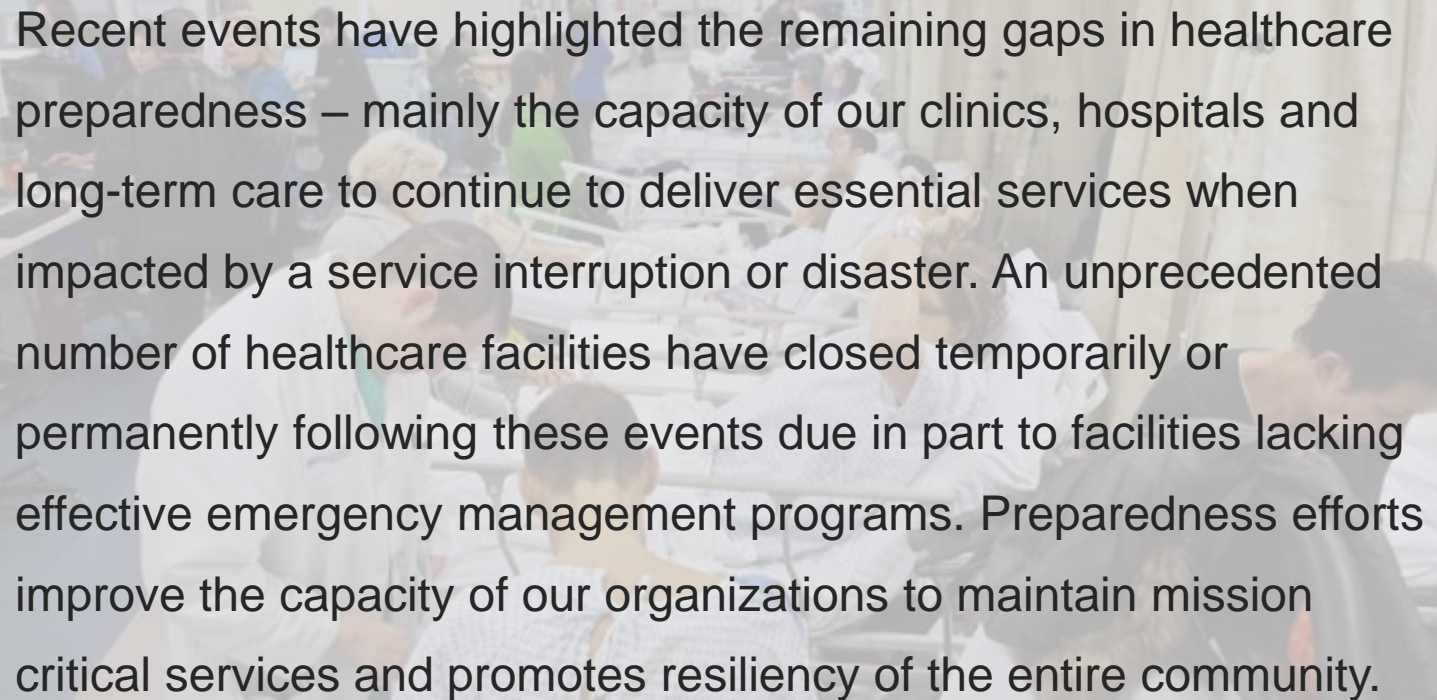# A Leader's Guide to Resiliency

Case Examples

Roadmap

Dashboard

WHY RESILIENCY?

Recent events have highlighted the remaining gaps in healthcare preparedness – mainly the capacity of our clinics, hospitals and long-term care to continue to deliver essential services when impacted by a service interruption or disaster. An unprecedented number of healthcare facilities have closed temporarily or permanently following these events due in part to facilities lacking effective emergency management programs. Preparedness efforts improve the capacity of our organizations to maintain mission critical services and promotes resiliency of the entire community.

WHY RESILIENCY?

1. Ensures our ability to continue to our core mission

2. Establishes effective plans

3. Identifies measureable risks

4. Mitigates economic impacts and controls recovery costs

5. Improves patient safety

6. Exceeds compliance with regulations

7. Protects technology investments and organizational assets

WHY RESILIENCY?

Louisiana State University

Disruption of approximately 300 federally funded research projects, valued at 150 million dollars.

2005 - Hurrricane Katrina

NYU Langone Medical Center

Losses of over one billion dollars, evacuation of the hospital and closure of critical services including the emergency department. Today, extensive investments are being made in emergency management and continuity.

2013 - Hurricane Sandy

Lourdes Hospital, Binghamton, NY

Suffered 20 Million Dollars in losses when operations shut down following floods. Investments made in the facility and program allowed for continued operations during subsequent floods during Tropical Storm Lee in 2011.

2006 - Floods

University of Texas Medical Branch

The closure of the hospital's facilities and the resulting downtime of business operations, resulted in $276 million dollars in lost revenue, layoffs and lawsuits.

2008 - Hurricane Ike, Gavelston

Case Example

Cedars-Sinai Medical Center has applied lessons learned from past events to strengthen their Emergency Management program.
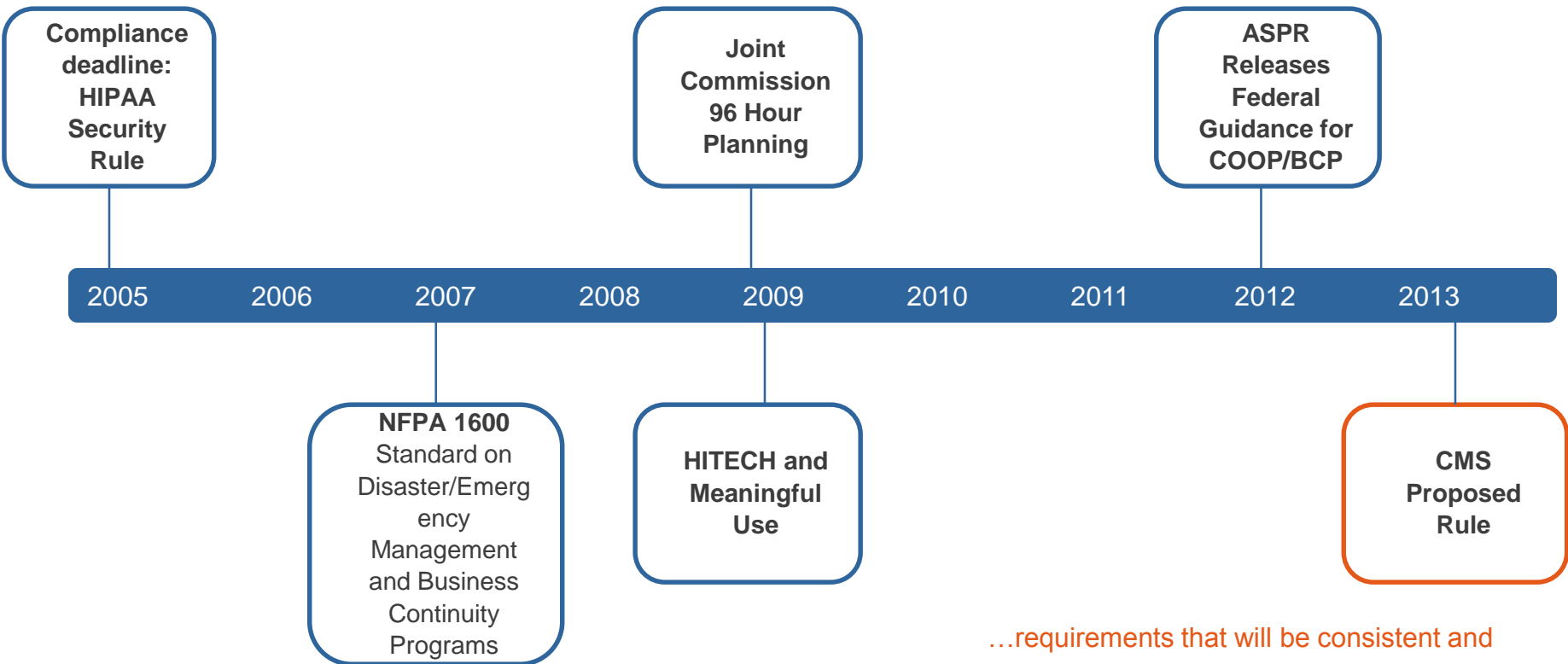
Today, executive leadership is investing in and leading an integrated approach to preparedness that includes emergency management, business continuity and IT disaster recovery.
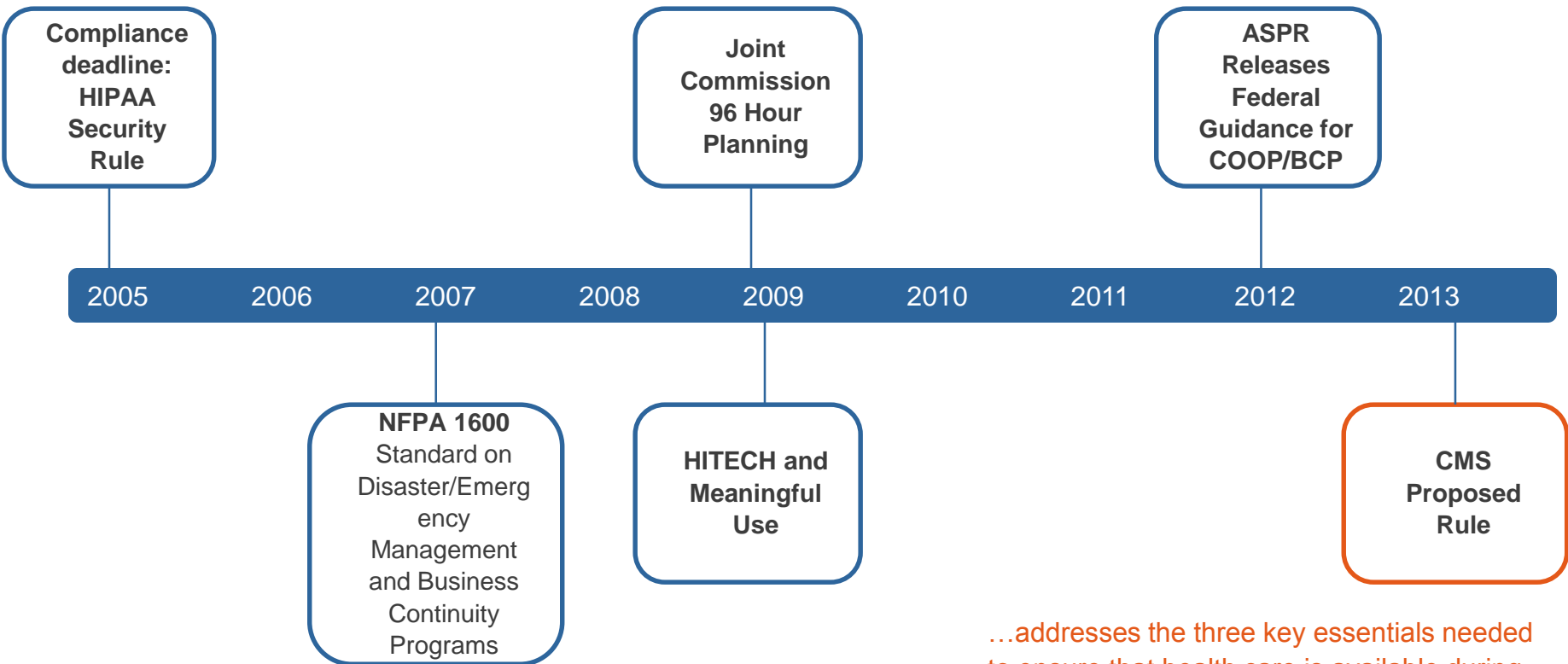
A changing regulatory landscape and associated funding conditions require that healthcare organizations develop and maintain higher levels of operational resiliency.

Compliance deadline: HIPAA Security Rule

Joint Commission 96 Hour Planning

ASPR Releases Federal Guidance for COOP/BCP

| 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |

NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity Programs

HITECH and Meaningful Use

CMS Proposed Rule

…requirements that will be consistent and enforceable for all affected Medicare and Medicaid providers and suppliers."

7

Compliance deadline: HIPAA Security Rule

Joint Commission 96 Hour Planning

ASPR Releases Federal Guidance for COOP/BCP

| 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |

NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity Programs

HITECH and Meaningful Use

CMS Proposed Rule

…addresses the three key essentials needed to ensure that health care is available during emergencies: safeguarding human resources, **ensuring business continuity**, and protecting physical resources."
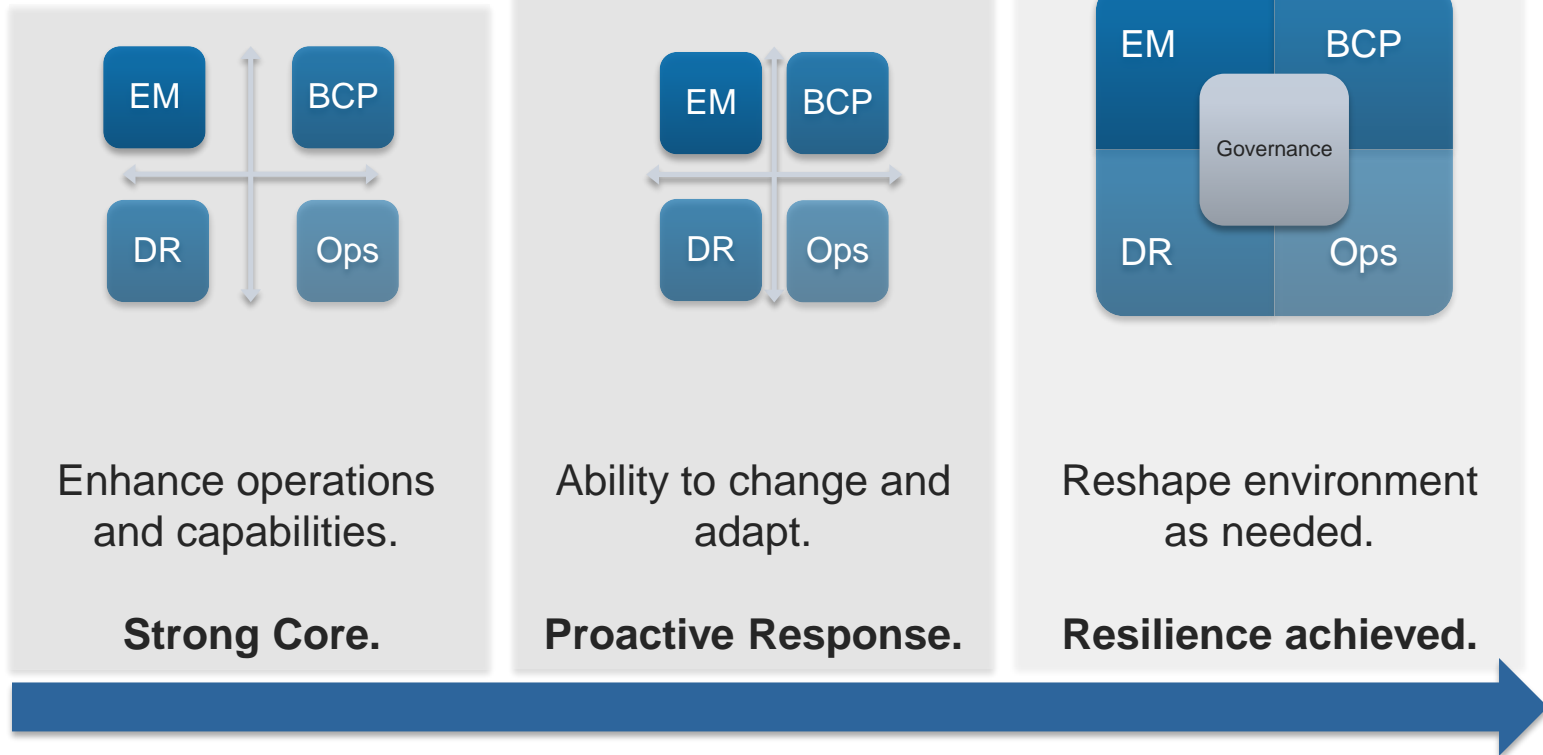
Case Example

At Henry Mayo Newhall Hospital the executive leadership declared the importance of preparedness and continuity from an organizational and strategic standpoint. As a stand-alone facility, Henry Mayo approaches preparedness from a perspective of maintaining services to patients at all times.

CDPH
California Department of
Public Health

There is precedent for **a more holistic approach** that goes beyond traditional planning or compliance. Tailoring a program to an organization's culture and operational priorities are essential components to achieve true organizational resilience.

EM	EM	EM BCP
BCP	BCP	Governance
DR Ops	DR Ops	DR Ops
Enhance operations and capabilities.	Ability to change and adapt.	Reshape environment as needed.
Strong Core.	**Proactive Response.**	**Resilience achieved.**

ROADMAP

	Criteria	Definition	Actions
1	Strong Governance	An executive program sponsor to ensure alignment with strategic priorities of the hospital	✓ Conduct a minimum of two meetings per year to review program activities and ensure organizational alignment
2	Multi-Disciplinary Team	A planning committee that includes operational leaders across the organization	✓ Engage operational leaders to develop actionable plans that reflect organizational process.
3	Exceeds Compliance Requirements	A framework based on standards and regulations that include both Emergency Management and Business Continuity	✓ Develop a crosswalk of regulations to ensure program activities and deliverables meet or exceed requirements
4	Ability to Measure Risks/Impacts to Organization and Patients	Defined impact measures and metrics for decision support	✓ Develop and define impact measures ✓ Conduct interviews with clinical, research and business departments to measure impacts, prioritize service lines and align with IT disaster recovery planning
5	Integration Across EM, DR, BCP and Operations	Program scope that includes non-patient care services (e.g. finance, research, scheduling) and leverages pre-existing plans	✓ Expand current plans to include strategies and locations for recovery for mission critical service lines

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California Department of
PublicHealth

Case Example

Often cited as a best practice in emergency management and business continuity, Kaiser-Permanente has built their preparedness program over the past 10 years thanks to innovative thinking, learning from countless events across their facilities and consistent leadership since its inception.
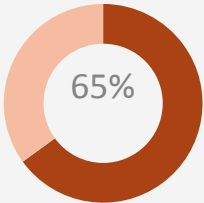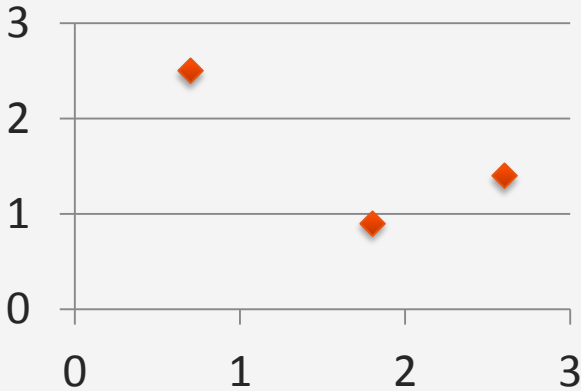
CDPH
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Dashboard

% Complete by Tier

2016 TARGET 95% Tier 1 Plans
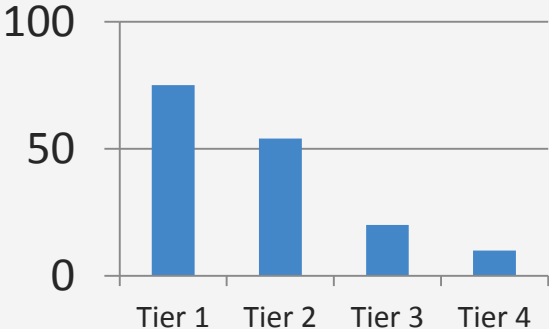
Impact Scatter Graph

% Complete

65%

Maturity Index

Thank you