UNIVERSITY OF TOLEDO MEDICAL CENTER

Continuity of Operations Plan (COOP)

EP-08-016

Created Date: 2/1/2015
7/28/17
7/27/18
7/26/2019
7/20/2020
5/19/2021
5/19/2022
5/12/2023

Purpose

To provide guidance and guidelines for the continuity and recovery of healthcare delivery by sustaining or reestablishing functional capabilities; to provide continuity planning for critical business functions and ensure daily operations will continue. In the event of a manmade, natural, or technological emergency or incident, the plan will enable the hospital to operate with reduced or diminishing resources, or from an alternate facility, in order to carry out and maintain business operations.

Scope

Emergency Management, along with recovery and business continuity, is an integrated approach to the management of this emergency program and all activities for all four phases (mitigation, preparedness, response, and recovery) for all types of emergencies and disasters as identified and prioritized through its HVA process. The goal is to reduce risks, reduce short or long term revenue losses, and reduce limited availability of essential services and resources to maintain healthcare and business continuity for the community. The scope of this plan is not to necessarily apply to temporary disruptions or short-term situations, but rather for large scale or long-term incidents that will involve large scale or long-term recovery planning.

Responsibility

The organization recognizes and acknowledges that the protection of its assets and business operations is a major responsibility to its employees, patients and the public. Therefore, it is the policy of the organization that a viable Continuity of Operations Plan (COOP) be established and maintained to ensure high levels of patient care, service quality and availability. The Hospital will maintain efforts to protect life, information and property, in that order. Response and recovery plans will be developed to support the resumption of time-sensitive business operations and functions in the event of their disruption. The Hospital is committed to supporting service resumption and recovery efforts at alternate work sites, if required. Likewise, the Emergency Management Team and hospital leadership are responsible for developing and maintaining a viable COOP that conforms to acceptable insurance, regulator and ethical practices and is consistent with the provisions and direction of other policies, plans and procedures.

The CEO and CMO have full authority to act on behalf of the hospital in all matters pertaining to the continuation of essential functions as designated by the University of Toledo Medical Center. Leadership will fulfill Hospital Incident Command System (HICS) roles during the response and recovery phases of the emergency or incident, as well as engage stakeholders in the response and recovery phases to mitigate and reduce the losses of life and essential services and resources. Community engagement and participation may be vital in the response and recovery phases of the emergency or incident.

Fundamentals and Key Elements of Recovery and Business Continuity

The University of Toledo is committed to the campus community's safety and the continuation of essential operations during any emergency, natural, man-made, or otherwise. The UToledo Continuity of Operations Plan was developed to assist in the management of operations during such an emergency. See Continuity of Operations Plan - HR for further information.

A. Continuity planning ensures the organization's critical business functions are executed in all circumstances and it is a fundamental responsibility of our organization to the community and stakeholders. The COOP, or Continuity of Operations Plan, will ensure the hospital is prepared to:

   a. Respond to emergencies, mitigate their impacts, and recover from them
   b. Provide critical business services in an environment that is threatened, diminished, or incapacitated
   c. Provide timely direction, control, and coordination to staff and other critical partners before, during, and after an incident or emergency, or upon notification of a credible threat
   d. Establish and enact time-phased implementation procedures to activate various components of the COOP
   e. Facilitate a return to normal, or near-normal, operating conditions as soon as practical, based upon the circumstances and threat

B. Recovery and continuity planning shall also incorporate:

   a. Activities to monitor the current risks, such as the Hazard Vulnerability Analysis (HVA)
   b. Actions taken prior to an incident to reduce its probability and impact, such as tabletop and functional exercises of emergency response plans
   c. Actions taken during an incident to continue operations with reduced staffing and resources, along with constraints imposed by any government regulation or staff/supplier shortages, such as the use of Hospital Incident Command System (HICS) and use of emergency response plans
   d. Actions taken after an incident has subsided to resume normal or near-normal operations

C. Fundamentals of the organization's recovery and business continuity plans will focus on:

   a. Governance – defining and aligning executive priorities with work plans and status reports
   b. Data – reporting on the risks as well as cost effective strategies to mitigate the risks, along with measurements of the impact of the emergency or incident
   c. Integration – developing business continuity strategies with multiple healthcare partners and community entities
   d. Planning – developing and integrating the business continuity plans
   e. Execution – testing, exercising, and monitoring plans, as well as gathering action plans and data for future measures and priorities

D. The Key Elements in the Continuity of Operations Plan (COOP) are:

   a. <u>COOP Element 1 – Essential Functions</u> – the following have been identified as essential functions that must continue under all circumstances. These include but are not limited to, administrative records, information technology, financial services, security systems, communications/telecommunications, and building operations.
   b. <u>COOP Element 2 – Orders of Succession</u> – The following line of succession will be utilized as needed for hospital leadership positions

PRIMARY	UNIT	BACKUP
Ackerman, Angela	Adm Director Outcome	Kasack, Danielle
Benfield, Julia	ND - ED	Kless, Kurt
Calkins, Kristin	Director, Trauma Services	Vely, Aela Pauline
Cancic, Marci	Adm Director, Pain and Rehab Services	Bialorucki, Carrie
Cerrone, Tamara	ND - Inpatient Psych	Stec, Todd
Chapman, Bethany	ND, CVU	Maldonado, Pierre
Cherry, Jennifer	Director, HR Clinical Ops	Elliott, John
Clark, Sasha	ND/4AB/4CD/BOP	McCollum, Rebekah
Craig, Mike	Adm Director Finance/Reimbursement	Roy, Jeri
Drake, Mike	RN Clinic Mgr -Int. Pain Center/Surgery Clinic	Frey, Marci Cancic
Eaton, Pamela	Director, HIM/IT	Davis, Shari
Ellis, Michael	Chief Medical Officer	Pannell, Stephanie
Fell, Arlene	Director, EVS - Clinical	Godley, Jillene
Fox, Andy	Admin Director - Ortho	Scott, Stephanie
Fry, Ken	ND, 5th floor/PICU Team	McNamee , Alexa
Hildebrand, Maureen	Legal Nurse Specialist	Schoviak, Stephanie
Holmes, Troy	Chief Financial Officer	Craig, Michael
Gauger, Nancy	Staff Development Coordinator	Brubaker, Jill
Hanenkrath, Steve	Director Biomedical Engineering	Burks, Nate
Korzec, Todd	Director Cardiac Services	Petree, Angie
Kosinski, Chris	Dana Cancer Center	Giovanoli, Michelle
Krupinski, Josh	Director, FANS	Cook, Greg
Landis, Ryan	Director, Radiology	Rettig, Amy
Lehnert, Chris	Operations Supervisor - Sterile Processing	Mallett, Michelle
Maldonado, Pierre	ND, MICU	Chapman, Bethany
Mallett, Michelle	Director, Surgical Services	Plymale, Ryan
Mawhorter, Bill	Receiving	Pastorek, Jen
Nowicki, Mike	Manager Mechanical Maintenance	Marti, Todd
Pastorek, Jennifer	Sr Director, Supply Chain Management	Pakulski, Tracy
Peters, Chris	Patient Information Advocate	Wagner, Joshua
Plymale, Ryan	RN Manager, OR	Etue, Tim
Schoonmaker, Ben	Manager Hospital Security	Russell, Jeffrey
Staccone, Joe	Manager, Transport Services	Edwards, David
Stec, Todd	OP Supervisor ED	Kless, Kurt
Stesney-Ridenour, Christine	Chief Operating Officer	Smith, Russell
Swaine, Rick	Chief Executive Officer	Stesney-Ridenour, Christine
Taylor, Michael	Director, Respiratory Care	Kukiela, Melissa
Watson, Lindsay	Adm Director Inpatient/Outpatient Psych Line	Haeger, Morgan
Windle, Julie	ND/6AB	Zielinski, Jesslyn
Woodley, Toni	Endo/Surgical Support Services	Mallett, Michelle
Yadav, Pallavi	Director Quality/Patient Safety	Venglarcik, Pamela

c. COOP Element 3 – Delegations of Authority – The CEO and CMO have full legal authority to act on behalf of the hospital in all matters pertaining to the continuation of essential functions as designated by the University of Toledo Medical Center. These delegations will be written into the planning process and remain part of the Incident Action Plan (IAP).
d. COOP Element 4 – Continuity Facilities – UTMC is part of the University of Toledo Health Science Campus, composed of hospitals, clinic facilities, and various college buildings. The Hospital itself is interconnected with all other buildings via underground and aboveground tunnel systems, separated by fire walls, operated on separate utilities systems, and supplied emergency power by separate generators. Therefore, if one section of the facility were rendered temporarily uninhabitable, an alternative care site could be established in another, similarly equipped section or building on the campus. Patients would be transferred to other buildings on campus as necessary. Specifically, UTMC has worked with community partners to set up an Alternate Care Facility at the Collier or Sim Center Building where medical staff and students could assist with caring of relocated patients. See UTMC Code Green procedure, EP-08-005.
e. COOP Element 5 – Continuity Communications – UTMC has an Emergency Communication System Plan ,EP-08-011, that provides guidelines to ensure continuous communication for alternate care facilities, vendors, staff, licensed independent practitioners, students and visitors during emergencies at the University of Toledo. The procedure identifies interoperable communications to be used during an emergency, as well as applicable contact lists, call trees, and other key resource and communication information.

E. The hospital recognizes healthcare's current dependence on computer technology. If the hospital or organization suffers an Information Technology (IT) interruption or failure, such as power failure, hardware failure, or data center failure, the hospital can expect to lose much of its productivity and ability to initially carry out seamless patient care. An IT interruption can also have an impact on the hospital in essential healthcare and public communications. The disruption of IT critical systems can have long-standing consequences on business continuity and operations. The hospital will follow policy# 3364-65-09, IT business continuity plan, established to support recovery and business continuity.

F. Continuity of Operations Planning (COOP):

a. A COOP must be capable of implementation with or without warning, and it shall be operational no later than twelve (12) hours after activation.
b. The COOP is developed to reduce injuries and loss of life
c. The COOP will ensure continuous performance of the hospital's identified top three (3) essential services and resources
d. The COOP will protect essential facilities, equipment, records, and other assets
e. The COOP will identify and designate key principal and support staff to carry out the essential services and functions, including being relocated if necessary
f. The COOP will identify key information and communication systems that support essential services and functions that may not be available
g. The COOP will facilitate decision-making for execution of the COOP and conduct of operations
h. The COOP supports the Emergency Operations Plan in an effort to identify any continued, perceived, or real threats that may have an impact on operations and the public

i. The COOP will identify the impact of remaining employees that may be psychologically affected by the incident, disease, family concerns, fear, or economic losses; employee education will focus on home preparedness and developing "kits" to preparing one's family at home. Information on family planning can be found at www.fema.gov
j. The COOP will identify a community-wide coordinate effort from public and private entities, including public health, emergency management agency (EMA), healthcare, and critical infrastructure providers

G. COOP Planning Responsibilities:

a. The Incident Commander/HICS Chiefs and Leadership Team will help to ensure the mission of the hospital is carried out as part of the COOP. Refer to the Emergency Operations Plan UTMC EOP
b. The COOP response may utilize of HICS role/team leaders, such as the Business Continuity Branch Director, Service Continuity Unit Leader, Records Preservation Unit Leader, and/or Business Function Relocation Unit Leader, etc.
c. Staff, including individuals actively involved in the COOP process, will be prepared and aware of the COOP activation procedures.
d. COOP will carry out plans upon activation and will be required to report for work/duty during the emergency as part of planning responsibilities; per diem or part-time personnel may be asked to work additional/full-time hours until the COOP activation period is terminated
e. The COOP may utilize for volunteers, or other community response teams, to assist with performing the essential functions as necessary
f. The COOP may include cross-training designated alternates to assist with performing the essential functions as necessary
g. The COOP may involve assigning personnel without specific COOP roles and responsibilities as support team members; the support team members may be temporarily reassigned to other duties or advised to remain home/other location based on circumstances.

H. Essential Functions:

a. Essential functions are duties that the hospital is responsible for that have to happen no matter what; they cannot suffer interruption for more than twelve (12) hours.
b. An essential function may be something that is required by law or statute, or necessary for providing vital services or maintaining the safety of patients, employees, or public during the emergency
c. As part of the response and recovery planning, the hospital will identify and prioritize its essential functions so the hospital's mission may be carried out during the emergency
d. The hospital's essential functions may also include activities that may only be performed as part of the emergency as identified in the emergency operations plan (EOP)
e. HICS and COOP teams shall work to ensure that the mission-essential functions can continue or be resumed as rapidly and efficiently as possible upon COOP activation. Any task or service not deemed essential will be deferred until additional resources and personnel become available
f. Essential functions will be prioritized and ranked as part of the COOP. They may even be prioritized based on parameters of hours, days, and weeks depending on the emergency.
g. As part of the COOP essential functions plan to identify and list the mission critical and essential functions, the Incident Action Plan will:

A. List and prioritize the essential functions in the order in which they are to be resumed - *The higher the priority, the lower the time frame*, i.e. #1 priority to have a one (1) day time frame. This list and prioritization will be included within the Incident Action Plan using the incident command planning process.
B. Identify where the essential function or service will be located
C. Identify essential personnel or positions for performing the function or service; also identify who will have oversight.
D. List alternates for positions.