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Terry Crammer
Los Angeles County EMS Agency

- **HPP Program Manager**

Darren Verrette
Los Angeles County EMS Agency

- **Disaster Program Manager**
  - Exercises and Drills Program
  - Business Continuity Program

Welcome to the 2022
Business Continuity Plan Seminar and Workshop

Workshop Session

Tuesday, May 10, 2022

7:30 a.m. to 11:00 a.m.

Housekeeping

- To minimize distractions:
  - Please silence or set your phones to vibrate.
  - Please no talking on phones during presentations.
  - Please step outside if you need to take a call.
  - Online audience we ask that you turn off your video camera and mute your microphone.
  - Agenda placed into Zoom chat
  - Type questions into chat.
- Wi-Fi
  - To maximize bandwidth for our online presentation, please do not use the Town Center's Hall Wi-Fi.
- Restrooms
- Emergency Exits/Routes

Thank you!

Workshop Session Program

- Speakers:

• Katie Meyer	Huntington Hospital
• Jennifer Waldron	Huntington Hospital
• Jason Belden	California Association of Health Facilities
• Helen Rose (Virtual)	Health Services Advisory Group / End Stage Renal Disease Network
• Brenda Smith	Northeast Valley Health Corporation

Presentation 1

BUSINESS CONTINUITY WORKSHOP

May 10, 2022

Hosted by EMS agency

Katie Meyer
Huntington Hospital, Pasadena, Ca

- Administrative Supervisor, PICU, Managed Disaster Resource Center, Emergency Management Consultant and Speaker
- Former Member Executive Board for National Pediatric Disaster Coalition
- Advisor Pediatric Disaster Preparedness
- Certified National Healthcare disaster professional
- MSN in Nursing Leadership
- Published author Emergency Management journal article and book chapter

BUSINESS CONTINUITY 101

Katie Meyer, MSN RN PHN CCRN NHDP-BC
Administrative Supervisor
Huntington Hospital, Pasadena, Ca

Objectives

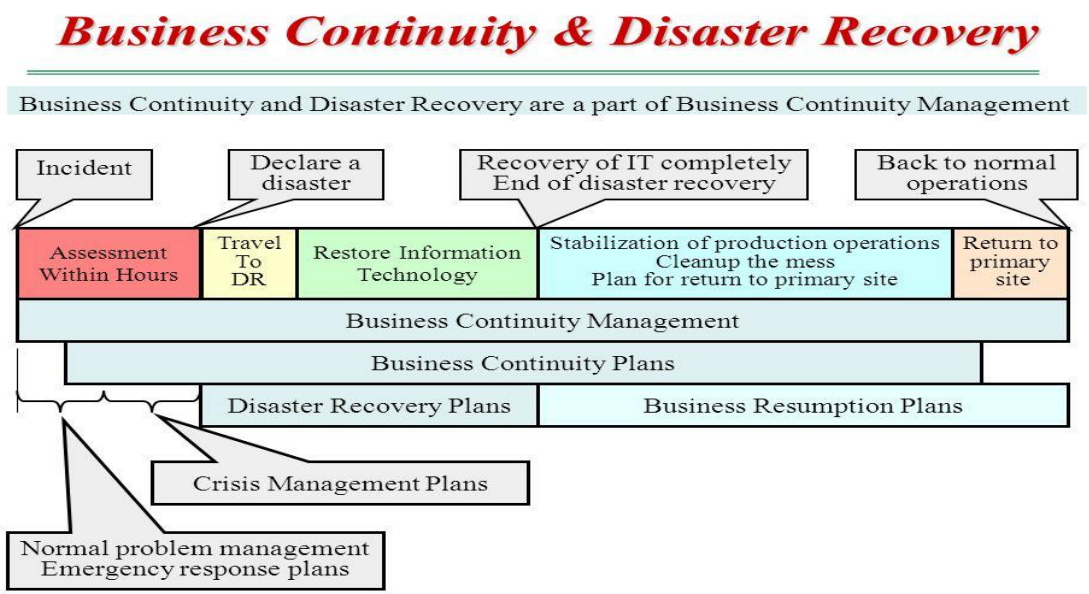
- Define Business Continuity
- To identify COOP
- Elements of a plan
- Logistic of getting started

What is business continuity?

- Business continuity is about having a plan to deal with difficult situations, so your organization can continue to function with as little disruption as possible.

  -Business Continuity Institute, 2018

Then why do I have an emergency operations plan?

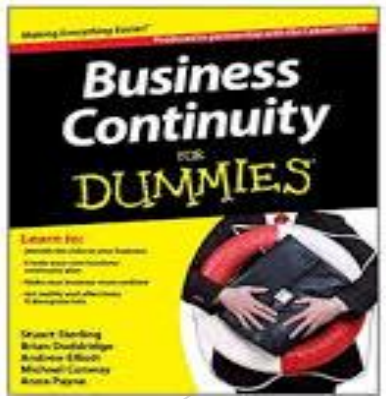


Emergency Operations Plans are reactive to certain situations . Business continuity is strategic in bringing organization back to full operations

What makes these plans so difficult to complete?

"We see BC as a bit like New Year's Resolutions: go on diet, get some exercise, eat more fruit-you know the drill. People promise themselves they are going to do these things because they know they *should* be doing them, and can't deny that they won't benefit by making the effort. But in the end-normally, by Jan 2 or 3 they just don't do them. "It's too hard', 'I can't be bothered"… people use any number of excuses that really don't stack up"

-Business Continuity for Dummies



Obstacles

- Lack of Stakeholder Buy-In
- Other organizational priorities
- Lack of commitment from departments and leadership
- Frequent Turnover
- Technical Expertise
- Learning Curve

Then enters COOP

"Continuity of operations is generally viewed as the same as business continuity, albeit its primary focus is government and public sectors. Policies and procedures in both models are designed to ensure that an organization can recover from a potentially destructive incident and resume operations as quickly as possible following that event."

-Kirvan, P, 2013

COOP

- COOP stands for Continuity of Operations
- Continuity of operations is a Federal initiative, required by Presidential directive, to ensure that agencies are able to continue performance of essential functions under a broad range of circumstances. –FEMA

What does the COOP do?

- Provide for continuation of essential functions.
- Enable a rapid response to any emergency situation.
- The continuity plan ensures that **essential functions will continue with little or no interruption.**

What, How, Where, Who

- **What** will occur in a continuity situation.
- **How** and **how quickly** continuity actions must occur.
- **Where** continuity operations will occur.
- **Who** will participate in continuity operations.

Elements of a viable continuity plan

- **Essential Functions** – The critical activities performed by organizations, especially after a disruption of normal activities.
- **Orders of Succession** – Provisions for the assumption of senior agency offices during an emergency in the event that any of those officials are unavailable to execute their legal duties

-Fema.gov

Elements of a viable continuity plan

- **Delegations of Authority** – Identification, by position, of the authorities for making policy determinations and decisions at HQ, field levels, and all other organizational locations. Generally, pre-determined delegations of authority will take effect when normal channels of direction have been disrupted and will lapse when these channels have been reestablished.
- **Continuity Facilities** – Locations, other than the primary facility used to carry out essential functions, particularly in a continuity event. Continuity Facilities, or "Alternate facilities", refers to not only other locations, but also nontraditional options such as working at home, ("teleworking"), telecommuting, and mobile-office concepts.

  -Fema.gov

Elements of a viable continuity plan

- **Continuity Communications** – Communications that provide the capability to perform essential functions, in conjunction with other agencies, under all conditions.

- **Vital Records Management** – the identification, protection and ready availability of electronic and hard copy documents, references, records, information systems, data management software and equipment needed to support essential functions during a continuity situation

- **Human Capital** – during a continuity event, emergency employees and other special categories of employees who are activated by an agency to perform assigned response duties.

  -Fema.gov

Elements of a viable continuity plan

- **Tests, Training, and Exercises (TT&E)** – Measures to ensure that an agency's continuity plan is capable of supporting the continued execution of the agency's essential functions throughout the duration of a continuity event.

- **Devolution of Control and Direction** – capability to transfer statutory authority and responsibility for essential functions from an agency's primary operating staff and facilities to other agency employees and facilities

- **Reconstitution** – The process by which surviving and/or replacement agency personnel resume normal agency operations from the original or replacement primary operating facility.

  -Fema.gov

Phases on Continuity Activation

- Phase I: Readiness and Preparedness
- Phase II: Activation and Relocation (0–12 hours)
- Phase III: Continuity Operations (12 hours–30 days or until resumption of normal operations)
- Phase IV: Reconstitution (recovery, mitigation, and termination)

How do I start?

- Templates…templates…templates
  - http://dhs.lacounty.gov
    (Wakfield-Brunwick Templates)
  - https://www.calhospitalprepare.org/post/hospital-business-continuity-templates
    (same as la county)
    - When you go in with a template, departments became less intimidated.

Testing Plans

Find an opportunity!!!

Moves, drills, disaster, regulatory visits, your friend runs the department…

Where to keep these plans

- Several different answers
- Notebook, online and within each department

Internal vs External

- Check if vendors have their own BCPS or COOP and how it fits in with your organization..

Next Steps…
Form a Committee

- Difficult to get every area and senior leadership
- Joint Commission brought this into light
- Stakeholder intimidation
- Many one-on-one meetings
- Workshops

How can I learn more?

- FEMA ICS course 546a, 547
- FEMA Level I, or Level II Continuity practitioner
- LA county EMS agency business continuity website page
- California Hospital association website

Questions?


GAS LEAK


CARBON MONOXIDE LEAK
GLOUCESTER
GLASSBORO
INTERMEDIATE SCHOOL
CROSS KEYS RD

Thank you!

Information:
Katie Meyer,
katie.meyer@huntingtonhospital.com

Presentation 1 - Continued

Huntington Hospital

Business Continuity Workshop

May 10, 2022

Huntington Hospital

Business Continuity Journey

Jennifer Waldron, RN, BSN, MBA-HCM
Disaster Program Manager/Business Continuity Planner
Huntington Hospital

Objectives

1. ***Evaluate components needed to execute and maintain a successful program***

2. ***Identify membership and function of Business Continuity Task Force/Healthcare Recovery Team***

3. ***Explain the importance of executive leadership support and ownership of the business continuity program***

4. ***Determine process for high level leadership oversight***

5. ***Demonstrate effective options for training leaders to formulate and document their department's BC plans***

6. ***Recognize importance of developing methods and processes for keeping plans updated***

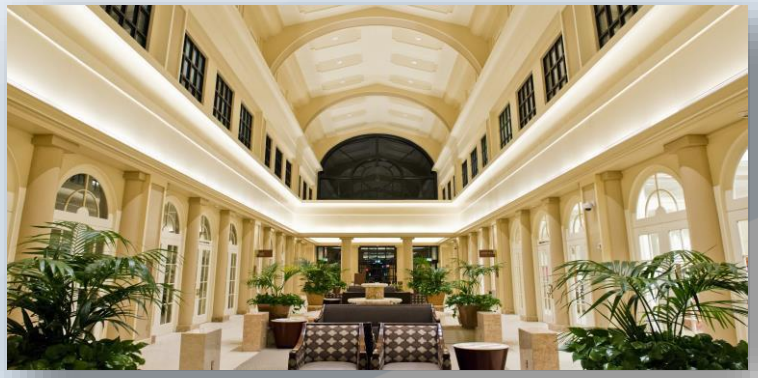
Background

Huntington Hospital

Located in Pasadena, CA

619 Beds:

- 38 ICU
- 51 NICU
- 56 Perinatal
- 25 Pediatric
- 24 Rehab
- 12 Chemical Dependency
- 372 General Acute Care
- 41 Acute Psychiatric



Additional Services: ED/Trauma Center
Cardiovascular Surgery
Heart/Vascular Lab Stroke Center
GI Services Radiation Therapy
Respiratory Care Services Social Servic
Cancer Center Neurosciences/Sleep C
Speech Pathology
Physical/Occupational/Speech Therap
Senior Care Network

City of PASADENA

Population: 138,699

San Gabriel Valley population: 2 million

Only Trauma Center in the San Gabriel Valley

Unique features/events: Rose Bowl & Parade, Caltech, JPL, USGS

Caltech

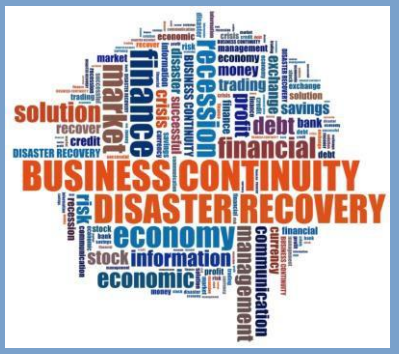
USGS science for a changing world

Early Days of BCP - Huntington Hospital

Progress of Business Continuity

2013: BCP introduced as HPP Grant Deliverable

2014: BCP completed by Director of Nursing



2016: VP/CIO assigned BC responsibilities

2017: Board of Directors requested audit of BC Program

2018: Early January- VP/CIO Retired

Late January- Multiple Audit Findings Revealed
April- Asked to take on role of BC Planner

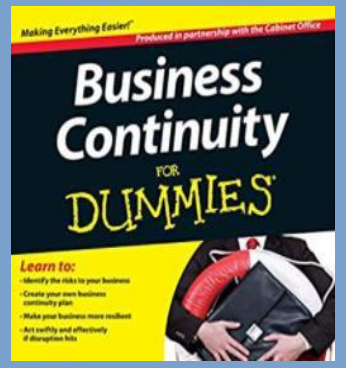
Decisions, Decisions

What should I do? Three options:

1. **Say “No”**
2. **Say “Yes” and figure it out**
3. **Say “Yes” with conditions and expectations**

BC Program “Coordinator” Role Requests

Update Job Description



Training

IT/DR oversight

Acquire software tools

Allow for flexible work options

Develop HCR team appropriately

Outcome?

- Job Description Updated
- Completed DRII Business Continuity Training (in Hawaii!)
- Data Collection/Maintenance: No data collection options implemented. Utilized MCN Document Management system to track changes/due dates
- Worked from home 1-2 days per week
- HCR Team: Compromised with “BCP Taskforce”
  - Monthly meetings
  - Separate IT/DR Group
  - Briefings for other committees on BCP info: Directors Council, Compliance, Environment of Care, Operations, Executive Management Team

Program Rollout – Step 1

- Resolution of Audit Findings/Recommendations
  - Identification of new BC Planner and Executive Leader to oversee program
  - HCR Planning Team
  - Process for review and approval of BC items with specific/appropriate committees
  - A complete set of COOPs (business resumption plans) to be aligned with the most critical areas of hospital operations.
  - IT/DR to updated plans including key assets and data, a formal approval, review and education process
  - IT/DR to evaluate primary and alternate data center locations
  - Expand testing plans to include fully identified applications and third-party providers, including vendors who are ranked based on criticality, risks and scope of service
  - Development of department centric testing of COOPs

Program Rollout – Step 2

Develop Executive Leadership oversight of program/process

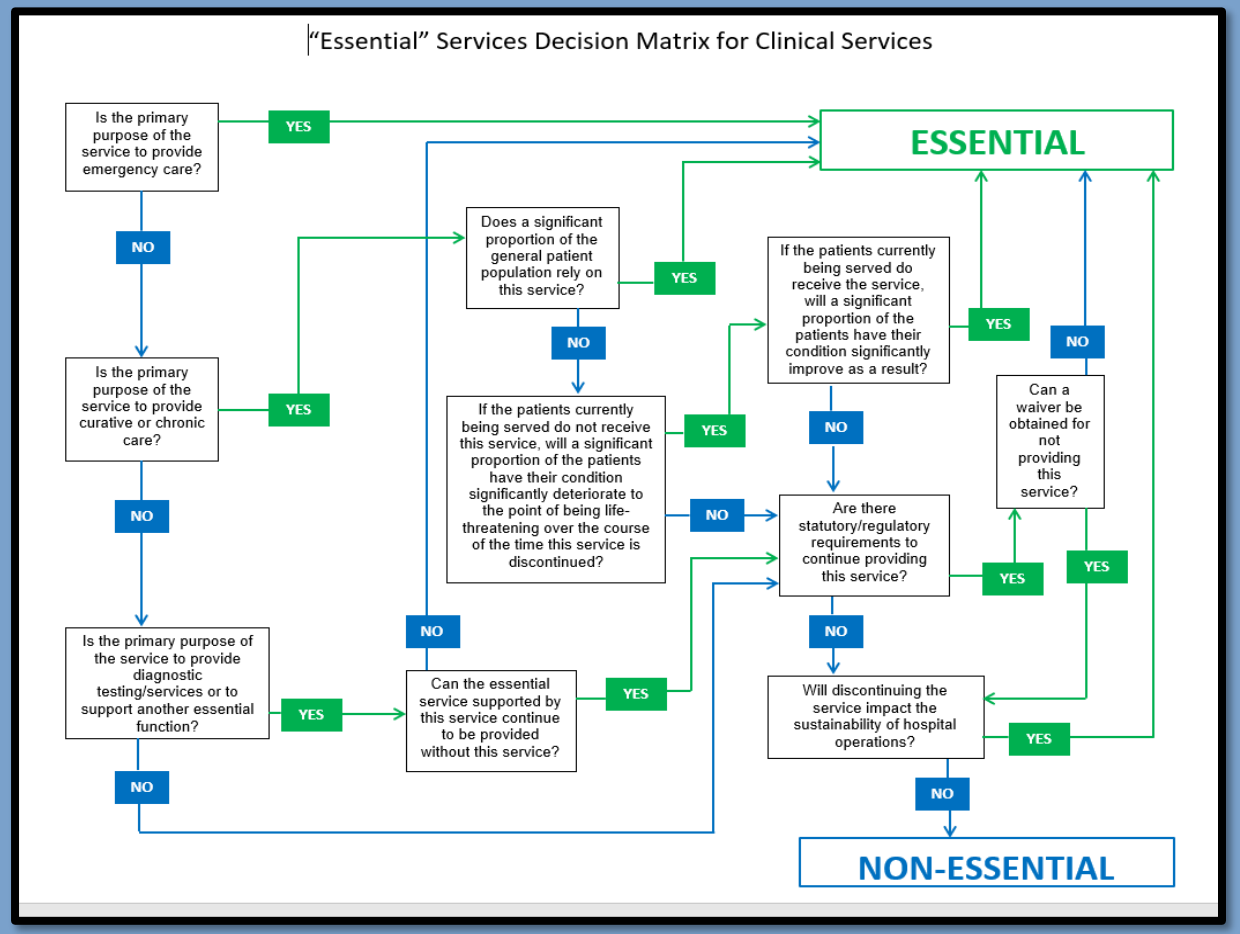
- Create and support a continuity culture
- Promote the importance of a viable BC program
- Ensure accountability of COOP owners at all levels

HOW?

- **BCP Presentation to Executive Management Team**
  - Provide overview of need for BC program and how it supports good business practice, ensures gaps are identified/addressed, and develops plan for essential functions to continue during a crisis
    - Outline of expectations r/t VP oversight
- **Standing BCP update monthly to inform progress**

Program Rollout – Step 3

- Identify Essential Departments using Decision Matrix



Program Rollout – Step 4

- Choose a BCP Template: Wakefield Brunswick
- Train Leaders (*Most time-consuming step!)
  - Overview of BIA and COOP for identified leaders
  - Mandatory “Lunch and Learn” sessions
  - One on One Meetings
  - Firm due date for completion, supported by leadership

COOP Review and Maintenance– Step 5

- September due date for all COOPs
  - Approval pathway: Manager – Director – VP – EM
- Training for new leaders throughout the year
- Refresher training for leaders as needed
- Annual BCP Exercise
- BCP component in all drills/exercises

Lessons Learned

Time consuming

Leadership support is essential

Training is a good idea

Organization is a necessity

Commitment is key

Solicit help from Peers

Positivity doesn't hurt!

Huntington Hospital

Questions?

Huntington Hospital

thank you

Presentation 2

COOP for LTC Providers:

Business Continuity and Continuity of Care

Presented by CAHF's **Disaster Preparedness Program**

January 27th, 2022

Reacting to disaster or crisis...

It's not what you think…

Why do some people fail to respond?

- Subconscious Need for Normalcy
- Overwhelming Sense of Denial
- Optimistic Bias
- Unable to Comprehend Scope of Event
- Lack of Safety Culture
- No Planning / Preparedness
- Poor Training and No Practice
- NO LEADERSHIP

IMPLEMENTING COOP AND EMERGENCY OPERATIONS

The first phase of every unexpected event is <u>CHAOS</u>

Leadership is critical to:

- Set the tone of calm
- Assess the situation
- Guide the response

Decisions need to be made about what to DO:

- **NOW!**
  - **Next and Later**

IMPLEMENTING COOP AND EMERGENCY OPERATIONS

The second phase should be MANAGEMENT

Events DRAG ON
- Hours
- Days
- Weeks
- Need to budget resources

Events go SIDEWAYS
- Have to have a dynamic planning process
- Need to monitor events and adjust the plan accordingly

How does Business Continuity and Emergency Preparedness overlap?

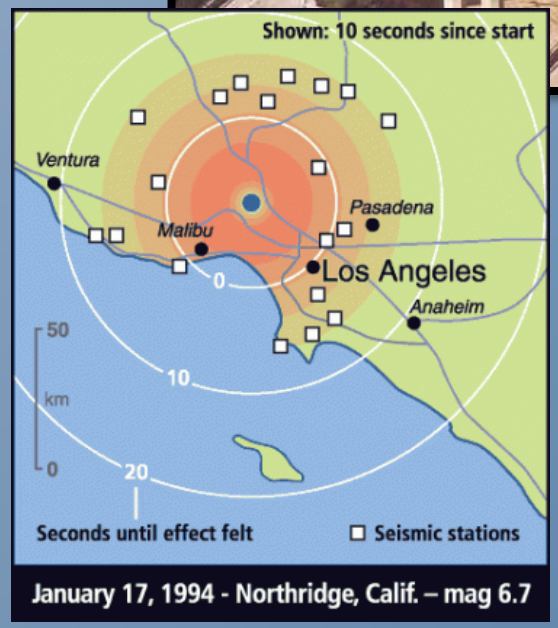
In major disasters like Katrina, statistics have shown that:

- 75% of businesses that are affected by a disaster or a long-term interruption close for some period within 6 months of the event.
- 25% of businesses never re-open after a major disaster or catastrophe.

Post Northridge Nursing Homes Study

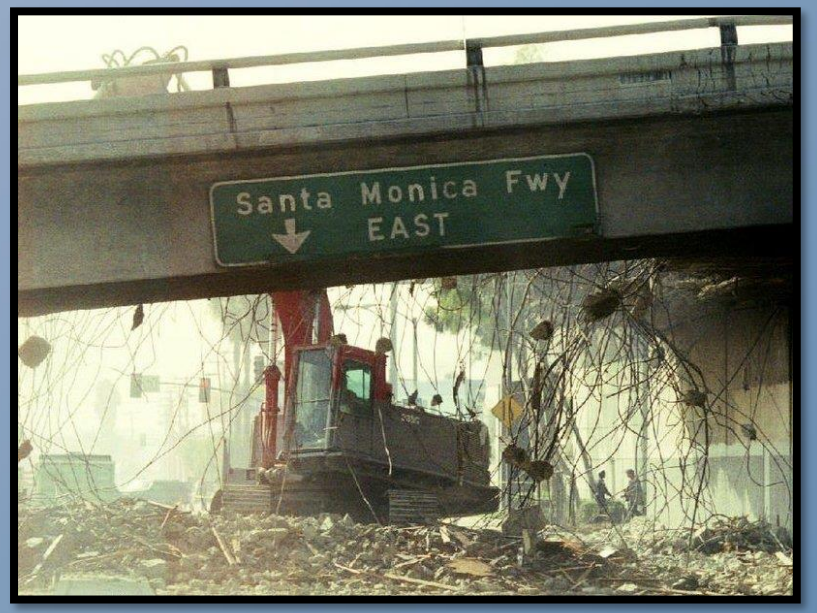
Saliba D., J.B. Buchanan, and R.S. Kington. 2004. Function and response of nursing facilities during community disaster. *American Journal of Public Health* 94 (8): 1436-41.

- **Northridge EQ**
  Jan 17, 1994 4:31 AM
  6.7 magnitude
  Epicenter - Reseda
- 113 widely dispersed nursing facilities interviewed after the Los Angeles Northridge earthquake. (11 365 beds),
- 52% reported disaster-related admissions from hospitals, nursing facilities, and community residences.



Lessons Learned from Northridge

- All nursing facilities received limited post disaster assistance.
- 23 sustained severe damage,
- 5 closed (625 beds), and
- 72 lost vital services.
- 56/87 nursing facilities implementing disaster plans found that their plans did not adequately address:
  - absent staff,
  - communication problems, and
  - insufficient water and generator fuel.



How does Business Continuity and Emergency Preparedness overlap?

- The BCOOP works together with your Emergency Operations Plan and is a part of your Emergency Preparedness Program.
- Where the EOP deals with carrying out specific actions, such as search/rescue for residents and staff, the BCOOP is for maintaining essential business functions during and after an event.
- Prepared staff = available staff. Encouraging personal preparedness and having a method of emergency communication with staff is crucial.
- An employee most likely will NOT return to work if they or their family is affected by a disaster!

Eight Components of COOP

- Essential Functions and Operations
- Lines of Succession
- Delegation of Authority
- Alternate Care Sites
- Vital Systems and Equipment
- Vital Records
- Communication Systems Supporting Essential Functions
- Restoration and Recovery

COMPONENT #1: ESSENTIAL FUNCTIONS AND OPERATIONS

- What are your facility's essential functions and operations?
- How long could your facility provide essential functions without its normal information or telecommunication support?
- What are the resources required to complete each essential function?
- How would you prioritize your list of essential functions?
- How will your facility maintain these essential functions during an emergency?

CRITICAL RESOURCES FOR OPERATIONS

- STAFF MEMBERS are your most critical resource!
- Communication equipment, response plans
- Nursing Home Command Center (NHCC)
- Other equipment or resources to meet residents' unique needs

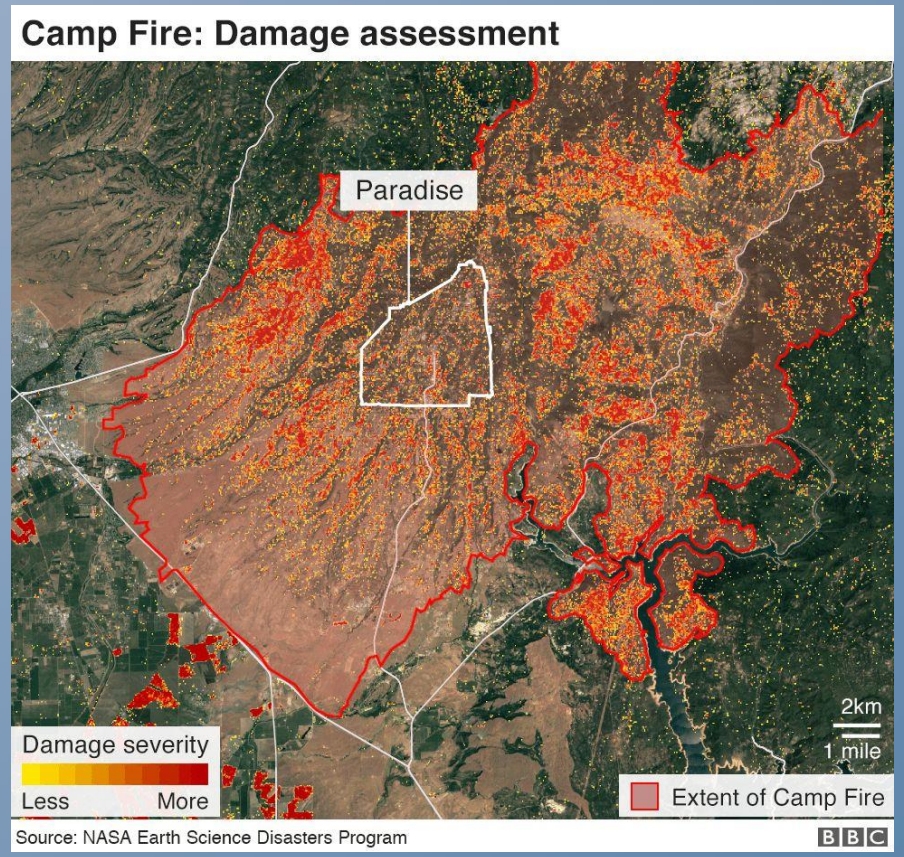
COMPONENT #2: LINES OF SUCCESSION

- What are the orders of succession for your facility by the staff role (not names) during response?
- Who is the designated successor of each listed official?
- What are the conditions under which the designated incident commander would assume authority or responsibility and how would they assume it?

E-0007: Address resident population, including, but not limited to, persons at-risk; the types of services the LTC facility has the ability to provide in an emergency; continuity of operations, including **delegations of authority and succession plans.**

Lesson Learned: Camp Fire, 2018

- Camp Fire began at 6:30am, before many lead staff were at their facilities.
- At one facility, the Admissions Coordinator saw the wildfire smoke on her drive into work, and immediately began calling around for beds.
- Make clear to your staff – **who is authorized on each shift to activate the EOP**, and that it is better to be safe than sorry when activating the EOP.
- By 8am the wildfire had entered Paradise city limits. There will not be time for confusion among your staff about who is in charge or what to do.



COMPONENT #3: DELEGATION OF AUTHORITY

- Who are your facility's pre-delegated authorities for making emergency decisions?
- What types of authority are to be delegated during a public health emergency?
- What is the position title associated with each type of authority listed above?
- What are the triggers for activating each of the listed authorities?

E-0007: Address resident population, including, but not limited to, persons at-risk; the types of services the LTC facility has the ability to provide in an emergency; continuity of operations, including **delegations of authority and succession plans.**

COMPONENT #4: ALTERNATE CARE SITES

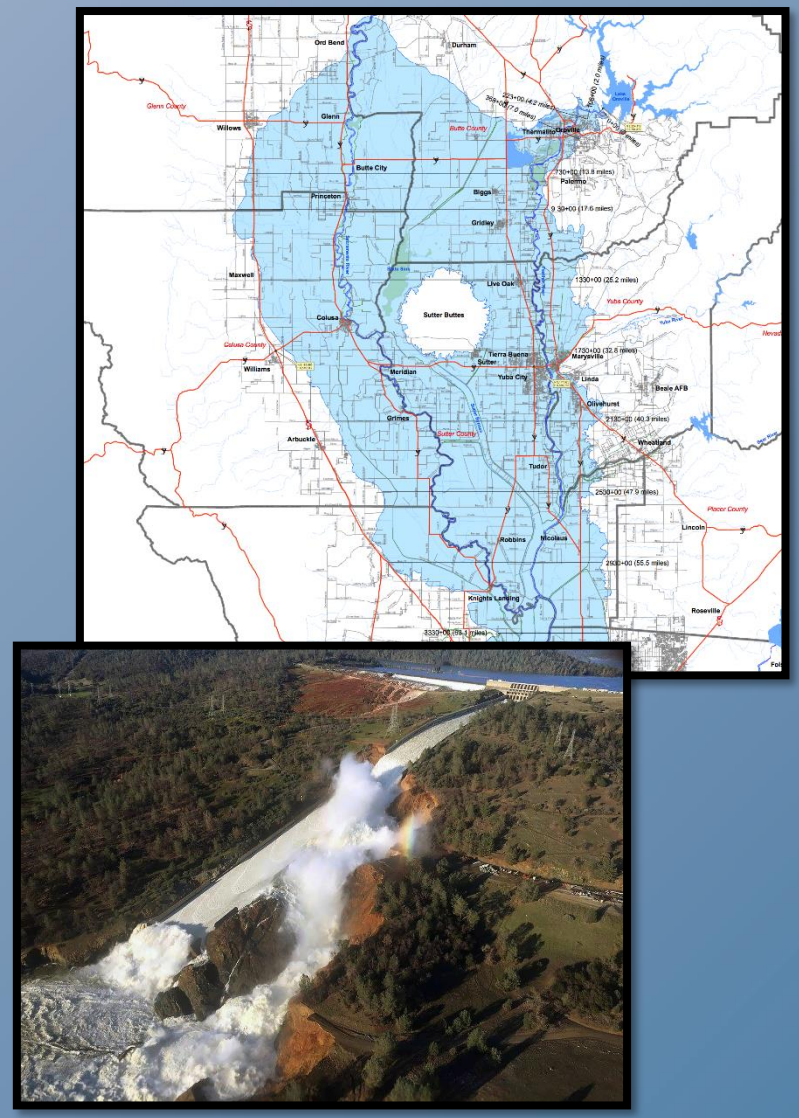
Residents' Unique Needs for Safe Transfer

- In your EOP, do not list hospitals as your alternate care sites, instead pre-determine other "like" facilities.
- Find "like" facilities that can provide the same services as your resident would receive at the home facility – continuity of care.
- "Alternate care site" can also be a specified area in your facility, e.g. when you need to cool your residents in the dining room during a power outage.
- Identify the unique needs (including transportation) of your residents using a resident profile – assign a staff member to keep this resident profile updated periodically.

E-0026: The role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.

Lesson Learned: Oroville Dam Overflow, 2017

- Administrator of one Oroville facility was told that a 12 foot wall of water could hit his facility in a couple hours and to get out ASAP.
- Took him several hours to find transportation for his 99 residents, Butte County did not have enough.
- After repopulation, facility was faced with a $70,000 bill for transport from various ambulance companies.
- Administrator said his **number one lesson was knowing the ambulation status of all residents** and updating it regularly so that the staff could order the right transport more efficiently.
- He now updates ambulation status of all residents once a week.
- Know the unique needs of your residents!!



COMPONENT #4: ALTERNATE CARE SITES

Memorandums of Understanding / Patient Transfer Agreements

- What are the names of the alternate facilities that have agreed to an MOU or patient transfer agreement?
- Can your alternate care site also serve as your alternate Command Center?
- What will the alternate care site need, listed by essential function, in order to provide continuity of care (sending along staff, DME, meds, etc)?
- If you have to move residents outside of your immediate area to a facility you can still arrange MOU after the fact for billing and reimbursement purposes.
- CAHF's MOU template: www.cahfdisasterprep.com/mou

E-0025: The development of arrangements with other facilities and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.

COMPONENT #4: ALTERNATE CARE SITES

1135 Waivers (Alternate Care Sites)

- When your regular operations are interrupted and you activate your EOP, you need to alert Licensing.
- Emergency management officials will assist you in identifying alternate care sites at this regional level of response.
- CDPH's 1135 waiver instructions and template available at: www.cahfdisasterprep.com/regulatory

E-0026: The role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.

COMPONENT #5: VITAL SYSTEMS AND EQUIPMENT

- Which systems and equipment are necessary for the continued operations of critical processes or services for a minimum of 96 hours?
- What are the locations, frequency of maintenance, and method of protection for each identified system or piece of equipment?
- If there is currently no method for protection for a certain vital system and/or equipment, what methods of protection can you implement?

COMPONENT #6: VITAL RECORDS

- Which records are necessary for the continued operations of your facility's critical services, for a minimum of 96 hours?
- List the location, frequency of backup, and method of protection for each identified vital record.
- If there is currently no method for protection for vital records, what method of protection can you implement?

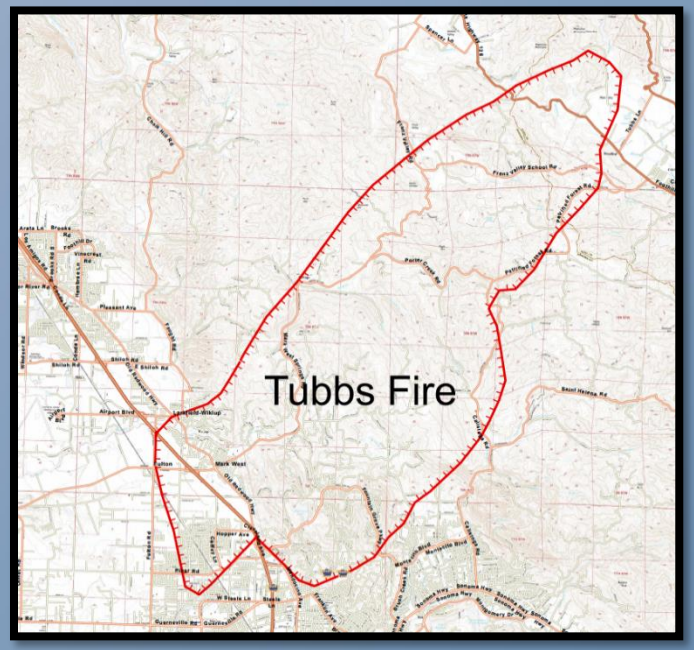
E-0023: A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.

Lesson Learned: Tubbs Fire (2017)

- Veterans Home in Yountville (Sonoma County) was threatened by the Tubbs Fire, at the time the most destructive wildfire in CA. Residents evacuated without medical records to multiple receiving facilities.

- The VA used paper charting, no way to remotely access records after the area was closed off due to wildfire.

- If you paper chart, prioritize taking all your paper charts with you in an evacuation! You do not know when you will be able to return, or if your building will be damaged.



COMPONENT #7: COMMUNICATION SYSTEMS SUPPORTING ESSENTIAL FUNCTIONS

- What are the communication systems that support vital services and their associated essential functions?
- For each identified communication system, who is the service provider and their contact information, and what, if any, are their emergency services?
- How can you maintain uninterrupted service for each of the critical communication systems that support your essential functions?

COMPONENT #8: RESTORATION AND RECOVERY

- What are the actions and **resources needed to restore essential functions** to pre-event operating conditions?
- What are the actions and resources needed to restore **vital systems and equipment** to pre-event operating conditions?
- What are the actions and resources needed to restore **vital records** to pre-event status?
- What are the actions and resources needed to restore **communication systems** to pre-event status?
- What are the **timeframes needed** to complete each of the above tasks?

Repopulation after Evacuation

CAHF Disaster Preparedness Program's

Repopulation Checklist for California LTC Providers

This checklist is intended to help LTC providers prepare their buildings for inspection for repopulation by OSPHD and CDPH after an evacuation. If roads in the affected area have been shut down, before you can use this tool, local law enforcement, the California Highway Patrol, Cal Fire, and/or the local fire department must release restrictions for access to your facility and any non-OSPHD buildings on your campus.

OSHPD Repopulation Checklist	
Structural – District Structural Engineer	**Initial when Complete**
- Verify there is no structural damage; do a visual inspection of the building.	
Fire/Life Safety – FLS Officer	
- Fire alarm system/Nurse call system functional.	
- Fire sprinkler systems checked with flow test.	
- Ingress/Egress to property; all driveways, paths, and exits must be completely clear.	
Building – Compliance Officer	
- Communications; landlines and internet fully functional.	
- Domestic water service restored.	
- Electrical; primary service functional.	
- Backup generator; filters clean, lines flushed.	
- Natural Gas/Propane services restored.	
- All pilot lights checked.	
- Medical gas systems functional.	
- HVAC Systems functional; filters replaced, systems cleaned of smoke damage.	
- Sanitation systems functional; toilets, showers, grey and black water systems all functional.	

CAHF Disaster Preparedness Program's

Repopulation Checklist for California LTC Providers

CDPH-Licensing & Certification Repopulation Checklist	
Dietary Services	**Initial when Complete**
- Refrigerators, ovens/stoves, dishwashers, all functional. **In the case of damage to kitchens and/or equipment, Program Flex approval from L&C may be requested for contract services during repairs.* ***Depending on equipment failure, OSHPD temporary permit may be required.*	
- All emergency food and/or water supplies used during the evacuation process are replaced.	
Physicians and Nursing Staff	
- Staffing ratios will meet licensing requirement upon re-opening.	
- Patient equipment and supplies that may have been transferred during the evacuation are restored/replaced.	
Pharmaceutical Services	
- Pharmaceuticals are available and vendor supply restored. The facility's ability to provide essential services should be sustainable for the long term. **Program Flex may be an option subject to L&C District Office approval (e.g., contracted food or pharmacy services).*	
Physical Plant and Maintenance	
- Nurse Call systems fully functional.	
- All interior and exterior surfaces/areas are clean and free of debris (e.g., counters, walls, drawers, closets, roof, parking facilities, etc.).	
- All filters in the facility, HVAC systems, and generators, etc. should be cleaned/replaced, if needed.	
- Replace or clean linens, drapes, and upholstery, if needed.	
- All items within the facility that can be affected by spoilage due to loss of power and/or high temperatures are tested, calibrated, and/or	

We have to be ready to be their “first responders”…

WE ARE THE EXPERTS ON OUR RESIDENTS

10-Minute Break

Presentation 3

HSAG HEALTH SERVICES ADVISORY GROUP

ESRD Networks 7, 13, 15, 17, 18

Dialysis Facility Disaster Event Preparation and Response

Helen Rose
Executive Director
Health Services Advisory Group (HSAG)
End Stage Renal Disease (ESRD) Network 18

May 10, 2022

HSAG: ESRD Network 18 Roles and Responsibilities

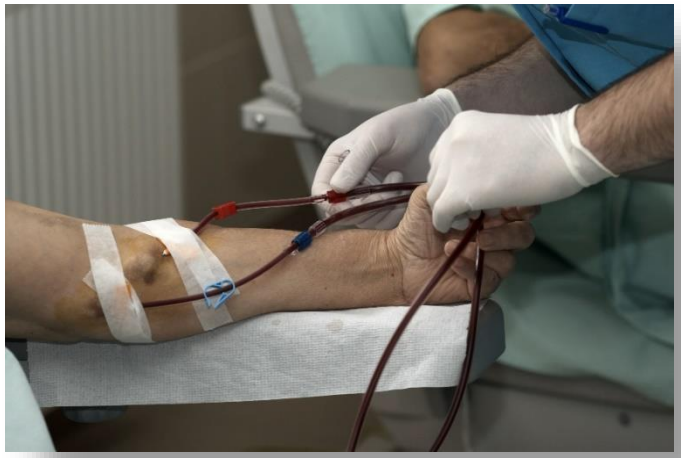
ESRD Network 18 (NW18) is a Centers for Medicare & Medicaid (CMS) contractor that:

- Provides dialysis and transplant outreach and education to patients and providers.
- Conducts quality improvement activities with patients and dialysis and transplant providers, and other stakeholders.
- Disseminates and spreads best practices related to dialysis topics.
- Provides emergency preparedness education and support to the ESRD community.
- Receives and addresses patient grievances and access to care issues.
- Ensures accurate, complete, and timely data collection and analysis.

Hemodialysis Basics

Hemodialysis (HD) treatment requires:

- Use of a dialysis machine and special filter called an artificial kidney (dialyzer) to clean the blood
- Insertion of a vascular access:
  - Arteriovenous fistula (AVF)
  - Arteriovenous graft (AVG)
  - Central vein catheter (CVC)
    - Internal jugular vein
    - External jugular vein
    - Subclavian vein (avoid if possible)

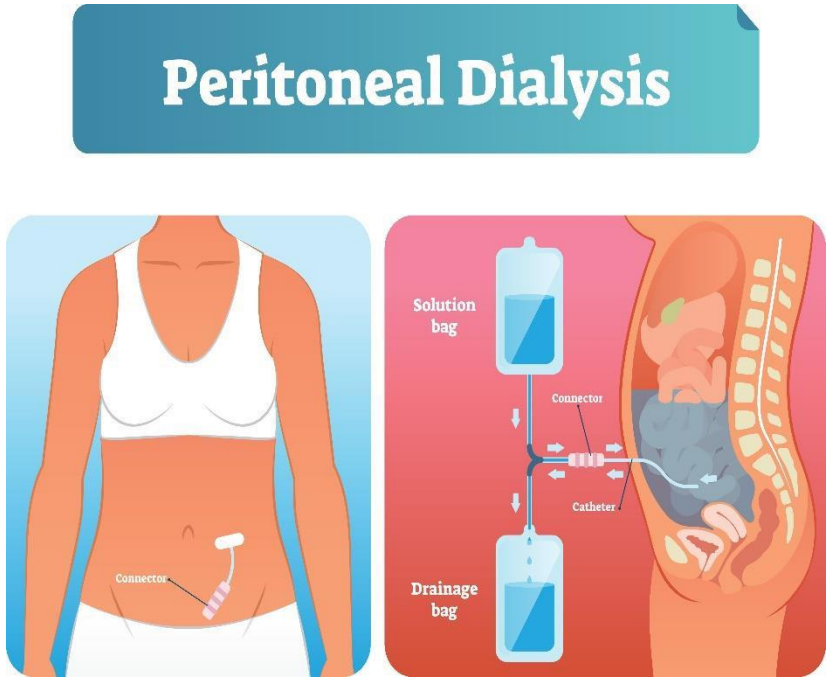


Note: HD can be done in-center or at home

Home Peritoneal Dialysis (PD)

There are two types of PD:

- Continuous Ambulatory PD (CAPD)
- Continuous Cycler PD (CCPD)



Impacts of Emergency Events on ESRD Providers ar Patients

Emergency events can impact:

- Physical plants
  - Dialysis units
  - Hospitals
- Homes/apartments
- Electrical and water supplies
- Communications / Information Technology
- Transportation systems
  - Public and/or private
- Employment
- 911 support systems
  - Police/fire/paramedics

Impact on ESRD Patients

ESRD patients can be seriously impacted by:

- Delayed, shortened, or missed dialysis treatments.
- Unavailable or destroyed medications and/or supplies.
- Lack of transportation to/from treatment.
- Separation from families and/or support systems.
- Mandatory evacuation/shelters/sheltering-in-place.
  - Recognize that not all shelters can accommodate the needs of ESRD (dialysis/transplant) patients.
- Financial concerns.

All of the Above = STRESS

Basics of Life

1. Water
   - Water is survival.
     - Plan for supply, purification, and storage.
2. Power
   - Basic operations are based on availability of power.
3. Communications
   - Effective communications provide confidence and reduce fear and anxiety.
4. Transportation
   - Decrease in financial resources leads to an increase in special needs/non-evacuation.

National Healthcare Provider Responsibilities for Emerge Preparedness

The CMS* HHS** Final Rule on Emergency Preparedness:

- Applies to 17 provider and supplier types as a condition of participation for CMS (e.g., dialysis and transplant).
- Requires providers to meet **four core elements** with specific adjustments based on provider types. The elements include:
  - An emergency plan.
  - Policies and procedures (P&Ps).
  - A communication plan.
  - A training and testing program.

*Centers for Medicare & Medicaid Services
**United States Department of Health and Human Services (HHS)

Preparations – Facility/Patient Level

- Dialysis facilities should:
  - Discuss disaster response plans for the facility with patients, including who to call and when.
    - Patients are reminded to answer the phone even if from an unknown number after a storm as it may be the dialysis facility calling.
    - The 3-day diet and fluid restriction are also reviewed.
  - Confirm each patients' contact information routinely.
  - If evacuation is anticipated, provide patients with packets that include:
    - Their most recent treatment orders
    - Three previous treatment sheets
    - Their most recent labs, including hepatitis B status.
    - Facility name and address and emergency contact phone numbers for the facility manager, the NW18, and their facility's corporate 1-800 number.
      - Patients can use this information to obtain treatment at another facility if needed.

Home Dialysis Patients (HHD and PD)

Home dialysis patients should be instructed to:

- Keep a list of applicable contact information for dialysis facilities and physicians near their home and at work.
- Keep a stock of dialysis supplies, as directed, at all times.
  - A stock should be a ten-day to two-week supply.
  - Check expiration dates and replace items as needed.
- Routinely discuss alternate arrangements and back-up communication plans with family, friends, and/or facility staff.
- Interact with their local power and water companies.
- Be knowledgeable about requirements of generators, when applicable.
  - Fuel, spacing, carbon monoxide monitoring

Preparations – Facility/Staff Level

- Put a sign on the front door of the facility with a contact phone number in case patients show up and the facility is closed.
- Confirm staff plans and contact information.
- Secure facility with biomed staff.
- Activate back-up facility agreements.
- Determine any planned closure and notify NW18.

Preparations – Dialysis Companies

- Dialysis companies:
  - Posture resources and assets such as generators and command center personnel in the area.
  - Activate contracts with water trucks, gas providers, and other resource providers.
  - Monitor the situation closely and have regular calls with facilities for planning closures and post-event response.

Preparations – NW18

- Send preparation alerts and event notifications to facilities in the affected area.
- Collect and track planned closure information from facilities.
- Activate the 1-800 number 24-7 for patient calls.
- Reach out to local partners and facility management to establish contacts for post- event response.

Event Response – Facility Level

- It takes at least one day to evaluate and open a facility without damage including:
  - Staffing:
    - Already an issue and many staff will evacuate
    - Facility must wait on staff to return to the area to re-open
    - Need resources to support staff in their homes or in a hotel
  - Generator use and fuel
  - Power restoration
  - Water trucks if area water system is down
  - Security for fuel and other assets

Event Response – Facility Reporting

- Facilities and dialysis corporations report open/closed status to KCER and NW18 by 2 PM PT each day.
  - NW18 can provide reports to LA County EMS Agency and any other local contacts by 4 PM PT daily.

Event Response – Patient Level

- Facilities contact all patients for scheduling or re-location once event concludes.
- Patients are directed not to go hospitals for treatment unless other serious issues exist.
  - Patient surge at hospitals usually occurs due to fear and anxiety or lack of resources.
  - Hospitals can utilize the NW18 or dialysis facility corporate phone numbers to find out which facilities are open and can take patients.
  - NW18 can also provide open/closed status of facilities in the county to EMS and State Survey Agency offices for situational awareness.

HSAG HEALTH SERVICES ADVISORY GROUP

ESRD Networks 7, 13, 15, 17, 18

Thank you!

Helen Rose

Executive Director, HSAG ESRD Network 18

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Patient call line: 1.800.637.4767

This material was prepared by ESRD Networks 18 under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. Publication No. CA-ESRD-18N1ES-04072022-01

Presentation 4

BIAs and Other Key Considerations for a BCP

Brenda Smith

Table of Contents

Business Impact Analysis

Identifies business impact when processes are not functional or available.

Is based on an inability to perform a process.

Helps determine what technology or planning is needed for functional recovery.

Is not used to identify how quickly the process must be available.

Is not concerned with why a process is unavailable, only when it needs to be available.

Basics of the BIA

- Identifies the effects resulting from disruption of business functions and processes.
- Uses information to make decisions about recovery priorities and strategies.
- Predicts the impacts of natural and man-made hazards on the business operations.

Potential Hazards:

- Physical damage to facility (EQ)
- Damage to or breakdown of machinery, systems or equipment
- Restricted access to a site or building
- Interruption of the supply chain including failure of a supplier or disruption of transportation of goods from the supplier. **** COVID***
- Utility outage (e.g., electrical power outage)
- Damage to, loss or corruption of information technology including voice and data communications, servers, computers, operating systems, applications, and data
- Absenteeism of essential employees****

Steps for a BIA

Business Impact Analysis

Areas that should be evaluated during a BIA are the following:

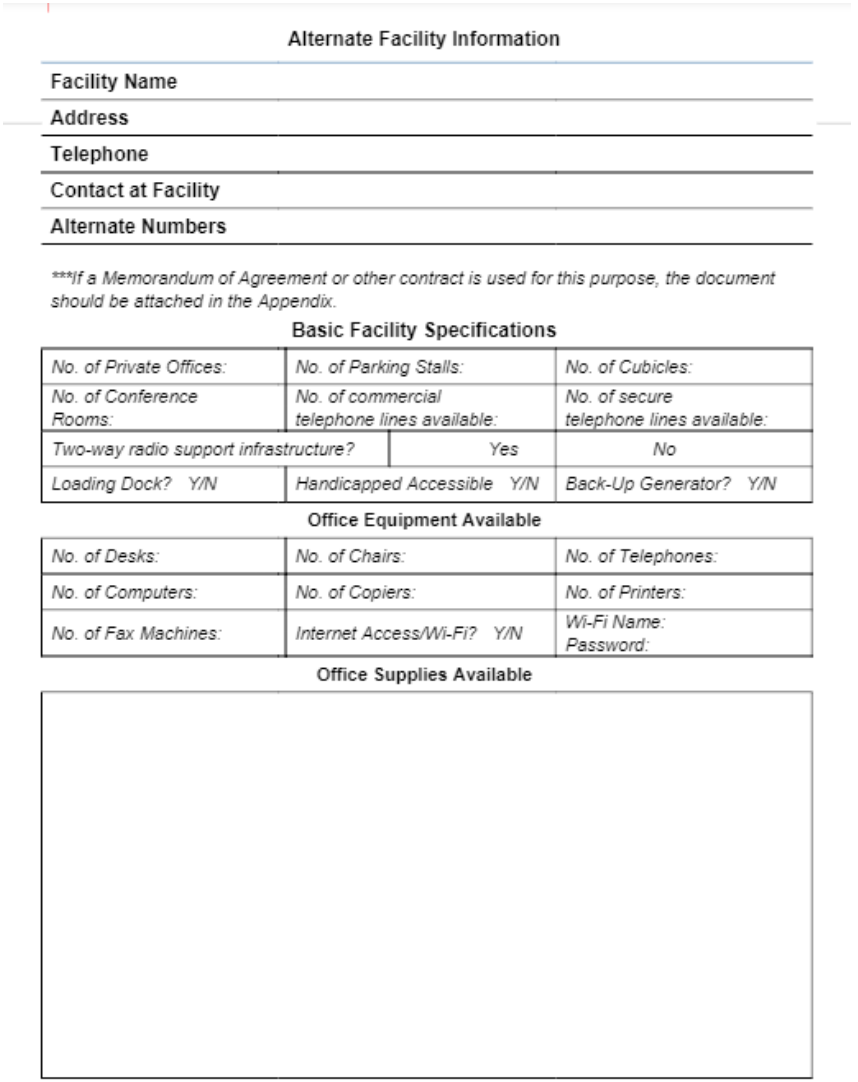
- ✓ The changes possible during unplanned disruption
- ✓ Legal or regulatory repercussions of unplanned disruption
- ✓ Inventory of all clinic sites and equipment required for continuity of operations
- ✓ Key personnel and support staff
- ✓ Post-disruption dependencies
- ✓ Validation of test plan
- ✓ Ranking of essential functions and order of operations

Establishing an Alternate Facility

- Designate an alternate operating facility should the primary facility be impacted by an emergency or disaster.
- The alternate facility needs to accommodate all staff with sufficient space, equipment, internet systems, and logistical equipment and support to allow staff to sustain operations.
- Staff should consider transporting necessary equipment to the alternate facility prior to the disaster, if available.

Establishing an Alternate Facility

The Alternate Facility Information Sheet illustrates basic information about the site and other details. If a map is required to guide staff to the location, it should be included with the sheet.



Alternate Facility Information

Facility Name
Address
Telephone
Contact at Facility
Alternate Numbers

****If a Memorandum of Agreement or other contract is used for this purpose, the document should be attached in the Appendix.*

Basic Facility Specifications

No. of Private Offices:	*No. of Parking Stalls:*	*No. of Cubicles:*
No. of Conference Rooms:	*No. of commercial telephone lines available:*	*No. of secure telephone lines available:*
Two-way radio support infrastructure?	*Yes*	*No*
Loading Dock? Y/N	*Handicapped Accessible Y/N*	*Back-Up Generator? Y/N*

Office Equipment Available

No. of Desks:	*No. of Chairs:*	*No. of Telephones:*
No. of Computers:	*No. of Copiers:*	*No. of Printers:*
No. of Fax Machines:	*Internet Access/Wi-Fi? Y/N*	*Wi-Fi Name:* *Password:*

Office Supplies Available

Emergency Vendors

- Maintain a list of vendors that you usually use (hard copy and/or electronic formats)
  - Contact Name
  - Company
  - Contact Information (email, phone)
- Vendors that can come in handy during a disruption
- Other Key contacts (DRC, CCALAC, other healthcare facilities)

Communication

- Identify critical communications and IT System needs
- Having good communication ensures that leadership, other key staff, external partners, and patients are well connected

Communication need	Primary communication method	Redundant/backup communication method(s)	Operational responsibility (internal and vendors)

Plan Development + Maintenance

- **MUST** be reviewed annually.
- Based upon the changes during the review, the plan should be modified or rewritten to ensure the plan is up to date and is representative of current procedures for the organization.
- All staff should be able to contribute to the plan should they feel that their contribution can be beneficial to the organization.

Plan Development + Maintenance

- **Testing + Training**
  - Training should be provided to all essential staff
  - Develop a schedule for conducting exercises, training, and modifying emergency plans.

Activity Type	Activity Description	Activity Frequency
Test	Conduct testing of BCP alert, notification, and activation procedures.	Quarterly
Test	Conduct testing of primary and secondary equipment at the alternate facility.	Annually
Exercise	Conduct exercise to train and test personnel, plans, and capabilities. Also, exercise at the alternate facility to update plans.	Annually
Train	Conduct training to educate staff on procedures to help identify areas that require practice.	Annually
Test	Conduct testing of plans for the recovery of essential and classified records and data. Update BIA with info.	Semi-Annually

Implementation Tips

- Stick to the timeline! Annual review. *Add calendar deadline events.*
- Test, test again, and make improvements
- Collect data.
- Remind leadership and other staff about the importance of the plan.

Presentation 4 - Continued

Northeast Valley Health Corporation

a california health+ center

Real Life Business Continuity Application

Presented by:

Brenda Smith, MPH

Introduction

- 15 Health Centers and 1 Mobile Health Center
  - Services include:
    - Adult Medicine
    - Pediatrics
    - Dental
    - Women's Health
    - Behavioral Health
- 13 WIC Facilities
- 4 Administrative Offices
  - 2 Corporate
  - Warehouse
  - WIC Administrative Offices

Developing the Business Continuity Plan

Who Was Involved

- Chief Operations Officer
- Medical Directors
- Corporate Compliance Officer and Risk Manager
- Infection Preventionist
- Director of Nursing
- Pharmacy Director
- Behavioral Health Director
- Clinic Administrators
- Dental Operations Manager
- Facilities Administrator

Timeline

- Put together an Emergency Management Committee (EMC)
- Participate in trainings on how to develop a BCP
- Determine essential functions by conducting a BIA with each department manager
- Complete the first written draft of the BCP
- Review the BCP at the EMC
- Create a final draft of the BCP
- Training and exercises


Poll Everywhere

Business Impact Analysis

- Used the CHCANYS template
- Met with department managers
  - Set up 1-2 hour meetings with each Department Manager
  - Discussed essential functions and narrowed it down to the top 3-5
  - Discussed financial impact of not having the essential functions
- Developed list of essential functions
  - Aggregate data from the BIA worksheets
  - Develop a comprehensive list of essential functions across the organization

Training

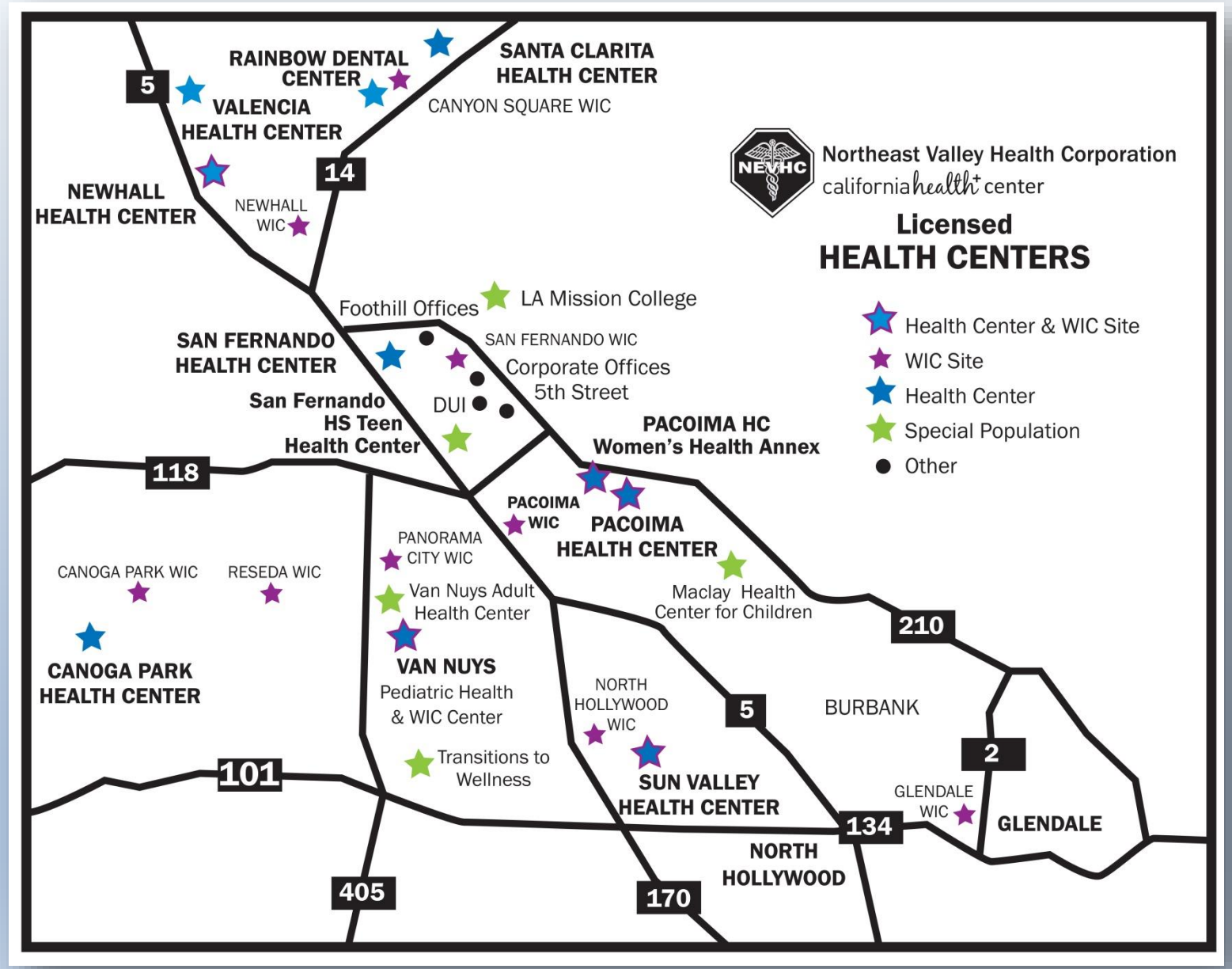
Onboarding:
All new employees complete new hire orientation that includes Emergency Management and Business Continuity.

Annual:
The Emergency Management and Business Continuity training are done on an annual basis.

Drills:
Business continuity is incorporated into the quarterly drills, annual tabletop exercise, and annual full scale/functional drill.

2019 Saddleridge Wildfire

- The Saddleridge Fire broke out on 10/10/19 around 9:02 pm.
- The fire spread quickly overnight due to high winds and dry terrain.
- As a result of the fire the 210 freeway and 5 freeway were shut down.


Northeast Valley Health Corporation
californiahealth+ center
Licensed
HEALTH CENTERS
Health Center & WIC Site
WIC Site
Health Center
Special Population
Other
RAINBOW DENTAL CENTER
SANTA CLARITA HEALTH CENTER
CANYON SQUARE WIC
VALENCIA HEALTH CENTER
NEWHALL HEALTH CENTER
NEWHALL WIC
Foothill Offices
LA Mission College
SAN FERNANDO HEALTH CENTER
SAN FERNANDO WIC
Corporate Offices
5th Street
DUI
San Fernando HS Teen Health Center
PACOIMA HC Women's Health Annex
PACOIMA WIC
PACOIMA HEALTH CENTER
PANORAMA CITY WIC
Maclay Health Center for Children
CANOGA PARK WIC
RESEDA WIC
Van Nuys Adult Health Center
CANOGA PARK HEALTH CENTER
VAN NUYS Pediatric Health & WIC Center
NORTH HOLLYWOOD WIC
BURBANK
Transitions to Wellness
SUN VALLEY HEALTH CENTER
GLENDALE WIC
GLENDALE
NORTH HOLLYWOOD
5
14
118
101
405
170
134
210
2

2019 Saddleridge Wildfire Impacts

- The wildfire cut off main roadways to our facilities which affected both staff and patients.
- Operations continued and BCP was activated.
- Staff received an Everbridge message to report to their nearest facility.
- Continuous messages were sent to staff to keep them updated.
- Site Admins were notifying Corporate ICS of any immediate needs.
- Services that were not essential and not staffed were cancelled/rescheduled.

COVID-19

- Main impacts: staffing shortages & supply shortages
- Limiting exposure and improve infection prevention strategies
- Essential services were continued and staffed
- Non-essential services were cancelled/rescheduled
- Limited PPE- used decontamination services to reuse PPE
- Reached out to non-traditional vendors because allocations
- Remote work options
- Remote services for patients/clients


Thank You!

End of Presentations

Closing Remarks

Thank you for attending the 2022 Business Continuity Plan Workshop

Thank you Planning team!

- Team Members:
  - Jason Belden, CAHF
  - Laurie Lee-Brown, EMS
  - Jennifer Calderon, EMS
  - Alex Lichtenstein, UCLA
  - Katie Meyer, Huntington Hospital
  - Andrew Pagsisihan, All Care Home Health
  - Adam Richards, Kaiser LA
  - Brenda Rodriguez, LA City EMD
  - Christopher Sandoval, EMS
  - Isabel Sanchez, EMS
  - Brenda Smith, Northeast Valley Health Corp.
  - Jennifer Waldron, Huntington Hospital

For those staying for next Session!

- Lunch options
- Okay to return to Town Center Hall with lunch
- Next Session registration begins at 12:30pm

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https://www.surveymonkey.com/r/DCCRPRN

In order to receive a certificate of participation, please complete the participant feedback survey on Survey Monkey by May 31, 2022. You can scan the QR code or click on the link placed in chat.

End Slide