

Multnomah County Health Department  
Business Continuity Business Analysis Tool

BC Business Analysis Tool

Date: 9/23/05  
Rev date 1: 08/10/06  
Rev date 2: 06/05/2007  
Rev date 3: 11/13/2007  
Name: J. Daniels  
Extension #: 29751

**Program Area: ICS School-Based Health Center Program Priority: Immediately Critical-Personal Based Services**

<b>Activities/Services</b>  1. Phone Triage 2. Pharmacy 3. I & R 4. Care Coordination 5. Critical Labs 6. After Hours MD	<b>CHAIN OF COMMAND</b> 1. JILL DANIELS, PROGRAM MANAGER 2. SALLY GARDNER, NURSING SUPERVISOR 3. STEVE BARDI, OPERATIONS MANAGER /Kristin Case, Lead Adolescent FNP
---	--

<u>People</u>			<u>Process</u>		
Current Practice	≤ 3 days Plan A	> 3 days Plan B	Current Practice	≤ 3days Plan A	> 3days Plan B
1. Phone Triage: SBHC Staff at each site, Central Triage.	Two licensed SBHC RNs from 7:00AM-7:00 PM at central location “hot line”. Designated SBHC provider consultation on-call.	Two licensed SBHC RNs from 7:00-AM-7:00 PM at central location “hot line”. Designated SBHC provider consultation on-call.	All phone calls answered, triaged, appointed or referred.	All phone calls answered, triaged, referred or appointed to one central SBHC site. ASSUMPTION: Primary Care Health Center may be first choice. SBHC licensed staff could serve SBHC clients and PC clients. Individual clinic phone messages updated.	All phone calls answered, triaged, referred or appointed to designated SBHC site(s). Individual clinic phone messages updated. ASSUMPTION: Expanded services at SBHC site(s) in school community buildings could also serve PC clients, with FNP providers.
2. Pharmacy meds delivered to SBHC sites by courier.	Two SBHC RNs and one designated SBHC provider on-call.	Two SBHC RNs and one designated SBHC provider on-call.	Pharmacy meds delivered to SBHC sites by courier.	Critical meds delivered to one central SBHC site; clients notified.	Meds delivered to designated SBHC site(s), clients notified.
3. I&R: SBHC staff at each site, central I&R.	SBHC “hot line” and Prov RN after hours 6pm to 7am	SBHC “hot line” and Prov RN after hours 6pm to 7am	All phone calls answered, triaged, appointed, referred.	All phone calls answered, triaged, referred or appointed go	All phone calls answered, triaged, referred or appointed to designated

Multnomah County Health Department  
Business Continuity Business Analysis Tool

<u>People</u>			<u>Process</u>		
Current Practice	≤ 3 days Plan A	> 3 days Plan B	Current Practice	≤ 3days Plan A	> 3days Plan B
				one central SBHC site.	SBHC site(s).
4. Care Coordination provided at SBHC sites.	Care coordinated by licensed staff on “hot line”.	Care coordinated by licensed staff on “hot line”.	SBHC clients present or call for care.	Critical SBHC clients triaged to one central SBHC site. “Hot line” activated, staffed by licensed staff.	SBHC clients triaged to SBHC site(s). “Hot line” activated, staffed by licensed staff.
5. Critical Labs	1 NP to monitor all SBHC NP inbaskets in EHR	1 NP to monitor all SBHC NP inbaskets in EHR	SBHC clients notified by their clinic staff.	Follow-up for critical lab clients at one SBHC site.	Follow up for critical lab clients at designated SBHC site(s).
6. After Hours MD: SBHC clients call MCHD “After Hours” number.	MCHD “After Hours” number.	MCHD “After Hours” number.	SBHC clients call MCHD “After Hours” number.	SBHC clients call MCHD “After Hours” number, number on updated clinic phone message,	SBHC clients call MCHD “After Hours” number, number on updated clinic phone message,

BC Business Analysis Tool

Program Area: ICS SBHC Program

Priority: Immediately Critical-Personal Based Services

<p><b>Activities/Services</b></p> <ol style="list-style-type: none"> <li>1. Phone Triage</li> <li>2. Pharmacy</li> <li>3. I&amp;R</li> <li>4. Care Coordination</li> <li>5. Critical Labs</li> <li>6. After Hours MD</li> </ol>
---

Multnomah County Health Department  
Business Continuity Business Analysis Tool

<b>Facilities</b>			<b>Technology/Equipment</b>		
Current Practice	≤ 3 days Plan A	> 3 days Plan B	Current Practice	≤ 3 days Plan A	> 3 days Plan B
1. Phone Triage done at individual clinics during clinic hours. Clinics are sited in school buildings (3 school districts).	SBHC Program Management will reassign licensed staff to central phone location, coverage 7 AM-7 PM and ensure that all clinic phone messages are updated and contact school districts to identify potential clinic sites, contact MCHD managers for other clinic options.	SBHC Program management will reassign licensed staff to central phone location, coverage 7 AM-7 PM, ensure that all clinic phone messages are updated and contact school districts to identify potential clinic sites, contact MCHD managers for other clinic options.	All SBHC technology and equipment is maintained by County staff at school clinic locations.	Establish phone locations for “hot line”, , ensure computer connectivity for “hot line” staff to access Epic/EHI, technology for one central SBHC site.	Expand phones, ensure computer technology for other potential clinic sites.
2. Pharmacy meds delivered by county courier to each clinic.	SBHC management will identify potential clinic site.	SBHC management will identify potential clinic site(s).	SBHC management will coordinate pharmacy delivery to one clinic site.	SBHC management will coordinate pharmacy delivery to clinic site(s).	
3. I&R provided at SBHC sites.	SBHC licensed staff.	SBHC licensed staff.	SBHC management will identify central location for phone “hot line”	SBHC management will identify central location for phone “hot line”.	
4. Critical Labs interventions at SBHC sites.	SBHC licensed staff.	SBHC licensed staff.	Critical services provided at identified clinic site.	Critical services provided at identified clinic site(s).	
5. Care Coordination provided at SBHC sites.	SBHC licensed staff.	SBHC licensed staff.	SBHC management will identify one clinic site.	SBHC management will identify clinic site(s).	
6. After Hours MD	MCHD After Hours, I&R	MCHD After Hours, I&R	MCHD After Hours, I&R	MCHD After Hours, I&R	

BC Business Analysis Tool

Program Area: ICS SBHC Program Priority: Critical-Personal Based Services

Multnomah County Health Department  
Business Continuity Business Analysis Tool

<b>Activities/Services</b>  1. Phone Triage 2. Pharmacy 3. I&R 4. Care Coordination 5. Critical Labs 6. After Hours MD
---

<u>Communication staff &amp; client</u>		
Current Practice	≤ 3 days Plan B	> 3 days Plan A
<b>1. Phone Triage</b>	Activate SBHC Program Emergency Communication Plan (Administrative Guideline 31). Identify phone triage licensed RNs and provider consultant.	Urgent messages, Command Post messages.
<b>2. Pharmacy</b>	Inform SBHC “hot line” staff of any critical meds dispensing procedures.	SBHC management will consult with SBHC site(s) and “hot line” staff, monitoring needs/issues.
<b>3. I&amp;R</b>	Inform SBHC “hot line” staff of I& R process	
<b>4. Care Coordination</b>	SBHC management will identify any critical needs and communicate with Incident Command, MCHD management.	SBHC management will identify any critical needs and communicate with Incident Command, MCHD management.
<b>5. Critical Labs</b>	Inform SBHC “hot line” staff of critical lab procedures	
<b>6. After Hours MD</b>	Inform SBHC “hot line” staff of after hour MD process	

**STAFF ORIENTATION &  
TRAINING PLAN**  
**Maintain up to date call down list**  
**Orient staff new to SBHC within**  
**90 days of hire**  
**Review plan annually with staff**  
**in Fall.**

Multnomah County Health Department  
Business Continuity Business Analysis Tool

1) Date: \_\_\_\_\_ Reviewed and updated plan. \_\_\_\_\_  
Manager's signature

2) Date: \_\_\_\_\_ Reviewed plan with staff. \_\_\_\_\_  
Manager's signature

3) Date: \_\_\_\_\_ Reviewed plan with substitute staff. \_\_\_\_\_  
Manager's signature

4) Date: \_\_\_\_\_ Reviewed plan with a relevant stakeholders (i.e. vendors, contractors, & community reps.).  
\_\_\_\_\_  
Manager's signature