



Government of **Western Australia**
Department of **Health**

Business Impact Analysis handbook

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Purpose

The purpose of this handbook is to provide guidance on how to undertake a Business Impact Analysis (BIA) using the templates and tools that have been developed for healthcare facilities in the Department of Health. There is, however, no requirement to standardise the BIA – health services and divisions are free to use other BIA methodologies and tools that are deemed appropriate so long as the objectives of the BIA are met. These objectives are described in the sections below.

What is a Business Impact Analysis

The BIA is a structured and formal process for determining the priorities for the resumption and continuity of services / business activities following a disruption.

Whilst all the daily activities¹ carried out in a healthcare facility are important, not all these activities are “time critical”. In the event of a major disruption, some of these activities could temporarily be suspended with little or no negative consequences on patient care or the broader health system. On the other hand, some activities have very low tolerances for disruption because the consequences of disruption on the organisation are unacceptable, even for a few minutes or hours. The BIA allows you to prioritise the activities from a time perspective, separating those that are time critical from those that are not.

The BIA is an important process as it allows the organisation to determine the scope that will form the cornerstone for the development of business continuity strategies and response plans.

Process

The BIA is a 4-step process as illustrated in Figure 1 below:

¹ The term ‘activities’ is used broadly to include services, functions and processes that are undertaken in a business area

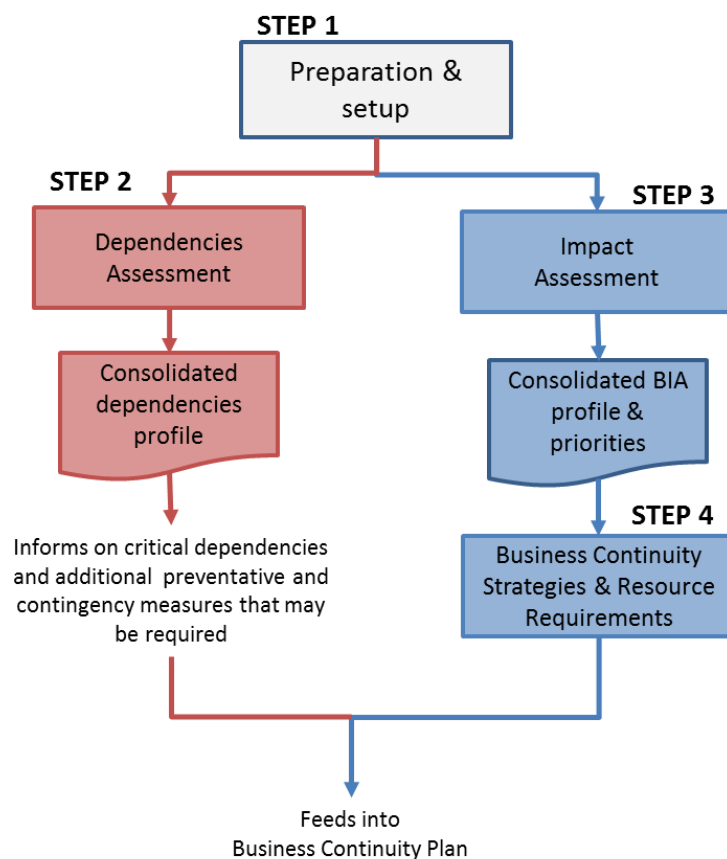


Figure 1 Business Impact Analysis Process

- Step 1 Preparation and set-up**
- Identify the activities that are undertaken by each unit / business area
- Step 2 Dependencies assessment**
- Identify the resources that are used by each of the activities under normal operations, and assess the level of dependency that the activity has on a given resource.
- Step 3 Impact assessment**
- Assess the potential business impact of a disruption to business activities, determine the maximum amount of time that the activities may be disrupted for before the business impact becomes intolerable, and prioritise the activities for recovery
- Step 4 Business continuity strategies and resource requirements**
- Identify the strategies, interdependencies and resource requirements for the continuity of priority activities

Approach

The BIA should be conducted with managers who have overall responsibility for a department, unit, or business area. They must be able to “stand back” and provide an organisation-wide perspective when assessing the impacts of disruption, and have the authority to make an educated determination of the recovery priorities for activities within their department or unit.

Inputs should be sought from multiple participants so that the analysis is balanced and not based on the opinions of a single person. For this reason, the BIA is best conducted in a facilitated workshop setting with department and unit managers.

BIA workshops should be conducted for each directorate. Depending on the size of the directorate, you may need to have separate workshops for each department / unit to keep it manageable. The BIA is conducted bottom-up – i.e. information is collected at the unit / business area level, and then rolled-up and consolidated at the department / directorate and organisation-wide level.

Templates and tools

The templates and tools for conducting the BIA are:

- Impact Reference Table² (see Attachment 1)
- Dependency Rating Table (see Attachment 2)
- BIA template, consisting of the 7 worksheets
 - WS1 Listing of activities
 - WS2A Dependencies assessment – people and infrastructure
 - WS2B Dependencies assessment – systems and applications
 - WS3 Impact assessment
 - WS4A Business continuity strategies
 - WS4B Resource requirements
 - WS4C Interdependencies

² The Impact Reference Table is a subset of the Consequence Description Table found in the RiskBase (version 3) DoH Data Definitions document. The table has been simplified by removing the impact categories that are not relevant for business continuity. Note that RiskBase will be discontinued from March 2016.

Carrying out the BIA

The following tables describe the process for carrying out each step of the BIA. This is to be used with the BIA template.

Step 1 Preparation and set-up	
Template / tool:	WS1 Listing of Activities
Objectives:	To identify the activities that are undertaken by each business area
Who should provide inputs:	Unit / business area managers
Key tasks:	<ol style="list-style-type: none"> 1. Identify the directorates and units / Business Areas in the organisation, and the managers responsible for these areas. 2. Identify the sub-units (if appropriate) under each Unit / Business Area. 3. Identify the activities that are performed in each Sub-unit (or Unit / Business Area if Sub-units are not applicable).
Additional notes	<p>When identify activities that are performed in each Sub-unit, care should be taken to ensure that they are not listed at too high or too low a level. The following are some general guidelines:</p> <ul style="list-style-type: none"> ▪ Identify what is done or what service is provided, not how it is carried out ▪ If you start to going into a process or procedural breakdown, you have gone too far ▪ If a set of tasks must be carried out in sequence in order to meet an objective, complete a job or deliver a service, you can probably group these into one activity rather than listing them as several activities <p>A sample list of activities is presented in Attachment 5.</p>

Step 2 Dependencies Assessment

Template / tool:	<ul style="list-style-type: none"> ▪ WS2A Dependencies Assessment – People and Infrastructure ▪ WS2B Dependencies Assessment – Systems and Applications ▪ Dependencies Rating Table
Objectives:	To Identify the resources that are used by each of the activities (identified in Step 1) under normal operations, and assess the level of dependency that the activity has on a given resource
Who should provide inputs:	Senior staff members with good operational knowledge. Results are to be reviewed by the respective Unit / Business Area managers
Approach:	One-on-one / small group interview with facilitator
Key tasks:	<p>WS2A Dependencies Assessment – People and Infrastructure</p> <ol style="list-style-type: none"> 1. Identify the dependencies (people, utilities / essential services, office equipment and telecommunications, medical equipment, specialised equipment and key consumables) that are used by each activity 2. For each activity, rate the level of dependency (using the dropdown menu) that it has on each of the resources listed. Refer to the Dependency Rating Table for the definitions of the ratings
	<p>WS2B Dependencies Assessment – Systems and Applications</p> <ol style="list-style-type: none"> 1. Identify the systems / applications that are used by each activity 2. For each activity, rate the level of dependency (using the dropdown menu) that it has on each of the system / application listed. The Dependency Rating Table is to be used with this worksheet 3. When all the activities have been assessed, return to the list of systems / applications. For each system / application: 4. Determine the “system off-line duration”– the maximum duration that a system / application may be unavailable before the impact becomes unacceptable using the dropdown menu 5. Determine the “data loss duration” – the maximum data loss that can be tolerated before it becomes unacceptable using the dropdown menu.

Additional notes:	<ul style="list-style-type: none">▪ Upon completion of the assessment, the ratings will provide an indication of what the critical dependencies for each Unit / Business Area are, and a separate exercise may be undertaken to risk assess these dependencies and to implement further preventative controls or contingency measures where necessary
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Consolidated dependencies profile

Template / tool:	None
Objectives:	To present a consolidated view of the resource dependencies across the healthcare facility
Who should provide inputs:	The person who is coordinating business continuity across the healthcare facility will consolidate the information when all the units / business areas have completed Step 1.
Key tasks:	<p>WS2A Dependencies Assessment – People and Infrastructure</p> <ol style="list-style-type: none"> 1. For smaller healthcare facilities, the assessments conducted for each unit / business unit on WS2A may be simply be merged into a single worksheet 2. For larger healthcare facilities, the assessments at the activity level may be rolled up to a unit / business area level by selecting the highest dependency rating for each resource as being representative of the overall rating for the unit / business area <p>A sample output is presented in Attachment 3</p>
	<p>WS2B Dependencies Assessment – Systems and Applications</p> <ol style="list-style-type: none"> 1. Similar to WS2A, the assessments at the activity level may be rolled up to a unit / business area level by selecting the highest dependency rating for each system / application as being representative of the overall rating for the unit / business area <p>A sample output is presented in Attachment 4</p>

Step 3 Impact assessment	
Template / tool:	<ul style="list-style-type: none"> ▪ WS3 Impact Assessment ▪ Impact Reference Table
Objectives:	To assess the potential business impact of a disruption to activities, determine the maximum amount of time that the activities may be disrupted for before the impact becomes intolerable, and prioritise the activities for recovery
Who should provide inputs:	Managers for the respective Units / Business Areas. Results to be reviewed and endorsed by the Director
Approach:	Facilitated workshop
Key tasks:	<p>For each service / activity identified:</p> <ol style="list-style-type: none"> 1. Discuss how a disruption could impact the organisation, using the impact categories in the Impact Reference Table as a guide (not all the impact categories would be relevant for every activity). Use column C, “Impact of disruption”, to make notes of key points discussed and note the relevant impact categories in column D. 2. Score the impact over various timeframes (i.e. minutes, hours, days, weeks) using the severity level rating 1 to 5 (dropdown menu) as defined in the Impact Reference Table, taking into consideration the impact categories discussed earlier. Answer the question, “What would the severity level rating be if this activity was disrupted for minutes, hours, days and weeks?” 3. Determine the Maximum Tolerable Period of Disruption (MTPD)³ in column I by selecting the appropriate timeframe (2 hours, 4 hours, 8 hours, 1 day, 3 days, 1 week, 2 weeks and 1 month+) in the dropdown menu. The MPTD should be guided by the severity level ratings in the previous task - a score of 4 or 5 indicates an unacceptable level of impact (this is the “cut-off” score). The MPTD should therefore fall within the timeframes where the score is a 4 or 5 in the time columns (see examples and table below). <p><i>Example 1 - the cut-off score of 4 appears in the ‘Days’ column, hence the MTPD fall within 1 to 7 days. The specific MTPD is arrived at based on discussion and agreement with the workshop</i></p>

³ MTPD refers to the maximum amount of time that an activity can tolerate a disruption before the impact on the organisation becomes unacceptable

	<p><i>participants</i></p> <p><i>Example 2 – the cut-off score of 4 appears in the ‘Weeks’ column, hence the MTPD should fall within 1 week to a month. The specific MTPD is arrived at based on discussion and agreement with the workshop participants</i></p> <p><i>Example 3 – the cut-off score of 4 does not appear in any of the time columns. This indicates that this activity could be stopped for weeks with little impact on the organisation, and the MTPD will be more than a month. The specific MTPD is arrived at based on discussion and agreement with the workshop participants</i></p> <p><i>Examples:</i></p> <table border="1" data-bbox="485 712 1369 999"> <thead> <tr> <th rowspan="2"></th> <th colspan="4">Impact ratings</th> <th rowspan="2">MTPD</th> </tr> <tr> <th>Mins</th> <th>Hrs</th> <th>Days</th> <th>Wks</th> </tr> </thead> <tbody> <tr> <td><i>Example 1</i></td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>3 days</td> </tr> <tr> <td><i>Example 2</i></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>2 weeks</td> </tr> <tr> <td><i>Example 3</i></td> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>3 months</td> </tr> </tbody> </table> <p>4. Repeat the assessment for each service / activity listed.</p> <p>5. Upon conclusion of all the assessments, every activity in the Unit / Business Area should have an associated MTPD. The MPTDs thus provide the basis for you to prioritise recovery of these activities following a disruption.</p>		Impact ratings				MTPD	Mins	Hrs	Days	Wks	<i>Example 1</i>	2	3	4	5	3 days	<i>Example 2</i>	1	2	3	4	2 weeks	<i>Example 3</i>	1	1	1	2	3 months
	Impact ratings				MTPD																								
	Mins	Hrs	Days	Wks																									
<i>Example 1</i>	2	3	4	5	3 days																								
<i>Example 2</i>	1	2	3	4	2 weeks																								
<i>Example 3</i>	1	1	1	2	3 months																								
<p>Additional notes:</p>	<p>The following ground rules should be observed when performing the assessment:</p> <ul style="list-style-type: none"> ▪ Assess the impact from an organisation-wide perspective, i.e. how would a disruption impact the organisation, rather than on the individual Unit / Business Area ▪ The cause of the disruption is immaterial – it may be a power outage, roof collapse, fire, etc. – the focus is on the impact of a disruption, rather than the cause of the disruption ▪ Do not take into consideration any contingency arrangements that may already be in place or measures that could be implemented to mitigate the impact – these will be addressed in the strategy phase of the BCM process 																												

Consolidated BIA profile and priorities	
Template / tool:	None
Objectives:	To present the consolidated findings of the impact assessment for Executive management endorsement
Who should provide inputs:	The Business Continuity Coordinator for the healthcare facility is responsible for consolidating the information when all the units / business areas have completed Step 3.
Key tasks:	<ol style="list-style-type: none"> 1. Upon completing the impact assessments for all the Directorates, the results (from WS3) should be consolidated and presented to the Executive for endorsement. 2. As a general guideline, all activities with MTPDs of 2 weeks or less are considered as “priority activities” and must fall within the scope of the organisation’s business continuity strategies and response plans <p>A sample output is presented in Attachment 5.</p>
Additional notes:	It is important that Executive endorsement is obtained before proceeding to Step 4.

Step 4 Business continuity strategies and resource requirements

Template / tool:	<ul style="list-style-type: none"> ▪ WS4A Business continuity strategies ▪ WS4B Resource requirements ▪ WS4C Interdependencies
Objectives:	To identify the strategies, interdependencies and resource requirements for the continuity of priority activities
Who should provide inputs:	Managers for the respective Units / Business Areas. Results to be reviewed and endorsed by the Director
Approach:	Facilitated workshop
Key tasks:	<p>WS4A Business continuity strategies</p> <p>The purpose of WS4A is to document the high level strategies for the continuity of priority activities (i.e. those with MTPD of 2 weeks or less as identified in Step 3)</p> <p>For each priority service / activity:</p> <ol style="list-style-type: none"> 1. Identify the Immediate Continuity Strategy (column E) for responding to a disruption and the duration that this strategy can be maintained for (column F). This is a short term strategy designed to provide a bare minimum or basic level of service in order to contain or minimise the impact of the disruption on stakeholders until a more sustainable level of service can be provided. 2. Identify the Sustainable Continuity Strategy (column G) that will provide a higher level of service that can be sustained beyond the Immediate Continuity Strategy, and the duration that this strategy can be maintained for (column H) <p>Note:</p> <ul style="list-style-type: none"> ▪ There may be instances where the Immediate and Sustainable continuity strategies are the same ▪ Examples of strategies include (not exhaustive) <ul style="list-style-type: none"> ○ Temporary suspension of an activity ○ Redirecting the activity to another facility ○ Transferring resources to another facility ○ Redirecting patients to alternate care options ○ Using alternate procedures / workarounds ○ Stopping altogether until full recovery can be achieved, etc.

	<p>WS4B Resource requirements</p> <p>The purpose of WS4B is to capture the minimum levels of resources required by a sub-unit / unit over various timeframes (8 hours, 1 day, 3 days, 1 week, 2 weeks and 1 month or greater) to implement the business continuity strategies identified in WS4A.</p> <p>The information is collected at an overall sub-unit / unit / business area level rather than activity level as the same resources are likely to be shared or deployed across a number of services / activities. The resource information collected in Step 2 on WS2A will automatically be transferred to this worksheet.</p> <p>You may or may not need to create multiple copies of this template, depending on the number of sub-units you have and how resources are deployed. As a general guide:</p> <ul style="list-style-type: none"> ▪ If the sub-units are fairly autonomous and have their own pool of personnel, each sub-unit will require its own worksheet. ▪ If the sub-units are largely dependent on the same pool of personnel who share duties and responsibilities across sub-units, you can combine the sub-units and have a single worksheet for the unit / business area. <p>In the example within the spreadsheet, Operation Theatre Services, Central Sterilisation Services and Day Stay Unit are 3 autonomous sub-units. Each of them will require its own worksheet.</p> <p>People</p> <ol style="list-style-type: none"> 1. For each category / position (e.g. Manager, Medical Officer, Nurse, etc.) that are in the sub-unit / unit / business area, identify the number of staff that you have under normal, day-to-day, conditions (column B) 2. For each timeframe (i.e. 8 hours, 1 day, 3 days, etc.) in column B, identify the <u>minimum</u> number of staff in each of the categories / positions that will be required to support the continuity strategies of priority activities identified in WS4 <p>Office equipment and telecommunications, medical equipment, specialized equipment and key consumables, systems / applications and utilities / essential services</p>
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	<ol style="list-style-type: none"> 1. For each type of resource listed, identify the normal quantity that are in use, and the minimum quantities that are required over time (i.e. 8 hours, 1 day, 3 days, etc.) to support the continuity strategies of priority activities identified in WS4 2. If a resource that is required is not quantifiable, use 'Y' (for yes) to indicate that it is needed
	<p>WS4C Interdependencies</p> <p>The purpose of WS4C is to capture the internal and external dependencies of a sub-unit / unit / business area in relation to the priority activities. Like WS4B, the information is collected at an overall sub-unit / branch / business area level rather than activity level as multiple activities are likely to have the same interdependencies.</p> <p>The same guidelines from WS4B on the need for multiple copies apply for this worksheet.</p> <ol style="list-style-type: none"> 1. Internal Interdependencies - identify the internal parties / stakeholders (outside the branch / business area) within the organisation with whom you have interdependencies with. <ul style="list-style-type: none"> ▪ Upstream – are parties whom you are dependent on to perform your activities ▪ Downstream – are parties who are dependent on you to perform their activities 2. External Interdependencies - identify the external parties / stakeholders (outside the health facility, such as other agencies, suppliers, service providers, etc.) with whom the branch / business area have interdependencies with. <ul style="list-style-type: none"> ▪ Upstream – are parties whom you are dependent on to perform your activities ▪ Downstream – are parties who are dependent on you to perform their activities

Attachment 1 Impact Reference Table

SEVERITY LEVEL →	1	2	3	4	5
CONSEQUENCE CATEGORIES	Insignificant	Minor	Moderate	Major	Catastrophic
FL FINANCIAL LOSS (Destruction, Theft, or Litigation / penalties)	Less than \$5,000.	\$5,000 to less than \$100,000.	\$100,000 to less than \$3M.	\$3M to less than \$20M.	\$20M +.
RI REPUTATION AND IMAGE	Non-headline exposure. Not at fault. Settled quickly. No impact.	Non-headline exposure. Clear fault. Settled quickly by Departmental response. Negligible impact.	Repeated non-headline exposure. Slow resolution. Ministerial enquiry / briefing. Qualified Accreditation.	Headline profile. Repeated exposure. At fault or unresolved complexities impacting public or key groups. Ministerial involvement. High priority recommendation to preserve accreditation.	Maximum multiple high-level exposure. Ministerial censure. Direct intervention. Loss of credibility and public / key stakeholder support. Accreditation withdrawn.
NC NON-COMPLIANCE	Innocent procedural breach. Evidence of good faith by degree of care / diligence. One off minor legal matter. Little impact.	Breach, objection/complaint lodged. Minor harm with investigation. Evidence of good faith arguable.	Breach of contractual or statutory obligations, or probity infringements. Lack of good faith evident. Non-compliance results in performance review.	Major breach of contractual or statutory obligations. Non-compliance results in termination of process or imposed penalties, formal investigation or disciplinary action. Ministerial involvement.	Serious breach of contractual or statutory obligations. Non-compliance results in loss of accreditation, litigation or prosecution with significant penalty. Dismissal. Ministerial censure. Public enquiry
HP HEALTH IMPACT ON PATIENT(S) / STAKEHOLDERS	Increased level of care (minimal). No increase in length of stay. Not disabling. <i>Little or no noticeable impact on patient care**.</i>	Increased level of care (minimal). Increased length of stay (up to 72 hours). Recovery without complication or permanent disability. <i>Inconvenience & minor delays to individuals but little or no impact on overall service delivery**</i>	Increased level of care (moderate). Extended length of stay (72 hours to one week). Recovery without significant complication or significant permanent disability. <i>Moderate impacts on a number of individuals, resulting in noticeable impact on overall service delivery**</i>	Increased level of care (significant). Extended length of stay (greater than one week). Significant complication and/or significant permanent disability. ALL SAC 1 EVENTS <i>Serious impacts on significant numbers of individuals, resulting in noticeable impact on overall service delivery**</i>	Death, permanent total disability. ALL SAC 1 EVENTS. <i>Major / debilitating and long term impacts on individuals and overall delivery of services**</i>
OO ORGANISATIONAL OBJECTIVES	Little impact.	Inconvenient delays.	Material delays. Marginal under achievement of target performance.	Significant delays. Performance significantly under target.	Non-achievement of objective / outcome. Total performance failure.

*Note: Table is a subset of the Consequence description table in the Riskbase DOH Data Definition. Text in italics added to provide clearer contextual reference for the purpose of the BCM Business Impact Analysis

Attachment 2 Dependency Rating Table

Level		Description
1	Minimal dependency	There is minimal dependency on this resource. Resource is nice to have; successful delivery of critical services or completion of a task is possible without this resource
2	Low dependency	There is low dependency on this resource for the successful provision of critical services or completion of a task; an outage will have minimal material impact; the task can still be successfully completed using manual workarounds or alternative resources as a stop gap measure until the resource is available again.
3	Occasional dependency	Successful delivery of critical services or completion of a task is occasionally dependant on this resource; an outage may cause some inconvenient delays in completion of a task but parts of the task can be successfully completed using manual procedures or alternative resources for a period of time.
4	High dependency	Successful delivery of a critical service is fully dependant on this resource; resource is used regularly for processing; an outage may result in significant knock on effects; there is low tolerance of an outage before the impact becomes unacceptable; limited manual workaround or alternative resource may be used for a short period of time as a stop gap measure.
5	Critical dependency	Successful delivery of a critical service is fully dependant on this resource; resource is used continuously for processing or to provide real time feedback/information; resource must be operational 24 x 7; an outage may result in serious knock on effects; there is close to zero tolerance of an outage before it becomes unacceptable; there are no or very limited manual workaround or alternative resources.

Attachment 3 Consolidated Dependencies Assessment – People and Infrastructure (Sample)

Service Area	People					Utilities / Essential services									Office equipment and telecommunications										Medical equipment				Specialised equipment				Key consumables																				
	Clinical staff	Nursing staff	Orderlies	Administration staff	Technicians	Power	Water	Natural gas Liquefied petroleum gas (LPG)	Medical oxygen	Medical Nitrous Oxide	Medical carbon dioxide	Medical air	Medical suction	Ventilation	Air-conditioning / Heating	Personal computer	Laptop computer	Tablet	Printer (black and white)	Printer (colour)	Photocopier	Fax machine	Document scanner	Desk phone	Mobile phone	DECT Phones	Pager	Internet access																									
Operation Theatre services	5	5	4	2	4	5	5		5	5	5	5	5	5	5	4		2								5	5	3																									
Central Sterilisation Services Dept						5	5								5																																						
Day Stay Unit services						5	4								5																																						
Administration and Medical Records				5	2	5									3	5		4	3	3	3	5			3	3	5																										
Nursing						5									3																																						
Allied Health	5	5	3	3		5									4																																						
Aged Care Services						5	4		4			4		4	5																																						
Community Mental Health						5									3																																						
Emergency Department	5	5	4	2	3	5	5		5	5	5	5	5	5	5	5		4	3	3	3	5			5	5	5																										
Inpatient Medical & Nursing Care						5	5								5																																						
Maternity	5	5	3	2	2	5	4					5	5	5	5																																						
Hospital Management						5									3																																						
Home Nursing Discharge Services						5									3																																						
Pharmacy and Supply						5	3								5																																						
Food Services						5	5	5							5																																						
Laundry Services						5	5	5							3																																						

Attachment 4 Consolidated Dependencies Assessment – Systems and Applications (Sample)

Applications	# Services using this application	Level of dependency	System offline duration	Data loss duration	Business areas															
					Operation Theatre services	Central Sterilisation Services Dept	Day Stay Unit services	Administration and Medical Records	Nursing	Allied Health	Aged Care Services	Community Mental Health	Emergency Department	Inpatient Medical & Nursing Care	Maternity	Hospital Management	Home Nursing Discharge Services	Pharmacy and Supply	Food Services	Laundry Services
Health Records Management + Scanning and eForms (eHRM)	9	5	30 mi	0	3	4	4	2	5	5	4	3	1							
WebPAS	13	5	30 mi	0	2	2	2	4	5	5	5	3	2	1	1	4	5			
Clinical Pathology (Ultra/LIS)	0	5	1 h	0																
Theatre Management System (TMS)	14	5	3 h	0	3	3	2	2	4	5	5	5	3	2	1	1	4	5		
Internet	15	5	1 h	N/A	1	1	2	4	5	5	5	3	2	1	1	4	5		2	4
eReferrals	13	4	6 h	0	2	2	4	5	5	5	3	2	1	1	4	5	5			
Cardibase	0	4	4 h	1 h																
Enterprise Bed Management (EBM)	13	4	4 h	1 d	1	3	3	2	2	4	5	5	5	3	2	1	1			
Diet Management	10	4	1 d	0	2	4	5	5	5	3	2	1	1	4						
HealthPoint (Sharepoint Intranet)	14	3	6 h	1 d	5	5	5	3	2	1	1	5	5	5	3	2	1	1		
Haematology & Oncology Protocols & Prescriptions (HOPP)	9	3	1 d	0			2							5	5	5	3	2	1	1
MS Exchange	9	3	1 d	0	5	5	5	3	2	1	1	4	2							
WA Nephrology Database (WAND)	0	3	1 d	0																
Journeyboard	11	3	3 d	N/A	3	2	1	1	4	2	4			2	1	1	5			
Allied Health System (AHS)	1	2	3 d	2 d									4							
Quality of Care Registry (QoCR)	2	2	5 d	1 d				3	5											
Transition Care (TCP)	7	2	5 d	1 d										5	5	5	3		1	1
MS Office	11	2	1 d	N/A		5	5	5	3	2	1	1	5		2		1		4	
ScriptTracker2	8	2	3 d	N/A	5	5	5	3	2	1	1	5								
Nursing Hours per Patient Days (NHpPD)	8	2	1 w	1 w	5	5	5	3	2	1	1	5								

Attachment 5 Consolidated BIA Profile (Sample)

Branch / Business Area	Sub Unit	Service / activity	MTPD								
			2 hrs	4 hrs	8 hrs	1 day	3 days	1 wk	2 wks	1 mth+	
Perioperative Unit	Operation theatre services	Perioperative care								x	
	Central sterilisation services	Decontamination of surgical and medical equipment				x					
		Sterilisation of surgical and medical equipment				x					
		Storage of sterile non-disposable equipment				x					
	Day Stay Unit services	Elective day surgery procedures								x	
		Emergency bed response									x
Day infusion procedures									x		
General Ward	Inpatient medical and nursing care	Acute surgical								x	
		Acute medical					x				
		Paediatrics									x
		Education and training for staff									x
		Liaising with aged care facilities									x
	Maternity	Acute antenatal care			x						
		Birthing including emergency care				x					
		Post natal care			x						
	Hospice	Palliative care - terminal illness			x						
		Palliative care specialists clinics									x
Referral to consultancy and allied services								x			
Emergency Department	Emergency Department	Triage and registration	x								
		Resuscitation including trauma	x								
		Acute care		x							
		Fast track				x					
		Short stay observation							x		
Pharmacy	Pharmacy	Clinical pharmacy services				x					
		Pharmacy technical services					x				
Outpatients	Outpatients	Community child health								x	
		School health									x
		Contenance								x	
		Enuresis									x
		Immunisation								x	
		Dietetics (In patient)								x	
		Occupational therapy (In patient)						x			
		Physiotherapy (In patient)					x				
		Speech pathology (In patient)					x				
		Podiatry									x
		Social work							x		
Community Mental Health					x						
Administration	Administration	Initiating patient flows (way telephone switchboard/communications)	x		x						
		Receive incoming deliveries					x				
		Medical record data entry and other medical records functions					x				
		Account payments								x	
											x



**This document can be made available in alternative formats
on request for a person with a disability.**

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