The Road to Resiliency — Business Continuity for Inpatient Units

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Petra Fritz is the emergency preparedness coordinator for the nursing department at UCLA Ronald Reagan Hospital. Petra developed downtime policies that are used at all UCLA hospital facilities. Petra is based at the Ronald Reagan Medical Center where she develops emergency preparedness inpatient nursing drills, including evacuation and downtime. She is CERT certified and an active member of the decontamination team at UCLA. Apart from emergency preparedness, Petra is the Ronald Reagan Nursing House Supervisor, and has over 25 years of clinical expertise in neuro-trauma critical care. Petra received her nursing degree in Germany.

The Road to Resiliency

Objectives

- Demonstrate the importance of an individual Business Continuity Plan (BCP) for each inpatient unit
- Identify barriers that can interfere with an inpatient unit specific BCP
- Describe the process of creating a BCP template tailored to inpatient nursing units
University of California – Ronald Reagan UCLA Medical Center (cont.)

- MICU: 24 beds
- Neuro/Trauma ICU: 24 beds
- Cardiac Thoracic ICU: 24 beds
- CCU: 12 beds
- Liver transplant ICU: 24 beds
- PICU: 12 beds
- PCTICU: 6 beds
- NICU: 32 beds
University of California – Ronald Reagan UCLA Medical Center (cont.)

- 107 medicine beds
- 156 surgical beds
- 44 pediatric beds
- 10 labor & delivery beds
- 13 OB beds
The Road to Resiliency — Business Continuity for Inpatient Units

Business Continuity Plan for Inpatient Nursing

- Basic team: department of emergency preparedness and inpatient nursing
  emergency preparedness coordinator
- Goal: develop a business continuity plan for inpatient nursing

Discussion points during first meetings:

- Do we need a BCP plan for inpatient nursing?
  - The hospital provides supplies, linen & beds.
  - “Nurses takes care of patients”
- Do we need one plan for all inpatient areas or unit-specific plans?
- What is our timeline?
The Road to Resiliency — Business Continuity for Inpatient Units (cont.)

Pros and cons for one unified BCP

- One BCP with easy access
- Easy to update one plan
- Different BCPs could confuse staff
- Can lead to more work
- Timeline for finishing BCP will be longer than first planned

The Road to Resiliency — Business Continuity for Inpatient Units (cont.)

Pros and cons for individualized, unit-specific BCP

- Each inpatient unit has different patient population with different:
  - Needs
  - Supplies
  - Staffing ratio
  - Support staffing needs
  - Locations within the hospital
- Too many BCPs could be confusing
- Long-term process
- How do we update the individualized BCP?
SPECIFY resources that are relied upon to perform these critical functions

IDENTIFY critical functions

ANALYZE resource back-up capabilities

DEVELOP action items to strengthen resource capabilities and back-up systems that are vulnerable to disruption

Based on all these factors, the decision was made to implement a unit-specific BCP.
UC Ready

Mission Continuity Planning

The University of California constantly faces a variety of risks. Efforts revolve around preventing, preparing for, mitigating, responding to, and recovering from negative events. If the University is better prepared to handle everyday events, then the University will be ready to face the unimaginable. UC is creating a common framework to make UC “event-ready.”

To support this endeavor, we are proud to announce the UC Ready continuity planning tool. This is a system-wide program that enables all of our campuses, medical centers and national laboratory to better prepare to meet the challenges of resuming business operations after a major event occurs.

The next planning steps

Development of a 3 phase plan with an implementation timeline of 6 months
Phase I

- Inform units
- Build workgroup

Phase II
- Meet with UD’s
- Build unit-specific BCP

Phase III
- Publish unit-specific BCPs

Phase I

- Meet with unit director group to inform about the plan and educate about BCP/Mission Continuity Plan
  - What is a BCP?
  - Why do we need a BCP in nursing?
  - How much work will a BCP involve?
Business Continuity Planning

- Regulatory entities want written plan:
  - Joint Commission – IM.01.01.03
  - Tittle 22 – 22 CCR 70746
- Plan that will be activated after the acute phase of a disaster
- Will possibly help with reimbursement

Preventative Reactive Corrective

Before During After

Zero Hour Recovery Begins Restoration Ends

TIME

Response, Recovery & Restoration

Reactive BCP Activities

Business Continuity Planning (cont.)
Primary Stages of Business Continuity

1. Risk Reduction
   Producing a Business Continuity Plan

2. Incident
   Activating the HICS Business Continuity Branch

3. Recovery
   Reconstitution

Phase I

Build 3 workgroups to work on BCP templates
- Critical care template
- Non-ICU med-surg unit template
- Labor & delivery and OB template
Phase I (cont.)

Workgroups met every other week for 2 months
- Introduction to a BCP
- Learning the system
- Discuss global information and record in UC Ready
- Finishing BCP template

Phase II

Update each individual unit BCP with standardized information
- Unit information
- Unit director name and support group
- Basic unit information
- Basic equipment information
- Hospital department phone list
- Unit-specific supply par level
Phase II (cont.)

Meet with individual unit directors
- Introduce templates
- Train the use of the system
- Talk about timeline
- Start updating BCP
- Make appointment for follow-up

Phase II (cont.)

Check on completion of unit-specific BCP
- Weekly follow-up in UC Ready
- Short follow-up with unit directors
Phase II (cont.)

Scheduled follow-up meeting with unit director
- Review unit-specific BCP
- Goal of the meeting is to finish BCP
- If necessary, schedule follow up meeting to fix any problems; meeting should be scheduled for the following week

Phase III

- Update leadership
- Make unit BCP available to:
  - Inpatient unit
  - Unit director
  - Leadership/department of emergency preparedness
  - Lead/charge nurses
Phase IV

Update BCP on annual basis

- Follow up with unit director
- Update printed BCP
Challenges

- UC Ready was built for the university — not hospital-specific
- How to get nursing on board?
- Build the workgroups
- To connect with unit directors who are making appointments
- UC Ready will be updated
## Templates

### Non-ICU med/surg unit (cont.)

#### Part 4: Skills

Skills that may be needed post-disaster to perform unit’s critical functions:

<table>
<thead>
<tr>
<th>Skill</th>
<th>Description</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Care Partner</td>
<td>Handles secretarial and admin duties</td>
<td>Must be trained in administrative functions on nursing unit, including submitting requests for medical tests and procedures.</td>
</tr>
<tr>
<td>Administrative Nurse</td>
<td>Charge Nurse Responsibilities</td>
<td>Include staff scheduling, patient placement, and resolution of staff and patient issues.</td>
</tr>
<tr>
<td>Monitor Tech (all have CCP certification)</td>
<td>Assist nursing staff with providing patient care</td>
<td>Mostly focused on assisting nursing staff with providing bedside patient care.</td>
</tr>
<tr>
<td>Nurse Educator</td>
<td>Staff Education</td>
<td>Provides education and ongoing training to nursing staff.</td>
</tr>
<tr>
<td>Nurse Manager/Unit Director</td>
<td>Administrative oversight for entire unit</td>
<td>Skills include staff scheduling, monitor management, staff, involve staff issues, oversee and approve payroll in conjunction with Finance Dept., develop policies and procedures to meet regulatory requirements, and monitor patient care services.</td>
</tr>
<tr>
<td>Registered Nurse, Registered Nursing</td>
<td>RN License Required, RN</td>
<td>telemetry experience preferred. Telemetry medical surgical experience preferred.</td>
</tr>
</tbody>
</table>

### Part 6: Staffing Requirements

- In a disaster event:
  - critical staff who may be REQUIRED starting today, and
  - critical staff who may be AVAILABLE for REG. ASSIGNMENT during event.

**Critical 1** - must continue (i.e., stays, feeds, etc.)

**Critical 2** - must continue, can work in restricted mode

**Critical 3** - can work without, but level required in 30 days or sooner

**Critical 4** - assume staff continuous during event

<table>
<thead>
<tr>
<th>Function</th>
<th>Category of Staff</th>
<th>FT 1 needed (critical)</th>
<th>FT 2 needed (critical)</th>
<th>FT 3 needed (critical)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementing care for emergency surgical patients (RN) UCLA</td>
<td>Critical 1 Care Partner</td>
<td>12 Hour - AM 1.00 1.00 0.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing care for emergency surgical patients (RN) UCLA</td>
<td>Critical 1 Nurse Manager/Unit Director</td>
<td>12 Hour - AM 1.00 0.60 0.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing care for emergency surgical patients (RN) UCLA</td>
<td>Critical 1 Nurse - Critical</td>
<td>12 Hour - AM 0.60 0.60 0.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing care for emergency surgical patients (RN) UCLA</td>
<td>Critical 1 Nurse - Critical</td>
<td>12 Hour - PM 0.60 0.60 0.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing care for emergency surgical patients (RN) UCLA</td>
<td>Critical 1 Critical Care RN</td>
<td>12 Hour - AM 0.60 0.60 0.60</td>
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Templates
Non-ICU med/surg unit (cont.)

Critical Function

- Patient admission
- Inpatient nursing care for med/surg patients
- Nursing administration
- Patient discharges
- Nursing education
Part d: Skills

Skills that may be needed post-discharge to perform our unit's critical functions:

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<td>Administrative Nurse</td>
<td>Charge Nurse Responsibilities</td>
<td>Include staff scheduling, patient placement, and resolution of staff and patient issues. Provide education, ongoing training for nursing staff.</td>
</tr>
<tr>
<td>CNS</td>
<td>Staff education</td>
<td>Work under the direction of the RN and task oriented.</td>
</tr>
<tr>
<td>LVN</td>
<td>LVN licensed required</td>
<td>Assist nursing staff with providing bedside patient care.</td>
</tr>
<tr>
<td>Monitor tech</td>
<td>Provide support for the nursing staff by monitoring cardiac status, vital signs, pulse oximetry</td>
<td>Skills include staff scheduling, monitor manage staff, resolve staff issues, emergency, and approve staffing in conjunction with Finance Desk, develop policies and procedures to meet regulatory requirements, and monitor patient care services.</td>
</tr>
<tr>
<td>Nurse Manager/Unit Director</td>
<td>Administrative oversight for entire unit</td>
<td>Telenursing experience preferred. Telenursing experience preferred.  Medical surgical experience preferred.</td>
</tr>
<tr>
<td>Registered Nurse, Registered Nursing</td>
<td>RN License Required, RN</td>
<td>Telenursing experience preferred. Telenursing experience preferred.  Medical surgical experience preferred.</td>
</tr>
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Template
Critical care

Critical Function

- Patient admission
- Inpatient nursing care for the critically ill patient
- Patient discharge
- Administrative service for ICU provided by admin staff

Template
Critical care (cont.)

Difference between Critical Care and med/surg template

- Key resources
  - Basic staff
  - Monitor tech
  - Administrative care partner
  - LVN
Skills
Staffing requirement
Equipment and supplies

Areas that were the same in both templates and could be copied into the unit-specific BCP:

Teams
Staff of other units
Stakeholders
Conclusion

- Unit director
  - Vital member of your team
- Workgroup
  - Members
  - Meetings
- Template
  - As detailed as possible
Conclusion (cont.)

- Unit-specific BCP
  - Make template unit-specific as much as possible before meeting with unit director
  - Follow-up, follow-up!

Conclusion (cont.)

- Timeline
  - Give yourself time
  - Schedule workgroup meetings
  - Make appointments with unit director
  - Stick to it!
Conclusion (cont.)

- Updating the BCP
  - Set a deadline
  - Update during the year
  - Have a team

Questions???
Thank you

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