



Tailoring Business Continuity Management (BCM) for Hospital Operations

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Introduction

To ensure the safety and continuity of care for patients in the event of a disaster, a hospital's critical operations demand robust and effective business continuity plans.

Business Continuity Management (BCM) serve to build the hospitals' critical operations capabilities in preparing, responding and recovering from operation disruptions.

Objectives of Tailoring BCM for Hospital Operations

From 2013 – 2015, ISO 22301 certification had guided SGH in establishing a good foundation in BCM documentation and trainings for the 22 business units (BUs) identified as the hospital's critical operations. As the hospital matures in BCM, SGH discontinued ISO 22301 certification in 2016 and tailored our own BCM framework and programme.

The objectives is to:

- Advance beyond individual BU's BCM capabilities and strengthen inter-BUs synergy at a hospital level
- Shift of focus from a documentation-centric to a operations-centric approach in BCM

Methodology

Added Activities

Sharing of gaps identified, good practices and recommendations between BUs

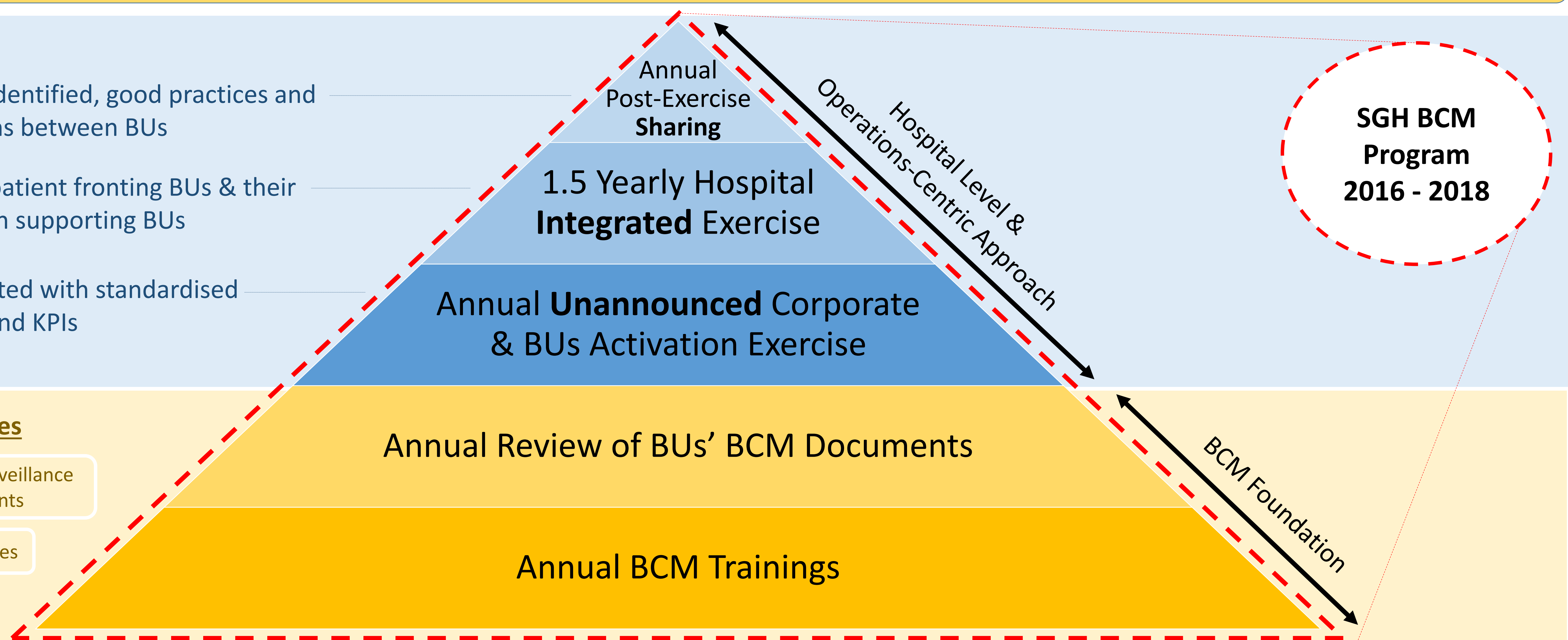
Exercise critical patient fronting BUs & their coordination with supporting BUs

Centrally conducted with standardised activation time and KPIs

ISO22301 Activities

ISO Certification & Surveillance
Audit of BCM Documents

Individual BUs Exercises



Results

With a stronger emphasis on validating our BCM operations at a hospital level through exercises and knowledge sharing, the BCM programme has yield positive qualitative and quantitative results.

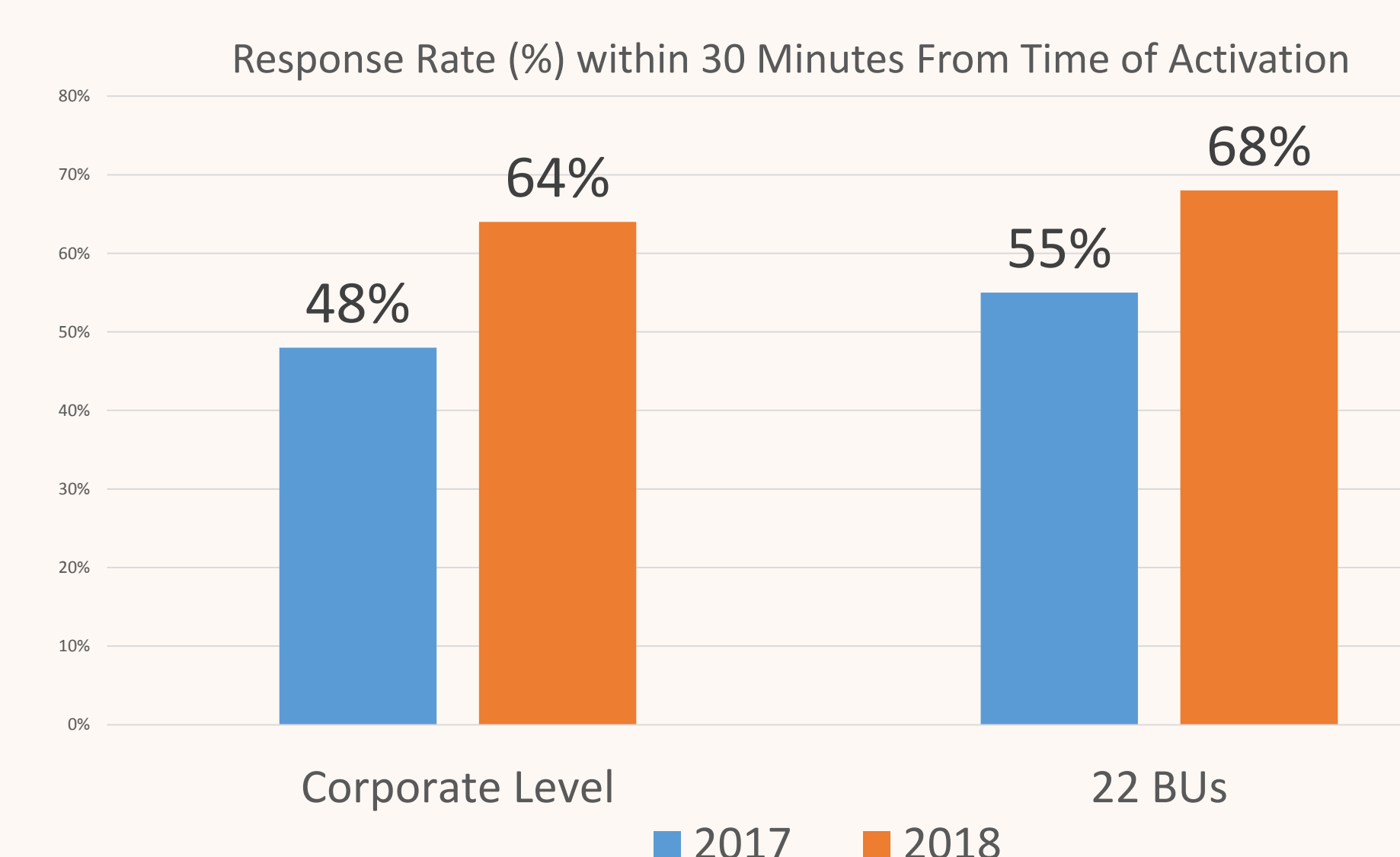
1. Enhanced Collaborations and Operations Support Between BUs and SingHealth Institutions

- Arising from the 2016 Hospital Integrated Exercise, the close proximity of SGH Major Operating Theatres' alternate location in the disaster zone lead to the **establishment of Memorandum of Understanding (MOU)** with NHCS' Operating Theaters.
- Learning from the **Post-Exercise Sharing Sessions**, several BUs (e.g. Blood Bank Lab, Endoscopy Centre, Haematology Centre) also relocated their alternate locations to facilities that are further away, or are equipped with better suited medical capabilities.
- The establishments of MOUs and relocation of alternate locations **strengthened the operational linkage** between BUs to provide patients with a safe environment and ensuring continuity of care during a business disruption.



2. Collective Improvement in BC Plan Activation Response Rate at Corporate & BUs Level

- Based on the analysis of 2016 Unannounced Corporate and BUs Activation Exercise results, a Call Tree Model was formulated to increase efficiency in information cascading.
- **During the Post-Exercise Sharing Sessions**, good practices (e.g. good phone habits) and the Call Tree Model was shared among the 22 BUs.
- **The adoption of good practices and Call Tree Model has contributed to the improved BC plan activation response rates** at both corporate level and BUs level in 2017.



Conclusion

By implementing an operation-centric programme that involves both intra and inter BUs interactions, SGH was able to enhance its BCM capabilities and strengthen our resiliency to critical business disruptions as a hospital.