

Hospital Continuity Program Checklist



This checklist is intended to provide hospitals with guidance on Hospital Continuity Program components. Hospitals may elect to integrate their Continuity Plan with their Emergency Operations Plan (EOP), or create and maintain a separate document. However, during an event, it is assumed that both will be activated and, ultimately, managed through a similar structure and process. The order of the components listed here is suggested, not mandated. Supporting documentation may be kept in annexes or within separate binders and can be referenced in the “Reference/Location” column. This document is not intended to address every business continuity standard. To assist with planning, also see the Continuity 101 PowerPoint, the Hospital Continuity Planning Toolkit, and Business Continuity Plan Tool (Appendix D of the Toolkit).

Program Component		
1. Governance	Reference/Location	Status
A. Policy and Purpose: Consider augmenting existing Emergency Management Program (EMP) policies with Hospital Continuity Program components		
B. Scope and Applicability: Align with organizational priorities		
C. Planning Assumptions		
D. Authority and Responsibility		
<ul style="list-style-type: none"> Hospital continuity program organization chart Hospital continuity program responsibilities 		
E. Program Evaluation (See also Execution section of this checklist tool, below)		
2. Data: Identifying Essential Services and Applications	Reference/Location	Status
A. Business Impact Analysis (BIA) Identify essential services and applications (both IT and non-IT supported) that must be continued to maintain essential operations (e.g., supply chain, payroll, research) and healthcare delivery (patient care) following a disaster. (See “How to Conduct a Hospital Business Impact Analysis” and “BIA Excel Tool”)		
<ul style="list-style-type: none"> Design questionnaire Conduct business impact analysis Perform analysis and summarize findings Complete report 		
3. Integration: Developing Business Continuity Strategies	Reference/Location	Status
A. Analytics and Strategy: Review BIA and Hazard Vulnerability Analysis (HVA) findings to understand what risks pose the greatest threat to essential functions. Use data to make decisions to reduce risks that will have the greatest adverse patient care and financial impacts.		
B. Develop Business Continuity Strategies		
<ul style="list-style-type: none"> Clinical: Examine 96-hour capabilities and identify and finalize strategies for ensuring continuity of essential clinical services Research: Identify strategies for continuity during an interruption of essential services. Determine alternate locations for continuity of research operations in the event the primary location is unavailable (For academic medical centers/facilities with research functions) Administrative: Identify strategies for continuity during an interruption of essential services. Determine alternate locations for continuity of business and finance operations in the event the primary location is unavailable 		
C. Develop format and approach to align and/or integrate emergency operations and hospital continuity plans (See EOP/Continuity Plan Table)		

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October 2012

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4. Planning: Developing and Integrating Business Continuity Plans		
A. Align initiation and termination procedures associated with business continuity with existing procedures in the EOP		
B. Incorporate Hospital Incident Command System (HICS) reference materials for the business continuity branch director and associated unit leaders such as:		
<ul style="list-style-type: none"> • Job action sheets 		
<ul style="list-style-type: none"> • Incident response guides 		
<ul style="list-style-type: none"> • HICS forms - Financial tracking and incident action plan documentation to ensure cost recovery and resumption of operations 		
C. Management of Clinical and Support Activities		
<ul style="list-style-type: none"> • Align plans for relocation and continuity of essential clinical services with hospital surge/expansion plans (See CHA Surge Planning Checklist). Include procedures for alternate site set up and operations. 		
<ul style="list-style-type: none"> • Departmental Plans <ul style="list-style-type: none"> ○ Department Status Forms/Summary (see Appendix E, Business Continuity Planning Toolkit) ○ Identify/document infrastructure/other Interdependencies ○ Criteria and steps for closing and relocating a department/unit ○ Resumption of operations of essential clinical functions ○ Downtime procedures for an extended IT outage 		
D. Information Technology and Communications Systems		
<ul style="list-style-type: none"> • Plans for downtime/workaround procedures for long-term disruptions 		
<ul style="list-style-type: none"> • Alignment with disaster recovery planning for IT & communications 		
<ul style="list-style-type: none"> • Document IT interdependencies 		
E. Management of Resources and Assets		
<ul style="list-style-type: none"> • Augment procedures for the Management of Resources and Assets in EOP with plans for continuity of essential services during supply chain interruptions 		
<ul style="list-style-type: none"> • Establish plans and agreements for mobile capabilities to ensure continuity of essential support functions such as mobile kitchens, pharmacy and radiology 		
<ul style="list-style-type: none"> • Coordinate Just in Time or immediately on-hand inventories and protocol to preserve critical care capacity. Define procedures (e.g., curtail non-essential services) to expand and extend capacity to provide essential services as needed 		
<ul style="list-style-type: none"> • Document vital records 		
<ul style="list-style-type: none"> • Document vital equipment 		
F. Management of Workforce Roles and Responsibilities		
<ul style="list-style-type: none"> • Process for assessment of staff availability and address up to 30% reduction in staff availability, with considerations of a ongoing surge of patients 		
<ul style="list-style-type: none"> • Process for post-event staff rotation 		
<ul style="list-style-type: none"> • Process for assigning staff to essential functions (align with HICS labor pool procedures) and the management of spontaneous volunteers 		

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4. Planning: Developing and Integrating Business Continuity Plans (continued)		
<ul style="list-style-type: none"> Process for telecommuting to maintain continuity of business functions 		
<ul style="list-style-type: none"> Identification of requirements (e.g., space, equipment, technology) and the process for relocation and resumption of responsibilities if at an alternate worksite 		
G. Management of Utilities		
<ul style="list-style-type: none"> Review plans for provision, sustainability, and alternate means of providing utilities when primary source of essential utilities are unavailable 		
<ul style="list-style-type: none"> Process for continuity of essential services during the loss of utilities 		
H. Recovery and Resumption of Normal Operations		
<ul style="list-style-type: none"> Process for assessing and evaluating the facility for recovery and resumption of operations 		
<ul style="list-style-type: none"> Process for testing functionality of equipment and identifying remaining needs for recovery 		
<ul style="list-style-type: none"> Identification and establishment of agreements (MOUs/MOAs) with vendors and suppliers for recovery and resumption activities (e.g., debris removal, vital record recovery) 		
<ul style="list-style-type: none"> Process for return of employee's to normal workspace and resumption of normal operations 		
5. Execution: Testing and Measuring Business Continuity Programs		
A. Testing and exercises		
<ul style="list-style-type: none"> Expand current exercises to include scenarios with operational impacts (e.g., supply chain operations, critical infrastructure, technology) 		
<ul style="list-style-type: none"> Conduct department specific exercises (e.g., operating department using downtime procedures, department closure/relocation/resumption of operations) 		
B. Results monitoring: Data collection of gaps and results to drive future priorities		
<ul style="list-style-type: none"> Track and monitor number continuity metrics (e.g., number of BIA's completed, number of departmental continuity plans completed, number of exercises completed) 		

Resources

1. The Joint Commission EM.02.01.01 EP 4 and IM.01.01.03
2. NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity Programs
3. NFPA 99, Chapter 12
4. HIPAA requirements that address BCP: http://www.training-hipaa.net/compliance/Security_Contingency_Planning.htm
5. HPP Performance Measures
6. BIA Excel Tool
7. How to Conduct a Hospital Business Impact Analysis
8. Hospital Continuity Planning Toolkit

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