PCEPN Primary Care Emergency Preparedness Network

Identification of Essential Services Form

Name of Organization:	
Department/Area:	
Person Completing This Form:	
Date:	

Instructions:

1) List the top 5-10 essential services (i.e., those that must continue with little to no interruption following an emergency or disaster) for your department/functional area. See list of possible services on page 3 that may be adapted based on services your organization provides.

2) Provide a brief description of the service. List critical staff, vendors, and services by name.

3) Describe how the loss of service would impact business operations, financial stability of the organization, and patient safety.

(1) Essential Service	(2) Brief Description of Service	(3) Describe Impact if Service was Lost

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The following is a list of possible essential services for your organization. It is a list of ideas for consideration, and not all services that your organization offers and may consider to be "essential" are included. Items on this list are not in any particular order and should be adapted based on the services your organization provides and deems to be essential during emergencies or disasters.

- Patient registration
- Patient encounters (may wish to define by visit type, e.g., adult visit; pediatric visit; etc.)
- Medicaid/Medicare billing
- Private insurance billing
- Administrative support
- Transportation services for patients
- Payroll
- Onsite laboratory work
- Onsite diagnostic testing other than laboratory work (e.g., X-rays)
- Referrals
- Prescription refills (onsite and/or electronically)
- Vendor payments
- Maintenance of phone and other telecommunications systems (and backups)
- Maintenance of operational status of fire alarms/HVAC/utilities
- Triage
- Substance abuse services
- Maintenance of Electronic Medical Records system (note: this may be considered a "supporting function" for a number of essential services, and not an essential service on its own)