
Continuity of Operations Planning in the Healthcare Sector

February 12-13, 2024
Day 1



This course was made possible by



Thanks to Anne D'Angelo, RN, MS and Eileen Spezio

Grant Disclaimer

This training has been funded through a grant from the Department of Health and Human Services (DHHS) under the 2023-2024 New York State Department of Health Office of Health Emergency Preparedness awarded to the University of Rochester Medical Center - Western Region Health Emergency Preparedness Training Center (WRHTC)



Faculty

Cheryl Starling, RN, MS

Paul Penn, MS, CHSP, CHEP

Participants

Please put your name
and facility name in the chat

Course Objectives

- Discuss the Responsibilities of the Healthcare Coalition Members in Continuity Planning
- Compare and Contrast Continuity and Emergency Management
- Identify the Elements of a Continuity Plan
- Utilize the **Hazard Vulnerability (Risk) Assessment** to Guide Continuity Planning
- Identify and Prioritize **Essential Functions**
- Conduct a **Business Process and Impact Analysis**
- Outline **Next Steps** in the Development of the Hospital Continuity Plan
- Provide Resources for Continuity Planning

Course Logistics in a Virtual Environment

- **Please focus on the course and don't multitask!**
(We know it is hard!)
- Ask questions by raising your hand or putting them in the chat as we go
- We will stop at times to ask if there are any questions
- There will be break out sessions for hands-on activities

Poll Number 1

*What is the status of your current
Continuity planning?*

The Healthcare Coalition and Continuity Planning

The Healthcare Coalition (HCC)

HCCs are groups of individual healthcare and response organizations in a defined geographic location that serve as multi-agency coordinating groups and support and integrate with public health and medical services activities (e.g., Emergency Support Function #8 (ESF-8))

*ASPR 2017-2022 Health Care Preparedness and Response Capabilities
(Capabilities remain the same for FY 2019-2023)*

Health Care Coalition Member

*An HCC member is defined as an entity within the HCC's defined boundaries that actively contributes to HCC **strategic planning, operational planning and response, information sharing, and resource coordination and management.***

*ASPR 2017-2022 Health Care Preparedness and Response Capabilities
(Capabilities remain the same for FY 2019-2023)*

The Healthcare Coalition (HCC)

HCC member composition varies by jurisdiction but should include four core members:

Acute Care Hospitals

Emergency Medical Services (EMS)

Emergency Management Organizations

Public Health Agencies

Other partners may include behavioral health, long-term care, pharmacies, tribal entities, public safety, and many community-based, and nongovernmental organizations

The Purpose of the HCC in Emergency Response

A healthcare systemwide approach for **preparing for, responding to, and recovering from incidents** that have a public health and medical impact in the short and long-term

The primary function is sub-state regional healthcare system emergency preparedness activities involving the health and medical members

This includes **planning, organizing, equipping, training, exercises, and evaluation**

Healthcare Preparedness and Response Capabilities (ASPR)

- **Capability 1: Foundation for Health Care and Medical Readiness**
 - *Objective 5 – Ensure Preparedness is Sustainable*
 - *Activity 5 – Promote Sustainability of Health Care Coalitions*
 - Objective 3 – Develop an HCC Preparedness Plan

*ASPR 2017-2022 Health Care Preparedness and Response Capabilities
(Capabilities remain the same for FY 2019-2023)*

Healthcare Preparedness and Response Capabilities (ASPR)

- **Capability 2: Health Care and Medical Response Coordination**
 - Goal: The HCC, the jurisdiction, and the ESF-8 lead agency plan and collaborate to:
 - Share and analyze information;
 - Manage and share resources; and
 - Coordinate strategies to deliver medical care to all populations during emergencies and planned events

Healthcare Preparedness and Response Capabilities (ASPR)

- **Capability 3: Continuity of Health Care Service Delivery**
 - Goal: Health care organizations, with support from the HCC and the ESF-8 lead agency (NYSDOH):
 - Provide **uninterrupted, optimal medical care** to all populations in the face of damaged or disabled health care infrastructure
 - Simultaneous response and recovery operations result in a **return to normal or, ideally, improved operations**

Healthcare Preparedness and Response Capabilities (ASPR)

- **Capability 4: Medical Surge**

- Goal: Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients **even when the demand for healthcare services exceeds available supply**
- When an emergency overwhelms the HCC's collective resources, the HCC supports the healthcare delivery system's transition to contingency and crisis surge response and **promotes a timely return to conventional standards of care as soon as possible**

Defining the Terms: Continuity Plan (CP)

Old term: Continuity of Operations or COOP

New term (FEMA): **Continuity Plan** or Business
Continuity Plan



Why is Continuity Planning so Important?



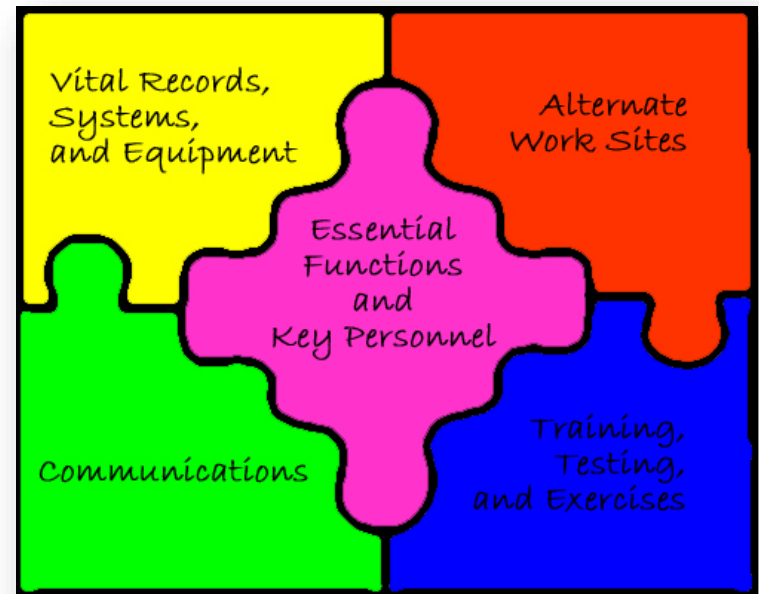
The
average
time
to restore
to normal
operations
is 45 days.

Source: BC
Management BCM
ROI Report and
Event Impact
Management
Repor



What is Continuity of Operations?

The **activities** of agencies and organizations to **ensure** their **essential functions** are **performed during or resume rapidly** after a **disruption** of normal activities.



Importance of the Continuity Plan (CP)

The CP can help an organization during an emergency or disaster to:

- Protect **patient safety** by ensuring consistent access to care
- **Meet** compliance, regulatory, and funding **requirements**
- **Maintain the public image** of your organization and public trust in your providers
- **Maintain revenue** by continuing to see patients and to bill for services rendered in a timely manner

The Importance of a CP

To protect patients, residents, and staff and provide a safe environment of care

To meet Federal HHS/CMS requirements and other local, state and federal obligations

The Continuity Plan

- May be an annex to the organization's Comprehensive Emergency Management Plan (CEMP)
- Should utilize the Incident Command System (ICS)



Paraphrased from: 2017-2022 ASPR Health Care Preparedness and Response Capabilities (Capabilities are the same for 2019-2023)

Importance of CP Plan in a Multi-Facility Organization

If your facility is part of a larger healthcare consortium or parent company with multiple facilities, CP planning **must** be integrated with the consortium and all facilities

- All facilities should blend into an integrated, unified team
- Unified approach results in:
 - A shared understanding of priorities and restrictions
 - A single set of incident objectives
 - Collaborative strategies
 - Improved internal and external information flow
 - Less duplication of efforts
 - Better resource utilization

Importance of CP Plan in a Multi-Facility Organization

The CP should be developed with input from the “parent” company/consortium **AND** the individual facilities

While there is one main plan, each individual facility may have an annex to the main CP plan to reflect unique differences and/or situations, such as:

- Geography or isolation
- Number of residents/types of residents
- Available resources in the facility and community

Independent Organizations

If there is no “mother ship” for your facility, it is imperative that you plan and coordinate with adjacent facilities and local emergency response agencies

Importance of the Continuity Plan

To be sure you can perform critical activities when you need it the most!

The Bottom Line for CP

Unlike many other industries, hospitals have a major responsibility to be able to provide ongoing services.

During an emergency, the community relies on the continued services of the hospital

The hospital has a great onus to function and provide services when the community needs it the most

Compare and Contrast Continuity Planning with Emergency Management

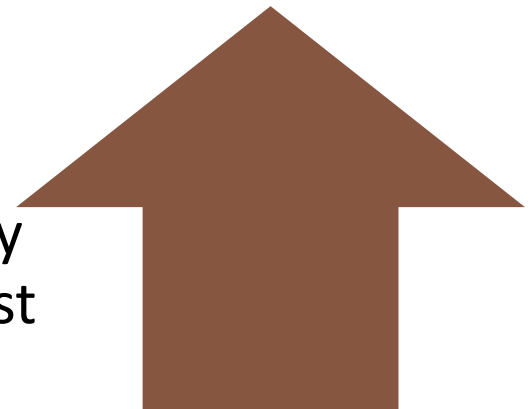
EM and CP are Different



Emergency Management
focuses on meeting the
incident objectives to address
the hazard



Continuity Planning focuses on
meeting organizational strategies,
ensuring the viability and functionality
of the organization, and minimizing lost
revenue



Example: Flooding

EM

Incident Objectives

- Protect facility from flood waters

Strategies

- Sandbag low areas

Tactics

- Build sandbag wall at loading dock that is 7 bags high by 3 bags wide

CP

Incident Objectives

- Protect facility from flood waters

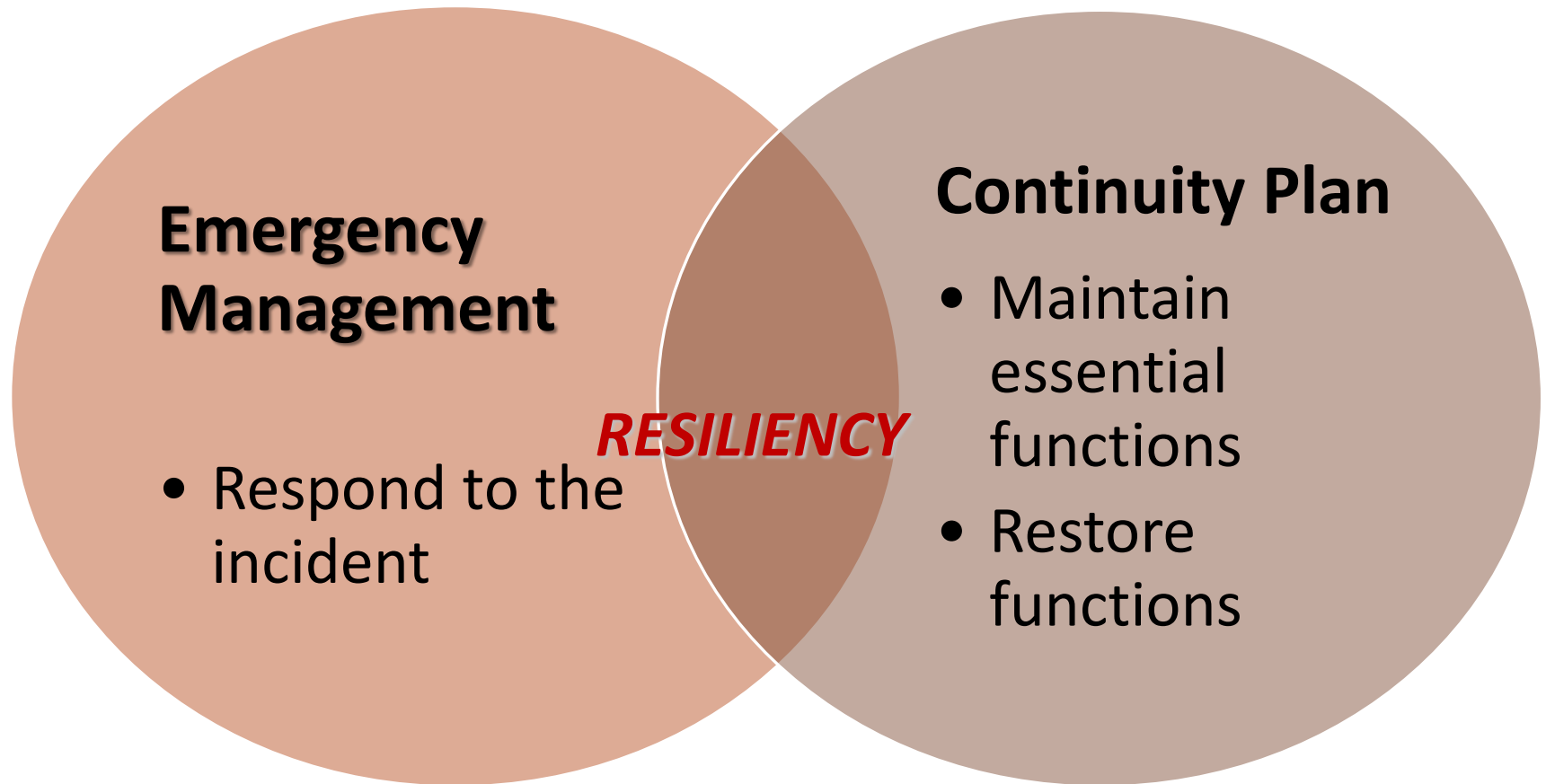
Strategies

- Elevate building above flood waters during remodel
- Create barrier
- Ensure immediate availability of sand/sandbags, pumps

Tactics

- Direct architects to include elevation in design of remodel
- Build floodwall at low lying areas
- Purchase sand/sandbags

Integration of Emergency Management and Continuity Planning





Defining Continuity Planning



Defining Continuity

The ability to provide uninterrupted services and support, while maintaining organizational viability, before, during, and after an incident that disrupts typical operations.

Federal Emergency Management Agency (FEMA)

What is a Continuity Plan (CP)?

- CP allows **continuation of essential functions** during any incident that disrupts services
- A collection of resources, actions, procedures, and information that are **developed and tested**
- Addresses the **recovery** of critical and essential facility operations
 - On a **short-term basis**, like a power failure; or
 - For a **longer term**, such as in a natural disaster, when services are impacted for several days or even weeks

Regulatory Mandates for Continuity Planning

Regulatory Mandates - Federal Centers for Medicare & Medicaid Services

- September 16, 2016, the final rule *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers* was published
- Rule was effective November 15, 2016
- Health care providers and suppliers must have complied with and implemented **all regulations by November 15, 2017**

Centers for Medicare & Medicaid Services

The rule affects 17 provider and supplier types

Inpatient	Outpatient
Hospitals	Ambulatory Surgical Centers
Religious Nonmedical Healthcare Institutions	Clinics
Hospices	Public Health Agencies
Psychiatric Residential Treatment Facilities	Home Health Agencies
All-Inclusive Care for the Elderly	Comprehensive Outpatient Rehabilitation Facilities
Transplant Centers	Rehabilitation Agencies
Long-Term Care Facilities	Rural Health Clinics and FQHCs
Intermediate Care Facilities for Individuals with Intellectual Disabilities	End-Stage Renal Disease Facilities
Critical Access Hospitals	

Poll 2

Is your organization a critical access hospital?

Yes/No

Does your organization include a long-term care facility?

Yes/No

CMS Conditions of Participation

Three key essentials to ensure that healthcare is available during emergencies:

- Safeguarding human resources
- **Ensuring business continuity**
- Protecting physical resources



Regulatory Mandates - Federal

Centers for Medicare & Medicaid Services

Emergency Preparedness Regulations for Hospitals, including Critical Access Hospitals

Acute Care Hospitals (ACH) - HHS 42 CFR § 482.15

Critical Access Hospitals (CAH) – HHS 42 CFR § 485.625

Emergency Preparedness Regulations for Long Term Care (LTC) Facilities

HHS 42 CFR § 482.73(b)

Emergency Preparedness Regulations for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech Pathology Services

HHS 42 CFR § 485.727

CMS Conditions of Participation Core Elements

Maintain an Emergency Plan – Review Annually

- Based on a documented, facility- and community-based risk assessment or Hazard Vulnerability Assessment (HVA)
- Include strategies for emergency events
- Address patient populations including persons at-risk
- Include a process for cooperation and collaboration with local, tribal, regional, State and Federal emergency preparedness officials

CMS Conditions of Participation (ACH/CAH) – Core Elements

Policies and Procedures – Review/Update Annually

- Require development and implementation of policies and procedures based on the
 - Emergency Plan
 - Risk Assessment
 - Communication Plan
- Provide for the subsistence needs for staff and patients during evacuation or shelter in place
 - Food, water, medical and pharmaceutical supplies
 - Alternate sources of energy

CMS Conditions of Participation Core Elements

Policies and Procedures – Review/Update Annually

- System to track location of on-duty staff and sheltered patients in the hospital's care
 - If relocated, name of location
- Safe Evacuation from the facility
- A means to shelter in place (patients, staff, volunteers)
- A system of medical documentation that preserves
 - Patient information
 - Protects confidentiality and security
 - Maintains availability of records
 - HIPAA compliant

CMS Conditions of Participation Core Elements

Policies and Procedures – Review/Update Annually

- The use of volunteers, emergency staffing strategies
 - Integration of state and federal healthcare professionals
 - If relocated, name of location
- Development of arrangements with other hospitals and providers to receive patients
 - Use of alternate care sites

CMS Conditions of Participation Core Elements

Communications Plan

- Names and contact information of:
 - Staff
 - Entities under arrangement/contract
 - Physicians
 - Other hospitals, entities, partners
 - Volunteers
- A method for sharing information and medical documentation of patients with other healthcare providers to maintain continuity of care
 - Information released must be in accordance with regulations and laws

CMS Conditions of Participation

Core Elements

Testing and Training Plan

- Developed and updated annually
- Training on initial hire and at least annually
- Conduct exercises to test the emergency plan two per year
 - Participate in/conduct in one full scale facility or community-based exercise AND
 - One additional exercise that is functional or full scale or a tabletop exercise
- Conduct an After-Action and revise plans as necessary

CMS Conditions of Participation – ACH/CAH/LTC Core Elements

Facilities Policies and Procedures

- Emergency and standby power
 - Testing and inspection of systems
 - Training on initial hire and at least annually
 - Conduct exercises to test the emergency plan two per year
 - Participate in/conduct in one full scale facility or community-based exercise
- AND**
- One additional exercise that is full scale or a tabletop exercise
 - Conduct an After Action and revise plans as necessary

CMS Conditions of Participation

Coordination of Patient Care is stressed in the new rule

- Patient care must be well-coordinated within the facility, across health care providers, and with state and local public health departments and emergency systems to protect patient health and safety in the event of a disaster

CMS Final Rule Crosswalk HANDOUT

Regulatory Mandates - Federal

Centers for Medicare & Medicaid Services,

HHS 42 CFR § 482.15

Emergency Preparedness Regulations

Link: <https://www.gpo.gov/fdsys/pkg/FR-2016-09-16/pdf/2016-21404.pdf>

Other Regulatory Mandates for Continuity Planning

The Joint Commission

- The Joint Commission standard for recovery and continuity of operations is **performance-based**
- **Emergency operations plan** guides response to emergencies and recovery after the emergency has passed
- Recovery efforts start **during an event or after an event**
- Recovery strategies and actions are designed to **restore systems** critical to providing care, treatment, and services in the most expeditious manner possible
- Emergency operations plans provide optimum flexibility to **restore critical services** as soon as possible to meet community needs

EM.02.01.01

<https://www.jointcommission.org/standards/standard-faqs/behavioral-health/emergency-management-em/000001351/>

The Joint Commission

Recovery strategies are to **maintain a focus on continuity of operations**

Examples:

- Smooth transition from emergency to regular supply chains
 - Effective decoupling of services shared with other entities during an event
 - Use or return of stockpiled supplies
 - Staff relief without affecting continuity of operations
 - Creating the most seamless environment possible for patients and patient care
- [EM.02.01.01]

Health Facilities Accreditation Program

(A program of the American Osteopathic Association)

Standard 09.01.12 Business Continuity

- The Emergency Operations Plan (EOP) identifies clinical and business functions and the strategies required to recover them with minimal disruptions to clinical operations during the recovery phase of an emergency

Health Facilities Accreditation Program

- Standard 09.01.12 Business Continuity requires the hospital to:
 - Conduct a **business impact analysis** to ID critical functions
 - Implement **processes to recover** critical functions
 - **Develop a CP** to manage disruptions
 - Conduct **exercises**
 - Refers to NFPA 99, 1999 Edition, Chapter 11

NATIONAL INTEGRATED ACCREDITATION FOR HEALTHCARE ORGANIZATIONS (AKA DNV)

PE.6 EMERGENCY MANAGEMENT SYSTEM

- SR.1 The organization must provide a comprehensive Emergency Management System to respond to emergencies in the organization or within the community and region that may impact the organization's ability to provide services
- SR.2 The organization shall meet the requirements set forth in NFPA 99 (2005), Chapter 12, Emergency Management

NFPA 99 (Healthcare Facilities)

(Citing 2005 edition – Chapter 12)

While there is no direct reference to continuity plans, NFPA 99 outlines:

- 12.3.3.2 Continuity of Essential Building systems (e.g., utilities, communications)
- 12.3.3.5 Logistics: Uninterrupted access to critical materials (e.g., food, supplies)
- 12.3.3.8 Operational Recovery: Plans to restore operational capability to pre-disaster levels, including fiscal aspects

NFPA 1600 – Specific CP Mandates

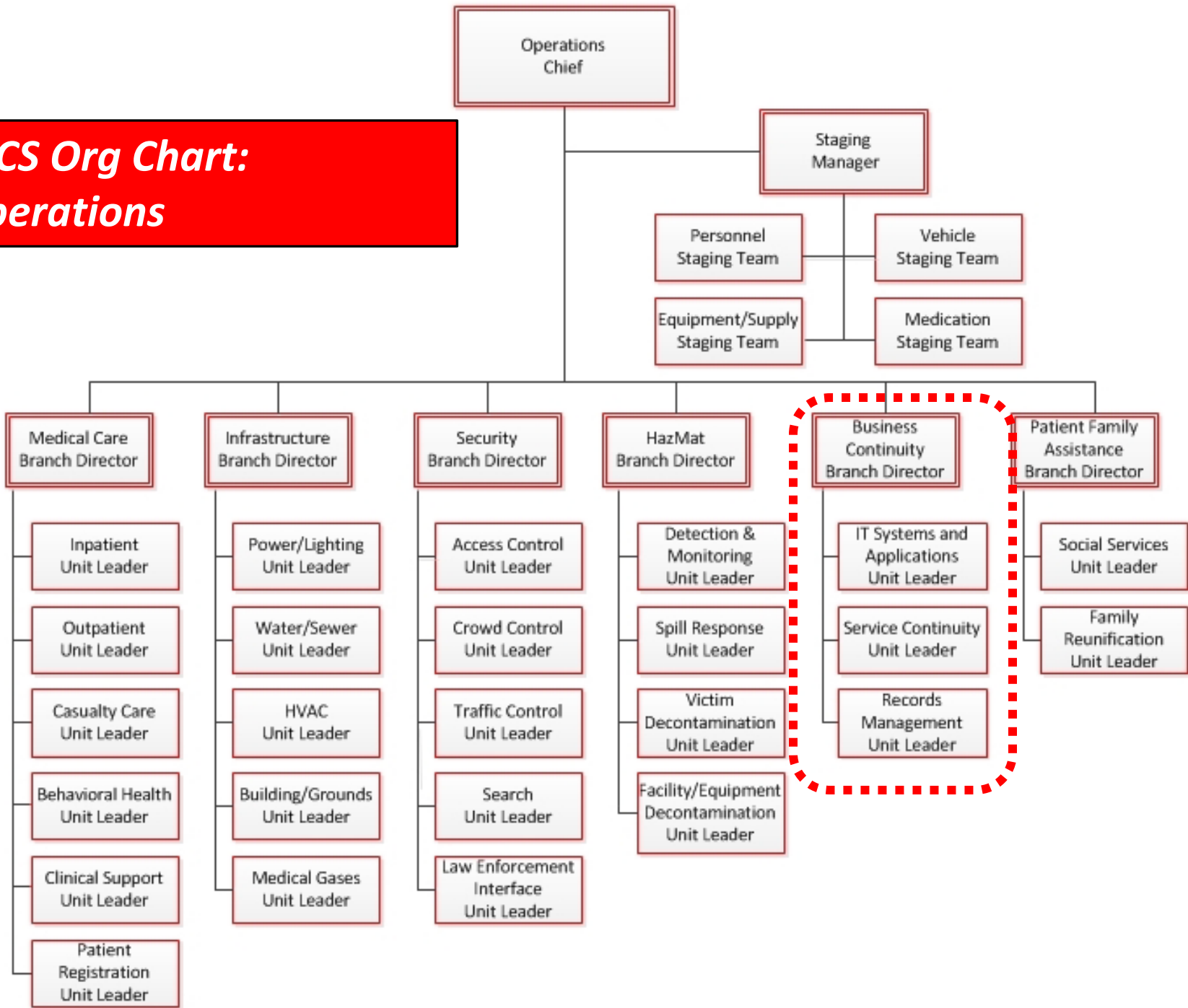
6.9 Business Continuity and Recovery.

The Continuity Plan shall:

- 6.9.1 ... include recovery strategies to **maintain critical or time-sensitive functions and processes** identified during the business impact analysis
- 6.9.2 ... identify **stakeholders** that need to be notified; critical and time-sensitive applications; alternative work sites; vital records, contact lists, functions, and processes that must be maintained; and personnel, procedures, and resources that are needed while the entity is recovering
- 6.9.3 ... provide for **restoration** of functions, services, resources, facilities, programs, and infrastructure

Continuity and the Hospital Incident Command System

**HICS Org Chart:
Operations**



Business Continuity Branch (from HICS)

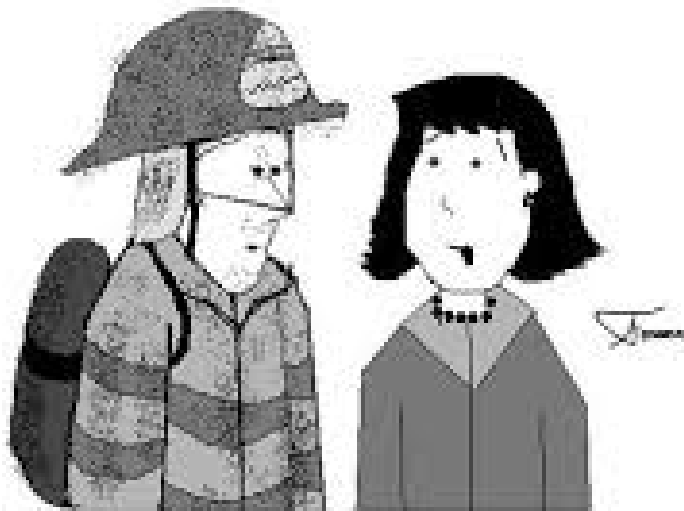
The function of the Business Continuity Branch is to:

- Assist impacted hospital functions, departments and areas to maintain, restore, or augment critical business functions, and
- Meet the designated recovery objectives and recovery strategies outlined in the Incident Action Plan (IAP)

Questions?



© 2009 By CallCenterComics.com



Preparation and Readiness is the key!

WHILE YOU WERE IN THE BUILDING, DID
YOU COME ACROSS A BIG BINDER TITLED
"BUSINESS CONTINUITY PLAN"?

Developing the Continuity Plan

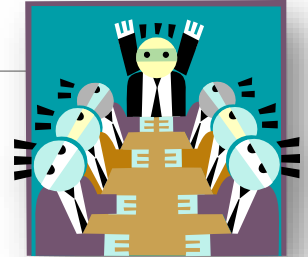


Leadership Support is Critical



What is Leadership Support?

The Executive is not the Program/Project Leader
They are not required to be an expert in the topic



Their commitment to a program or project is demonstrated by their long-term behavior

- Provide clear direction to ensure linkages with the organization's overall **strategy**
- Secure **resources** and accountability throughout the organization
- Serve as a **champion** to their peers and beyond to educate and secure buy-in
- **Authority** to troubleshoot accountability issues with managers
- **Remove** organizational roadblocks hindering progress

No leadership support means...

- Staff is frustrated
- Resources and time are wasted
- Organization is vulnerable
- Can't get on executive agendas to discuss
- Lack the financial resources to complete the assigned work
- No accountability for completion of work from committee members or other managers
- Hard to get approval for activities that impact others (e.g. planning, training, exercises, etc.)

Development of the CP

- Is a collaborative process
- The project has an end date, but the CP program is ongoing
- Leadership empowers a program/project manager and a committee
 - Can be a subset of Safety/Emergency Management Committee
- The CP is a “living document” and must be reviewed, updated and tested annually
 - It cannot just sit on a shelf once completed
 - Leadership must know how to put it into practice

The CP versus a CP Program

A CP contains:

- Prioritized lists of essential functions and processes
- Essential resources needed to support functions and processes
- Written contingency plans
- Process usually led by the Emergency Manager

A CP “program” includes:

- Ongoing staff training
- Annual exercises
- Improvement planning
- Implementation of contingency procedures/strategies
- Annual plan reviews and updates
- Process usually overseen and required by leadership



Establish a Planning Committee

The planning committee should have representation from all major subunits of the organization: management, IT, operations, logistics, legal, risk management, HR, etc.

Every department is involved in an integrated plan, giving everyone a stake in that plan's success

When disaster strikes, everyone starts from the same plan & procedure

Oh no! Not another committee!

The CP Team

Build a team representing all department levels:

- Appoint a CP Coordinator
- Managers and supervisors
- Staff at all levels
- Physicians
- Engineering
- Facilities staff



Review the Facility's Hazard Vulnerability Assessment

- Done as part of the facility Emergency Management Plan
- Helps prioritize program activities and resources
- Understanding potential events allows the hospital to **plan for and mitigate** the impacts of emergency events
- Kaiser Permanente has updated (2021) HVA tools online at:
<https://www.calhospitalprepare.org/post/updated-hva-tool-kaiser-permanente>

Components of a Continuity Plan

CP Components

- Hazard Vulnerability Assessment
- Essential Functions, Personnel and Vendors
- Restoration Timeframes
- Leadership Succession/Delegation of Authority
- Staff Assignment/Re-deployment
- Alternate Work Facilities/Location
- Protection of Vital Records/Databases
- Specialized Equipment and Key Vendors
- Key Workplace Policies
- Communications Modes
- Devolution
- Recovery/Reconstitution
- Plan Maintenance

Essential Functions, Personnel, Vendors



Essential Functions



Organizational Functions - Mission Critical

What are the important functions the hospital performs and supports the mission?

- Healthcare Service Delivery
- Access to health workforce
- Community/Facility Critical Infrastructure
- Access to Healthcare Supply Chain
- Access to Medical/Non-Medical Transportation System
- Healthcare Information Systems
- Healthcare Administration/Finance



Organizational Functions

The Organizational Functions listed in last slide are common functions

Suggestion

- ✓ Review your organization's strategic goals and mission
- ✓ Make the Continuity Plan organizational functions consistent with the strategic goals!



Essential Functions – Defined

- Essential functions are the activities that **cannot be deferred** during an emergency
- Essential functions are **critical and urgent**
 - These activities must be **performed continuously or resumed quickly** following a disruption
- They serve as key continuity planning factors necessary to determine appropriate **care delivery, staffing, communications, essential records, facilities, training,** and other requirements

Essential Versus Non-Essential

There is a distinction between **essential and important** (non-essential) functions

- Can include legal mandates

Deferring non-essential activities frees up resources that can be redirected to those activities that **cannot be deferred**

- Activities that can and cannot be deferred must be identified



Essential versus Non-Essential

Within the facility most individuals and departments consider their functions to be "essential"

Allow the organization to focus its efforts on what it takes to function, even under dire and austere disruption and circumstances

Taking the time to pre-identify and battle out the essential functions will:

- Save time and money
- Minimize the risk of expending resources during and following an emergency on inappropriate (non-essential) activities

Rather than labeling as non-essential, suggest using "important" but not essential 😊

Essential versus Non-Essential

When identifying essential functions, it is important to **focus on the service, unit, department, and discipline** and **NOT** on the group or activity that you are **dependent** on to perform the essential function

Examples:

- If you are working on the activities of the pharmacy, power would not be **YOUR** essential function
- If you are working on the activities of Environmental Services, laundry delivery from an outside source is **NOT** your activity

Essential Functions - Prioritization

Criteria for prioritizing functions

- Varies by organization

Examples include:

- Public health, safety and welfare (including clinical care)
- Revenue/financial impact
- Public image/confidence
- Service to vulnerable populations
- Civil liberties
- Federal/state regulatory requirements
- Legal requirements

Sample Hospital Essential Functions

- Emergency Services
(Emergency Department)
- Surgical Services (Operating Room)
- Laboratory Services
- Health Information Technology
- Patient Care Unit
- Central Supply
- Human Resources
- Environmental Services/Housekeeping
- Obstetrics
- Pharmacy Services
- Public Relations
- Food Services
- Security
- Laundry
- Health Information Management
- Infusion Chemotherapy
- Fiscal services (e.g., accounting, payroll, billing)

Adapted from ASPR Healthcare COOP Template

Sub-Categorization of Essential Functions

The next step is to create sub-divisions within the overall category and determine essential (E) or Important but Non-Essential (NE)

Essential Vs. Non-Essential

Overarching Category	Sub-Category	Specific task, activity, test, function	Essential (E) or Non-Essential (NE)
Emergency Services	Triage	Patient screening and prioritization	E
		Rooming	E
	Physical and Assessment by RN/MD	RN/MD initial assessment	E
		Documentation of assessment	E
Environmental Services	Waste pickup/disposal	Waste pickup in patient rooms and critical areas (e.g., ED)	E
		Waste pickup from offices	NE
	Cleaning of Patient Rooms	Upon Discharge	E
		Daily/General Cleaning	NE

Essential Functions

Identifying essential functions is the most ***important*** ***AND time consuming*** step in development of the Continuity Plan!

The essential functions drive all other activities in the CP!



Relationship to Hazards and Risks

Identifying essential functions is the most important step in the Continuity Plan

As seasoned Emergency Managers, it is difficult to assess critical functions without associating the function to a specific hazard

- Each essential function will be assessed for its vulnerability to risks later in the process
- Suggest that the Business Impact Analysis be done **after** essential functions are identified
- Best done by the Safety Committee or Emergency Management Committee and not the line staff

Business Impact Analysis Worksheet

Threat and Hazard Analysis

Essential Function Number 1: Cardiovascular Services – Diagnostic Testing

Entry #	Threat or Hazard	Threat or Hazard Characteristics	Threat or Hazard Likelihood (0-10)	EF Vulnerability (0-10)	EF Failure Impact (0-10)	EF Risk Value (0-30)
1	Category 4 or 5 hurricane	Sustained winds >130 MPH; flooding, building damage, power lines down, facilities closed	6	10	10	26
2	Explosion of nearby buildings	Explosion (e.g., gas lines, terrorism) seriously damages buildings, kills/injures employees, records destroyed	2	9	7	18

Questions?



Time for a break
15 minutes

Now you can multitask!!!! 😊



Recovery Time Objectives



Prioritizing Essential Activities

Essential functions are prioritized by **Recovery Time Objective** (RTO)

The RTO is the tolerable period of disruption of the function/activity

The time it would take for **adverse impacts to become unacceptable** as a result of not performing an activity or providing a service or product

Any function which does not need to be performed for 3 days is not considered essential



RTO Timeframes

There are **MANY** scales for RTOs. Detailed timeframes can be important in the moment of crisis to better define actions based on priorities!

Tier 1 0-2 hours	Tier 2 2-12 hours	Tier 3 12-24 hours	Tier 4 1-3 days	Tier 5 4-7 days	Tier 6 8-14 days	Tier 7 15-30 days	Tier 8 31+ days
---	--	---	--	--	---	--	--

RTO Timeframes Less Specific

Tier	RTO
Tier 1	< 4 hours
Tier 2	4-24 hours
Tier 3	24-72 hours
Tier 4	3-7 days
Tier 5	8-30 days

RTO Timeframes – Narrative Helps

Priority	RTO
1 - Highest	Priority critical—life, health or safety issue if not restored within one hour (RTO one hour or less, normally performed on a 24/7 basis)
2 – Medium	Priority urgent —will cause definite, irreparable harm if not restored in less than 24 hours (RTO 1 hour to 24 hours—normally performed on a 24/7 basis)
3 – Medium	Business Priority — will cause definite irreparable harm if not restored in less than one week (RTO: one to seven days—a function that is routinely monitored on a daily basis.
4 - Lowest	Important to significant, but not time critical. normal day-to-day functions that would NOT cause irreparable harm if not restored within the first 30 days (RTO: 1 week +)

Maximum Tolerable Downtime

The **Maximum Tolerable Downtime** is the maximum length of time (in hours or days) that the service or function can be discontinued without causing **irreparable** harm to people (staff, patients, visitors) or operations

While the RTO is the goal, it may not be achieved

The MTD is the absolute **end point**

Recovery Time - Actual (RTA)

Another time standard that can be used in Continuity Planning is RTA, or Recovery Time - Actual

Defined: The pre-determined time based on when the team can “**actually**” recover/restore services

Many prefer to use the Maximum Tolerable Downtime (MTD) instead as it provides a timeframe that the essential function **MUST** be restored

Let' s Practice
Essential Functions
Recovery Time Objective
and
Maximum Tolerable Downtime

Exercise Objective

Time: 30 minutes

Break out rooms: 5-6 in each

Assignment:

- Assign a scribe and facilitator/reporter
- Identify one overarching category in your area of expertise
- Identify at least three sub-categories
- Identify at least 2 specific activities/functions per subcategory
- Determine if essential or non-essential
- Assign an RTO and an MTD

Exercise Example

Overarching Category	Sub-Category	Specific task, activity, test, function	Essential (E) or Non-Essential (NE)
Emergency Services	Triage	Patient screening and prioritization	E
		Rooming	E
	Physical and Assessment by RN/MD	RN/MD initial assessment	E
		Documentation of assessment	E
Environmental Services	Waste pickup/disposal	Waste pickup in patient rooms and critical areas (e.g., ED)	E
		Waste pickup from offices	NE
	Cleaning of Patient Rooms	Upon Discharge	E
		Daily/General Cleaning	NE

Sample Hospital Mission Essential Functions

- Emergency Services (Emergency Department)
- Surgical Services (Operating Room)
- Laboratory Services
- Health Information Technology
- Patient Care Unit
- Central Supply
- Human Resources
- Environmental Services/Housekeeping
- Obstetrics
- Pharmacy Services
- Public Relations
- Food Services
- Security
- Laundry
- Health Information Management
- Infusion
- Chemotherapy
- Fiscal services (e.g., accounting, payroll, billing)

Adapted from ASPR Healthcare COOP Template

Subcategory Examples

Overarching Category	Sub-Category	Specific task, activity, test, function	Essential (E) or Non-Essential (NE)
Emergency Services	Triage	Patient screening and prioritization	E
		Rooming	E
	Physical and Assessment by RN/MD	RN/MD initial assessment	E
		Documentation of assessment	E
Environmental Services	Waste pickup/disposal	Waste pickup in patient rooms and critical areas (e.g., ED)	E
		Waste pickup from offices	NE
	Cleaning of Patient Rooms	Upon Discharge	E
		Daily/General Cleaning	NE

Recovery Time Objectives

Tier 1 0-2 hours	Tier 2 2-12 hours	Tier 3 12-24 hours	Tier 4 1-3 days	Tier 5 4-7 days	Tier 6 8-14 days	Tier 7 15-30 days	Tier 8 31+ days
---	--	---	--	--	---	--	--

Exercise Objective

Group report out (15 minutes)

- Was the assignment clear and understandable?
- Were you able to identify categories, sub-categories and essential functions/activities?
- Did you assign RTOs and MTDs?
- What was easy to identify and complete?
- What was difficult to do and why?
- To make an appropriate assessment, who else with experience and expertise was needed in the discussion to appropriately address the situation?

Questions?



End of Day One

➤ Give us feedback in the chat:

- ✓ Did the class increase your understanding of the essential functions and how to determine the mission critical functions?
- ✓ Was the PPT content helpful?
 - ❖ Could anything be improved, if applicable?
- ✓ Did the breakout session help to understand how to identify essential functions, Maximum Downtime and Recovery Time Objectives?
 - ❖ What could be improved, if applicable?

Thank you!!!

Tomorrow, February 13th

- We will start promptly at 12:30 pm
- If you have any questions, please raise your hand or put in chat.
- Please don't multitask in the course, if possible.

Continuity of Operations Planning in the Healthcare Sector

February 12-13, 2024
Day 2



This course was made possible by



Thanks to Anne D'Angelo, RN, MS and Eileen Spezio

Faculty

Cheryl Starling, RN, MS

Paul Penn, MS, CHSP, CHEP

Participants

Please put your name
and facility name in the chat

Course Logistics in a Virtual Environment

- **Please focus on the course and don't multitask!**
(We know it is hard!)
- Ask questions by raising your hand or putting them in the chat as we go
- We will stop at times to ask if there are any questions
- There will be break out sessions for hands-on activities

Course Objectives

* Items in **blue** from Day 1

-
- Discuss the Responsibilities of the Healthcare Coalition Members in Continuity Planning
 - Compare and Contrast Continuity and Emergency Management
 - Identify the Elements of a Continuity Plan
 - Utilize the Hazard Vulnerability (Risk) Assessment to Guide Continuity Planning
 - Identify and Prioritize **Essential Functions**
 - Conduct a **Business Process and Impact Analysis**
 - Outline **Next Steps** in the Development of the Hospital Continuity Plan
 - Provide Resources for Continuity Planning

**Any questions before
we launch day 2?**



Business Process Analysis



Business Process Analysis (BPA)

- Once essential functions are identified, it is important to be able to accomplish the critical activities (functions)
- A BPA examines, identifies, and maps the supports for the execution of an essential function or requirement, including:
 - Functional processes
 - Workflows and activities
 - Personnel expertise
 - Systems and data
 - Facilities

Let's Make It Simple 😊

- Who **will be responsible** for ensuring the essential functions are performed?
- What **staff (personnel)** will be needed?
 - Assigned personnel must have reasonable assignments so they can accomplish the essential functions
- What **resources** will be needed?
- What **partners** (internal or external) will be needed?

These are known as ***DEPENDENCIES***

Business Process Analysis - Tools

- The BPA is best **done by the people most familiar with the processes** with support from subject matter experts
- Developing a BPA requires information, persistence, and **time**
- All supporting elements necessary to accomplish each essential function must be considered
- There are multiple tools available for BPA

Let's look at a few examples

FEMA BPA Data Sheet

<u>Business Process Analysis (BPA) Data Sheet</u>	
Organization Name Mission Essential Function #1 – BPA Date	
MEF #1:	What is the overarching and sub-category and essential function.
MEF Statement:	Add a brief description of the essential function
MEF Narrative:	Describe the essential function and why it is important to the organization, patient care, employees, etc.
MEF Function Output:	Create a list describing the products and services that are produced or delivered. Include, if possible, performance measures and time metrics.
MEF Function Inputs:	A list describing information, authorization, supplies, and services required to perform the essential function and describe how each input supports the overall processes.
Leadership:	List the key senior leaders (by position and/or title) who are required to participate directly in the performance of the essential function.
Staff:	Identify staff requirements, including numbers and skills, authorities and/or certification. This should include staff needed for essential function and denote shifts, back up personnel for a 24/7 operation. Identify by position and/or skills (e.g., charge nurse, respiratory therapist).
Communications and IT:	List general and unique communications and IT requirements.
Facilities:	Provide a description of the facility requirements to perform the essential function, including offices space; industrial capacity and equipment; critical supporting infrastructure.
Resources and Budgeting:	Describe critical supplies, services, and capabilities, and other essential resources not listed elsewhere.
Partners and Interdependencies:	List the internal and external partners and the interdependencies needed to perform the essential function. Highlight any product or service provided by the partner, the information shared or exchanged, and any other critical elements that assist to accomplish the essential function.
Procedures and Business Process Flow:	Add a detailed narrative or diagram that ties together all of the elements involved in the process of performing the essential function.
Other Comments:	Add other comments as needed.

FEMA BPA

Pros:

- Detailed narrative
- Addresses major categories

Cons:

- Very narrative
- Must be supported by other forms, charts, and plans
- Not useful during the emergency

Continuity Plan Worksheet

Developed by the California Hospital Association

Found at: www.calhospitalprepare.org/continuity-resources

Benefits

- A spreadsheet that outlines all BPA data, grouped in categories
- A tool can be used for planning **AND** response
- Uses detailed RTO timeframes

Business Continuity Plan

Pharmacy

Print Critical Bus. Process

Print Critical Equipment

Critical Business Processes

Business Process	Priority	RTD Tier #	Functional/Yes/No?	Relocate To:
1 Dispensing of Orders	1	0-2		
2 Processing Medication Orders	1	0-2 Hours		
3 Procurement Meds and Supplies	2	1-3 Days		

Critical Business Process Defined
 A series of logically related activities or tasks when performed together produce a defined set of results.
 A business process is considered critical if it creates or possesses value to the department's stakeholders. The impairment of this process disrupts operations and does not meet customer needs, satisfy mandatory regulations/requirements or allow the execution of the organizations mission.

Print IS Technology Applications

Technology & Equipment Critical Processes

IS Resources	Work Around	RTD Tier #	RTA	Functional Yes/No?	GAP
1 MS4	Yes	0-2Hours			
2 Doctors Portal EE Timcard	No	0-2Hours			
3 Kronos	Yes	2-12Hours			
4 Internet Connectivity	Yes	1-3Days			

RTD and RTA measured as:

Critical Equipment or Resources

What is required for objective performance?

Consumables/Disposables				RTD									
Equipment	Normal Level	Post Incident Assessment Inventory	GAP	Relocate To:	Tier 1 0-2 Hrs	Tier 2 2-12 Hrs	Tier 3 12-24 Hrs	Tier 4 1-3 Days	Tier 5 4-7 Days	Tier 6 8-14 Days	Tier 7 15-30 Days	Tier 8 31+ Days	
1 Automated Packaging	1				0	0	0	0	1	1	1	1	
2 Computer	9				4	4	4	4	4	4	4	9	
3 Fax	1				1	1	1	1	1	1	1	1	
4 Freezer	1				1	1	1	1	1	1	1	1	
5 IV Hood	3				2	2	2	2	2	2	2	3	
6 Phone	10				2	2	2	2	2	2	2	10	
7 Refrigerator	3				1	1	1	1	1	1	1	1	
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													

Print Positions

Staffing Positions

Staffing Positions				RTD									
Positions required?	Normal Level	Post Incident Assessment Inventory	GAP	Physical Presence Required (P), Telecommute (T), or Both (B)	Tier 1 0-2 Hrs	Tier 2 2-12 Hrs	Tier 3 12-24 Hrs	Tier 4 1-3 Days	Tier 5 4-7 Days	Tier 6 8-14 Days	Tier 7 15-30 Days	Tier 8 31+ Days	
1 Manager	1			P	1	1	1	1	1	1	1	1	
2 Pharmacist	6			P	3	3	3	4	4	4	4	4	
3 Pharmacist Technician	6			P	3	3	3	3	3	3	3	3	
4													
5													
6													
7													
8													
9													
10													
11													

Business Process Analysis Tools

Demonstrate the form

To download the form, go to:

www.calhospitalprepare.org/continuity-resources

Business Process Analysis

When completing the BPA worksheet

- Be sure to focus on **your unit or department**
- The focus is not on a unit or department that provides services to you
- Example:
 - Power
 - IT
 - Materials/Supplies



BPA – Cardiovascular Services

Critical Business Processes

	Business Process	Priority	RTO Tier #	Functional Yes/No?	Relocate To:
1	Diagnostic Testing	1	0-2 Hours		
2	Registration	1	0-2 Hours		
3	Reporting	1	2-12 Hours		
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Critical Business Process Defined

A series of logically related activities or tasks when performed together produce a defined set of results. A business process is considered critical if it creates or possesses value to the department's stakeholders. The impairment of this process disrupts operations and does not meet customer needs, satisfy mandatory regulations/requirements or allow the execution of the organizations mission

BPA Worksheet

Business Continuity Plan

Name of Department/Service: Cardiovascular Services

Critical Equipment or Resources

What is required for objective performance?

Consumables/Disposables					RTO								
	Equipment	Normal Level	Post Incident Assessment Inventory	GAP	Relocate To:	Tier 1 0-2 Hrs	Tier 2 2-12 Hrs	Tier 3 12-24 Hrs	Tier 4 1-3 Days	Tier 5 4-7 Days	Tier 6 8-14 Days	Tier 7 15-30 Days	Tier 8 31+ Days
1	Crash Carts w/ Defibrillator	1				1	1	1	1	1	1	1	1
2	Echo Machine	2				1	1	2	2	2	2	2	2
3	EKG	5				1	1	1	1	1	1	1	1
4	Nuclear Scanner	2				0	0	1	1	1	1	1	1
5	Stress monitoring equipment	11				0	0	0	6	6	6	11	11
6	Treadmills	3				0	0	0	0	1	2	3	3
7	Wheelchairs	2				2	2	2	2	2	2	2	2

BPA Worksheet - Staffing

Staffing Positions													
	Positions required?	Normal Level	Post Incident Assessment Inventory	GAP	Physical Presence Required (P), Telecommute (T), or Both (B)	RTO							
						Tier 1 0-2 Hrs	Tier 2 2-12 Hrs	Tier 3 12-24 Hrs	Tier 4 1-3 Days	Tier 5 4-7 Days	Tier 6 8-14 Days	Tier 7 15-30 Days	Tier 8 31+ Days
1	Clinical Manager	1			P	1	1	1	1	1	1	1	1
2	MD	6			P	1	2	2	2	2	2	2	2
3	RN	2			P	1	1	1	2	2	2	2	2
4	Secretary	1			P	0	1	1	1	1	1	1	1
5	Technician	9			P	4	6	6	9	9	9	9	9
6													
7													
8													

CP Concepts on Staffing

International Standards Organization (ISO)

Released ISO/TS 22330 in July 2018: *Security and resilience – Business continuity management systems – Guidelines for people aspects of business continuity*

- ISO is an independent, non-governmental international organization with a membership of 162 national standards bodies
- These are voluntary, consensus-based international standards
- No force of law or regulation
 - Cost for the document (\$185 for non-members)

ISO 22330

This document provides key points and concepts that should be included in the CP for organizations

- Establishes overarching requirements for people aspects of business continuity
 - Competence
 - Awareness
 - Communications
 - Organization's Duty of Care
- People impacts
 - Ongoing safety, security, and productivity
 - Retention and development of skills and talents
 - Recruitment of people
 - Engagement and morale

BPA Worksheet

Technology & Equipment Critical Processes						
	IS Resources	Work Around	RTO Tier #	RTA	Functional Yes/No?	GAP
1	MS4	Yes	0-2 Hours			
2	Doctors Portal	No	0-2 Hours			
3	EE Timcard: • Kronos	Yes	2-12 Hours			
4	Internet Connectivity	Yes	1-3 Days			
5						
6						
7						
8						
9						

RTO and RTA measured as:

RTO Definition: Recovery Time Objectives is the duration of time at which a business process must be restored after a disaster in order to avoid unacceptable consequences due to a break in business continuity

RTA Definition: Recovery Time Actual is the pre-determined time based on when the team can "actually" recover/restore services

Critical Records

Records	Relevance	Media Type	Physical Protection	Alternate or Backup Source	Function Without	Have Downtime Manual?	Regulatory Requirement	Reporting Agency	Reporting Schedule	Post Incident Assessment Inventory	GAP	RTO							
												Tier 1 0-2 Hrs	Tier 2 2-12 Hrs	Tier 3 12-24 Hrs	Tier 4 1-3 Days	Tier 5 4-7 Days	Tier 6 8-14 Days	Tier 7 15-30 Days	Tier 8 31+
1 Medical Records	High	Electronic/Paper	Yes	Tape	Yes	Yes	TJC CDPH					X							
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			

Departmental Dependencies

	Contact Information for Departmental Dependencies	Internal or External Dependencies	Workflow	Location (Onsite Offsite)	Contact		
					Contact Name	Company	Phone Number
1	IT/IS	Internal	Data Communications	Offsite	IS Helpdesk	Hospital IS	510-555-1212
2	Medical Supplier	External	Medical Supplies	Offsite	John Doe	Medical Company X	888-555-1212
3							
4							
5							
6							
7							

Let's Practice Business Process Analysis

Group Exercise # 2a – 30 minutes

Business Process Analysis

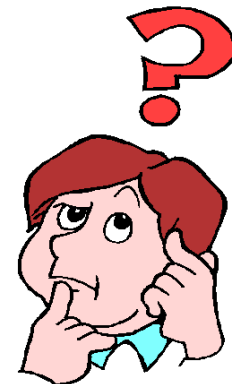
Using **one or more** of the essential functions you identified in Exercise 1, work as a small group to identify:

- Critical Business Processes
- Critical Equipment or Resources
- Staffing Positions

Exercise # 2a: Process Check

Were you able to identify the elements?

- What was easy to identify and complete?
- What was difficult to do, if yes, why?
- What other experts would you need to be involved to complete this appropriately?



Group Exercise # 2b – 15 minutes

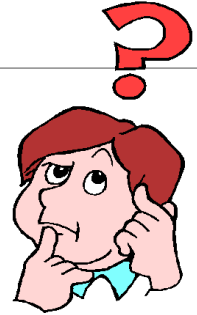
Business Process Analysis

Continue completing the other tables on the worksheet:

- Technology and Equipment Critical Processes
- Critical Records
- Departmental Dependencies

Exercise # 2a & b: Report Out

Group report out (10 minutes)



- Was the assignment clear/understandable?
- Were you able to identify the elements of the BPA?
- What was easy to identify and complete?
- What was difficult to do, if yes, why?
- Will this spreadsheet be useful to your Continuity Planning and EM response???

Business Impact Analysis



Objectives

What is a Business Impact Analysis?

BIA identifies the effects of failing to perform an essential function

- Evaluates **RISK**
- Evaluates how **vulnerable** each essential function is to various threats and hazards
- Helps to identify weaknesses that could compromise successful essential function performance
- Can facilitate development of mitigation strategies

Conduct the BIA after the essential functions and BPA are completed

The Facility Hazard Vulnerability Analysis (HVA)

To start the Business Impact Analysis (BIA), review your most current HVA

- External threats and hazards
 - Explosions and bombings
 - Floods
 - Storms: hurricanes, tornados, high winds,
 - Loss of utilities: power, communications, water, sewer, HVAC, CYBER-attack
 - Major fire
- **Process threats and Hazards**
 - Inadequate critical supplies
 - Failure of a partner or supplier

The Facility HVA

- **Internal threats and hazards**

- Sabotage
- IT crash
- Work stoppages
- Poor planning
- Disgruntled employee

Business Impact Analysis Worksheet

Threat and Hazard Analysis

Essential Function Number 1: **Cardiovascular Services: Diagnostic Testing**

Entry #	Threat / Hazard	Threat or Hazard Characteristics	Threat or Hazard Likelihood (0-10)	EF Vulnerability (0-10)	EF Failure Impact (0-10)	EF Risk Value (0-30)
1						
2						

Likelihood

Value	Likelihood of threat occurrence
9-10	Extremely Likely — Certainty — Happens often
7-8	Highly Likely – Happens occasionally
5-6	Probable — Happened before; more than once
3-4	Possible — Happened many years ago
1-2	Unlikely — No recent memory of this happening
0	Does not happen

Vulnerability

Value	MEF Vulnerability to Threat or Hazard
9-10	MEF fails — will not be performed
7-8	Significant delays in MEF performance; many aspects fail
5-6	Delays in MEF performance; some aspects fail to be performed
3-4	Some delays; most of the MEF is performed
1-2	Minor delays in performance; important aspects performed
0	MEF will be performed completely and on time

(Source: FEMA)

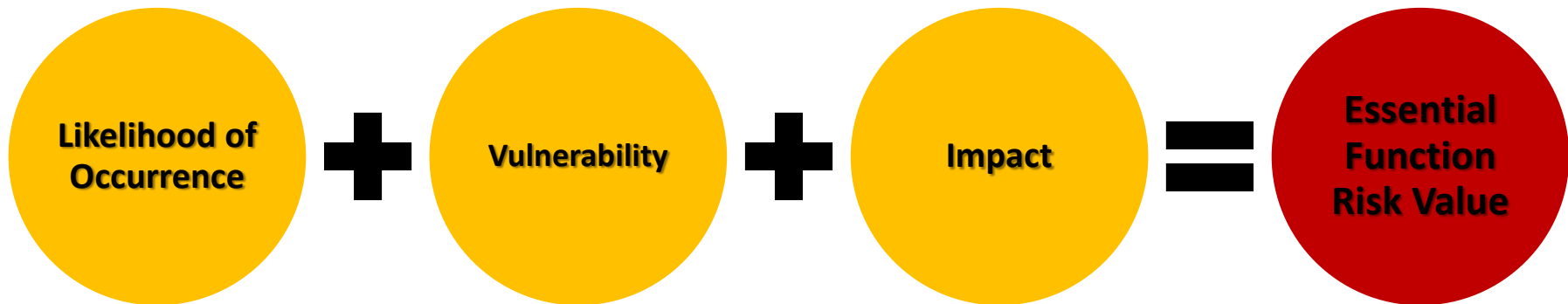
EF Failure Impact

Value	Impact of EF Failure
9-10	Grave impact — extensive death and destruction
7-8	Serious impact — death or injury to many people; extensive disruption to infrastructure and facilities over an extended period of time
5-6	Significant impact to many people and infrastructure over a period of time
3-4	Some impact to a select group of people or portions of infrastructure over a brief period of time
1-2	Minor impact to a select group of people for a brief period of time
0	No impact

(Source: FEMA)

Business Impact Analysis

Essential Function Risk Value



Source: FEMA

Business Impact Analysis Worksheet

Threat and Hazard Analysis

Essential Function Number 1:

Cardiovascular Services: Diagnostic Testing

Entry #	Threat / Hazard	Threat or Hazard Characteristics	Threat or Hazard Likelihood (0-10)	EF Vulnerability (0-10)	EF Failure Impact (0-10)	EF Risk Value (0-30)
1	Category 4 or 5 hurricane	Sustained winds >130 MPH; flooding, building damage, power lines down, facilities closed	6	10	10	26
2	Nearby buildings bombed	Truck bomb seriously damages buildings, kills/injures employees, records destroyed	2	9	7	18

Business Impact Analysis

The **higher** the EF risk value = the higher the **risk and likelihood**

Resources, time, energy should be focused on **addressing the highest risk hazards or has the most impact on multiple hazards**



Relationship to Hazards and Risks

Suggestion:

- When conducting the Continuity planning with staff, do not introduce risk until the end of the processes
- Perhaps the persons with the most emergency management background (E.g., safety committee, EM committee) should rank the EF to the risks

Questions?



Let's Practice Business Impact Analysis

Business Impact Analysis

Exercise #3 – 20 Minutes

Using **one or more** of the essential functions you identified in Exercise 1, work as a small group to:

- Identify the greatest two threats / hazards / vulnerabilities to your organization today
- Describe the threat characteristics
- Using the essential function(s), rate the:
 - Likelihood
 - Vulnerability
 - Failure Impact
- Calculate the EF Risk Value

Business Impact Analysis Worksheet

Threat and Hazard Analysis

Essential Function Number 1: **Cardiovascular Services - Diagnostic Testing**

Entry #	Threat or Hazard	Threat or Hazard Characteristics	Threat or Hazard Likelihood (0-10)	EF Vulnerability (0-10)	EF Failure Impact (0-10)	EF Risk Value (0-30)
1	Category 4 or 5 hurricane	Sustained winds >130 MPH; flooding, building damage, power lines down, facilities closed	6	10	10	26
2	Nearby buildings bombed	Truck bomb seriously damages buildings, kills/injures employees, records destroyed	2	9	7	18

Exercise # 3: Report Out

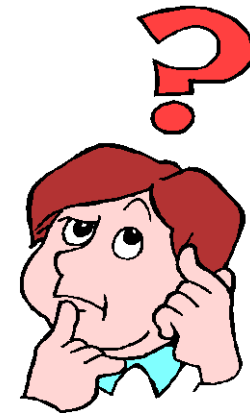
Group report out (10 minutes)

Was the assignment clear/understandable?

Were you able to identify the elements of the BIA?

What was easy to identify and complete?

What was difficult to do and why?



Questions?



Review of Material Covered Thus Far

The key elements of a Continuity Plan:

- Essential functions
 - Identifying **what** needs to be accomplished
- Business Process Analysis
 - Identifying **how** to accomplish the essential function
- Business Impact Analysis
 - Identifying how **vulnerable** the essential function is to highest risk threats

This is the most important work to do!



The Importance of Mitigation to Decrease EF Vulnerability

Mitigation Defined

Mitigation is the activities/actions that reduce the likelihood that the essential functions will be impacted by emergencies

Evaluate Risk Mitigation Needs

Using the BIA results, identify unacceptably high risks to essential performance functions

System-wide unacceptable high risks may be a computer virus that wipes out your IT system

Prioritize where mitigation efforts are most effectively implemented with the highest return and lowest/most reasonable cost



Questions?



***WHEW,
my brain
is
exploding
!!!!***



Additional Continuity Plan Elements To Develop

Other Continuity Plan Elements

Lines of succession
Delegation of Authority
Continuity Plan Activation
Staff assignments and Re-
deployment
Alternate facilities
Communications

Protection of records and
databases
Recovery/Reconstitution
Devolution
Training and Exercise Plan
Plan approval, distribution,
and maintenance

Continuity of Leadership and Decision Making

Orders of Succession



Delegations of Authority



IMS Command

Orders/Lines of Succession

- Orders of succession show who **assumes authority and responsibility** if leadership is incapacitated or unavailable
 - Reinforces the emergency management tenet that one person can perform several functions, and several individuals can perform a function
- Orders must include:
 - The **conditions** that succession would take place;
 - The method of **notifications**; and
 - The conditions that power would **return to the designated leader**

Lines of Succession

- Successions should be 3-4 deep
- How should lines of succession be created for positions?
 - Review your facility organizational chart
 - Determine key positions
 - Determine the personnel who will assume the key position



Example: Succession Plan. Unit

ICU Lines of Succession

	Name	Office Phone Number	Cell Phone Number	Home Phone Number	Personal Cell Phone Number	E-Mail
Manager	Nurse Ratched, RN	(888) 555-3036	(888) 555-0116	(888) 555-3607	N/A	Work: nurse.ratched@notinmyhospital.org Home: ratchedathome@gmail.com
1 st Successor	Brad Pitt, RN	(555) 555-9703	N/A	N/A	(888) 555-6039	Work: brad.pitt@myhospital.org
2 nd Successor	Hugh Jackman	(888) 555-9712	(888) 555-6342	(888) 555-8877	(888) 555-3001	Work: hugh.jackman@ohsohunky.org
3 rd Successor	Charlize Theron	(888) 555-3124	(888) 555-4545	(888) 555-9427	(888) 555-0010	Work: noneyourbusiness@gmail.com

Essential Personnel

Personnel designated by the Administration, Management and/or the Emergency Response Team to be **critical to the continuation of key operations (essential functions) and services** in the event of a Continuity Plan activation



Delegations of Authority

Delegations of Authority

- Identify who has the **legal right to act** on behalf of the hospital's leadership
- Take effect when channels of **normal direction and control are disrupted**
- Will lapse when those channels are reestablished
- Ensures **continued operation of the hospital and its essential functions**, rapid response to emergencies and allows for key policy determinations and decisions to be made when needed

Delegation of Authority

Delegations of Authority should include:

- The authority that is being delegated
- To whom the authority is being delegated
 - By title and not name
- Limits of that authority
- Circumstances in which delegated authorities will become effective and when they will terminate
- The successor's authority to re-delegate those responsibilities



Authority	Triggering Conditions	Position Holding Authority	Delegated Authority
Evacuate the department	When conditions make coming to or remaining in the department unsafe	Department Manager	<ol style="list-style-type: none"> 1. Assistant Dept Mgr 2. Charge Nurse 3. Senior RN
Allow staff to leave work	When the pre-identified department leadership is not available	Department Manager	<ol style="list-style-type: none"> 1. Assistant Dept Mgr 2. Dept Mgr's Supervisor 3. HR Manager
Non-usual patient care procedures	When the pre-identified department leadership is not available	Charge Nurse	<ol style="list-style-type: none"> 1. Senior RN 2. Charge Nurse's Supervisor 3. CNO
Purchase supplies	When the pre-identified senior leadership is not available	Department Manager	<ol style="list-style-type: none"> 1. Assistant Dept Mgr 2. Dept Mgr's Supervisor 3. Finance Director

Cross Walk the CP to the EOP

Orders of succession and delegations of authority are elements that may already be a part of the hospital's

Emergency Operations Plan or in an administrative policy

- If yes, a reference may be made in the CP as to where it is located and not re-cite in the CP
- Anyone accessing the Continuity Plan **must** be able to easily find these elements

Continuity Plan Activation



- Be prepared to activate the CP for **all emergencies** regardless of warning period or time of day
- If necessary and a relocation is imminent, activate your **Evacuation Plan** for patient care while also working **in coordination with CP** to transfer essential functions, personnel, records and equipment to alternate operating facilities

Continuity Plan Activation

Level of Emergency	Impact on Facility
I	Up to 12 hours of disruption
II	12 - 72 hours Limited COOP activation
III	1 or 2 essential functions up to 3 days Alternate site; >1 week
IV	1 or 2 functions, 3 - 14 days Possible order of succession Alternate site; < 1 week
V	Entire center disruption lasting 14 days Activation of succession Movement of operations to alternate site

Staff Assignment/Re-Deployment

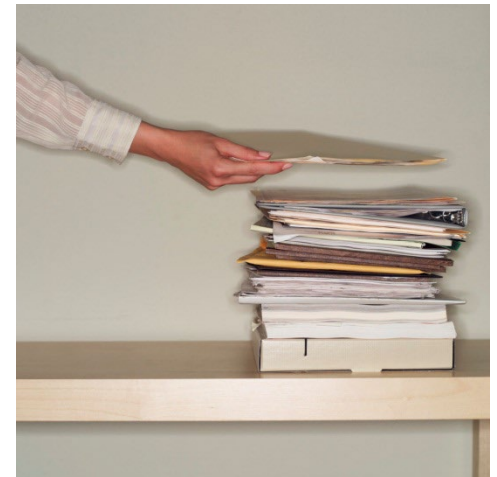
- Identify Staffing/Personnel needed to maintain essential/priority programs and services
- Ensure there are procedures for recalling staff back into the facility
 - Staff can be prioritized for recall
 - Can use multi-media methods to recall staff (see Communications)
- Implement cross-training for each or groups of Essential Function(s)

Alternate Facilities

- Evacuation Plans should identify alternate facilities
 - Other hospitals
 - Non-traditional sites (e.g., fairgrounds)
- When identifying your alternate facilities that are nearby
 - Site may have been offered to multiple other entities as an alternate facility
 - E.g., fairgrounds may be the alternate site for a fire camp
 - Site may be affected by the same incident as your facility if the interruption is regional

Protection of Vital Records & Databases

- Identify specific types of records and databases needed for each Essential Function
- Vital records and databases include any patient records, HR documents, references, records, and information systems
- All essential data systems need to be accessible
- Discuss alternate modes of storage such as virtual “cloud-based” storage and back-up servers out of the area



Essential Vendors

Identify key vendors and alternates that can provide the organization vital resources

- Supplies, equipment and services
- Resources that maintain the safety and well-being of the clients and overall operation of the organization

You may ask your vendors contracting with you: Do you have a CP for your services???



Essential Vendors

Multiple organizations may use the same vendors and have MOUs/agreements


When the incident happens, who “gets” critical supplies first?

- Does the vendor have a Continuity Plan to ensure services/product delivery?
- Depending on the emergency, how will the vendor get to you to deliver supplies?
- Include participation in exercises in vendor contracts and agreements

Key Facility Policies

- Identify your facility policies and procedures that pertain to continuity planning
- Suggested policies for emergency/CP situations
 - Employee call back, absenteeism, discipline, dismissal
 - Employee pay (ensuring you can get their salaries to them on time!)
 - Facility closure
 - Alternate work modalities (telecommute/VPN)
 - Alternate service delivery

Do You Have Policies to Recall Staff?

- Some of the issues that may affect a timely recall could be:
 - Alternative transportation to the facility
 - Emergency housing
 - Day care for staff children/dependent adults, all hours
 - Pet care (yes really!) 
 - Short term financial aid for impacted employees
 - Security/access to new location
 - Payroll continuity

Communications



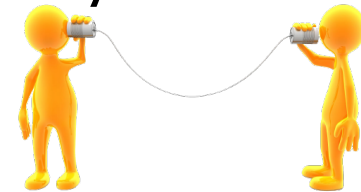
- Develop and maintain a communication plan for employees
- Social Media in Continuity of Operations Planning
 - Social Media Policies for Employees
 - If you have a company Facebook or Twitter account, how are they monitored for information and rumor control during emergency situations

twitter



Communications

- Social Media considerations
 - How is **access** to social media at work handled at your facility?
 - Can staff access social media **on work computers**?
 - Does this include EOC computers and phones?
 - Will employees need to use personal phones and computers?
- How will you communicate to the families and the public should you implement your alternate facility?



Emergency Communications

- Maintain capability to communicate with key partners and emergency managers, including:
 - Local emergency management authorities
 - Local emergency responders (e.g., police, fire, EMTs, ambulance providers)
 - Facility staff/residents/volunteers
 - Patients' families and friends
 - Other local health care facilities, partners
 - Regulatory/licensing agencies
 - Suppliers/vendors
 - Others (e.g., parent company, media, hospital association)

Recovery/Reconstitution

- Recovery is a **time phased approach** of resuming normal operations
 - Returning operations back to normal (or a new normal)
 - A phasing in of the non-essential functions
 - The process of **returning personnel and operations** back to its primary or new facility
- A recovery plan should contain procedures for the **smooth transition** from the relocation site to a new or restored primary facility



Devolution

- Devolution is defined as a **major loss of senior management and leadership** that requires a complete transfer of command and control of all essential functions
- If the facility or a department suffers a significant loss of management capacity, what alternatives are feasible for re-assigning functional responsibilities to another facility?

Training and Exercising

Training, Testing and Exercising is Critical

- Continuity of Essential Functions and Services
- Alert, notification and activation procedures
- Communication Systems
- Vital records and databases
- Information technology systems
- Reconstitution procedures
- Other aspects dependent on hospital operations
- Incorporate aspects of CP into EM exercises



Training and Exercising



- Test the elements and refine them rather than trying to test the whole Continuity Plan
- Example
 - Hold an exercise beginning at the trigger of the event (emergency response), then
 - Come back later and use the same scenario but later in the operational periods where continuity plan response is needed

After Exercise Assessment / Improvement

- Record performance accurately in after-action reports
- Address areas of improvement in future training and exercises
- Implement after-action report recommendations



phillipmartin.info

Plan Finalization and Distribution

Once the Continuity Plan is completed

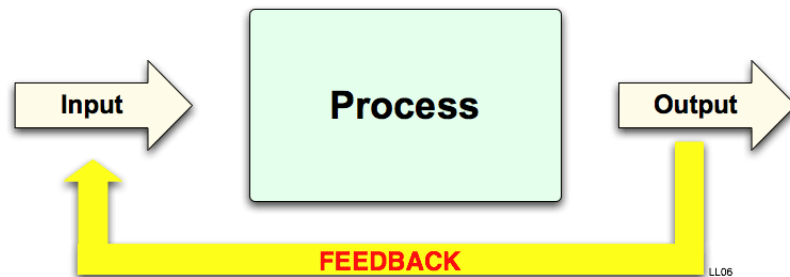
- Present for review and approval
 - Safety Committee
 - Managers
 - Administration and Leadership
 - The Board (if applicable)
- Specify document security controls
- Recruit and train CP response team members
 - May rotate members but need to have an ongoing, active team
- **Promote, train, test, exercise, and improve**

Plan Maintenance

- Maintenance of the Continuity Plan must include
 - Scheduled, periodic reviews of documents and team preparedness, **AND**
 - Event-driven actions where appropriate
- A maintenance plan is necessary to assure a comprehensive and up-to-date CP
 - Team member names and contact information
 - Critical resource requirements
 - Essential functions and key activities or processes
 - Suggest updating **quarterly**

Continuity Planning is a Multi-year Process!

- Break down the steps in manageable “bites” and set realistic timelines!
- Address the **top** priority elements first
 - Hazard Vulnerability Assessment
 - Identification of Essential Functions
 - Succession Planning
 - Identification of Critical Resource Needs and Vendors



Questions?



**Continuity Planning Resources
Used to Develop this Presentation
and Recommended for
Development of Your Continuity
Plan Follow**

Resources

FEMA Online Courses

- Introduction to Continuity of Operations –ICS 1300
<http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-547.a>

Continuity Guidance Circular (CGC) – contains several resource documents and tools

<https://www.fema.gov/emergency-managers/national-preparedness/continuity/circular>



FEMA

FEMA CP Documents

California Hospital Association Continuity Planning website

www.calhospitalprepare.org/continuity-resources

ASPR Healthcare COOP Template

Excerpted from *Healthcare COOP & Recovery Planning: Concepts, Principles, Templates & Resources* (Jan 2015)

<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/hc-coop2-recovery.pdf>

And Lastly

ASPR Continuity Resources/CMS Rule

www.asprtracie.hhs.gov/cmsrule

Questions?



Let's Review The Last Two Days

Course Objectives

- Discuss the Responsibilities of the Healthcare Coalition Members in Continuity Planning
- Compare and Contrast Continuity and Emergency Management
- Identify the Elements of a Continuity Plan
- Utilize the **Hazard Vulnerability (Risk) Assessment** to Guide Continuity Planning
- Identify and Prioritize **Essential Functions**
- Conduct a **Business Process and Impact Analysis**
- Outline **Next Steps** in the Development of the Hospital Continuity Plan
- Provide Resources for Continuity Planning

Today We Touched On the Next Steps

- Other Elements of a Continuity Plan
 - Lines of succession

 - Delegation of Authority
 - Continuity Plan Activation
 - Staff assignments and Re-deployment
 - Alternate facilities
 - Communications
 - Protection of records and databases
 - Recovery/Reconstitution
 - Devolution
 - Training and Exercise Plan
 - Plan approval, distribution, and maintenance

Did we meet those objectives?

Thumbs up or down in chat!

You can do this!

Continuity Planning: One Step at a Time!

Persistence!

it
ALWAYS
SEEMS
IMPOSSIBLE
UNTIL
it is
DONE.



Your feedback is important!

Complete the Poll

**It is anonymous unless you decide to enter
your name at the end**

We appreciate your input and suggestions!

Thank You!!!

Cheryl Starling, RN

Cheryl.starling@gvc1.com

Paul Penn

Paul.penn@gvc1.com