

Evacuation of Facilities in Disaster Systems (eFINDS)

eFINDS Usage and Training survey

INTRODUCTION

The New York State Department of Health (NYSDOH) has activated the eFINDS Usage and Training survey for hospitals, nursing homes and adult care facilities across New York State.

The purpose of this survey is to collect information on facility-level use of the system, training and operational plans - which can be used to inform future application enhancements and improvements to training delivery and guidance.

Facilities are asked to carefully review and answer all questions based on the global use of the system within your facility and NOT based only on any one user. In order to do this, there may be a need to reach out to other departments or individuals for more information.

Please plan appropriately for this to ensure a timely submission of data.

TIMELINE/SUPPORT

This survey should be completed, Saved, and Submitted by COB on Tuesday November 1, 2022.

Questions regarding the content of this survey may be directed to the NYSDOH Office of Health Emergency Preparedness (OHEP) at 518-474-2893.

Questions regarding access to and/or the use of HERDS is also available at same number or may be submitted via email to: ohep@health.ny.gov

Contact Info

Name of primary person responsible for the completion of this survey*

Title*

Phone Number (in xxx-xxx-xxxx format)*

Email Address*

Training Questions

Is eFINDS training a requirement for any of the staff at your facility?*

[Yes][No]

If Yes, which type(s) of staff positions are required to take eFINDS training?

(check all that apply)

Administrator [Yes][No]

Nursing [Yes][No]

Environmental / maintenance [Yes][No]

Other [Yes][No]

If Other, list all

Does your facility offer eFINDS training on-site/in person - conducted by an eFINDS Trainer that has completed the NYSDOH eFINDS Train the Trainer course?*

[Yes][No]

If Yes, select the option that best describes the frequency of on-site eFINDS training at your facility

[More than 2 times per year][Twice per year][Once per year][Less than one time per year]

What other method(s) does your facility use to train staff on eFINDS?

(check all that apply)

NYSDOH Commerce Training Institute (CTI) [Yes][No]

Health Emergency Preparedness Training Centers(Regional Training Centers / RTC's) [Yes][No]

Trained Trainer [Yes][No]

Other [Yes][No]

If Other(s), list all

Are all staff who train in eFINDS made aware of the location of the eFINDS supplies (barcode scanner/wristbands/etc.) within the facility?*

[Yes][No]

Does your facility have a sufficient number of staff (based on the facility plans) trained in eFINDS to use/support the application 24/7 (across all shifts) if the need arises?*

[Yes][No]

Is the content of the current eFINDS training consistent with how the facility uses (or plans to use) eFINDS?*

[Yes][No]

If No, describe how they are different

Does the staff at your facility feel that they are adequately trained to operationalize eFINDS in an emergency?*

[Yes][No]

What additional training/guidance would be needed/useful for

Operational Questions

Has your facility ever used eFINDS in response to an emergency incident?*

[Yes][No]

If Yes, did the facility assign/distribute eFINDS wristbands to evacuating patients/residents prior to moving them? [Yes][No]

Enter any comments/feedback on the use of eFINDS

Did the facility use the provided eFINDS bar code scanner to support operations during the emergency incident? [Yes][No]

Enter any comments/feedback on the use of eFINDS scanners

Did the facility use any available scanners/devices that were NOT provided specifically for eFINDS use to support operations during the emergency incident? [Yes][No]

Select the option that best reflects the method used to enter patient/resident information during the emergency incident

[Direct/manual data entry][Spreadsheet upload]

Indicate whether data entry was completed prior to or after patient/resident movement

[Prior to movement][After movement]

If After movement, in what timeframe was the data entered? [>48 hours post-move][Between 24-48 hours][Between 12-24 hours][Within 12 hours]

Indicate which format of the eFINDS application was used to support response activities during the emergency incident [eFINDS application on HCS][eFINDS mobile app][Both]

Describe which components of eFINDS the facility found

What challenges did the facility have in operationalizing

If the facility has NOT used eFINDS in response to an emergency incident, indicate which of the following challenges the facility foresees that it would face in utilizing eFINDS during such an incident.

(check all that apply)

Need for staff training [Yes][No]

Lack of familiarity with eFINDS application [Yes][No]

Would need equipment to support operations [Yes][No]

Other [Yes][No]

If Other, specify

Technical Questions

Does your facility use any type of internal wristband system to identify patients? [Yes][No]

If Yes, does the wristband include a barcode? [Yes][No]

Indicate which of the following information is stored in the barcode / what information is included when the barcode is scanned(check all that apply)

First name [Yes][No]

Last name [Yes][No]

Date of Birth [Yes][No]

Gender [Yes][No]

Medical record number [Yes][No]

Account number [Yes][No]

Other (unique identifier) [Yes][No]

If Other, list all

Would your facility be interested in participating in a future collaboration with NYSDOH regarding integration between eFINDS and existing barcoding systems? [Yes][No]

If Yes, enter contact info for an Integration Project POC

Name

Phone number (in xxx-xxx-xxxx format)

Email

**Required Fields. ** Repeatable Sections.*

Form Rules:

[1] Phone Number (in xxx-xxx-xxxx format) IS IN A FORMAT OF phone_number(999-999-9999)

[2] Email Address IS IN A FORMAT OF Valid_Email_Address