

Scope and Purpose Of Hospital Safety Index Assessment & Training

The Hospital Safety Index represents significant progress towards improving the safety of health facilities in the event of emergencies and disasters, as it was outlined in the Sendai Framework for Disaster Risk Reduction in 2015. WHO now presents the second edition of this updated rapid and low-cost method of assessing hospital safety which builds on the experience of applying the original Hospital Safety Index and on inputs from experts from many countries.

By determining a hospital's safety index, countries, decision-makers and hospital managers will have an overall idea of the hospital's ability to respond to emergencies and disasters, taking into account its environment and the health services network to which it belongs. The evaluation does not replace costly and detailed vulnerability studies; however, it is an important first step towards prioritizing a country's investments in hospital safety. Determining the hospital safety index is a vital contribution to managing risk in the health sector. Safety no longer has to be a "yes-or-no" or an "all-or-nothing" situation, but can be improved gradually.

Over the last 8 years WHO has implemented the HSI in over 100 countries globally and the earthquakes in Nepal and recently in Ecuador showed that the implementation of the HSI recommendations improved the chance of hospitals staying operational and to save the lives of people in time of highest needs.

Since 2010 the WHO Regional Office of Europe is applying the Hospital Safety Index assessment tool in our region. So far 145 hospitals were assessed in 10 European countries and 12 Ministries of Health have requested WHO EURO to implement it in the current biennium.

The assessment process starts with the dissemination of the standardized assessment tool: "Hospital Safety Index", which consists of a user manual and an index calculation tool. WHO/Europe introduced the methodology (which was also translated into Russian) to the health ministries of the target countries, provided training to national experts and requested the health ministries to select priority hospitals in disaster-prone or other key areas to be assessed. National assessment teams were established, consisting of minimum four specialists (seismologist, architect/civil engineer, medical technician and medical doctor) who visited the hospitals and carried out the assessment. The assessment consists of three essential elements:

- Structural hospital safety
- Non-structural safety
- Functional safety, including emergency and disaster management.

Main outcomes are for example the mandatory use of the tool for the accreditation of new hospitals in Moldova, the application of the tool for the construction of new hospitals in Georgia, and the implementation of recommendations on structural and non-structural improvements in Tajikistan financed by a donor. General outcomes are enhancements in updating of hospital emergency plans and

creation of emergency committees in hospitals, to carry out emergency-related training of medical and other staff, and to amend minor or larger requirements on the structural and non-structural safety of the facilities.

This training will teach national expert teams how to apply the tool and includes the materials needed to carry out this assessment: the forms that must be completed, the guide which orients the evaluation team in carrying out its work, and the Safety Index Calculator, a table in Excel format that is used to obtain the final hospital index and the specific indexes for structural safety, nonstructural safety and emergency and disaster management.

In addition, a memory stick containing these documents and other supporting reference material in electronic format will be made available. Experiences from other countries will be shared and a session on lessons learned will point out common challenges and how to overcome them. Ministries of Health receive recommendations how to improve the safety of their hospitals and how to involve donors in the financing of those measures.