Continuity of Operations Planning in the Healthcare Sector

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This course was made possible by the Regional Training Centers of New York State

Faculty

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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

- **Have fun, interact, ask questions, and share information and best practices**
- We will take regular breaks
- Please silence phones, beepers, and other electronics
- Keep side conversations to a minimum – so hard to do, we know
- There will be regular breaks and a lunch break – can business wait until break?

Introductions

Name
Organization Name and Type
If a hospital, #beds/size
Status of continuity plans

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

(i.e., Emergency Support Function #8 (ESF-8))

ASPR 2017-2022 Health Care Preparedness and Response Capabilities

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,

and 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

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

Healthcare Preparedness and Response Capabilities (ASPR)

- **Capability 1: Foundation for Health Care and Medical Readiness**
  - Goal: The healthcare organization and other stakeholders
    - Have strong relationships;
    - Identify hazards and risks; and
    - Prioritize and address gaps through planning, training, exercising, and managing resources

Adapted from the 2017-2022 ASPR Health Care Preparedness and Response Capabilities (November 2016)

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;
    - Healthcare workers are well-trained, well-educated, and well-equipped to care for patients during emergencies; and
    - 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
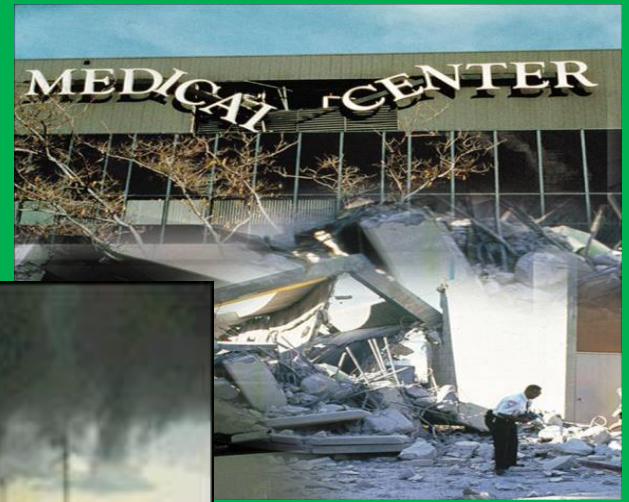
Why is Continuity Planning so Important?

Why is Continuity Planning So Important?

"...the confusion of trying to figure out where our various medical services had ended up. Hand-scrawled messages were taped to our cubicle wall: Psychiatry was at Metropolitan; the Cancer Center at Woodhull Hospital in Brooklyn. Dermatology was seeing patients at Gouverneur Healthcare Services in Manhattan, but only on Wednesdays and Thursdays. Rheumatology was available by phone. Dialysis was at Jacobi in the Bronx. The surgeons were divided up between Harlem Hospital, Metropolitan, Gouverneur and Woodhull. Internal medicine was seeing outpatients at Metropolitan and Gouverneur, but also at Elmhurst, in Queens, and staffing two evacuation shelters 24/7. Internal medicine teams were also covering inpatients at nine different hospitals. But many of these were moving targets; each day a few locations were crossed out and new ones added."

~ Bellevue Physician, New York City following Superstorm Sandy

The average time period (days) to restore to normal operations is 45 days.

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

Impacts of Sandy: Days of Hospital Services Lost

Hospital Services	New Jersey				New York			
	Bayonne[a]	Hoboken[b]	Jersey City	Palisades	Bellevue	Coney Island	Long Beach	NYl
	Approximate Days of Service Lost							
Emergency Department Services	0	14	0	1	40-100	14	>60	>60
Out-Patient Clinics								
Medical/primary care	0	7	7	1	20-34	16	30	7+
Surgical clinics	0	NA	7	1	20-34	6	>60	7+
Ob/gyn clinics	0	7	7	NA	20-34	6	>60	7+
Pediatric clinics	0	7	7	NA	20-34	6	>60	7+
Surgical Services								
Major operative procedures	0	14	7	1	100	>30	>60	60
Minor procedures	0	14	7	1	100	>30	>60	49
Endoscopic procedures	0	14	7	1	100	>30	>60	60
Other specialty procedures	0	14	NA	1	100	>30	>60	60
Obstetric/delivery Services	NA	14	0	NA	100	>30	NA	>60
Rehab/physical therapy	0	14	0	1	100	21	>60	>60
Laboratory services	0	14	0	1	5	3	>60	49
Radiology Services								
Plain radiographs/x-rays	0	3	0	1	40	3	>60	49
Computed tomography (CT) scans	3	3	0	3	40	3	>60	49
Magnetic resonance imaging (MRI)	0	3	0	1	100	>30	>60	60
Ultrasound	0	3	0	1	40	3	>60	49
Interventional procedures	0	NA	0	7	100	>30	NA	49
Blood Bank	0	NA	NA	1	40	>30	NA	49
Non-Clinical Services								
Kitchen	0	NA	0	1	60	0	>60	>60
Laundry	0	NA	0	1	60	0	>60	>60
Administrative	0	7	0	0	5	0	0	moved
Medical records	0	0	0	0	NA	0	0[c]	0

NA = Not available at that facility

a. Took patients transferred from Hoboken Hospital

b. Hospital closed for 14 days

c. Lost records in the out-patient clinic only

Source: http://www.fema.gov/media-library-data/1385590865538-0c10ec4ba66e38db446a93689445ba9e/Sandy_MAT_AppH_508post.pdf

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 protect your investment (if you are an owner)
- To satisfy financial partners (investors, bankers and insurers)
- To protect your livelihood (if you are an employee)
- To maintain and protect your facility's reputation
- To meet DHS/CMS recommendations and other local, state and federal obligations

Defining a Continuity Plan (CP)

- The CP may be:
  o An annex to the organization's Emergency Operations Plan (EOP); and
  o During a response should be addressed under the incident command system (ICS).

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.
  - A 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 a annex to the main CP plan to reflect unique differences and/or situations, such as:

  o Geography or isolation

  o Number of residents/types of residents

  o Available resources in the facility and community

Importance of the Continuity Plan

And most importantly:

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

Compare and Contrast Continuity Planning with Emergency Management

EM and BC are Different

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

Business Continuity 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

Defining Continuity Planning

Defining Business Continuity

The process of ensuring that your critical business functions are prepared to react and recover from a business disruption with **minimal amount of impact** to the business

Iowa State University
Center for Industrial Research and Service

What is a Continuity Plan (CP)?
(AKA: Continuity of Operations or COOP)

- 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

  o On a **short-term basis**, like a power failure; or

  o 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 affect 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	Clinics and Rehab Agencies
Long-Term Care Facilities	Public Health Agencies
Intermediate Care Facilities for Individuals with Intellectual Disabilities	Rural Health Clinics and FQHCs
Critical Access Hospitals	End-Stage Renal Disease Facilities

Centers for Medicare & Medicaid Services

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Intermediate Care Facilities for Individuals with Intellectual Disabilities	End-Stage Renal Disease Facilities
Critical Access Hospitals	

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 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

Public Health Agencies

- CMS Conditions of Admission focus only on Public Health Agencies that deliver PT or speech therapy (billing CMS)

- However, as governmental agencies, a continuity plan is required

CMS Conditions of Participation

- Coordination of Patient Care is stressed in the new rule

  o 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

Refer to Handout for All Agencies

(CMS) Emergency Preparedness Requirements by Provider Type
Inpatient

Provider Type	Emergency Plan	Policies and Procedures	Communication Plan	Training and Testing	Additional Requirements
Hospital	Develop a plan based on a risk assessment using an "all hazards" approach, which is an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and disasters. The plan must be updated annually.	Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan which must be reviewed and updated at least annually. System to track on-duty staff & sheltered patients during the emergency.	Develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well-coordinated within the facility, across health care providers and with state and local public health departments and emergency systems. The plan must include contact information for other hospitals and CAHs; method for sharing information and medical documentation for patients.	Develop and maintain training and testing programs, including initial training in policies and procedures and demonstrate knowledge of emergency procedures and provide training at least annually. Also annually participate in: •A full-scale exercise that is community- or facility-based; •An additional exercise of the facility's choice.	Generators—Develop policies and procedures that address the provision of alternate sources of energy to maintain: (1)temperatures to protect patient health and safety and for the safe and sanitary storage of provisions; (2)emergency lighting; and (3)fire detection, extinguishing, and alarm systems.
Critical Access Hospital	*	*	*	*	Generators
Long Term Care Facility	Must account for missing residents (existing requirement).	Tracking during and after the emergency applies to on-duty staff and sheltered residents.	In the event of an evacuation, method to release patient information consistent with the HIPAA Privacy Rule.	*	Generators Share with resident/family/ representative appropriate information from emergency plan.

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 can take place **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]

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
  - o 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

- **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

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

Operations Chief

- **Staging Manager**
  - Personnel Staging Team
  - Vehicle Staging Team
  - Equipment/Supply Staging Team
  - Medication Staging Team

- **Medical Care Branch Director**
  - Inpatient Unit Leader
  - Outpatient Unit Leader
  - Casualty Care Unit Leader
  - Behavioral Health Unit Leader
  - Clinical Support Unit Leader
  - Patient Registration Unit Leader

- **Infrastructure Branch Director**
  - Power/Lighting Unit Leader
  - Water/Sewer Unit Leader
  - HVAC Unit Leader
  - Building/Grounds Unit Leader
  - Medical Gases Unit Leader

- **Security Branch Director**
  - Access Control Unit Leader
  - Crowd Control Unit Leader
  - Traffic Control Unit Leader
  - Search Unit Leader
  - Law Enforcement Interface Unit Leader

- **HazMat Branch Director**
  - Detection & Monitoring Unit Leader
  - Spill Response Unit Leader
  - Victim Decontamination Unit Leader
  - Facility/Equipment Decontamination Unit Leader

- **Business Continuity Branch Director**
  - IT Systems and Applications Unit Leader
  - Service Continuity Unit Leader
  - Records Management Unit Leader

- **Patient Family Assistance Branch Director**
  - Social Services Unit Leader
  - Family Reunification Unit Leader

Business Continuity Branch (from HICS)

- The function of the Business Continuity Branch is to:

  o Assist impacted hospital functions, departments and areas to maintain, restore, or augment critical business functions, and

  o Meet the designated recovery objectives and recovery strategies outlined in the Incident Action Plan (IAP)

Questions?

Preparation and Readiness is the key!

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
  - o Provide clear direction to ensure linkages with the organization's overall **strategy**
  - o Secure **resources** and accountability throughout the organization
  - o Serve as a **champion** to their peers and beyond to educate and secure buy-in
  - o **Authority** to troubleshoot accountability issues with managers
  - o **Remove** organizational roadblocks hindering progress
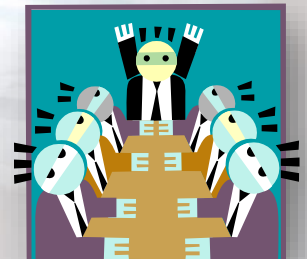
No leadership support means…

- 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
  - o Can be a subset of Safety/Emergency Management Committee
- The CP is a "living document" and must be reviewed, updated and tested annually
  - o It cannot sit on a shelf once completed
  - o 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!
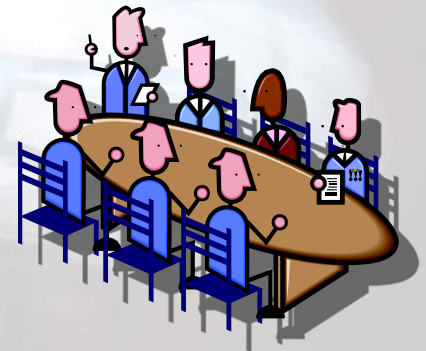
The CP Team

- 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

HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS
KAISER PERMANENTE.

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectiveness, resouces	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Incident (trauma)								0%
Mass Casualty Incident (medical/infectious)								0%
Terrorism, Biological								0%
VIP Situation								0%
Infant Abduction								0%
Hostage Situation								0%
Civil Disturbance								0%
Labor Action								0%
Forensic Admission								0%
Bomb Threat								0%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY
0.00   0.00   0.00

HAZARD VULNERABILITY ANALYSIS (HVA)

- Event focused

- A systematic approach to identify, assess, and prioritize each hazard that may affect a community to show vulnerabilities

- The vulnerability is related to both the impact on the organizational function and the likely service demands created by the hazard impact

- Hurricane
- Severe Thunderstorm
- Fire
- Earthquake

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?
  - o Healthcare Service Delivery
  - o Access to health workforce
  - o Community/Facility Critical Infrastructure
  - o Access to Healthcare Supply Chain
  - o Access to Medical/Non-Medical Transportation System
  - o Healthcare Information Systems
  - o 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 **important 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
  - o Can include legal mandates
- Deferring non-essential activities frees up resources that can be redirected to those activities that **cannot be deferred**
  - o Activities that can and cannot be deferred must be identified

MISSION ESSENTIAL®

Essential versus Non-Essential

- Within the facility many individuals and departments consider their function to be "essential"

- 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

- For example:

  o If you are working on the activities of the pharmacy, power would not be **YOUR** essential function

  o If you are working on the activities of Environmental Services, laundry delivery from an outside source is **NOT** your activity

Essential Functions - Prioritization
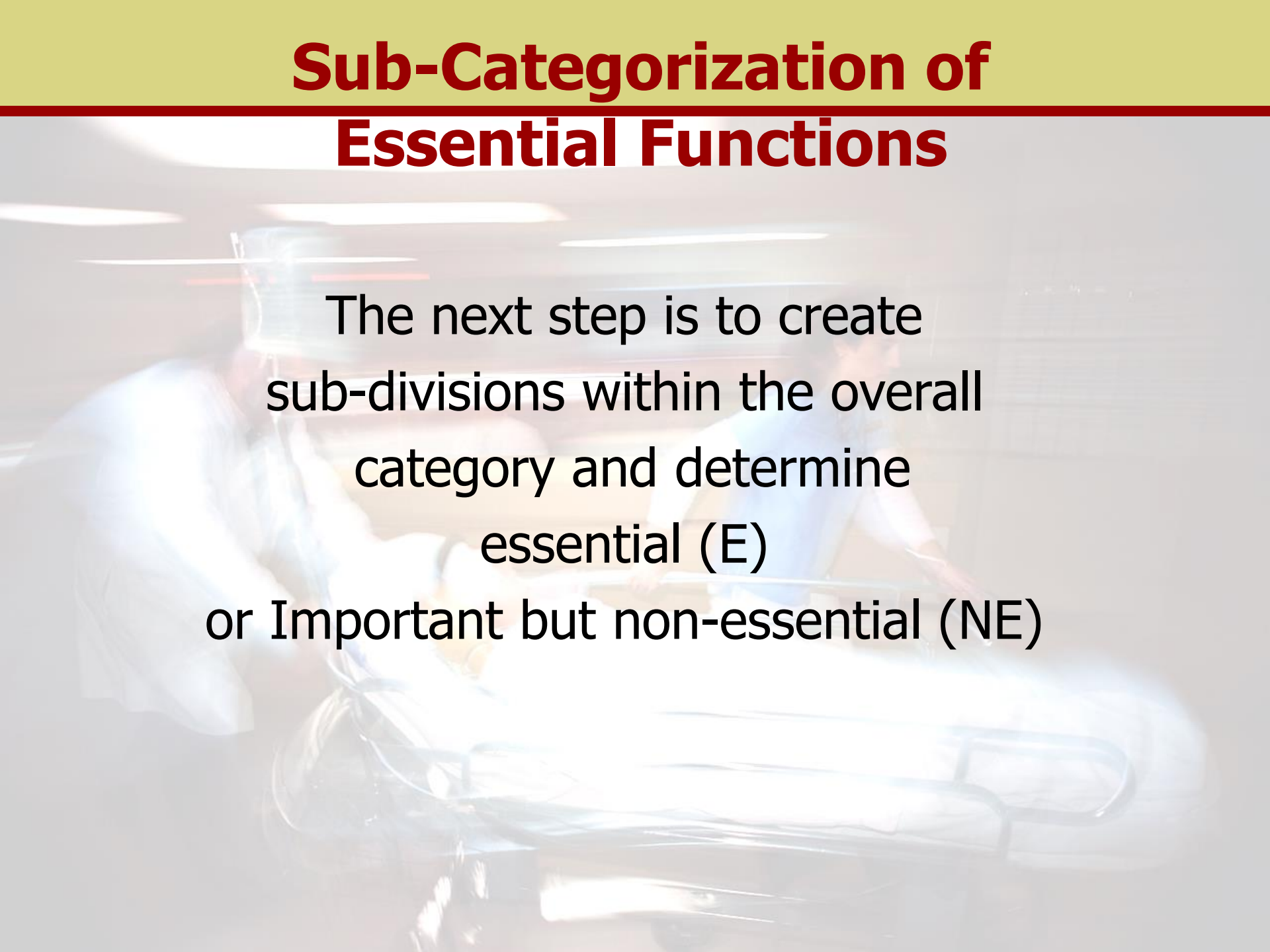
- Criteria for prioritizing functions
  - Varies by organization
- Examples include:
  - Federal/state regulatory requirements;
  - Legal requirements;
  - Public health, safety and welfare;
  - Revenue/financial impact;
  - Public image/confidence;
  - Service to vulnerable populations; and
  - Civil liberties

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

Example - BIA

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?

Recovery Time Objectives

Prioritizing Essential Activities

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

- The RTO is the <u>tolerable period</u> 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 <u>not</u> 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!

Recommended

| 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

RTO Tiers – Less Detail/Sensitivity

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

Priorities – Least Detailed

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
- Form small groups
- Individually or with your group members:
  - o Identify one overarching category in your area of expertise
  - o Identify at least three sub-categories
  - o Identify at least 2 <u>specific</u> activities/functions per subcategory
  - o Determine if essential or non-essential
  - o Assign an RTO and a 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

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?

Questions?

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 functional processes, workflows, activities, personnel expertise, systems, data and facilities inherent in the execution of a function or requirement

Business Process Analysis

- Once essential functions are identified, it is important ___ ___ sh the critical ac___

- A method ___ ng and mapping ___ s, workflows, activities ___ stems, data and facili ___ ution of a function

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?
  - What commitments do your partners have to deliver services or products to you (e.g., fuel)
  - Also know 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 couple

Business Process Analysis (BPA) Data Sheet
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.

F E M A

P-7 5 9

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 All

Print Critical Bus. Process

Critical Business Processes

	Business Process	Priority	RTO 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		
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.

Print Critical Equipment

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	Automed 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	
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													

Print IS Technology Applications

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			
	EE Timcard:					
3	• Kronos	Yes	2-12 Hours			
4	Internet Connectivity	Yes	1-3 Days			
5						
6						
7						
8						
9						

RTO and RTA measured as:

Print Positions

Staffing Positions

	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													

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.

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
    - E.g., power, IT, etc.

BPA Worksheet

Critical Equipment or Resources

What is required for objective performance?

	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
			Consumables/Disposables						RTO				
1	Crash Carts w/ Defibulator	1				1	1	1	1	1	1	1	1
2	Echo Machine	2				1	1	2	2	2	2	2	2
3	EEG	1				1	1	1	1	1	1	1	1
4	EKG	5				2	4	4	5	5	5	5	5
5	Nuclear Scanner	11											
6	Stress Monitoring Equipment	1				1	1	1	1	1	1	1	1
7	Treadmills	1				1	1	1	1	1	1	1	1
8	Wheelchairs	2				2	2	2	2	2	2	2	2
9													
10													

BPA Worksheet

Staffing Positions												
					RTO							
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 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												

International Organization for Standardization (IOS)

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

  o ISO is an independent, non-governmental international organization with a membership of 162 national standards bodies

  o These are voluntary, consensus-based international standards

  o 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

BPA Worksheet

Critical Records													RTO							
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	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	Medical Records	High	Electronic/Paper	Yes	Tape	Yes	Yes	TJC CDPH					X							
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				

BPA Worksheet

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

Business Process Analysis

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

  o Critical Business Processes
    - Essential Categories, Subcategories, or Activities
  o Critical Equipment or Resources
  o Staffing Positions

Exercise # 2a: Process Check

- Were you able to identify the elements of the BPA?

- What was easy to identify and complete?

- What was difficult to do and why?

Business Process Analysis

- Continue completing the other tables on the worksheet:

    o Technology and Equipment Critical Processes
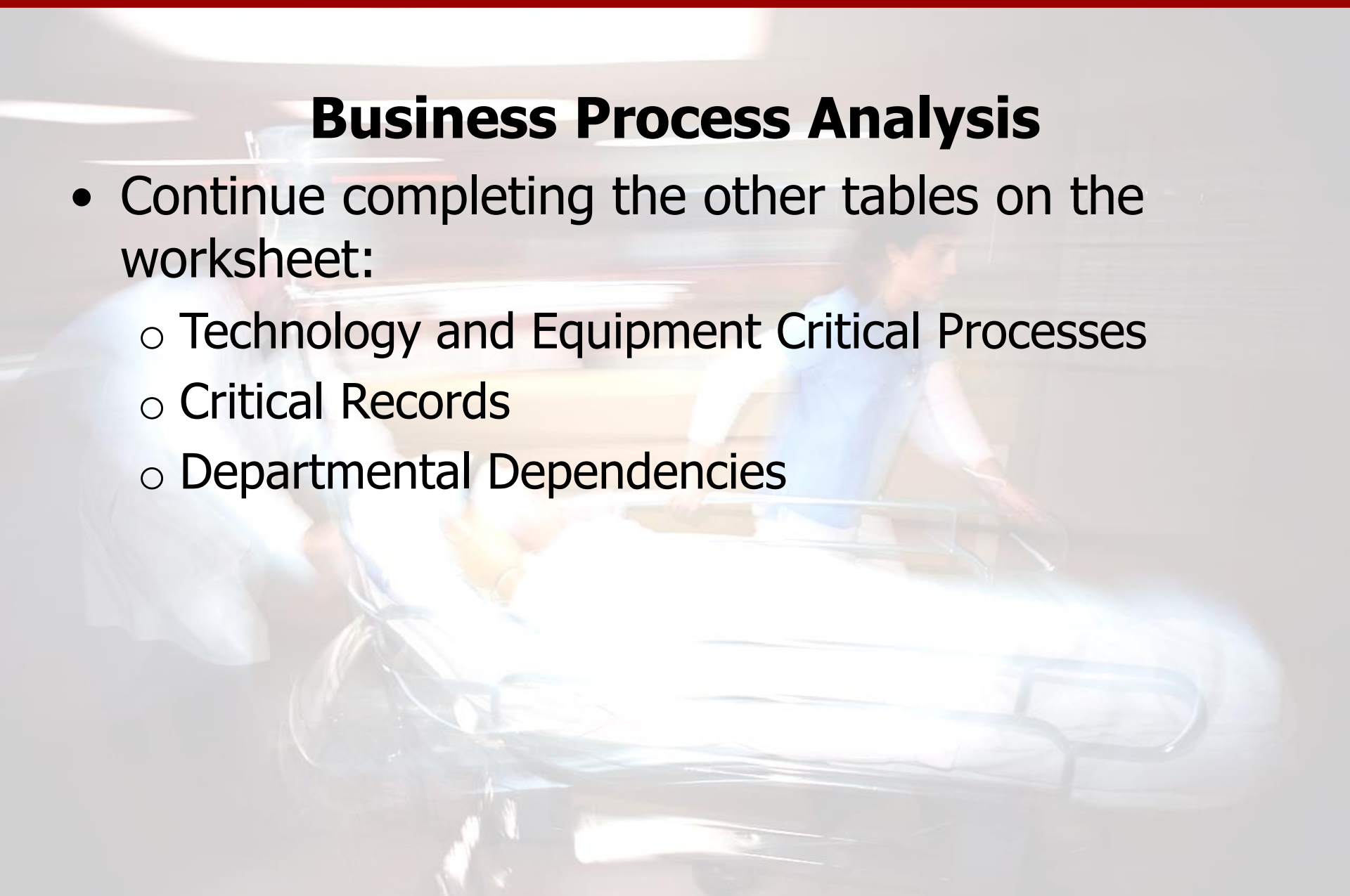
    o Critical Records

    o Departmental Dependencies

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 and why?
- Will this spreadsheet be useful to your Continuity and EM response???

Business Impact Analysis

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
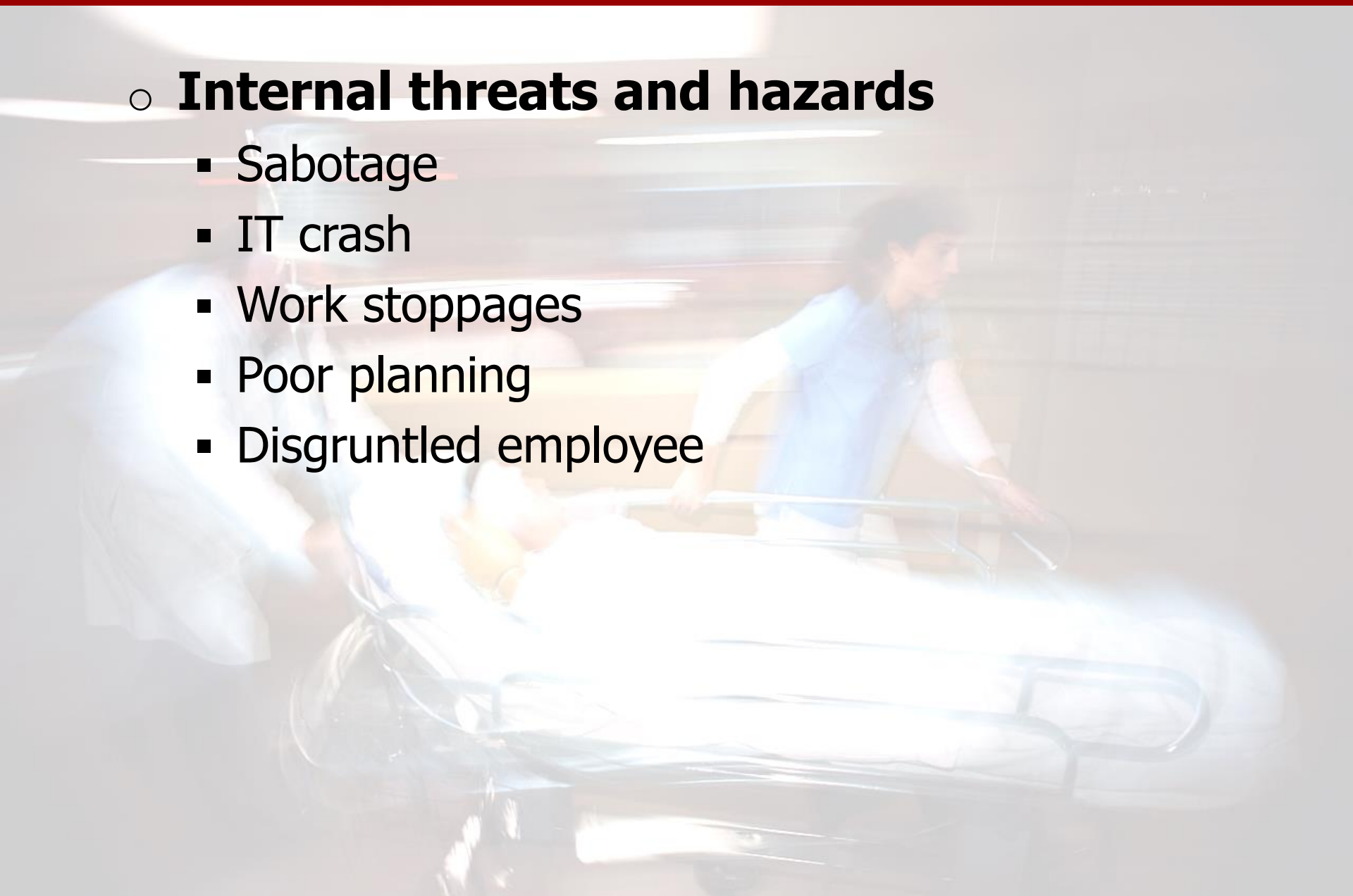
Threat and Hazard Analysis

| 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 of Threat Occurrence

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

(Source: FEMA)

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

Likelihood of Occurrence **+** **Vulnerability** **+** **Impact** **=** **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 most high risk hazards**

- 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

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

  o Rate and Analyze the Business Impact Plan
  - Identify the greatest two threats / hazards / vulnerabilities to your facility today
  - Describe the threat characteristics
  - Using the essential function(s), rate the:
    – Likelihood
    – Vulnerability
    – Failure Impact
  - Calculate the EF Risk Value

Example - BIA

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?
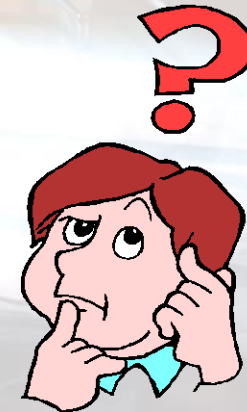
Review of Material Covered Thus Far

- So far, we have covered 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
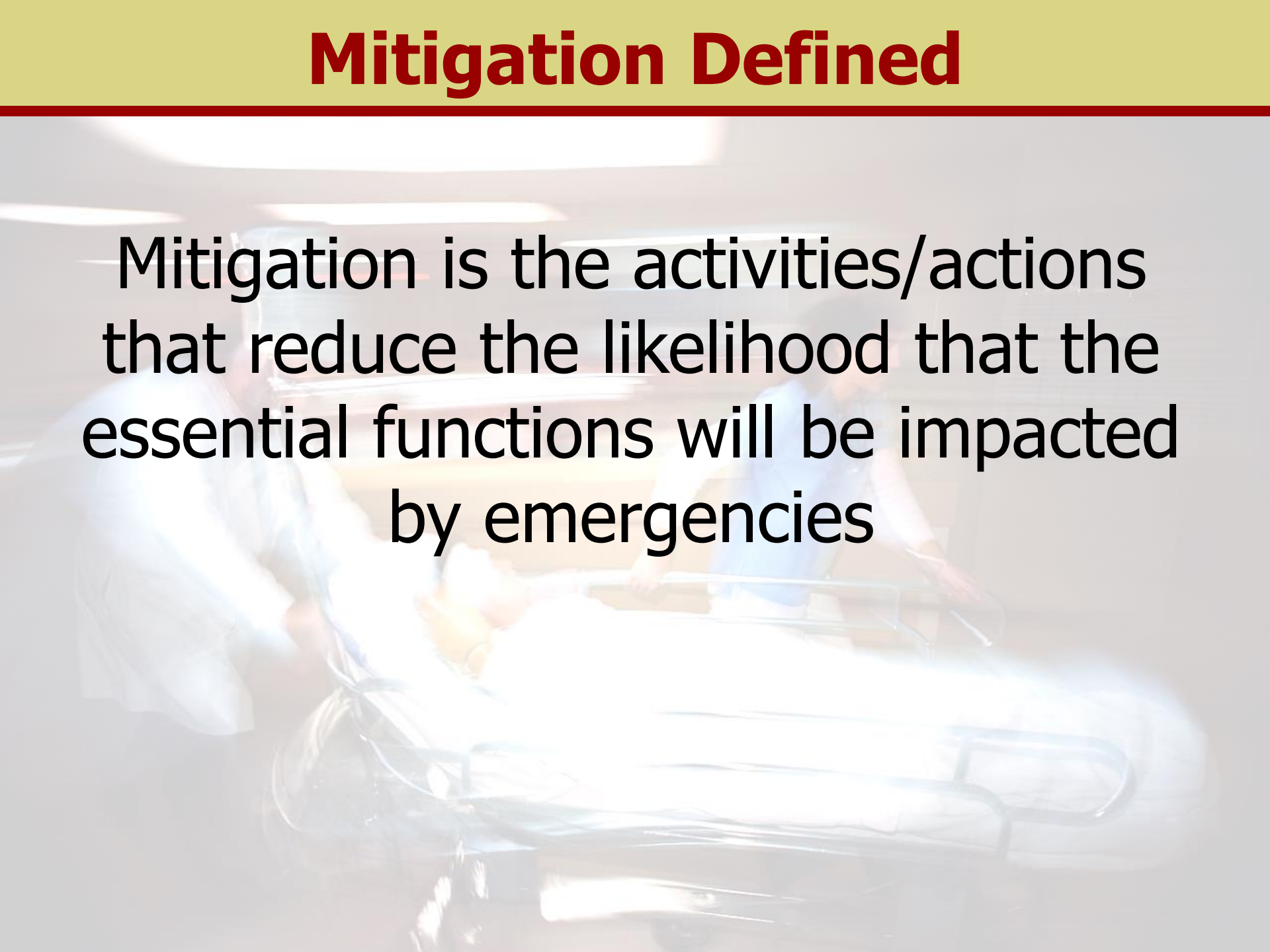
This is the most important work to do!

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

$$$

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

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
1st Successor	Brad Pitt, RN	(555) 555-9703	N/A	N/A	(888) 555-6039	Work: brad.pitt@myhospital.org
2nd Successor	Hugh Jackman	(888) 555-9712	(888) 555-6342	(888) 555-8877	(888) 555-3001	Work: hugh.jackman@ohsohunky.org
3rd 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

YOU HAVE TO DELEGATE SOME AUTHORITY!

Delegation of Authority

Authority	Triggering Conditions	Position Holding Authority	Delegated Authority
Evacuate the department	When conditions make coming to or remaining in the department unsafe	Department Manager	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	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	1. Senior RN 2. Charge Nurse's Supervisor 3. CNO
Purchase supplies	When the pre-identified senior leadership is not available	Department Manager	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
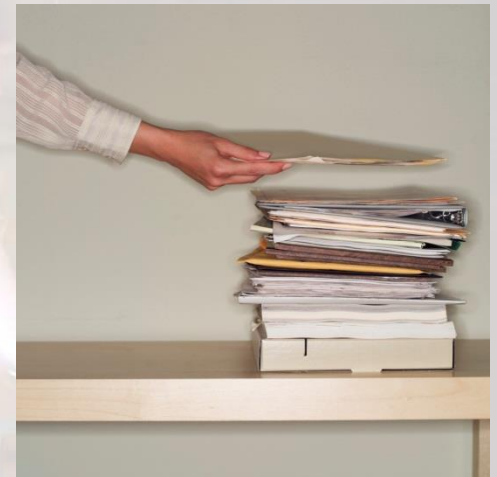
Essential Vendors

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

  o Supplies, equipment and services

  o Resources that maintain the safety and well-being of the clients and overall operation of the organization

Remember:
The new CMS Rule requires your vendors to have Continuity Plans, too!!
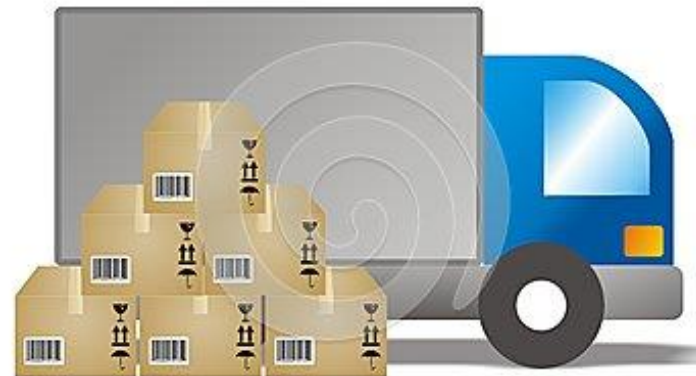
Essential Vendors

Multiple organizations may use the same vendors and have 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, all hours
  - Pet care (yes really!)
  - Short term financial aid for impacted employees
  - Security/access to new location
  - Payroll continuity

PetSitter

Communications

- Develop and maintain a communication plan for all employees
- Social Media in Continuity of Operations Planning:
  - Social Media Policies for Employees
  - Who has the authority to use social media outlets such as Facebook and Twitter
  - If you have a company Facebook or Twitter account, how are they monitored for information and rumor control during an emergency situation

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

Training and Exercising

- Test the elements and refine them rather than trying to test the whole Continuity Plan

- Example

    o Hold an exercise beginning at the trigger of the event (emergency response), then

    o Come back a period of time 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

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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

Input → **Process** → Output

FEEDBACK

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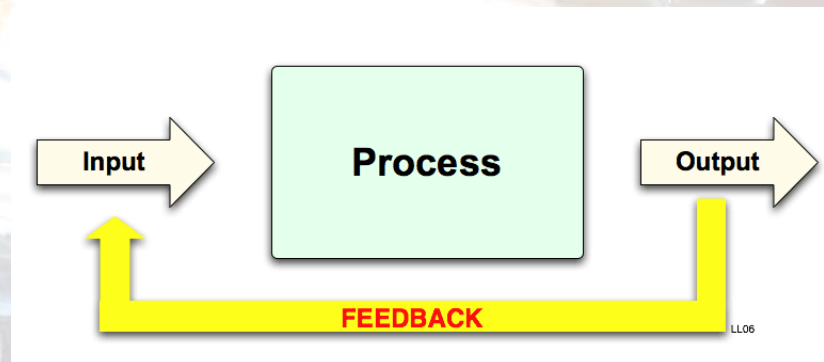
Questions?

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

Resources

- FEMA Online Courses
  - Continuity of Operations Awareness Course http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-546.a
  - Introduction to Continuity of Operations http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-547.a

FEMA CP Documents

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

  https://www.fema.gov/continuity-guidance-circular-cgc

- 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

More Resources

- NFPA 1600 Standard on Disaster / Emergency Management and Business Continuity Programs
  https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=1600

- Business Continuity Plan Template; Los Angeles County Emergency Medical Services Agency
  http://dhs.lacounty.gov/wps/portal/dhs/ems/DisasterMedicalServices

And Lastly

- International Organization for Standardization
  https://www.iso.org/standard/50067.html

- ASPR Continuity Resources/CMS Rule
  www.asprtracie.hhs.gov/cmsrule

Questions?

Let's Review Today

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?
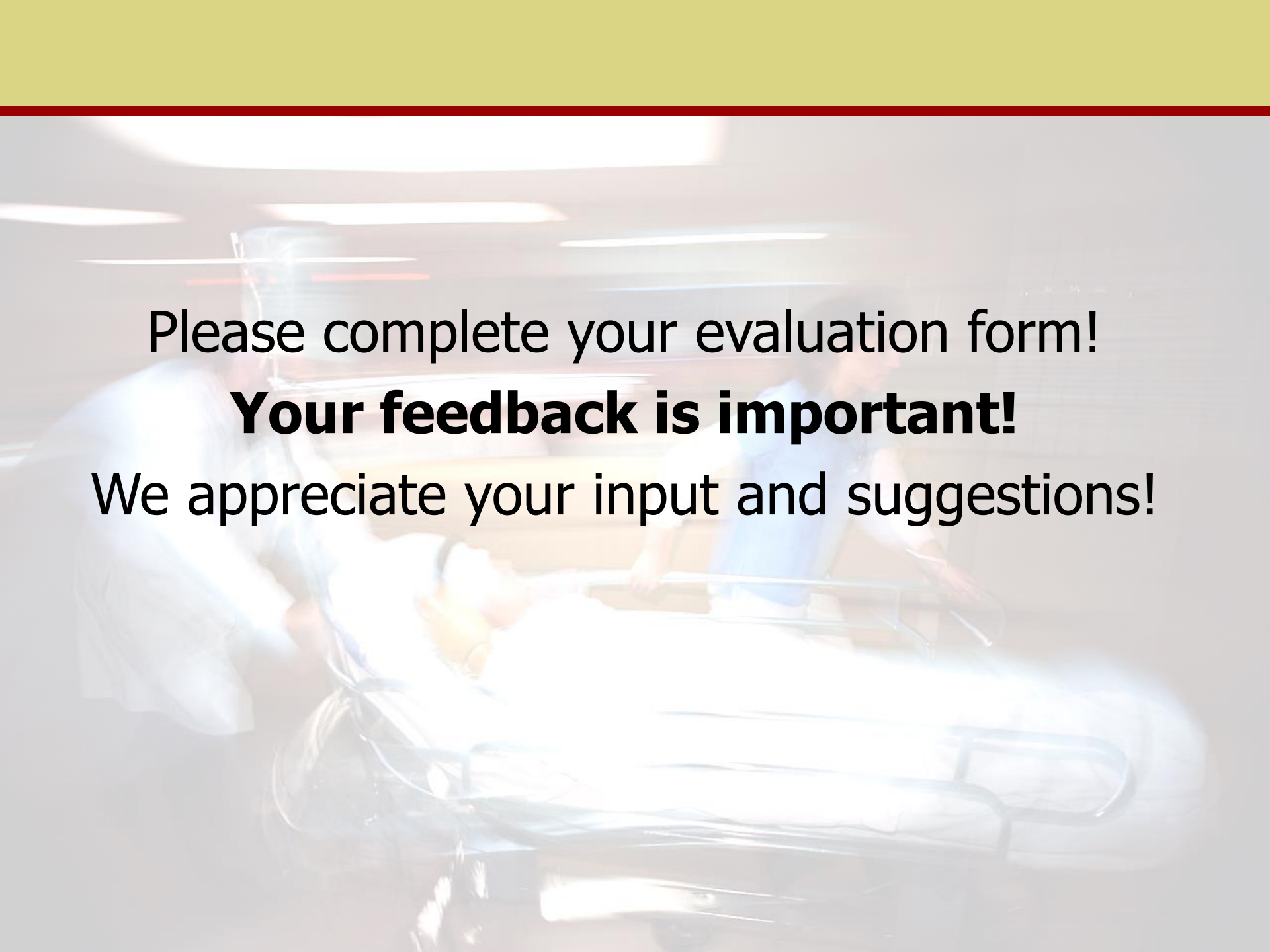
You can do this!

Continuity Planning:

One Step at a Time!

Persistence!

it ALWAYS SEEMS IMPOSSIBLE UNTIL it is DONE.

Please complete your evaluation form!
Your feedback is important!
We appreciate your input and suggestions!

Thank You!!!

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