



Ensuring Care Continuity

A critical component in managing risk

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In today's economic times, with many institutions having a delicate balance between financial health and serious financial woes, the last thing your organization needs is an unplanned interruption of patient care that adversely impacts its viability or reputation.

Last month we addressed the possibility of a computer outage. We discussed how the strategic design concept of the “computing cloud” that incorporates a continuity site as an integral component could be a very cost effective solution for ensuring the availability of continuous computing resources in support of your critical clinical applications. This month, we want to expand the scope of the problem and address Care Continuity Planning. Note that I referred to it as Care Continuity Planning, not Business continuity Planning—just as we discussed in our last Insights article that the term Disaster Recovery is inadequate to meet the modern demands of healthcare so too has Business Continuity come to its useful end. In today’s modern computing environment, with on-line nursing documentation, meds administration, and CPOE, dependable access to the EMR isn’t so much about convenience as it is a medical necessity. But, it’s not just about ensuring access to the EMR, it also requires the availability of all the critical resources required to effectively deliver patient care during an adverse event.

In today’s economic times, with many institutions having a delicate balance between financial health and serious financial woes, the last thing your organization needs is an unplanned interruption of patient care that adversely impacts its viability or reputation. You as the CIO are in the best position to take the lead—not only because you are a trained problem solver, but also because leading the efforts to address this topic will identify you in the eyes of your peers as someone who understands issues beyond the IT infrastructure and applications. Here’s your chance to be seen as a “Renaissance CIO.”

For several years, I had a plaque on my office wall which simply stated “Chance Favors The Prepared Mind”. While I initially hoped it might have been a quote from George Patton or some other great military leader, I subsequently found it to be from Louis Pasteur. Care Continuity Planning is a great way to put this philosophy into actual practice within the healthcare industry.

Succinctly, Care Continuity Planning assures the continuum of care: the maintenance of vital patient activities and support functions in an emergency—no matter what the cause. A viable response and recovery strategy for a healthcare organization must include not just its data processing, communications and operations center services, but also the clinical and business users of those services and the management and staff responsible for care delivery. Effective contingency planning and recovery addresses a broad range of problematic situations that include hurricanes, tornadoes, bioterrorism, employee strikes, as well as the more likely causes associated with computer/network failure, e.g. power outage. An effective Care Continuity Plan begins at the point of care and addresses every element required to treat a patient in the modern healthcare environment from how do you admit? Print barcode labels? Place an order or get a result? And, when patient has been



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treated, provide discharge notes? It must incorporate an enterprise-wide perspective and a full spectrum of resources and disciplines, including clinical equipment, facilities, people, supply chain, public policy, community linkages, etc. Given the complexity of the healthcare environment and the requisite scope of a clinical emergency response and recovery, the Care Continuity Plan requires a broad range of expertise, competencies and contingencies. For example, a well conceived and complete Plan should include:

- Down-time plans for treating a patient without access to the EMR
- Pre-printed forms that meet your current documentation standards (admit, lab, barcodes/labels, etc.) including pre-assigned medical record numbers
- Processes to dispense medical supplies and drugs without access to the EMR
- Processes to work without one of your most critical IT systems: telecom
- Emergency staffing assignments with sufficient depth—IT staff as well as critical clinical staff (in instances of employee strikes by non-union management, or employees unable to get to work during a disaster)
- Emergency food and shelter
- Back up transportation services for critical care personnel (perhaps by employees and volunteers with four wheel drive SUVs)
- Sufficient supplies on hand to manage the most likely regional disaster scenarios (scope and duration)
- Alternative supply chain sources and transportation (helicopters if roads are not passable)
- Back-up electrical power via generators for critical care instruments and multiple committed fuel supply contracts
- Alternative care sites and transportation arrangements with other hospitals
- Backup modes of communication between the nurse stations and ancillary services, such as walkie talkies and couriers.

In addition, the Plan should consider the less obvious components such as:

- Security assessment and protection
- Access, if needed, to specific federal, state and local government support (what services are available and how to get them)
- Continued compliance with Sarbanes Oxley regulations
- Centralized Public Relations coordination and press releases
- Alternative management and administration facilities with access to appropriate systems and services, e.g. Billing and Accounts Receivable. (In times of emergency, AR is more critical than AP as you will still need cash to operate. You can always use last month's payroll records to generate the next payroll.)



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- A plan to recover—how do you “put the genie back in the bottle”?

For each type of disaster and the associated Care Continuity Plan element, it is important to have a documented plan of specific individual assignments and duties, reporting locations, etc. Each impacted employee should keep these documents at home and not at work as their work place may have been destroyed or at least no longer accessible. Testing all the various causes of disasters and the associated Care Continuity Plans is all but impossible. Thus, it is appropriate to do the next best thing—conduct dry runs! For many, this will all sound kind of silly and a waste of time. However, I'm sure the hospitals affected by hurricane Katrina or the fires in San Diego would have been much better prepared for a more efficient response to these horrible conditions, if there had been a well documented plan with pre-assigned roles for each person—and contingencies for times that employees are forced make a decision between the safety of their own family versus their job.

But how do you get your arms around such a complex planning effort? First you need to leverage all the existing planning for responses to a variety of emergency situations either within your organization or within the community. Cement good communication channels with local, state, and federal response agencies. The chances are that you already have a Disaster Recovery plan or a Business Continuity Plan but, has it kept pace with the rapidly expanding clinical IT initiatives within the walls of your hospital? How about outside those walls as the face of healthcare has changed with mobile computing and outreach programs? Your answer may be in shifting the Business Continuity/Disaster Recovery planning focus from systems and supporting infrastructure to focusing on the process of care delivery as your starting point. It's not a big leap! It just requires you to take that next step to ensure that your plan links directly to the reason that we're all here in the first place: the patient.

For those of you who know me personally, you know I am a positive person. I always view the glass as half full. Part of that attitude is being as prepared as possible for future events and opportunities. Having a well designed Care Continuity Plan allows you and your organization to move from the role of being a thermometer and reacting to the situation around you to being a thermostat and controlling the situation. Developing a Care Continuity Plan is hard work, and requires the help of someone who knows the topics to be addressed beyond what is initially obvious. Expanding the scope of your Business Continuity Plan to incorporate uninterrupted care delivery is more about a shift in focus to organizational planning and sweat equity than excessive expense. But I believe it is worth the effort. I believe you will agree with me that it's a lot more productive than being a thermostat!

Be a renaissance CIO and step out!

Tally Ho!

Ward