

Business Continuity, Patient Safety, & Emergency Management for Healthcare

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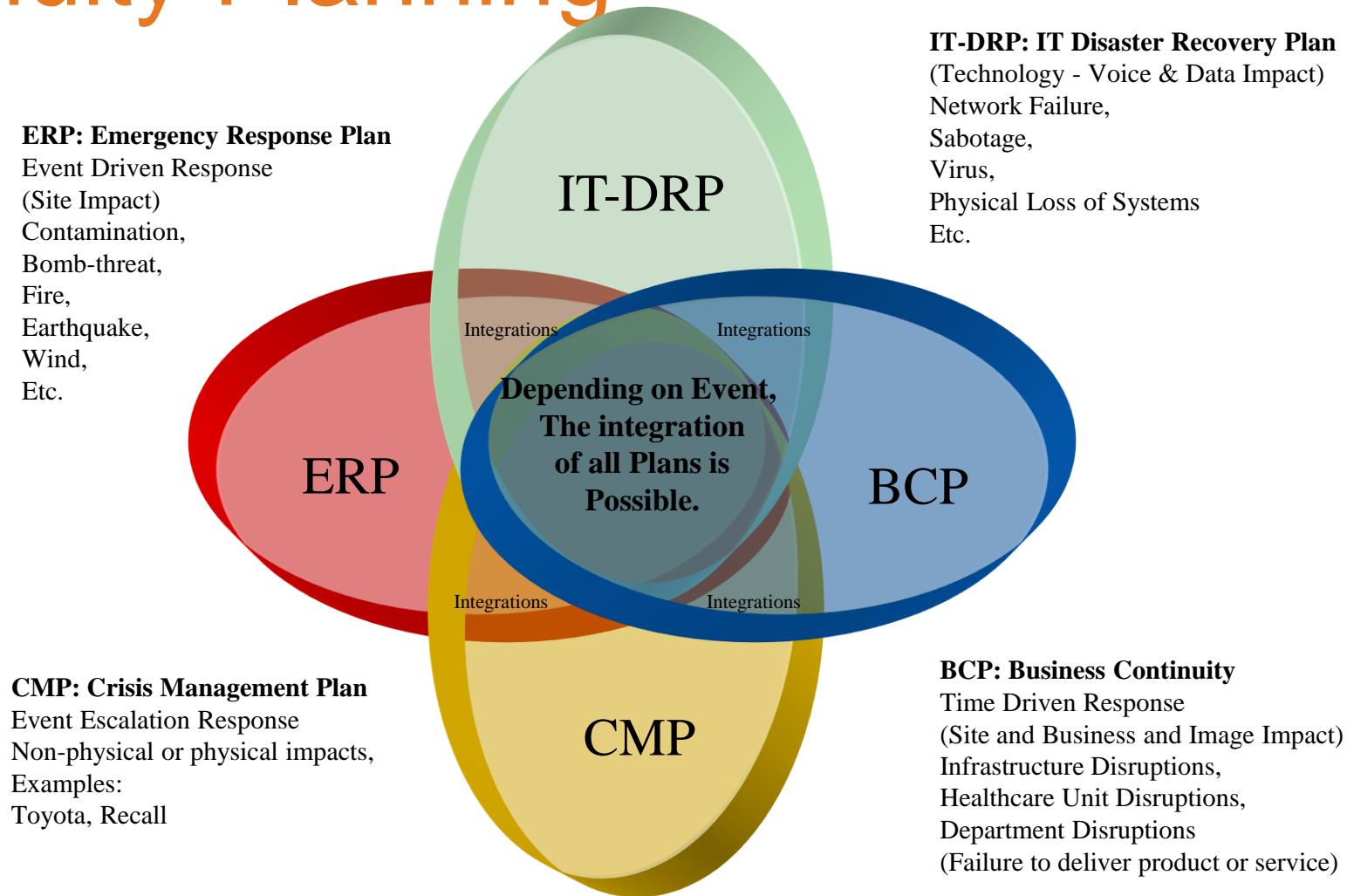
Before we begin...

- 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 lets 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.

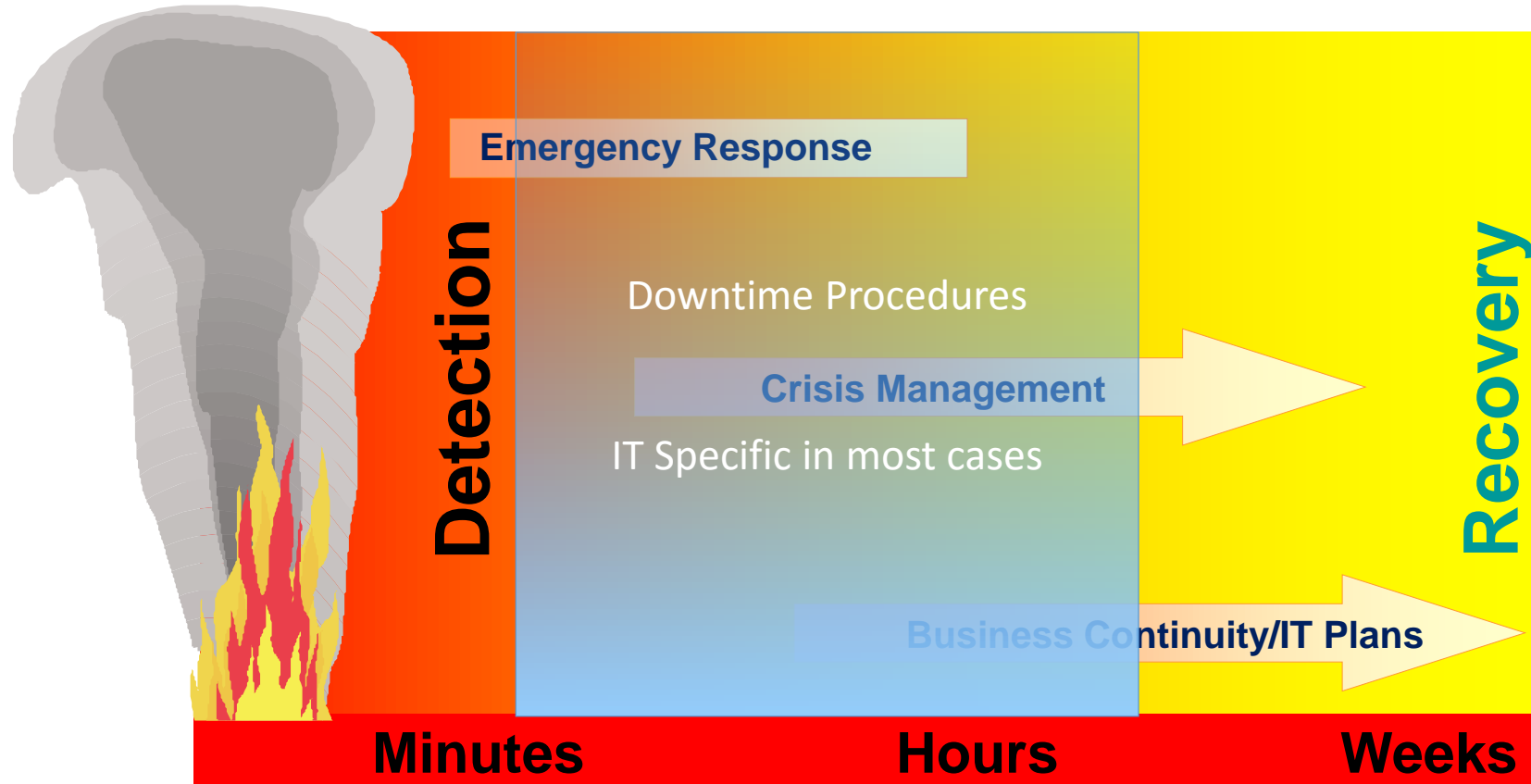
Continuity Planning



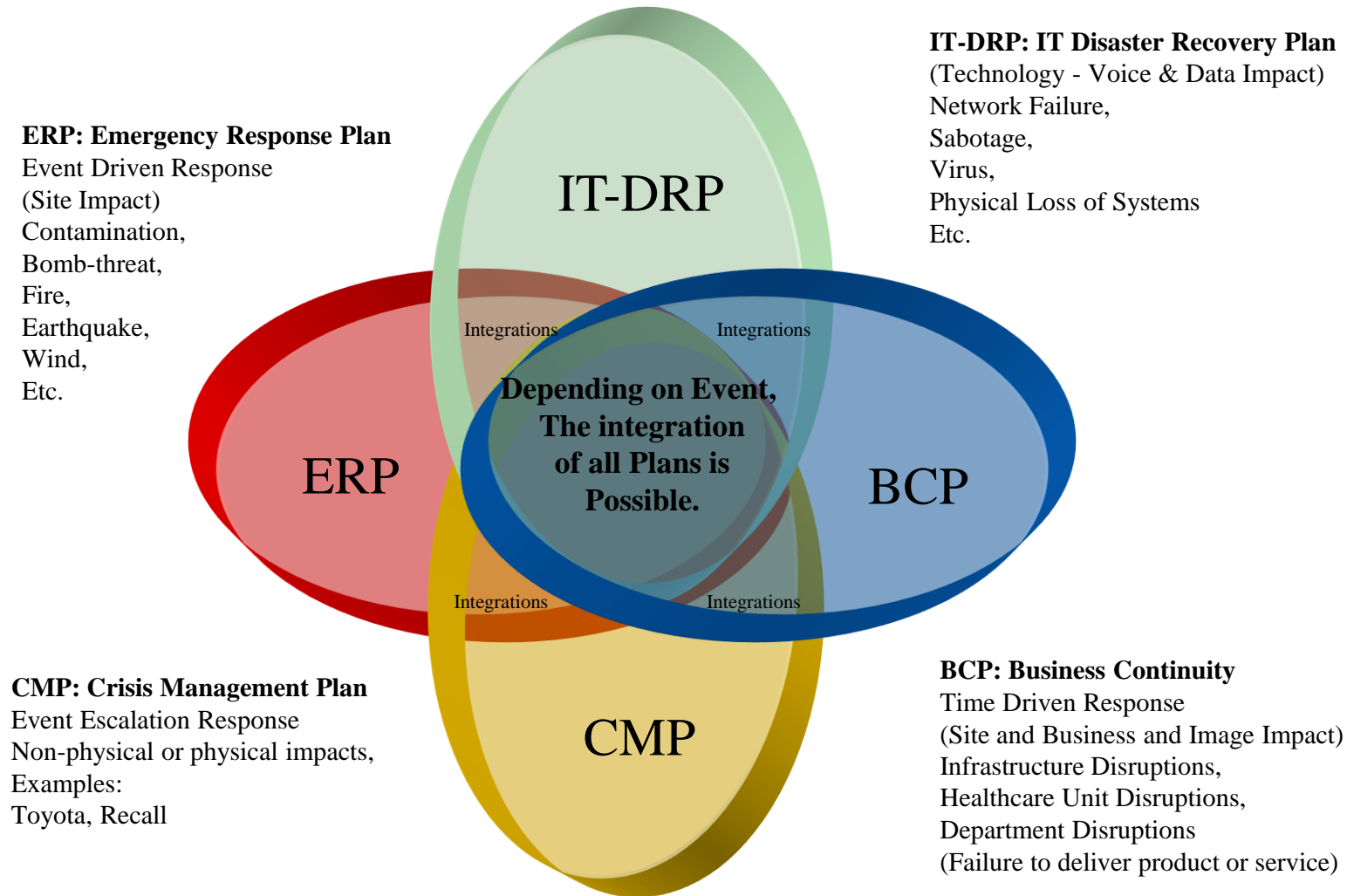
Patient Safety

- 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

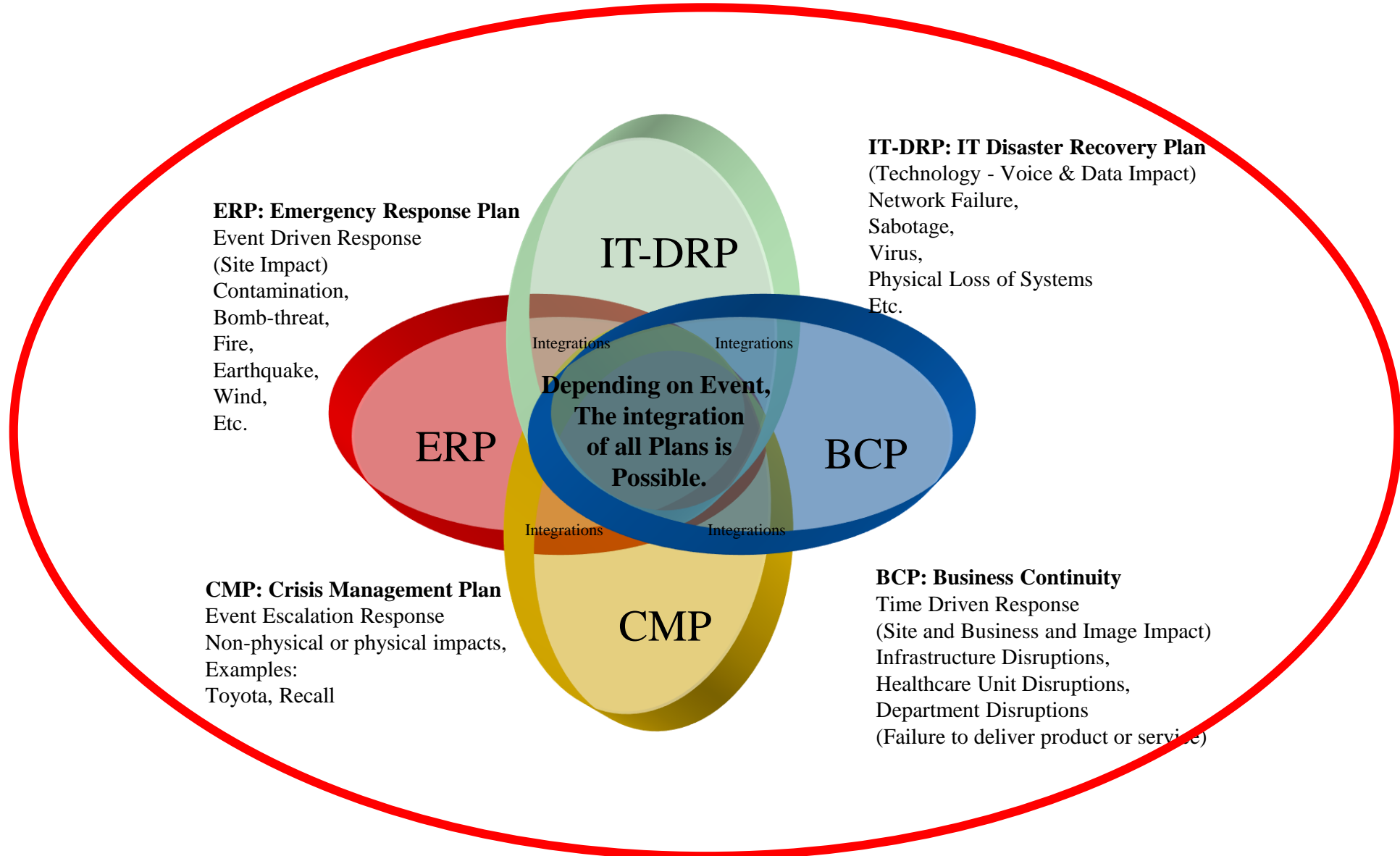
Business Continuity timeline



Where is patient safety?



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.

CMP: Crisis Management Plan

Event Escalation Response
Non-physical or physical impacts,
Examples:
Toyota, Recall

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)

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

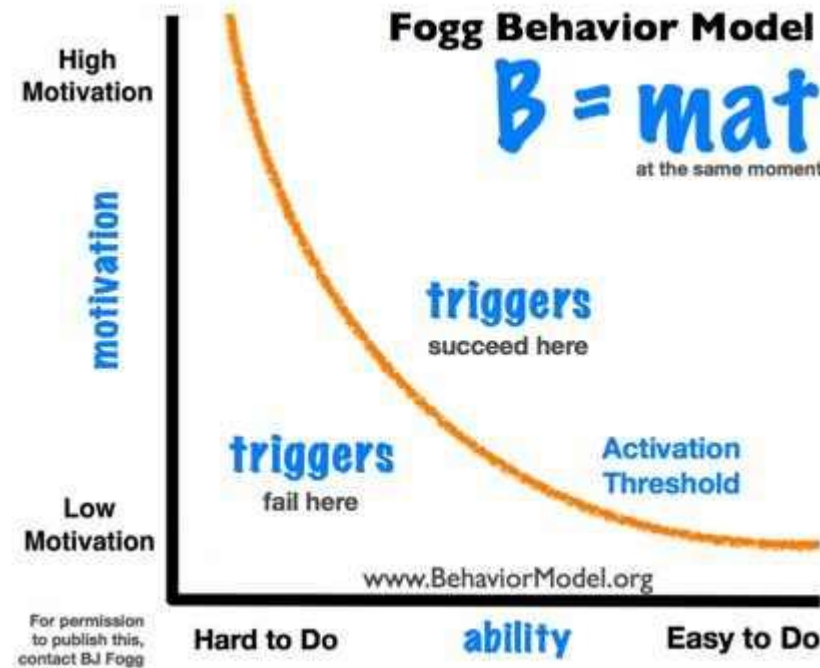
- If you are just starting any of these initiatives and trying to get everything to work
 - Simplicity is key
 - As much as we think it is cliché – Baby Steps
 - Everyone already is busy and focused on different targets of success
- It is always a culture that needs to be developed and you need to understand 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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