Healthcare Business Continuity Planning Guide

المركز السعودي لسلامة المرضى

SAUDI PATIENT SAFETY CENTER

المركز السعودي لسلامة المرضى
SAUDI PATIENT SAFETY CENTER

Table of Contents

Purpose 2
Applicability and Scope 2
Procedures 3
1. Defining Accountability, Role and Responsibilities 3
2. Developing a Business Continuity Plan (BCP) 3
a. Operational Planning and Control 4
b. Business Impact Analysis (BIA) and Risk Assessment 4
c. Business Continuity Strategy 4
d. Establish and Implement Business Continuity Procedures 5
e. Exercising, Testing and Review 5
3. Mitigation Strategy 5
4. Recovery Strategy 6
References 6
Appendix A. Business Impact Analysis (BIA) Template 7
Appendix B. Service Priority Guideline 11

© Copyright 2020 by the Saudi Patient Safety Center

All rights reserved. This document is available on the SPSC website, www.spsc.gov.sa. This document or parts of it may be printed for individual, non-for-profit use or for educational purposes within your organization provided that the contents are not subject to modifications in any manner and that proper attribution is given to SPSC and as the source of the content. Alteration of the contents of this report or using it in any commercial context without prior approval from the publisher is prohibited.

Purpose

A Business Continuity Plan (BCP) refers to an all-hazards plan that addresses the full spectrum and scale of threats from natural, man-made, and technological sources and the procedures required to respond to, recover from, restore and resume activities to a predefined level of service during and following the incident.
Business continuity for healthcare organizations serves to minimize the impact of disruptive incidents on the continuity of healthcare services and patient safety while trying to maintain seamless, uninterrupted operations, as well as meet regulatory compliance.
This guide provides healthcare organizations with guidance and assistance for their readiness to:

- Maintain the continuity of care needed.
- Assure patient safety and care accessibility.
- Formulate thorough, standardized business continuity with considerations for the essential processes, personnel, and resources, including external partners, needed to navigate an event—offering service, overseeing testing, and follow-up for all plans.
- Define the areas of vulnerability in business operations.
- Reduce the time required and the process for critical decision-making for all healthcare professionals during a disruptive incident.
- Expedite restoration of standard services.

Applicability and Scope

Mission-essential services and functions are important and urgent activities that must be performed continuously or resumed quickly following a disruptive incident. A BCP is developed and used in the event of substantial, but relatively temporary service disruption, to direct patient care departments to:

- Assess and prioritize the recovery timeframe of all services, departments, and functions to assist in planning and recovery implementation.
- Serve as key continuity planning factors required to determine appropriate staffing, communications, training, essential records, facilities, and other requirements.
- Maintain a plan that identifies each department's essential functions, staffing, vital records, and key applications, equipment, and supplies. The implementation of a department's continuity plan will be based on the needs and considerations of the actual incident and resources available.

Procedures

1. Defining Accountability, Role and Responsibilities

Accountability refers to the ability to establish positive interpersonal skills with facility staff to engage their support and cooperation in developing, updating, and implementing the plan.
The Business Continuity Planning Team (BCPT) consists of a group of various staff members that lead and build the Business Continuity Plan (BCP), review the finished plan with all departments and the organization to ensure accuracy. Also, the BCPT train, drill, review and update the completed plan. The BCPT should be comprised of at least one staff member representing the various departments of the healthcare organization:

- Chair: Facility Senior Management or Executive (COO, CFO, CIO, CNE/CNO)
- Clinical Operations Manager: Nursing and (or) Ancillary Services Manager.
- Business Continuity Coordinator.
- Emergency Management Coordinator.
- Managers from the following departments: Medical Supply Chain, Pharmacy, Facilities Safety, Financial Services, Human Resources, and IT.
- Risk Management representative.

Note: at smaller health centers, it may not be practical to have a member from each department, and individuals from specific departments may be asked to attend specific meetings where their input is necessary.

2. Developing a Business Continuity Plan (BCP)

Developing a Business Continuity Plan incorporates the following elements:

a. Operational Planning and Control

Effective operational planning and control prior to, during and post a disruptive incident are at the heart of business continuity management. It should be led by a person nominated by senior management. Activation of BCP is determined by the scope and magnitude of the incident and the impact on the organization. An organization's functionality and operations must be met with flexibility, coordination, and focus on core priorities to:

- Ensure the health, safety, security and well-being of personnel, patients, visitors, and volunteers.
- Maintain the continuity of critical processes and mission-essential services as a measure to preserve life and minimize morbidity and mortality.
- Staff may be reassigned to other duties as necessary during an incident.
- Protect resources and it may be necessary to share resources with other hospitals, health care partners, and response agencies.
- An organization will maintain communications, collaboration, and cooperation with community partners.

b. Business Impact Analysis (BIA) and Risk Assessment

Achieving agreement and understanding of priorities and requirements for business continuity is reached through:

- Business Impact Analysis (BIA), which allows the organization to prioritize for the continuation of the activities that support its services.
- Risk assessment fosters an understanding of the risks to prioritized activities and their dependencies and the potential consequences of a disruptive incident.
- BIA and risk assessment enable organizations to select appropriate business continuity strategies.

Note: A Business Impact Analysis Template, Appendix # A for hospitals to utilize or adapt to meet their specific circumstances.

c. Business Continuity Strategy

The identification and evaluation of a variety of business continuity strategy options enable the healthcare organization to:

- Choose the appropriate ways of preventing disruption of its prioritized activities and deal with any disruptions that take place.
- Provide for the continuation of activities at an acceptable level of operation and timeframes.
- Demonstrate a commitment and leadership in implementing business continuity policy and objectives.

d. Establish and Implement Business Continuity Procedures

Applying business continuity arrangements results in the:

- Creation of an incident response structure and outlines immediate actions taken to respond to an incident in terms of containment, control and minimizing impacts.
- Support for detecting and responding to an incident.
- Activities that are taken to recover from an incident to minimize disruption and recovery times.
- Development of business continuity plans and procedures for returning to 'business as usual.'

e. Exercising, Testing and Review

Part of the BCP must be to sustain the work the team has done through exercising, training, review, and update processes as follows:

- Organizational leadership should require training at regular intervals, be sure to include plans for training current and new employees during the onboarding process and all staff are made aware of its existence and their roles within the program.
- The BCPT is responsible for ensuring that exercises and training are carried out and documented.
- The training framework should identify:
    - How staff will be trained (including frequency of training)?
    - Which staff will be trained on specific topics?
    - Procedures and services the institution should maintain.
- Training and exercises should occur prior to the required plan update for the lessons learned to be reflected in the update. The BCP is subject to a planned review as part of an Organization's Policy Review Process. However, there may be updates required in the interim arising from amendments or the release of new legislative requirements or guidance or internal changes.

3. Mitigation Strategy

Mitigation strategy refers to the strategies that help healthcare organizations to prepare for and minimize the impact on their operations from disruptive incidents. Upon the completion of the BIA on all the departments within the healthcare organization, the Business Continuity Team (BCP) should develop mitigation strategies and procedures to:

- Protect the healthcare organization, for example:
    - The essential patient procedures determined upon the priority methods.
    - Reinforce internal and external structures.
    - Develop redundant third-party support.
    - Develop backup systems and procedures for computers and software.
- Support business processes of the healthcare organization to:
    - Develop procedures to incorporate appropriate inventory of critical equipment.
    - Maintain adequate supplies.
    - Develop disruption alternatives for power, communications, facility, staffing, as well as data and records, and recovery of information.

4. Recovery Strategy

Recovery strategy refers to the strategies that assist healthcare organizations to recover from disruptive incidents and return to normal operations. Healthcare organizations require a flexible and actionable contingency plan prior to a disruptive incident to:

- Identify critical processes and personnel from your BIA needed to participate with the recovery of each critical function.
- Arrange the list according to the time frame in which each position will be required as you move forward towards full recovery.
- Identify mitigation measures as well as effective and efficient response and recovery actions to take to maintain business operations

Key Term Associated with Recovery Strategy

Continuity of Operations (COOP): A predetermined set of instructions or procedures that describe, outline, and ensure the sustainability of an organization's essential functions for up to 30 days due to a disruptive incident before returning to normal operations.

References

National Health Services (NHS). (2016). Business continuity. [Online]. Available at: https://www.england.nhs.uk/ourwork/eprr/bc/. [Accessed March 19th, 2020].

Johns Hopkins Health System. (2016). JHHS System Support Services, Supply Chain. In: Johns Hopkins Health Business Continuity Plan. USA: 20. 1-39.[Online]. Available at: https://www.hopkinsmedicine.org/supply-chain/_docs/bcp-comprehensive-template.pdf. [Accessed March 19th, 2020].

Primary Care Development Corporation (PCDC) and the National Association of Community Health Centers (NACHC). (2011). *Creating a Business Continuity Plan for your Health Center.* [Online] Available at: www.nachc.org. [Accessed March 19th, 2020].

California Hospital Association (CHA). (2012). *Hospital Continuity Planning Toolkit.* [Online] Available at: www.calhospitalprepare.org/continuity-resources . [Accessed March 19th, 2020].

The Queensland Government. (2017). Developing a Business Continuity Plan – the PPRR framework. [Online]. Available at: https://www.business.qld.gov.au/running-business/protecting-business/risk-management/pprr-model. [Accessed March 19th, 2020].

The Queensland Government. (2015). Business Continuity Plan Template. {Online]. Available at: https://www.publications.qld.gov.au/dataset/business-continuity-planning-template/resource/63f7d2dc-0f40-4abb-b75f-7e6acfeae8f3. [Accessed March 19th, 2020].

World Health Organization (WHO). (2020). Naming the coronavirus disease (COVID-19) and the virus that causes it. [Online]. Available at: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it. [Accessed March 19th, 2020].

Pan American Health Organization / World Health Organization. (2020). Epidemiological Update: Novel coronavirus (COVID-19). [Online]. Available at:https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=coronavirus-epidemiological-alerts-and-updates&alias=51757-14-de-febrero-de-2020-nuevo-coronavirus-covid-19-actualizacion-epidemiologica&Itemid=270&lang=en.[Accessed March 19th, 2020].

Appendix A. Business Impact Analysis (BIA) Template

The BIA should be completed for each service/function

Service Name		
1	**Name of Author(Manager)**	
2	**Job Title of Author:**	
3	**Author telephone and e-mail:**	
4	**Date:**	
5	**Business Continuity Lead:**	

ACTIVITIES (MAXIMUM PERIOD OF TOLERABLE DISRUPTION (MPTD)) ***.The Maximum Tolerable Downtime is the maximum length of time (in hours or days) that the service or function can be discontinued without causing irreparable harm to people (staff, patients, visitors) or operations.***

6	**ESSENTIAL Activities Class 0** **MPTD: None Permissible**	**HIGH PRIORITY Activities Class A** **MPTD: 24hrs**	**MEDIUM PRIORITY Activities Class B** **MPTD: 48hrs**	**LOW PRIORITY Activities Class C** **MPTD: 72hrs+**
	Activities that cannot tolerate any disruption. If activities are not resumed immediately, it may result in the loss of life, significantly impact patient outcomes, significant impact on other NHS services	Activities that can tolerate very short periods of disruption. If activities are not resumed within 24hrs patient care may be compromised, infrastructure may be lost, and (or) may result in significant loss of revenue.	Activities that can tolerate disruption between 24hr & 48hr. If service/functions are not resumed in this time frame, it may result in deterioration in patient(s) condition, infrastructure, or significant loss of revenue.	Activities that could be delayed for 72 hours or more *but are required* in order to return to normal operation conditions and alleviate further disruption to normal conditions.
	List activities	*List activities*	*List activities*	*List activities*

LOCATION OF SERVICE(S)

7	**Name and description of building/service and location:** Define Existing Service and work area (e.g. Clinic/ward/building name).	

	Alternative location of usual work location is lost: Indicate where you might relocate to if available.	

STAFFING RESOURCES

8	**Essential Positions & Clinical and non-clinical skills required to maintain activities:** Some services depend on specific skill sets. List only those essential to maintain service delivery.	
	Define how you would reorganize to maintain your services and which (if any) of your activities would be reduced/ceased: Some staff may be redeployed to support a higher class of activity.	
	Location of staffing contact details: Does a contact list exist? Where is it?	

INTERNAL SUPPLIERS

9	**List internal services which your activities rely upon**		
	Service	**Service Classification**	**Contact Details**

EXTERNAL SUPPLIERS

10	**List external suppliers which your activities rely upon (include utility suppliers)**		
	Supplier	**Contact Numbers (in hours & Out Of Hours)**	**Other relevant information**

IT REQUIREMENTS

11	**Business Critical Software Applications**	
	IT Failure Define your business-critical software applications. Define how a loss of software or a general IT failure would affect your service. Indicate how your service would operate pending its restoration.	

COMMUNICATION REQUIREMENTS

12	**Business Critical Communication Systems/Hardware** Define your business-critical communication systems/hardware (VOIP/mobile phones), including those which are patient and none patient facing.	
	Loss of Communications Define how a loss of communication failure would affect your service. Indicate how your service would operate pending its restoration, and alternative ways of working that may be required.	

EQUIPMENT REQUIREMENTS

13	**List equipment that you regard as activity critical.**			
	Equipment	Provider	Contact	Alternative Provider (if Appropriate)

MEDICATION REQUIREMENTS

14	**List Medication (including Medical Gases) that you regard as activity critical.**			
	Medication	Provider	Contact	Alternative Provider (if Appropriate)

RECOVERY TIME OBJECTIVES ***(RTO), which is the maximum desired length of time allowed between an unexpected failure or disaster and the resumption of normal operations and service.***

15	**Activity**	**Recovery Priority (1 being highest priority 4 being lowest)**	**Classification of Service(O-C)**	**Maximum time Period to recovery (in hours)**
	Caring for patients on ventilators			

FINANCE

16	**Full Replacement Costs of Business-Critical Infrastructure – buildings and utilities** Estimate cost of item by item.	
	Replacement Costs of Business-Critical Equipment (consider availability and time to deliver) Hire/replacement.	
	Additional Staff costs (consider availability of skill set requirements) Overtime/additional staff numbers/other contractors etc.	
	Punitive charges – fines/penalties/compensation	

Appendix B. Service Priority Guideline

https://spsc.gov.sa/English/PublishingImages/Pages/guidelines/guidelines22.pdf