*“…the confusion of trying to figure out where our various medical services had ended up. Hand-scrawled messages were taped to our cubicle wall: Psychiatry was at Metropolitan; the Cancer Center at Woodhull Hospital in Brooklyn. Dermatology was seeing patients at Gouverneur Healthcare Services in Manhattan, but only on Wednesdays and Thursdays. Rheumatology was available by phone. Dialysis was at Jacobi in the Bronx. The surgeons were divided up between Harlem Hospital, Metropolitan, Gouverneur and Woodhull. Internal medicine was seeing outpatients at Metropolitan and Gouverneur, but also at Elmhurst, in Queens, and staffing two evacuation shelters 24/7. Internal medicine teams were also covering inpatients at nine different hospitals. But many of these were moving targets; each day a few locations were crossed out and new ones added.”*

 *~ Bellevue Physician, New York City following Superstorm Sandy*

R

Recommendation

Case Example

The cross-section of requirements by ASPR, CMS, HIPAA, and Meaningful Use increasingly stress the need for clinics to maintain their capacity to operate during emergency events.

An unprecedented number of healthcare facilities have closed temporarily or permanently following events due in part to facilities lacking continuity strategies. Aligning these strategies with executive priorities and organizational strategy is essential.

It is recommended that the region develop an integrated, multi-disciplinary program focused on supporting and strengthening the healthcare capabilities and resiliency of the region through the development of a business continuity program.

Two things that every organization is advised to do:

1. Review the Healthcare Business Continuity Executive Briefing
2. Complete the Healthcare Business Continuity Maturity Index to see how your organization scores against best practice business continuity strategies.

In January 2012 the Office of the Assistant Secretary for Preparedness and Response (ASPR) released eight (8) capabilities they identified as the basis for healthcare preparedness.

We have assessed our planning efforts to date against these capabilities and identified the development of a business continuity program; also called continuity of operations (COOP), as a key initiative throughout our current 5-year grant cycle.

Recent events have pointed to 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.

Healthcare Business Continuity Planning improves the capacity of our clinics to maintain essential services in the event normal operations are adversely affected. The Metropolitan Hospital Compact's Business Continuity Workgroup is working collaboratively across the region to identify requirements and deliver training and tools that align with the specified needs of the region’s healthcare provider organizations.

A

Assessment

B

Background

S

Situation

Business Continuity for Clinics