Emergency Management and

Business Continuity Plan

Admissions/Patient Access

# <insert logo here>

Emergency Management and

Business Continuity Requirements

**Admissions is critical to ongoing hospital operations and will ramp up at the facilities and on the schedule indicated below.**

**Staff from Financial Clearance and Scheduling will need to be available immediately, and are indicated in the first wave of employees below.**

# **Patient pre-registration and financial clearance support are required to minimize patient delays and increased wait time at point of service**

# Mission Critical Processes and Applications

**RECOVERY TIME [0-2 hours]**

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| **PROCESS** | **APPLICATION** | **DOWNTIME POLICY** |
| ED Registration | * Electronic Health Record
 | See Downtime Procedures and Forms (Paper copy in Department Plan.) |
| Financial Clearance | * <insert application>
 |
| Scheduling | * <insert application>
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**RECOVERY TIME [2-12 hours]**

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| **PROCESS** | **APPLICATION** | **DOWNTIME POLICY** |
| Pre-Registration QA | * Electronic Health Record
 | See Downtime Procedures and Forms (Paper copy in Department Plan.) |
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**RECOVERY TIME [12-72 hours]**

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| **PROCESS** | **APPLICATION** | **DOWNTIME POLICY** |
| Charge Capture Monitoring and Reconciliation | * <insert application>
 |  |
| Responding to Denials | * <insert application>
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## Procedures for Code Triage External

* Identify the Casualty Care Unit Leader (Individual assigned to triage patients)
* Request location of treatment areas and assign a staff member to each area
* Collect regular updates from each treatment area and provide to the Command Center
* Patient tracking information can then be provided to the Family Information Center to facilitate family reconciliation.
* Assist the ED with assigned personnel to meet each patient at the triage point and place disaster tags and record preliminary information for registration purposes.
* Rapidly register all disaster patients. Utilizing short form registrations, register all patients.
* Maintain up to date bed availability via the most efficient means (walking rounds, telephone, messenger, computer, text pagers/portable phone with Bed Placement Co-ord. BPC and Patient Tracking Officer etc.).
* Provide an hourly census of inpatients, outpatients and ED patients.
* Activate temporary bed locations in the computer. Maintain a hand written log for areas that may not be in the computer
* Supply registration staff to treatment and holding areas as requested by the Command Center.
* Assist with making name changes when unidentified patients are identified.
* Patient Identifier (ex, patient ID bracelet) shall be attached. A Number shall serve as a temporary treatment record until a permanent medical record is assembled.
* Establish an alternate site patient registration procedure
* Issue a medical record number
* Issue a patient ID bracelet
* Assign and document patient location (bed or holding area)
* Notify Medical Records and give the list of names and locations of patients
* Additional tasks as needed:
* Postpone any transfers scheduled to come into the hospital. Notify sending facilities and physician offices of the event.
* Collect regular updates from each treatment area and provide to the Patient Tracking Officer
* Provide patient tracking information to the Family Information Center to facilitate family reconciliation.
* Maintain up to date bed availability via the most efficient means (walking rounds, telephone, messenger, computer, text pagers/portable phone with Bed Placement Co-ord. BPC and Patient Tracking Officer etc.).
* Provide an hourly census of inpatients, outpatients and ED patients.
* Activate temporary bed locations in the computer. Maintain a hand written log for areas that may not be in the computer
* Assist with making name changes when unidentified patients are identified.

The only patients that will take priority over the ED patients assigned a bed, are those experiencing life threatening emergencies elsewhere in the hospital and surgical cases in progress. Relocation will be coordinated with the Hospital Command Center as appropriate.

## Charting and Identification of Patients

* Name\*
* Address
* Phone
* Date of Birth (DOB)\*
* SS#
* Next of Kin
* Insurance

\*Critical information for quick registration

* Assign registration clerks “block hospital numbers” to be used for all casualties (1-100)
* Communicate numbers to ancillary areas and medical records
* Disaster tags are to be filled out and attached to patient while in triage
* Disaster tags are to be filled out as completely as possible. If patient is unable to communicate include:
* Approximate age
* Sex
* Race
* Other markers/Description of clothing

NOTE: For all patients admitted without a hospital number, it will be the responsibility of patient access staff to obtain necessary information for proper assignment of a hospital number.

**Unidentified Patient**

* If the patient has a triage tag, the tag is to be left on the patient, along with the Hospital ID band until an identity is established.
* Once the patient is identified, the Triage Tag will be labeled with the correct name and corresponding MR # if applicable and the tag is to be placed in the medical record file once all pertinent information is recorded from it on to the patient's paperwork.
* The Emergency Department will complete the Unidentified Patient Form and forward a copy to the Command Center.
* The information will be matched to the information with any Missing Person Reported that are completed in the Family Information Center.

**Admitting/patient registration (Patient Access) staff will report to their department, not the Labor Pool.**

* Assign a Patient Registration Unit Leader.
* Identify the Casualty Care Unit Leader (Individual assigned to triage patients)
* Request location of treatment areas and assign a staff member to each area

|  |  |
| --- | --- |
| TYPE OF CASUALTY | TRANSPORT TO/REGISTRAR ASSIGNED |
| Red-Critical |  |
| Yellow-Stable |  |
| Green-Ambulatory and Stable |  |

* Collect regular updates from each treatment area and provide to the Patient Tracking Officer (Planning Section in Command Center)
* Patient tracking information can then be provided to the Family Information Center to facilitate family reconciliation.
* Assist the ED with assigned personnel to meet each patient at the triage point and place disaster tags and record preliminary information for registration purposes.
* Rapidly register all disaster patients. Utilizing short form registrations, register all patients.
* Maintain up to date bed availability via the most efficient means (walking rounds, telephone, messenger, computer, text pagers/portable phone with Bed Placement Co-ord. BPC and Patient Tracking Officer etc.).
* Provide an hourly census of inpatients, outpatients and ED patients.
* Activate temporary bed locations in the computer. Maintain a hand written log for areas that may not be in the computer
* Supply registration staff to treatment and holding areas as requested by the Command Center.
* Assist with making name changes when unidentified patients are identified.
* Be aware of all discharge and holding areas. Be prepared to give callers direction to the correct entrance or any entry restrictions in place.
* Assure discharges are tracked and entered.
* At the direction of the Command Center, postpone any transfers scheduled to come into CH. Notify sending facilities and physician offices of the disaster event.
* Request additional staff or runners from the Labor Pool.

**Casualty Identification**

As each victim is received in the Triage Area, a Patient Identifier (ex, patient ID bracelet) shall be attached. A Number shall serve as a temporary treatment record until a permanent medical record is assembled. Since names may not be available, a Number may be used for identification purposes.

An assigned employee shall record as much information as possible on each casualty, to be placed on a Master Casualty Information List will be kept by the Registration Unit Leader and reported to the Planning Section (Patient Tracking)

**Unidentified Patients**

* Assign a medical record (MR) number per the Admitting Department's registration guidelines.
* If the patient has a triage tag, the tag is to be left on the patient, along with the Hospital ID band until an identity is established.
* Once the patient is identified, the Triage Tag will be labeled with the correct name and corresponding MR # if applicable and the tag is to be placed in the medical record file once all pertinent information is recorded from it on to the patient's paperwork.
* The Emergency Department will complete the Unidentified Patient Form and forward a copy to the Command Center.
* The Patient Tracking Unit Leader will and match the information with any Missing Person Reported that are completed in the Family Information Center.
* Information may be shared with other healthcare facilities via the Liaison Officer in the command Center. Likewise, the Hospital may request assistance from other hospitals.

**Disaster Kit**

The disaster supplies consist of disaster records, Hospital disaster tags, green decontaminated patient bracelets, clipboards, ID vests, assignment sheets and flow sheets.

LOCATION:

Staffed acute hospital bed availability is estimated by taking into account the availability of sufficient clinical staff, as well as medical supplies, equipment, ancillary services, and transportation.

# Continuity Procedures

## Following an event that impacts your department and/or your operations, consider the following:

* Round on staff
* Identify critical operation points, functions or skills necessary for continuity of operations (e.g., management staff; specific levels of expertise, training or experience; recording or documentation requirements; health and safety concerns)
* Assess need to close department and/or relocate services
* Update Hospital Command Center (HCC) regarding department status, including resource needs, closure requirements and staffing shortages
* Plan for service reduction based on need, critical nature of service and recovery times in plan
* Communicate with incident command, all interdependent departments and other affected services regarding status and strategies for continuity/recovery
* Provide written notification to employees regarding status and strategies for continuity/recovery for the duration of the event and compensation provisions, if feasible
* Document the duration of the event
* Track, record and report all expenses during and related to the event:
	+ Loss of revenue (i.e.: income the hospital will not receive)
	+ Physical losses (i.e.: damage done to space and equipment)
	+ Fixed costs (i.e.: non-variable costs paid whether department is operating or not)
	+ Operating costs (i.e.: variable costs that may increase due to the event)
* Track, record and report all on-duty time for personnel who are working during the event.
	+ Establish and maintain documentation of all payroll activities
	+ Ensure records are accurate and complete.
	+ Keep time sheets on all staff (exempt or not)
	+ Provide instructions to all employees to ensure time sheets and travel expense claims are completed properly
	+ Ensure that time records, travel expense claims, and other related information are prepared and submitted to payroll
* Retain all invoices to ensure all costs are captured and attributable to the event
* Establish and maintain documentation of all purchasing activities
* Track costs for use of equipment purchased and leased during the event

# Personnel Procedures

Employee Checklist

* Report to your department
* Bring/Wear ID Badge at all times
* Receive assignment from Department/Unit Manager
* Report to Labor Pool at the direction of Department/Unit Manager
* Prepare to stay/sleep at the Medical Center and bring the following: Bottled Water
* Toiletries
* Flashlight
* Personal Medications
* Change of Clothing

## Following an event that impacts your department and/or your personnel, consider the following:

* Evaluate immediate and ongoing staff needs based on existing and predicted levels of human resources available
* Activate your call list
* Notify Employees: communicate event impact, estimated duration and location/time/frequency of updates
* Determine staff availability
* Notify human resources, managers, union representatives and other key personnel as to status and plan implementation
* Coordinate alternative staff resource options with human resources. If needed:
	+ Identify similar core competencies that exist
	+ Request staffing needs update from the labor pool to sustain essential functions
	+ Secure contract staff or borrow from another facility
	+ Cross train staff with similar competencies by educators
* Develop and implement contingency staffing schedules and Implement alternative staff resource options that may supplement staffing needs (i.e., runners)
* Use sign in and time reporting sheet to account for all staff and hours during incident

ALTERNATE WORK OPTIONS

* Identify alternate work options available through “telecommuting” or other off-site possibilities as determined in departmental BCPs
* Assess flexible leave options that would allow employees to address family needs while continuing to support the organization through a flexible work plan
* Collaborate with EIS for remote access for staff performing mission critical processes

HEALTH AND SAFETY

* Evaluate potential health and safety issues with Environmental Health and Safety that might arise through diversion of staff to new job roles

FAMILY CARE PLAN

It should be assumed during a disaster that all employees might be needed. If staff must perform role at the medical center and requires care for dependents during the response, confirm with the Hospital Command Center that the Family Care Plan has been activated.

* Work with Environmental Services to set up space for over night arrangements
* Communicate with food services needs to accommodate staff staying overnight and working extra shift

# Interdependencies

To perform mission critical processes, the department depends on the following internal and external services.

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| **INTERDEPENDENCY** | **SERVICE/PROCESS** | **ACTIONS IF SERVICE IS UNAVAILABLE** |
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# Mission Critical Equipment and Supplies

* Conduct Inventory and document status of equipment and supplies
* Check condition of storage or onsite stockpiles to determine the level of damage, if applicable
* Create a resupply list
* Assess how long department can operate with available equipment and supplies
* Request assistance from HCC for Mutual Aid Agreement, if needed
* Contact imaging equipment vendors/technicians to initiate assessment and repairs.

| **MISSION CRITICAL EQUIPMENT AND SUPPLIES**  |
| --- |
| **EQUIPMENT/SUPPLY ITEM** | **QUANTITY/PAR LEVEL** | **POST INCIDENT INVENTORY** | **GAP/AMTNEEDED** | **ACTIONS IF ITEM IS UNAVAILABLE** |
| Computers on Wheels |  |  |  |  |
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# Vendors/Resources Call List

| COMPANY | POINT OF CONTACT | PHONE NUMBER | EMERGENCY CONTRACT IN PLACE Y/N? |
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# Mission Critical Vital Records

| **RECORD NAME** | **LOCATION** | **ALTERNATE BACK UP SOURCE** | **RECORD TYPE** **PAPER/ELECTRONIC** |
| --- | --- | --- | --- |
| Employee files | [Insert Record Location] |  | Paper |
| Claims Forms |  |  | Paper |
| Guarantor Statements |  |  | Electronic |
| Patient Letters |  |  | Paper |
| Denial Appeals |  |  | Paper |
| Call Tree |  |  | Paper |
| Vendor List |  |  | Paper |
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# Staff Call List

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| **FIRST****NAME** | **LAST****NAME** | **JOB** **TITLE** | **SHIFT** | **EXTENSION** | **PAGER** | **HOME** | **CELL** | **ETA [mins]** |
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Evacuation and Relocation Procedures

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| **Horizontal Evacuation Location** |  |
| **Vertical Evacuation Location** |  |
| **Assembly for full building evacuation**  |  |
| **Nearest Elevator** |  |
| **Nearest Stairwell** |  |

# Evacuation Procedures

# Relocation Procedures

* Determine if remote locations are available or if staff is required to work from home.

# Recovery Procedures

* Check all charts and ancillary lists for completed data
* Input all data into computer, being careful to identify patient with appropriate numbers
* Work with nursing in the disposition of patients and assistance in treatment areas; nursing will determine when additional staff are no longer needed