ENSURING RESILIENCY: CONTINUITY PLANNING FOR HEALTHCARE COALITION PARTNERS

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THE HEALTHCARE COALITION AND CONTINUITY PLANNING

Instructor Introduction

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COURSE OBJECTIVES

Course Objectives

- Compare and contrast continuity with emergency management
- Discuss the responsibilities of the healthcare coalition members in continuity planning
- Identify and discuss the elements of a Continuity Plan
- Describe the importance of identifying essential functions and business processes
- Describe the importance of continuity plan training and exercising

The Healthcare Coalition

The (Office of the) Assistant Secretary of Preparedness and Response (ASPR) defines the healthcare coalition (HCC) as:

A group of individual healthcare and response organizations (e.g., hospitals, clinics, EMS, emergency management organizations, public health agencies, etc.) in a defined geographic location

HCCs play a critical role in developing health care delivery system preparedness and response capabilities

HCCs serve as multiagency coordinating groups that support and integrate with ESF-8 activities in the context of incident command system (ICS) responsibilities

The Value of the HCC in Emergency Response

- Coordination of activities among healthcare organizations and other stakeholders in communities;
- HCC members actively contribute to HCC strategic planning, operational planning and response, information sharing, and resource coordination and management.
- As a result, HCCs collaborate to ensure each member has what it needs to respond to emergencies and planned events, including medical equipment and supplies, real-time information, communication systems, and educated and trained health care personnel.

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:
    - 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

Why is Continuity Planning so Important?

Defining a Continuity Plan (CP)

Old term: Continuity of Operations or COOP

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

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

Defining a Continuity Plan (CP)

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

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

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

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

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 in that:

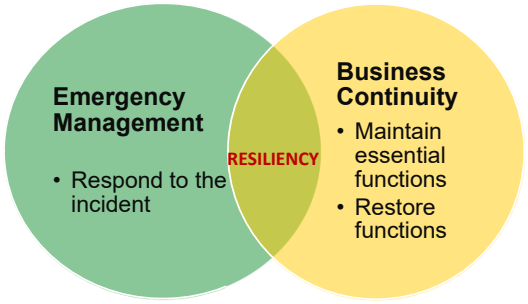
Emergency Management focuses on meeting the incident objectives to address the hazard

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

For Example: Flooding

EM	CP
Incident Objectives • Protect Long Term Care Facility from flood waters	**Incident Objectives** • Protect long term care facility from flood waters
Strategies • Sandbag low areas	**Strategies** • Elevate building above flood waters during remodel • Create barrier • Ensure immediate availability of sand/sandbags, pumps
Tactics • Build sandbag wall at loading dock that is 7 bags high by 3 bags wide	**Tactics** • Direct architects to include elevation in design of remodel • Build floodwall at low lying areas • Purchase sand/sandbags

Integration of Emergency Management and Business Continuity



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

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

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

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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

Link to the 42 CFR: https://www.gpo.gov/fdsys/pkg/FR-2016-09-

CMS Conditions of Participation
Core Elements

- Maintain an Emergency Plan –Review Annually
  - Based on a documented, facility-based and community-based risk assessment or Hazard Vulnerability Assessment (HVA)
  - Include strategies for emergency events based on (HVA)
  - Address patient population including:
    - Persons at-risk
    - Type of services the entity has the ability to provide in an emergency
    - Continuity of Operations, including
      - Delegation of authority
      - Succession plans
  - Include a process for cooperation and collaboration with local, tribal, regional, State and Federal emergency preparedness officials;
    - Maintain an integrated response in disaster or emergency
    - Documentation of efforts to contact officials
    - When applicable, participate in collaborative and cooperative planning efforts

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
      - Maintain temperatures for patient safety
      - Sanitary storage of provisions
      - Emergency lighting
      - Fire detection/extinguishing and alarm systems
      - Sewage and waste disposal

CMS Conditions of Participation
Core Elements (continued)

- 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 (continued)

- 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 (continued)

- Communications Plan
  - Names and contact information for
    - 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 (continued)

- 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 (continued)

- 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) 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.

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 (continued)

- 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 Ops Plan (EOP) identified 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

(A program of the American Osteopathic Association)

- 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

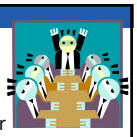
6.9 Business Continuity and Recovery. The Continuity Plan shall:

- 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

DEVELOPING THE CONTINUITY PLAN

You can't build a successful program without substantive support from leadership.

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 a CP

- This 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 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
- A CP "program" includes:
  - Ongoing staff training
  - Annual exercises
  - Improvement planning
  - Implementation of contingency procedures/strategies
  - Annual plan reviews and updates

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

CONTINUITY PLAN COMPONENTS

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

Your Hazard Vulnerability Assessment (HVA)

- High level understanding about the hazards and risks that the hospital faces
- Helps you prioritize program resources and attention
- Tools are simplistic in nature
- Talk to area emergency managers, hospitals, clinics, police, fire and others about the hazards and risks!

HVA

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

Essential Functions, Personnel, Vendors

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

Source: ASPR Healthcare COOP Template

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 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

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 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:
  - 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 Versus Important (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!

Recovery Time Objectives

Prioritizing Essential Activities

Essential functions are prioritized by assigning a **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 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!

Recommended

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

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

Essential Function Tools

There are multiple tools and forms available for development of essential functions!

Each facility should review available formats and determine the best tool

Questions?

Break Time

- We will have a 15 minute break
- Please:
  - Don't disconnect from the webinar
  - Do NOT put your phone on hold,
  - Return promptly to the webinar

Thanks so much for your cooperation!

Welcome Back!

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

Elements of a Business Process Analysis

- 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
- Many forms and tools are available to conduct the BPA
- An excellent tool can be found at www.calhospitalprepare.org/continuity-resources

ADDITIONAL CONTINUITY PLAN COMPONENTS

Lines of Succession

- Identifying key positions are an essential part of an facility's CP
- Successions should be 3-4 deep
- How lines of succession should 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) 555-0010	(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 COOP activation.

Delegation of Authority

- It is not "business as usual"
- Some operating procedures may be stopped as they are not essential
- Some positions may be assigned additional authority
- Types of authority that may be delegated include:
  - Emergency authority
  - Administrative authority

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

Delegation of Authority

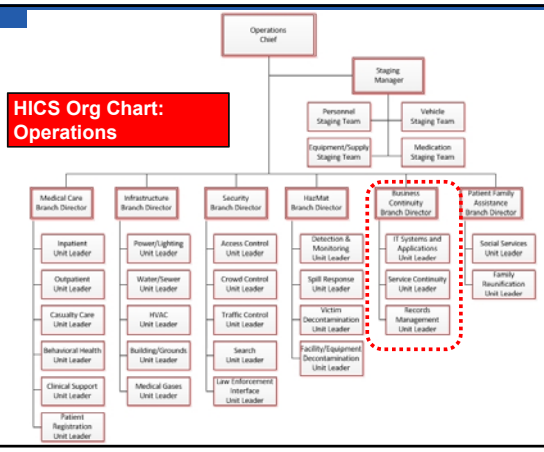
- Steps for delegating authority include:
  - Specify the responsibilities that should be delegated
  - Describe circumstances that trigger delegation of authority
  - Identify limitations on the delegation of authority
  - Provide adequate documentation of delegations of authority
  - Ensure that personnel are trained to perform the duties delegated to them

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

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)

Activation

- Be prepared to activate CP for 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

CP Activation

Level of Emergency	Impact on the Facility
I	Up to 12 hours of disruption
II	12 - 72 hours Limited CP 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 or more Activation of succession Movement of operations to alternate site

MORE CONTINUITY PLAN COMPONENTS

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 (Prioritization)
- Consider cross-training to conduct the Essential Functions
  - Example: facilities staff assigned to security

Identify Alternate Facilities

- Evacuation Plans should identify alternate facilities for your patients and residents
  - May include multiple facilities/areas for essential functions to continue
  - E.g., patients/residents to one alternate facility while laboratory operations conducted at another site
- Memorandums of Understanding should be developed for alternate facilities
  - Formal and informal
- When identifying your alternate facilities that are nearby, remember that they may be affected by the same incident as your facility if the interruption is regional
  - Have a secondary back up plan

Alternate Facilities-Personnel

- Determine/designate alternate space for non-medical personnel
- If the position is deemed essential, where will their function be performed?
  - E.g., office staff, facilities manager, IT
  - Can telecommuting be considered?
- Consider entering into agreements with temporary work space providers to continue operations
  - E.g., temporary office space

Protection of Vital Records and Databases

- Each Essential Function needs to identify specific types of records and databases that are critical and required
- 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

- CMS requires that hospital vendors have continuity plans!
  - Address this when developing contracts and agreements
- 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 patients/residents and overall operation of the organization

Vendors and Continuity Planning

Multiple organizations may use the same vendor and have agreements, but when needed, who "gets" critical supplies first?

- Does the vendor have a CP plan?
- Depending on the emergency, how will the vendor get to you to deliver supplies?

Key Facility Policies

- Identify policies that support continuity planning or may conflict with the CP
- Policies may address the following in emergency situations:
  - Employee call back and notifications
  - Absenteeism/discipline/dismissal
  - Business Operations
  - Facility closure
  - Alternate work modes (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
  - Emergency housing
  - Day care
  - Short term financial aid / access to money (ATM)
  - Security/access to new location
  - Payroll continuity

Communications

- Develop and maintain a communication plan for all employees
- Identify multiple modes/methods of communication
  - Local resources (radio, email alerts)
- Social Media and the CP
  - Develop social media policies for employees
  - Who has the authority to use social media outlets during emergencies and for what purpose (Facebook, Twitter, Instagram)
  - If you have a company Facebook or Twitter account, how are they monitored for information and rumor control during an emergency situation?

Emergency Communications

The Emergency Plan and CP should address how critical communications will be done during emergencies, including communication with:

- Local emergency management authorities
- Local emergency responders (police, fire, EMS)
- Facility staff/residents
- Patients' families
- Other local health care facilities
- Regulatory/licensing agencies
- Suppliers/vendors
- Others (parent company/corporation, media)

Recovery/Reconstitution

- Recovery is a **time-phased approach** to resume normal (or a new normal) of operations
  - Essential functions re-established first
  - May include a slower return of non-essential function
- 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 others or 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 – preservation and transfer
- Information technology systems
- Reconstitution procedures
- A program should be developed for training, testing and exercising

Test, Train, and Exercise (TTE)

- A TTE program provides the framework for promoting consistency and uniformity of mission-readiness activities
- TTE measures an agency's capacity to support the continued execution of its essential functions throughout the duration of a continuity situation
- An effective TTE program:
  - Provides training in areas appropriate to mission readiness
  - Provides opportunities to acquire and apply the skills and knowledge needed for continuity operations
  - Builds team unity

Good Training/Testing Practices

- Train before you test:
  - Establish goals for training and testing
  - Test components of plan before testing larger plan elements
  - Employ tabletop exercises before simulating events
- After-exercise assessments capture lessons learned
  - What worked well? – no change
  - What did not work? - refine the CP
- Test the elements and refine them rather than trying to test the whole CP at one time

What to Exercise

- Elements of the of CP operations
  - Alert, notification, and activation
  - Relocation to alternate facilities
  - Concept of Operations
  - Logistical support, services, and infrastructure to alternate facility
  - Devolution
  - Reconstitution
  - Include interface between CP, Emergency Plan and Evacuation Plans

After Exercise Assessment & Evaluation

- In Emergency Management, known as after-action reporting and improvement planning
- Identify gaps, success and/or areas of improvement in CP and facility procedures
- Let the exercise data and measures guide improvements
  - Work as a team to identify weak areas, identify reasons and suggests methods of improvement
- Record performance accurately in after-action reports
- Address areas of improvement for future training and exercises
- Implement after-action report/improvement plan recommendations

Plan Finalization and Distribution

- Complete all of plan documents and pieces
- Approval of the CP by leadership
  - CP strategies and functions
  - CP Activation structure
- Specify document security controls
- Recruit and train a CP response team
- **Educate/train, test, and exercise the CP**

Plan Maintenance

- The CP Maintenance plan should include both:
  - Scheduled, periodic reviews of documents and team preparedness; and
  - Update of plan after any event or exercise
- A maintenance plan is necessary to assure currency:
  - Team member names and contact information.
  - Critical resource requirements.
  - Essential functions and key activities or processes

WHERE DO YOU START?

At the Beginning

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

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
  - Mission Essential Functions http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-526
  - Continuity of Operations Planners Workshop http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-524

Additional Resources

- 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

- Continuity of Operations Plan Guidance Document (Kansas Department of Health and Environment)
  http://www.kdheks.gov/cphp/download/HospitalCOOPGuidance_Document.doc
- NFPA 1600 Standard on Disaster / Emergency Management and Business Continuity Programs
  http://www.nfpa.org/codes-and-standards/document-information-pages?mode=code&code=1600

And More …

- Business Continuity Plan Template; Los Angeles County Emergency Medical Services Agency
  http://dhs.lacounty.gov/wps/portal/dhs/ems/DisasterMedicalServices
- Essential Functions and Considerations for Hospital Recovery; Harvard School of Public Health; Emergency Preparedness and Response Exercise Program; September 2013
  https://cdn1.sph.harvard.edu/wp-content/uploads/sites/1435/2013/01/Essential-Functions-and-Considerations-of-Hospital-Recovery.pdf

FEMA CP Documents

- Continuity Guidance Circular 1 (CGC 1) Continuity Guidance for Non-Federal Entities (States, Territories, Tribal, and Local Government Jurisdictions and Private Sector Organizations) 2009

  https://www.fema.gov/pdf/about/org/ncp/coop/continuity_guidance_circular.pdf

- Continuity Guidance Circular 2 (CGC 2) Continuity Guidance for Non-Federal Governments: Mission Essential Functions Identification Process (States, Territories, Tribes, and Local Government Jurisdictions) FEMA P-789 / October 2013

  https://www.fema.gov/media-library-data/1386609058826-b084a72306632249ab1d6da4b6472e691/Continuity-Guidance-Circular2.pdf

And Lastly

- ASPR Continuity Resources/CMS Rule

  www.asprtracie.hhs.gov/cmsrule

  Please subscribe this site to receive updates and information!

Persistence!

Questions

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