Motivation
It is essential that critical care facilities remain functional and operational following a major disruptive event. These facilities provide continued and ongoing care of existing patients and provide rapid and emergency treatment to the potential surge of injuries caused by the disaster.

The World Health Organization states:
1. Protect the lives of patients and health workers by ensuring the structural resilience of health facilities.
2. Ensure that health facilities and health services are able to function in the aftermath of emergencies and disasters, when they are most needed.
3. Improve the emergency management capacity of health workers and institutions.

Existing Resilience Rating Systems
- Assess building performance
- Safety (occupant safety during the event)
- Damage (financial cost to repair the building)
- Recovery (time required to make necessary repairs to the building)
- Variations in rating systems in their assessment of post-disaster functionality
- Outputs, which are intended to be informative to the public and stakeholders, differ between the rating schemes.

Rating Systems and Hospitals
- Resilience of the physical building not the resilience of the internal organizations
- Resourcefulness and adaptive capacity of the internal organizations are omitted
- Results have limited application to critical facilities such as a hospital

Holistic Rating System Framework

Results from Existing Rating Systems
- REDi, USRC
  - Detailed comprehensive assessments that consider building performance and recovery levels
  - Inconsistency of criteria for rating systems
- OSHPD
  - Generalized performance categories
- Hospital Safety Index
  - Quick assessment that requires limited calculations and only considers immediate impact

Holistic Hospital Rating System
- System that considers all aspects contributing to a hospital’s ability to function
  - Staff, supplies, utilities, space ...
- Measurement of partial functionality over time
- Need to consider ability to provide clinical and non-clinical service

Conclusions
Each of the existing rating systems provide valuable information, however the way the results are currently presented to stakeholders and the public are misleading to the actual resilience and functionality of a hospital after a disaster.

References
OSHPD (Office of Statewide Health Planning and Development), 2001, Survey of Hospital Seismic Performance Acknowledgments, OSDH, Sacramento, California, 27 pages.
Structural Engineers Association of Northern California (SEAONC), 2015, Earthquake performance rating system ASCE 31 Translation procedure, The Structural Engineers Association of Northern California