

DISASTER PREPAREDNESS FOR MEDICAL PRACTICES



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Slide # 1

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OVERVIEW

- What constitutes a disaster?
- The importance of preparing for the unforeseen.
- How to insure your practice survives a disaster.
- How to cooperate with other practices, hospitals and the community.
- How your disaster plan is also a blueprint for recovery.

DISASTERS LARGE AND SMALL

- **Can affect just your practice or limited area**
- **Can affect local community**
- **Can affect nation**

Identify potential crises, based on your geographic location and facility

- » **Fire**
- » **Power failure**
- » **Computer network crash**
- » **Water main break**
- » **Leaking roof**



Can affect local community

- **Natural disaster**
 - » **Hurricane**
 - » **Tornado**
 - » **Flood**
 - » **Wildfire**
 - » **Blizzard**
- **Emergency**
 - » **School Bus Crash**
 - » **Train Wreck**
 - » **Multi-Car Accident**
 - » **Factory Explosion**

Can affect nation

- **Terrorism Attack**

- **Pandemic Outbreak**

PREPARING FOR DISASTERS

WHAT YOU CAN DO

HIPAA REQUIRES IT

Disaster preparedness is now required since the Health Insurance Portability and Accountability Act (HIPAA) regulations state that health care organization must implement contingency planning and disaster recovery processes.

GETTING STARTED

Keep in mind three key questions:

- What are the basic services patients expect to receive from your office?
- What can your practice do to help in a community-wide disaster?
- What services are absolutely essential to your operation?

PINPOINT PROBABLE RISKS

Examine ways to:

reduce them

face them

recover from them

BUT PREPARE FOR ALL

Although you should identify the most probable disasters you will encounter in your practice and area,
PLAN for ALL hazards.

COMMON ELEMENTS

Regardless of the type of disaster, there are common elements to concentrate on.

- Trauma Patients
- Infection Patients
- Respirator Requirements
- Surge Capacity

SURGE CAPACITY

Is there sufficient

- Staff
- Supplies
- Space

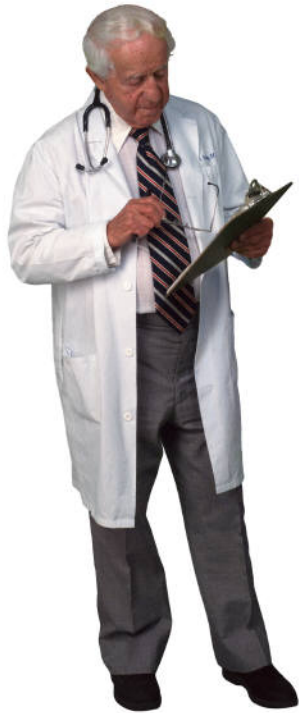
to treat patients in the time of crisis?

PUSH PACKAGES

The Centers for Disease Control and Prevention's Strategic National Stockpile has prepared "push packages" of essential drugs and supplies which can be delivered to communities within 12 hours in case of disaster.

Until then, hospitals should have their own stockpiles of supplies.

PRACTICE PROTOCOLS



- » You can't be prepared without a plan
- » Put it in writing
- » Designate primary/back-up personnel for everything, including the decision to implement the plan
- » Your disaster response plan will also serve as the blueprint for your recovery effort.

WHO IS ON THE TEAM?

- Decide who will be in charge and appoint specific tasks.
- Involve your entire staff in this planning from physician owners to the cleaning staff.
- Decide who communicates with the hospital, partners and networks.

POINTS TO CONSIDER

- Who will write the chapter on clinical preparedness for the next disaster in your office policy and procedure manual?
- Who is the bioterrorism specialist in your practice for administrative and clinical activities?
- What training will staff be given to recognize the symptoms of threats such as anthrax, avian flu or nuclear radiation?

- Who will determine that an emergency exists and the plan should be implemented?
- Who will be responsible for clearing patients safely out of the facility?
- Who will assist patients who have difficulty walking?
- Who will notify staff who are not at work?

- Who will call patients to reschedule appointments or refer them to another provider?
- Who will deal with the insurance carriers, vendors and others?
- Who will be the primary contact with the police or fire department?

- Who will be the primary contact for the media?
- Who will be the back-up person for each of the above?
- What items, if any, should be removed during an evacuation of the practice, and who is responsible?
- What resources will be required for the performance of critical processes?

PRACTICE PREPAREDNESS

If the power goes out, do you have -

- *emergency lights

- *a back-up power source to run vital machines, refrigerators, computers?

Will you be able to complete medical procedures?

FORCED EVACUATION

- All staff should be aware of emergency exits in the building and what to do.
- Plan an escape route. Find at least two ways out of each room.
- Determine how to notify and evacuate patients on the premises.
- Determine a meeting point, a telephone number or some other way to assure that everyone has left the building.
- Can back-up computer files be taken with you?
- Should equipment be turned off?

Have periodic drills.

The safety of your staff & your patients is your first priority.

CONTINGENCY STAFF

- It is critical that your practice have a policy that provides contingency staff to continue implementing the practice's disaster and emergency response plans.
- All staff should be asked to write a job description that includes the minimal supplies they need to function in the case of an emergency.
- Staff should be cross-trained to cover one another. If the receptionist cannot come in during a crisis, can the biller handle the phones and check-in patients?
- Being prepared also allows ambulatory practices to become care centers for victims of a disaster that overwhelms the local hospitals.

WILL STAFF BE THERE?

In the face of disaster, staff from support workers to physicians will be as concerned about their families as about the patients.

Encourage your staff to have their own disaster preparedness plans in place so their families have pre-arranged meeting areas, phone numbers, emergency kits, etc. so they can work knowing their families are safe.

VOLUNTEERS

For large-scale disasters, hospitals will need to recruit physicians and others to aid in the response.

The AMA has developed a curriculum for disaster preparedness training.

TO VOLUNTEER...

- FIND OUT HOW VOLUNTEER ARRANGEMENTS ARE TO BE MADE WITH THE HOSPITALS
- LEARN THE HOSPITAL'S PROCEDURE FOR COMMUNICATING WITH VOLUNTEERS IF THEY ARE NEEDED
- IS THERE A MEDICAL RESERVE CORPS OR A LOCAL RED CROSS CHAPTER THAT NEEDS VOLUNTEERS?
- IF YOU ARE LISTED AS A VOLUNTEER WITH MORE THAN ONE ORGANIZATION, WHO HAS FIRST PRIORITY?

COMMUNICATION

- **Know how to reach your staff, vendors, hospitals, etc.**
- **Have alternate phone numbers for sending and receiving messages**



BE ABLE TO REACH AND BE REACHED BY STAFF

- Have home and cellphone numbers and personal e-mail addresses of all employees.
- A phone tree should be in place so that everyone will receive the notice if the disaster response plan is implemented.
- When possible, leave a message on a designated call-in line to relay information to all staff or send a broadcast e-mail to update them.
- Since local landlines and/or celltowers may be down, is there a phone number outside of the immediate area that everyone can call to “check-in?”
- Have a contingency plan to go to the office if the disaster situation safely allows for transit even though communication may not be possible.

REACHING VENDORS & PATIENTS

- Be sure you also have a complete list of the names, addresses, phone numbers, e-mail addresses and account numbers as applicable of your vendors, labs, participating third party carriers and others vital to running your practice.
- Have a list of patients on maintenance medication and others who may need prescriptions renewed immediately.
- Keep this information in your home computer and/or PDA and as a hard copy as well as in the office network.
- Your Practice Administrator, physician colleague and insurance agent should also keep this information off-site.

PRACTICE MAKES PERFECT

- Once your plan is in place, practice.**
- Have staff role play for various disaster scenarios**
- Join community disaster simulations**
- Update your plan as needs/circumstances change**

PRACTICE RECORDS and BUSINESS RECOVERY

Once the disaster has passed, how will
your practice survive?

WHAT IS DESTROYED?

The main aspects of disaster will generally include:

- Destruction of patient charts and other information in the office
- Interruption of access to medical information
- Unavailability of the office itself
- Reduction of available staff
- Destruction of supplies
- Damage to equipment

DOCUMENTATION

- Regularly back-up all computer files and store off-site
- Consider a back-up server that is out of your area
- Start using electronic records so patient "charts" can also be accessed remotely



USING NEW TECHNOLOGY

- The Electronic Medical Record (EMR) transfers all patient data to an electronic format.
- The Virtual Private Network (VPN) allows patient and all practice information to be accessed remotely by those authorized to do so.

BUSINESS INTERRUPTION INSURANCE

- Financially, a top priority is to include Business Interruption in your office insurance policy.
- This should cover lost profits and fixed expenses that continue even when normal business operations are temporarily suspended because of property loss caused by insured perils.
- This could be the difference between financial life and death.

INSURANCE TO DOs

- **Keep records/digital photos of equipment with serial numbers, models, etc.**
- **Have policy numbers/representatives/phone numbers accessible remotely**
- **Ask if a discount for the premium is available to those with disaster plans**

FINANCES

- If your bank is forced to close for a while, do you have a backup financial institution?
- Does the practice have a safe to hold cash deposits while financial institutions are closed?
- How will you handle payments and collections if the banking system shuts down?
- Don't overlook the need to designate a trusted individual who can implement the recovery plan in case you are unavailable.

REACHING OUT

- **Partner with colleagues for disasters affecting individual practices**
- **Learn what the local hospitals have planned to meet emergencies**
 - **Do they need help?**
 - **Will they offer help?**
- **Find out about and participate in community efforts**
 - **Mock disaster training programs**
 - **Government sponsored programs**

PARTNERING WITH COLLEAGUES

- Since disasters such as fire and tornado may strike one building but not the one next door, consider contracting with another physician in another part of town to share office space if either of you encounters a dislocation.
- Have your office number forwarded to the temporary office so your patients and referring physicians can still reach you.
- Until it is possible to start seeing patients again, develop a telephone message informing patients of why you have temporarily shut down; who they should call for medical emergencies and further contact information.
- Designate a trusted individual to implement the recovery plan in case you are unavailable.

WORKING WITH THE HOSPITALS

- Learn what systems are in place.
- Do your local hospitals work together as well as with other local experts, entities and hospitals in other areas?
- Are there conferences, training sessions, grand rounds, and other activities designed to prepare healthcare and other professionals in handling a disaster?
- Do you have a running inventory of the personnel, supplies, equipment and other resources that you can make available if needed in an emergency that doesn't shut down your operation?
- Does the hospital have a catastrophic response plan in place?
- Can you notify them of the availability of your practice to help with victims in need of immediate attention?

SYNDROMIC SURVEILLANCE

This new technology allows healthcare providers to identify patterns that could signal bioterrorism or a pandemic outbreak.

Early identification of infections by tracking unusually high numbers of flulike or other symptoms, can help contain an outbreak.

COMMUNITY EFFORTS

- Does the local government, medical society, emergency personnel, etc. hold mock disaster drills?
- Learn how you can participate.

RECOGNIZING PANDEMICS

- Would you and your staff recognize early stages of a pandemic outbreak such as avian flu?
- Would you recognize the symptoms of anthrax or another bioterrorism attack?
- If terrorists use intermittent, subtle and geographically dispersed approaches or patients with unexplained symptoms suddenly start falling ill, physicians' offices are likely to encounter the first exposed patients.
- Skill in eliciting an appropriate and thorough history including relevant occupational social and travel information is just as important as the clinical skills in treating the patients.

EDUCATING YOUR PATIENTS

- Educate your patients about preparing a plan to meet emergencies such as fire, natural disaster, and terrorist or criminal activity by providing an “Emergency Checklist” for them to review and keep at home.
- Provide a list of “emergency resources” prior to the occurrence of an emergency.
- An emergency guideline is especially important for your patients with special needs such as chronic conditions or with responsibility for elderly parents or handicapped children.
- Patients with chronic conditions should always have their medication readily available to take with them in case of mandatory evacuation.

Knowledge and preparation will make a difference in how the practice, staff, patients and community emerge from a disaster.

HOWEVER...

It takes time, money and cooperation to prepare to meet disasters.

WE NEED TO PREPARE

Irwin Redlener, Director of the National Center for Disaster Preparedness at Columbia University's Mailman School of Public Health, says:

“What is missing in action is a definition for what we mean by “prepared” for hospitals or communities.”