Continuity of Operations Planning (COOP) for Hospitals VALUE BEYOND CMS COMPLIANCE

Chuck Russell, CBCP, MBA Business Continuity and Risk Texas Children's

What is <u>Success</u> in this session!

Leave with an understanding of <u>CMS expectations</u> for COOP

Understand how to derive <u>more value</u> from your work than just CMS compliance

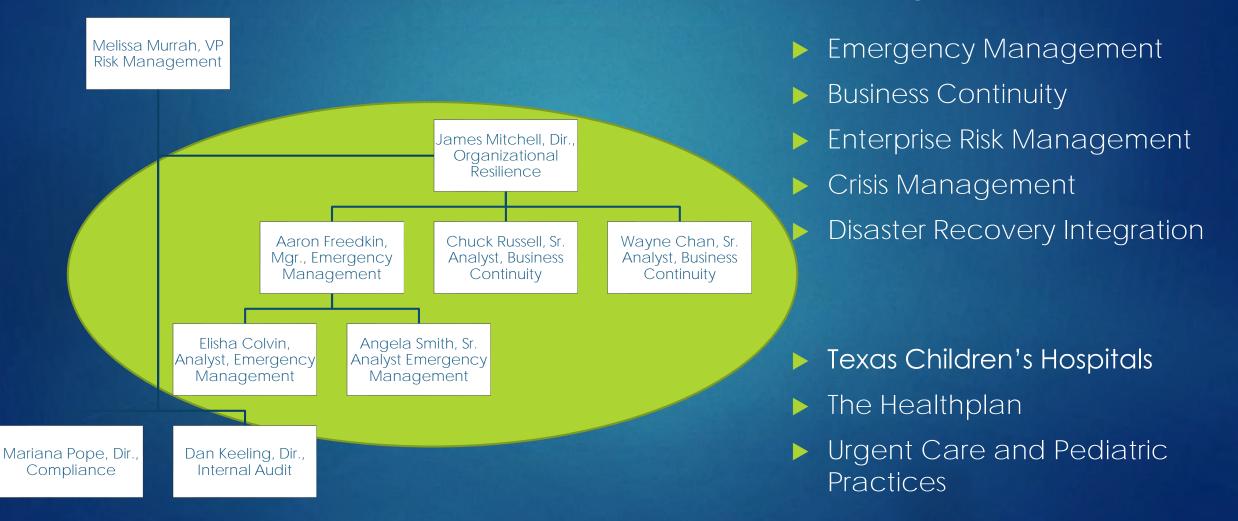
Know how to keep the <u>organization on its toes</u> for the unexpected

How are we going to achieve that success

Background

- CMS <u>regulation</u> 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



Keeping it interactive

- Any interest in joining me for <u>steak</u> or seafood?
- Answer <u>5 questions</u> 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 <u>correct answers</u> I will draw one and text you

1. A

Z. C

4 B

5. C

D

3.



What famous singer songwriter was born in Galveston?

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



CMS Regulation and Minimum Expectations

Two events in particular drove regulators to "get religion"

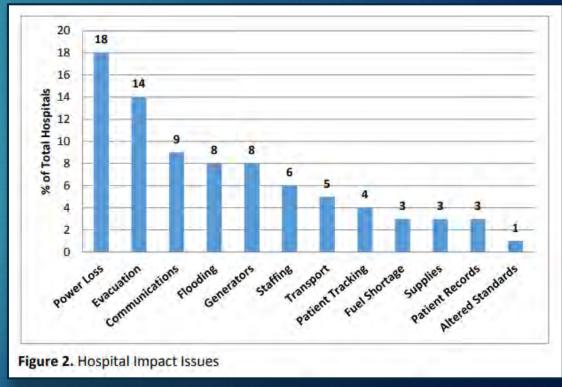
Hurricane Katrina

Official warns of damaged hospitals

Several New Orleans hospitals were probably damaged beyond repair by Hurricane Katrina, according to a hospital accreditation official who completed a three day tour of the facilities.



Super Storm Sandy



Source: Lessons Learned from Hurricane Sandy and Recommendations for Improved Healthcare and Public Health Response and Recovery for Future Catastrophic Events. American College of Emergency Physicians, 2015

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 SundayReview | NEWS ANALYSIS

Can Health Care Providers Afford to Be Ready for Disaster?

Public Health

Health-Care Providers May Need to Step up Emergency Preparedness

The Centers for Medicare and Medicaid Services proposed new preparedness guidelines to mitigate disasters.



The Next Big Moment in Healthcare Preparedness? What the Proposed CMS Rule Could Achieve

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.



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Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services 42 CFR Parts 403, 416, 418, et al. Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers; Final Rule

> CMS Condition of Participation; §482.15 Emergency Preparedness, September 2016

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

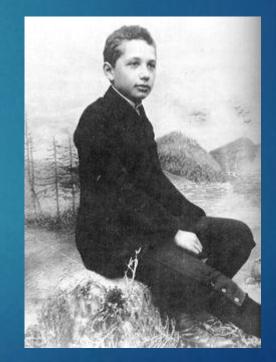
Our Focus: More value from here

EXERCISE IN PROGRESS Communications Training & Exercise Emergency & Policies & Plan Program Continuity of Procedures **Operations** Plans Develop training · Complies with Based on risk Federal and State program, including Based on a risk assessment and initial training on assessment laws emergency plan policies & Coordinate patient procedures · Using an all- Must address: care within facility. hazards approach subsistence of staff · Conduct drills and across providers, and patients, and with state and exercises Update plan evacuation. local public health sheltering in place, annually and emergency tracking patients management and staff

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



What does a departmental plan look like?



TCH Woodlands Campus Cancer Care

Department Business Continuity Plan

October 30, 2019
Plan Date:

Ι.	INTRODUCTION	1
A. B. C. D.	PURPOSE OF THIS BUSINESS CONTINUITY PLAN (PLAN) OBJECTIVES OF THIS PLAN SCOPE OF THIS PLAN: AUTHORITY FOR THIS PLAN.	1 1
II.	DEPARTMENT OPERATIONS	3
A. B. C. D. E. G. H.	DEPARTMENT MISSION AND KEY ACTIVITIES TEAM ROLES AND RESPONSIBILITIES BISK AND IMPACT ANALYSIS BCP RESPONSE TEAM PLAN ACTIVATION PROCEDURES DEPARTMENT OPERATIONS	3 5 6 7 7
III.	CRITICAL BUSINESS FUNCTIONS	
A.	CRITICAL BUSINESS FUNCTION #1: CRITICAL BUSINESS FUNCTION #2:	
IV.	RECOVERY PLAN	16
A. B. C. D.	RECOVERY LOCATION CONTINUITY FACILITIES, DEPARTMENT CLOSURE, AND DEVOLUTION. DEVOLUTION. RECONSTITUTION: RECOVERY AND RESUMPTION OF SERVICES	17 19
V.	PLAN MAINTENANCE AND EXERCISES	21
А. В.	MAINTENANCE	
VI.	APPENDICES	22
A. B. C. D.	APPENDIX A: GENERAL INCIDENT IMPACT ASSESSMENT APPENDIX B: TEXAS CHILDREN'S NOTIFICATION SYSTEM APPENDIX C. BUSINESS CONTINUITY RECOVERY STRATEGIES APPENDIX D: DEPARTMENT DOWNTIME PROCEDURES APPENDIX D: REFERENCES AND RELATED DOCUMENTS	24 27 31

What does a departmental plan look like? (cont.)

- III. CRITICAL BUSINESS FUNCTIONS
- A. <u>Critical Business Function #1:</u> Deliver Infusion Room Services

Description of Business Service

Description of Service or Function

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.

Recovery Time Objective (RTO)	Recovery Point Objective (RPO)	Explanation for Why this is Critical
< 3 days	< 24 hours	Patient Care: Delays beyond 3 days impact patient health most often by delaying therapy

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

Business Continuity Role	Name & Title	Contact Informati on	Description			
Business Continuity Service Lead Alternate Business Continuity Service Lead	Kim Holt, AD Nursing Aaron Mansfield, Mgr. Patient Care		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 Back up to role above			
Posi	tion Title	Mini	mum FTEs Required During a Crisis			
Sr. Admin. Coord.		1				
Physician		1 (shared)				
Vocational Nurse		3				

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).

Service / Function Team & Point of Contact		Actions if Dependency is Unavailable	Recovery Time Obj.
Epic – EMR system	IS on-call Manager 832-824-3512	Downtime procedures in appendix indicating how to access static version of Epic plus how to manually record events	<3 days
Family Services: Social Worker, Child Life, Financial Counseling	Outpatient Services	Move forward without them	<3 days
Vascular Access Team (troubleshoot central line issues)	Kim Holt	Wait until available	<3 days
Respiratory therapy	Jay Mennel, Mgr. Therapy, 936-267-7313	Seek resources from West or Med Center or neighboring hospital if urgent	<3 days
Supply Chain Mgmt.	Sheila Little – 936-267- 5896	Alternate suppliers accessed through SCM	<3 days
Pharmacy	Brady Moffett, AD Pharmacy	Use alternate internal or external pharmacy	<3 days
Pathology	Tyler Giess, AD Pathology 936-267- 5259	Use St. Lukes-Woodlands or other TCH facility	<3 days
Optiflex Software	IS on-call Manager 832-824-3512	Use manual recording sheet behind door	<3 days
Base IS Infra.: Network, Avaya phones, Email, MS Office, etc.	IS on-call Manager 832-824-3512	Use downtime procedures. Wait for restoration	<3 days

Vital Records

Description	Where	Loss Strategy	Contact
None			

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.

Description	Where	Loss Strategy	Contact
6 Consult Room with	Woodlands	Request space from	Facilities 832-824-
patient table and	Outpatient/Administration	Facilities,	5000
chairs at 3 days	Building 1st and 2nd Floor	-	
1 large infusion room	Woodlands	Request space from	Facilities 832-824-
with sitting space for 5	Outpatient/Administration	Facilities	5000
	Building 2 nd Floor		

What does a departmental plan look like? (cont.)

Description	Where	Loss Strategy	Contact
12 Alaris Smart Pumps (facility has 10 large volume and 10 small volume pumps total)	Woodlands Campus Outpatient/Administration Building 1st Floor	Utilize back up pumps	Biomed 24 <u>hr</u> dispatch 832-824- 1999
1 Supply <u>Optiflex</u> with supplies (ace bandages, splints, tape etc.)	Woodlands Campus Outpatient/Administration Building 1st Floor	Contact IS for replacements	IS on-call Manager 832-824-3512
1 <u>OmniCell</u> (pharmacy)	Woodlands Campus Outpatient/Administration Building 1st Floor	Contact IS for replacements	IS on-call Manager 832-824-3512
2 desks with chairs (one per person)	Woodlands Campus Outpatient/Administration Building 1st Floor	Contact Facilities	Facilities 832-824- 5000
2 Workstation on Wheels (WoWs) with network connectivity (one per person)for recording patient care	Woodlands Campus Outpatient/Administration Building 1st Floor	Contact IS for replacements	IS on-call Manager 832-824-3512
1 shared printer and 1 telephone, 1 lab label printer	Woodlands Campus Outpatient/Administration Building 2 nd Floor	Contact IS for replacements	IS on-call Manager 832-824-3512
1 Supply Optiflex with supplies (ace bandages, splints, tape etc.)	Woodlands Campus Outpatient/Administration Building 1st Floor	Contact IS for replacements	IS on-call Manager 832-824-3512

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.

Name of Supplier/ Vendor	Key Goods or Services Provided	Loss Strategy including whether Emergency Contract in Place	Normal Contact Details
GE	Dinamap vital signs equipment	Use backups or borrow from another TCH facility. No back up provider	GE (832) 778-8608
Alaris	Tubing and incidentals	Use backups or borrow from another TCH facility No back up provider	866.488.1408

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

Texas Children's Hospital				
	iren's d			
Inpatient Care Areas	<u>.</u>			
Department Business Continuity Plan				
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Plan Date: 1015	Landmary Part			
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All for the low, low price of \$5200 (and \$345/annually)

Achieving Greater Value

Business Impact Assessment
 Supplier Resiliency
 Engagement
 "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 more value

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

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

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





Greater value through the business impact assessment

What is a business impact assessment?

Process by which the <u>criticality of business functions</u> is established and the <u>key resources</u> (personnel, facilities, applications, records and suppliers) required for that business function <u>are identified</u>.



Our Woodlands ambulatory clinics were one of the critical departments identified

umble Atascocita

Pasaden



Fields Store

Prairie View

Waller

4 /

Cinco Ranch

Pecan Grove

Richmond

senberg

n.

nd Sugar/Land

Greatwood

Grangerland

The Woodlands Outpatient Facility

patient Facility

1 Jersey Village

Missouri City

laire 610

Pearl

 Functions
 RTOs
 Impact Driving Recovery Time (Impact Justification)

 Outpatient and Ancillary Services: Subspecialty Clinics – Woodlands Campus
 1-7 Days
 Patient Care: Depends upon the subspecialty except Cancer and Infusion. Deferred to EC or Primary Care Physicians due to not being open on weekends.

Kenefick

avton

Moss Hill

Hardir

erty Ames

Batson

Daisetta

Macedonia

l Friendswood

League City

Smith Point

Business Impact Assessment

th Point

A more granular BIA will enable better recovery prioritizations Yarboro Plantersville

Grangerland

Todd Mission Magnoli

Cinco Ranch'

Pecan Grove

Greatwood

Richmond

Fields Store

Prairie/View/

The Woodlands

Missouri City

Sugar Land

Outpatient Facility

1000	Return of Pat	ient Care in the Outpatient Bu	uilding
	By Patient Care Needs	By Revenue Generation	By Floor
1	WOO CARDIOLOGY CLINIC	WOO CARDIOLOGY CLINIC/ CARD DIAGNOSTICS	6th floor
ev Sv	WOO NEUROLOGY CLINIC	ORTHOPEDIC SURGERY	1st floor
ort /-	ORTHOPEDIC SURGERY	ALLERGY & IMMUNOLOGY	5th floor
	WOO PULMONARY CLINIC	AUDIOLOGY	3rd floor
le	WOO DIABETES/ENDOCRINE CLINIC	OTOLARYNGOLOGY CLINIC	2nd floor
17	WOO NUTRITION/GI OUTPATIENT	WOO DIABETES/ENDOCRINE CLINIC	
	WOO BEHAVIORAL (DEV BEH PSY)	WOO NUTRITION/GI OUTPATIENT	
		WOO OPHTHALMOLOGY CLINIC	
A LOCAL		WOO UROLOGY CLINIC	
		WOO ADOL/PEDI GYNECOLOGY	
		WOO NEUROLOGY CLINIC	
61		WOO BEHAVIORAL (DEV BEH PSY)	
		WOO DERMATOLOGY CLINIC	
		WOO SPORTS MED CLINIC	
5		WOO PULMONARY CLINIC	
A No		WOO PEDIATRIC SURGERY	
2		WOO PLASTIC SURGERY CLINIC	

WOO PHY MED/REHAB CLINIC

WOO RHEUMATOLOGY CLINIC

WOO INFECTIOUS DISEASE

WOO CLINICAL NUTRITION SERVICE

WOO GENETICS

WOODLANDS NEUROSURGERY

Business Impact Assessment

A more granular BIA will enable better recovery prioritizations

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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 <u>a list of</u> <u>departments with location, encounters/day, revenue</u> <u>per encounter</u>
 - Alternatively, ask your finance or decision support team for utilization and financial <u>numbers</u> for each department and create your own list
- Create a <u>reference sheet</u> 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

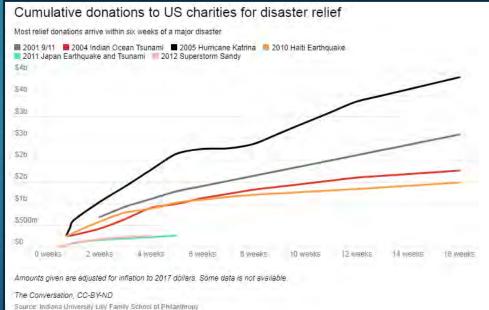


Business Impact

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





Business Impact



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

Rabies		
CDC > Rabies Homepage * Re	esources	6 🖸 🕲 🕹
🕈 Rabies Homepage		Vaccine and Immune Globulin Availability
What is rabies? Transmission	+	Current Situation
When to seek care	+	Updated: October 1, 2019
Prevention	+	Supply is limited or unavailable for two rabies vaccines and one rabies immune globulin product. Healthcare providers should continue to
Signs and symptoms		administer PEP when indicated.
Diagnosis	÷	Rabies Vaccine
Rabies in the U.S. and around the world	÷	RabAvert rabies vaccine (produced by GlaxoSmithKline) is experiencing a temporary limited supply, but is still available for both <u>preexposure prophylaxis (PrEP</u>) and <u>postexposure prophylaxis (PrEP</u>). Clinicians can request RabAvert for any patient who needs PrEP or PEP by
Information for specific groups	÷	 contacting GSK's Vaccine Service Center directly at 866-475-8222, option 3. IMOVAX rabies vaccine (produced by Sanofi Pasteur) is experiencing a temporary supply shortage and is not available at this time. Healthcare providers who are unable to obtain
State and local rabies consultation contacts		IMOVAX should use RabAvert during this time, even if IMOVAX was used to start a PrEP or PEP schedule that is in progress.



We have had at 4 events in the last 2 years that have heightened awareness of the risk

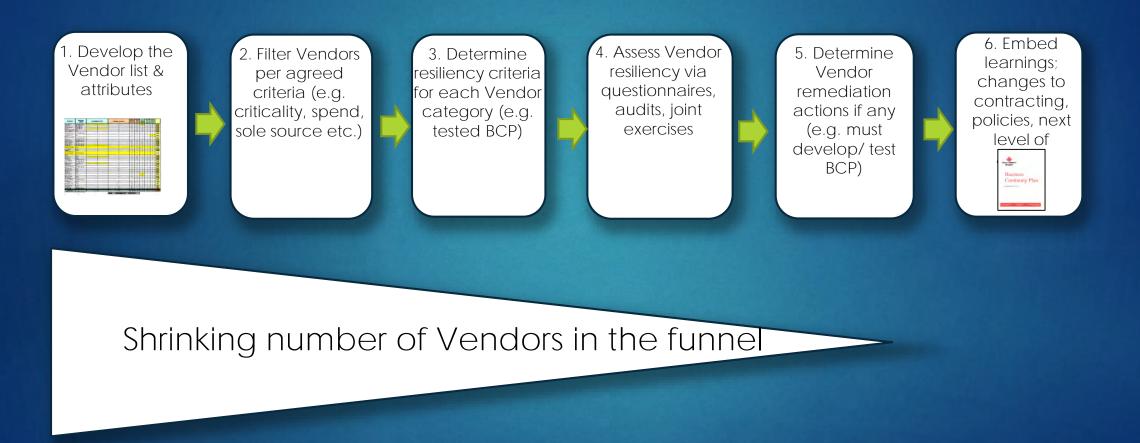
Vendor: IS Call Center Provider Situation: In late August of 2017 a water leak shut down Midwest call center and systems did not fail over to alternate site Resolution: IS backfilled with local staff in conference room call center

Vendor: 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: 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: 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





Actionable recommendations: vendors

- 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





Achieving compliance affords an opportunity to elevate department visibility

Engage leadership in the BIA

- Become a single source of truth for methods of <u>dept. prioritization</u> (value)
- Engage all departments annually in exercises
- Demonstrate you can get things done

Enterprise Business Continuity Scorecard 2nd Quarter 2019 2019 Plan Status Enterprise Risk Status					
Main Campus Acute Care (NICU/Critical/Special & CRC)(11)		8/22/2018	-		- SPenCerper
Anesthesi ology-Physician Practice (1)		10/2010			50% Human Sesan Preparation period Play Treashold
Bilamedicel Englineering (1)		1/18/2019	4/24/2010	9/102/122	0
Concer Core / Infusion (separate from Acute in 19) Concerte Communications		New	3/20/2019	att/2010	and the second
C regentating		N ea 64/2018	5/31/2010	604/2010	Lon Eusiness Continuity Risk Index
Emergency Center - Triage/Assessment (2)		83/2018	analise (s		
Facilities: Env. & Security Services (2)		11/2/2017	4/26/2010	814/2019	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Facilities Bus Bervices & Supply Chain (2) Facilities: Engineering (5)		12/7/2017	4/H.2019 6/25/2019	630/2019	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Facilites: Food 8 vcs		Nea	3/20/2019	701/2014	Nose:
H.R. Totel Res ad, Payral, Benefits (3)		1215/2017	3/0/2016	6/4/2019	 During the numicane season preparation period fever plane are completed but scorelines increase. August is slow for both efforts due to stoff vacations.
Intector Control (1)		8/30/2017	3/27/2010	6/4/2019	 Cham only includes plane for departments rand 'cristal' or 'important'. They are seligited equally. We may weigh tridial' plane man heavily in an updated index.
Intrinsion Services (4) IVF Laboratry (1)		16/26/2017	7/10/2010	783(2010	sergined equally. We may weigh unideal plans more heavily in an updated index. 3) The values of 40% and 72% as thresholds for their rating is subjective but similar to
NNP Services (APRN) (1)		4/10/2018	5/23/2019	8/4/2019	2) The values of 40% and 75% as thresholds for their rating is subjective burstmillar to index thresholds used by other companies".
Pathology(Lab Medicine (1)		7/30/2018	12/9/2010		*Journal of Business Controlly 3 Drampancy Planning Vol. 8 Hz. 9 Development and Implementation of a Statistics controlly management risk index. Microal Racian. Oct. 2014.
Pediatric R all plogy (1)		7/30/2018	0102010	6/28/2019	
Ped. Ambul Bucs - Neurology (2) Ped. Ambul Bucs - Psychilaty & Dev. Peds (2)		2/25/2018	3/7/2010	8/4/2019 8/4/2019	PH
Ped. Ambul Bucs - Psychol gy (1)	۲	9/20/2018	3/7/2019	6/4/2010	Plan Group Progress
Fed. Ambul Sucs - Retro. Immuno/Rheum.(3)		4/17/2018	4/23/2019	550/2019	of attractive temport
Fed. Ambul Svcs - infectious Disease / Genetics (2)		10/2/2018	3/0/2010	6/4/2019	Ing. Fail. Dis. 55
Ped. Ambul Sucs - Nu./GI, Acd., Dem, Med., Ped. Pericoerative Sucs		Nea -	6/3/2019	6/7/2010	
Pharmacy (2)	F	7/24/2017			
Physical Medicine and Rehabilitation (1)		9/24/2018	2022040	77.9.2210	
Renal Services () Respiratory Care/EC/MD Services (1)		7/27/2018	3/4/2010	6/90/2019	Jan Star
Respiratory Care/EC/MO Services (1) Rev. Cycle - Admissions (1)		11/28/2017 9/17/2018	3/6/2010	5.90/2019	87
Rev. Cycle: Health Internation Mont. (1)		34/2017	3/19/2019	6/4/2019	
Rev. Clycle: 8 chdig & Alcot Access - C4 (2)		10/4/2017	3/19/2019	6/4/2019	
Rev. Cycle: Pt. Fin., Pie-Bvic., & Pro. Svcs. (3) Risk and Emergency Mont (3)		10/7/2017	3/19/2019	6.4/2019 124/2019	
Surgery Services: HeartNeuro/OntoPed(4)		9/27/2018	1 av 14		
Surgery Services: Transplantation (1)		617/2017	2/26/2010	513/2019	
West Campis"		and the second second			Checkl Supplif (e.g.
Acute CereUnits (Acute/In-Pet, Ris/PICU/CC) (3)		11/10/2018			
Anciliery Berly ces (D.cc./Phys. Therepy (Resp.) (3) Bus. Opro (SCM/Sec./Psc./EVS/Food) (5)	-	16/22/2018	- Distric	830/2014	Notes
Cancer Care (1)		11.29/2018	B102616		 Cham portrays a comparise departmental view of progress grouped by functional comparise through 02.
Emergency Center (t)		9/20/2018			2) Scheduling=10% credb, executing the exercise=10%, and plan update=10%.
Pathology/Leb Medicine (1) Perioperative Svcs.(0.R/PACU/Stefle Picsg) (1)		9/25/2018 9/21/2018	12445010		3) New plane+30% when drafted, +70% when complete.
Perioperative Sucs (OR/PACU/Starle Picsg) (1) Dept. Links to Ned Cit Plans/Biol/ed/Red (Phar)		9/21/2018	SolvedRed		Corrective Action Tracker
Nootlands Campis'	F				
Acute Care Units (Acute/in-Pat. Rts/PICU/CC) (3)		1211/2018			Open Consistent Among by Iman's
Ancillery Berlyces (Dcc /Fh)/s. Therepy /Resp.) (3)		11/27/2018	-		A Real Property lies of the second se
Bus. Opre (SC W/Sec / Psc / EVS/Food) (5) Cancer Care (1)		10/19/2018	0102.42/T	839/2014	Carrow Carrow
Emergency Center ()		10.90/2018			0.74
Pathology/Lab Mediche (1)		11/27/2018	12/22010		
Perioperative Svcs.(DR/PACU/Sterile Picsg) (1) Dept. Links to Med Cit PlatesRipUed(Red /Phar)		16/23/2018	Provide State		
		12/11/2018	BolledRed.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
* Phermacy covered in Main Plan		-	-		
TC Health Plan (t)		5/17/2018	6/13.2019	6/25/2019	
The Clenters for Women and Children (2)		29/2018	· · · · · · ·		
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3) "TOH Notification Deployed" - Aer up and training Deployed Trained Covered through Chergeine Deployment	2 00	the CrerDridge	nool. Color co	ding:	Notes: 1) Corrective Action Tracker in for all of Dreargency Management. It will include business continuity graph there in 2019 an surgary of 2010 buildness continuity exercises are included.



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







Life is stranger than fiction

Utilize the crises we read about daily to test our own preparedness and ability to respond

U.S. drug agency suspends Louisiana distributor over opioid sales

WASHINGTON (Reuters) - The U.S. Drug Enforcement Administration said on Friday it had suspended a Louisiana pharmaceutical distributor from selling controlled substances for allegedly selling unusually large quantities of opioids to pharmacies without reporting the sales.

3 MIN READ

Water pipe break prompts 'internal disaster' at Ben Taub, Harris Health

Anuja Vaidya (Twitter) - Tuesday, September 10th, 2019 Print | Email

in SHARE 😏 Tweet 🖪 Share 1

Houston-based Harris Health System declared an "internal disaster" systemwide at 11:35 a.m. on Sept. 9, after a water pipe break at Ben Taub Hospital, also in Houston.

Seattle Children's Hospital mold infections leave one dead, force closure of most operating rooms

UPDATED ON: JULY 3, 2019 / 9:32 AM / CBS/A

f 🎔 🖬

Ransomware attack locks CHI Health providers out of EHR database

Mackenzie Garrity - 7 hours ago Print | Email

in SHARE V Tweet E Share 0

Omaha, Neb.-based CHI Health Lakeside Hospital announced Sept. 27 it was hit by a ransomware attack that may have exposed patients' protected health information, according to the Omaha World-Herald.

Hospital officials discovered Aug. 1 that a database storing EHRs had been locked as the result of ransomware. The ransomware attack specifically targeted the hospital's orthopedic clinic.

The ransomware attack only affected an older records system that held records from patients who were seen at the CHI Health orthopedic clinic before April 2016. Patient data that could have been exposed included names, dates of birth, Social Security numbers, phone numbers, addresses and medical information.

CHI Health officials said there is no evidence that patient information has been misused. However, affected patients can receive a year of complimentary credit monitoring and identity protection services.



A "fast follower" exercise is free form and enables learning from others





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

Tuesday, Oct. 1st

Event

- Not aware of access to employee or patient information
- Cannot access patient lists to contact them to reschedule
- No demands have been made

The DCH Health System hospitals in Tuscaloosa, Northport and Fayette were closed Tuesday to new patients due to a ransomware attack on their computer systems. cbs42.com/news/local/dch...



DCH hospitals in Tuscaloosa, Northport and Fayette closed d...

A Closer Look at the Alabama Hospital Ransomware Attack

The Alabama hospital ransomware attack was discovered Monday, DCH stated. Investigators have determined that Ryuk was used to encrypt files at the three Alabama hospitals, and there is no indication that any patient or employee data has been misused or removed from DCH systems.

After the ransomware attack was discovered, DCH implemented emergency procedures to provide patient care, and it initiated an incident response plan that includes coordination with law enforcement and independent IT security and forensics experts. However, Alabama hospital medical staff have shifted their operations into manual mode and are using paper copies in place of digital records, and they do not have access to patient lists and cannot call to reschedule appointments.

DCH is investigating all options to restore IT systems at the affected hospitals. To date, DCH has not been informed that anyone has been identified or charged in association with the ransomware attack.



What does our protocol say to do?

Invoke the IS and PIR Plan

- Engage the teams noted: Admin. On Call, Legal, Privacy, Security, Compliance, Risk Management, Human Resources, Information Security, Corporate Communications, Emergency Management & Business Continuity
- 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?



Information Security & Privacy Institutional Response Plan

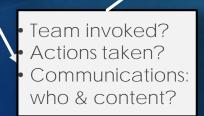
Information Security Department Compliance & Privacy Office Business Continuity & Emergency Management



What do we know about their response?

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

Event



Their actions:

Actions?

Teams invoked?

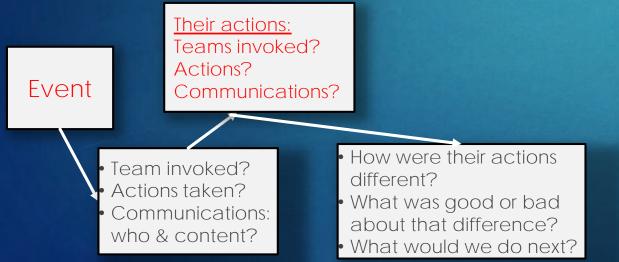
Communications?

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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



Exercises What actions do they take next (1 week)?

"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

DCH Ongoing Response to Cyberattack and IT System Outage

10/2/2019

Messaging Regarding Decryption and System Restoration

October 5 8:30 a.m.

Regarding Attack on In collaboration with law enforcement and independent IT security experts, 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.

We have successfully completed a test decryption of multiple servers, and we are now executing a sequential plan to decrypt, test and bring systems online one-by-one. This will be a deliberate progression that will prioritize primary operating systems and essential functions for emergency care. DCH has thousands of computer devices in its network, so this process will take time.

^Fast-Follower

FAOs: Patient and Community

Information

DCH Computer

System

We cannot provide a specific timetable at this time, but our teams continue to work around the clock to restore normal hospital operations, as we incrementally bring system components back online across our medical centers. This will require a time-intensive process to complete, as we will continue testing and confirming secure operations as we go

As we complete this process, all three hospitals will continue to be on diversion for all but most critical patients through the weekend. Our Emergency Departments will continue to see patients who bring themselves to the hospital.

We expect to be making additional announcements in the coming days, as key systems are restored and more patient services resume. Meanwhile, we are grateful for the dedication and professionalism of our staff, as they continue using our emergency downtime procedures to provide safe and patient-centered care.

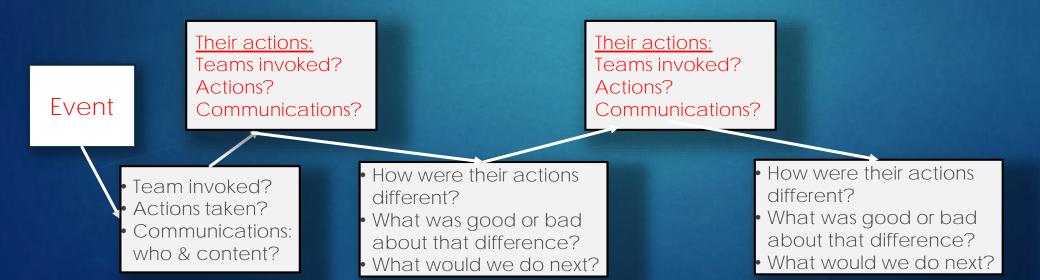
We will provide continual updates on our website as patient services become available and departments reopen.

Their actions: Their actions: Teams invoked? Teams invoked? Actions? Actions? Event Communications? Communications? How were their actions Team invoked? different? Actions taken? What was good or bad Communications: about that difference? who & content? What would we do next?



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 out RTO or suggest we are too aggressive?





Actionable recommendations: exercises

- 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 <u>follow the events real time</u> 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

1 killed, 5 infected by mold at Seattle Children's hospital in last two years

The hospital closed 14 operating rooms in May. It just reopened them after a deep cleaning and an upgrading of systems for humidifying, air purification and air handling.

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 more value

Achieving the minimum value

Image: Provide the second second

Continuation of patient services Fulfill moral responsibility to protect

- The patients/staff/visitors
- The community
- The environment
- Compliance, CMS Pmt., and avoid fines

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



Questions?