Business Continuity & Patient Safety
Why are we doing BCP?

• It has a direct impact on Patient Safety and our overall operations
• We’ve already had outages and experienced first hand when things aren’t working perfectly
• Improve processes where possible and practical.
• Identify points of failure to allow us to address them before we have an outage
• Meet regulatory requirements
What about Ebola?

Because a virus doesn't care about state lines or national borders, it can wipe out millions and span multiple continents rapidly. Here is a look at the infectious diseases the world has battled throughout history.

**What is a Pandemic?**
Derived from the Greek word *pandemos* meaning "pertaining to all people," a pandemic is a widespread disease that affects humans over a wide geographic area.

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**OUTBREAK**
Deadliest Pandemics in History

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**MEASLES**
7th Century BC - 1963

**HIV / AIDS**
1981 - TODAY

**SMALLPOX**
10,000 BC - 1979

**BLACK DEATH**
1340 - 1371

**PLAQUE OF JUSTINIAN**
541 - 750

**SPANISH FLU**
1918 - 1919

**TYPHUS**
430 BC - 150AD

**CHOLERA**
1857 - TODAY

**HONG KONG FLU**
1968 - 1969

**SOURCES:**
Malaria: CDC / Centers for Disease Control and Prevention
World Health Organization / New York Times
National Center for Biotechnology Information

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**Key:**

<table>
<thead>
<tr>
<th>PANDEMIC YEAR</th>
<th>DEATH TOLL</th>
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<tbody>
<tr>
<td>1918 - 1919</td>
<td>50-100 million</td>
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<tr>
<td>1981 - TODAY</td>
<td>25 million</td>
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<tr>
<td>541 - 750</td>
<td>25+ million</td>
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<tr>
<td>1340 - 1371</td>
<td>75 million</td>
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<tr>
<td>430 BC - 150AD</td>
<td>4 million</td>
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<tr>
<td>1857 - TODAY</td>
<td>3 million</td>
</tr>
<tr>
<td>1968 - 1969</td>
<td>1 million</td>
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**Honorable Mentions**

Although the following viruses do not have a figure for total amount of lives claimed, they continue to terrorize various areas around the world.

**MALARIA**
1600 - Today

- Common Symptoms: Chills, Headache, Fever, Jaundice, Muscle Pain, Nausea, Vomiting, Seizures
- Death Toll: According to the World Health Organization’s 2020 “World Malaria Report,” an estimated 781,000 people are killed by the virus every year.

**TUBERCULOSIS**
700 BC - Today

- Common Symptoms: Chest Pain, Cough, Fever, Chills, Fatigue
- Death Toll: There are almost 2 million tuberculosis-related deaths worldwide every year.

**YELLOW FEVER**
16th Century - Today

- Common Symptoms: Bleeding, Fever, Nausea, Vomiting, Delirium, Seizures, Jaundice
- Death Toll: WorldWide 30,000 deaths are caused by the infection every year.
Continuity Planning

ERP: Emergency Response Plan
Event Driven Response
(Site Impact)
Contamination,
Bomb-threat,
Fire,
Earthquake,
Wind,
Etc.

IT-DRP: IT Disaster Recovery Plan
(Technology - Voice & Data Impact)
Network Failure,
Sabotage,
Virus,
Physical Loss of Systems
Etc.

BCP: Business Continuity
Time Driven Response
(Site and Business and Image Impact)
Infrastructure Disruptions,
Healthcare Unit Disruptions,
Department Disruptions
(Failure to deliver product or service)

CMP: Crisis Management Plan
Event Escalation Response
Non-physical or physical impacts,
Examples:
Toyota, Recall

Depending on Event, The integration of all Plans is Possible.
Patient Safety

• Currently the Hot ticket and demanded by regulators and the media
• Even with consolidation and budget cuts – this program is funded
• This is what it is all about anyway. BCP is about enabling you to continue even when things aren’t right – essentially the ultimate Patient Safety play
Keys to success

- Keep the frustration level very low
- Make it easy (BJ Fogg)
- Give it enough time
- Iterative processes
- It isn’t real until you practice

http://www.behaviormodel.org/
Business Continuity timeline

Detection

Minutes

Emergency Response

Downtime Procedures

Crisis Management

IT Specific in most cases

Business Continuity/IT Plans

Hours

Weeks

Recovery
Planning Concepts and Issues

• Scenario based approach creates problems and roadblocks
  – We think in terms of impacts
  – We plan in terms of effects to build flexible and responsive plans

• Patient Safety is key, operations and administration are vital

• The timeline to accomplish all the parts is difficult to schedule and other priorities will continue to compete for time from participants

• Some processes may need to be changed to make them recoverable
What can you expect

• We have two major focal points in the project
  – Consistent and accurate records during an outage event
  – Recoverable processes

• It takes about 1 to 2 hours to complete the data collection in the tool

• For those involved in the consistent solutions between both centers, it will require more effort and meetings

• We’ll be there to help you along the way – web conference, in-person meetings, telephone – frustration free is the key

• Our target is to collect the initial data (impact section) by the end of December
Reality

- We had zero responses to the tool, when a reminder email was sent, less than 5 were returned and we had 70 plans to build.
- It took a hands-on approach with the BCP team working with each area to complete the BIA and plans.
- All departments referred to downtime procedures, yet few had any of them documented.
- Like many others, Healthcare is good at someone else's emergency, not planning for extended disruptions to existing processes.
How do we get BCP completed?

• We needed a champion and approach that worked already
• We found it in Patient Safety and a safety processes already being used
• The Stop Think Act Report program was working and it actually works very well for BCP
• A blizzard helped our cause tremendously!
Administration and other areas

• The STAR process was well indoctrinated into the non clinical areas.
• Consolidation, standardization and compliance are primary concerns.
• How will I pay for it comes close behind.
Concerns and Potential Issues

- Often the Public Safety program is neglected.
- If you integrate too tightly without also coupling the other physical safety concerns it can cause issues and conflicts.
- Downtime procedures are inconsistent and may create patient safety issues.
- Time to rebuild processes and rework culture.
Technology Problems

• While the ACA mandates the electronic technology work at all times, it is never going to be a reality

• Hosting the BCP in-house will now create a dependency on the program and the server where it resides

• PCI and HIPAA and Patient Information
Disaster Recovery

• BCP & IT DR Not exclusive of each other: Must have both for the system to function
• Realistic requirements based upon expected impacts
• Team effort
• Must be consistent in “manual” processes and procedures
• Must be able to update systems when they are restored to maintain accurate data and care provided record
• Tested in small teams, integrated into total package
• Training is essential – all team members must understand and be able to follow the process
• Leadership and supervisor decisions to the recovery are essential

@Secure360 or #Sec360
www.Secure360.org
Disaster Recovery

▶ Multi-layered approach required (Over-Arching DR Plan – DR Teams – DR SOP’s)
▶ Simple backup to tape will not suffice (understanding tomorrow's technology)
▶ Immediate availability is difficult and costly (and may still fail)
▶ If possible, design the recovery strategy into the data center(s) or Colocation / Managed Solution
▶ Minimize single points of failure
▶ Automate where possible
▶ Build resistance to virus/trojan/malicious code into the backup and recovery processes.
▶ Train, practice and demonstrate
Business Recovery

- After the event, the data from before must be restored, then the data during must be input to ensure an accurate patient record and business record.
- Cross functional teams are best at designing and implementing these procedures. IT, Business Units, Public & Client areas, Administration are all needed in these teams.
- This is usually the last area implemented since the other processes need to be in place prior to a restoration. The decisions in the previous steps will affect the ability and process of restoration, so often it becomes and iterative process.
- Keep the restoration in mind during the design phase(s).
Tools and toolkits

➤ We commonly find plans built in MS Word or Excel, which can be housed in Sharepoint, network shares, or third party cloud solutions.

➤ There are outsourced options for you – like RPX – Recovery Planner

➤ There are very complex and comprehensive programs with web based or locally hosted option – the old Strohl Systems LDRPS (now part of SunGard)

➤ Wiki based solutions

➤ Many are trying to use Archer to house plans.

In BCP / DR you need a tool that fits your organizational need and budget!
Exercising

• Coordinate and consolidate the Joint Commission requirements, the Public Safety requirements, BCP and DR

• Integration shows well and makes the sponsors happy

• The fastest way to demonstrate a capability or lack of one
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