Healthcare COOP Planning

APRIL 2004

OVERVIEW

Define HealthCare Emergency Management?

What is an EOP?

What is a COOP?

COOP components

What is Healthcare emergency Management?

Field of health emergency and disaster preparedness refers to the knowledge and capacities to effectively **anticipate**, **respond** and **recover** from the impacts of likely, imminent or current hazardous events or conditions. (PAHO/WHO)

The concept of emergency preparedness is defined as "a **continuous** cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective active in an effort to **ensure effective coordination** during incident response" (The Joint Commission)

Public health emergency preparedness (PHEP) is the capability of the public health and health care systems, communities, and individuals, to **prevent**, **protect** against, quickly **respond** to, and **recover** from health emergencies, particularly those whose scale, timing, or unpredictability threatens to overwhelm routine capabilities. Preparedness involves a coordinated and continuous process of planning and implementation that relies on measuring performance and taking corrective action. (National Library of Medicine)

New and revised standards in emergency management

Reference Guide: Emergency Management Standards

Effective July 1, 2022, for Hospitals (HAP) & Critical Access Hospitals (CAH) Only

New EM Standards	EP	Area	Emergency Management Topic	Apply CAH	Apply HAP	Prior EM Standards
EM.09.01.01	1	EM Program	Written EM Program with hazards approach	X	X	N/A
EM.09.01.01	2	EM Program	Separately certified Hospitals (unified/integrated EM Program)	X	X	04.01.01/1,2,3
EM.09.01.01	3	EM Program	Complies with laws and regulations	X	X	N/A
EM.09.01.01	4	EM Program	Transplant program (inclusion in the EM Program)	n/a	X	02.01.01/13
EM.10.01.01	1	EM Leadership	Senior leaders provide oversight & support	X	X	01.03.01/1; 02.01.01/1
EM.10.01.01	2	EM Leadership	Qualified individual to lead the EM Program	X	X	N/A
EM.10.01.01	3	EM Leadership	Multidisciplinary committee oversees EM Program	X	X	N/A
EM.10.01.01	4	EM Leadership	Multidisciplinary committee provides input	X	X	N/A
EM.11.01.01	1	HVA	Facility based HVA	X	X	01.01.01/2
EM.11.01.01	2	HVA	HVA: natural, human, tech, hazmat, infectious disease	X	X	N/A
EM.11.01.01	3	HVA	Prioritized findings of HVA	X	X	01.01.01/2
EM.11.01.01	4	HVA	Uses HVA for mitigation & preparedness actions	X	X	01.01.01/5,6
EM.12.01.01	1	EOP-Planning	EOP is written all-hazards, including several plans	X	X	02.01.01/2, 8
EM.12.01.01	2	EOP-Planning	EOP identifies patient populations	X	X	02.02.01/11; 02.02.01/4
EM.12.01.01	3	EOP-Planning	EOP includes shelter-in-place and evacuation	X	X	02.01.01/13; 02.02.11/2
EM.12.01.01	4	EOP-Planning	EOP includes providing essential needs for staff/patients	X	X	02.02.03/3
EM.12.01.01	5	EOP-Planning	EOP describes incident command operations (IC)	X	X	02.02.01/22
EM.12.01.01	6	EOP-Planning	EOP includes process to cooperate/collaborate	X	X	02.02.01/22
EM.12.01.01	7	EOP-Planning	EOP identifies person(s) with authority to activate EOP/IC	X	X	02.01.01/3, 6; 02.02.01/5
EM.12.01.01	8	EOP-Planning	EOP identifies primary & secondary sites for IC operations	X	X	N/A
EM.12.01.01	9	EOP-Planning	EOP identifies 1135 waiver procedures	X	X	02.01.01/7, 14; 02.02.03/10
EM.12.02.01	1	EOP-Communications	Contact lists with names and contact info	X	X	02.02.01/20
EM.12.02.01	2	EOP-Communications	Coordinated messages and information during incident	X	X	02.02.01/1, 2, 3, 4, 6, 8, 9, 13
EM.12.02.01	3	EOP-Communications	Communication with relevant authorities	X	X	01.01.01/4
EM.12.02.01	4	EOP-Communications	Identifies warning and notification alerts	X	X	02.02.01/17
EM.12.02.01	5	EOP-Communications	Method for sharing patient information	X	X	02.02.01/5, 12, 21, 22
EM.12.02.01	6	EOP-Communications	Primary and Secondary means of communicating	X	X	02.02.01/14
EM.12.02.03	1	EOP-Staffing	Staffing plan to manage staff	X	X	02.02.07/10, 14
EM.12.02.03	2	EOP-Staffing	Addresses all staff and volunteers	X	X	02.02.07/2, 3, 4
EM.12.02.03	*4	EOP-Staffing	Managing volunteer licensed practitioners	X	X	02.02.13/1, 4, 5, 6, 7, 8 & 02.02.15/1, 4, 5, 6, 7, 8
EM.12.02.03	5	EOP-Staffing	Granting disaster privileges	X	X	02.02.13/2; 02.02.15/2

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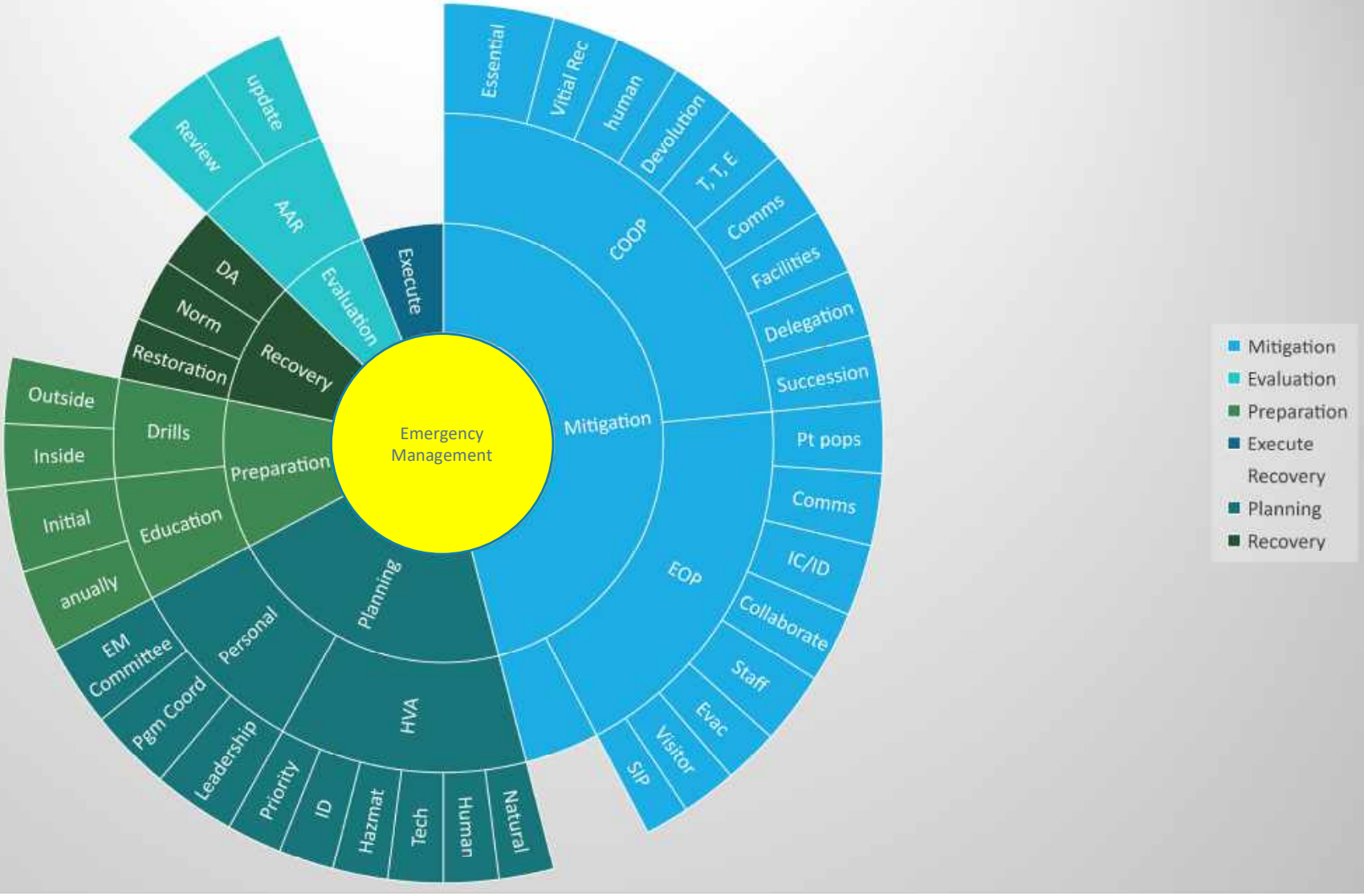
EM.12.02.03	6	EOP-Staffing	Providing employee assistance and support	X	X	02.02.07/5, 6
EM.12.02.05	1	EOP- Patient Clinical & Support	Written procedures with other hospitals re: patient information	X	X	02.02.03/9; 02.02.11/8, 12
EM.12.02.05	2	EOP- Patient Clinical & Support	Written procedures for managing visitors	X	X	N/A
EM.12.02.05	3	EOP- Patient Clinical & Support	Coordinates with Medical Examiner, mortuary, etc.	X	X	02.02.01/11; 02.02.11/7
EM.12.02.07	1	EOP- Safety & Security	Roles community security agencies have during disaster	X	X	02.02.05/1, 2, 3
EM.12.02.07	2	EOP- Safety & Security	Tracking on-duty staff and patients	X	X	02.02.07/9, 11; 02.02.11/12
EM.12.02.09	1	EOP- Resources & Assets	Written plan for managing resources and assets	X	X	01.01.01/8; 02.02.03/6, 12
EM.12.02.09	2	EOP- Resources & Assets	Written plan to obtain, allocate, mobilize, replenish, etc.	X	X	02.02.01/7, 10; 02.02.03/1, 2, 4, 5
EM.12.02.09	3	EOP- Resources & Assets	96-hour sustainability plan	X	X	02.01.01/2
EM.12.02.11	1	EOP- Utilities	Written plan for managing essential/critical utilities	X	X	02.02.09/7
EM.12.02.11	2	EOP- Utilities	Written plan for maintaining essential/critical utilities	X	X	02.02.09/8
EM.12.02.11	3	EOP- Utilities	Written plan for alternative power/systems	X	X	02.02.09/2, 3,4, 5, 6
EM.12.02.11	4	EOP- Utilities	Plan for managing alternative power/systems	X	X	N/A
EM.13.01.01	1	Continuity of Operations Plan	Written Continuity of Operations Plan (COOP)	X	X	N/A
EM.13.01.01	2	Continuity of Operations Plan	Written plan for secondary location	X	X	N/A
EM.13.01.01	3	Continuity of Operations Plan	Written succession plan	X	X	02.01.01/12
EM.13.01.01	4	Continuity of Operations Plan	Written delegation of authority plan	X	X	02.01.01/12
EM.14.01.01	1	Disaster Recovery	Written strategies for assessments, restoration	X	X	02.01.01/4
EM.14.01.01	2	Disaster Recovery	Written plan for family reunification	X	X	N/A
EM.15.01.01	1	Staff Education/Training	Written education and training program	X	X	N/A
EM.15.01.01	2	Staff Education/Training	Initial education and training	X	X	02.02.07/7
EM.15.01.01	3	Staff Education/Training	Ongoing education and training	X	X	02.02.07/13
EM.15.01.01	4	Staff Education/Training	Incident command staff education and training	X	X	N/A
EM.16.01.01	1	Testing the EOP	Written plan for annual testing of EOP	X	X	03.01.03/5; 03.01.03/17
EM.16.01.01	2	Testing the EOP	Conduct two (2) exercises per year	X	X	03.01.03/3
EM.16.01.01	3	Testing the EOP	Outpatient Care buildings conduct one (1) per year	X	X	N/A
EM.17.01.01	1	Evaluation of EM Program	Committee reviews AAR/IPs	X	X	03.01.03/13, 14, 15, 16
EM.17.01.01	2	Evaluation of EM Program	AAR/IPs forwarded to Senior Leadership	X	X	01.01.01/4
EM.17.01.01	3	Evaluation of EM Program	Updates made every two (2) years	X	X	02.01.01/16; 02.02.07/21; 04.01.01/1, 2

Key: Emergency Management (EM); Hazard Vulnerability Analysis (HVA); Emergency Operations Plan (EOP); After-action reports/Improvement Plans (AAR/IP); *4 (No EP 3)

Comprehensive Emergency Management Program



EM.10.01.01

Hospital leadership provides oversight and support of the emergency management program.

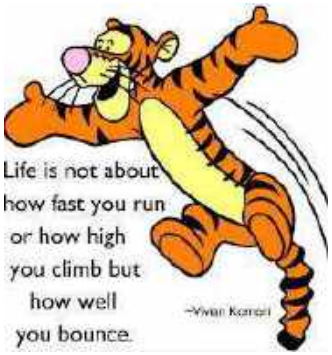
2. The hospital's senior leaders identify a **qualified individual** to lead the emergency management program who has defined responsibilities, including, but not limited to, the following:

- Develops and maintains the emergency operations plan and policies and procedures
- Implementation of the **four phases of emergency management** (mitigation, preparedness, response, and recovery)
- Implementation of emergency management activities across the **six critical areas** (communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities)
- Coordinates the emergency management exercises and develops after-action reports
- **Collaboration across clinical and operational areas** to implement organization wide emergency management - Identification of and collaboration with community response partners
  - Note: Education, training, and experience in emergency management should be taken into account when considering the qualifications of the individual who leads the program

Change?
Emergency Management versus

Resilience

- Resilience refers to the ability of a system, community or society exposed to hazards to resist, absorb, accommodate, adapt to, transform and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions through risk management. Health system resilience can be defined as the capacity of health actors, institutions and populations to resist, prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learned during the crisis, reorganize if conditions require it.



Trivia facts #1

Where was Dr Pepper invented???

TEXAS – Created by Charles Alderton in Waco, it was originally marketed in 1904. The secret recipe is kept in two halves in safety deposit boxes in two different Dallas banks.

What is COOP?

Continuity of Operations planning is an internal effort within an agency or organization to ensure the continuity of their **essential functions** across a wide range of potential emergencies.

Continuity of operations planning “ensures the ability to continue essential business operations, patient care services, and ancillary support functions across a wide range of potential emergencies. The health care organization’s continuity of operations planning may be an annex to the organization’s emergency operations plan (EOP) and during a response should be addressed under the incident command system. (The Joint Commission)

EM.13.01.01

The hospital has a continuity of operations plan.

Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability assessment when developing a continuity of operations plan.

1. *The hospital has a **written** continuity of operations plan (COOP) that is developed with the **participation** of key executive leaders, business and finance leaders, and other departments leaders* as determined by the hospital. These key leaders identify and prioritize the services and functions that are considered essential or critical for maintaining operations.

Note: The COOP provides guidance on how the hospital will continue to perform its **essential business functions** to deliver essential or critical services. Essential business functions to consider include administrative/vital records, information technology, financial services, security systems, communications/telecommunications, and building operations to support essential and critical services that cannot be deferred during an emergency; these activities must be performed continuously or resumed quickly following a disruption.

2. The hospital's continuity of operations plan identifies **in writing how and where it will continue to provide its ESSENTIAL BUSINESS FUNCTIONS** when the location of the essential or critical service has been compromised due to an emergency or disaster incident.

Note: Example of options to consider for providing essential services include use of off-site locations, space maintained by another organization, existing facilities or space, telework (remote work), or telehealth.

How Do We Do COOP?

JENNY, I'VE GOT YOUR NUMBER

8 Elements Of A COOP Plan

Essential Functions

Human Capital and Key Personnel

Delegation of Authority and Orders of Succession

Vital Records, Systems, Databases, and Equipment

Communications

Alternate Facilities

Reconstitution and Devolution

Testing, Training, and Exercises

6 Goals of COOP

- Ensure timely and orderly continuous performance of essential functions during and after an emergency
- Protect facilities, equipment, people, records and other assets that support essential functions
- Reduce/mitigate disruption to operations
- Resume normal operations after an emergency
- Minimize loss of life and injury
- Family support for personnel

7 Phases of Program Development

Initiate COOP program

Identify functional requirements

Design and develop the plan

Implement the program

Test, train, exercise

Revise and update the plan

Execute the plan

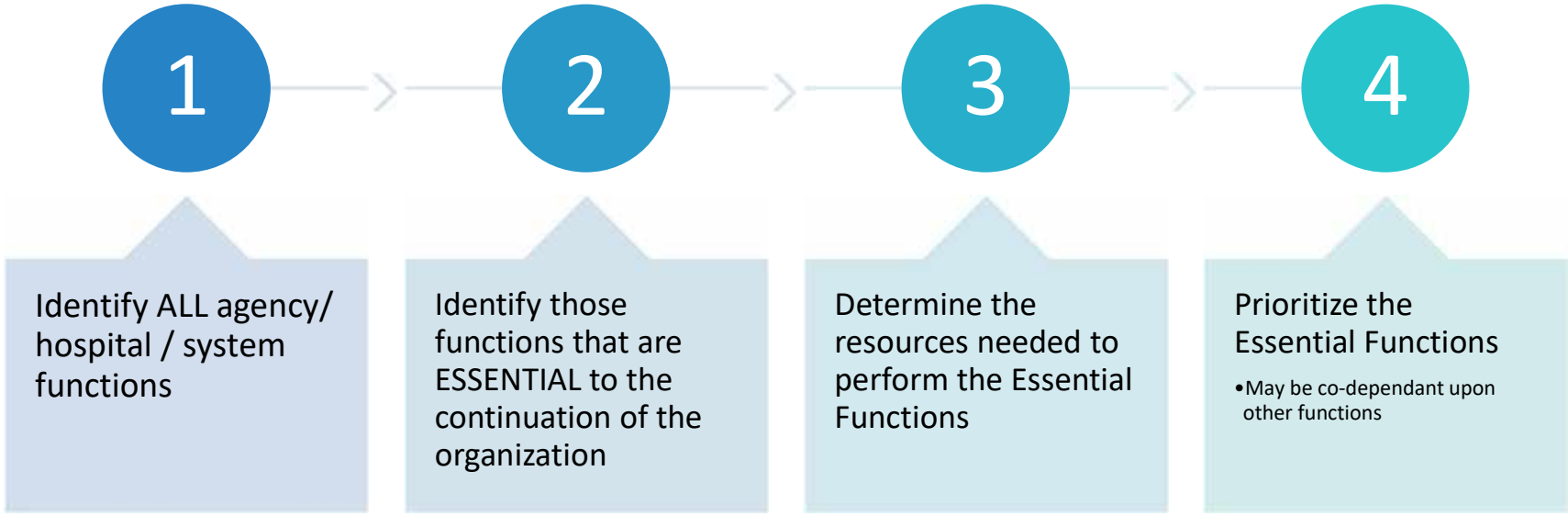
What Are Essential Functions?

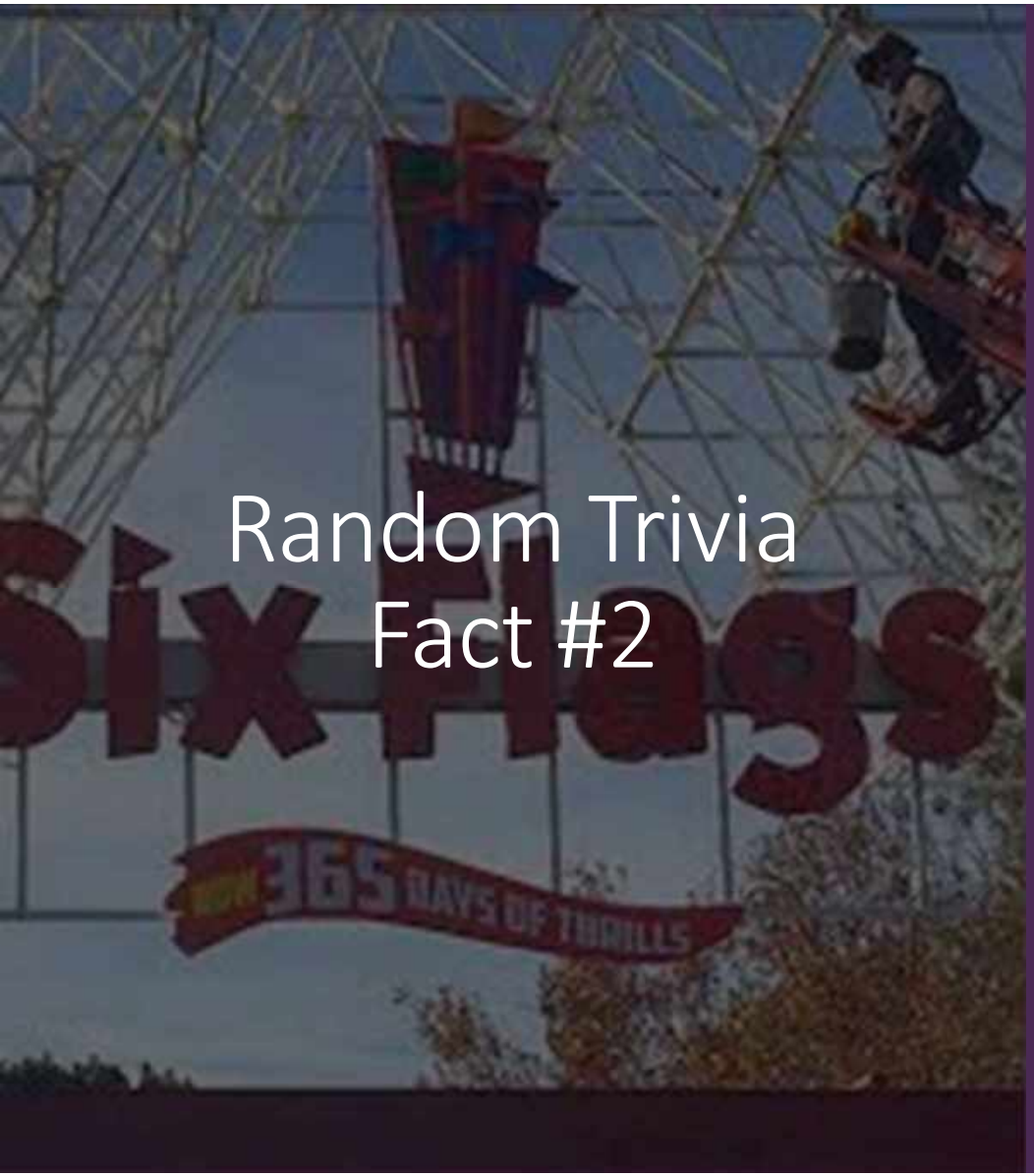
Essential functions are a SUBSET of a business's functions that encompass only those services that must continue even in an emergency.

Essential functions are those functions that should be resumed immediately as possible

- YES: Emergency medical care, payroll, clinical services, security, business office
- NO: Mentoring programs, non-affiliated internships

IDENTIFICATION:
A 4-Step Process





Random Trivia Fact #2

Where does Six Flags get its name???

The Six Flags theme park is named for the six countries that have ruled over Texas
These six countries are Spain, France, Mexico, the Republic of Texas, the United States, and the Confederate States of America. The six flags can be found on the reverse of the Seal of Texas.

Essential Functions

Essential Function	Critical Process/Service	Priority
Provide emergency medical care	Ensure safe environment, clinical support services (lab/x-ray/pharmacy), power, medical gases, supplies	1

Essential Functions

Essential functions are those that must be maintained 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 the organization's economic base. The Federal Emergency Management Agency defines essential functions as "those functions that cannot be interrupted for more than 12 hours/must be resumed within 30 days"; The essential functions listed encompass the key activities our organization fulfills on a day-to-day basis.

Human Capital and Key Personnel

- Those positions necessary to perform a business's essential functions.
- Placing the right people in the right jobs
- If these positions are left unattended, a business will not be able to meet the needs of the community or maintain its essential functions.
- Investing in training and development to build skills and competencies
- Utilizing "non-essential" personnel in alternate assignments
- Ensure that all employees have a clear understanding of what to do in an emergency.

Key Personnel

Essential Function	Critical Process/Service	Priority	Key Positions
Provide emergency medical care	Ensure safe environment, clinical support services (lab/x-ray/pharmacy), power, medical gases, supplies	1	Physicians, nurses, lab tech, x-ray tech, pharmacist, clerical support

Identify

Identify which authorities should be delegated and what are the triggering conditions

Determine

Determine type of authority

- Emergency
- Administrative

Determine

Determine qualifications and skills for key positions

Identify

Identify personnel receiving authority and train them

Delegation of Authority/Orders of Succession

Administrative Authority

The ability to make decisions that have effects beyond the duration of the emergency. Unlike emergency authority, administrative authority does not have a built-in expiration date. Such decisions involve policy determinations and include hiring and dismissal of employees and allocation of fiscal and non-monetary resources. Statutory or constitutional law may limit the delegation of this kind of authority, and counsel may need to be consulted when determining this type of delegation of authority. Specific authorities being delegated should be documented separately.

Emergency Authority

Remember that emergency authority may be best delegated to members of the Disaster Preparedness Office or members of the Emergency Management Subcommittee. Emergency Authority refers to the ability to make decisions related to an emergency, such as deciding whether to activate the Emergency Operations or Continuity of Operations plan[s], deciding whether to evacuate a building, or determining which Mission Partners should report for their duties.

Why Have A Succession Plan?

- Prepares the business for planned departures as well as for emergencies.
- Provides for consistency of operations.
- Reduces stress during transition whether caused by emergency or not.
- Preserves institutional knowledge & expertise.
- Maintains the business's functionality with minimal interruption.

Essential Function	Critical Process/Service	Priority	Key Positions	Position Receiving Authority
Provide emergency medical care	Ensure safe environment, clinical support services (lab/x-ray/pharmacy), power, medical gases, supplies	1	Physicians, nurses, lab tech, x-ray tech, pharmacist, clerical support	Assistant Director or Director's Designee

Delegation of Authority

Orders of Succession

Key Position	Successor 1	Successor 2	Successor 3
ED Director	ED Assistant Director	ED Manager	ED Charge Nurse

Vital Records, Systems, and Equipment

Identify VITAL records from Records

Records: anything created or received by an organization during its business.

- A record could be on any media
- Could be temporary or permanent.

Vital Records: are records, regardless of media, which if damaged or destroyed, would:

- Disrupt business operations and information flow;
- Cause considerable inconvenience; and
- Require replacement or re-creation at considerable expense.

Vital Record Go-Kits: Have copies/back-ups ready to take with you

Communications

Communication systems should provide:

- Ability to communicate with:
  - Personnel
  - Patients/clients
  - Other agencies
  - Jurisdictional authorities
- Access to data and systems
- Ability to support COOP operations
- Interoperability

Random Trivia Fact #3

Where / What is the 8th Wonder of the World???

Constructed in 1964, the Astrodome was deemed the “Eighth Wonder of the World” when it opened in 1965. As the world’s first indoor, air-conditioned domed stadium, the 18-story multipurpose structure set the bar for arena design and construction for decades to come. A year after opening, it showcased the first installation of an artificial playing surface, soon to be known as Astroturf.

Systems to Support Essential Functions

Preventative Controls

- Uninterruptible power supply
- Generators
- Fire and smoke detectors
- Server back-up systems

Media Relations

Chain of Communication

Alternate Facility

Location where key personnel can carry out the essential functions of the organization when the primary location is unavailable

Factors to Consider:

- Location
- Building type
- Space
- Distance
- Transportation
- Communications
- Security
- Lodging/Food
- Accessibility

Alternate Facility Options

Secondary Facility

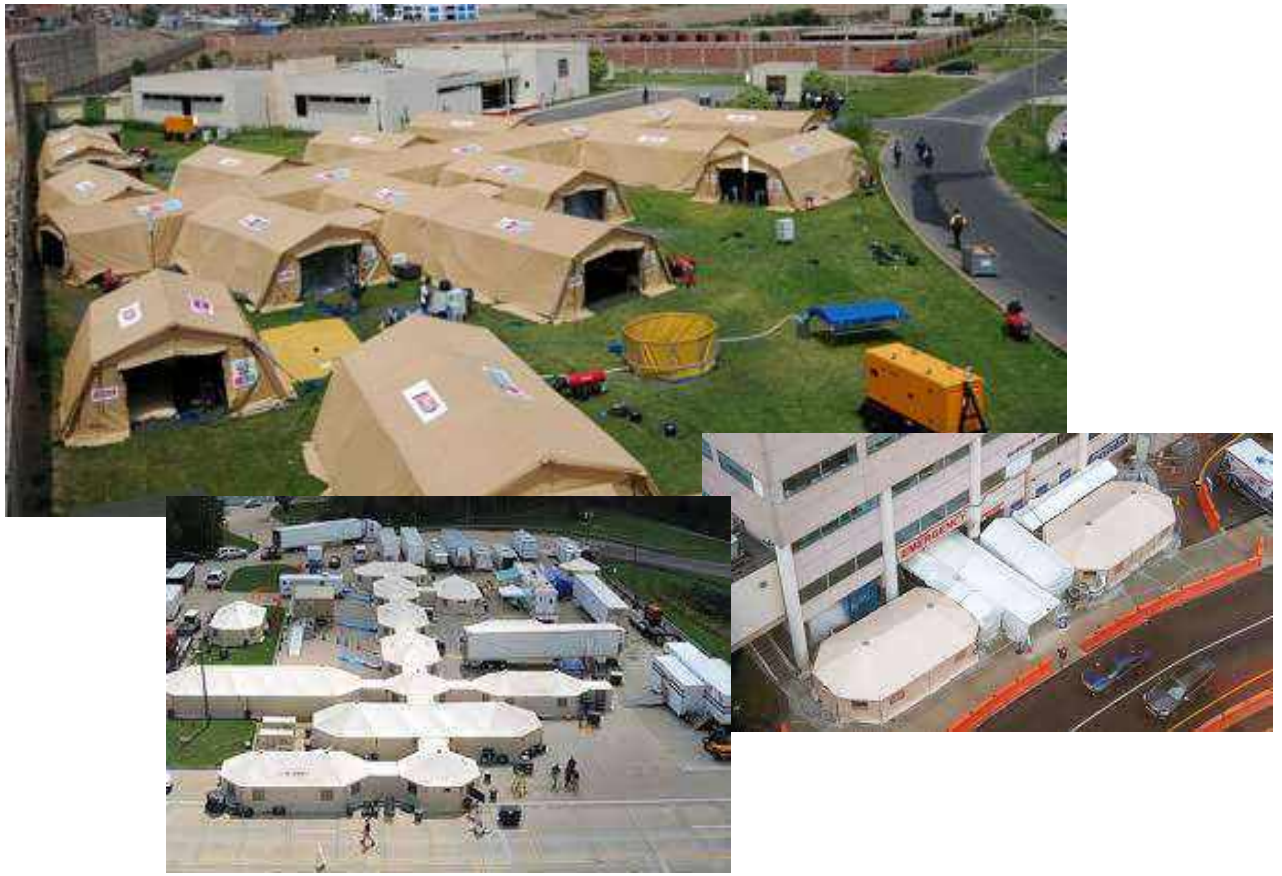
- Stand alone space
- Re-purposing of current space
- Mobile facility

Cooperative Agreements

- Mutual aid agreements

Tele-work

- Home or satellite offices



Reconstitution

Process in which organization resumes normal operations at original or replacement primary operating facility.

OR

- Returning to normal operations somewhere….

Reconstitution Team

Determine when original facility can be accessed or locate new primary facility

Develop a time-phased approach plan for resuming operations

Inform employees

Transport materials, supplies, and personnel

Notify public and regulatory agencies

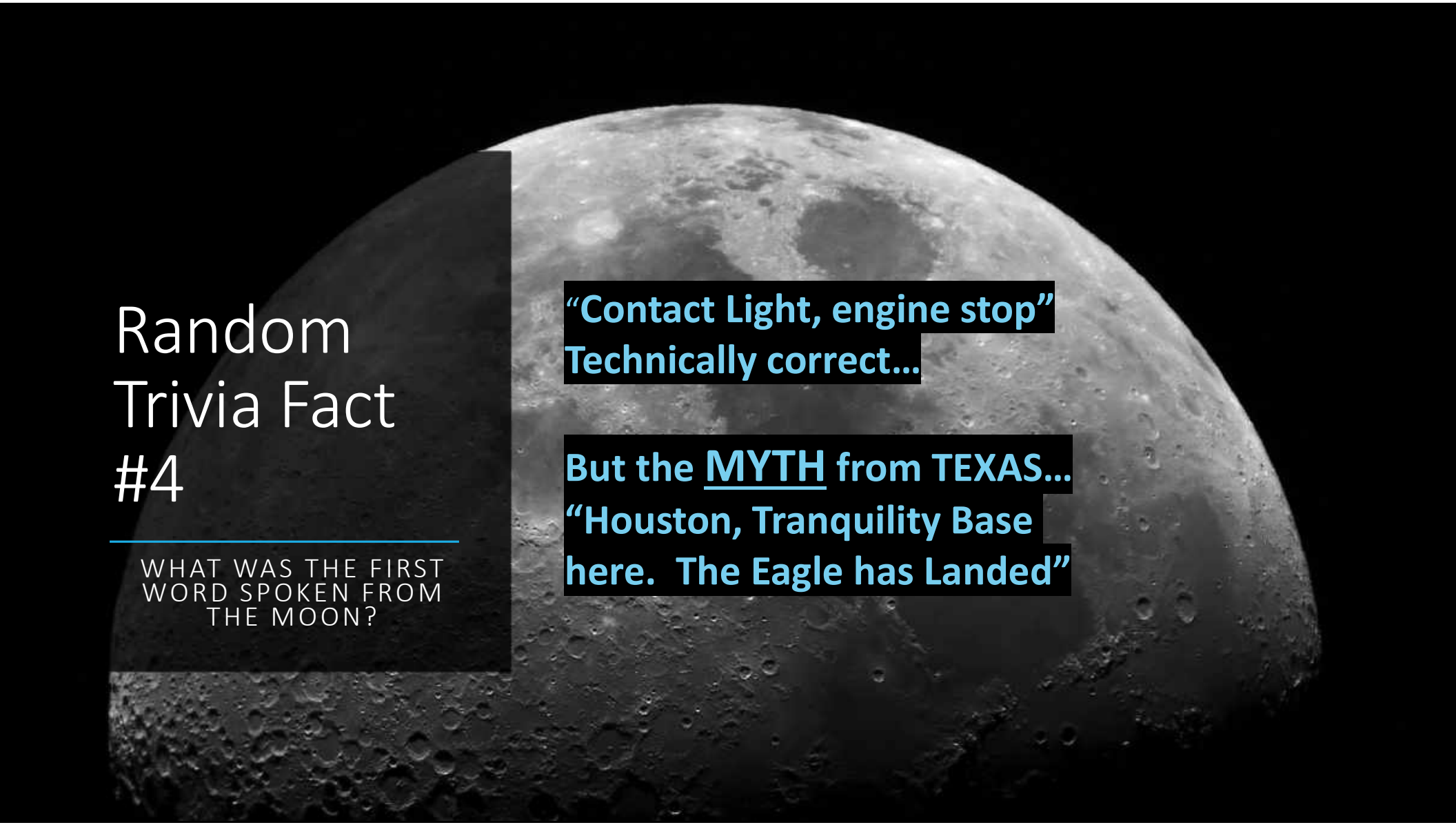
Worst Case Scenario

DEVOLUTION

- Transferring authority and responsibility for essential functions to other employees and facilities

Testing, Training, Exercises

Educate	• Educate employees on their roles •Functions, procedures and responsibilities
Verify	• Verify that COOP plan works •Demonstration of correct operation of equipment, procedures and processes outlined in plan
Clarify	• Clarify where COOP plan needs revision •After action reports and corrective action plans
Familiarize	• Familiarize with alert, notification, & deployment procedures
Ensure	• Ensure that employees can perform essential functions during COOP event
Confirm	• Confirm that employees are familiar with reconstitution procedures



Random Trivia Fact #4

WHAT WAS THE FIRST WORD SPOKEN FROM THE MOON?

"Contact Light, engine stop"
Technically correct…

But the MYTH from TEXAS…
"Houston, Tranquility Base here. The Eagle has Landed"

A Daunting Task…

Healthcare agencies uniquely different than governmental agencies and regular businesses

- Patient care does not stop
- In disasters, community turns to healthcare
- Many, many integrated moving parts
- Regulatory and licensing oversight
  - TJC, DNV, DSHS, CMS, etc

Most focus placed on IT back-up

No idea where to start

COOP Template Includes

8 Elements of COOP

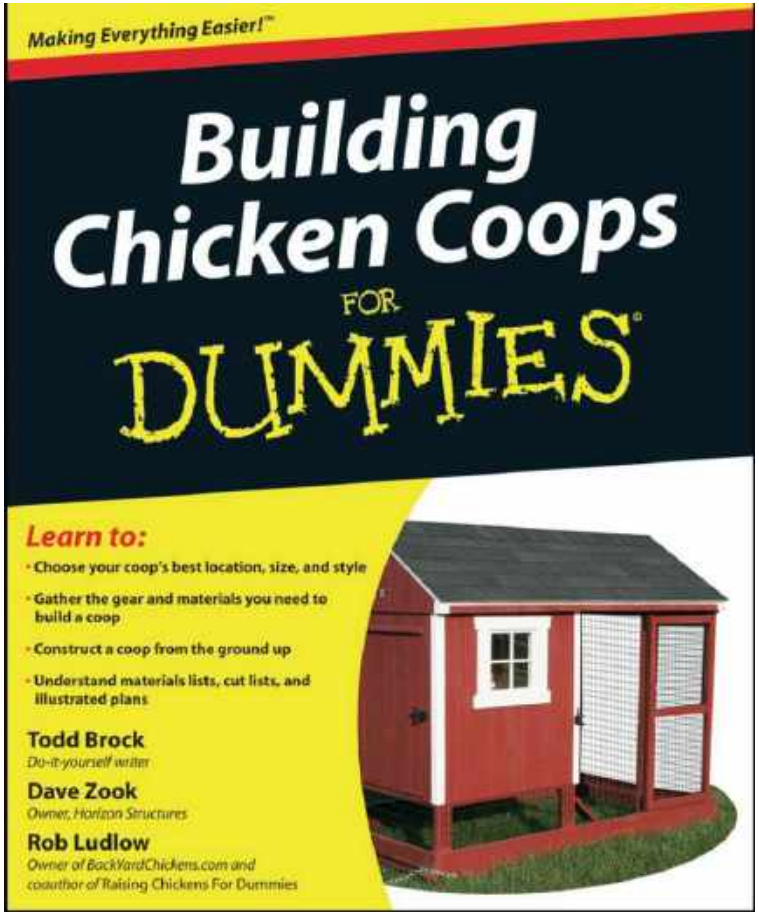
- Essential Functions
- Key Personnel
- Order of Succession
- Vital Records
- Alternate Facilities
- Communication
- Reconstitution
- Testing, training

6 Goals of COOP

- Continuous performance of essential functions
- Protect
- Reduce/mitigate disruption
- Resume normal operations
- Minimize loss of life
- Family support for personnel

7 Phases of COOP

- Initiate program
- Identify requirements
- Design plan
- Implement
- Test, train, exercise
- Revise and update
- Execute plan

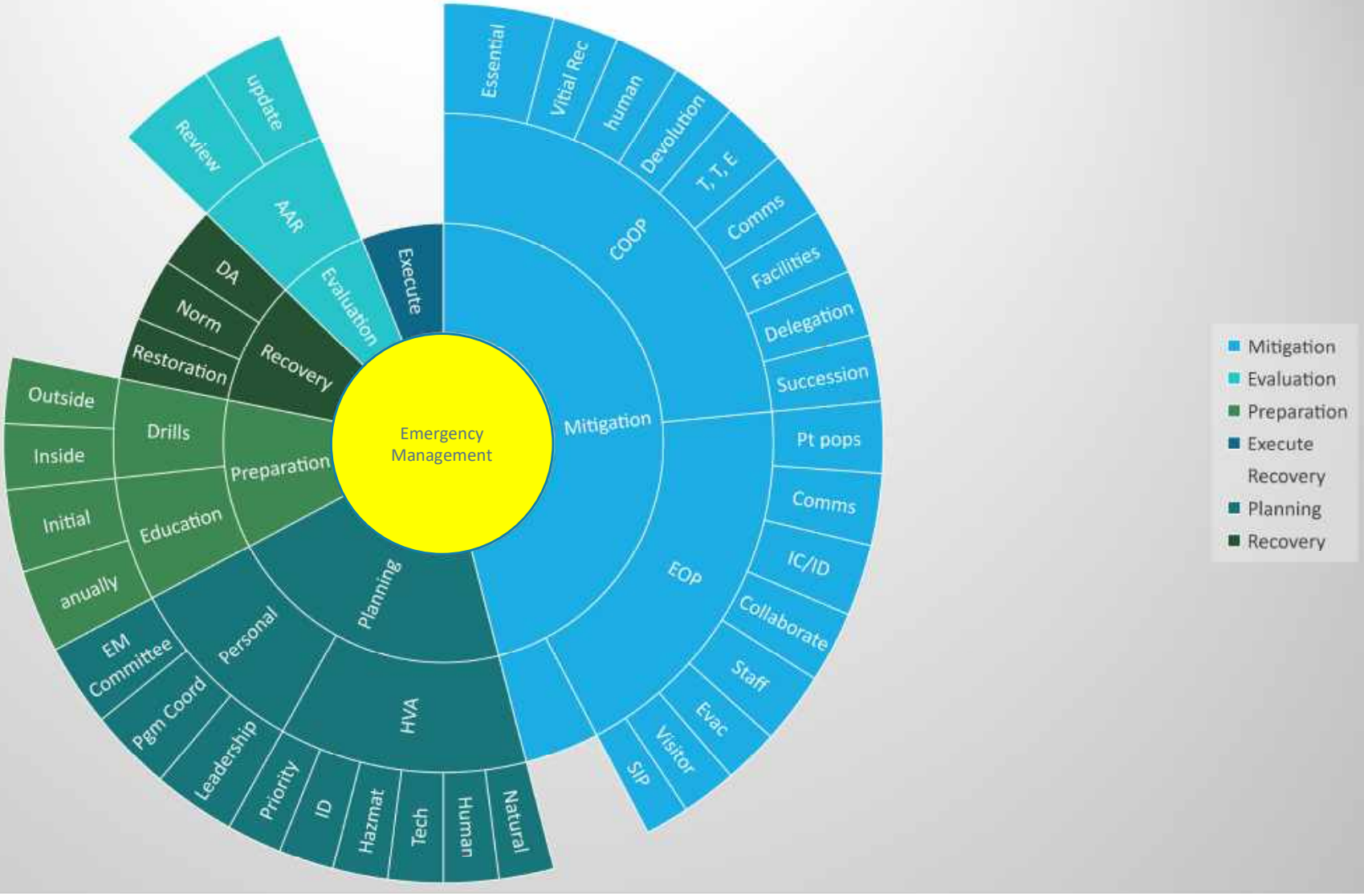


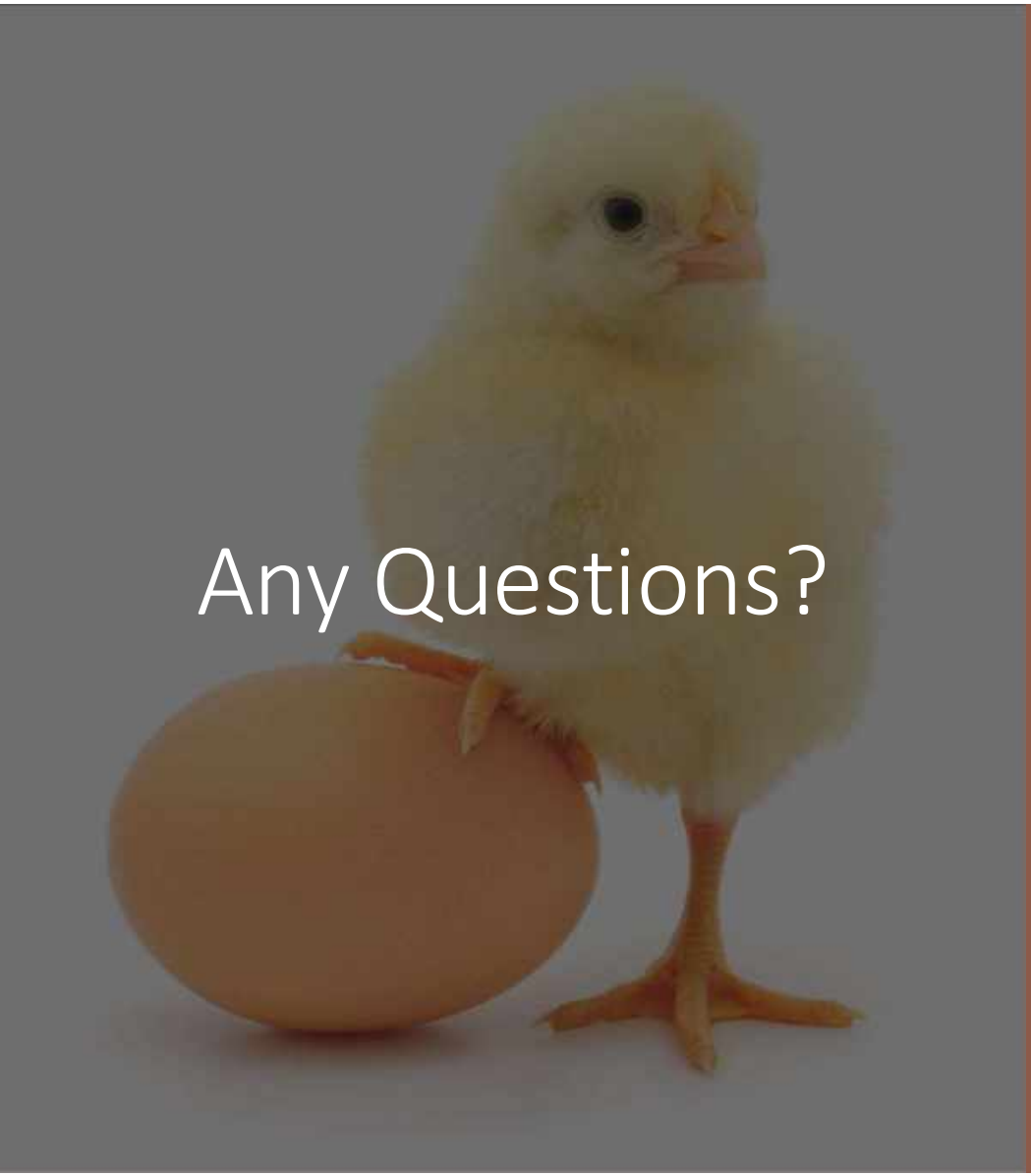
Healthcare COOP Template(s)

Template is not an off the shelf plan

- Collected information ≠ COOP plan
- Should be specific to your organization
- Should be user-friendly
- Should be regularly updated

Comprehensive Emergency Management Program





Any Questions?

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