George Mason University
Graduate Course Approval/Inventory Form
Please complete this form and attach a copy of the syllabus for new courses. Forward it as an email attachment to the Secretary of the Graduate Council. A printed copy of the form with signatures should be brought to the Graduate Council Meeting. Complete the Coordinator Form on page 2, if changes in this course will affect other units.

Please indicate: NEW

Local Unit: CNHS  Graduate Council Approval Date:

Course Abbreviation: HSCI  Course Number: 610

Full Course Title: Maintaining Business Continuity for Healthcare

Abbreviated Course Title (24 characters max.): Business Continuity

Credit hours: 3  Program of Record: Health Science

Repeatable for Credit? N=Cannot be repeated for credit

Activity Code (please indicate): __X_ Lecture (LEC)

Catalog Credit Format 3 : 3 : 0  Course Level: GF(500-600)
Maximum Enrollment: 20  For NEW courses, first term to be offered: Spring 2005
Prerequisites or corequisites: None

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses: Participants will consider the potential types of catastrophes, their likely impact and how the organization could continue to serve its mission and the community in the aftermath. Explores the interdependencies among various components of the healthcare delivery system, regional health services, disaster planning, business record protection, patient information and information systems protection, manpower planning, professional credentialing, access to supplies and drugs and financial implications and resources.

APPROVAL SIGNATURES:
Submitted by: Farrokh Alemi  email: falemi@gmu.edu

Department/Program: Date:

College Committee: Date:

Graduate Council Representative: Date:
GEORGE MASON UNIVERSITY  
Course Coordination Form

**Approval from other units:**

Please list those units outside of your own who may be affected by this new, modified, or deleted course. Each of these units must approve this change prior to its being submitted to the Graduate Council for approval.

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Graduate Council approval: ___________________________________ Date: ____________

Graduate Council representative: ___________________________ Date: ____________

Provost Office representative: _____________________________ Date: ____________
Proposes modified course: HSCI 610 (3:3:0)

Proposed Title: Maintaining Business Continuity for Healthcare

Proposed Course Description: Participants will consider the potential types of catastrophes, their likely impact and how the organization could continue to serve its mission and the community in the aftermath. Explores the interdependencies among various components of the healthcare delivery system, regional health services, disaster planning, business record protection, patient information and information systems protection, manpower planning, professional credentialing, access to supplies and drugs and financial implications and resources.

Course Objectives
1. Demonstrate understanding of the multiplicity of reasons for planning to maintain business continuity in the event of untoward occurrence.
2. Examine the interrelationships and interdependencies of multiple systems within a healthcare organization.
3. Model the interdependent relationships of the healthcare organization with other organizations outside the institution.
4. Examine the role of different insurances in business continuity, cost implications and cost mitigation opportunities.
5. Explore the extent of external resources available in the event of a disaster.
6. Examine the need for redundant systems and records and methods of providing backup protection.
7. Create influence diagrams and calculate the estimated costs of an adverse occurrence.
8. Create a knowledge base of potential resources.
10. Analyze experts opinion form industry for best practices.