Praxis Forum

DAY 1
Foundations & Business Impact Analysis (BIA)

PART 1: OPENING REMARKS		
09:00 - 09:15 AM	**Welcoming Remarks & Introductions**	Welcome participants and stakeholders, establish a safe learning environment, and conduct brief participant introductions.
PART 2: INTRODUCTION		
09:15 - 09:30 AM	**Workshop Overview**	Outline workshop objectives, introduce templates, and set expectations for the 2-day session.
PART 3: CONTEXT SETTING FOR BCP		
09:30 - 10:15 AM	**The 4 Pillars of Clinical Operations**	Interactive presentation on People, Places, Processes, and Providers. A whole-of-organization strategy tailored to remote or community-based health centres.
10:15 - 10:30 AM	**MID-MORNING BREAK**	
10:30 - 12:00 PM	**Activities 3.1 to 3.3: Operational Worksheets.** Required Tools: Business Profile Worksheet.	**3.1 Get Started:** Aligning BCP concepts with clinical realities.
		3.2 Service Unit Profiles: Define mission statements for key clinic areas (e.g., Triage, Chronic Care, Urgent Care).
		3.3 Critical Contacts: Map 24/7 on-call staff, local emergency services, and primary medical supply vendors.
12:00 - 13:00 PM	**LUNCH BREAK**	

PART 4: BUSINESS IMPACT ANALYSIS (BIA) ACTIVITY		
13:00 - 13:30 PM	**Introduction to Clinical BIA Methodology**	Extended to 30 minutes to clearly explain scope, methodology, and objectives for conducting a human-centric and operational BIA.
13:30 - 14:15 PM	**Activities 4.1 & 4.2: Essential Function Prioritisation.**	**4.1 Determining Essential Functions:** Separating immediate life-saving care from deferrable services.
		4.2 Prioritizing Functions: Ranking clinical dependencies based on patient acuity and resource availability.
14:15 - 14:30 PM	**AFTERNOON BREAK**	
14:30 - 16:00 PM	**Activities 4.3 & 4.4: Deep-Dive Impact Mapping.**	**4.3 Critical Clinical Workflows:** Documenting essential services that cannot be interrupted without endangering patient lives (e.g., emergency triage, cold-chain immunization storage, oxygen supply).
		4.4 Dependency & Tolerance Modeling: • Establish Maximum Tolerable Downtime (MTD) and Recovery Time Objectives (RTO) for clinical systems; • Map human resource dependencies, including minimum safe staffing ratios, specialized clinical skills, and psychological resilience/staff backup rotations during a crisis.

DAY 2

Risk Assessment, Continuity Strategies & Testing

PART 5: ALL-HAZARDS RISK ASSESSMENT		
09:00 - 10:15 AM	**Hazard Identification & Vulnerability Analysis** Required Tools: Risk Assessment Matrix.	Evaluate specific threats to the health centre (e.g., extreme weather, prolonged power outages, supply chain delivery failures, cyberattacks on Electronic Medical Records, or staff shortages).
10:15 - 10:30 AM	**MID-MORNING BREAK**	
PART 6: DEVELOPING CONTINUITY STRATEGIES		
10:30 - 12:00 PM	**Activities 5.1 to 5.3: Downtime Procedures & Workarounds**	**5.1 Clinical Workarounds:** Creating paper-based charting backups, manual medication dispensing protocols, and alternative communication pathways (e.g., satellite phones, radio).
		5.2 Relocation and Mutual Aid: Planning for partial or full health centre evacuation, or setting up temporary triage zones.
		5.3 Logistics Support: Managing emergency fuel, water reserves, and shelf-stable medical supplies.

12:00 - 13:00 PM	**LUNCH BREAK**	
PART 7: PLAN VALIDATION & TESTING		
13:00 - 14:40 PM	**Tabletop Exercise (TTX)**	A facilitated, low-stress simulation of an escalating crisis (e.g., an ice storm causing a 48-hour power outage combined with a sudden influx of patients). Participants apply the Day 1 BIA data and Day 2 workarounds to solve real-time operational dilemmas.
14:40 - 15:00 PM	**AFTERNOON BREAK**	
PART 8: DEBRIEF & NEXT STEPS		
15:00 - 16:00 PM	**Action Planning & Closing**	Capture lessons learned from the tabletop exercise, assign ownership for final plan drafting, outline maintenance schedules, and deliver closing remarks.

Updated: August 26, 2026