Get Ready Stay Ready

Disaster Planning for California Hospitals

Continuity Planning for Stand-Alone and Rural Hospitals

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Director, Quality and Risk Management, Henry Mayo Newhall Hospital

Terry Stone, RN, MS, CPHQ, EMS
Emergency Preparedness Manager, Henry Mayo Newhall Hospital
Richard Prestidge
Hospital Emergency Preparedness Program Manager
Colorado Hospital Association

Richard Prestidge is the Hospital Emergency Preparedness Program Manager for the Colorado Hospital Association. He received a BS degree in Business Administration and a MS in Health Care Administration, both from the University of Maryland. Richard spent over a decade as a financial controller for various health care entities before joining the Colorado Hospital Association’s emergency preparedness program. He has worked with Colorado hospitals and state public health to create a statewide hospital MOU, an evacuation planning guide and template and business continuity tools.

Angela Devlen
Managing Partner
Wakefield Brunswick

Angela Devlen is the Managing Partner of Wakefield Brunswick and an advisor to healthcare organizations around the U.S. She has over 20 years of international experience in health care, operations, and disaster management with several years leading emergency management and business continuity in large health care systems. More recently she has supported response and recovery initiatives following Hurricane Sandy and coordinates various projects in Costa Rica, Nepal, India and Haiti. Angela is a regularly invited speaker nationally and her work has been published in various industry magazines, books and peer-reviewed journals. Angela is also a certified Master Business Continuity Planner (MBCP) by the Disaster Recovery Institute International (DRII).
Jill French, CCNA, HIT Pro TR
Technical IT Director
Henry Mayo Newhall Hospital

Jill French has over 20 years of experience in the health care field in both clinical and technical positions. Current successes as the technical IT director at Henry Mayo Newhall Hospital have been leading the IT DR/BC Program, New Tier 3 Data Center. Jill has completed a Federal HIT certification.

Annika Nowlin
Director, Quality and Risk Management
Henry Mayo Newhall Hospital

Annika Nowlin is a registered nurse certified in quality management. Annika has over 30 years of experience in leadership positions in acute-care hospitals, with 22 years in quality management leadership positions. Annika has been the director of quality and risk management at Henry Mayo Newhall Hospital for the past nine years and has been working on the initiative for business continuity planning at the hospital for the past year.
Terry Stone, RN, MS, CPHQ, EMS
Emergency Preparedness Manager
Henry Mayo Newhall Hospital

Terry Stone is a registered nurse with over 30 years of leadership experience in acute-care hospitals. Since 2006, Terry has been the emergency preparedness manager for a 238-bed acute-care hospital in Los Angeles, California. She obtained her certification in Emergency Management in 2011. Terry participated in the first functional exercise for the deployment of Disaster Healthcare Volunteers (DHV) sponsored by the Los Angeles County Surge Unit 2012 and in a full scale exercise for the deployment of DHV's into hospitals and clinics also sponsored by the Los Angeles County Surge Unit in April of 2013.

Healthcare Continuity

A Rural Hospital Pilot Program and Statewide Rollout

Richard Prestidge
Colorado Hospital Association

Angela Devlen
Wakefield Brunswick
Actively managing an emergency event — incident command emergency operations plan activated.

Planning for continuing operations — focus on ancillary departments, emergency services, and assessing alternate care facility.

Planning for relocation of desktop computers and servers.

✓ Ongoing planning for pre-staging, procuring, transporting and set up of supplies occurred yet actions were taken to continue operating and avoid evacuation (e.g. Create defendable space, Back up fuel topped off)
Summary

- Lessons learned from the fire incorporated into EOP and BCP
- Efforts to further integrate ongoing — overarching policy
- Completed interviews for all departments
- Completed plan for all departments
- Used a planned event to test new plan

Highlights

- Documented essential functions, applications, vital records and supplies, not just departments
- Engaged leadership across the hospital and LTC during interviews to discuss opportunities for improvement and ensuring safety
- Completed Supply Chain BCP/COOP
Objectives of Project

1. To reinforce health care business continuity principles
2. To design enhanced training and tools aligned with the specified needs of continuity planning for rural hospitals and long-term care facilities with the capacity to scale for larger health care organizations
3. To understand the process of gathering data for the development of a business continuity plan
4. To conduct a pilot program across 4 rural hospitals and 1 long-term care facility to refine the methodology and establish local expertise
5. To provide Colorado health care organizations an e-learning program designed to assist participants in the development of their COOP

Project Participants

Todd Oberheu, CEO, and Dave McGraw, Spanish Peaks Regional Health Center
Marty Schlink, Administrator, Colorado State Veterans Home
Dave Gamar, CEO, and Machelle Newth, Sedgwick County Health Center
John Ayoub, CEO, and Sharon Greenman, Melissa Memorial Hospital
Matthew Lindsay and Scott Anderson, Southwest Memorial Hospital

Deb French, Colorado Hospital Association
Richard Prestidge, Colorado Hospital Association
Danyel Stewart, Colorado Hospital Association
Angela Devlen, Wakefield Brunswick
Initial Questions & Needs

1. How can a business continuity program best serve rural hospitals?
2. What do you need to establish a business continuity program?
3. What tools can we provide to accomplish this?

Key Actions

1. Presentation to CEOs at Rural Hospital Conference
2. Meet hospital CEOs to identify priorities and define approach
3. Identify 4 pilot hospitals and 1 long-term care facility
4. Conduct interviews and develop plan with Spanish Peaks
5. Share final draft of Spanish Peaks with other 3 pilot hospitals
6. Conduct modified interview process followed by edits to Spanish Peaks plan to suit each facility
7. Share preliminary online learning tools for hospital team feedback
8. Finalize and release the online learning tools in July 2014
Timeline FY14

An outcome-driven process that is scalable
Set the project baseline among participants:
- Timelines
- Expectations
- Deliverables

Gather consistent, repeatable data to make informed decisions
“Business Impact Analysis (BIA)”
- Functions
- Enabling Systems/Applications
- Critical Supporting Resources Required
Develop alternate recovery strategies

Document recovery strategy actions
Assume both need and no-need to relocate
Use imperatives only, begin each sentence with a verb
Identify resource requirements for each action

For each recovery action (i.e. imperative) ask:
“What do I need to get this done?” (e.g. contact information)
eLearning Portal Demo
Thank you

Richard Prestidge richard.prestidge@cha.com

Angela Devlen adevlen@wakefieldbrunswick.com
Henry Mayo Newhall Hospital
Business Continuity Journey
2009 – 2014

Jill French, CCNA, HIT Pro TR
Henry Mayo Newhall Hospital
Annika Nowlin
Henry Mayo Newhall Hospital
Terry Stone, RN, MS, EMS
Henry Mayo Newhall Hospital

- Full service, not-for-profit community-based hospital
- Built in 1975
- Services
  - 238 beds
  - Babies delivered: 1,163
  - Inpatients treated: 13,431
  - Surgical visits
    - IP 2,951 OP 3,431
  - Outpatients: 73,291
  - Emergency: 52,006
  - Level II Trauma Center
- Staff: 1,600
- Annual net revenue: $127M
2009 HMNH IT Consultant for Disaster Recovery Plan

- Business Impact Analysis — Information technology
- Scope — 21 departments
- All IT programs
- Recommendations
  - Evaluate IT disaster recovery options and select alternate site recovery solution
  - Review and implement downtime procedures
  - Continue paperless technologies
  - Review maintenance of hardcopy records
  - Consider seismic base isolation technology for new data center
**2012 Disaster Recovery External Audit**

- Update Disaster Recovery Plan (DRP)
- Conduct bi-annual testing
- **Share plan with hospital Emergency Manager**
- **Align DRP with Hospital-wide Emergency Management Plan**
- Modify storage procedures for Picture Archival Communication System (PACS) backup from main to alternate data center
- Update DRP Plan, train IT staff, secure plan and ensure availability in a disaster
- Conduct training, IT staff trained on plan and further training needs identified during testing

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**CHA Website for BCP Resources**

- CHA Hospital Business Continuity Checklist
- BCP Toolkit and appendixes (Sutter)
- BCP Presentation
- Good Samaritan Continuity Plan
- How to conduct a BIA
- BIA tool
- EOP/BCP table
- Continuity Planning Webinar
- BCP Suite software
- Stafford Act
- BCP for Small Hospitals
- COOP Plan Template
- FEMA reimbursement for Acute Care Hospital Guide
- COOP Financial Sustainability for Healthcare Facilities in Disasters
2013 Henry Mayo Newhall Hospital BCP Initiative

- 8 key clinical departments selected: ICU, DOU, ED, MS 1-5
- Interview questionnaire selected
- Education conducted for department directors and managers
- Interviews conducted
- Impact analysis
- Business Continuity Plans completed

2014 Hospital Preparedness Program (HPP) Deliverables

- Healthcare Continuity Recovery (HCR) Steering Committee by 2/28/14
- HCR Team Chair and a minimum of two additional team members including the emergency preparedness coordinator must attend the continuity/recovery planning workshop
2014 – 2015 Henry Mayo Newhall Hospital BCP Roadmap

1. Los Angeles County Emergency Medical Services Agency 2014 HPP Agreement deliverables for Business Continuity Planning (aka Healthcare Response and Continuity)
2. DRI ii business continuity planning stages and requirements for a healthcare setting

2014 – 2015 Henry Mayo Newhall Hospital BCP Roadmap (cont.)

DRI 10 Professional Practices for Business Continuity Planning

1. Project initiation and management
2. Risk evaluation and control
3. Business Impact Analysis
4. Developing business continuity strategies
5. Emergency response and operations
6. Coordination with external agencies
7. Crisis communications
8. Implementation and documentation
9. Awareness and training programs
10. Maintaining and exercising plans

Wakefield Brunswick
Business Impact Analysis

Design
- Data tables
- Recovery Time Objectives
- Recovery Point Objectives
- Impact categories
- Design & test Questionnaire Communication

Conduct
- Send invites
- Workshop
- BIA Interviews
- Validate responses

Analysis
- Aggregate data
- QA data
- Conduct Analysis

Report
- Final Report
- Executive Presentation
Understanding the Business Impact Analysis*

- Define the essential functions and systems
- Determine the realistic impact of unplanned disruptions
- Identify organizational and systems interdependencies
- Recommend appropriate safeguards and controls
- Recommend appropriate recovery requirements
- Identify previously unknown application systems

Understanding the Business Impact Analysis* (cont.)

- Quantify increased reliance on IT systems required for service delivery
- Provide data to streamline processes, provide scalability and stewardship of resources
- Identify operational interdependencies and unnecessary redundancies
- Identify gaps in processes resulting in risks to patient safety and quality

Putting Concepts into Action, Healthcare Business Continuity, A Refresher, Los Angeles County BCP Webinar, Angela Devlen, 3/6/14*
## A County Healthcare Business Continuity
Data Collection Questionnaire Analytics

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### Essential Functions Legend

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- **Criticality**: Tier 1
- **Score Total**: 9 through 12
- **Criticality**: Tier 2
- **Score Total**: 5 through 8
- **Criticality**: Tier 3
- **Score Total**: 3 through 4
- **Criticality**: Tier 4

### Essential Applications Legend

- **Score Total**: 7 through 10
- **Criticality**: Tier 1
- **Score Total**: 5 through 6
- **Criticality**: Tier 2
- **Score Total**: 3 through 4
- **Criticality**: Tier 3
- **Score Total**: Less than 3
- **Criticality**: Tier 4

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## Henry Mayo Newhall Hospital

### Next Steps

1. Business Impact Analysis questionnaires and interviews completed Sept 2014 for 8 key clinical departments selected; ICU, DOU, ED, MS 1-5
2. 2015 BIA questionnaire and interviews for remaining departments
Thank You

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