


CHAPTER: 10	SECTION: 11	SUBJECT: MANAGEMENT OF INFORMATION
TITLE: Continuity of Operations		
EFFECTIVE DATE: 5/22/18	REVISED DATE: 5/13/19, 6/3/20, 05/06/21, 10/20/22, 11/15/23	
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

I. PURPOSE

To establish policy and procedure for the assurance of continued business function following any disruption to normal business practices resulting from partial or complete information systems or physical plant failures, whether planned or unplanned, which renders any application, office, clinic, site, or location used by Community Mental Health of Ottawa County (CMHOC) inaccessible for a given period of time.

II. APPLICATION

All CMHOC operated and contracted programs and services.

III. DEFINITIONS

Alternative Care Location: Primary or undesignated location for relocation of critical services during an adverse event.

Diversion Point: Amount of time an essential function can operate before alternative care locations or processes must be implemented.

Downtime: The period of time when something, such as an information systems failure or building systems failure, results in a disruption of usual business operations.

Essential Business Function: The critical activities performed by the organization or individual teams that must continue with no or minimal disruption.

Manual Workaround: Part of the overall recovery and continuity strategy employed when the use of standard electronic means are unavailable, such as the Electronic Health Record (EHR) or Avatar.

Protected Health Information (PHI): Information regarding an individual's health that may be used to identify the individual.

IV. POLICY

CMHOC will develop, maintain, and regularly review procedures to be implemented in the event of a partial or complete outage of any system function, whether planned or unplanned, or following a disaster, whether man-made or natural, that renders any physical location inaccessible for a period of time. CMHOC ensures there exists an updated contingency and recovery plan to mitigate any actual or potential compromise to the confidentiality, integrity or availability of protected health information (PHI), and that procedures for maintaining the minimum provision of essential business functions are implemented, including facilitating timely relocation to alternative care locations.

V. PROCEDURE

- A. The Continuity of Operations planning shall assess and incorporate, at minimum, the following components:
 - a. *Disaster Recovery Plan* to establish practices to allow restoration of any loss of data or access to data.
 - b. *Emergency Operations Guide* to establish a timely resumption of business practices immediately following an outage.
 - c. *Technology Plan* to outline technology initiatives and strategies that guide CMHOC's use of technology to maintain operations.
 - d. *Operational Guidelines* to outline processes and procedures to follow in the event of downtime.
 - e. *Plan Testing* to test the feasibility of and revise, as needed, established contingency plans. May include tabletop exercises, planned, and unplanned outages.
 - f. *Applications and Criticality* assessment to determine systems and applications criticality to plan appropriately for data and systems recovery.
- B. In the event of an informational systems failure of any part of the entirety of the system, the IT Program Supervisor, or designee, shall be responsible for communicating recovery and continuity practices to be implemented dependent upon assessment of the:
 - a. Nature/scope of the outage (i.e. utility failure, server outage, limited EHR functionality, etc.),
 - b. Location(s), program(s), or service(s) affected, and
 - c. Expected duration of the outage.
- C. Each team, when determined necessary, will develop and maintain an Operational Guideline that details critical business functions that must be maintained during any downtime and the procedures to be taken to initiate such activities and actions.
- D. Each team, at a minimum, will maintain paper copies of critical documentation to be used in the event of downtime caused by a system failure.

- E. All staff will receive emergency preparedness training upon hire and annually thereafter.
- F. CMHOC will conduct annual testing of all emergency preparedness plans and procedures. This must include:
 - a. Full-scale exercise of all procedures and emergency plans.
 - b. At least one other additional training activity, which may include table-top exercise, led by a facilitator that uses a clinically relevant emergency scenario.

VI. ATTACHMENT

VII. REFERENCE(S)

CMHOC Continuity of Operations Plan
Disaster Recovery Plan
Emergency Operations Plan
42 CFR 485.920