



# Clinic Business Continuity Plan Guidelines

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## Emergency notification contacts: Primary

Role	Name	Address	Home phone	Mobile/Cell phone
Business Continuity Plan Coordinator				
QSP Business Continuity Plan Coordinator				
Clinic QSP Liaison				
Clinic Communications Coordinator				
Contacts in case the EMR provider cannot be reached:				
Alberta Medical Association				
Alberta Health				

## Emergency notification contacts: Backups (in case primary contacts are unavailable)

Role	Name	Address	Home phone	Mobile/Cell phone
Business Continuity Plan Coordinator				
QSP Business Continuity Plan Coordinator				
Clinic QSP Liaison				
Clinic Communications Coordinator				
Contacts in case the EMR provider cannot be reached:				
Alberta Medical Association				
Alberta Health				

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## Business Continuity Plan

A business continuity plan (BCP) assists organizations in planning for immediate and long-term response to adverse events and disasters.

For physicians and clinics, BCPs outline the actions necessary to ensure continuance of patient care and business operations. This document provides a summary of content that should be addressed when you develop your business continuity plan.

Immediate response to adverse events and disasters may prevent loss of life and minimize injury to people and damage to property. Long-term response takes over after there is no threat to life or property.

BCPs assure the long-term survival of the organization and develops organized responses to:

- Loss of the use of facilities such as an office or building.
- Inaccessibility of information and data (for clinics this relates specifically to medical records, schedules and billing).
- Unavailability of staff.
- Loss of medical equipment.
- Loss of technical resources such as hardware, software, Internet services and communication services.
- Anything else that may prevent normal operations or interfere with patient care and safety.

This plan is limited to major interruptions of service as outlined above where the ability to deal with and treat patients is curtailed for more than a one- or two-hour timeframe.

### Plan objectives

The BCP:

- Serves as a guide for recovery.
- Identifies temporary business activities required during interruptions.
- Identifies procedures and resources needed to assist in recovery.
- Identifies vendors, patients and other parties that must be notified in the event of a disaster.
- Assists in avoiding confusion that can be experienced during a crisis by documenting, testing and reviewing recovery procedures.
- Identifies alternate sources for supplies, resources and locations.
- Documents storage, safeguarding and retrieving of vital records.

### Assumptions

The BCP is based upon the following assumptions:

- Key people will be available following a disaster.
- Broad-scale disasters such as widespread flooding are beyond the scope of this plan. This plan relates only to disasters affecting the clinic and its immediate environs.

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- This document and all vital records are stored in a secure off-site location and are not impacted by the disaster. This plan will be accessible immediately in the event of a disaster.
  - Each support organization, including the electronic medical record (EMR) vendor, will have its own plan consisting of appropriate recovery procedures and critical resource information.

### **Disaster and adverse event definition**

Disasters and adverse events are defined as any loss of utility service (power, water), connectivity (system sites) or catastrophic event (weather, natural disaster, vandalism, EMR service outage) that causes an interruption to the service provided by the clinic.

The plan identifies vulnerabilities and recommends measures to prevent extended service outages.

### **Adverse event examples**

BCPs address specific adverse events that pose a threat to a clinic. They should consider and address possible threats whether man-made or natural and the probability of those threats occurring. Threats and overall plans should be reviewed and evaluated annually.

Threats include situations such as:

- Fire.
- Flood.
- Internal contamination (clinic or full building).
- Nearby contamination affecting access (train derailment, gas station leak, tanker truck accident).
- Infectious disease.
- Theft.
- Vandalism (internal and external).
- Extreme weather.
- Loss of power.
- Loss of telecommunications (Internet and/or phone).
- Temporary or permanent loss of key staff member(s).
- Denial-of-service (DNS) attack, malware infestation in clinic or data center.
- Loss of data centre (and access to the clinic data), destruction of data at data center.
- Widespread data corruption.
- EMR vendor or other vendor failure (goes out of business suddenly).

This list is not definitive. If other threats are a risk, they should be addressed by the BCP.

Outcomes of these threats may include:

- Loss of access to the clinic or building (temporarily or permanently).
- Loss of computer and or medical equipment.
- Loss of paper records or access to paper records.
- Loss of availability to EMRs including scheduling, billing and patient charts.

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- Loss of specific knowledge about patients and or processes not documented by unavailable staff members.
  - Temporary or complete loss of business.
  - Loss to third parties of patient data (privacy breach).

## Key roles and responsibilities

When developing a BCP, specific roles and responsibilities need to be assigned.

The clinic BCP coordinator, the EMR vendor BCP coordinator, the clinic EMR liaison and the clinic communications coordinator should have an identified alternate in case of non-availability.

### Clinic BCP Coordinator

The clinic BCP coordinator is a role undertaken by a designated lead physician or clinic manager, with a clearly identified backup in case the lead is unavailable or indisposed.

The clinic BCP coordinator must:

- Determine how threats can be eliminated or mitigated.
- Develop plans to recover from damage caused by specific threats.
- Initiate and conduct periodic tests of the plan (once per year at a minimum).
- Hold the master copy of the plan and coordinate all updates.
- Retain an offsite copy of the BCP.
- Review and update the BCP on an annual basis.
- Initiate the execution of the BCP and coordinate its implementation when an adverse event occurs.
- Train staff so they can fulfil their role(s) in the plan when it is implemented.
- Collect vital contact information for staff, building manager, suppliers, and insurance and restoration companies.
- Approve expenses such as new purchases, payroll and ongoing expenses.
- Accept overall responsibility for re-establishing normal operations.

It is the clinic BCP coordinator's responsibility to plan and execute recovery from the specific threats based on how quickly management decides the clinic needs to recover and what they are willing to spend on recovery planning and processes.

The clinic BCP coordinator should consider the following:

- a. The impact on business operations:
  - Patient care.
  - Patient safety.
  - How quickly the clinic needs to recover before complete loss of business.
  - How much loss can be tolerated.
  - How long the practice can survive if a critical person is unavailable or only partially available.
- b. Banking, payroll, other business functions.

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- c. The resources that have been compromised:
- Staff required (at a minimum) to operate the business.
  - Required computer and medical equipment.
  - If new identification tokens (fobs) are necessary.
  - Required communication systems.
  - Alternate banking services.
  - Alternative billing processes.
- d. Damage mitigation actions to consider:
- Reducing hours of operation.
  - Using temporary employees or staff from other clinics.
  - Referring patients elsewhere.
  - Determining alternative methods for notifying staff and patients of disruption or closure.
  - Deciding who will enter or re-enter data once systems are available.
  - Determining the budget to develop the recovery strategy, what will be available following a significant event and how the funding will be accessed during recovery.
  - Securing back-up facilities that might be used (e.g., can arrangements be made with another clinic or specialist?).

Infectious disease requirements differ slightly from other scenarios but should be included in BCPs. Adequately addressing infectious disease requirements includes:

- Educating and training staff.
- Developing a triage system for diagnosis and treatment.
- Coordinating with health authorities.
- Planning for recovery of practice.

### **EMR Vendor BCP Coordinator**

The EMR vendor BCP coordinator works with the clinic to re-establish access to the EMR and patient data, both in the short term during immediate recovery and long term should the physical clinic environment need to be re-established.

The EMR provider BCP coordinator:

- Obtains new equipment for the clinic.
- Facilitates reconnection to the Internet and the vendor data center.
- Facilitates data recovery if required.
- Assists with establishment of temporary facilities if required.
- Facilitates EMR setup in the clinic including re-establishing roles and permissions, configuration and resetting preferences.
- Tests the environment before implementation.

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## Clinic EMR Liaison

It is beneficial to appoint a clinic representative who can act as the primary liaison with the EMR vendor to support the clinic BCP coordinator. Operationally, the clinic EMR liaison:

- Retains an offsite copy of the BCP.
- Provides access to facilities for the EMR provider.
- Works with the vendor during EMR setup.
- Identifies training requirements for replacement personnel.
- Assists with pre-implementation testing.
- Assures verification of data recovery.

## Clinic Communications Coordinator

The clinic communications coordinator is the primary communications conduit for the clinic, supporting the clinic BCP coordinator. The clinic communications coordinator:

- Retains an offsite copy of the BCP.
- Maintains contact with staff.
- Initiates contact with the EMR vendor.
- Maintains contact with Alberta Health Services (AHS), Alberta Health and other health authorities as required.
- Contacts the Office of Information and Privacy Commissioner (OIPC) if required.
- Contacts the media when necessary.
- Contacts patients.
- Contacts other vendors and suppliers.

## Disaster declaration

Senior clinic management and the BCP coordinator are responsible for declaring a disaster to the various recovery personnel as outlined in the plan.

## Notification

Regardless of the disaster circumstances or the identity of the person(s) first made aware of the disaster, the BCP must be activated immediately in the following cases:

- The EMR is or will be unavailable for five or more hours.
- One or more complete facilities are or will be unavailable for five or more hours.
- If any problem at any system and network facility occurs or exists that would cause either of the above conditions to be present.
- There is certain indication that either of the conditions are about to occur.

## Sample responses to adverse events

### Loss of EMR

1. Contact the EMR vendor to determine how long service will be interrupted. Loss may be related to the data center, the link to the data center or problems within the clinic.
2. Agree on a communication plan with the EMR vendor to monitor progress to resolution.



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3. If a limited local copy of the system is available, then access and print patient schedules and chart summaries for the next three days.
  4. If the outage will extend beyond three days, work with your EMR vendor to access data for the extended period of the outage.
  5. Prepare or access temporary paper charts for use in patient consultations during the system outage.
  6. Initiate the communications plan for notifying patients that:
    - a. Scheduling services are limited.
    - b. Appointments may be cancelled at short notice.
    - c. Some visits may be delayed, e.g., annual physicals.
    - d. Prescription renewal processes will change during the service interruption.
  7. Mobilize staff to enter patient visit information that was gathered when the EMR system was unavailable into the electronic charts once the system is restored. This includes scanning the paper charts, attaching the scans to the electronic record and then destroying the paper charts.

### Loss of facilities

1. Contact the EMR provider to access and print patient schedules and contact information for the expected duration of the facility loss.
2. Initiate the communications plan for notifying patients that:
  - a. Non-urgent appointments are cancelled.
  - b. Alternative arrangements are taking place (e.g., home visits) if required.
  - c. Prescription renewal processes are changed during the service interruption.
3. Prepare or access temporary paper patient charts for use in consultations during the system outage.
4. Initiate physical facility recovery plan. This may include:
  - a. Sharing facilities with other clinics.
  - b. Renting temporary or permanent replacement facilities.
  - c. Bringing in portable facilities if feasible.
  - d. Arranging for minimum equipment for the temporary facilities.
5. Work with the EMR vendor to commission the EMR in the new facility.
6. Mobilize staff to enter patient visit information that was gathered when the EMR solution was unavailable into the electronic charts once the system is restored. This includes scanning the paper charts, attaching the scans to the electronic record and then destroying the paper charts.

### Additional information

These guidelines provide a high level outline of business continuity planning. More in depth information is available from specialist resources, a number of which are identified below and some of which were used to develop these guidelines.

- Commercial guides:
  - <http://searchdisasterrecovery.techtarget.com/feature/Using-a-business-continuity-plan-template-A-free-business-continuity-template-and-guide>

- <http://www.disaster-recovery-guide.com/>
- University of Toronto BCP project plan guide:
  - [http://www.utoronto.ca/security/documentation/business\\_continuity/dis\\_rec\\_pla\\_n.htm#organize](http://www.utoronto.ca/security/documentation/business_continuity/dis_rec_pla_n.htm#organize)
- Public Safety Canada guidelines:
  - <http://www.publicsafety.gc.ca/prg/em/gds/bcp-eng.aspx#a02>
- Some useful papers and articles:
  - <http://www.continuitycentral.com/bcpd.htm>
  - <http://www.businesscontinuityplan.org/>

## Contact lists

### Staff contact list

Name	Address	Home phone	Cellular phone	Email
Physician 1				
Physician 2				
Physician 3				
Physician 4				
Clinic Manager				
Receptionist 1				
Receptionist 2				
MOA				
Nurse				

### BCP role contact list - Primary and alternate

Name	Address	Home phone	Cellular phone	Email
<b>Clinic BCP Coordinator</b>				
Alternate				
<b>EMR Vendor BCP Coordinator</b>				
Alternate				

Name	Address	Home phone	Cellular phone	Email
<b>Clinic EMR Liaison</b>				
Alternate				
<b>Clinic Communications Coordinator</b>				
Alternate				

### Vendor contact list

	Name	Business phone	Home phone	Mobile phone	Email
Alarm company (security)					
Bank					
Billing clerk					
Cleaners					
EMR vendor					
Gas					
Insurance					
ISP (Internet Service Provider)					
Legal counsel					
Medical equipment providers					
Other utility					
Power					
Real estate or landlord					

	Name	Business phone	Home phone	Mobile phone	Email
Shredding services					
Telecommunications vendor(s)					
Transcriptionist					
Water					

### Provincial government and medical association contact list

	Name	Business phone	Home phone	Mobile phone	Email
College of Physicians & Surgeons of Alberta (CPSA)					
Alberta Health Services (AHS)					
Alberta Health					
Alberta Medical Association (AMA)					
Alberta Office of the Information and Privacy Commissioner (OIPC)					

### Sample checklist: Staff availability

Name	Safe	Available