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R

Recommendation

*“Last Wednesday or Thursday, the [New York] health commissioner had a conference call with all the nursing homes in the state. He started out by saying that the damage to the health care infrastructure in NY is vastly beyond what anyone is reporting in the news, with 12 major nursing homes so destroyed that he does not think they can be rebuilt. They have authorized every [state nursing] facility to go to 125% of census if the facility thinks it can safely provide care.”*

 *~Nov 8, 2012 Dr. Jeffrey Nichols, Medical Director of Our Lady of Consolation and Good Samaritan Nursing Homes in Suffolk County, N.Y., and senior vice president for clinical effectiveness of the Catholic Health Care System of Long Island.*

Case Example

The cross-section of requirements by ASPR, CMS, HIPAA, and Meaningful Use increasingly stress the need for long-term care facilities 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 long-term care facilities 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 Long-Term Care