Emergency Management and

Business Continuity Plan

Medical Staff Office

Emergency Management and

Business Continuity Requirements

# Mission Critical Processes and Applications

**RECOVERY TIME [2-12 hours]**

|  |  |  |
| --- | --- | --- |
| **PROCESS** | **APPLICATION** | **DOWNTIME POLICY** |
| Physician Credentialing |  |  |
| Privileging |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**RECOVERY TIME [72 hours +]**

|  |  |  |
| --- | --- | --- |
| **PROCESS** | **APPLICATION** | **DOWNTIME POLICY** |
| Quality improvement activities |  |  |
| Coordinates and maintains MSO governance documents [medical staff bylaws and policies] |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# 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
* If additional physician’s are needed during a disaster event, complete the Application for Disaster Privileges

# Application for Disaster Privileges

|  |  |
| --- | --- |
| Date: |  |
| Practitioner Name: | Specialty/Discipline: |
| Address: | City/State/Zip: |
| Telephone Number: | Social Security #: |
| Cell Number: | Email: |
| Pager | Sex: |
| Date of birth: | Birthplace: |

Name of professional liability insurance coverage company:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital(s) where practitioner holds active staff membership and privileges:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I certify that the above information is true and correct to the best of my knowledge, information, and belief. I hereby agree to abide by the Medical Staff Bylaws, Rules and Regulations, as well as Hospital Policies and Procedures. I understand that the President of the hospital or designee will determine when the disaster situation has ended and that my temporary disaster privileges will terminate at that time. I understand that this termination is automatic and does not entitle me to a hearing or other due process.*

|  |  |
| --- | --- |
|  |  |
| Signature of Practitioner | Date |

* A valid, government-issued photo identification (ID) by a state or federal agency (e.g., driver's license or passport)
* Hospital affiliation(s) verified by telephone
* Professional liability insurance coverage verified by telephone and copy obtained (if available)
* At least one of the following:
1. A current picture hospital ID card that clearly identifies professional designation
2. ID indicating that the practitioner is a member of a Disaster Medical Assistance Team, Medical Reserve Corps, Disaster Healthcare Volunteers, or other recognized state or federal organization or group.
3. ID indicating that the practitioner has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state or municipal entity)
4. ID by current hospital or medical staff member(s) who possess personal knowledge regarding the volunteer's ability to act as a licensed independent practitioner during a disaster.

|  |  |
| --- | --- |
|  |  |
| Verifications completed by | Date |

---------------------------------------------------------------------------------------------------------------------

* Based on the information obtained regarding the professional practice of the volunteer\*
	+ Continue privileges initially granted
	+ Discontinue privileges initially granted

\* Decision made within 72 hours

|  |  |
| --- | --- |
|  |  |
| President or designee | Date |

# 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 shifts

# Interdependencies

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

|  |  |  |
| --- | --- | --- |
| **INTERDEPENDENCY** | **SERVICE/PROCESS** | **ACTIONS IF SERVICE IS UNAVAILABLE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Mission Critical Equipment and Supplies

During activations, the department manager/designee will assess the availability of Equipment and Supplies and report the status to the Hospital Command Center (HCC) as requested. During this process the following steps will be taken:

* 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

Additional notes:

| **MISSION CRITICAL EQUIPMENT AND SUPPLIES**  |
| --- |
| **EQUIPMENT/SUPPLY ITEM** | **QUANTITY/PAR LEVEL** | **POST INCIDENT INVENTORY** | **GAP/AMTNEEDED** | **ACTIONS IF ITEM IS UNAVAILABLE** |
| Office Set Up: Computers, scanner/copier/printer, fax machine, telephone or Laptop/Phone for Telecommuting |  |  |  | * If not available, an alternate location with a copier/scanner/printer
* Cell phones if landlines are not available.
 |

| **MISSION CRITICAL EQUIPMENT AND SUPPLIES**  |
| --- |
| Storage Unit |  |  |  | * Provide a secure room or locking filing cabinets to insure the safety and security of any paper-based credentialing and other critical paper records.
 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Vendors/Resources Call List

| COMPANY | POINT OF CONTACT | PHONE NUMBER | EMERGENCY CONTRACT IN PLACE Y/N? |
| --- | --- | --- | --- |
| Application for Disaster Privileges |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Mission Critical Vital Records

| **RECORD NAME** | **LOCATION** | **ALTERNATE BACK UP SOURCE** | **RECORD TYPE** **PAPER/ELECTRONIC** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Staff Call List

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FIRST****NAME** | **LAST****NAME** | **JOB** **TITLE** | **SHIFT** | **EXTENSION** | **PAGER** | **HOME** | **CELL** | **ETA [mins]** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Evacuation and Relocation Procedures

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

# Evacuation Locations

# Evacuation Procedures

* Insert procedures

# Relocation Procedures

**To continue services, mission critical processes can be relocated \_\_\_\_\_\_\_.**

* Insert procedures

# Recovery Procedures

* Insert procedures