedness program within the last two years, but no changes were made  
 No, we have not reviewed or updated our emergency preparedness program within the last two years and do not plan to update it this year  
 Unsure

18 Has your organization conducted a hazard vulnerability assessment/analysis (HVA)?

- Yes, we have conducted an HVA within the last two years  
 No but we are planning to conduct an HVA this year  
 No, and we do not plan to conduct an HVA this year  
 Unsure

**19. Which of the following elements/processes are addressed in your organizational emergency preparedness plan?**

	Yes	No	Unsure	N/A
Identification of essential services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process to assess medical needs among inpatient clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process to assess medical needs among outpatient clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process for information sharing with state, local, or federal officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procedure to call back off-duty staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process for sheltering-in-place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process for evacuation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process for receiving patients from other evacuating facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process to provide food, water, and shelter to staff/volunteers unable to get home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process to use non-clinical volunteers to meet surge demands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process to integrate unaffiliated clinicians to meet surge demands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process to emergently request supplies or resources from a healthcare preparedness coalition or government entity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process to request supplies or resources from state or county health department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process to notify patient families during an emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Process to transition to contingency or crisis standards of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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19a If Other, please describe: \_\_\_\_\_

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20 Does your facility have an alternate source of power to maintain the following utilities or systems in the event of a power outage? (Select all that apply)

- Alternate power supplies
  - Heating, ventilation and air conditioning (HVAC) system
  - Fire detection, extinguishing and alarm system
  - Emergency lighting
  - Potable water
  - Sewage and wastewater system
- 

21 Does your organization have an emergency communications plan?

- Yes
  - No
  - Unsure
- 

22 Which of the following elements are maintained and available for immediate (within 2 hours) access in the event of an emergency? (Select all that apply)

- Primary contact information for staff
- Alternate contact information for staff
- Primary contact information for patients
- Alternate contact information for patients
- Contact information for patients' families
- Contact information for patients' primary care providers
- Contact information for volunteers
- Contact information for a healthcare preparedness coalition
- Contact information for local health jurisdictions
- Contact information for state health department
- Contact information for local fire department

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23 Which of the following has enabled or motivated your organization to develop or maintain an emergency preparedness program? (Select all that apply)

- Awareness of regional hazards
  - Recent national emergency or disaster
  - Prior experience in an emergency or disaster
  - CMS regulations and requirements for reimbursement
  - Other insurer requirements for reimbursement
  - Accreditation requirements (i.e. Joint Commission)
  - Trade Group or Association
  - State-level regulations or requirements
  - Local-level regulations or requirements
  - Funding sources
  - Leadership buy-in
  - Interested staff member
  - Interested patient or patient's family member
  - Membership with the NWHRN
  - Planning tools and templates
  - ASPR TRACIE - (Assistant Secretary for Preparedness and Response Technical Resources, Assistance Center, Information Exchange)
  - Other
  - N/A, we don't have an emergency preparedness program
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23a If Other, please describe:

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24 Which of the following has hindered your organization's ability to create or maintain an emergency preparedness program? (Select all that apply)

- Lack of staff expertise
  - Lack of staff capacity
  - Lack of financial resources
  - Lack of training
  - Lack of peer support
  - Facility/organization's low risk of disaster impacts
  - Other
- 

24a If Other, please describe:

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25 What tools or resources would assist your organization in becoming more prepared for responding to emergencies? (Select all that apply)

- Training support
  - Exercise support
  - Planning templates
  - Funding for program development
  - Funding to purchase equipment
  - Funding to support staff development
  - Tools and resources to develop partnerships
  - Support from peer organizations
  - Other
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25a If Other, please describe:

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26 At what frequency does your organization update, or plan to update, your emergency preparedness program?

- Once every 6 months
  - Once every year
  - Once every two years
  - Unsure
  - N/A
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27 Is your organization (individuals responsible for emergency preparedness) familiar with the Centers for Medicare and Medicaid Services Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule?

- Yes
  - No
  - Unsure
  - Prefer not to respond
- 

28 Are the individuals responsible for emergency preparedness in your organization familiar with the 11.29.19 hospice and home health agency update to the same CMS Emergency Preparedness rule?

- Yes
  - No
  - Unsure
  - Prefer not to respond
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Thank you for taking the time to complete the survey! Your input is appreciated. The space below is an opportunity for you to provide any comments and/or feedback: