Continuity Planning at California Hospitals
Panel Presentation

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Business Continuity Planning 101

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Overview

- All plans are not created equally!
- Communicating effectively.
- Documenting the incident.
- Analyzing the data.
All plans are not equal

- Patient Care vs. Non-Patient Care
- In-Patient vs. Out-Patient
- Critical IT Applications
- Non-IT Critical Systems

Activating the plan

- Leverage the Power of Mass Notification Tools
  - The right message
  - The right people
  - The right time

Documentation

- The Joint Commission
- Insurance
- FEMA
- Litigation
- Others?
Analyzing the data

GET ALL THE INFORMATION YOU CAN, WE'LL THINK OF A USE FOR IT LATER.
Business Continuity Planning
A Healthcare System Approach

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Director, Environmental Health
Sutter Health
Sacramento, CA

Sutter Health Emergency Management System

SHEMS

Mitigation
Preparedness
Response
Recovery

SHEMS

Site Assessment
SHICS
Critical Processes
Emergency Contacts
Supply/Equipment
Resilient Buildings
Technology
Staff

All Hazards Plan

BCP

(visual diagram of processes and systems involved in SHEMS, including mitigation, preparedness, response, and recovery phases.)
### Key Element | Purpose
--- | ---
Customer Focused Six Sigma | • Utilizes the Design for Six Sigma methodology to identify customer needs and develop a program to fulfill those needs
Affiliate Site Assessment | • Evaluate Affiliate's ability to be self sustainable for the first 96 hours of a catastrophe
Incident Command | • Provide an organized structure to assist Affiliates in maintaining optimal patient care in the event of a catastrophe
BCP Initiative | • Protect the most critical aspects of our business to ensure continuity of patient care operations

### BCP Benefits
- Continuation of patient services
- Fulfill moral responsibility to protect
  - Employees
  - The community
  - The environment
- Facilitates compliance with regulatory requirements

### BCP Benefits
- Enhances ability to reduce:
  - Disruptions to service delivery
  - Financial losses
  - Regulatory fines
  - Loss of market share
  - Damages to equipment
Business Continuity Initiative

Introduction
- Executive Support
- Emergency Management Coordinators

Development
- Partnered with Strategy and Business Development
- Department specific approach
- Identified five major service lines and ancillary departments

Roll-Out
- Developed a BCP Toolkit containing:
  - The BCP Tool
  - Critical Processes are prioritized into tiers based on operational periods
  - Each Department has its own profile that lists their critical business processes and needed resources to continue operations
Business Continuity Initiative

- **Introduction**
  - BCP Toolkit
    - Department Profile Templates:
      - Critical Business Process
      - Critical Equipment or Resources
      - IS Applications
      - Staffing positions
      - Critical Records
      - Departmental Dependencies
  - 

- **Development**
  - 

- **Roll-Out**
  - 

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Business Continuity Initiative

- **Introduction**
  - 4 year initiative
  - SISCO Incentive Program
    - Oversight team:
      - Senior Management
      - Emergency Coordinator
      - Selected key service lines/ancillary departments
    - Department Managers complete business continuity profiles
    - Drills
    - Environmental Risk Team support
  - 

- **Development**
  - 

- **Roll-Out**
  - 

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Business Continuity Initiative

- **Introduction**
  - 

- **Development**
  - 

- **Roll-Out**
  - 

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Challenges and Successes

- Completely new concept
- While it was initially challenging, we gained key player buy-in
- Addressing issues as identified during the process
- IS – meeting expectations of affiliates
- Telecommuting vs. physical presence
- Concept of operations
- Connecting BCP to HICS/EOP
- Developed additional department profile templates
- Focus on recovery
- Short term AND long term
Business Continuity Planning for Stand-alone Hospitals

Jeremy Stacy
Director of Support Services
Good Samaritan Hospital
Los Angeles, CA

Introduction
Like most of you, I wear many hats:
• Environment of Care
• Emergency Management
• Contracts
• Operations Management
• Projects/Construction Support
• Business Recovery

Objectives
• Determine a planning structure that fits your organization
• Determine the stakeholders and resources available to assist
• Develop strategies to address plan development
• Explain steps involved in planning
• Discuss the role of contracted services
### Common Issues for Stand-alone Facilities

- Is our Internal Triage plan sufficient?
- How do we get Governance/Executive support?
- Who is responsible?
- HOW DO WE EVEN DO THIS????

### Who is Responsible?

- Risk Management
- Compliance
- IT
- Disaster Coordinator

### Governance/Executive Support

- Because of the massive scope of BC planning, executive support is critical
- No individual can perform contingency planning for all departments
- Who’s the one person prepared for every situation?
Team Development

- Executive Sponsor
- Department Directors
- BCP Management Team – IT, Risk, Facilities, Disaster Coordinator, etc.
- Internal Subject Matter Experts
  – Poll your staff to see who has experience with disasters – Northridge, San Francisco, LA riots, etc.
Planning Structure

• “Whole House” approach
  – Pros: centralized, makes scoping project easier
  – Cons: unwieldy, can easily overlook critical functions
• “Department-Specific” approach
  – Pros: finite detail, personal accountability
  – Cons: silo planning means detailed gap analysis needed

Which Departments?

• Patient Care Departments
  – Individualized plans may be unnecessary due to mission, services, reporting structure
• Support Departments
  – Absolutely critical due to mission, services, differing structures
  – Lab, Pharmacy, Engineering, IT, RT, Procurement

Department Meetings

• Business Impact Analysis – based on HVA
• Identify the following:
  – Critical Business Functions
  – Recovery Time Objective
  – Recovery Point Objective
  – Vital Records/Equipment
  – Alternate Workspace needs
    » Power, phones, internet, etc.
Critical Business Functions

Gap Analysis

- Does your Facilities and IT staff have the resources to meet the RTO?
- Does your IT department have the capability to meet the RPO?
- What pre-planning can the department do to mitigate delayed response?
  - Pre-positioned supplies – go-bags and/or downtime kits
  - Pre-designated work areas

Writing Plans

- Thicker Plans ≠ Better Plans
- Write complex solutions simply
- Simple solutions are probably wrong:

3. Find x.
Writing Plans

“If you make something idiot-proof, they’ll make a better idiot.”

First Response

Don’t win the battle only to lose the war!

Staff:
• Create teams by geographic region
• Split teams into multiple, phased response groups
• Split teams into continuity and response
• Can team members telecommute?

Response Tactics

• Disaster Response Team
  – Team members who will report directly to the frontline to assist with the disaster
• Continuity Team
  – Team members who will stay behind to handle routine functions and/or workplace relocation
• Know and drill your roles
Recovery Tactics

How are recovery tactics different from response?
– Simply put, they’re the reverse
  » Take something out? Put it back.
  » Set something up? Take it down.
  » Call people in? Send them home.

Recovery Tactics

• Restoration of vital records
  – How much additional staff will you need for data-entry of downtime forms?
• Replacement of equipment or return of borrowed equipment
• Repatriation of workspace
• Rebalancing schedules for staff
• Address mental health of staff

Drill, Baby, Drill!

• Familiarize staff with roles during department orientation
• Integrate responsibilities into job descriptions
• Review plan elements in staff meetings
• Piggyback plan testing on hospital-wide drills
• Document successes & failures
• Incorporate into annual plan updates
**Contracted Services**

Several departments that are critical to continuity may be outsourced:
- Food Service
- Environmental Services
- Patient Transportation
- Sterile Processing
- Facilities & Engineering
- IT

**Contracted Services**

To do:
- Review contracts for “Acts of God” or “Catastrophe” clauses
- Revise contracts to detail critical nature of continuity in disaster
- Involve legal counsel
- If possible, leverage the size of the outsourced entity to your advantage

**Example language:**

**Disaster Planning:**

Section 6.13 “Catastrophe” does not relieve Contractor of its duty to plan for and to provide services in the event of a disaster. Contractor will be expected to develop and update a business continuity plan that sets forth a detailed plan for responding and providing services during a disaster in accordance with the policies of the Hospital.
The Integration of Business Continuity and Health IT

Ray Bonilla
Manager
IT Resiliency Management
Digital Health Technology & Strategic Initiatives
Kaiser Permanente

About Kaiser Permanente

- Nation’s largest nonprofit health plan
- Integrated health care delivery system
- 9 million members
- 16,600 physicians
- 172,000 employees
- 37 hospitals
- 611 medical offices
  and other outpatient facilities

Exponential Growth

As a result of our industry-leading health IT strategy, technology now plays a significant role in transforming health care delivery.

- My Doctor emails: 800,000
- EMR: 43,000,000
- Electronic medical records released: 37,000,000
- Test results released: 50,000,000

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Learn how technology affects your business operations.

- Developing your **Business Continuity Plans** involves knowing the relationship between your business processes and technology dependencies.
- Understanding how quickly you need your **IT systems** up and running is key to your continuous operations and success.

**A Basic Visit: Unplanned Downtime**

Unplanned downtime affects dependent business operations, applications and systems, resulting in millions of dollars of expenses.

**Unplanned Downtime**

- A member has been suffering from allergies...
- The doctor prescribes an allergy medication
- The patient visits the pharmacy

**What is the cost/impact to the business?**

- **Life/Safety**
- **Brand/Reputation**
- **Member Satisfaction**
- **Finance**
- **Service**
- **Regulatory/Legal**

**ADD IT UP...**

= $ millions

**Unplanned Downtime**

- A member has been suffering from allergies...
- The doctor requests tests from Lab
- The Lab System processes the test results

**What is the cost/impact to the business?**

- **Life/Safety**
- **Brand/Reputation**
- **Member Satisfaction**
- **Finance**
- **Service**
- **Regulatory/Legal**

**ADD IT UP...**

= $ millions
## IT Resiliency and Availability

Delivering on a real-time, connected patient care experience.

*Enabling the delivery of world-class patient care*

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### Recovery Time Objectives (RTO)

We use a **BUSINESS-CENTRIC RISK-BASED** approach when evaluating our business operations and the dependencies they have in the event of downtime (or catastrophic event).

<table>
<thead>
<tr>
<th>Business Operations</th>
<th>Technology Dependencies</th>
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</thead>
<tbody>
<tr>
<td>Prescribing and dispensing medication</td>
<td>- Electronic Medical Records</td>
</tr>
<tr>
<td>Lab Diagnosis</td>
<td>- Outpatient Pharmacy System</td>
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<tr>
<td></td>
<td>- My Online Health Manager</td>
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<td></td>
<td>- Electronic Payment Systems</td>
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<td></td>
<td>- Point-of-Sale</td>
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<td>- Electronic Medical Record</td>
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<td>- Lab Results Repository</td>
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<td>- Regional Intrigued Lab Systems</td>
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<td>- Laboratory Specimen Management System</td>
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<td>- Lab Specimen Analysis System</td>
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</tbody>
</table>

### Conclusion

Three steps you can take today to prepare for outages and unplanned downtime.

Mitigating risk around the six impact areas in the event of a disaster

**A. Meet managers in your key departments (i.e. OR, ED, Lab, Ops etc.)**

- Understand/gain insight into what technologies their systems are dependent on
- Understand the risks involved when the system is down or unavailable

**B. Talk to your IT department**

- Share information about risks, technology dependencies, and unavailability
- Define your Recovery Time Objectives (RTOs) by using a business-centric, risk-based approach

**C. Develop and communicate downtime procedures (close the gap)**

- Practice these procedures during disaster exercises or scheduled maintenance
Questions