



HEALTHCARE CONTINUITY & RECOVERY WORKSHOP

Developing Business Continuity Plans

Tuesday, March 08, 2016

Table Discussion Activity #1: Business Continuity Planning Process

Participant Responses

Each table discussed the business continuity planning activities that are occurring at each of their facilities; below are the compiled responses.

What BCP process activities are being implemented at your facility?

What is working well?

- **BIA, BPA, and BCP Process**
 - Business impact completed, next question - how to combine to make the BCP?
 - Computer lab sessions - complete BIA during session
 - Defining as we go along. Consider rebranding as 'mission' continuity, e.g., lab continuity to break through the 'business' continuity concept. It is for each area.
 - Ernst & Young reviewed hospital's BCP & identified strengths and weaknesses
 - Face to face interaction with department manager by meeting with them for BIA
 - Group sessions with departments saved a lot of time
 - Mission critical identification
 - Ranking process to determine what really is critical
 - Starting from the bottom (department) up
 - Tabletop exercises help departments understand the importance
- **BCP Resources - Tools, Templates, etc**
 - Access to templates and best practice
 - BIA and interviews (templates)
 - Collecting department data on BCP form
 - Contracting form (initial templates)
 - Standardization
 - Standardizes template to go through multiple facilities - doing an online survey process
 - Template - reviewing with departments first time hearing about BCP
 - Templates make a difference
 - Using the templates
 - Using timeline (handout)
- **Leadership Support**
 - Administration understanding the importance of BCP
 - Buy in received to engage the processes. Always on the agenda of management meetings.
 - Engage executive support because of IT failures
 - Got management team buy in



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- Leadership involvement
- Leadership support - getting financial cost
- Senior managers have attending a BCP session
- Support from Administration Team
- Use the grant requirements as a push for increased leadership buy-in.
- **Staffing**
 - Consultant Risk Manager recruited for one BCP. Completed BIA & structure. Good start, Jan 2015.
 - Dedicated project manager, developing timelines is important to organizing follow up meeting
 - Project Manager to work with lead
 - Vetted / validated through safety committee representatives at respective departments during morning huddles / department meetings
 - We incorporated into risk management committee (CFO, Disaster Coordinator, Facilities Manager, HR Director, RN Manager?) - looking at interoperability and interdependencies
- **Starting with 'Easy' Departments Based on Previous Incidents, Simpler Processes, etc**
 - Biomed was already moving. Based on that day, built satellite office, back up toolset. What can I live without? Go back to basics.
 - Completed HVA, tabbed the entire hospital
 - Implementation of computers for medical records
 - Interview IT department: availability, trends of events, identify sources of the repeated issue
 - Non-clinical was easier to work with regards to BIA and follow up
 - Power outage events
 - Real time experiences give background to developing BIA & BCP
 - Started with ED and Radiology - simpler process through templates
- **Working with the Community**
 - Aligning organization goals, responding to the need of community
 - Pre-identify outside relationships - memoranda of understanding
 - Relationship with local community agencies
- **Other Comments**
 - Business interruption insurance
 - Just starting
 - Mobile clinic as a resource
 - Need more collaboration.
 - No implementation has been done - BIA nor templates



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- Nothing yet
 - Staff response (front-line response)
 - Started - difficult getting everyone together
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What opportunities helped with implementation?

- **BCP Process**
 - Asked members to identify all of their current resources as a start.
 - Existing platform
 - Leveraging existing meetings
 - Mission continuity, not 'business' continuity
 - Refer to who directors reference for information
 - The survey access
 - Use virtual repository of draft plan so staff could return and update
 - Working with the county, state & national levels of emergency preparedness
- **BCP Team and Staffing**
 - Administrative support /intern scheduling interview process
 - Form a BCP group - could be the same people as EM
 - Passion of the person leading the BCP team
- **Financial Ramifications**
 - Business interruption insurance
 - Cooperation amongst departments
 - Loss of money, staff, expedites planning
 - Need to do a cost analysis for each event
 - Real loss - costly to facility
- **HPP Grant Requirements**
 - Being a HPP participant moved us in the right direction
 - Grant requirement & workshop opportunity for executives
 - Grant requirements helped with implementation
 - Using grant requirements to convince leadership of high importance
- **Leadership and Department Support**
 - Buy in from leadership
 - COO very supportive
 - Leadership buy-in
 - Needs to have a presentation to educate directors



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- Senior leadership understanding business continuity is not emergency planning
 - Sharing process with Board
- **Leveraging Previous Incidents and Relationships**
 - Actual disasters - floods, backed up sewage, heavy rain, lost registration area - gets more buy in
 - Actual disasters refine process of what is needed
 - Engage with IT providers for large volume of applications
 - Identify primary and secondary IT needs
 - Looking at disaster plans to see how department plans to function - can be used toward BCP
 - More structure with templates
 - Piggyback on real world events
 - Power outage (what's important/needed)
 - Real events helped encourage the CEO/Exec Team
 - With loss of boiler, leadership realized needed plan for Facilities
 - Working with familiar departments
- **Resources: Templates, Workshops**
 - Brought leadership to workshops
 - Education
 - EMS Agency templates
 - Grant requirement & workshop opportunity for executives
 - Pre-existing templates created from workshops early on in 2015
 - Previous trainings
 - Templates
 - Workshops
 - Workshops help (more workshops will be fruitful)
- **Other Comments**
 - Community relationships
 - EnviroScan
 - Mobile clinic access / moved to site
 - Need more buy in from all departments
 - Need to be more aggressive
 - Not familiar with implementation
 - Waiting for implementation - looking forward to implementation
 - Zero cost center



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What are areas for improvement?

- **Need Leadership Support and Department Engagement**
 - Admin contribution
 - Communication with staff/leadership/disaster coordinator
 - Engage leadership
 - Getting exec buy-in
 - Instability in organization turnover in leadership
 - Leadership buy in
 - Leadership support
 - Mentor frontline leaders through BCP process
 - More support/assistance/engagement with the staff
 - Need leadership to support the implementation of department BCP
 - Scheduling / making time, communicating with everyone below management
 - Stakeholder buy-in
 - Start with the end user
 - Working with the top / down
- **Need More Information on BCP Concepts and Process**
 - Consultant. Meetings/activity slowed. BCP too detailed. Overlapping emergency response, nursing, & BCP together too different to make one document.
 - Identify best practices
 - Streamlining templates after department input
 - Tools to help take the BIA data to the next step and create an actual plan
 - Understanding for moving nonessential staff
 - Understanding how to move non-essential around
- **Need More Staffing**
 - Dedicated staff
 - Delegating responsibilities
 - Delegation of planning responsibility
 - Designated staff
 - Get people on board
 - More staff and compensation for business continuity responsibilities
 - Turnover staffing
- **Need to Create BCP Teams**
 - Need to convene their BCP teams
 - Need to get started
 - We need to start a group dedicated for BCP



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- **Need Drills**
 - Communication about lessons learned
 - Have drills
 - Testing opportunity
- **Need to Improve Understanding of the Value of BCP**
 - Corporate not grasping the importance of BCP prioritizing IT side
 - Getting buy-in with more education may help
 - Show video to high level leadership
 - Stressing the importance of this
 - Tools to help convince leadership that BCP is important
 - What is in it for us?
- **Other Comments**
 - Already have back up equipment in another location and would also work with sister facility
 - Alternate power source
 - Focus on
 - Healthcare Changes
 - Operational processes
 - Regulatory requirements
 - We need plans - prepare

What are barriers for implementation?

- **Competing Priorities**
 - Allocating resources for planning and development
 - Competing priorities
 - Conflicting/competing priorities/projects, e.g., EHR
 - Corporate prioritizing IT over enterprise-wide BCP
 - Other priorities take over
 - Upgrade to EMR may have lowered priority of BCP project
- **Lack of Leadership Support and Collaboration**
 - Administration engagement
 - Buy in from departments and leadership
 - Executives
 - Getting buy-in from everyone



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- Getting key players to look at big picture
- Lack of involvement
- Leadership senior
- Leadership support
- Pulling support from end users
- Push backs from Directors
- System buy in, as well as leadership
- Time with leaders
- **Lack of Understanding the Value of BCP**
 - Articulating impact of disruption on function
 - Having people understand what BCP is and its importance
 - Identifying success plan can be problematic for small facilities / unionized
 - Individuals hesitant to speak up
 - Inform / convince the staff of the importance of having a BCP
 - Need continuous ongoing education about business continuity
 - Press the value
 - Show video presented in the BCP workshop when doing interview!
- **Resources: Funding**
 - Cost
 - Cost
 - Money
 - Where do we get funding for BCP role
- **Resources: Staffing**
 - Lack of staff resources
 - Multiple job responsibilities
 - New staff, not experienced in disaster
 - People / time
 - People, time
 - Staff
 - Staff went back to other jobs
 - We wear too many hats
 - Who is in charge of project
- **Resources: Time**
 - Cost and time
 - Time
 - Time
 - Time



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- Time
- Time & labor
- Time and resources limitations
- Time required. It is an enormous project for a large scale hospital with multiple sites.
- Time!!!
- **Other Comments**
 - Have not started yet
 - If you doing have the top 3...
 - Working from top-down is overwhelming (need for effective dissemination plan)