

Inside Perspective

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Planning for the Unknown, Installment One: Getting Your Organization to Get Serious About Disaster Recovery

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Disaster recovery, operational continuity, and high availability – collectively, Healthcare Operational Continuance (HOC) – are getting a lot of airplay these days. But let's be honest. Talk is just that: talk. How many healthcare organizations have actually taken action and *implemented* their HOC solutions? Although there is a relatively widespread understanding that hospitals have a real need for operational continuance strategies, all too often these solutions still wind up on the budgetary chopping block.

There's no question the tide will eventually turn, thanks to the adoption of Advanced Clinical Systems (ACS), increased public awareness, and good ol' fashioned peer pressure. But do you have to wait? Is there anything you can do to make intelligent contingency planning a reality for your organization *now*?

In fact, there is. In working with our friends and customers, we've found that a carefully executed analysis and planning process and clear organizational communication can go a long way to putting and keeping HOC in the budget.

You Can Get There from Here: Thinking Scary Thoughts

The old adage is true: you have to start somewhere. In this case, you should start with a basic **Risk Assessment**. Some hospitals choose to work with an outside organization to assist with this, but in many cases hospitals undertake this on their own.

Simplified, envision all the crazy (and not-so-crazy), interruptive things that are most likely to happen to your organization.

Are you in the southeastern United States where hurricanes are a threat? Or, is your home in tornado alley? Did the building planners for your hospital decide to position the public restrooms (and water pipes) directly above your data center? Do you have any significant construction projects coming up? How many users have access to your IS control center? Likewise, does user error or interference account for an unusually high amount of downtime for your organization? Are you in a high-profile, metropolitan area? Does your patient population include a high proportion of international travelers who may have been exposed to non-native illnesses? Or, conversely, are you in a fairly isolated area without much in the way of alternate facilities or expedient travel routes?

I know, I know. You're thinking, "What a drag."

But it's only after you've considered what your risks actually are that you can begin to think about your ability to prevent and/or recover from them and start planning for the unknown. We all hope that we'll never need to enact our disaster recovery plans—just as we all hope we'll never need to use our homeowner's insurance. But hope won't build us a new house if ours burns down, and it

won't get our HCIS back up-and-running if the unexpected occurs. Well thought-out HOC strategies will.

Identifying Cause and Effect: Business Impact Analysis

Once you've sufficiently scared yourself with all the what-ifs, you can map them out and consider the potential implications of each event. This is part of conducting a Business Impact Analysis (BIA).

A BIA will help you map the impact of an interruption in hospital operations along a severity continuum. In other words, if you lose a particular application for eight hours, what is the impact? Is there a risk to patient safety; if so, what is it and how critical is it? Or, does the application outage effect revenue cycle? On the other end of the spectrum, if you were to lose data center functionality entirely for an undetermined period of time, what would be the business impact? Make sure you consider each system individually, because this will be key to prioritizing later on.

It's important to note that "business impact" has a number of elements. A BIA should evaluate effects to patient care, hospital reputation, regulatory compliance, the ability of the hospital to recruit and retain clinical staff—often a challenge even without disasters. And, of course, the bottom line.

Speaking of Dollars and Sense

Since we're talking about building a case to spend money—in some cases, a lot of money—for a comprehensive Healthcare Operational Continuity strategy, it is critical that the BIA also talk in financial terms. Thus, a BIA should include calculation of the fiscal **Cost of Downtime** to an organization. Contributors to this cost include:

- Lost profits
 - What is the average revenue generated by the hospital per hour?
 - What premium will the hospital pay during an outage to provide services manually versus an online, automated system?
- Lost productivity
 - Salaries and hourly wages still need to be paid, even if employees cannot produce during an outage.
- Patient impact costs
 - Downtime that results in extended length of stay (LOS) due to confusion or delays in delivering treatment mean higher costs to the hospital for a flat reimbursement rate.
 - Lawsuits brought by patients or families of patients who feel their care was impacted by system unavailability—particularly possible for hospitals that have implemented an Advanced Clinical System—can create a significant financial impact.
- Lost future revenue due to customer dissatisfaction
 - Patients are taking a much more active interest in safety and hospital contingency planning these days. If your hospital has a local competitor, downtime could lead to loss of customers. While harder to quantify, this impact should be considered when building a case for HOC spending.

In addition to determining the cost of downtime as part of your BIA, you should also figure the **Incidence of Downtime** for your organization. This will help you determine your return on investment (ROI) even before you take a disaster event into consideration.

Calculate how much unplanned downtime you experience in an average month and year, and identify the causes of the various outages (i.e., technology failure, operator error, etc.). Then, do the same for planned downtime, considering the particular events that required the planned outage. To bolster your BIA findings, document the impacts of the outages; i.e., were all operations ground to a halt as a result of a particular downtime, or was productivity able to

continue in a degraded fashion? Finally, note whether the downtimes were preventable. (Remember, you're building your case!)

Enlisting Support

You're almost ready to make your pitch. You're armed with copious amounts of compelling data and you're fired up. But somewhere in the back of your mind, you have this niggling worry; you've been falsely confident before. What you need is backup (okay, pun intended).

If you had to name the most influential consumers within your hospital organization, who would they be? Right... the clinicians. The doctors and nurses who are the face of the hospital, the rainmakers, the revenue producers.

Now, speaking hypothetically of course, what would happen if those clinicians learned that while the hospital had implemented an ACS and was actually phasing out paper records and orders, the robust operational continuance solution to make that ACS highly available had been cut from the budget?

It's not as crazy as it sounds. Think about it: If your Chief Medical Officer learns that he and his staff won't be able to do their job if a water pipe above the data center breaks—and in all seriousness, users *should* be aware of the potential for downtime and how to cope with it but that is a subject for a future installment—don't you think his or her clout might help you get the funding you need? And in the interest of going completely out on this limb, consider this: If there is a sustained outage, whose job will be on the line? Trust me, it's not the CMO.

What Happens When Information Meets Awareness?

It's the combination of good data and good organizational communication that will secure support for your HOC plans. The Board needs to understand the value of Healthcare Operational Continuity solutions and the real risk to the organization without them. The clinicians need to understand what IS has recommended to maximize uptime. Once you have done your homework and can speak to both groups in terms of likely risks to your organization (mild, moderate, and severe), probable outcomes of each risk scenario, and the actual financial cost of not having an HOC strategy today—not to mention in the event of a disaster—you're well on your way to justifying your HOC solution.

In the next issue of *Inside Perspective*, we'll focus on the steps to take once you've heightened awareness of and gained general consensus on your organization's need for Healthcare Operational Continuity: identifying your Recovery Time Objective (RTO) and Recovery Point Objective (RPO), getting departmental participation and buy-in during the solution selection process, and defining your organization's strategic HOC plan.

Until then, safe operating... and good luck.

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