



THE UNIVERSITY of TEXAS

HARRIS COUNTY PSYCHIATRIC CENTER

*A part of The University of Texas Health Science Center at Houston*

## **Business Continuity / Disaster Recovery / Contingency / Emergency Plan**

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## **Introduction**

The UT-Harris County Psychiatric Center has patients of all ages seeking mental health treatment. The average length of stay is nine days for adults, and their mental health is carefully evaluated by the able staff, and their personal mental health and mental health recovery is assured because of the comprehensive program of psychiatric and clinical social services offered. In its devotion to mental health, the hospital also has an outpatient program and an outreach program to provide mental health services and education to the community at large. The mental health mandate of the hospital is broad in scope. As a mental health teaching facility for the UT-Houston Medical School, it also offers practical mental health care experience to 500 professionals involved in the treatment of mental illness from a wide cross section of fields such as medicine, psychiatry, psychology, nursing, pharmacology, social services and activity therapy each year.

University Texas-Houston Harris County Psychiatric Center (UTHCPC) has created a Business Continuity Plan, in order to maintain the viability and integrity of the business and clinical operation should there be a disaster. This policy will be followed to manage any situation that significantly disrupts critical, important, or marginal business functions that have been defined as a disaster.

IS will also identify resources and coordinate the process for developing, testing and evaluating these plans. Critical functional areas have been identified to participate in this process and will continue to be addressed on an ongoing basis.

Developing a Business Continuity Plan is a multi-dimensional process and includes a number of phases as prescribed by the DIR. These phases include: Project Initiation, Business Impact Analysis, Recovery Strategies, Plan Development, Testing, and Maintenance & Training – all of which will be addressed at UT-HCPC.

It is imperative that each of our leaders support and cooperate in the development of the plans that will keep UT-HCPC operating through the most difficult of times.

**Table of Contents**

Organization Process	8
Declaration of Emergency	8
Healthcare Facility Disaster/Closure/Loss of Service	8
Media	8
Manual Procedures	8
Maintenance of Plan	8
Procedures website back-ups	8
Internal Emergencies	8
External Emergencies	8
Command Center	9
Employees	9
Data	9
Process Initiation	9
Clinical Services Continuity Emergency Management Plan	10
Power Failure	11
Maintenance staff	11
Contact information	11
Information provided to Reliant Energy	12
Emergency power system	12
Where emergency power circuits provides power	12
Communication Failure	12
Telephones	12
Walkie talkies	13

Patient Care Process	13
Principle/Values	13
Care across the continuum	13
Referral of patients to UTHCPC	14
Admission Process	14
Assessment/Treatment	14
Discharge planning process	14
Referral Process	15
Follow up treatment	16
Follow-up Services	16
Communication/Coordination between Caregivers	17
Agencies	17
MHMRA Target population clients	17
MHMRA Non Target Population clients	17
TCADA Services	17
Medical care post discharge	17
Patient Evacuation	18
Evacuation Process	18
Patients who are able to be discharged	18
Discharge disposition	18
Post discharge support	18
Transportation of discharged patients	18
Communication/Continuity of Care	19

## Business Continuity

Adult patients who require further care	19
Continuity of care information	19
Transport process	19
Return to UTHCPC	20
Return to Outpatient Program	20
Departmental Plans	20
Health Information Management (HIM)	20
HCPC Pharmacy Department	22
Medical /Clinical Services	23
Nursing Service	23
Power failure/computer outage	23
Documentation	23
Records Management	23
Pt Care	23
Personnel	24
Social Services	24
Personnel	24
Documentation	24
Patient Care	24
Evacuation	25
Patient Registration Department	25
Records Management	25
Personnel	25

## Business Continuity

Dietary Department	25
Personnel	26
Hospital Wide Education Department	26
Decision to Use Paper Processes:	26
Documentation	26
Records Management	26
Personnel	26
Evaluation	26
Public Information and Education (PIE) Department	27
Performance Improvement Department	27
Fiscal/Financial Department	27
Management Information Services	28
Backups Network	28
Backups Clinical Data	28
Offsite Recovery General Plan	28
Responsibility	30
Assumptions	30
Procedure	31
External Emergencies	31
Condition I - 8 Hour notice	31
Condition II - 12 Hour notice	31
Condition III - 24 Hour notice	31
Condition IV - 48 Hour notice	32

## Business Continuity

Internal Emergencies	32
Personnel Systems Management (PSM)	33
UT/HPCPC Outpatient Services	34
Loss Of Primary Computer System	34
Telephonic Failure	35
Electronic Failure/Loss of Use of Building	35
Policy	35
Procedure	35
Test Dates	37

## **Organization Process**

### **Declaration of Emergency**

Implementation of this plan will occur when the executive director, administrator, medical director or administrator on call declares an internal or external emergency. Nursing supervisor may declare an emergency if the following above cannot be contacted.

### **Healthcare Facility Disaster/Closure/Loss of Service**

In the event of an unexpected change that will result in a UTHCPC closure, evacuation, disaster, or loss of service (electric, water, communication and etc...) notification of the change will occur to UTHCPC staff. An urgent meeting of the Clinical and Administrative staff will be called and the command center will be utilized to direct the course of action.

The Administrative staff will assess the situation, make recommendations and implement interventions to ensure patients receive uninterrupted care and business continues as normal as possible.

### **Media**

Response to media should be conducted by Public Information Office – 713-741-7879. If the phone line is down, the pager number is 713-905-6358.

### **Manual Procedures**

In the event all electronic systems are down, each department has a manual procedure in place.

### **Maintenance of Plan**

It is the responsibility of each department to review and maintain their portion of the plan annually.

A copy of the plan is maintained offsite with Vital Storage Records.

### **Procedures website back-ups**

In case the power goes completely out, back-up hard copies of the procedures on the UTHCPC Procedures Website are available in 2B44, Administration (Dr. Lois Moore's office) and in Behavioral Health Outpatient Services.

### **Internal Emergencies**

In the event of an internal emergency, such as a bomb threat, explosion, chemical spill, power failure, or the like, HCPC personnel will follow the following guidelines.

### **External Emergencies**

In the event of an external emergency, such as a hurricane, tornado, flood, or the like, HCPC personnel will use the following guidelines.

- **Critical** business and clinical functions are identified as communication with clinical staff, business and contracted providers. The plan is developed to ensure that patients continue to receive immediate clinical services through prior authorizations, concurrent review and contracted agencies and patients have minimal to no disruption of service. In addition, the plan is designed so that business processes and payments continue.
- **Important** business and clinical functions are identified as telephone systems, voice mail, computers, software, safety and security and finance operations.
- **Marginal** business and clinical functions are reported with issues/disparities.

### Command Center

Command Centers (3D09) are established under the direction of the Executive Director, Administrator, Facilities Director, and Safety Manager in response to any disruption in critical, important, or marginal functions that have been defined as a disaster.

### Employees

Each employee knows if they are an essential employee and what category they fall in. Each employee signs the declaration and it is kept in their personnel file.

### Data

Currently, all patient information and business data are backed up daily. Each morning the previous nights back up tapes are taken to offsite storage in a secured locked box.

### Process Initiation

In the event of disaster, the following alternatives will be initiated:

- Key personnel will perform functions at alternate locations
- In the event of systems failure, as soon as work can resume, each department will utilize the manual backup procedures to ensure workflow continues with minimal interruption
- If required, telephone calls will be re-routed to pre-designated areas
- If voice mail is not functional, messages will be taken and callers will be provided with alternate means of contact (i.e.; cellular, walkie talkies or pager numbers) to reach their parties
- Clinical staff will communicate information and any special arrangements necessary to conduct business with outside providers, MHMRA, Ben Taub General Hospital, LBJ General Hospital, etc using telephones, or cell phones.

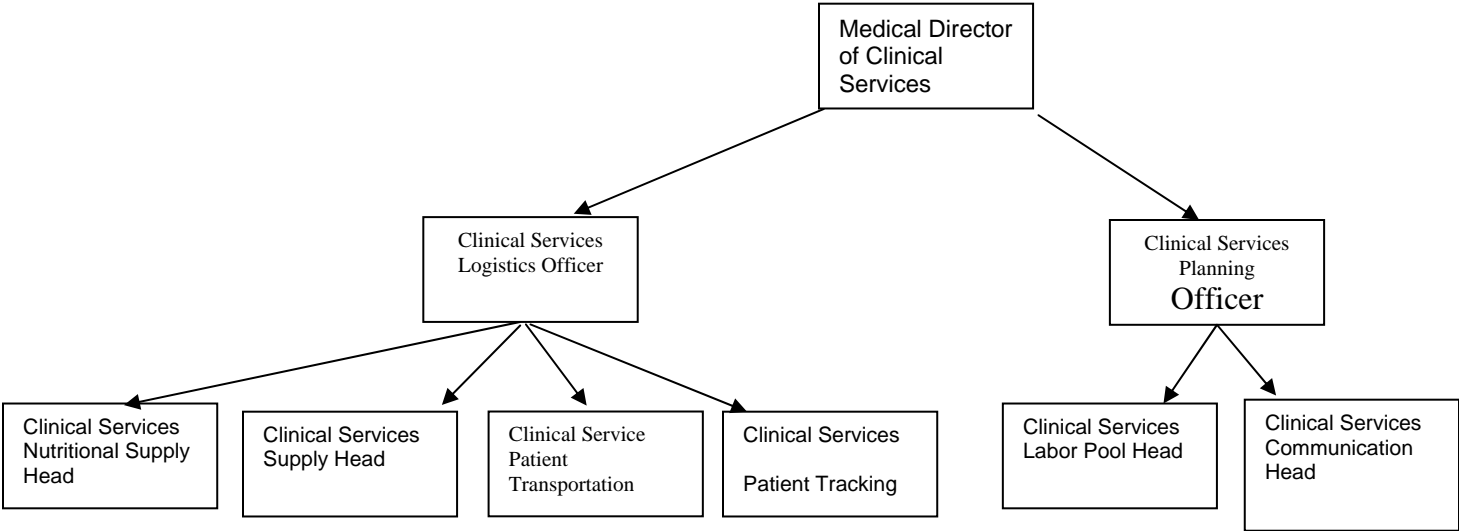
- All medically necessary services will be covered without prior authorization until normal business operations are recovered.

**Medical / Clinical Services Continuity Emergency Management Plan**

HCPC Department of Medical / Clinical Services seeks to respond to emergency situations by providing optimum patient care through a coordinated effort within the Medical / Clinical Services department and planned interaction with external departments. The plan is intended to be flexible in order to respond to any type of internal or external disaster including nuclear, biological, and chemical terrorist threats.

This plan outlines a chain of task delegation and communication to be activated by the highest-level medical / Clinical Services supervisor on-site following notification from the Executive Director and the Administrator or administrator on call that emergency procedures are to be implemented. The job action sheets will be passed out to the Clinical Services personnel present. Some persons may have to take on more than one job task until additional personnel arrive. If assigned more than one set of job actions, the tasks performed will be prioritized among the set of job tasks. The job action roles are not intended to be specific to a person but a list of tasks to be performed by any personnel available to be assigned to that set of job actions. Job actions may be reassigned as additional Medical / Clinical Services leadership arrives on the scene. Some job actions may not be necessary and may be deactivated at anytime.

The organization of tasks will be as follows:



Personnel in these positions will coordinate with other departments in the hospital to facilitate consistent communication and optimum patient and staff safety.

## Business Continuity

DEPARTMENTS	CRITICAL NEEDS	FAILURE MODES	PLAN
Attending and Nursing	<p>Information needed:</p> <ul style="list-style-type: none"> <li>(1.) Allergy's</li> <li>(2.) Medications</li> <li>(3.) Abnormal or positive labs as follow:               <ul style="list-style-type: none"> <li>(a) CBC with differential</li> <li>(b.) Thyroid test</li> <li>(c.) Pregnancy</li> <li>(d.) BUN Creatinine</li> <li>(e.) LFT (Liver Function Test)</li> <li>(f.) Physical exam diagnosis Axis III</li> <li>(g.) Blood Glucose</li> <li>(h.) Emergency Contact</li> </ul> </li> <li>(i.) Demographic Sheet</li> <li>(j.) Prescription Pads</li> </ul>	<p>Computer System down due to the following:</p> <p>Natural Disaster, Unscheduled emergency (ie.cut cable, software problems) and Scheduled</p>	<ul style="list-style-type: none"> <li>(1.) Eleven to seven shift will print medication summary sheets on a daily basis.</li> <li>(2.) This sheet gives a history of the active medications for the past 24 hours.</li> <li>(3.) The summary sheet will be placed in the front of every chart.</li> <li>(4.) A PRN report will be printed daily.</li> <li>(5.) A shift report will be maintained from the previous 24 hours.</li> <li>(6.) Physicians will write an order on physician's order form.</li> <li>(7.) Glucometer maintains a history of each patient's results; therefore, the results can be reprinted.</li> <li>(8.) Information is entered when system is functional again.</li> </ul>
Admissions	Bed count		<ul style="list-style-type: none"> <li>(1.) Manual bed count is done. Count is entered when computer system is functional again.</li> </ul>

### Power Failure

#### Maintenance staff

UTHCPC provides all Facilities Management staff that use, operate, or maintain the emergency power system with appropriate job training.

#### Contact information

In the event of a power failure, UTHCPC staff should call the following Reliant Energy emergency representative:

Pat Wilkens

Account Representative  
Office: 713-207-3422/5585  
Mobile: 713-854-4326

### Information provided to Reliant Energy

Staff should provide the following information to Reliant Energy in case of a power failure:

Acct# 000000-182551-2  
Service Address: 3000 M.A.S.  
Hot Line 713-207-8000

### Emergency power system

UTHCPC is equipped with a backup power generator for use in case of an emergency.

A diesel generator provides power to the UTHCPC emergency circuit during an interruption of normal electrical service.

Fuel: The generator has fuel enough for **96** hours of continuous operation and a plan for the reliable re-supply of fuel exists. Contact **Sun Coast Resources, phone: 713-844-9600 / 1-800-677-3835**, to order additional diesel fuel. The fuel company will re-supply in a disaster pending the truck can get to UT-HCPC.

Maintenance: The maintenance staff maintains the Emergency Power System as follows:

- Inspect and maintain the batteries used to start emergency power generators monthly according to manufacturer specifications.

### Where emergency power circuits provides power

HCPC's entire facility is on generator back-up.

## Communication Failure

### Telephones

1. If the phone system is down, a call should be placed using a cell phone to Verizon letting them know that our phone system is down. Verizon is contracted to have a 2 hour response time in which time a tech will arrive to diagnose and take the necessary steps to resolve the problem. **Note:** It takes approx 20min for the system to startup.

Verizon Support: 1-800-234-3799  
Main Phone Room: 1A88  
Door Combination: Contact MIS Staff

2. Check for a tripped breaker while Verizon is being dispatched to our site.

Tripped Breaker – The phone room breaker switch is located in Facilities Management main electrical room 1A76. Look in panel ELCP1 which is to the right of panel EHCP1, the phone room breakers are 33 and 35. If tripped reset the breaker.

### **Walkie talkies**

Walkie talkies are used in the building and cell phones outside. Walkie talkies are located on each unit, front desk, nursing administration and in facilities mgmt. The channel used is determined based on the nursing department requirements and less interference on the lines.

## **Patient Care Process**

### **Principle/Values**

UTHCPC supports the following principles related to care across the continuum.

1. Mental illness requires ongoing care across the continuum
2. Care should be provided in the least restrictive setting based on individual patient needs.
3. Relapse is anticipated to some degree and should be managed in an effort to prevent re-hospitalization when possible.
4. Caregivers and family members play a vital role in supporting their significant others who are diagnosed with mental illness.
5. The independence and self-determination of the patient is supported.
6. Discharge planning begins at time of admission.
7. Referral to self-help groups is valued.
8. Confidentiality of our patients is honored. When our efforts to protect patient confidentiality impacts family members, we will do our best to explain our policies.
9. Discharges should be planned early in the treatment stay
10. Patient preferences are honored when at all possible.

### **Care across the continuum**

Entry into the system begins during the preadmission assessment. Following the assessment, the patient is referred to less intense treatment settings and or is admitted. If admitted, the patient is treated, and then referred to less intensive

treatment settings upon discharge. This might include partial and outpatient programs, referral to MHMRA, or private therapists or treatment settings. When referred to UTHCPC outpatient programs the patient may enter exit and reenter different levels of care at any time during the year based on specific patient needs. Communication between caregivers is of utmost importance as the patient moves from one level of care to the other in our settings.

### **Referral of patients to UTHCPC**

UTHCPC receives referrals from NPC, MHMRA, and local area hospitals as well as self-referrals. The hospital receives voluntary and involuntary clients. Communication with referral sources occurs prior to the assessment of patients through review of written documentation and telephoned information about potential patients.

### **Admission Process**

Patients are assessed prior to admission. Criteria for both outpatient and inpatient care are reviewed at time of admission.

Patients are referred to less restrictive settings based on the preadmission evaluation. Patients who are deemed too medically ill at time of admission are referred to area medical hospitals.

Patients are informed (by social service staff members) at time of admission about the continuum of care. They are informed about the outpatient programs and about the importance of continuing a plan of care post discharge to prevent readmission.

### **Assessment/Treatment**

The treatment team reviews patient history upon arrival to the inpatient or outpatient program. In the process of assessing patient the team gathers information about course of illness. An effort is made to determine what meds and treatment patient received prior to admission. Medical staff, nursing staff and pharmacy participate in the review and reconciliation of medications the patient was taking prior to admission. Effort is made to validate information given when needed through interview of guardians, and parents.

### **Discharge planning process**

Initial discharge plans are documented in Sunrise on the psychosocial assessment. Updates to discharge plan are included in social service case management notes. The social service clinician is responsible for keeping the patient up to date about discharge plans. The patient participates in the planning by interacting with the treatment team and meeting with the Social Service Clinician.

Treatment teams are encouraged to keep planning documents so that all team members are aware of the anticipated discharge date. In this way, all treatment staff is kept aware of patient discharge plan so that all can answer patient and family member questions about the tentative discharge plans.

The final discharge plan is documented in the discharge summary.

### Referral Process

Patients are referred to housing and for follow up treatment. All patients receive a written discharge instruction sheet, which describes follow up recommendations. Physicians review medications and medical clinic referrals. Social service staff members review aftercare appointments and housing recommendations. The physician reviews discharge plans with the patient in rounds. Discharge instruction documents are reviewed with the patient at time of discharge. Significant others and family members receive discharge instruction when possible. Printed information about medications is provided in English and Spanish as needed. A discharge packet with lists of self-help groups, online patient information and resource lists is given to all patients at time of discharge.

Coordination of Post Discharge treatment plans: Social Services Clinicians and medical staff members interface with agencies, hospitals, MHMRA to coordinate the planning process.

Housing:

Personal care Homes: UTHCPC only refers to licensed personal care homes.

Shelters: Homeless patients are referred to shelters. An attempt is made to refer to shelters appropriate for the patient. Patients who live independently or with family members are provided transportation and referrals for community resources that will offer ancillary services and augment their income.

Transportation: The mode of transportation is determined by using the following process:

Patient is transported to their destination by taxi if:

- Patient is not ambulatory and /or on fall precautions.
- Patient is at baseline but remains extremely disoriented and/ or unable to process simple directions
  - **and:**
- Patient has no family, friends, or facility to transport them (Clinician must verify with a written authorization for each contact)

- A case management team is not involved with patient (i.e. MCOT, ACT Team, Deblin, etc)
- Patient's discharge destination is not on or within 6 blocks of the Metro Bus Line.

If the patient qualifies for transport via Taxi, they are sent directly to their placement utilizing this mode of transportation.

If they do not qualify per the criteria, they are given bus tokens and directions/bus routes to their destination. Other arrangements such as Commercial Bus Lines, planes, etc. have been used for patients who live outside the area. A receiving family member/friend is contacted to meet the patient at their destination.

If there is some unusual circumstance that does not apply to the above criteria, the issue is brought to the treatment team for examination of the options that are available. The Social Service Clinician brings the team's recommendation to the Director of Social Service.

### **Follow up treatment**

UTHCPC OUTPATIENT Services: All patients who are eligible for service at UTHCPC outpatient are provided an opportunity to be referred there for follow up. Based on intensity of treatment needed they are able to move from more intensive to less intensive treatment options based on their condition.

### **Follow-up Services**

UTHCPC Outpatient services: Inpatient beds are available for patients in outpatient care who are evaluated as needing hospitalization

MCOT referred patients: COC will provide follow up and check status post referral

Juvenile Unit: JDC staff provides follow up through programs sponsored by JDC.

MHMRA referred patients: Patients that are open cases are referred to their perspective clinic. Patients who qualify for their services and do not have an open case are referred to the eligibility center to be processed into the MHMRA system.

Private providers: Patients with resources are referred to private physicians, therapists, and programs.

Dual Diagnosis: Patients who are in need of Chemical Dependency Treatment and Mental Health Treatment are referred to both types of follow up, according to the needed level of care.

## **Communication/Coordination between Caregivers**

Social Service Clinicians coordinate the needs of the patient with various caregivers to help the patient have a successful post discharge experience. Communication is frequently needed among several agencies simultaneously and family members need to be included in the process. The patient often leaves inpatient care with multiple follow up appointments.

### **Agencies**

#### **MHMRA Target population clients:**

- Patients who are defined, as target population by MHMRA definition and who/or are open clients are Referred to MHMRA
- Patients who are defined as target population by MHMRA who are not open clients are referred to the Crisis Center for MHMRA
- Target population patients who do not have immediate access to MHMRA and are placed on waiting list May be referred to UTHCPC IOP or outpatient program if they are eligible.

#### **MHMRA Non Target Population clients:**

- If patient is voluntary, non target, non resource, and is without a compromising medical condition, patient is referred to Crisis Residential for inpatient step down or the crisis counseling center for outpatient Services depending on level of need.
- Noncompliant, non-resource, non-target population patients who have a GAF score under 50 and/or have Over 3 admits in 12 months are referred to MCOT.
- Non target patients who have compromising medical conditions are referred to MLK.

#### **TCADA Services:**

Social Service Clinicians screen each patient during the process of collecting information for the patient's psychosocial. Following the assessment the patient's needed level of care is determined, using TCADA criteria.

A referral is made for the appropriate level of care.

#### **Medical care post discharge:**

- All patients with medical conditions are given referral to a medical practitioner.
- Ben Taub clinics: A large number of patients are referred to Hospital district clinics.
  - Effort is made to seek Gold cards for patients who are referred to Hospital district system.
  - An attempt is made to seek red cards for access to emergency services when needed.

## Patient Evacuation

### Evacuation Process

**Purpose:** To define process for discharge of less acute patients at time of internal/external disaster

**Process:**

1. When internal/external disaster is called, the Medical Director informs attending MDs to determine which patients meet Emergency Discharge Criteria for discharge and which are candidates for transfer to other inpatient psychiatric facilities.

2. **Patients who are able to be discharged**

***Notification of Departments:***

List of patients who are able to be discharged is provided to Director of Social Services who will inform social service clinicians of expected discharges. Pharmacy will also be notified of list so that they can prioritize preparation of discharge meds.

***Discharge disposition:***

Patients who are discharged but who are in need of a shelter setting will be sent to local shelters.

If no local shelters are available, patient will be referred to an appropriate out of town location such as the Peavey Switch Center (MHMRA) outside of Lufkin.

***Post discharge support:***

Social service clinicians will continue discharge planning support for discharged patients.

***Transportation of discharged patients:***

Discharged patients who require transport, will, when possible, be transported in hospital van with a driver and staff escort to destination that is outside of disaster area.

Staffing office will schedule transport at the direction of the Director of Social Services who will coordinate time of the transport.

Patients will be discharged with copy of discharge instructions, 7 days supply of medicine as well as a prescription for medicine. Patients who are receiving medications for non-psychiatric conditions will be given sufficient doses of the medication as appropriate with consideration given to the scope of the disaster and the availability of the medication in the location the patient is transported to.

Director of Social services will maintain contact with shelter/relocation destination and offer transport back to Houston area when disaster is over.

Transport back will be in hospital van with driver and escort when possible.

Patients will be delivered to placement setting upon return to Houston.

Air-conditioned buses with bathrooms will be chartered for the purpose of transporting patients to facilities outside of the Houston area. These will be reserved in advance in coordination with the constables office.

***Communication/Continuity of Care:***

Written discharge instructions will be given to each patient. With appropriate consent of the patient, a copy of discharge instructions, other pertinent clinical information, and if appropriate the discharge summary will be provided.

**2b. Adult patients who require further care**

These patients may be transferred to Rusk State Hospital or other inpatient facility depending on bed availability and the location of disaster.

Administrator or designee will call Rusk superintendent or designee at 903-683-7297 or alternate facility to notify of pending plans to transfer patients.

Children and adolescent patients are transferred to Austin State Hospital or other inpatient facility depending on bed availability and the location of disaster.

Administrator or designee will call ASH superintendent or designee at 512-206-5153 or alternate facility to notify of pending plans to transfer patients.

Administrator or designee is to reserve the appropriate number of beds so that there will be adequate beds for patients needing transfer.

**Continuity of care information:**

Information accompanying patient will included printed discharge summary, list of current medications and date and time of last dose, summary of nursing care needs at time of discharge, name and phone number of person to notify in case of emergency. Physician to physician communication may be required in some situations.

UTHCPC staff member will provide verbal report on patient status to receiving facility staff upon arrival of UTHCPC staff.

**Transport process:**

Transport will occur in hospital van or commercial bus.

There will be a driver, a psychiatric technician and a registered nurse present during transport.

Cell phones will be present in van and commercial bus.

Staff members are to call back (713) 741-4800 on regular basis to give status report.

Escort will be provided by the constables.

Lunch/dinner and drinks will be provided during transport for patients and staff.

There may be occasions when medical, nursing, and other support staff needs to accompany transferred patients to assist with provision of going care at the receiving facility.

### **Return to UTHCPC:**

Hospital administrator will notify receiving facility of first available day of patient return.

Transportation will be provided to pick up transferring and discharged patients from receiving facility.

A registered nurse, psychiatric technician and driver will pick patients up. If all patients have been discharged, a registered nurse is not required.

### **Return to Outpatient Program:**

The Outpatient Program will also take the following action:

1. Close all scheduled programs.
2. Assess patients for inpatient services and/or emergency support services. Patients needing inpatient services will be triaged through the HCPC inpatient emergency process.
3. Ensure that patients have ample medication supplies or prescriptions for the anticipated duration of the disaster.
4. Provide patients with emergency contact numbers and with a number to call for updated message information regarding the status of the disaster and the resumption of services.
5. Coordinate with the UTHCPC Emergency Preparedness Plans.

## **Departmental Plans**

### **Health Information Management (HIM)**

Health Information Management is a component of the University Texas Harris County Psychiatric Center. HIM has developed and will maintain a Business Continuity Plan (BCP) that has been developed to protect and maintain patient medical information during significant business disruptions.

**Key elements of our BCP include the following:**

- We abide by the hospital's (HCPC) General Emergency, Evacuation, and Preparedness plans in the event of a disaster that would affect our primary office or surrounding area.
- If there is a disruption all clinicians will document on paper. At the end of the patients hospitals stay this information will be sent to HIM for proper protection and storage. The documents will not be re-entered into Sunrise.
- We maintain an emergency contact list that is updated quarterly for our department or as needed.
- Patient medical data from our clinical system is backed up every 4 hours to a hard drive and between 1:00 A.M. and 2:00 A. M. a complete backup is done of the Sunrise Database. Information is then backed up onto a tape which is delivered to a secure offsite facility at UT between 9:00AM. and 11 A.M. on weekdays.
- Additional resources are not required. Staffing should remain the same. No additional office supplies are required.
- In case of evacuation HIM staff would assist the nursing department in acquiring all the medical information that is stored by HIM. HIM would send staff to the receiving facility if needed.
- In case of power failure HIM has three computers connected to the backup generator, therefore, enabling HIM to access patient data.
- Scanned information is backed up daily to UT. Patient information can be accessed from a remote location from this system (Documentum).

HIM provides services for internal and external customers.

**HIM is instrumental in providing information for continuum of patient care to:**

- **MHMRA Clinics:** Discharge Summary, IPE AND Lab
- **NPC:** Discharge Summary
- **Adult Forensic:** Discharge Summary
- **Ben Taub:** Discharge Summary
- **TRC:** Discharge Summary, IPE, Lab
- **UTH HCPC Out Patient:** Medication information is printed and kept available on admission and whenever there is a change in a patient's medication.

The clinical documents provide staff the information necessary to coordinate care across the inpatient and outpatient continuum.

The BCP will be reviewed annually and modifications done as needed.

### **HCPC Pharmacy Department**

In order to provide continuous pharmaceutical services during times of computer failure, specifically, the hospital-wide system, pharmacy shall follow the following procedures:

1. Pharmacy will return to hourly runs to all nursing units to pick up paper orders.
2. Pharmacists will process hand-written paper orders until such time as the computer/printer is available and orders are once again coming through the computer system.
3. Pharmacy shall print paper MARS when first needed and deliver to nursing units. If the down time continues, MARS shall be printed and delivered every 3 days.
4. Billing shall be saved until such time as the hospital computer is back up and at that point, billing will be transmitted.

If the pharmacy computer is also down, the following procedures will be added:

1. The last cart fill list shall be saved and become the starting basis for paper patient profiles.
2. If available, the last evening's nursing printout of drugs shall be copied and used as the patient profile, replacing the cart fill lists.
3. Orders shall be hand profiled onto the paper profiles. Drugs will be dispensed from the hand-orders.
4. All paper orders shall be saved in chronological order. Once the computer is back up, all orders shall be entered in proper order.
5. Billing transfer will take place once all orders have been entered.
6. Paper profiles shall be kept until such time as the computer profiles are completely updated.

#### **DAILY MAINTENANCE PROCEDURES:**

1. Pharmacy system backup is performed each evening during HCPC MIS backup schedule.

### **Clinical Services**

The clinical departments follow the Clinical Services Emergency Plan and hospital Disaster Plan to ensure continuity in patient care in the event of

disruption in power, communication, or in the event of internal or external emergency.

**Nursing Service**

**Power failure/computer outage:**

Dept Director receives notice of computer outage. Dept director /designee decide when paper processes will be used in the dept. Hospital disaster plan and clinical services emergency plan is followed.

**Documentation:**

All computer documentation will be done using paper forms. Paper forms (MARs, assessments, progress notes, rounds forms) are located in supervisor office. Supervisor will distribute as per Clinical Services Emergency plan. All paperwork for communication with other settings i.e. MOT, discharge documents are available in paper form.

**Records Management:**

- Manual forms are filed in patient chart nightly
- Chart is compiled on discharge and sent to medical records
- Back up information on patients is available through MIS and HIM for emergency situations
- Three computers are available in this building and one computer is available next door to access Sunrise for pt information in case of power outage (on back up generator system)

**Pt Care:**

Summary of Medications sheet is printed nightly. This is used to facilitate ordering/administration of medication process. Pt armbands and photos are available on units and are not dependent on computer processes. Patients on precautions are identified by paper precaution renewals in the chart. Pt history and other pertinent information (sent with patient at time of admission) are available in hard copy in the chart. Lab work is available in hard copy. Walkie talkies and cell phones are used when phone system fails.

**Personnel:**

Scheduling will be performed manually. Paper schedules are available.

We maintain up to date call back lists in supervisor office and in dept in easily accessed locations.

Staffing office staff will be called back if needed to assist with locating personnel and to support manual functions if needed.

Emergency preparedness plan mandates employees are to contact hospital for assignment/updates/direction.

Supervisor can mandate that staff not leave building in emergency situation.

Timesheets will be kept manually.

### **Social Services**

**Personnel:** All department personnel names and phone numbers are recorded on the Departmental cascade list. Included in these will be addresses and cell phones. This will give us ultimate access to the employee in an emergency. This list will be activated in the event that staff is needed in non business hours. If land lines are down, personal cell phones can be used to communicate within and outside the facility. If for some reason the cell phones are inoperable, the vans will be used to reach staff and inform them that personnel is needed.

**Documentation:** At least 50 paper copies of the following documents will be stored and available in the Director's office:

Psychosocial

Aftercare form

Authorization forms

Progress Notes

This will enable the staff to provide documentation in a paper chart.

If information needs to be accessed from the electronic records, there are four computer sites in the facility that are connected to emergency power and have SCM available (Office 2A44-2 sites, HWE, Staffing office). These computers can be used to access historical information on the patients. Documentation will also come over on paper from NPC, Ben Taub, and any other facility that is admitting patients.

**Patient Care** can be provided with existing supplies, hand-outs, and equipment. An operational manual will also be kept in the Director's office, which contains reference material, aftercare master, forms, and instructions.

**Evacuation:** If Patients need to be evacuated the paper records can go with the patient and staff. Cell phones can also be used to communicate during the transport of patients, records, and staff.

### **Patient Registration Department**

The following procedures outline the processes that the Patient Registration Department will follow in the event the Information System is disrupted:

1. Patient information from transferring facilities will be copied and included in the admission paperwork that goes to the unit with the patient.
2. Armbands will have handwritten patient name and unit on them.
3. Walk-In patients paperwork will accompany patient to unit
4. Hard copies of Nursing Assessments will be completed. Blank hard copies of the Nursing Assessment are in a folder in the Patient Registration Area.
5. Court Admissions HCPI paperwork will accompany patient to unit.
6. Pt. Registration will notify pharmacy of all admits to each Unit.
7. Pt. Registration will notify dietary of all admits to each unit
8. Bed-Board will be compiled manually by calling each. Unit
9. HIM will be telephoned for copies of old records
10. Pt. Registration will notify Reception of all admits and unit admitted to.
11. A hand completed record will be used to remove discharged pts. from system when it comes back up.
12. All admitted patients will be added to the system when it is live again.

### **Records Management**

In the event of an Emergency Evacuation all records will be removed to a safe place for follow-through when system comes back up

### **Personnel**

Should the Information System be disrupted during peak hours the Patient Registration Dept. would need additional staff support to manage the bed-board and continuous notifications by hand. We would seek support from other department's clerical staff.

### **Dietary Department**

In the event of computer loss the following will happen:

1. Dietary will use the last available census as a baseline of patients.
2. Admissions will advise dietary as to new admits and discharges daily
3. Dietary staff will call the individual units and get meal counts and specific diet need for each meal
4. Diet consults may be requested by phone and these requests will be forwarded to the dietitian for completion. A copy of the evaluation in writing will be placed in the chart.
5. Individual requests and needs will be processed by the dietary staff.

**Personnel**

Currently we see no need for additional staff to meet these needs

**Hospital Wide Education Department**

The Hospital Wide Education Department has created a Business Continuity Plan (BCP) to support the UT- Harris County Psychiatric Center organizational wide (BCP) to manage situations that may significantly disrupt daily operations that may occur during power failures and/or disasters.

**Decision to Use Paper Processes:**

Department Director receives notice of computer outage. Department director /designee delineates when need for paper process becomes apparent. Staff will follow hospital disaster plan for response to power/computer outage.

**Documentation:**

All computer documentation will be done on paper. Organizations requiring outside reports will be contacted via telephone, fax.

**Records Management:**

1. Hard copies of staff training records will be available to, review, update, or to generate requested reports.
2. Hard copies of student's clinical rotation schedules will be used.

**Personnel:**

No changes in staffing. Staffing will not be affected.

**Evaluation:**

The BCP will be evaluated for opportunities for improvement as needed by the education department

**Public Information and Education (PIE) Department**

The Public Information and Education (PIE) Department, which include Public Information and Volunteer Services, house no patient or otherwise HIPAA sensitive information on our computer drives. Most of our work is done by telephone, pager, or in person.

Should there be a disaster which would impact PIE's ability to access the UT main computer system, we would continue to use the telephone or pager to maintain contact with those individuals with who we do business.

Response to media should be conducted by Public Information Office – 713-741-7879. Should the telephone system be down, our pager number is 713-905-6358.

### **Performance Improvement Department**

The Performance Improvement Department has created a Business Continuity Plan (BCP) to support the University of Texas Harris County Psychiatric Center organizational wide Business Continuity plan to manage situations that may significantly disrupt daily operations that may occur during power failures and/or disasters.

In the event of a power failure, the following processes will occur:

1. Each area within the PI department (Risk Management, Infection Control, Patient relations, Safety, and Utilization Review Department) will utilize the printed/written portions of the electronic record that are maintained on the unit by clinical staff. Each area will utilize their manual back-up systems (notes, forms)
2. Organizations requiring outside reports will be contacted via telephone, cell phones, fax, or mail if computer system is down.
3. The BCP will be evaluated for opportunities for improvement as needed by the PI Department.
4. No changes in staffing. Staffing will not be affected.
5. Maintain, update, and utilize the emergency contact list as needed.

In the event of a disaster, the PI Department will follow UTH HCPC's organizational wide Emergency Management Plan

### **Fiscal/Financial Department**

Will wait for systems to be restored.

Will use current staff in support.

Loss of patient data will result in \$519.00 per patient day.

Finance staff will contact Apollo. Apollo representative is located in HCPC. They will inform them of situation and when systems are functioning.

### **Management Information Services**

Management Information Services is a component of the University Texas Harris County Psychiatric Center. MIS has developed and will maintain a Business Continuity Plan (BCP) that has been developed to protect electronic clinical information and business support hardware, i.e. computers, servers, and laptops.

1. The hospital is evacuated for situations which render the hospital no longer capable of providing necessary patient care. Patient and medical records hard copy will be moved to an alternate care facility.
2. The UTHSC front end are down, but HCPC hospital is fine.

LAN: As the UTH Network Services department has similar LAN equipment as HCPC, an agreement has been reached with NS and Sunguard to utilize their backup server for recovery purposes, either offsite at HMB, UCT or Dallas or to be installed onsite at HCPC.

### Backup Network

The LAN servers are backed up in full nightly with offsite copies of tapes stored with a third party offsite.

3. HCPC is fine, but the room on the first floor and the network room on the second floors are unavailable

### Backups Clinical Data

The Eclipsys' database servers are backed up in full nightly with offsite copies of tapes stored with a third party offsite. This procedure follows the Tape backup Policy.

Invision server and data is stored and maintained in Malvern, PA.

### Offsite Recovery General Plan

Invision: Invision system is hosted off site in Malvern, Pennsylvania. This should not pose a problem for a disaster in Houston, Texas. Will need to reestablish connection to Malvern, working with UT Infrastructure, telcom, and network operations.

- **Dial 1-888-767-8326**
- **At the Main Menu, say "Customer Product Support" or press 1.**
- **Enter or speak your 6 digit customer number.**
- **6 digit hospital id is 569202**

## Business Continuity

- When prompted to "Speak the name of the product...",  **speak the shortcut** for the product and issue type you are calling about or enter the shortcut number on the telephone keypad (see list of shortcuts below).

Eclipsys: A contract has been negotiated with Sungaurd to restore backup of the Eclipsys system. (This cost \$18,000 is absorbed by UTHSC). We estimated that in a best case scenario, we could have the Eclipsys restored in seventy two hours including tape shipment time, restoration of data files and network connections.

The documents currently on line in Eclipsys are printed in hard copy in the chart. The chart will be used until replacement servers can be up and running.

Two members of MIS will retrieve back-up tapes and fly or drive to Dallas (cold site) or other UT facility to start recovery of the systems. They will meet members from Eclipsys Office: (404) 847-5000 quick response team to assist in the recovery process.

Once the offsite facility is on-line, a designated person from MIS will inform the various departments.

On site, MIS staff will assist in support roles with other departments and assist in getting other systems restored and provide report on damage of equipment.

Additional staff will not be needed from outside agencies to assist in the recovery.

Director of MIS will contact CIO and Hospital Administrator of problems/situation.

Office supplies that are needed will be retrieved from HCPC's in house store.

Additional equipment will be purchased to replace damage equipment. The specifications will be provided by the various vendors for procurement. Offsite facilities will be used until new system is working properly.

In case the MIS director cannot make it to the site. Another person from MIS on call roster will act in the Director's behalf.

All communication will be done via phone, fax, cell, pager, and walkie talkies.

### Responsibility

The major responsibility of the MIS department in an emergency is to protect the computer hardware and associated computer data owned and utilized by the hospital. This includes the SAN and LAN hardware located in the hospital computer room; the PC's, terminals and printers located in the MIS staff room;

the network equipment located in the switch rooms in the hospital; and to a lesser extent, the PC's, terminals and printers located throughout the hospital and other buildings.

A secondary responsibility is to assign available MIS personnel to the hospital personnel pool in order to provide additional assistance in other areas of the hospital.

Primary responsibility for directing the actions for the MIS department during an emergency is assigned as follows:

1. Director of MIS
2. LAN Manager
3. Eclipsys Manager
4. Invision Manager

Other MIS personnel will be given assignments and responsibilities as needed.

### **Assumptions**

#### **LAN Equipment**

The LAN file servers are used frequently during the normal work hours of 7:00 a.m. to 6:00 p.m. and all efforts will be made to keep the LAN's running during these hours. The LAN's are less frequently used after these hours and hence, there will be minimum work disruption if it becomes necessary due to an emergency to shutdown the LAN's after 6:00 p.m.

If a recent backup is available, only 30 minutes is required to shutdown the LAN servers. If a backup must be taken, then 6 hours must be allowed for the backup and shutdown process.

#### **Invision Equipment**

Invision equipment will not be disrupted from an emergency because the equipment is located in Malvern, Pennsylvania. Network access will be provided at UT for connectivity to the system.

### **Procedure**

Guidelines are provided for the following types of emergencies:

- 1) External Emergencies
- 2) Internal Emergencies

Note that guidelines for a fire emergency are included in the separate fire plan.

#### **1) External Emergencies**

In the event of an external emergency, such as a hurricane, tornado, flood or the like, MIS personnel will use the following guidelines according to the timeframe of the emergency notification.

### Condition I - 8 Hour notice

1. Same as Condition II, plus;
2. If extreme danger of weather and water damage, instruct hospital personnel via loudspeaker system, telephone and LAN to move any computer equipment away from windows. Offer MIS personnel assistance in this effort.
3. Determine if additional backups of LAN data is needed. If so, at MIS Director's direction,
  - notify users to log off appropriate system
  - disable access to system
  - take backup of system
4. Determine if LAN file servers should be shut down. If so, at MIS Director's direction, begin orderly shutdown of LAN servers
5. Determine when computer equipment may be powered on and brought on-line. Follow normal startup procedures for LAN servers. Notify hospital users via telephone or loudspeaker system when systems are available for use.

### Condition II - 12 Hour notice

1. Same as Condition III, plus;
2. If danger of power outage or weather damage, instruct hospital personnel via loudspeaker system, telephone and LAN to unplug PC and printer equipment from wall outlets.
3. Run any census reports as desired by Administration.

### Condition III - 24 Hour notice

1. Same as Condition V, plus;
2. Instruct hospital personnel via loudspeaker system, telephone and LAN mail to take backup of individual PC data.

3. Determine if onsite personnel needed for skeleton crew and approximate hours involved. Allow skeleton crew time to take care of personal preparations and return.

**Condition IV - 48 Hour notice**

1. Director will notify MIS personnel in person or via telephone of a pending disaster. All onsite MIS personnel will meet in the MIS staff room for planning and assignments as listed below.
2. Verify location & date of last LAN backup.  
Insure LAN backups are scheduled to run within the next 48 hours.
3. Check for working flashlights, extra batteries, and plastic for covering PC equipment.
4. Check stock of non-perishable food and bottled drinking water.
5. Verify skeleton staff available to be on-site, if needed during emergency.

MIS Staff who may be called on to be on-site are:

MIS Director  
LAN Manager  
Invision Analysts  
Programmer Analysts  
Network Specialists  
Eclipsys Manager

6. Inform UTH IS Operations of the pending disaster.
7. Inform Siemens Operations of the pending disaster and any changes or needs for the nightly Invision job.
8. Appoint personnel to answer phones/provide support for hospital staff.

**2) Internal Emergencies**

In the event of an internal emergency, such as a bomb threat, explosion, chemical spill, power failure or the like, MIS personnel will follow the following guidelines.

1. Director will notify MIS personnel in person or via telephone of the emergency. All onsite MIS personnel will meet in the MIS staff room for planning and assignments as listed below.
2. Verify location & date of last LAN backup.

3. Determine if additional backups of LAN data is needed. If so, at MIS Director's direction,
  - notify users to log off appropriate system
  - disable access to system
  - take backup of system
4. Determine if LAN file servers should be shut down. If so, at MIS Director's direction, begin orderly shutdown of LAN servers.
5. Determine if any other computer equipment is in danger of being damaged. If so, assign MIS personnel to power down and move equipment as needed.
6. Determine when computer equipment may be powered on and brought on-line. Follow normal startup procedures for LAN servers. Notify hospital users via telephone or loudspeaker system when systems are available for use.
7. Inform UTH IS operations of emergency.

### **Personnel Systems Management (PSM)**

In the event we are unable to utilize KRONOS or PeopleSoft to generate the payroll, the university has collaborated with us to develop a contingency plan.

- The university runs a nightly update file which is uploaded to a firm in New Jersey.
- PSM would utilize this file to autopay all employees based on the information in the file.
- PSM would then make a reconciliation of the file and pay corrections on the next payroll.
- The corrections would be communicated via an Excel spreadsheet.
- PSM would return to all paper forms (timesheets, Personnel Actions) in the event PSM is unable to access an email system.
- In the event there is no mechanism to direct deposit paychecks into employee's bank accounts, the university would print checks and distribute them to PSM.
- PSM would in turn distribute paychecks to our employees at HCPC.

### **UT/HCPC Outpatient Services**

#### **1. Loss Of Primary Computer System**

In the event of a loss of the primary computer system, outpatient services will use a paper system for all key automated functions. These include clinical and billing functions. When the primary computer system is restored, an addendum not will be written indicating which documents were done on paper and that they were filed in the patient's record. The billing department will also be provided with a list of any billable services that were documented on paper.

Emergency clinical information required to provide treatment will be accessed from the emergency powered database at the HCPC hospital site. An Outpatient staff member will go to the medical records department at the hospital, and access and print all minimally required patient care documents.

**2. Telephonic Failure**

In the event of a telephonic failure, cellular phones are available for use by the outpatient services.

**3. Electronic Failure/Loss of Use of Building**

In the event of an electronic failure or other building emergency that results in loss of use of the building e.g. loss of air conditioning in the summer, the following will occur;

All necessary clinical interventions will be provided and patients will be transported home.

Existing on call procedures will be implemented to ensure continued assessment and response to patient needs until use of building is re-established.

**PURPOSE:** The purpose of this policy is to plan for the quick and efficient return to business in the case of a major business disruption, in order to deliver the necessary services to all of our enrollees.

**IMPLEMENTATION:** University Texas-Houston Harris County Psychiatric Center Administrator/Safety Manager is responsible to disseminate this policy to all UTHCPC Staff.

**APPLICABLE TO:** All employees of UTHCPC

**DATE OF ORIGINATION:** 5/28/2005

**DATES OF REVISION:** 12/23/2008

**DATES OF REVIEW:**

**APPROVED BY:**

\_\_\_\_\_  
**Executive Director**

\_\_\_\_\_  
**Hospital Administrator**

\_\_\_\_\_  
**Medical Director**

## **POLICY**

### **POLICY:**

This policy will outline the steps to be followed in the case of a major disruption in the course of normal business operations and the quick and efficient return to business as usual.

### **PROCEDURE:**

- 1.0 The Plan has identified five major areas of training and planning to ensure UTHCPC's ability to provide needed services to our patients and business functions. These trainings are as follows but not limited to:
  - 1.1 The loss of power or facility closure.
  - 1.2 Electronic and/or telephonic failure.
  - 1.3 Complete loss of use of the disaster recovery's main site.
  - 1.4 Loss of UTHCPC's primary computer system and/or records.

- 1.5 Communication between UTHCPC, MHMRA, Siemens, Apollo and other facilities in the event of a business disruption.
- 2.0 The Business Continuity Plan policy and procedures will work in conjunction with UTHCPC's Business Impact Analysis, Risk Analysis and Security Analysis.
- 3.0 Each UTHCPC Department has outlined the steps to be taken in order to provide the necessary services needed for patient care and business support functions.
- 4.0 An organizational chart including telephone numbers will be available to all managers as a cascade roster so that employees can be notified and given instructions in the case of a disruption of our everyday business practices.
  - 4.1 This cascade roster will be tested at least annually by the appropriate department manager
  - 4.2 Each Department will be responsible for keeping their portion of the cascade roster current and up to date.
- 5.0 Each issue will be tested at least annually, documenting the steps to be taken in order to return to business quickly and efficiently.
  - 5.1 Steps taken will be documented as the testing takes place.
  - 5.2 The Management Staff will meet after the testing to evaluate what was done and how it could have been done more quickly and/or efficiently.
  - 5.3 Each test will be documented and available for review by UTHCPC's Management Staff.
- 6.0 If a real situation occurs that disrupts the day to day business of UTHCPC, these situations will also be documented.
  - 6.1 Once the situation has been resolved, UTHCPC's Management Staff will meet to evaluate what was done and how it could have been done more quickly and/or efficiently.
  - 6.2 Documentation will be available for review by UTHCPC's Management Staff.
- 7.0 Each UTHCPC Manager will have a binder containing but not limited to the following items:

- 7.1 UTHCPC's Business Continuity Plan Policy
- 7.2 Cascade Recall List/Organizational Chart
- 7.3 General Emergency, Evacuation and Preparedness Plans
- 8.0 Maintenance of Plan
  - 8.1 It is the responsibility of each department to review and maintain their portion of the plan annually.

[164.308 (a) (7) (A)]

[164.308 (a) (7) (B)]

[164.308 (a) (7) (C)]

[164.308 (a) (7) (D)]

[164.308 (a) (7) (E)]

[164.310 (a) i]

Texas Administrative Code Chapter 202

### **Test Dates**

Plan tested in September 2005 (Rita).

Off site recovery tested 5/2006.

Off site recovery tested 5/2007

Off site recovery tested 6/2008

Plan tested in September 2008 (Ike).

Plan tested in March 2009 (controlled network downtime)