Business Continuity, Patient Safety, & Emergency Management for Healthcare

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Before we begin…

• This presentation is focused on healthcare, but the correlations will exist in many companies and industries.

• I tend not to run from a script and like to make sure we have examples that are pertinent for you. So let’s get an idea of who we have this afternoon.

• The slides are here for you and we will take the conversation where it needs to be to answer your questions and concerns.

• You get more by participating than just sitting
Setting the stage

- We need to set the stage to make sure everyone is working from the same basic understanding and definitions.
- This is not trivial and many of the issues we’ve had getting BCP into healthcare are found in different definitions and expectations.
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
  • Regulators are beginning to understand BCP and the relationship
  • Emergency Response and Patient Safety are also being looked at together

• 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
Business Continuity timeline

- **Detection**
  - Emergency Response
  - Downtime Procedures
  - Crisis Management
  - IT Specific in most cases

- **Business Continuity/IT Plans**

- **Recovery**

**Timeframe:**
- Minutes
- Hours
- Weeks
Where is patient safety?

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)

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All companies have something similar

• Patient Safety is a core requirement in Medicine.
  • It is a culture to develop and maintain
  • It requires constant attention to ensure we don’t get complacent
  • When a mistake happens, the focus is on finding the root cause and determining how to prevent that in the future
  • It is continuing and constant improvement at its core

• What is the equivalent in other industries?
We spent a lot of time on this – why?

• Business Continuity is not about itself. It exists to keep the operational components functioning and the revenue flowing.
• When you are a direct impact to something like that, it matters and you are relevant, not just another cost demanded on the company.
• Access to the real leadership is provided and you actually get buy-in without having to struggle just to get a meeting.
Why would we partner with Emergency Management?

• We have worked so hard to be seen as something different
• We have differing objectives
• They’re security, cops, facilities people, not BCP leaders…

• Lots of objections and usually valid, but…
But…

• We actually work with the same people
• We understand exercising and can make the programs cohesive rather than at odds
• You’ll find that if you understand what EM is doing, and they understand what you need to start with, it actually works very well as a team event
• They, like you, are generally understaffed – but the people involved are always action oriented and really understand the guts of the operation
• Try as you want, you can’t ignore NIMS
• You have access to senior leadership and can make a business case more eloquently than many of the EM staff.
The real reason

• Regulators love the team approach and the integration of all of these functions to provide high quality care even when everything is breaking down around you.

• Remember Patient Safety is the goal, not EM or BCP
Applicability to all industries

• We use healthcare as a specific example and because we have recent experience in this industry that is showing a trend.
• Manufacturing has the same types of program – Continuous Improvement, Zero Defects, etc.
• Banking – Regulatory compliance (and don’t just take the electronic components)
• Service Organizations – Customer First, The Orlando Experience, etc.
Getting programs to work

• If you are just starting any of these initiatives and trying to get everything to work
  • Simplicity is key
  • As much as we think it is cliché – Baby Steps
  • Everyone already is busy and focused on different targets of success
• It is always a culture that needs to be developed and you need to understand the timeframe is years, not months
• Attrition can often be wonderful as naysayers drop out of the picture
• Leadership involvement at the highest levels will be needed to change and adjust culture
Frustration Free Continuity

• We have been using this approach for several years now.
• Probably violates some core philosophy of planning, but this stuff works and people are responding to it.
• Lower the frustration to enable the desired outcome.
• Reinforce the outcome many times and it becomes habit and part of the culture.
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/
How do we get integrated?

• You take the lead and learn what the programs we want to integrate do and how they function

• Get the elevator pitch ready and present it to leadership – use their own words and concepts to show you understand what is important and how working as a team helps

• Help and bring some of the teams together in your exercises and training. Share the floor and demonstrate how working as a team benefits them

• One event and it will be permanent (or at least relevant for a year or two)
Did we miss anything?
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