

Disaster Planning for the Medical Office

Disasters come in many forms. Most often they are weather-related, as in the case of tornadoes, earthquakes, hurricanes, and wildfires. Disasters can also be caused by unforeseen circumstances such as construction problems, accidents equipment failure, and public health crises.

Floods are the most common and widespread of all natural disasters. Most communities in the United States have experienced some kind of flooding after spring rains, heavy thunderstorms, or winter snow thaws. The states of North Carolina and Virginia have experienced a great deal of flooding in recent years, mainly due to hurricanes or hurricane remnants.

In previous years, hurricane season has produced storms that have caused significant damage to practices in North Carolina and Virginia. In these instances, Curi fielded many calls from medical practices in the region that were affected by water damage. Medical records were destroyed, offices were damaged, and patient care was disrupted.

In order to help our physicians and their practices prepare for these types of disasters, Curi conducted focus group interviews. We invited practice administrators in the cities of Greenville and Asheville, North Carolina, to discuss their experience with natural disasters. Both areas have witnessed the effects of hurricanes and tropical storms.

During the focus group meetings, the administrators shared their ideas and experiences for what worked and did not work in the course of the disaster. The ideas generated from those meetings along with in-house research on disaster planning have allowed us to present this disaster plan for physician offices.

Base your disaster plan around six main objectives:

1. Management of Staff Communication
2. Management of Patient Communication
3. Management of Hospital Communication
4. Management of Documents
5. Management of the Facility
6. Management of Business Operations

OBJECTIVES

When disaster strikes, the best protection is having a plan. While you cannot prepare for every imaginable mishap, there are steps you can take to mitigate damage, keep employees safe, and ensure that your patients receive the care they need.

There are six main objectives around which to base your disaster plan. Those areas are:

1. Management of Staff Communication
2. Management of Patient Communication
3. Management of Hospital Communication
4. Management of Documents
5. Management of the Facility/Satellites
6. Management of Business Operations

We will briefly summarize each objective and give recommendations that may be useful for your practice's individual disaster plan.

1. MANAGEMENT OF STAFF COMMUNICATION

If there is a disaster in your area, communicating with staff members could be a challenge, especially if power or phone service is disrupted. Here are some recommendations for developing a staff communication plan before, during, and after a disaster:

Before a disaster:

- Educate staff on how they will be contacted and establish written communication protocols.
- Distribute an official written chain of command so everyone knows their role and line of communication.
- Maintain a list of all employee phone numbers (including cell phones). Keep the list off-site as well as electronically.
- Maintain emergency contact information for employees.
- Have a policy in place that requires staff to report to the office to receive triage directions and possible placement at satellite offices.

During and after a disaster:

- Give instructions to your answering service on how to answer calls.
- Leave an informative message on the practice's answering machine for both employees and patients.
- Ensure staff and patient safety. The work environment should not be hazardous to staff or patients. Determine if the situation will allow the practice to remain operational, and under which circumstances you will have to close.
- Utilize public radio, social media, and local media to contact staff if necessary. Know in advance how to post such messages.
- Offer staff transportation if necessary (e.g. four-wheel drive if available).
- Hold a debriefing after the disaster with all management staff. Discuss what went well and what could be improved. Communicate findings with physicians and document the improvement process.

2. MANAGEMENT OF PATIENT COMMUNICATIONS

Communicating with your patients will become especially important in the midst of a disaster. High-risk patients, such as those who require monitoring of medications or conditions, need to know what to do if your office is closed or damaged. Here are some recommendations for developing a patient communication plan before, during, and after a disaster:

Before a disaster:

- Have a plan for handling high-risk patient populations.

One group utilizes Standing Stone Software (www.standingstoneinc.com/) for Anticoagulation Therapy. Because this program is web-based, it can be accessed off-site. The software can create lists of those patients on anticoagulants. This enables the practice to keep their Coumadin® Clinic running smoothly. (Note: Curi does not endorse Standing Stone Software or any other electronic medical record programs.)

REAL LIFE EXAMPLE

- If the disaster is foreseeable, have an employee take the next day's patient list home in order to expedite appointment scheduling. If you do this, be sure to keep the information secure in order to protect patient confidentiality.

One group scanned their list of next day patients and e-mailed it to the RN at home. The RN then called patients to reschedule or to provide telephone triage. Documentation was put into the system when computers became operational again.

REAL LIFE EXAMPLE**During and after a disaster:**

- Email your patients, if possible.
- Place notices on office doors.
- Utilize phone system (if operational).
- Utilize cell phones where needed.
- Contact your local phone carrier. They may be able to insert a message giving instructions to patients and staff. The message can also redirect the call to the answering service if needed.
- Make appointments available immediately for high-risk patients or those with urgent needs. If your office is closed or damaged, utilize other locations (i.e., your satellite office or other temporary location). In extreme circumstances, you may have to refer the patient to another practice or send them to the hospital.
- Designate personnel responsible for off-site management of patients.
- Dedicate a staff member to work with patients and pharmacies to ensure maintenance of prescriptions and drug levels.
- Maintain communication with hospitals and other physician groups in order to schedule patients efficiently. Maintain an off-site list of all phone and cell numbers to which your practice may need access.
- If disaster/recovery lasts more than 2-3 days, employ the media (newspaper, television, radio, or social media) to tell patients how they should contact your office. Know in advance how to post such messages.

REMEMBER

Communicating with your patients will become especially important in the midst of a disaster. High-risk patients, such as those who require monitoring of medications or conditions, need to know what to do if your office is closed or damaged.

If your facility becomes involved in or establishes an emergency relief clinic for victims of the disaster, consider these risk management recommendations:

- Advise patients of the personal medical information form called “Keep it with you.” This form is meant to be used in a disaster and can be accessed from the CDC website at: <https://www.cdc.gov/disasters/kiwy.html>
- Develop a “consent to treatment” form that allows the emergency relief clinic to examine and administer any necessary medical treatment.

- Prepare a history and physical form that allows for duplicate copies. One copy can be given to the patient seeking emergency treatment and one can remain at the treatment site.
- Collect and document any information regarding referrals. Patients may need to access this information again once hospital systems are more accessible.
- Help to coordinate the availability of immunizations that may be an immediate need during the disaster (e.g. Tetanus, Hepatitis A and B).

3. MANAGEMENT OF HOSPITAL COMMUNICATIONS

In the aftermath of a disaster, maintaining communication between your practice and your local hospital will become very important. Here are some recommendations for managing hospital communications:

Before a disaster:

- Have a back-up plan in the event that the physician on call at the hospital is physically unable to get there due to the disaster. One option may be to designate a back-up physician who can be transported to the hospital.
- Have a policy in place for cross-training issues.

In one practice, certain members of the nursing staff worked weekends at the local hospital. During the disaster, they had to decide the first priority: the practice or the hospital. The hospital used emergency staffing operations for three to four days and the need at the hospital was determined to be greater than that of the office. Time off from the physician practice was allowed without a deduction in vacation hours. Each situation may be different, however, and physicians and administrators will have to use discretion. Having a policy in place **before** a disaster strikes will prevent confusion.

REAL LIFE EXAMPLE

- Develop a plan on how you will handle elective surgery and patient communication. The hospital and physicians should work together on cancellations and rescheduling. Depending on the time lapse, this could include a repeat history and physical. Lab work may also need to be repeated.
- Encourage physicians and other staff to purchase cell phone chargers that can be used in the car. If electricity is lost, it may be the only method available to charge the phone.

REMEMBER

When disaster strikes, the best protection is having a plan. While you cannot prepare for every imaginable mishap, there are steps you can take to mitigate damage, keep employees safe, and ensure that your patients receive the care they need.

During and after a disaster:

- Designate one staff member to stay in touch with each physician. The physician may be detained at the hospital and unable to leave. The staff member can page the physician as appropriate in order to attend to telephone triage patient needs.
- Consider having a back-up physician on-site at the hospital if necessary.
- Use the hospital pharmacy to store extra drugs (for any perishable drugs if you do not have a generator). The hospital may also be able and willing to store controlled substances if security becomes an issue at your practice. Discuss your options with your hospital so you know what to do when the need to store arises.
- Work with your hospital admissions department. In the event of a disaster, your physician may have to see patients in the emergency room versus a direct hospital admission.
- Give a list of staff cell phone numbers to major hospital departments (e.g. Operating Room, Emergency Room, admitting and the House Nursing Clinician).

During a disaster, cell phones did work in the area; however, the physicians could not charge their phones due to the power outage (see bullet above regarding car cell phone chargers). The physicians were still able to use their pagers. Find out if generators will be available in the event of a power outage.

REAL LIFE EXAMPLE

- The Joint Commission issued a Sentinel Event alert entitled “Preventing adverse events caused by emergency electrical power system failures.” This alert detailed Joint Commission recommendations and provides a clinical contingency plan. Though this alert was retired in 2016, the Joint Commission continues to emphasize the importance of stress testing the back up systems frequently. They also recommend testing the competency of personnel who will be called during a power failure. Resources available in lieu of the original alert can be found here: <http://bit.ly/39YpnLp>

4. MANAGEMENT OF DOCUMENTS

The medical record is a very important document. Not only does it contain all of the information needed to treat a patient, it is also your physician's only defense in the event of a malpractice lawsuit. For that reason, the management of the medical record and related office documents should be a high priority when creating your office's disaster plan. Here are some recommendations for managing your documents:

If you have an electronic medical record system:

- Protect your equipment. All computer/network equipment (especially servers) should be protected from water, fire, and extreme temperatures. Computer equipment is susceptible to damage from extremes in temperature and humidity, and should be maintained in a temperature-controlled environment. Make plans to protect your equipment from natural disasters or facility failures (fire, flooding, etc.).
- Inventory your equipment. Store model numbers, configuration specifics, and vendor contact information in case your equipment is unusable or destroyed.
- Monitor your equipment. Newer servers have the ability to monitor critical processes and notify system operators by email or pager if system errors occur.
- Back-up all critical data at the end of each business day. Perform full system-wide back-ups at least every weekend. Back-ups should include daily activity as well as the entire system.
- Curi's Information Technology department recommends that you store your back-up media off-site on a daily basis to protect the information. In addition, keep CDs of your back-up software and operating system software in a safe, off-site location.
- Check with your EMR vendor to see if they can store the back-up of your system at another location.

One group uses a service that will maintain their back-up in Texas for a fee of \$4,000 a year.

REAL LIFE EXAMPLE

- Know for certain that your computer/network back-up works. There is a difference between a back-up and verification of a back-up. Have a process in place to validate your back-ups on a regular basis, at least annually.
- Document the recovery process and store it off-site with the back-up tapes and other recovery media.

- Have a contingency plan in the event the back-up tapes do not work and/or your equipment is destroyed.

If you use paper records:

- Protect the records using plastic, tarps, or waterproof containers.
- Know proper techniques for recovering records damaged by water. Consult with a company that may specialize in this service.

A company called [Iron Mountain](#) was named as one source for document recovery. (Note: Curi does not endorse Iron Mountain or any other document recovery company.)

REAL LIFE EXAMPLE**After a disaster, if you have no electronic records, the paper chart is destroyed, and you cannot recover the records:**

- Contact your patients via phone or mail and let them know that their medical records have been destroyed.
- If you do not have a current patient list, utilize social media or local news media. Have a dedicated phone line for this purpose. Appoint staff to take calls and set up appointments for medical record re-creation.
- Ask the patient to bring any diagnostic reports, old records, and medications—anything that would be useful in reconstructing the record.
- Have a dedicated nurse to meet with patients and obtain or reconstruct a new medical history.
- Your Business Owner's Policy of insurance for your facility may provide reimbursement for some of these added and unanticipated expenses. If you reside in an area more subject to such damage, check with your insurance agent and determine how your insurance policy will respond. If you are not covered, consider purchasing additional coverage that will protect your practice.

REMEMBER

The medical record is a very important document. Not only does it contain all of the information needed to treat a patient, it is also your physician's only defense in the event of a malpractice lawsuit.

5. MANAGEMENT OF THE FACILITY

Your office location could be damaged or completely destroyed in a disaster. However, that doesn't necessarily mean you have to shut down your operations completely.

Here are some recommendations for managing your facility before, during, and after a disaster:

Before a disaster:

- Know your area resources.

Many focus group members utilized some of these resources during their disasters:

- National Guard
- American Red Cross—County Chapter
- Local Health Department (to determine safety of tap water)
- Local EMS (used for transport)
- Local Fire Department (also used for water handling and other safety questions)

REAL LIFE EXAMPLE

- Identify a contact name and phone number for all local resources named above.
- Develop a vendor contact list. For example, who would you call for fallen trees that obstruct the path to your office? Have the name and number of companies that can provide such services available off-site.

One practice contacted a vendor who was able to assist with the donation of free vaccines.

REAL LIFE EXAMPLE

- Consider speaking with other professionals who may have experienced the same types of disaster your office may face one day.
- Contact restoration companies who specialize in fire, water, or storm damage to find out what type of services are available in your area. A service as simple as storage may be beneficial during a disaster. Equipment and document restoration may be beneficial as well.
- Be prepared to set up a temporary office in another location.
- Have a plan for funneling supplies and staff if you have to set up the office in a temporary location.
- If you have a laboratory on-site, the control reagents must be refrigerated. Consider how you will store them in the event of a disaster.

- Keep a disaster box. Use a box that is on rollers for easy portability. Consider including some or all of the following items in the box:
 - ✓ Forms (in case computer systems are down)
 - ✓ Flashlights (with extra batteries)
 - ✓ Battery-powered radio
 - ✓ Bottled water
 - ✓ Mylar blankets
 - ✓ Generator
 - ✓ Refrigerator (small size) for vaccines
 - ✓ Ice chest with thermometer (if refrigerator is not a possibility)
 - ✓ Basic first aid supplies
 - ✓ Lanterns (if using gas lanterns, make sure there is adequate ventilation)

REMEMBER

Your office location could be damaged or completely destroyed in a disaster. However, that doesn't necessarily mean you have to shut down your operations completely.

During a disaster in which the power was out, one practice used lanterns when in the exam room with the patient. Flashlights were used for moving patients around in the office.

REAL LIFE EXAMPLE

- Have an appropriate preventive maintenance mechanism in place for the disaster box. Appropriate staff should be assigned to perform weekly check-offs of equipment and to check expiration dates on medications.
- Stockpile supplies such as water.

One GI office always keeps extra supplies of water: one supply to clean instruments, and an additional supply for other office needs. During a disaster, they used a golf cart to move the water from building to building.

REAL LIFE EXAMPLE

- Keep an up-to-date inventory list of all supplies in your office. If your building is destroyed or damaged, having this list will allow you to itemize your losses and replace needed items.

During and after a disaster:

- Consider using area hotels as a temporary resource. They often have internet access.
- Provide for equipment and electrical safety. Unplug all electrical appliances.
- Have a containment area available.

- Adjust your level of service depending on the type of disaster. If your office is damaged or destroyed, determine what type of service you are able to reasonably provide.
- Use the local media. It can be a resource for patients and staff regarding shelters, medical care, safety, emergency refills, and transportation. Know in advance how to reach such resources and keep that information off-site.
- Consider developing an employee relief fund or soliciting donations to help those in need.
- If you anticipate flooding:
 - Cover all computers and other equipment with plastic to prevent water damage.
 - Elevate all equipment off the floor if possible.
 - Utilize sand bags for low-level or basement doors. In most areas, you can purchase pre-made sandbags.

One group made their own sandbags during a flooding emergency.

REAL LIFE EXAMPLE

- Consider the length of time without electricity. You may need to provide for an alternative source of heating or cooling.
- Turn the hot water heater off if the water is off. The same advice applies to a re-circulating pump.

6. MANAGEMENT OF BUSINESS OPERATIONS

Management of your business operations may not be your first thought when disaster strikes. However, there are important business-related concerns that must be addressed before, during, and after a disaster. Here are some recommendations for managing your business operations:

Before a disaster:

- Review insurance policies for current coverage. Make this an annual review. Pay special attention to loss of business (revenue) coverage due to the inability to operate normally. You should also become familiar with the details of your insurance coverage before you need it. How much would it cost to move health information, run your facility in another location, or recover damaged equipment?

- Other coverage issues to consider include the review of any non-waiver agreements or reservation of rights. Be aware of any exclusions to your policy.
- Consider how failure to protect your property from further loss could influence a potential claim.
- Don't hesitate to obtain second and third estimates to repair and/or replace damaged equipment. Ask your carrier if there are any restrictions that would limit you if you decide to make some of your own repairs without their approval.
- Re-evaluate your current deductible to determine if it needs to be modified or adjusted.
- Consider all types of disasters and how your practice would respond. This includes fire, explosion, tornado, hurricane, flood, severe storm, bioterrorism, extended power outage, and public health crises.
- Consider if flood insurance is worthwhile for your practice. Coverage is typically offered for the structure only, not equipment. FEMA (federal Emergency Management agency) sells a flood insurance product.
- Copy phone rolodex cards and keep off-site. alternatively, have information in electronic format (for example, a spreadsheet or electronic handheld device).
- Keep copies of insurance policies, contracts, business licenses, and any associated documents in an easily accessible place in case you need to get out of the office quickly. Use a file folder system so that the folders can be removed from the office if the need to leave becomes immediate.
- Develop a back-up billing system in case of computer malfunction. Having an Internet-based system will allow you to access the information from any location.

During and after a disaster:

- Notify your property insurance carrier. When reporting a claim, the description of the event is essential in order to determine coverage. There have been insurance disputes over simple definitions such as "storm surge" versus "flood."
- Notify the postal service to hold all mail.
- Call the phone company. They may be able to do a back-up for missed calls and voicemails. Note that a possible charge may apply.
- Shut down all equipment in the laboratory.

REMEMBER

Management of your business operations may not be your first thought when disaster strikes. However, there are important business-related concerns that must be addressed before, during, and after a disaster.

LESSONS FROM KATRINA

After Hurricane Katrina devastated the gulf coast, the American Society for Healthcare Risk Management (ASHRM) identified specific issues that were reported as a result of the disaster:

- Business interruption
- Language barriers
- Missing or damaged records
- Staff exhaustion and shortages
- Lack of food and water
- Security threats
- Communication equipment outages
- Challenges of special needs patients (e.g. chemical dependency, alcohol, dialysis)

In order to prepare for these types of problems, ASHRM recommends the following:

- Name a hospital liaison with the Emergency Operations Center.
- Participate in community disaster drills to rehearse collaborate efforts within the community.
- Engage local retail pharmacies to share electronic prescription records after a disaster.
- Identify sources for supplemental staff.

IMPLEMENTING THE DISASTER PLAN

The preceding suggestions are a great starting point for developing your office's disaster plan. However, simply having a plan in writing does not mean that you are fully prepared for a disaster. You must test your plan to be sure it will work for your practice.

Hold an emergency drill in your office and simulate what you would do in the event of a fire, flood, or other catastrophe. Involve all staff members in the drill. If possible, include patients (real or simulated) in the exercise. After the drill, hold a meeting to discuss what went well and what could be improved. Revise and refine your plan as necessary.

With proper planning and preparation, damage and disruption to your practice can be minimized in the unfortunate event of a disaster. Patients who depend on you for their medical care will appreciate your foresight.

FURTHER READING

For more information about disaster planning, you may wish to access the following websites and/or articles:

1. The Federal Emergency Management Agency (FEMA) has information about disaster planning on their website at www.fema.gov
2. The American Academy of Pediatrics has an article titled “The Pediatrician’s Role in Disaster Preparedness” which can be accessed at the following link: <http://pediatrics.aappublications.org/cgi/content/full/99/1/130>
3. FEM has specific information regarding hurricanes and inland flooding at the following link: <https://www.fema.gov/pt-br/media-library/assets/documents/31258>
4. The California Emergency Medical Services authority website has a shortened version of a flood disaster plan which can be accessed at: <https://emsa.ca.gov/disaster-medical-services-division-flood-contingency-plan/>
5. The Small Business Administration has information on disaster recovery at the following link: www.sba.gov/disaster_recov/index.html
6. After a disaster, your practice and your patients may qualify for assistance from the North Carolina Department of Public Safety. Their website can be accessed at: <https://www.ncdps.gov/our-organization/emergency-management/disaster-recovery/public-assistance>
7. An article titled “Disaster Planning” by Jerry L. Mothershead can be accessed at the following link: www.emedicine.com/emerg/topic718.htm
8. An article on disaster planning from the Northeast Document Conservation Center can be accessed at the following link: <https://www.nedcc.org/preservation101/session-8/8preparing-a-disaster-plan>
9. More information about flooding can be accessed at the website of the Association of State Floodplain Managers at: www.floods.org/home/default.asp

10. The website of the American Health Lawyers Association has a checklist for Emergency Preparedness which can be accessed at the following link: https://www.healthlawyers.org/Members/PracticeGroups/THAMC/EmergencyPreparednessToolkit/Documents/XVII_Checklists/A_OperationalIssuesChecklist.pdf
11. The Independent Insurance Agents of North Carolina has published a disaster planning guide. The guide can be viewed online at the IIANC website, <http://www.iianc.com>

OTHER LINKS OF INTEREST

The U.S. Department of Homeland Security: www.ready.gov/

The American Red Cross: www.redcross.org

The Institute for Business and Home Safety: www.disastersafety.org

The Association for Information Management Professionals: www.arma.org

American Health Information Management Association: www.ahima.org

The Joint Commission www.jointcommission.org/

Centers for Disease Control and Prevention (CDC): www.cdc.gov

ACKNOWLEDGEMENTS

Curi would like to acknowledge and sincerely thank practice administrators at the following practices who participated in the Greenville and Asheville Focus Groups. Your input and knowledge was a wealth of information.

Asheville Cardiovascular & Thoracic Surgeons

Asheville Gastroenterology Associates

Asheville Head, Neck, and Ear

Asheville Infectious Disease Consultants

Asheville Pediatrics

Asheville Radiology

Asheville Radiology/Carolina Vascular

Boice Willis

East Carolina Retina Consultants

East Carolina University Student Health

Eastern Radiology

Medical Associates of Transylvania

Mountain Medical Associates Nash OBGYN

Northeastern Orthopedics

Orthopedics East

Pathologists Medical Lab

Shelby Surgical Associates

Victoria Urological