

# CONDUCTING A BUSINESS IMPACT ANALYSIS (BIA)

HOSPITAL & HEALTHCARE ORGANIZATION WORKSHOP

Central NY Health Emergency Preparedness Coalition

March 15, 2018

Presenters: Brinton Muller, Little Falls Hospital  
Andrew Jewett, Iroquois Healthcare Association  
  
CNY Health Emergency Preparedness Coalition  
Continuity of Operations Workgroup

# CONDUCTING A BIA

# GETTING THERE

## *A Quick Review...*

## **COOP PLANNING**

- Obtain Executive Support
  - Establish Project Management
  - Identify Essential Functions
  - Conduct Threat and Risk Analysis
  - Conduct BIA
  - Determine COOP Plan Priorities
  - Develop Concept of Operations
- Develop Additional Elements:
    - Activation
    - Orders of Succession
    - Delegation of Authority
    - Continuity of Facilities
    - Continuity Communications
    - Vital Records Management
    - Human Resources
    - Devolution of Control
    - Restoration/Reconstitution
    - Maintaining Continuity Readiness

## *A Quick Review...*

## ESSENTIAL FUNCTIONS

- Cannot be deferred during an emergency;
- Must be performed continuously or resumed quickly;
- Serve as key planning factors necessary to determine appropriate care delivery, staffing, communications, essential records, facilities, training and other requirements;
- Determining essential vs. important helps to free up resources to focus on essential functions which cannot be deferred.

## *A Quick Review...*

## ORGANIZATIONAL FUNCTIONS

- What are the important functions that support the mission?
- Sample Essential Functions:
  - Hospital: Emergency Services, Surgical, Patient Care Lab, Health Information, IT/IS, Central Supply, HR, Environmental Services, Radiology, Pharmacy...
  - Public Health: Communication

- Engage hospital leadership;
- Meet with Steering Committee to determine what they want to see as a result of the BIA:
  - Operational improvements, interruptions to services, adverse impacts to patient safety, reputation, loss of market share, regulatory fines and corrective actions, security breaches and IT downtime, loss of business critical information, patient health information;
- Identify your BIA Team;
- Collect a list of all departments, cost centers, and department leaders and contact information to track your BIA progress.

- Data collection and reconciliation are common problems;
- Document what information you want to keep and track in a master spreadsheet;
- Recommend the following fields to keep:
  - Division, Division Leader,
  - Department, Department Leader
  - Contact information (email, and phone) for Leaders.

Create a dashboard for tracking progress.

*Example*

Dashboard Data	
Targeted Recipients	
Interviews Scheduled	% Scheduled
Interviews Completed	% Completed
BIA Tool Entry	% Entered
BIA Tool Reconciled	% Completed

- Survey is designed to determine each department's essential functions, and top applications/systems and equipment that support that function;
- To ensure consistency in how questions are asked and answered consider:
  - Employee head count to include full time employees and hours of operation so that costs and revenue are accurate;
  - Is daily revenue based on 5 day work week or 365 days of operation;
  - Drop down menus for essential functions ;
  - Separate BIA for non-clinical departments without patient or family impact;
  - Develop a communication schedule.



BIA  
Worksheet



- Finalize schedule for interviews; invite dept. leaders and their VP;
- Conduct interviews in a facilitated approach with a recorder;
- Consider asking the 3 top essential functions; and then go back to and ask about the top 3 applications and impact to functions;
- Track everyone targeted on master list; add others as needed;
- Validate responses through a team review of interview data and notes. This is an important step to ensure consistent information throughout the process.

- Prioritize Applications and Essential Functions;
- Establish Recovery Time Objectives (RTO) & Recovery Point Objectives (RPO) for each.

**RTO** - Maximum duration of service or application outage before significant operational, patient care or family experience impacts occur.

**RPO** - Maximum amount of tolerable data loss.

RTO and RPO combine to determine  
Tiers prioritization and sequencing of recovery.

Tier	Description	RTO	RPO	Example
0	Foundational Infrastructure			Email, Network, Phones
1	Critical	0-4 hr	<30 min	CIS, EPIC
2	Urgent	4-24 hr	<60 min	Lawson, ETM
3	Important	24-96 hr	<12 hr	CIS Training Application
4	Required	5-7 days	12-36 hr	Archived Images

- To complete Tier Assignments:
  - Export data from BIA Tool to a master excel spreadsheet;
  - Conduct quality assurance of data and gap analysis (integrity of data, reconciliation of independent sources, missing data);
  - Create a view of all data submitted showing impact scores;
  - Assign values (weights) to the scores.

# CONDUCTING A BIA

# ANALYSIS

	<i>Description</i>	<i>Weight</i>
Operations Impact	N/A or blank	0
	> 72 hours	1
	< 72 hours	3
	< 24 hours	5
	< 8 hours	7
	< 4 hours	9
	0 hours	11
Patient Safety Impact	9 - null (or blank)	0
	1 - None at all	1
	2 - minimal risk	3
	3 - moderate risk	5
	4 - severe risk	7
	5 - immediately life threatening	14
Family Impact	9 - null (or blank)	0
	1 - none at all	1
	2 - minimal	3
	3 - moderate	5
	4 - severe	7

- Weights are added together and multiplied by the enterprise context to create a Total Impact Score;
- The Total Impact Score is used to create tier assignments;
- Financial Analysis;
- Final Report includes a narrative detailing subjective and quantitative findings;
- Present findings to Steering Committee;
- Include and use as a guide for the overall COOP Plan.