**Preparing for the Next COVID-19 Healthcare Surge – Facility Survey**

Contact Information

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| --- | --- | --- | --- |
| Completed by | Title | Phone number and email address | Date |
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Facility Information

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| --- | --- | --- | --- | --- |
| Facility Name | County | Number of Licensed Hospital Beds | Number of Emergency Room Beds | Number of Intensive Care Unit Beds |
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**PLEASE NOTE THAT THIS SURVEY IS INTENDED FOR FACILITY/HOSPITAL USE ONLY.**

Optimizing preparedness for potential future healthcare surge for SARS-CoV-2 requires adoption and standardization of learned best practices and addressing gaps noted in earlier healthcare surges.

CDPH is undertaking this survey of key stakeholders to identify these best practices and past gaps to be better prepared for another potential healthcare surge. All responses are being gathered for this purpose and will be kept confidential to the organization. This survey is for any member of a hospital that was involved in the fall & winter COVID surge.

For each of the areas below, please answer the following questions:

1. Please provide a minimum of 3 best practices (or “what went well”), which you would want to repeat or expand on for any future surge. Please be specific and provide objective and concrete information which would help others incorporate your best practices.
2. Please provide a minimum of 3 gaps or challenges (or “what could be improved upon”), which you would want to address and improve in advance of any future surge. Please be specific and provide objective and concrete information and potential solutions which would help others solve similar gaps.
3. What strategies did your facility/team use to mitigate these gaps or challenges? Please be specific about potential solutions which would help others address similar gaps.
4. How could the state, region or the local government point of contact (includes local health department, EMSA, MHOAC, and other local emergency medical organizations) have better supported your facility/team in addressing these gaps or challenges?

If a specific area below does not apply to your department or organization, please respond N/A.

**Pandemic Healthcare Surge Response Areas:**

**Patient Care Space:** Include all non-surge, and surge space utilization, including expansions into tents and other non-licensed areas.

1. 3 best practices:
2. 3 gaps or challenges:
3. Strategies that your facility/team used to mitigate these gaps or challenges?
4. How could the state, region or the local government point of contact (includes local health department, EMSA, MHOAC, and other local emergency medical organizations) have better supported your facility/team in addressing these gaps or challenges?
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**Supplies:** Include PPE, therapeutics, oxygen, consumable medical supplies, Biomedical supplies, ventilators, beds, etc.

1. 3 best practices:
2. 3 gaps or challenges:
3. Strategies that your facility/team used to mitigate these gaps or challenges?
4. How could the state, region or the local government point of contact (includes local health department, EMSA, MHOAC, and other local emergency medical organizations) have better supported your facility/team in addressing these gaps or challenges?
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**Staffing:** Include all levels of healthcare providers (MD, RN, midlevel, med techs, respiratory therapists, etc). Please address staffing waivers, staffing through registry, staff training to work outside normal scope, etc.

1. 3 best practices:
2. 3 gaps or challenges:
3. Strategies that your facility/team used to mitigate these gaps or challenges?
4. How could the state, region or the local government point of contact (includes local health department, EMSA, MHOAC, and other local emergency medical organizations) have better supported your facility/team in addressing these gaps or challenges?
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**Logistics:** Include supply management, inventory, vendor relations and communications, resupply through MHOACs, etc.

1. 3 best practices:
2. 3 gaps or challenges:
3. Strategies that your facility/team used to mitigate these gaps or challenges?
4. How could the state, region or the local government point of contact (includes local health department, EMSA, MHOAC, and other local emergency medical organizations) have better supported your facility/team in addressing these gaps or challenges?
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**Communications:** Include in-network partners, local partners (health facilities, MHOACs, local Public Health, state public health etc.)

1. 3 best practices:
2. 3 gaps or challenges:
3. Strategies that your facility/team used to mitigate these gaps or challenges?
4. How could the state, region or the local government point of contact (includes local health department, EMSA, MHOAC, and other local emergency medical organizations) have better supported your facility/team in addressing these gaps or challenges?
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**Facility Surge Plan:** Include presence/absence of Emergency Operations Plan (EOP), surge event command structure, surge plan checklist, etc.

1. 3 best practices:
2. 3 gaps or challenges:
3. Strategies that your facility/team used to mitigate these gaps or challenges?
4. How could the state, region or the local government point of contact (includes local health department, EMSA, MHOAC, and other local emergency medical organizations) have better supported your facility/team in addressing these gaps or challenges?
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**Documentation and Information Sharing:** Include CHA survey requirements and other protocols for hospitalization reporting and tracking.

1. 3 best practices:
2. 3 gaps or challenges:
3. Strategies that your facility/team used to mitigate these gaps or challenges?
4. How could the state, region or the local government point of contact (includes local health department, EMSA, MHOAC, and other local emergency medical organizations) have better supported your facility/team in addressing these gaps or challenges?
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**Other:** Include any other surge areas that were not addressed above.

1. 3 best practices:
2. 3 gaps or challenges:
3. Strategies that your facility/team used to mitigate these gaps or challenges?
4. How could the state, region or the local government point of contact (includes local health department, EMSA, MHOAC, and other local emergency medical organizations) have better supported your facility/team in addressing these gaps or challenges?
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