Silver LINING

Weather any situation with emergency preparedness

By John McCormack

When a computer crashed at one medical practice, the physicians had to run an ad in the local paper asking patients when their next appointments were scheduled. The embarrassment made a difficult situation even worse.

In contrast, when a fire destroyed a pediatric office, physicians were seeing patients at an alternate site the very next day. The fact that the group was able to continue to practice medicine made a dire situation a little more bearable.

What caused the difference in how the two organizations handled their unforeseen issues? The answer: emergency, or disaster, preparedness. "Having an emergency plan in place makes all the difference in the world," says Peter Lucash, MBA, MPH, a Charleston, South Carolina-based consultant and author of the *Medical Practice Business Plan Workbook*. "When you look at what happened with these two practices, one was able to carry on and quickly continue to see patients after experiencing a devastating disaster. The other practice came to a screeching halt after experiencing what should have been a much less upsetting situation."

To prepare for disasters requires thinking about disasters, a difficult prospect for some people, including physicians. "About 85 percent of people think that major disasters are not going to affect them. So, they just don't think about it. When a disaster strikes, they just kind of take cover and wait to see what happens," says Cecilia Rokusek, EdD, MS, RD, assistant dean for education planning and research at Nova Southeastern University's College of Osteopathic Medicine, a Fort Lauderdale-based school that also operates the Institute for Disaster and Emergency Preparedness.

Unfortunately, many medical practices are likely to fall into this category, according to Amesh A. Adalja, MD, senior associate at the Center for Health Security at the University of Pittsburgh Medical Center. "I've noticed time and time again, when practices are not a part of a health care system, they don't think about emergency planning," Dr. Adalja says. "But they need to be prepared. Even if they are not directly hit by an emergency, they might be called upon to care for the victims of the disaster." For example, during Hurricane Sandy, two hospital emergency departments were closed. Because of this, Dr. Adalja notes, patients sought out other facilities for treatment, such as medical practices or urgent care centers. Providers must be prepared for that kind of surge in demand. Part of that preparation involves ensuring that physicians, nurses, medical assistants, and other staff are ready and able to use their expertise at an alternate care site, such as an emergency medical trailer, Dr. Adalja says.

This added wrinkle is what makes health care organizations' emergency preparedness needs stretch far beyond the business continuity challenges that most other types of organizations grapple with in the face of disaster.

"Emergency preparedness in health care is a public health issue. Just like we try to prevent bad physical things happening to the body, we need to prevent further harm to patients by being prepared to continue to deliver health care services during a disaster," Dr. Rokusek says.

Current conditions

The fact that disasters are becoming more commonplace makes preparation more relevant than ever before. The number of natural disasters has risen on all continents since 1980, according to a study released by Munich Re, a reinsurance firm located in Germany.[1]

The increase in calamities has been felt especially hard in the United States. The report found that weather disasters in North America are among the worst and most volatile in the world. In fact, in 2011, insured losses in the U.S. due to thunderstorms alone were the highest on record at an estimated $26 billion, more than double the previous thunderstorm record set in 2010, according to the report.[1] Statistics from the Federal Emergency Management Association (FEMA) also show a rise in the number of disasters, with the federal agency declaring 642 disasters for the decade running from 2004 to 2013 and just 441 disasters for the decade running from 1994 to 2003.[2]

In addition to natural disasters, health care organizations are grappling with an uptick in violence. A 2010 report found that there have there have been 256 assaults, rapes, or homicides of patients and visitors to American health centers since 1995, with 110 of those acts occurring between 2007 and 2010.[3]

The increased use of electronic health records also means that health care providers need to be prepared for data loss as a result of computer break-

downs or data theft. Indeed, with federal incentives encouraging their adoption, the majority of hospitals and medical group practices now are using electronic health records (EHRs). As of 2013, 78 percent of physicians are now using an EHR system, according to the National Ambulatory Medical Care Survey by the National Center for Health Statistics.[4] In addition, more than 80 percent of hospitals have qualified for federal incentive funds by successfully implementing EHRs, according to a report from the Office of the National Coordinator of Health Information Technology.[5]

Even though data loss typically is not considered a life-and-death situation, it can cause plenty of havoc. For health care providers, lost data could result in substandard patient care, noncompliance with HIPAA regulations, a loss of credibility, and financial setbacks.[6]

Faced with all this increased risk, the need for health care organizations to put together some type of disaster or emergency preparedness plan is more pressing than ever before.

Dr. Rokusek asserts that leaders should ask themselves one question to get started: "If my health care practice was wiped out due to a disaster, do I have a plan in place that would get the practice back up and running in 72 hours?"

If the answer is no, then it is time to roll up the sleeves and get to work. The first order of business is to assess the risk for certain disasters. Even though health care providers need to be prepared for anything, the likelihood of different disasters should drive that preparation.

"You have to look at your vulnerabilities and assess what they might be," Dr. Rokusek says. "In the Midwest, you might be vulnerable to tornadoes, while in California, you might want to worry more about earthquakes or mudslides. And mental health providers might want to put some more thought into what to do in violent situations."

First responses

Even though every health care organization is apt to create an individualized emergency preparedness plan, all medical groups will need to shift into high gear when disaster strikes. The Kentucky Medical Association suggests using the following checklist as a response guide:

- Physicians or office manager—contact employees regarding the extent of the disaster and what action employees should take in the short term.
- Contact the landlord and, if necessary, the fire department for a general assessment of the damage.
- Reroute mail and phone calls.
- Contact the insurance carrier.
- Keep an accounting of all damage-related costs.
- Conduct salvage operations.
- Call a meeting of key employees.
- Obtain new office space.
- Address equipment needs for any temporary office space.
- Contact patients.[8]

Build shelter

After assessing vulnerabilities, health care organizations then need to create a formal emergency preparedness plan. The Medical Group Management Association (MGMA), Englewood, Colorado, suggests that practice leaders take the following steps:

- Obtain copies of disaster plans from primary hospital providers.
- Obtain copies of community disaster plans.
- Use hospital and community plans as a model to build the practice's emergency plan.
- Let the plan reflect the uniqueness of the practice staff and resources available.
- Distribute a draft of the plan to physicians, nurses, and other employees for input.
- Review the plan with appropriate hospital and community entities, defining the organization's role within the framework of other community disaster plans.
- Finalize the plan, including gaining group governance approval.
- Re-evaluate and update the emergency response plan annually.[7]

While these steps will prompt health care organizations to come up with unique emergency preparedness plans with content that is apropos, each plan should include some variation of the following:

- **A plan of action for caregivers' families.** "Caregivers need to have a personal and family plan in place. To continue to deliver care during an emergency, physicians and other caregivers need to know that their own family is coping with the disaster," says Dr. Rokusek. Any plan should include emergency supplies and an escape route from disaster areas.
- **A blueprint for employees.** All employees should know their roles

and responsibilities in emergency situations. Plans need to spell out specific tasks for specific employees. In addition, a communication plan should clearly delineate how each employee will be contacted during a disaster, with an alternate communication plan in place in case phone service is not available.

- **Specific checklists for specific calamities.** Each potential disaster presents an entirely different set of circumstances. Whether dealing with floods, data loss, or violence, the health care team should have a unique response. For example, if a patient comes into a medical office with a gun, the staff needs to know escape routes, how to alert police, and how to lock interior doors.
- **An all-is-lost contingency plan.** A worst-case scenario is intimidating to consider and plan for. What happens if an entire medical practice is wiped out? Some health care organizations could have another location to set up shop, such as an empty storefront in a mall. The worst-case plan should include suppliers' numbers so the practice can get what it needs.

Calm before the storm

Since developing such a plan can be a daunting task, especially for small medical groups, the MGMA suggests breaking the process into steps based on three phases of emergency events, and then working backwards:

- **Recovery phase.** Re-establish the practice by managing staff availability, finances, cash flow, and staff stress.
- **Survival phase.** Protect against injury and loss of life, run survival drills, and establish communication procedures.
- **Preparation phase.** Assess vulnerability, develop an emergency plan for each scenario, and categorize whether events affect just the practice or the entire community.[7]

Dr. Rokusek also suggests that small medical groups do what they can to simplify emergency preparedness planning. Instead of reinventing the wheel, she suggests that practices use a variety of outside resources to construct the plan. For example, practices could hire a consultant to develop the plan. Or, practice leaders might want to check out various online resources to get started. Disaster planning materials and guidance can be found online at Ready.gov or FEMA.gov, and numerous other sites.

Rain checks

All the hard work that goes into creating a plan could be for naught if staff members simply give the documents a once-over and tuck them away in some obscure folder. That is why, in addition to developing a plan, the MGMA also suggests that medical practices develop training modules (including disaster drills) and conduct initial and ongoing staff training programs, including testing and simulation.[7]

Dawn Robiadek, CMA (AAMA), manager of the specialty clinics at Henry Ford Health System, West Bloomfield, Michigan, says that leaders at her facility make it a point to conduct ongoing training initiatives for emergency preparedness.

For example, Robiadek reviews timely emergency procedures with staff members at every monthly meeting. In late fall or early winter, she might review some of the protocols associated with inclement weather. Or, if a school shooting or terrorist attack is in the news, she might focus the staff training on responding to violent situations.

"We focus on giving staff members real, practical information that they will remember when something happens. For example, we remind them that if someone comes into the facility with a gun, staff members should go into a room and shut the door. But they also should make sure they turn the light off and turn their cell phones off, so the intruder doesn't discover that they are in there. It helps to keep offering up these practical steps so when something actually happens, the staff members are much more likely to quickly remember what to do," she says.

The hospital has even brought in drama students from a local college to provide staff members with a simulated disaster response experience. "It becomes an extremely real practice drill because the students come in looking like they have blood all over them. And we have to shuffle them to a contamination tent, where we hose them off to get rid of any potential contamination," Robiadek says.

Calamity tamed

Even though developing an emergency preparedness plan is a fairly large undertaking, the effort is well worth it, according to Megan Blumenthal, CMA (AAMA), a medical assistant who works at Aiken Surgical Associates, a private surgery practice in Aiken, South Carolina.

The practice has a plan in place that provides instructions for specific disasters, a communications protocol that includes a phone tree (a document that spells out who needs to call who), and directions to a potential alternate care site where employees can report if the current building is uninhabitable.

When an ice storm hit the region during the winter of 2014, leaders decided to close the practice. Because this plan was in place, though, it was relatively easy to notify staff and patients of the closing.

"The surgeons didn't want to take a chance. They didn't want staff or patients getting hurt while they were trying to get to the practice," Blumenthal says. "While

we all had to deal with the dangerous weather, the closing of the practice was handled quite efficiently because communication was so seamless. And, we were able to reschedule all the patients for the very next week. So, it all worked out really well."

While it is impossible to predict what will happen at any given point in time, having a plan in place allows professionals to more efficiently and effectively react in situations of potentially extreme stress. Most importantly, though, such planning makes it possible for health care providers to get back to business quickly. And when disaster strikes, the patient population is apt to be in need of intense medical services.

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