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Disaster risk assessment in educational hospitals

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Type of article: Letter to editor

Abstract
This is a letter to editor and does not have abstract.
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Dear Editor

We read with interest the article in your esteemed Journal titled "Disaster Risk Assessment in Educational Hospitals of Qazvin Based on WHO Pattern in 2015". The paper aimed to identify whether or not, according to Hospital Safety Index (HSI) (2) the preparedness of two hospitals were high to disaster risk (2). First of all, we would like to emphasize that, this type of research is valuable as, wherever this is necessary, it could potentially provide evidence in assessing safety of hospitals (in this case, hospitals in the Iranian city of Qazvin). In turn, these studies may play an important role in determining whether a healthcare setting could continue to provide services in the aftermath of earthquakes, floods, etc. Moreover, in the case of the hospitals that are demonstrated to be unsafe, these studies could cause alarm by terminating their continued operation, and preventing them from functioning as a source of, rather than a resource for, remedy in disasters, etc. However, we assume it to be more appropriate to apply one of the methods recommended by the WHO Hospital Safety Index Guide as shown below (2):

- Classifying HSI by alpha: A, B or C. The advantage of this method is providing a classification for the hospitals under evaluation as aggregated results are reported concerning a group of hospitals.
- Indicating HSI by numerical: e.g. 0.73, 0.52, 0.27. The advantage of the number is that it shows the indexed score for the hospital and therefore, shows whether it is in the middle of the classification of safety range or closer to the extremes.
- Indicating HSI by the three letters corresponding to the classification for each module: e.g. bca, cbc, aab. The advantage of this method is that it can point directly to the modules which have higher or lower classification to the overall index.
- Indicating HSI by a combination of the numerical and modules methods: e.g. A (abb), B (bca), C (cbc); or by alphanumeric: e.g. 0.73 (abb), 0.52 (bca), 0.27 (cbc).

In the result section, the authors mentioned that the two hospitals under their assessment had a high overall safety condition. However, they suggest that Rajaee Hospital could receive less than 66% of the maximum possible score in all measuring domains, and to them this meant a medium safety (34-66%). They then conclude that according to the HSI as the standard used in their study (2), 50% of included hospitals have a medium preparedness (Rajaee Hospital), and the remaining hospitals (Velayat Hospital) have high preparedness to disaster risk. We think doing so

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in “percentages” is uncommon for a population in which only two subjects exist. Rather, we recommend communicating the same intention by referring to the names of the two, and reporting the safety situation based on the score obtained for each named hospital. This, to us, improves the simplicity of results and enhances the professional look of the final report. The other point is that we think the authors could relay some idea regarding the extent to which this study is generalizable. For doing so, they would need to justify their selection of only two hospitals, and compare their tests against such findings in similar studies (3-5). Finally, it is recommended to conduct a similar study in the health centers of Qazvin city. Combining these results helps to estimate the preparedness of the health system in view of structural and non-structural safety at times of disasters and emergencies.

Conflict of Interest:
There is no conflict of interest to be declared.

Authors' contributions:
All authors contributed to this project and article equally. All authors read and approved the final manuscript.

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