2023 Healthcare Business Continuity Plan Seminar

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Building upon the foundations of Healthcare Business Continuity Planning

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- Exercises and Drills Program
- Business Continuity Program

Welcome to the 2023
Healthcare Business Continuity Plan Seminar

Basic Session

Tuesday, May 9, 2023

8:00 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 and handouts were emailed.
  - 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!

Basic Session Program

- Speakers:
  - Matthew Wright — Children's Hospital Los Angeles
  - Brenda Smith — Northeast Valley Health Corporation
  - Jason Belden — California Association of Health Facilities

Presentation 1

Matthew J. Wright

Program Manager, Business Continuity & Emergency Communications

Quality Department, Emergency Management

- *I do not have any relevant financial relationships with the manufacturer(s) or any commercial product(s) and/or provider of commercial products or services discussed in this CME activity.*
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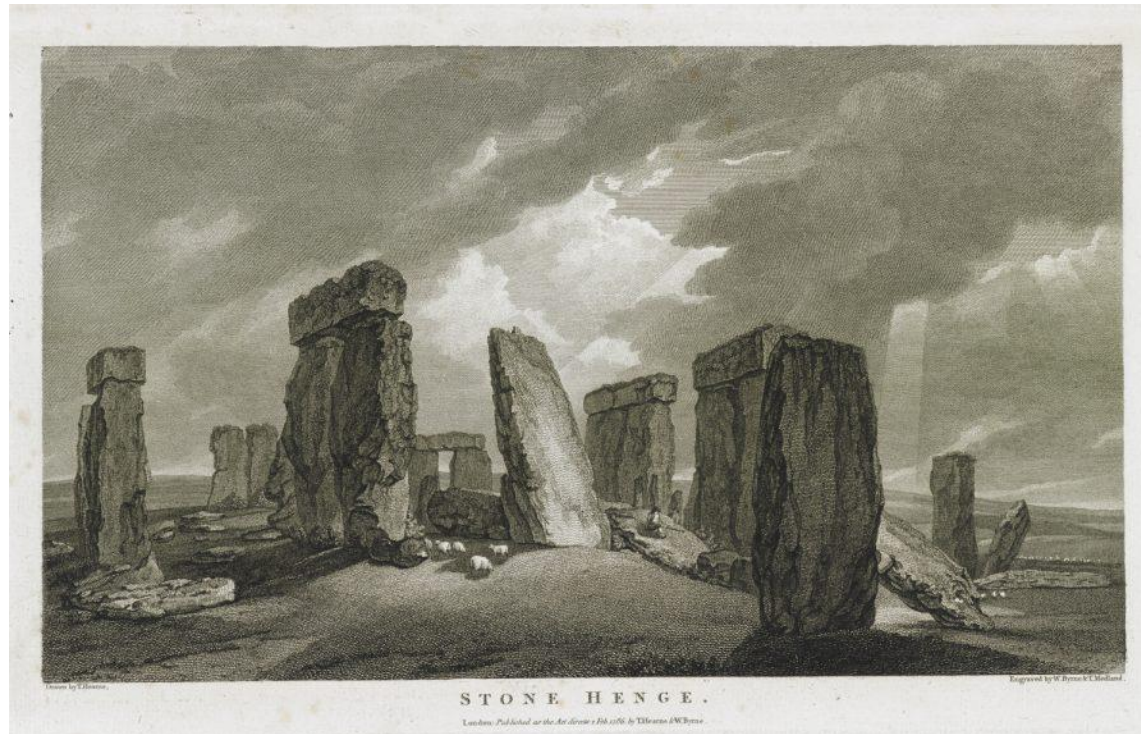
- OBJECTIVES:
  - Define the need for business continuity by detailing its development over time

  - Increase the basic knowledge about the overall goal of Business Continuity

When you were first asked to do Business Continuity at your institution, did you know what Business Continuity was?

HISTORY

- Where does Business Continuity come from?

STONE HENGE.

- It all started with computers
- IBM launched the 360 in 1965 and the 370 in 1970

- Businesses (e.g., corporations, libraries, governments) began using computers as part of their regular workflow

- Data Centers (Huge computers) would crash leaving businesses without crucial data/records

- Information Services could fix the data centers, but it would take time

- IS was capable, but not business minded when it came to time being money

- Business Managers identify the gap
  - Computers back online is essential to business productivity/profitability

- Backup computers (hot sites) are needed to decrease the downtime
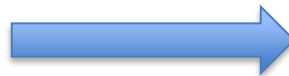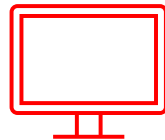
- Disaster Recovery is born

- Computers only represent a part of the business process

- Businesses needed a workaround to avoid *single points of failure*

- Disaster Recovery is the predecessor of Business Continuity (BC)

- The project of building a 'hot site' turned into a process of redundancies and safeguards for computer systems

BC
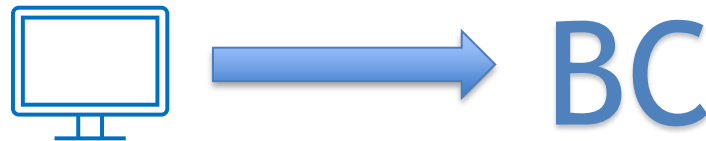
- Computer use spreads across many companies throughout the 1970s
  - Disaster Recovery spreads across industries

- This eventually necessitates legislation
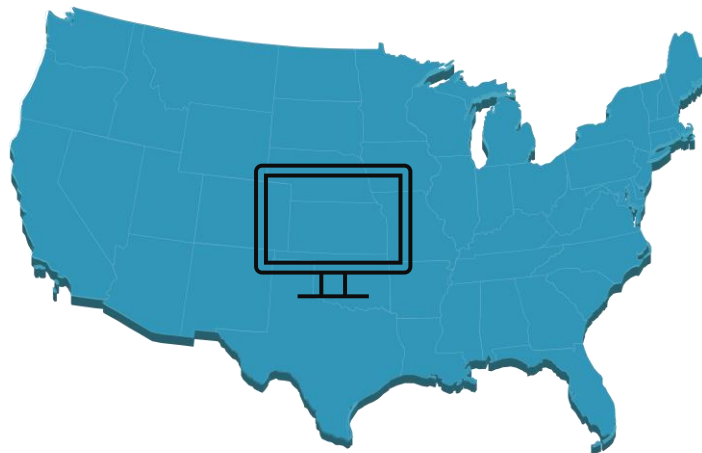
- US Foreign Corrupt Practices (FCPA): 1977
  - Required disaster recovery and business continuity in publicly held companies
  - To prevent bribery of foreign officials

- Office of Comptroller of Currency's Banking Circular BC-177 of 1983 (and its 1987 revision)
  – Expanded disaster planning beyond the data center

- US Expedited Funds Availability Act of 1989
  – Required a business continuity plan to ensure deposits were available

- Healthcare Insurance Portability and Accountability Act (HIPAA) of 1996 required Disaster Recovery Plans

- Executive Order 12656 of 1998

  – Required government heads to detail the orders of succession, delegations of authority, and safekeeping of essential resources

- September 11th, 2001 (9/11)
  - Drove the passage of the Homeland Security Act of 2002

  - Federal requirements for governmental organizations
    - Orders of succession
    - Delegations of Authority

- National Fire Protection Association issues (NFPA) 1600 in 2000
  - Integrates the concepts of EM and BC

- In 2004, American National Standards Institute (ANSI) recommends NFPA become standard

- Later adopted as a National Preparedness Standard in the National Intelligence Reform Act of 2004

- ISO releases Business Continuity 22301 in 2012

- The amended Stafford Act of 2012

- 2016 CMS Emergency Preparedness Rule
  - *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule*
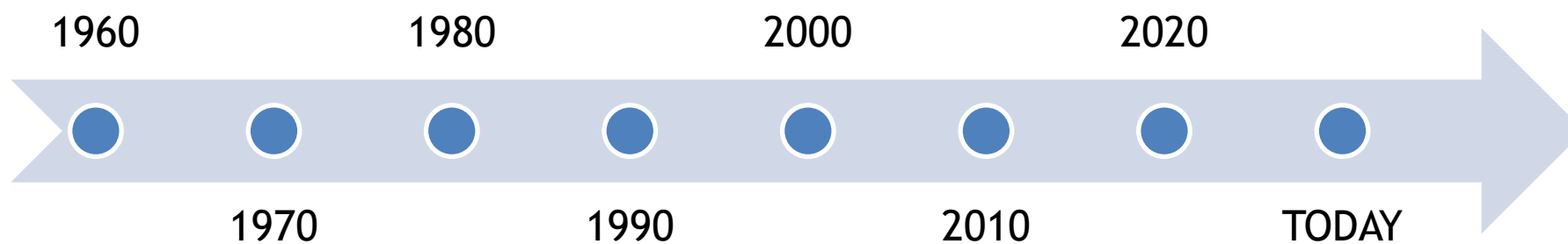
- SFS: Santa Fe Springs

- This is the beginning of your Business Continuity journey

TERMINOLOGY

- Terminology
  - All definitions taken from the:
    - Glossary | DRI International
    - DRJ Glossary of Business Continuity Terms Disaster Recovery Journal
    - bci-drj-glossary (thebci.org)

  - Initialism in noted in (parentheses)
  - Source is noted in [brackets]

- Business Continuity (BC)

  - Business Continuity is an ongoing process to ensure that the necessary steps are taken to identify the impact of potential losses and maintain viable recovery strategies, recovery plans, and continuity of services. [NFPA 1600]

- Disaster Recovery (DR)

  – The strategies and plans for recovering and restoring the organization's technological infra-structure and capabilities after a serious interruption. [BCI]

- Downtime
  - A period in time when something is not in operation. [BCI/DRJ]
    - *BCI Editor's Note: This is often called outage when referring to IT services and systems.*

- Maximum Tolerable Downtime (MTD)
  - The amount of time mission/business process can be disrupted without causing significant harm to the organization's mission. [NIST SP 800-34]

- ## Single Point of Failure (SPOF)
  - Unique (single) source or pathway of a service, activity and/or process

  - Typically, there is no alternative and loss of that element could lead to total failure of a mission critical activity and/or dependency. [DRJ]

- Black Swan

  – A term popular in BCM, based upon a book of the same name in which the author defines a Black Swan as an event that has not been predicted by normal scientific or probability methods. [BCI/DRJ]

Use emergency operations plan

Use business continuity plan

Emergency Operations Planning (EOP)

Plans, procedures, resources, trainings and exercises to *protect life safety and preserve your environment of care* in the event of an emergency or disaster for the organization.

Dept. Emergency Action Plans

Governance: Emergency Preparedness Committee

Safety/Fire	Incident Specific Plans	Emergency Operations
Safety Procedures	Utility Interruptions	Patient Clinical & Support Activities
Fire Procedures	Human, Natural, Technological Hazard Response	Management of Staff, Resources and Assets
Emergency Codes		HICS, Crisis Comm/Mgmt, Triage, Surge, Public Health, Evacuation

Business Continuity Planning (BCP)

Plans, procedures, resources, trainings and exercises to ***maintain and/or recover essential services and functions*** impacted by an event causing an interruption of normal operations.

Dept. Business Continuity Plans

Governance: BCP Executive Steering Committee

Organizational/Departmental Operations for Clinical, Business & Research

- Orders & Delegations
- Essential Services
- Downtime Procedures
- Equipment and Supplies

IT Disaster Recovery Planning (DRP)

Plans, procedures, resources, trainings and exercises to maintain and/or recovery the information technology systems, network, and telecommunications services.

Downtime Procedures

Governance: Information Services

Network	Systems and Applications	Telecom

*resource provided by the Minnesota Department of Health – Office of Emergency Preparedness

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RESOURCES

- Resources
  - California Hospital Association (CHA)
    - [Continuity Planning - Emergency Preparedness (calhospitalprepare.org)](calhospitalprepare.org)
  - ASPR TRACIE
    - [Continuity of Operations (COOP)/ Business Continuity Planning | ASPR TRACIE (hhs.gov)](hhs.gov)
  - NFPA 1660
    - [Free Access - NFPA 1660: Standard for Emergency, Continuity, and Crisis Management: Preparedness, Response, and Recovery]()

- Resources
  - Disaster Research Institute International
    - Home | DRI International
  - Disaster Research Journal
    - Home • Disaster Recovery Journal (drj.com)
  - Business Continuity Institute
    - The Business Continuity Institute (BCI) | A global institute for business continuity and resilience | BCI (thebci.org)

1. References
   1. Tucker, G. (2015). *Business Continuity from Preparedness to Recovery*. Elsevier Science.   DOI: 10.1016/B978-0-12-420063-0.00001-2
   2. Herbane, B. (2010). The Evolution of Business Continuity Management: A Historical Review of Practices and Drivers. *Business History 52 (6)*   DOI: 10.1080/00076791.2010.511185
   3. Kildow, B. (2011). *A Supply Chain Management Guide to Business Continuity*. AMACOM Books.

CONCLUSION

- END

Presentation 2

Introduction to Business Continuity Planning

Presented by:
Brenda Smith, MPH, CHEP
Program Manager II EOC/EM
Northeast Valley Health Corporation

Introduction

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

Business Continuity Planning Intro

What is business continuity?

- Being able to provide services following an emergency or disaster.
- A BCP includes policies, protocols, and documents that help you achieve continuity.

Difference between a EOP and BCP:

- EOP – Response to the specific hazards of an emergency
- BCP- Maintaining processes to support essential services
- Restoration of normal operations

Key Steps to Develop a BCP

- Create a Planning Team
- Perform a Risk Assessment (HVA)
- Identify and Prioritize Essential Services
- Create a Written Response and Recovery Action Plan
- Distribute the plan
- Train the Staff
- Exercise the Plan

Create a Planning Team

Who Needs to be 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

Getting Buy-In From Leadership

- Importance
  - Minimize liability
  - Protect patient safety (access to care)
  - Maintain public image and trust
  - Maintain revenue
- Compliance
  - CMS Final Rule
  - Joint Commission

Perform a Risk Assessment

- Conduct an HVA – Hazard Vulnerability Assessment
- NEVHC uses the Kaiser Tool
- Assists in identifying what hazards we are vulnerable to and how we should plan for them
- HVA needed for EOP and BCP

Identify Essential Functions

- 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

Create a Written Plan

- Find a template that works for you
- Some main components of the plan:
  - Succession and delegation
  - Essential Functions
  - Mitigation
  - Communications
  - Recovery
  - Alternate Care Sites / Alternate Facilities

Functional Annexes

- Mission Critical Equipment & Supplies
- Essential Personnel
- Emergency Vendor List
- Guidelines for Facility Repopulation
- Guidelines for All-Hazards Repopulation
- IT Disaster Recovery Plan
- Glossary

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.

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

Communication Systems

- 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)

Training

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

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

<u>Drills:</u>
Business continuity is incorporated into the quarterly drills, annual tabletop exercise, and annual full scale/functional drill.
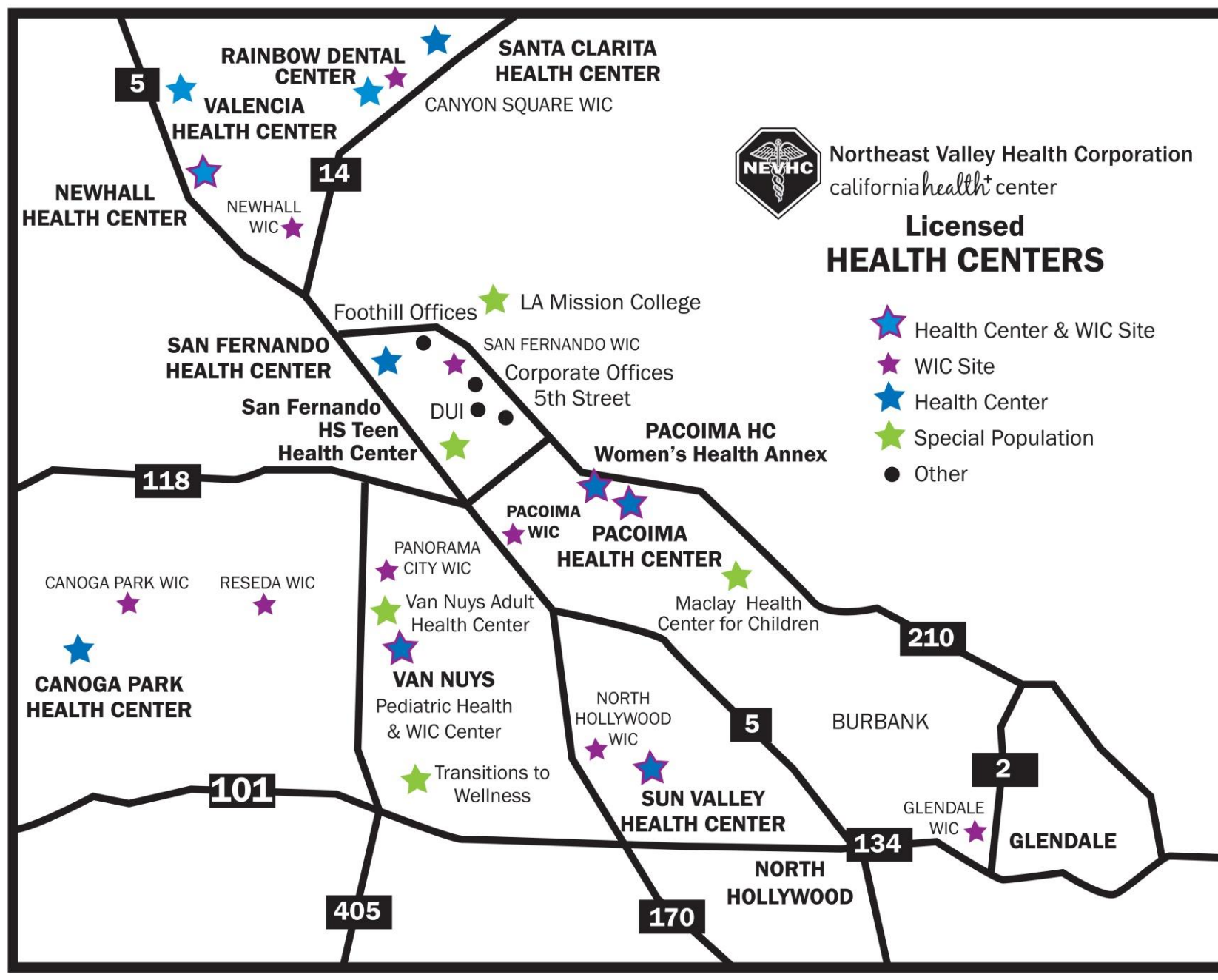
Plan Development & Maintenace

- Must be reviewed at least every two years, but preferably annually.

- Changes should be made based on feedback from actual response and drills.

- All staff should have an opportunity to contribute to the plan (feedback forms).

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.

RAINBOW DENTAL CENTER

SANTA CLARITA HEALTH CENTER

CANYON SQUARE WIC

5

VALENCIA HEALTH CENTER

14

NEWHALL HEALTH CENTER

NEWHALL WIC

Northeast Valley Health Corporation
california *health* center

Licensed HEALTH CENTERS

⭐ Health Center & WIC Site

⭐ WIC Site

⭐ Health Center

⭐ Special Population

● Other

Foothill Offices

LA Mission College

SAN FERNANDO HEALTH CENTER

SAN FERNANDO WIC

Corporate Offices 5th Street

San Fernando HS Teen Health Center

DUI

PACOIMA HC Women's Health Annex

118

PACOIMA WIC

PACOIMA HEALTH CENTER

PANORAMA CITY WIC

CANOGA PARK WIC

RESEDA WIC

Van Nuys Adult Health Center

Maclay Health Center for Children

210

CANOGA PARK HEALTH CENTER

VAN NUYS Pediatric Health & WIC Center

NORTH HOLLYWOOD WIC

5

BURBANK

2

101

Transitions to Wellness

SUN VALLEY HEALTH CENTER

GLENDALE WIC

GLENDALE

405

170

NORTH HOLLYWOOD

134

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

Lessons Learned

- Understand the difference between EOP and BCP
- Find a template that works for your site
- Make sure to meet with all departments but before meeting them have them create a list of essential functions
- Drill and test!

Resources

- Ready.gov https://www.ready.gov/business-continuity-plan
- California Hospital Preparedness https://www.calhospitalprepare.org/post/hospital-business-continuity-templates
- ASPR Tracie https://asprtracie.hhs.gov/technical-resources/resource/7098/business-continuity-planning-templates

10-Minute Break

Presentation 3

How to Perform a Business Impact Analysis

Presented by:
Brenda Smith, MPH, CHEP
Program Manager II EOC/EM
Northeast Valley Health Corporation

Business Impact Analysis – Intro

What is a Business Impact Analysis?

- An analysis/ assessment that predicts the consequences of disruption of a business function and process and gathers information needed to develop recovery strategies.

  - Source: https://www.ready.gov/business-impact-analysis

Identify Essential Functions

- Bring together key stakeholders to identify essential functions
  - Department Managers/ Supervisors
  - Executives
  - Program Managers

- Meet with them one on one

- Prior to meeting with them instruct them to have a list of essential functions for their department/program

Essential Functions Continued

	Essential functions in continuity of operations planning
1.	Identify and prioritize essential functions*
2.	Identify minimal staffing requirements and a management plan/contingency for each essential function
3.	Identify resource requirements for each essential function
4.	Identify critical data and data systems for each essential function
5.	Identify needed support activities as part of essential functions.
6.	Create processes and procedures to acquire resources necessary to continue essential functions and sustain operations for up to 30 days
7.	Develop relationships/MOUs with back up vendors
8.	Develop relations/MOUs with like providers for support; staff sharing; patient coverage; supplies
	* Essential function is defined as those functions necessary to continue to provide vital services and sustain an economic base during an emergency.
	Source: Home Care Emergency Preparedness. COOP Plan Chart. HCA Education and Research. Accessed April 4, 2018.

Sample Essential Functions

Sample Departmental Essential Functions

CHCANYS

Clinical Services (Primary + Specialty Care)
- Patient Encounters
- After Hours Care
- Care coordination

Behavioral Health Services
- Patient Encounters
- Medication Management
- After Hours Care (Crisis Response)

Dental
- Preventative Services
- Procedures
- After Hours Care

Pharmacy Services
- Procurement
- Inventory Management
- Dispensing

Lab Services
- Specimen Collection
- Testing/Processing
- Specimen Transportation

Patient Services
- Appointment Scheduling
- Patient Registration
- Transportation
- Referral Management

Facilities
- Safety/Security Management
- Biohazardous Waste Management
- Utilities Management

Information Technology
- Hardware Maintenance and Support
- Software Maintenance and Support
- Connectivity Management

EMR & Informatics
- Utilization Reporting (internal)
- Utilization Reporting (external)
- Data Capture- Quality Measures

Finance
- Accounts Receivable
- Accounts Payable
- Billing and Collections – Payors
- Billing and Collections- Patients (self-pay)

Human Resources
- Payroll
- Benefits Administration
- Employee Relations

Quality & Risk Management
- Incident Reporting and Follow-up
- Operational Assessments
- Reporting and Analysis

Activity Time-Identification of Essential Departmental Function (5 minutes)

Prioritization of Essential Functions

- Once you have identified all essential functions in each department you need to prioritize.

- Recovery Time Objective (RTO) – The maximum amount of downtime that is allowable for a critical process before the impact becomes severe enough to drastically hinder patient safety and/or stop the continuation of business services.

- Recovery Point Objective (RPO) – The point in time to which data must be restored after systems go down.

Activity Time- Business Impact Analysis Form

Business Impact Analysis (BIA) Form

CHCANYS

Health Center Department: _____ **Date:** _____

Function #_____ : _____

Instructions: Complete the following 3-step analysis for each of the departmental functions. Use separate sheet for each function.

Step 1: Assess Potential Cumulative Impacts upon Disruption:

- **Financial**

Estimate potential losses according to the following scale

a) Up to $10,000 c) $100,000- $500,000 e) Over $1,000,000
b) $10,000- $100,000 d) $500,000- $1,000,000

Time of Disruption	<4 hours	4-24 hours	24-72 hours	3-7 days	8-30 days
Loss in Revenue					

- o List any additional expenses that may be incurred
  - Temporary Staffing or Overtime -
  - Purchase Equipment -
  - Vendor Services -
  - Other -

- **Regulatory and Legal**
  - o Reference applicable requirements and obligations, describe potential liabilities

- **Customer Service and Goodwill**
  - o Describe real or perceived losses and categorize as minimal, moderate, or heavy/severe

NEVHC – BIA

- Met with each department for 1-2 hours to discuss essential functions

- Meetings included: Department Manager, COO, and Program Manager II EOC/ EM

- Would involve Finance Department as needed

- Developed an organizational list with all essential functions and is currently an annex to our BCP

Presentation 4

Essential Functions and Personnel:
Business Continuity and Continuity of Care

Presented by CAHF's **Disaster Preparedness Program**
May 9th, 2023

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 <u>MANAGEMENT</u>

Events <u>DRAG ON</u>
- Hours
- Days
- Weeks
- Need to budget resources

Events go <u>SIDEWAYS</u>
- 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.

Shown: 10 seconds since start

Ventura · Malibu · Pasadena · Los Angeles · Anaheim

Seconds until effect felt   □ Seismic stations

January 17, 1994 - Northridge, Calif. – mag 6.7

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

- Essential Personnel

- Delegation of Authority and Lines of Succession

- Critical Resources – Key Vendors/Suppliers

- Alternate Care Sites

- Vital Systems and Equipment

- Vital Records

- Communication Systems Supporting Essential Functions

- Restoration and Recovery

COMPONENT #1: ESSENTIAL FUNCTIONS AND OPERATIONS

- Essential functions are those that must be maintained in order to fulfill the mission statement of the organization and the specific operations of each program

- Essential functions are those that provide vital services and sustain your organization's economic base

- FEMA defines essential functions as "those functions that cannot be interrupted for more than 12 hours/must be resumed within 30 days"

- Given the health status of residents in long term care facilities, most of your essential services will have a lower threshold

- In considering your most essential and time sensitive functions take into account what is required to care for your residents and to run your facility. The essential functions you list should encompass the key activities which your organization fulfills on a day-to-day basis.

EXAMPLES OF ESSENTIAL FUNCTIONS AND OPERATIONS

- Administration – Financial management, legal/compliance, personnel management, Quality, resident/client engagement, coordinate care

- Medical Services – Type of care you provide, could include everything you are licensed to provide; coordination of care with telehealth or outside medical vendors

- Client/Resident Services – Would include all services you traditionally provide, care coordination to other settings, activities, screening, visitation, volunteer coordination, etc.

- Facility Operations – essential functions in this category list out all of the physical components required for your physical plant needs to maintain safe operations; HVAC, Generators, Life Safety Systems, Utilities, Water, etc.

- Dietary Services – essential functions listed here should incorporate everything needed to provide normal licensure requirements and meet storage requirements for emergencies and disasters

- Business Operations – Health Informatics, IT, HR, Payroll, Timekeeping, Claims, Training Programs, etc.

Documenting Essential Functions worksheet

ESSENTIAL FUNCTIONS WORKSHEET PRIORITY PROGRAMS AND SERVICES	Priority A, B, C, or D
ADMINISTRATION	
MEDICAL SERVICES	
CLIENT/RESIDENT SERVICES	
FACILITY OPERATIONS	
DIETARY SERVICES	
BUSINESS OPERATIONS	
(INSERT DEPARTMENT)	

ESSENTIAL PROGRAMS/SERVICES
RESTORATION PRIORITIES

Priority	Description	Restoration Timeframe
A	Critical Impact on Health and Safety, Business Operations or Client Services	These programs or services must be restored within 0-5 hours
B	High Impact on Health and Safety, Business Operations or Client Services	These programs or services must be restored within 5-24 hours
C	Moderate Impact on Health and Safety, Business Operations or Client Services	These programs and services must be restored within 24- 72 hours
D	Low Impact on Health and Safety, Business Operations or Client Services	These programs or services can be restored within 72 hours to 2 weeks

Documenting Essential Personnel worksheet

ESSENTIAL PERSONNEL			
ESSENTIAL FUNCTION	**PRIORITY A, B, C, or, D**	**KEY POSITION** (Job Title)	**BEST ALTERNATE(S)** (Job Title)
ADMINISTRATION			
Ex. Oversee Facility Operations	A	Director/Administrator	1. Assistant Director/Assistant Administrator 2. Director of Nursing 3.
			1. 2. 3.
MEDICAL SERVICES			
			1. 2. 3.
			1. 2. 3.
CLIENT / RESIDENT SERVICES			
			1. 2. 3.
			1. 2. 3.

IDENTIFYING ESSENTIAL FUNCTIONS AND PERSONNEL

- Once you've identified systems, equipment, personnel necessary for the continued operations of critical processes or services you will determine Priority of Restoration Timeframe

- The most effective plans are those that are developed collaboratively with input from all leaders in the facility, as well as in consultation with local emergency management professionals.

- Resources, Services, Vendors, Suppliers, need to have back-ups identified and documented

We have to be ready to be their "first responders"…

WE ARE THE EXPERTS ON OUR RESIDENTS

Questions???

- Jason Belden – jbelden@cahf.org
- https://www.cahfdisasterprep.com/bcoop
- CAHF Needs You! LA County Disaster Advisory Council needs Administrators, Facility Directors, Clinical staff, to join an advisory council to advise the County on issues specific to LTC.
- This is a voluntary commitment to do quarterly calls and provide feedback – Each council member will be recognized publicly as a committee member on our website
- Please email Dr. Mary Story mstory@cahf.org if you want to learn more.

End Presentations

Closing Remarks

Thank you for attending the 2023

Healthcare Business Continuity Plan Seminar

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