

COASTAL STORM SIT STAT SURVEYS



Sit Stat coastal-storm related surveys are designed to: 1) understand key actions taken by hospitals, 2) understand current and anticipated impacts to hospital operations, and 3) facilitate patient bed-matching within and outside of health system arrangements. During a coastal storm response, GNYHA will activate its bed-matching surveys, which utilize a set of previously tested [standardized bed definitions](#), to provide situational awareness and help evacuating facilities identify available beds. GNYHA will also deploy the operational surveys outlined below to assess facility impacts and operations outside patient movement.

Operational surveys will be deployed once per day and are tailored to address pre- and post-storm impacts at both evacuating and receiving facilities. The particular surveys deployed to each facility will depend on the facility's status as either "evacuating" or "receiving" for the particular event.

EVACUATING FACILITIES: PRE-LANDFALL SURVEY QUESTIONS

Status Name	Description	Response Options
Facility Status	Please report the current status of your facility.	Open Modified / Curtailed Evacuating Repatriating Scheduled Close Closed
ED Volume	Compared to a regular day, this status best describes your ED currently. This is a qualitative measure.	Normal Less Busy Busier – No Impact Busier – Impact Closed Not Applicable
EOC Status	The current status of your internal Emergency Operations Centers (EOC).	Inactive Active – On site Active – Virtual Active – Backup Location

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Status Name	Description	Response Options
Shelter in Place	<p>Is your facility planning to or currently Sheltering in Place (SiP)?</p> <p>(Please note the potential for SiP is defined as the ability of a NYSDOH regulated HCF to retain for at least 96 hours a small number of residents that are too critical to be moved or where moving them may have a negative health outcome, while the remainder of the facility is evacuated, in accordance with a mandatory evacuation order by a Local Chief Elected Official that includes an option to SiP. SiP operations MUST be approved by NYS DOH.)</p>	<p>Currently SiP</p> <p>Requesting SiP</p> <p>No</p>
Stay Team	<p>Is your facility utilizing a stay team at your facility?</p> <p>A stay team consists of both clinical and non-clinical staff who remain in an evacuated facility during and immediately after a coastal storm. A stay team is utilized in order to continue to meet the emergent needs of the community as well as maintain the facility to hasten repatriation. Stay teams should only be utilized under safe conditions.</p>	<p>Yes</p> <p>No</p>
Staffing Shortages	<p>Is your facility currently experiencing a staffing shortage?</p>	<p>None</p> <p>Minor / Anticipated</p> <p>Moderate</p> <p>Severe</p>
Supply Shortages	<p>Is your facility currently experiencing any supply shortages?</p>	<p>None</p> <p>Minor / Anticipated</p> <p>Moderate</p> <p>Severe</p>
Safety & Security	<p>Are there any current or anticipated safety or security concerns at to your facility?</p>	<p>Yes</p> <p>No</p>

EVACUATING FACILITIES: POST-LANDFALL SURVEY QUESTIONS

Status Name	Description	Response Options
Facility Status	<p>Please report the current status of your facility.</p>	<p>Open</p> <p>Modified / Curtailed</p> <p>Evacuating</p> <p>Repatriating</p> <p>Scheduled Close</p> <p>Closed</p>

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Status Name	Description	Response Options
ED Volume	Compared to a regular day, this status best describes your ED currently. This is a qualitative measure.	<p>Normal</p> <p>Less Busy</p> <p>Busier – No Impact</p> <p>Busier – Impact</p> <p>Closed</p> <p>Not Applicable</p>
EOC Status	The current status of your internal Emergency Operations Centers (EOC).	<p>Inactive</p> <p>Active – On site</p> <p>Active – Virtual</p> <p>Active – Backup Location</p>
Shelter in Place	<p>Is your facility planning to or currently Sheltering in Place (SiP)?</p> <p>(Please note the potential for SiP is defined as the ability of a NYSDOH regulated HCF to retain for at least 96 hours a small number of residents that are too critical to be moved or where moving them may have a negative health outcome, while the remainder of the facility is evacuated, in accordance with a mandatory evacuation order by a Local Chief Elected Official that includes an option to SiP. SiP operations MUST be approved by NYS DOH.)</p>	<p>Currently SiP</p> <p>Requesting SiP</p> <p>No</p>
Stay Team	<p>Is your facility utilizing a stay team at your facility?</p> <p>A stay team consists of both clinical and non-clinical staff who remain in an evacuated facility during and immediately after a coastal storm. A stay team is utilized in order to continue to meet the emergent needs of the community as well as maintain the facility to hasten repatriation. Stay teams should only be utilized under safe conditions.</p>	<p>Yes</p> <p>No</p>
Facility Damage	Is your facility currently impacted by physical damage such as flooding, structural damage, etc.?	<p>None</p> <p>Minor / Anticipated</p> <p>Moderate</p> <p>Severe</p>
Systems & Utilities Impacts	Is your facility currently experiencing impacts related to systems or utilities?	<p>None</p> <p>Minor / Anticipated</p> <p>Moderate</p> <p>Severe</p>
Critical Areas	<p>Are any of your facility’s critical areas currently compromised?</p> <p>Examples of critical areas may include the following: clinical laboratories/BSL4, morgue, locked units, pharmacy, etc.</p>	<p>Yes</p> <p>No</p>

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Status Name	Description	Response Options
Staffing Shortages	Is your facility currently experiencing a staffing shortage?	None Minor / Anticipated Moderate Severe
Supply Shortages	Is your facility currently experiencing any supply shortages?	None Minor / Anticipated Moderate Severe
Safety & Security	Are there any current or anticipated safety or security concerns at to your facility?	Yes No

RECEIVING FACILITIES: PRE-LANDFALL SURVEY QUESTIONS

Status Name	Description	Response Options
Facility Status	Please report the current status of your facility.	Open Modified / Curtailed Evacuating Repatriating Scheduled Close Closed
ED Volume	Compared to a regular day, this status best describes your ED currently. This is a qualitative measure.	Normal Less Busy Busier – No Impact Busier – Impact Closed Not Applicable
EOC Status	The current status of your internal Emergency Operations Centers (EOC).	Inactive Active – On site Active – Virtual Active – Backup Location

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Status Name	Description	Response Options
Medically Vulnerable Community Members	Are you currently caring for medically vulnerable members of the community in your facility? Medically vulnerable community members require acute medical care that cannot be provided in a shelter. These individuals may arrive at your facility via HEO operations (NYC) or other means.	Yes No
Non-Patient Sheltering	Is your facility currently sheltering community members, staff, staff family members, or other non-patient populations? Non-patient populations do not have medical needs.	Yes No
Staffing Shortages	Is your facility currently experiencing a staffing shortage?	None Minor / Anticipated Moderate Severe
Supply Shortages	Is your facility currently experiencing any supply shortages?	None Minor / Anticipated Moderate Severe
Safety & Security	Are there any current or anticipated safety or security concerns at to your facility?	Yes No

RECEIVING FACILITIES: POST-LANDFALL SURVEY QUESTIONS

Status Name	Description	Response Options
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Status Name	Description	Response Options
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EOC Status	The current status of your internal Emergency Operations Centers (EOC).	<p>Inactive</p> <p>Active – On site</p> <p>Active – Virtual</p> <p>Active – Backup Location</p>
Medically Vulnerable Community Members	<p>Are you currently caring for medically vulnerable members of the community in your facility?</p> <p>Medically vulnerable community members require acute medical care that cannot be provided in a shelter. These individuals may arrive at your facility via HEO operations (NYC) or other means.</p>	<p>Yes</p> <p>No</p>
Non-Patient Sheltering	<p>Is your facility currently sheltering community members, staff, staff family members, or other non-patient populations?</p> <p>Non-patient populations do not have medical needs.</p>	<p>Yes</p> <p>No</p>
Facility Damage	Is your facility currently impacted by physical damage such as flooding, structural damage, etc.?	<p>None</p> <p>Minor / Anticipated</p> <p>Moderate</p> <p>Severe</p>
Systems & Utilities Impacts	Is your facility currently experiencing impacts related to systems or utilities?	<p>None</p> <p>Minor / Anticipated</p> <p>Moderate</p> <p>Severe</p>
Critical Areas	<p>Are any of your facility's critical areas currently compromised?</p> <p>Examples of critical areas may include the following: clinical laboratories/BSL4, morgue, locked units, pharmacy, etc.</p>	<p>Yes</p> <p>No</p>

GNHYHA | Coastal Storm Sit Stat Surveys

Status Name	Description	Response Options
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Supply Shortages	Is your facility currently experiencing any supply shortages?	None Minor / Anticipated Moderate Severe
Safety & Security	Are there any current or anticipated safety or security concerns at to your facility?	Yes No