Continuity of Operations Planning (COOP) for Hospitals

VALUE BEYOND CMS COMPLIANCE

Chuck Russell, CBCP, MBA
Business Continuity and Risk
Texas Children’s
What is **Success** in this session!

- Leave with an understanding of **CMS expectations** for COOP
- Understand how to derive **more value** from your work than just **CMS compliance**
- Know how to keep the **organization on its toes** for the **unexpected**
How are we going to achieve that success

- **Background**
- **CMS regulation** and minimum expectations
- **Achieving greater value**
  - From business impact analysis
  - From supplier analysis
  - From resiliency visibility
  - Keeping the organization on its toes via fast-follower exercises
The Texas Children’s Organizational Resilience team addresses many risks:

- Emergency Management
- Business Continuity
- Enterprise Risk Management
- Crisis Management
- Disaster Recovery Integration
- Texas Children’s Hospitals
- The Healthplan
- Urgent Care and Pediatric Practices
Keeping it interactive

- Any interest in joining me for steak or seafood?
- Answer 5 questions throughout my presentation and record on the back of a business card or piece of paper and drop in the bowl on your way out.
- From the cards with the correct answers I will draw one and text you.

1. A
2. C
3. D
4. B
5. C
What famous singer-songwriter was born in Galveston?

A. Barry Manilow
B. Barry White
C. Barry Gibb
D. Barry Harris

Source: Youtube images
CMS Regulation and Minimum Expectations
Two events in particular drove regulators to "get religion"

Why are there new requirements?

- Call to action following 9/11, Hurricane Katrina, super storm Sandy, Ebola, and Zika
  - Breakdown in patient care
  - Inconsistent standards
  - Inconsistent levels of preparedness
- Debate on incentivizing vs. mandating preparedness

Source: HealthcareReady.org. 12/6/16 presentation to MeshCoalition.org
How do the requirements work?

- Outlines emergency preparedness Conditions of Participation (CoPs) & Conditions for Coverage (CfCs)
  - CoPs and CfCs are health and safety standards all participating providers must meet to receive certificate of compliance
- Applies to 17 provider and supplier types
  - Different emergency preparedness regulations for each provider type

**Bottom line:** Providers and Suppliers that wish to participate in Medicare and Medicaid – i.e. the nation’s largest insurer – must demonstrate they meet new emergency preparedness requirements in the rule.

Source: HealthcareReady.org. 12/6/16 presentation to MeshCoalition.org
Who does it apply to?

- **Inpatient**
  - Hospitals
  - Critical Access Hospitals
  - Religious Nonmedical Health Care Institutions
  - Psychiatric Residential Treatment Facilities
  - Long-Term Care / Skilled Nursing Facilities
  - Intermediate Care Facilities for Individuals with Intellectual Disabilities

- **Outpatient**
  - Ambulatory Surgical Centers
  - Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
  - Community Mental Health Centers
  - Comprehensive Outpatient Rehabilitation Facilities
  - Rural Health Clinics and Federally Qualified Health Centers
  - Home Health Agencies
  - Hospice
  - Organ Procurement Organizations
  - Programs of All-Inclusive Care for the Elderly
  - Transplant Centers

Source: HealthcareReady.org. 12/6/16 presentation to MeshCoalition.org
There are 4 core elements to the requirements

Our Focus: More value from here

- **Emergency & Continuity of Operations Plans**
  - Based on a risk assessment
  - Using an all-hazards approach
  - Update plan annually

- **Policies & Procedures**
  - Based on risk assessment and emergency plan
  - Must address: subsistence of staff and patients, evacuation, sheltering in place, tracking patients and staff

- **Communications Plan**
  - Complies with Federal and State laws
  - Coordinate patient care within facility, across providers, and with state and local public health and emergency management

- **Training & Exercise Program**
  - Develop training program, including initial training on policies & procedures
  - Conduct drills and exercises

Source: HealthcareReady.org, 12/6/16 presentation to MeshCoalition.org
Question #2: Who is most often credited with this quote: “The secret to creativity is knowing how to hide your sources?”

A. Albert Einstein
B. Ivanka Trump
C. Mark Twain
D. Joe Biden
E. Joe Piscopo

Source: I’ll never tell
What does a departmental plan look like?
What does a departmental plan look like? (cont.)

III. CRITICAL BUSINESS FUNCTIONS

A. Critical Business Function #1: Deliver Infusion Room Services

Description of Business Service

Provide administrative support and delivery of infusion room services including transfusions, injections and phlebotomy. Approximately 10 TCH staff, 1 Baylor staff, support this critical function within the department.

<table>
<thead>
<tr>
<th>Recovery Time Objective (RTO)</th>
<th>Recovery Point Objective (RPO)</th>
<th>Explanation for Why this is Critical</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 3 days</td>
<td>&lt; 24 hours</td>
<td>Patient Care: Delays beyond 3 days impact patient health most often by delaying therapy</td>
</tr>
</tbody>
</table>

The items in the tables below are required to enable this function to be minimally operational in the RTO timeframe specified.

Service / Function Business Continuity Leader and Key Business Continuity Staff

<table>
<thead>
<tr>
<th>Business Continuity Role</th>
<th>Name &amp; Title</th>
<th>Contact Information</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Continuity Service Lead</td>
<td>Kim Holt, AD Nursing</td>
<td></td>
<td>This role leads the business continuity preparation, activation, and recovery activities for this function and is most familiar with the plans to restore this function</td>
</tr>
<tr>
<td>Alternate Business Continuity Service Lead</td>
<td>Aaron Mansfield, Mgr. Patient Care</td>
<td></td>
<td>Back up to role above</td>
</tr>
</tbody>
</table>

Key Dependencies Including IS Systems

To perform this critical service, the department relies on the following internal and external dependencies. The recovery time objective is the maximum length of time that the service or function can be discontinued without causing irreparable harm to people or operations (research, finances, compliance).

<table>
<thead>
<tr>
<th>Service / Function</th>
<th>Team &amp; Point of Contact</th>
<th>Actions if Dependency is Unavailable</th>
<th>Recovery Time Obj.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epic - BSR system</td>
<td>IS on-call Manager 832-824-3512</td>
<td>Downstream procedures in appendix indicating how to access static version of Epic plus how to manually record events</td>
<td>&lt;3 days</td>
</tr>
<tr>
<td>Family Services: Social Worker, Child Life, Financial Counseling</td>
<td>Outpatient Services Kim Holt</td>
<td>Move forward without them</td>
<td>&lt;3 days</td>
</tr>
<tr>
<td>Vascular Access Team (tubeshot central line issues)</td>
<td>Kim Holt</td>
<td>Wait until available</td>
<td>&lt;3 days</td>
</tr>
<tr>
<td>Respiratory Therapy</td>
<td>Jay Merrel, Mgr. Therapy 936-267-7313</td>
<td>Seek resources from West or Med Center or neighboring hospital if urgent</td>
<td>&lt;3 days</td>
</tr>
<tr>
<td>Supply Chain Mgmt</td>
<td>Brenda Little – 936-267-5690</td>
<td>Alternate suppliers accessed through SCM</td>
<td>&lt;3 days</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Brady Mofett, AD Pharmacy</td>
<td>Use alternate internal or external pharmacy</td>
<td>&lt;3 days</td>
</tr>
<tr>
<td>Pathology</td>
<td>Tyler Gress, AD Pathology 936-267-6256</td>
<td>Use St. Luke's-Woodlands or other TCH facility</td>
<td>&lt;3 days</td>
</tr>
<tr>
<td>Op[tex] Software</td>
<td>IS on-call Manager 832-824-3512</td>
<td>Use manual recording sheet behind door</td>
<td>&lt;3 days</td>
</tr>
<tr>
<td>Base IS Intra. Network, Avaya phones, Email, MS Office, etc.</td>
<td>IS on-call Manager 832-824-3512</td>
<td>Use downtime procedures. Wait for restoration</td>
<td>&lt;3 days</td>
</tr>
</tbody>
</table>

Vital Records

<table>
<thead>
<tr>
<th>Description</th>
<th>Where</th>
<th>Loss Strategy</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Facilities, Equipment and Office Supplies

To execute this business function, the following equipment and office supplies must be accessible. Include IS hardware in this list.

<table>
<thead>
<tr>
<th>Description</th>
<th>Where</th>
<th>Loss Strategy</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consult Room with patient table and chair at 3 days</td>
<td>Woodlands Outpatient/Administration Building 1st and 2nd Floor</td>
<td>Request space from Facilities, Facilities 832-824-5000</td>
<td>Facilities 832-824-5000</td>
</tr>
<tr>
<td>Large infusion room with sitting space for 5</td>
<td>Woodlands Outpatient/Administration Building 2nd Floor</td>
<td>Request space from Facilities, Facilities 832-824-5000</td>
<td>Facilities 832-824-5000</td>
</tr>
</tbody>
</table>

Position Title | Minimum FTEs Required During a Crisis
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sr. Admin. Coord</td>
<td>1 (shared)</td>
</tr>
<tr>
<td>Physician</td>
<td>1</td>
</tr>
<tr>
<td>Vocational Nurse</td>
<td>3</td>
</tr>
</tbody>
</table>
What does a departmental plan look like? (cont.)

<table>
<thead>
<tr>
<th>Description</th>
<th>Where</th>
<th>Loss Strategy</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Alaris Smart Pumps (facility has 10 large volume and 10 small volume pumps total)</td>
<td>Woodlands Campus Outpatient/Administration Building 1st Floor</td>
<td>Utilize back up pumps</td>
<td>Biomed 24 hr dispatch 832-824-1060</td>
</tr>
<tr>
<td>1 Supply Ophthex with supplies (ace bandages, sprints, tape etc.)</td>
<td>Woodlands Campus Outpatient/Administration Building 1st Floor</td>
<td>Contact IS for replacements</td>
<td>IS on-call Manager 832-824-3512</td>
</tr>
<tr>
<td>1 Omnicell (pharmacy)</td>
<td>Woodlands Campus Outpatient/Administration Building 1st Floor</td>
<td>Contact IS for replacements</td>
<td>IS on-call Manager 832-824-3512</td>
</tr>
<tr>
<td>2 desks with chairs (one per person)</td>
<td>Woodlands Campus Outpatient/Administration Building 1st Floor</td>
<td>Contact Facilities</td>
<td>Facilities 832-824-5000</td>
</tr>
<tr>
<td>2 Workstation on Wheels (WOW) with network connectivity (one per person) for recording patient care</td>
<td>Woodlands Campus Outpatient/Administration Building 1st Floor</td>
<td>Contact IS for replacements</td>
<td>IS on-call Manager 832-824-3512</td>
</tr>
<tr>
<td>1 shared printer and 1 telephone, 1 lab label printer</td>
<td>Woodlands Campus Outpatient/Administration Building 2nd Floor</td>
<td>Contact IS for replacements</td>
<td>IS on-call Manager 832-824-3512</td>
</tr>
<tr>
<td>1 Supply Ophthex with supplies (ace bandages, sprints, tape etc.)</td>
<td>Woodlands Campus Outpatient/Administration Building 1st Floor</td>
<td>Contact IS for replacements</td>
<td>IS on-call Manager 832-824-3512</td>
</tr>
</tbody>
</table>

**Suppliers and Vendors**

Supply Chain management will be the primary point of contact but list critical services and verify if they have an emergency contract with TCH.

<table>
<thead>
<tr>
<th>Name of Supplier/ Vendor</th>
<th>Key Goods or Services Provided</th>
<th>Loss Strategy including whether Emergency Contract in Place</th>
<th>Normal Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>GE</td>
<td>Defibrator vital signs equipment</td>
<td>Use backups of borrow from another TCH facility. No back up provider</td>
<td>GE 832-778-4688</td>
</tr>
<tr>
<td>Alaris</td>
<td>Tubing and incodents</td>
<td>Use backups of borrow from another TCH facility. No back up provider</td>
<td>866-468-1468</td>
</tr>
</tbody>
</table>
The bulk of achieving CMS compliance requires developing the right set of plans and exercising them

TCH Footprint (CooP only)
- Enterprise BIA
- Enterprise BC Plan
- 52 Critical & Important Dept. Plans
- ~30 annual exercises
- After action reviews

All for the low, low price of $5200 (and $345/annually)
Achieving Greater Value

1. Business Impact Assessment
2. Supplier Resiliency
3. Engagement
4. “On their toes” fast-follower exercises
What do you earn by delivering on the minimum rule requirements

- Continuation of patient services
- Fulfill moral responsibility to protect
  - The patients/staff/visitors
  - The community
  - The environment
- Compliance with regulatory requirements allowing CMS payments and avoiding fines
There is more benefit available BEYOND compliance with only a little more effort

- Reduced disruptions to service delivery
- Reduced financial losses
- Maintenance of or enhanced market share
- Maintained or even enhanced reputation
- Enhanced philanthropic activity

- Continuity of research programs
- Investment in emergency management
- Supply chain resiliency
- Resiliency against the strange & unknown

Achieving the minimum value

- Continuation of patient services
- Fulfill moral responsibility to protect
  - The patients/staff/visitors
  - The community
  - The environment
- Compliance, CMS Pmt., and avoid fines

Achieving more value
Question #3: How many research animals were destroyed in tropical storm Allison?

A. 900,000
B. 9,000
C. 900
D. 90,000

Source: doctorflood.rice.edu
Greater value through the business impact assessment

➢ What is a business impact assessment?

Process by which the criticality of business functions is established and the key resources (personnel, facilities, applications, records and suppliers) required for that business function are identified.
Our Woodlands ambulatory clinics were one of the critical departments identified.
A more granular BIA will enable better recovery prioritizations.

### Return of Patient Care in the Outpatient Building

<table>
<thead>
<tr>
<th>By Patient Care Needs</th>
<th>By Revenue Generation</th>
<th>By Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOO CARDIOLOGY CLINIC</td>
<td>WOO CARDIOLOGY CLINIC/ CARD DIAGNOSTICS</td>
<td>6th floor</td>
</tr>
<tr>
<td>WOO NEUROLOGY CLINIC</td>
<td>ORTHOPEDIC SURGERY</td>
<td>1st floor</td>
</tr>
<tr>
<td>ORTHOPEDIC SURGERY</td>
<td>ALLERGY &amp; IMMUNOLOGY</td>
<td>5th floor</td>
</tr>
<tr>
<td>WOO PULMONARY CLINIC</td>
<td>AUDILOGY</td>
<td>3rd floor</td>
</tr>
<tr>
<td>WOO DIABETES/ENDOCRINE CLINIC</td>
<td>OTOLARYNGOLOGY CLINIC</td>
<td>2nd floor</td>
</tr>
<tr>
<td>WOO NUTRITION/GI OUTPATIENT</td>
<td>WOO DIABETES/ENDOCRINE CLINIC</td>
<td></td>
</tr>
<tr>
<td>WOO BEHAVIORAL (DEV BEH PSY)</td>
<td>WOO NUTRITION/GI OUTPATIENT</td>
<td></td>
</tr>
<tr>
<td>WOO OPHTHALMOLOGY CLINIC</td>
<td>WOO BEHAVIORAL (DEV BEH PSY)</td>
<td></td>
</tr>
<tr>
<td>WOO UROLOGY CLINIC</td>
<td>WOO DERMATOLOGY CLINIC</td>
<td></td>
</tr>
<tr>
<td>WOO ADOL/PEDI GYNECOLOGY</td>
<td>WOO SPORTS MED CLINIC</td>
<td></td>
</tr>
<tr>
<td>WOO NEUROLOGY CLINIC</td>
<td>WOO PULMONARY CLINIC</td>
<td></td>
</tr>
<tr>
<td>WOO BEHAVIORAL (DEV BEH PSY)</td>
<td>WOO PEDIATRIC SURGERY</td>
<td></td>
</tr>
<tr>
<td>WOO DERMATOLOGY CLINIC</td>
<td>WOO PLASTIC SURGERY CLINIC</td>
<td></td>
</tr>
<tr>
<td>WOO SPORTS MED CLINIC</td>
<td>WOO PHY MED/REHAB CLINIC</td>
<td></td>
</tr>
<tr>
<td>WOO PULMONARY CLINIC</td>
<td>WOO RHEUMATOLOGY CLINIC</td>
<td></td>
</tr>
<tr>
<td>WOO PEDIATRIC SURGERY</td>
<td>WOO INFECTIOUS DISEASE</td>
<td></td>
</tr>
<tr>
<td>WOO PLASTIC SURGERY CLINIC</td>
<td>WOO CLINICAL NUTRITION SERVICE</td>
<td></td>
</tr>
<tr>
<td>WOO PHY MED/REHAB CLINIC</td>
<td>WOO GENETICS</td>
<td></td>
</tr>
<tr>
<td>WOO RHEUMATOLOGY CLINIC</td>
<td>WOODLANDS NEUROSURGERY</td>
<td></td>
</tr>
<tr>
<td>WOO INFECTIOUS DISEASE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WOO CLINICAL NUTRITION SERVICE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WOO GENETICS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WOODLANDS NEUROSURGERY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Woodlands Outpatient Facility
A more granular BIA will enable better recovery prioritizations.
Actionable recommendations: Recovery order by location

During the business impact analysis:

- As a start, for ambulatory departments, ask your practice administrator to provide recovery order by patient care, revenue and floor.

- Ask your finance or decision support team for a list of departments with location, encounters/day, revenue per encounter.
  
  - Alternatively, ask your finance or decision support team for utilization and financial numbers for each department and create your own list.

- Create a reference sheet for your enterprise business continuity plan and put a copy in the “administrator on call” packet.
Who else would want to know the priority of departments to bring back online?

Call Center for Scheduling and Account Services

- In the aftermath of Harvey, we initiated automated messaging. There was quite a bit of deliberation on when to begin to take live calls to reschedule appointments with limited staff:
  - Risk long wait times and unhappy customers
  - Risk not having answers and unhappy customers
- Partially opening the center for automatic call routing of prioritized calls may be the winning way in the future
A department that wouldn’t naturally rise to the top during a business impact analysis is . . .

Philanthropy!

- CMS doesn't ask you to recover it
- Your BIA likely didn’t prioritize it as they rank departments or functions by:
  1. Patient care
  2. Research
  3. Finances
  4. Compliance/Regulatory
  5. Reputation
- In a disaster they become ultra valuable for finance and reputation
Vendor resiliency is an area that is often overlooked in healthcare partly due to a false sense of security from managing through endless drug shortages.
We have had at 4 events in the last 2 years that have heightened awareness of the risk

**Vendor:** IS Call Center Provider  
**Situation:** In late August of 2017 a water leak shut down Midwest call center and systems did not fail over to alternate site  
**Resolution:** IS backfilled with local staff in conference room call center

**Vendor:** IV Fluid Shortage  
**Situation:** Hurricane Maria exacerbated a product shortage issue leaving TCH with inadequate supply  
**Resolution:** TCH adjusted usage, made their own, found alternate Vendors

**Vendor:** Controlled Substance Vendor  
**Situation:** Vendor’s Distribution Registration was revoked by the DEA on Friday May 4, 2018  
**Resolution:** Alternate Vendor contracted on May 8, 2018

**Vendor:** Medicaid Transportation Vendor  
**Situation:** In June 2019 the vendor terminated their contract with the Healthplan with no notice due to claims not being paid by the state.  
**Resolution:** Temp transport providers arranged until state issues resolved.
An industry-standard approach could establish a Vendor resiliency program quickly

1. Develop the Vendor list & attributes
2. Filter Vendors per agreed criteria (e.g. criticality, spend, sole source etc.)
3. Determine resiliency criteria for each Vendor category (e.g. tested BCP)
4. Assess Vendor resiliency via questionnaires, audits, joint exercises
5. Determine Vendor remediation actions if any (e.g. must develop/ test BCP)
6. Embed learnings; changes to contracting, policies, next level of audits.

Shrinking number of Vendors in the funnel
During the BIA or plan writing stage, ask each department for their most critical supplier

1st year:
- Select 3 vendors and request their supply chain onboarding material from your supply chain dept.
- Ask the vendor for their latest version of their business continuity plan. Review towards understanding risk level. Request gap closure with the vendor or request SCM help

2nd year:
- Develop minimum expectations in partnership with SCM
- Become part of new vendor review regarding resiliency

3rd year:
- Full process from prior slide
Achieving compliance affords an opportunity to elevate department visibility

...which begets funding
Question #4: Who is the author of this famous business continuity cartoon

A. Berkeley Breathed
B. Bill Waterson
C. Scott Adams
D. Garry Trudeau
E. Gary Larson

Source: Dilbert
Achieving compliance affords an opportunity to elevate department visibility

- Engage leadership in the BIA
- Become a single source of truth for methods of dept. prioritization (value)
- Engage all departments annually in exercises
- Demonstrate you can get things done
Keeping the organization on its toes
The increase in the number of exercises gives you a platform for even more creative ways to prepare your organization.

- Employees are going to tire of the same severe weather exercise year after year.
- They aren’t going to sign up for your PowerPoint fiction.

The Office
Life is stranger than fiction

Utilize the crises we read about daily to test our own preparedness and ability to respond.
A “fast follower” exercise is free form and enables learning from others.

**Event**
- Team invoked?
- Actions taken?
- Communications: who & content?

**Other Institution**
- Their actions: Teams invoked?
- Actions?
- Communications?

**Immediate**
- How were their actions different?
- What was good or bad about that difference?
- What would we do next?

**Your Institution**
- Teams invoked?
- Actions?
- Communications?

**1 week**
- How were their actions different?
- What was good or bad about that difference?
- What would we do next?

**2 weeks**
- How were their actions different?
- What was good or bad about that difference?
- What would we do next?

30 minute teleconference
Event: A 3 hospital system is hit with a Ryuk ransomware attack

- Tuesday, Oct. 1st
- Not aware of access to employee or patient information
- Cannot access patient lists to contact them to reschedule
- No demands have been made
What does our protocol say to do?

- Invoke the IS and PIR Plan
- Issue employee communications via our alert tool, issue patient and public communications among others
- IS begins disaster recovery procedures

Event

- Team invoked?
- Actions taken?
- Communications: who & content?
What do we know about their response?

- Invoked downtime procedures, contingency plans
- Made no mention of disaster recovery (probably to avoid the use of the term ‘disaster’ in the press)
- Engaged authorities and outside IT forensic experts
- Issued patient and public communications via homepage, twitter, Facebook and provided an FAQ
- Closed emergency departments and limited new inpatient acceptance. Continued planned procedures.

**Their actions:**
- Teams invoked?
- Actions?
- Communications? who & content?
How do the actions compare and what would we do next?

- Similar plan activations, communications, and personnel engagement
- I don’t know that our emergency department would go into diversion status
- The use of an FAQ may be a learning
- Next
  - Restore operations and disaster recovery
  - Open ED and continue communications with the public

**Event**

- Team invoked?
- Actions taken?
- Communications: who & content?

**Their actions:**
- Teams invoked?
- Actions?
- Communications?
“we have begun a methodical process of system restoration. We have been using our own DCH backup files to rebuild certain system components, and we have obtained a decryption key from the attacker to restore access to locked systems.”

- Open their ED to walk ins
How do the actions compare and what can we learn?

- Again, very similar
- What would be the impact to ambulatory departments?
- Learnings:
  - How quickly can we determine when the system was first corrupted? Does this confirm our RTO or suggest we are too aggressive?

**Event**

**Their actions**: Teams invoked? Actions? Communications?

- How were their actions different?
- What was good or bad about that difference?
- What would we do next?

**Their actions**: Teams invoked? Actions? Communications?

- How were their actions different?
- What was good or bad about that difference?
- What would we do next?
Once you’ve exhausted the basics and have a routine, shake your leaders up with some events out of the headlines.

Take it a step further and follow the events real time or a day after the event and try to anticipate what the institution is going to do.

Take the time to reflect on what you can learn from how they responded.
There is more benefit available BEYOND compliance with only a little more effort.

- Reduced disruptions to service delivery
- Reduced financial losses
- Maintenance of or enhanced market share
- Maintained or even enhanced reputation
- Enhanced philanthropic activity

1. Reduced disruptions to service delivery
2. Reduced financial losses
3. Maintenance of or enhanced market share
4. Maintained or even enhanced reputation

- Continuity of research programs
- Investment in emergency management
- Supply chain resiliency
- Resiliency against the strange & unknown

Achieving the minimum value

- Continuation of patient services
- Fulfill moral responsibility to protect
  - The patients/staff/visitors
  - The community
  - The environment
- Compliance, CMS Pmt., and avoid fines

Achieving more value
Question #5: How many hospitals in the US have gone out of business in the last 18 months?

L. 98  
M. 173  
N. 4  
O. 27  
P. 1200

Source: Becker's Review
Questions?