



**UNIVERSITY OF TOLEDO MEDICAL CENTER**

**Continuity of Operations Plan  
(COOP)**

**EP-08-016**

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## Plan Layout

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Key Elements of COOP Plan	Notes
<b>Personnel</b>	<b>Section 2</b> BCBD, EMT, organization chart, key personnel, assigned personnel, unassigned personnel
<ul style="list-style-type: none"> <li>• Incident Commander (IC)</li> </ul>	<b>See HICS Org Chart</b>
<ul style="list-style-type: none"> <li>• Business Continuity Branch Director (BCBD)</li> </ul>	<b>Section 2</b> In charge of COOP operations 1. Hospital Finance Officer 2. Director of Hospital Finance
<ul style="list-style-type: none"> <li>• Emergency Management Team (EMT)</li> </ul>	<b>Section 2</b> Perform duties as assigned by BCBD 1. Finance Staff
<b>Essential Services</b>	<b>Section 4</b> Services that must be continued, even with reduced staff or from another location 4.A. Outpatient surgery 4.B. Outpatient clinical services 4.C. Pharmaceutical services
<b>Alternate Facilities</b>	<b>Section 3</b> If the University of Toledo Medical Center is unable to remain open for services alternate locations may include: <ul style="list-style-type: none"> <li>• George Isaac Center</li> <li>• Collier Building</li> <li>• Simulation Center</li> </ul>
<b>Testing, Training and Exercises</b>	<ul style="list-style-type: none"> <li>• Refer to University of Toledo Exercise Calendar</li> </ul>

## **Section 1: General Overview of the Plan**

### **1.A: Introduction to Continuity of Operations Planning**

Continuity of Operations (COOP) planning is an effort within agencies and departments to ensure the continued performance of minimum critical services during potential emergencies. This is accomplished through the development of plans, procedures, and provisions for alternate sites, personnel, resources, communications and vital records/databases.

#### **1.A.1: COOP Implementation**

In the event of a COOP emergency, the normal organization of the University of Toledo Medical Center would shift to the COOP implementation structure, and its focus would shift towards survival and the recovery of critical services. A COOP emergency could be any event involving the loss or inaccessibility to the University of Toledo Medical Center essential services for a period of time estimated to exceed 12 hours. The IC, as assigned, will determine whether or not a situation constitutes a COOP emergency. At this time, the decision will also be made to fill additional roles.

#### **1.B: Introduction to University of Toledo Medical Center**

University of Toledo Medical Center has developed and implemented an emergency management program designed to:

1. Prevent or lessen the impact that a disaster may have on the institution and the community (mitigation);
2. Identify resources essential to disaster response and recovery and facilitate their access and utilization (preparedness);
3. Prepare staff to respond effectively to disasters or emergency situations that affect the environment of care (response) and test response mechanisms; and
4. Plan processes for reestablishing operations after the incident (recovery).

#### **1.C: Purpose**

The purpose of this COOP plan is to minimize disruption to UTMC operations. This plan will identify essential services and establish procedures to keep those functions operating.

#### **1.D: Objectives**

The primary objectives of this COOP Plan are to:

- Provide for the safety of employees, customers and visitors
- Provide communications, direction, scope and impact to stakeholders
- Protect and minimize the potential loss of assets and resources
- Focus on continuity of operations procedures necessary to resume services and processes within their recovery time objective

- Effectively manage an immediate response to a business interruption at the University of Toledo Medical Center
- Ensure minimal loss of vital records or data should a business interruption occur
- Provide advanced information and education for UTMC employees regarding their roles and responsibilities following a department emergency declaration

### 1.E: Authority of COOP Plan

The IC will assign overall authority of and responsibility for the recovery of operations and the execution of this plan to the Business Continuity Branch Director (BCBD) and the successors identified in this plan. The IC will decide when the department will return to the authority of the normal organizational structure by deactivating the COOP plan.

### 1.F. Storage and Access Rights

The following table lists the locations of both paper and electronic versions of the COOP plan. Tracking changes should be made electronically and personnel alerted via email or other notification methods when revisions are posted to the plan.

	COOP Paper Copy	COOP Electronic Copy
<b>Confidential Copy</b>	1. Command Center (MLB 202)	<ul style="list-style-type: none"> <li>• EHRIS webpage : <a href="http://www.utoledo.edu/depts/safety/UT%20Procedures%20and%20Plans.html">http://www.utoledo.edu/depts/safety/UT%20Procedures%20and%20Plans.html</a></li> </ul>

### 1.G. Family Emergency Planning

While it is expected in a COOP event that employees will to focus on maintaining essential functions, it is also understood that they may also be concerned about their family's safety and security. All personnel are encouraged to plan for their family's safety and security during emergency operations, however, the Hospital recognizes its responsibility to provide meals, rest periods, psychological, and other personnel support to staff. In addition, the Hospital recognizes that providing support, such as communication services and dependent care, to employees' families during emergency situations allows employees to respond in support of the essential functions of the Hospital.

The Logistics Section Chief, working through the Support Branch Director and his/her unit leaders will initiate support programs and activities, based on the demands of the specific emergency.

## Section 2: Organizational Structure and Leadership

### 2.A. COOP Structure

During a COOP event the Hospital Incident Command structure will be activated. There will be an Incident Commander at all times with section chiefs assigned as necessary. These individuals will be comprehensively known as the Emergency Management Team.

#### 2.A.1. Business Continuity Branch Director (BCBD)

The Business Continuity Branch Director (BCBD):

- Is in charge of the COOP incident – has overall responsibility for all activity that relates to the department COOP activation, relocation and reconstitution
- May delegate authority by assigning unit leaders to oversee the service recovery process within a particular section of the department

#### 2.A.2. Emergency Management Team (EMT)

The Emergency Management Team (EMT) is an assemblage of University of Toledo Medical Center leaders and managers. Its role is to advise and assist the Business Continuity Branch Director (BCBD) by making emergency-related policy decisions.

Emergency Management Team (EMT)		
Division	Primary Member	Alternate Member

\*Complete chart based on availability and need at the time of the event

### 2.B. Leadership

#### 2.B.1. Order of Succession

The Order of Succession for the University of Toledo Medical Center Hospital Finance Department is:

1. Hospital Finance Officer
2. Director of Hospital Finance

#### 2.B.2. Delegation of Authority

In the event that the Hospital Finance Officer or other key personnel are unavailable to serve as the lead for the Department, the Order of Succession will be adhered to until a higher successor becomes available. The successor has the full authority that the Hospital Finance Officer would have, which includes carrying out the functions of the department and the ability to allocate fiscal, personnel and equipment resources. If the successor is expected to become unavailable, or someone else in the line of succession is better equipped to serve as the BCBD based on the nature of the incident, the

successor has the authority to re-delegate the functions and activities associated with being the BCBD for the department to that person.

### **2.B.3. Devolution**

In a scenario in which department leadership is incapacitated, the department will transfer all of its essential functions and leadership to University Finance. CFO and Hospital Finance Officer shall sign a COOP Memorandum of Understanding.

## **2.C Department Personnel**

### **2.C.1 Key Personnel**

Key units perform essential services. Key personnel have the most knowledge about the critical services within the department. They will direct the recovery and continuation of critical services during a COOP event.

### **2.C.2 Assigned and Unassigned Personnel**

Assigned personnel are staff members who were either on duty at the time of COOP activation, or are called in to work during a COOP situation. Assigned employees' responsibilities would include notification, relocation, service recovery, and other duties as delegated by the BCBD, at either the primary or alternate site. Part of your strategy should ensure that employees: \*Decided by Essential Departments

- Are protected
- Understand their role
- Know where to go
- Know what to do
- Know what resources are required
- Know the timing requirements of essential services
- Are trained to perform assigned tasks

Unassigned personnel are those employees who do not need to respond to the situation during the current shift. However, they still have a role in the COOP activation. A person's role may be to go home and be on call. They should be prepared to deploy to support the assigned staff, if required. If called in to work, they should report to a designated location and perform any assigned duties that are appropriate for their skills and training.

## **Section 3: COOP Implementation Processes**

There are three phases in COOP operations. They are: Activation, Operations, and Reconstitution. Specific processes support each phase. Processes may be started in any order. Not every process may be needed for every COOP incident.

### **3.A Phase One: Activation and Relocation**

Phase one encompasses the initial 12-hour period following activation of the COOP plan. During this time, the Department will review the situation and use the appropriate processes.

#### **3.A.1 Activation Process**

During the initial phase of a COOP event, two major activities will take place:

1. The Emergency Management Team will assess the situation and decide whether or not to initiate COOP procedures. Decisions to activate COOP actions will set in motion the plans and procedures to maintain essential services.
2. Per the IC, the Business Continuity Branch Director (BCBD) will initiate notification process, and decide whether to stay in the primary location, relocate, or devolve.

#### **3.A.2 Notification Process**

The IC will initiate the Notification Process. Based on the emergency, it may not be necessary to contact all department staff at the start of the COOP event. The IC will also make sure other appropriate offices, departments, and businesses are notified of the COOP activation.

#### **3.A.3 Devolution Process**

In some cases, it may be necessary to activate the COOP plan through devolution. Devolution planning addresses emergencies that may render a department's leadership and staff unavailable or incapable of supporting essential functions. Statutory authority and control of prioritized critical functions are transferred from a department's primary operating staff and facilities to other employees at a devolution (alternate) site, which will sustain the necessary operational capability for an extended period of time. The devolution process is an extension of a department's concept of operations for COOP and is a way of ensuring a COOP capability in a worst-case scenario. Departments are required to complete devolution planning as part of their COOP planning processes.

### **3.B Phase Two: Operations**

Whether you relocate or not, there are some features that are common to COOP operations. This section covers roles and responsibilities and personnel coordination.

#### **3.B.1 Purpose of Operations**

The primary purposes for operations for continuity are:

- Continuation of essential services
- Establishment of communications to all critical customers
- Assignment of responsibilities for all staff
- Development of plans and schedules for reconstitution



### **3.B.2. Alternate Facility Operations**

It may be necessary to move all or some of the department's critical services, personnel, records, and equipment to an alternate operating facility, as well as orient staff to the new facility.

### **3.B.3 Devolution Process**

In the event that a disaster affects numerous facilities across campus, the BCBD or designee will contact the appropriate Command Center. This group will assist with the relocation and sustainment of core essential services for the affected campus departments.

## **3.C Phase Three: Reconstitution**

### **3.C.1 Reconstitution Process**

Reconstitution describes the department's processes to discontinue COOP activities and return as a fully functional entity in its primary facility or a long-term temporary facility. Specific reconstitution planning should begin as soon as the COOP is implemented.

### **Section 4: Recovery Procedures for Essential Services**

In this section, you will prioritize your essential services, give them a priority number and/or code, and write detailed recovery procedures for the services. The first step is to decide how a service's disruption will affect the total organization. If needed, employ a tier strategy using the guidelines below as a means of further prioritizing the essential services.

**Tier 1. Essential (Critical):** Outpatient surgery, Outpatient clinical services, pharmaceutical services

**Tier 2. Very Important:** Tier 2 services, while not highly critical, are nonetheless very important to the organization. Environmental services, human resources, continuing academic services etc.

**Tier 3. Can be Deferred:** Tier 3 services are areas that can usually be deferred without compromising the integrity of the organization as a result. i.e. Academic Research

The BCBD will determine the order within each tier that services should be recovered. Recover Tier One services (1\*) first. It may not be necessary to recover every service in every COOP incident.

- ✓ Tier One services: recovered in the first eight hours
- ✓ Tier Two services: recovered in eight to 24 hours
- ✓ Tier Three services: recovered in >96 hours

#### 4.A. Essential Services Priority List

Tier	Division	Essential Service	Plan Developer
<b>Division 1</b>			
1*	D1 #1	Service #1	Plan Developer
1*	D1 #2	Service #2	Plan Developer
2	D1 #3	Service #3	Plan Developer
2	D1 #4	Service #3	Plan Developer
<b>Division 2</b>			
1*	D2 #1	Service #1	Plan Developer
2	D2 #2	Service #2	Plan Developer
2	D2 #3	Service #3	Plan Developer

\*To be completed by individual departments upon COOP activation at the time of the event.

#### 4.B. Essential Service(s)

##### Recovery Time Objectives (RTO)

Lead: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Event or Incident: \_\_\_\_\_

- ▶ Use this worksheet as a guide to completing this process. Fill in the date, time, and person assigned to the task. Change, add or delete steps as the situation warrants. Show the actual steps actually taken to complete this process. **If extra tasks come up, list the steps below the chart, mark with an asterisk, and show the RTO.**
- ▶ Return the worksheet to the BCBD or designee when this process has been completed. It will be used to revise and update this worksheet.
- ▶ **Overview**
  - Use this worksheet as a guide to completing this process. Change, add or delete steps as the situation warrants. Show actual steps taken to complete this process.
  - Record information such as date/time task was assigned, person assigned to task, date/time task was completed in the Notes section.
  - Return the worksheet to the BCBD when this process has been completed. It will be used to revise and update the COOP manual and future training.
- ▶ **Major Tasks**
- ▶ **Resources**
- ▶ **Recovery Time Objective (RTO)**

## **Section 5: IT Business Continuity Plan**

The following procedures are designed to alert personnel to computer downtime regarding hospital applications whether scheduled or unscheduled. These procedures will provide guidelines designed to manage computer downtime, reduce the interruption of patient care services and assure a continuous flow of clinical information.

### **5A. Guideline Statement**

The clinical IT department shall have a guideline for the recovery of patient critical applications. There is a single data center at the University of Toledo Medical Center; it is located in Dowling Hall of the hospital. If this data center is non-functional, the applications can be recovered at the University Computing Center (UCC) on the University of Toledo Main Campus.

### **5B. Purpose of Guideline**

This guideline's purpose is to determine the order of recovering patient critical applications.

### **5C. IT Procedure**

1. The first critical application to be restored is the patient access/registration and revenue cycle application. Logic: MRNs and patient account numbers can be identified and created
2. The second application is the clinical interface engine. Logic: MRNs and patient account numbers can be sent to the ancillary applications as they are recovered.
3. CIO and HIT Director coordinates with hospital administration the ensuing application order for recovery
4. Application departments include: cardiology, emergency room, HIM, laboratory, nursing, pharmacy, radiology, and surgery.