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Advanced Clinical Systems and JSite Managed Disaster Recovery—Why one deserves another

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In implementing any new technology we are constantly reminded of Sir Isaac Newton's timeless declaration that for every action there is a reaction. The implementation of Advanced Clinical Systems (ACS) is no exception.

The Action: Adoption of Advanced Clinical Systems
First and foremost, the adoption of ACS generally has the desired reaction. Medical providers gain the ability to access patient information in real-time, make medical decisions based on complete information, and institute verification checks in treatment delivery processes that dramatically improve patient safety.

The Reaction: Dramatically Increased Uptime Requirements
A critical reaction to the implementation of ACS is a significantly increased dependence on the hospital's IT systems.

Consider: You've implemented BMV (or Nursing/Patient Care System, or Emergency Department Management, etc.). You've gone through the process of getting physician and other practitioner buy-in, changed your workflow, trained your staff, and maybe even eliminated the paper chart altogether. You've purchased and installed the optimum COWs (computers on wheels) for your needs, optimized your hospital's IT infrastructure (running all mission-critical systems on fault-tolerant servers and storage), installed a state-of-the-art wireless environment, and upgraded your network. The bottlenecks that once created delays for users are no longer a problem. Yep, things are humming along nicely.

That is, unless (well, until) there is a disaster.

By my definition (which is a derivative of about 100 slightly-varied published versions), a "disaster" is a significant IT outage resulting in prolonged and/or pervasive downtime. It can be caused by many things—severe weather, flooding caused by ruptured pipes, fire, even sabotage. But the result is the same: The users who have become so dependent upon their IT systems now have to deliver patient care without access to the applications.

Compare it to flying, and in some cases landing, an airplane full of people—blindfolded.

The only solution since, by definition, the disasters we are addressing are not preventable outages, is a robust disaster recovery plan. How robust depends on the maximum amount of time you can tolerate your users flying their planes blind. You'll note I didn't say "How long you want them flying blind." We

know you don't want them flying blind at all, ever. That's why you built operational continuity and high availability into your production environment in the first place. But, this is reality—sort of—and when we are talking about disasters, "zero downtime" just isn't realistic.

Fact: The implementation of ACS requires—even demands—a robust disaster recovery strategy that is proven to work.

Disaster Recovery Options
Some healthcare organizations have the space, power, network capability, funds, staff, and expertise to host and manage their own disaster recovery facility and operation ("self-hosted disaster recovery" or SHDR).

For the rest, proactively outsourcing disaster recovery facilities and functions to a provider that regularly tests and updates its disaster recovery service is the only way to minimize the impact of a disaster and ensure that your users are back on-line as quickly as possible and within your organization's defined Recovery Time.

Managed disaster recovery services come in a variety of shapes and sizes. There are the very large that guarantee "space, power, and 'like or better' (be careful with that one) equipment" to recover any and all systems and applications in your environment. The catch is that in order to support any and all platforms, these same providers typically provide no assistance in the recovery process itself—and require that the staff that has just been impacted by a disaster travel to the recovery facility to manage system functionality resumption themselves.

There are also smaller providers who, in many cases, have home-grown disaster recovery services perhaps because, having been in the business of replacing and storing old customer equipment, they had used systems available. These providers typically offer the lowest cost option but, as with all things in life, there are trade-offs; it's good to find out what they are in advance. With smaller staffs that might not have extensive experience working with your applications, these providers also frequently require that customers be personally responsible for testing and recovery functions. It's also a good idea to ask about the caliber and fault-tolerance of the data center facilities, the capability to support simultaneous disasters, and a roadmap for future system support.

JJWild also provides a managed disaster recovery service: JSite.

JSite—Fully Managed Disaster Recovery
JSite was designed to be unique in a few ways. First, the JSite service provides fully managed disaster recovery which means that customers are not required to travel to the JSite facility for either testing purposes or, even more importantly, in the event of a disaster. All we need is a copy of your data—which can be sent proactively on a daily or weekly basis and vaulted for up to two weeks—and we will take care of recreating your MEDITECH environment on our infrastructure if there is an outage. In a true disaster scenario, we know the last place you want your IT administrators is on a plane to a remote recovery facility.

The reason we can offer this level of recovery service is directly related to the second identifying characteristic of the service: JSite is dedicated to supporting MEDITECH hospitals and to the MEDITECH applications in particular. JJWild has been singularly focused on working with the MEDITECH community for over 20 years. We have a level of understanding at the system and application level, as well as a day-to-day working relationship with hundreds of folks at MEDITECH, which allows us to play an in-depth, hands-on role in the recovery of your MEDITECH systems. We

also coordinate weekly with a dedicated MEDITECH resource to make sure MEDITECH is aware in advance of all upcoming tests and available should their participation be required for any reason.

While we recognize that you have more in your data center than just MEDITECH, our primary goal is to take your top priority application suite and ensure your users can access it within hours. (We are also developing support for a small sub-set of non-MEDITECH systems that are common across MEDITECH hospital environments; i.e., MS-Exchange, but our main focus remains on MEDITECH. Watch for future product announcements for more information.)

JSite infrastructure is purchased new from our multiple hardware and software vendor partners, and is housed in a best-in-class, fault-tolerant data center located only minutes from the JJWild and MEDITECH headquarters. (Feel free to ask your Account Manager about a JSite facility tour if you'll be visiting our area.) JSite is built to be able to support multiple simultaneous disasters and we are constantly evaluating the geographical distribution of our subscribers so that, if need be, we can supplement infrastructure to accommodate a cluster of subscribed sites.

Annual testing is included in JSite subscription fees, and we've worked hard to build in the kind of assurances that our customers have requested. To this end, we instituted a policy whereby our JSite subscribers only pay us for that subscription once they have successfully tested their initial recovery and remote operations.

JJWild has developed this managed disaster recovery service to meet a mission-critical requirement for the MEDITECH community. The development and continued evolution of JSite is just one way JJWild is growing and changing to meet the multi-faceted needs of healthcare organizations like yours.

Beyond the IT Systems

No disaster recovery plan is complete without taking into consideration what needs to happen during the outage—whether you've designed it to be a maximum of two hours or two days.

When Advanced Clinical Systems are in use at a facility, it is especially critical that departmental users be given tools and taught how to continue performing their duties—whether admitting or treating patients—in the absence of the IT systems. Detailed, up-to-date departmental downtime procedures are essential, as is training users and conducting regular dry runs.

Yes, this takes time, but your users will appreciate knowing how to react if and when their systems go down. JJWild's Consulting Services Group can assist your organization in updating these or other procedures and in identifying other helpful approaches via a Healthcare Operational Continuance Assessment, or a Downtime Preparedness Assessment that is specific to your ACS. If you'd like any additional information, please don't hesitate to ask your Account Manager or email us at editor@jjwild.com.

Conclusion

There's no question about it, robust disaster recovery, operational continuity, and high availability strategies are becoming the norm in the healthcare environment. This isn't because hospitals have suddenly come into new money; rather, it's because with the action of implementing new technology, the reaction is that they can no longer afford not to have them.

JJWild is committed to partnering with you to help you achieve minimal downtime and has developed the JSite service to meet your specialized, outsourced disaster recovery needs. We will continue to develop our managed service offerings and welcome your input. Please send all comments or questions to editor@jjwild.com.

Sara Schaeffner is Director of Product Management for JJWild. Her team oversees definition and rollout of integrated solutions for MEDITECH hospitals that pertain to Healthcare Operational Continuance, Information Lifecycle Management and MEDITECH's Scanning and Archiving application, Core Technology or Data Center Provisioning, and a full suite of Assessment, Planning, and Optimization Services. Sara also has product responsibility for JJWild's managed services, including JSite—Fully Managed Disaster Recovery for MEDITECH.