



The Medical Practice Disaster Planning Workbook

Owen J. Dahl, FACHE, CHBC

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*Book is in PDF format plus a fill-in-the-blanks
planning document in Word format.*

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Introduction

“An ostrich with its head in the sand is just as blind to opportunity as to disaster.”

Anonymous

Disaster is a term we don't want to deal with—now or ever. We don't want to think about it until it is too late, especially when we look at our limited resources and realize that it takes time to plan for disaster. Besides, disasters only happen to others—not to us!

In this book I hope to talk about disaster planning in general as well as the specifics of disaster-related issues, but I also want to show you that every healthcare clinic in the US can develop a simple, practical disaster program.

There was so much media coverage of Hurricane Katrina that probably many of you were sick of hearing about it. Or perhaps so much time has passed that it's become irrelevant to you. Since I lived through Hurricane Katrina, I can never look at it as irrelevant. And for those who didn't live through it, seeing it as irrelevant is bad, because any disaster should be an opportunity to learn and to make us aware that a disaster may occur to any one of us at any time.

I was a practice manager for a busy medical practice in New Orleans when Katrina hit on Monday, August 29. It was Tuesday before we knew the total impact of Katrina on the practice. The office operations were in a shambles, we could only find a few people, and we knew some offices were badly damaged while others were probably OK. Uncertainty, fear, disbelief, and many other emotions were part of our daily routine.

Employees could not be located. Patients were frantic, looking for their physicians and records and wondering what would happen to them and to their physician. We knew the home numbers of the patients scheduled for the first part of the week but were not prepared for a much greater problem—land lines didn't work and cell phones didn't work. But, thanks to the kids, we discovered that text messaging worked!

Fortunately, our IT operation was pro-active in planning and in responding. Very quickly we got the systems up and running, using band-aids and duct tape and anything else we could find. We soon had an online bulletin board up, which gave us a good way to reach staff and patients.

The physicians from one group finally got in contact with each other and arranged a meeting the following week in Dallas to discuss what should happen to the practice. Others were scattered all over. Fortunately, some were in Houston and our bankers relocated there so we were able to arrange for conference room space for the doctors to meet and discuss their plans.

We needed passes to get back into the community. Once we did, we needed to get tetanus shots and to find food and water, which was not easy. Eventually things came back to normal, but it was a new normal, not the normal that we knew before.

Read the above again, paying attention to the many things that happened. After any disaster, large or small, you will have to deal with these types of things, from communications, to security, to access to information, to alternative locations, to caring for your business and your family.

Katrina was so huge that you might think it was a rare event. But disasters happen often. Floods, tornadoes, earthquakes, and hurricanes are a fact of life for many communities. Disasters are far more common than you think, which is why you need to plan and prepare for them.

ABOUT THIS BOOK

I don't pretend to have all the answers, but I do hope that in this book I can give you enough suggestions so that when you consider the types of disasters that may affect your operation, you can use the tools you'll find here to create a plan that will help resolve problems, make difficult decisions easier, and above all allow you to provide continuity of care to your patients.

The material in this book is organized with in two ways. First, each chapter covers a specific topic and includes a discussion of the issues that you will need to consider as they apply to your practice. Second, there are references made to the disaster workbook, which provides a checklist and forms that you can adapt to your practice. You can use the text and the guide to complete your own disaster plan by filling in the blanks and adding any important items that relate specifically to your practice.

In the next chapter, we will look at the concepts that form the base for the development of your two-part plan: the disaster response and the recovery mode for your practice. Chapters 3 through 13 will address different components of the plan, suggesting ideas and points to consider as you develop your own plan. Finally, the last chapter includes a list of references you can use to find additional information as you develop your plan. Each chapter will conclude with key points that serve both as a summary and as reminders for you to address the issues raised in the chapter itself.

Congratulations on starting this process. Your effort to this point indicates a real desire to be prepared for a man-made or natural disaster. Your family, patients, employees, and community will thank you for this effort if an actual disaster strikes.

Dedication

The guide and workbook is dedicated to those who care for patients on a daily basis in clinics all over the US.

The recovery efforts and planning for future disasters could not have been successful as part of my life and a benefit to the many citizens of New Orleans without the help of the employees of SALCO Management, Inc and Syscom, LLC, two organizations I was affiliated with, who gave tirelessly when it was time to evacuate and especially when the recovery effort for many patients was required.

Here's to hope that any disaster will be minimized through the efforts of those who take planning and preparation seriously. It is also hoped that if a disaster does strike a medical facility, that the recovery will be rapid and that the disruption to patients will be minimized.

Disasters Defined

“There are two big forces at work, external and internal. We have very little control over external forces such as tornadoes, earthquakes, floods, disasters, illness and pain. What really matters is the internal force. How do I respond to those disasters?” Leo Buscaglia, Author and professor at the University of Southern California.

As we said in the Introduction, Katrina was so huge that many people think it was a rare event. But disasters are common, which is a fact you can see for yourself at the Infoplease.com Web site (www.infoplease.com/world/disasters/2008.html), which has a list of disasters in the US. We will talk about this in some detail later in the book; for now, this list, from the first half of 2008 should help you realize the need for planning and a recovery strategy. Just the activity in the first half of the year had an impact on 14 states.

2008 Disasters

January 2008 Disasters

Jan. 7–8, Ark., Ill., Mo., Wis.: a series of tornadoes kill at least six people, including two children, destroy houses, and flood roads.

February 2008 Disasters

Feb. 5–6, Tenn., Ark., Ala., Ky., Mo.: at least 55 people are killed and hundreds more injured after violent tornadoes rip through the southern United States. According to emergency officials, the victims include 31 people in Tennessee, 13 in Arkansas, 7 in Kentucky, and 3 in Alabama.

March 2008 Disasters

March 14–15, Georgia: two people are killed and at least 30 people are injured when violent tornadoes strike Atlanta and northwestern counties of Georgia County. The storms cause damage to the CNN Center, the Georgia Dome, and the Convention Center in Atlanta, and leave thousands of homes without power statewide.

March 17–19, Ark., Ill., Ky., Mo., Ohio: 13 people die, hundreds of people are evacuated from their homes, and hundreds of roads are closed during major floods that stretch from Texas to Pennsylvania.

April 2008 Disasters

April 29, Virginia: Three tornadoes strike Norfolk, Suffolk, and Colonial Heights, injuring over 200 people and destroying at least 140 homes.

May 2008 Disasters

May 1–2, Arkansas: seven people are killed and 13 more injured in Arkansas when storms hit 16 counties.

May 11, Okla., Mo., Ga.: more than 20 people die and hundreds more are injured when tornadoes hit Missouri, Oklahoma, and Georgia. Racine, a town about 170 miles south of Kansas City, Missouri saw the most damage, leaving about 9,000 people without electricity for over three days.

June 2008 Disasters

June 9–18, Ind., Iowa, Ill., Mo. and Wis.: severe flooding from storms causes already swollen rivers and lakes to flood, killing 10 people, breaking three dams, and causing thousands to evacuate their homes. In addition, at least 90 roads are closed. According to the National Weather Service, the Cedar River is 17 feet above flood stage, the worst flooding Cedar Rapids has ever seen.

June 11, Iowa: a tornado kills four Boy Scouts and injures 48 others, when it tears through the Little Sioux Scout Ranch in western Iowa. The tornado also touched down in Kansas, killing two people.

It is important to recognize that, in addition to these major events, there are many more small disasters that are as devastating to your practice as the major ones.

So just what does the word disaster mean and what constitutes one?

Webster defines a disaster as a sudden calamitous event bringing great damage, loss, or destruction; *broadly*: a sudden or great misfortune or failure.

Disasters can strike anywhere and at any time. When we talk about disasters we usually think in terms of major hurricane events like Katrina or like the flooding in Iowa in 2008 or the annual wildfires in California, and we ignore smaller disasters that don't make the 24-hour news shows but can affect YOUR practice. What about a fire in your building or your suite, or a car crashing into your business office area, destroying your medical charts and your server room, or a wind storm, or a major power outage? All these "minor" events may not be minor in terms of their effect on your practice.

Here is a list of actual disasters that affected the United States in one year:

Coal mine cave-in, snow, mudslide, building collapse, plane crash, train derailment, ship sinking, gas explosion, wildfire, tornado, collapsed dam, earthquake, building fire, bus accident, pipeline explosion, heavy rain, drought, extreme heat, typhoon, hurricane, chemical factory explosion.

As you can see, disasters come in many shapes and sizes. They can be natural or man-made. Here are a couple of examples of each.

Terrorism

A terrorist act is a man-made disaster. It has been defined as premeditated, politically motivated violence against non-combatant targets by sub-national groups. An act of terrorism is usually committed by groups that do not have the political power to change policies they view as intolerable. They choose targets and actions to maximize the psychological effect on a society or government and plan their acts to get as much media exposure as possible. They justify their acts on ideological or religious grounds, arguing they are responding to a greater wrong or are promoting a greater good. Based on those facts, virtually any community in the country can be a target.

Unfortunately, mounting a terrorist attack is not all that difficult. The explosive devices that are one of the most common weapons of terrorists are easy to make, with the information readily available in books and on the Internet. Generally, you can buy the materials you need to make a bomb in any variety, hardware, or auto supply store. And explosive devices are easy to carry and easy to detonate from remote locations or by suicide bombers. These facts make the possibility of a terrorist attack all the more likely.

Here are some specific types of terrorist tools:

- Conventional bombs, which have been used to damage and destroy financial, political, social, and religious institutions. Thousands of people around the world have been injured and killed by bomb attacks in public places.
- A nuclear device, which produces intense light and heat, a damaging pressure wave, and widespread radioactive material that can contaminate the air, water, and ground surfaces for miles around. A nuclear device can be a weapon carried by an intercontinental missile launched by a hostile nation or terrorist organization or to a small portable nuclear device carried by an individual. Biological agents—organisms or toxins that can kill or incapacitate people, livestock, and crops. The three basic groups of biological agents that would likely be used as weapons are bacteria, viruses, and toxins. A good example is the anthrax letter that were mailed shortly after the 9/11 attacks on the World Trade Center and the Pentagon.
- Chemical agents—poisonous vapors, aerosols, liquids, and solids that have toxic effects on people, animals, or plants. They can be released by bombs or sprayed from aircraft, boats, and vehicles. They can be used as a liquid to create a hazard to people and the environment. Some chemical agents may be odorless and tasteless. They can have an immediate effect (a few seconds to a few minutes) or a delayed effect (2 to 48 hours).

Pandemic flu

An example of a natural disaster is a pandemic—a global disease outbreak. An influenza pandemic occurs when a new influenza virus emerges for which there is little or no immunity in the human population. It causes serious illness and then spreads easily person-to-person worldwide.

There have been three flu pandemics in the twentieth century:

- 1918—caused at least 675,000 US deaths and up to 50 million worldwide
- 1957—caused at least 70,000 US deaths and 1—2 million deaths worldwide
- 1968—caused about 34,000 US deaths and 700,000 deaths worldwide

Characteristics and challenges of a pandemic flu:

- Rapid Worldwide Spread
—When flu breaks out, worldwide spread is almost inevitable
- Health System Overloaded
—Little or no immunity; patients flood healthcare facilities
—Inadequate facilities, staff, equipment
- Medical Supplies Inadequate
—Vaccine and anti-viral drug shortage
- Economic and Social Disruption
—Travel bans, school and business closings, care for family

Your Disaster Plan

As you develop your disaster plan, you'll find that there are components of the plan that are also part of your overall practice management process. Your compliance plan, for example, includes elements of HIPAA, which specifically mandates that you have a disaster plan in your practice. Therefore, to be compliant with HIPAA, you must have a disaster plan.

Another key compliance issue is OSHA. When preparing for a community disaster, whether it is natural or man-made, the actual disaster itself and the recovery period require OSHA applications such as bloodborne pathogen programs.

There are other existing areas of your practice where disaster planning should have an effect. Your employee handbook probably addresses time off due to illness; it should also address issues related to absences and responsibilities in the time of a disaster. Your monthly financial statement will be essential when it comes time to address issues about your business interruption insurance. And finally, there is the need to review your entire insurance program to address any potential risk that you may have. That review should include an in-depth analysis of your disaster and disaster recovery needs.

Key Points:

1. Recognize that disasters come in many forms and that they can happen occur at any time and anywhere.
2. Be prepared in for disaster in your community and in your office
3. Use the template guide book to develop your practice disaster plan and give it to all employees and to others you think should have it.

Plan

“Plans are of little importance, but planning is essential.”— Winston Churchill

“Plans are nothing; planning is everything.”— Dwight D. Eisenhower

You know that a disaster will NEVER affect your practice and planning for one is a waste of time. My challenge is to find ways to convince you to develop a plan and to train your staff so that the plan can be effective.

Think about the material in Chapter 1 and about those who suffered through various catastrophes. You NEED a disaster plan. A plan is the starting point for any disaster effort. Without a plan you have no idea how you or anyone else in the practice will respond to the immediate needs of the disaster or recover from the disaster when it's over.

In my book, *Think Business! Medical Practice Quality, Efficiency, Profits*, I stressed the fact that your practice is a business. Too often we don't think of the medical practice as a business. Unless we do, it's impossible to realistically consider the responsibility we have to our patients, our employees and our community. The practice is vital to all of these constituencies and the owners have a responsibility to address them in all the areas of running a business. And if that's not motivation enough to plan, then think of your disaster plan as an insurance policy. As the owner of a business you must take the time and allocate the resources to develop a plan, write it down, communicate it to everyone who may be involved, and be prepared.

This chapter includes a general discussion of planning that is applicable to every planning effort and, more specifically, how to use this material to complete your own disaster plan.

A plan gives purpose and direction to the practice by answering several key questions:

- *What* needs to be done (major tasks)
- *When* it needs to be done (before, during or after a disastrous event)
- *How* it needs to be done (resources internal and external), and
- *Who* is to do it (leaders and assignment of responsibilities)

There are two types of plans that should be part of your practice. A *strategic plan* is one that relates to the broad overview or goals of the organization. If your practice wants to expand to an-

other location or add another physician within three years, this is your strategy. An *operational* or *tactical plan* is one that provides the details on how to achieve your strategic goals.

The practice's strategic disaster plan may include the goal of surviving any type of disaster and the successful re-establishment of the business. The tactical portion of the disaster plan would list the steps necessary to minimize the impact of the disaster and to return the business to as normal a level of operation as possible quickly.

To have an effective disaster plan, the owners and/or physicians and lay practice leadership must support it at the strategic level. The tone, the resources, and the nature of the plan are dictated by the support provided by leadership. The remainder of this chapter and this book assumes that your practice has a survivor mentality and that you want it to recover as quickly as possible to resume normal business operations.

The Planning Process

The planning process includes four steps:

1. Recognizing the need for a plan and establishing corresponding goals.
2. Clearly defining the current situation.
3. Identifying the resources and the barriers to the accomplishment of the goals.
4. Developing a set of actions to achieve the goals.
 - a. Assessing alternative courses of action
 - b. Evaluating the alternatives
 - c. Choosing the best alternative
 - d. Putting the plan in writing and training to test its effectiveness.
 - e. Implementing the plan in case of a disaster.

FEMA suggests that, in developing a plan, the practice should not only think about the negative aspects of the disaster, but also look at how planning can produce a positive experience in the event of a disaster. This sounds like an oxymoron but it does make some sense. A plan:

- Helps the practice deal with employees, patients, the community and the environment
- Helps insure compliance with laws, rules, and regulations that will come as a result of the disaster
- Enhances the business's chances of recovering and resuming a level of normalcy
- Reduces liability risks that may result from the disaster
- Sends a positive message to the community that the practice is responsive and is there to meet patient and community needs
- May actually save money through effective management of insurance coverage

Your practice's disaster plan should be developed by the practice leaders, preferably with appropriate staff members involved throughout the entire process. The team should have clearly defined objectives and should include representatives from the business side as well as the clinical side of the practice.

Admittedly, with the daily activity in a practice, it is hard to find the time to meet to do the planning. If possible, it may be better to have a disaster planning retreat at a location away from the practice and at a time when there is no patient activity in the office. Focusing on the plan content during such a retreat can allow the team to develop a plan quickly. Once completed, the plan should be written and should include ways to review and evaluate it once it has been implemented and to assess key points along the way.

The initial discussion should focus on the types of disasters that may affect the practice. If the practice has multiple locations, there may be different risk levels to be addressed. For example, if one office is located near an industrial area there may be explosions, train wrecks, or greater risk for terrorism than what there might be in an office located in a suburban neighborhood. Is one or more of your offices:

- Near a nuclear plant
- Near a pipeline
- Near a natural gas line
- In tornado-prone area
- In a area frequently hit by hurricanes, such as the Gulf coast or the Atlantic seaboard
- In a flood-prone area next to a river
- In a densely wooded area
- Near a railroad
- Near an airport
- Near or on a fault line

To help you understand the risks in your area, a chart that lists the types of disasters that might occur and the time frame you will have to prepare for them can be helpful. Here is a sample chart:

Disaster	Risk (1 = low and 5= high)	Warning	Occurrence of the event
Hurricane	5	Lots of time	Many hours
Tornado	3	Little time	Less than one hour
Earthquake	0	None	Seconds to a few minutes
Other. . .			

There are other questions your plan will need to address. If someone needs to get to your office quickly, can he/she do it? What will the travel options be? Where will you house the main computer servers? What has happened in your community or your state in past disasters? You can often answer this last question by contacting your state emergency assistance department for information about previous disasters in your area.

Assessing what could happen to the practice and to each office location will be the foundation for the plan. As part of the process, you will need to identify the resources necessary to protect the key components of the practice. For example, one of the most important parts of the plan is to decide how you will protect patient information and make sure you have immediate and continuous access to this information.

Other questions your plan must consider: What are the key functions or services that you provide to your patients? Can these functions be part of the community disaster service or recovery plan? How will you gather and store employee information, including how and where they can be contacted in the event of a disaster? How will you handle the business side of the practice, including accounts receivable as well as general accounting data? What happens to the practice if the main office location is damaged more than other locations? Does the practice have an adequate alternative “main” office location?

Those questions cover the “what” part of the plan. Later, we will look at the “when,” “how,” and “who” portions of the plan. To help you do this, we’ve created a disaster workbook, DW, which is included in this book as a template. This format will allow you to print or to fill in

the blanks and save it in an electronic format. The remaining chapters will encourage you to fill the guide with information that's appropriate to YOUR practice. It would be easier if we could simply adopt a one-size-fits-all plan from some other source, but, as we have seen, there is no one disaster plan that will work for everyone. You have to answer the questions of when, how and who with your own unique needs in mind.

A second aspect of the disaster plan is how to recover from a disaster. This portion of the planning document should address the resources, actions, tasks, and information to manage all activities of business recovery following a disastrous event. The obvious goal is to get the practice back in operation as quickly as possible. The primary goal is insuring continuation of care for your patients.

The chapters in this book, and the accompanying workbook, are designed to help you address all these questions. This is really the easy part, however. Once the team has developed a written plan, will it stay on the shelf or will there be drills to show how it will be implemented?. Each disaster is different and presents different issues, so it's possible that the best plan may not work. But if you put thought into your plan and you practice for the various scenarios that could occur, you better the odds that you will be prepared when disaster strikes.

The successful plan will also include an effort to work within your community by becoming aware of the resources and plans of others who are involved in caring for patients. Specifically your practice should define its role in the community concerning:

- pre-hospital care—can you serve as a triage site?
- hospital and acute care—is there room for you to house patients and to what level care can you provide?
- can you serve as an alternative care site for long term acute care or chronically ill patients who were hospitalized at the time of the disaster?
- Could you serve in dealing with the palliative care needs of your community?

You should also try to learn as much as you can about the disaster plans in your community. After Katrina, the New Orleans area was under what was called “civil authority,” which meant that we could not do anything in our community until government officials said it was OK. This meant that our clean-up and recovery program could not be immediately implemented.

Your plan should also address how it will work in the event of an evacuation. Some questions you need to address include: Will you need passes to return to your community? What security will there be to protect your property, as well as you and your staff when you return? Being aware of disaster plans in your community will provide you with answers in developing and implementing your own disaster and recovery plans.

Once your disaster plan is in place, you should make it part of the orientation program so that all employees know that there is a plan in place, what it is, what is expected of them, and their role in making the plan work. The plan should also be a part of the annual training program in the office. During training sessions, when it is time to discuss OSHA compliance and other matters, include a discussion on the disaster plan and the role that each employee will have in its implementation.

Make certain that everyone knows where to find a copy of the plan, whether it's stored electronically on a computer or in an old-fashioned three-ring binder. There should be a hard copy of the plan in each office and you should encourage your employees to review it periodically.

I admit that a problem with this whole idea of a disaster plan is that it requires a commitment and front-burner attention. Too often we don't think about a disaster until it's too late. June 1 is the beginning of hurricane season, for example, so practices on the Gulf coast and the Atlantic Coast may not start thinking about it until then. Other reasons I've heard for putting off doing a disaster plan:

- It's only important if last year was an active year for hurricanes.
- Communities along flood-prone rivers think about their needs only when they hear of flooding in certain parts of the country.
- Disaster only happens to others; it will never happen to us.

As we said in the first chapter, there are many types of disasters and they can affect anyone at any time. By its definition, a disaster is a sudden unexpected occurrence. Too often we hear of individuals and practices that wish they had taken time to plan for a disaster event. Unfortunately, this comment is almost always made after the event and not before.

A good plan has the following key characteristics:

- Be proactive—that means good planning.
- Build and maintain relationships—create partnerships locally, regionally, state-wide, and nationally, as necessary and appropriate.
- Devise, model, and exercise your plan—everyone needs to understand their role.
- Establish clear channels of communication—with anyone and everyone that you deem important and appropriate.
- Clarify the process for leadership and coordination—identify leaders and decision makers.
- Other things to consider:
 - Financial implications of the disaster and the recovery.
 - Vulnerable populations—employees, patients, fellow citizens of the community.
 - Security plans—be prepared for chaos, confusion, and those who will take advantage.

The disaster and recovery plan you put in place for your practice will not be as effective if you and your employees do not have their own family disaster plans. If an individual's family is in jeopardy, his or her overriding concern will be for the family rather than for the business. Therefore, a key part of your practice disaster plan will be to offer your employees resources and support to handle their family needs.

Lastly, it's important to understand the costs associated with your plan. As you go through the planning process, many items will become either optional, desirable, or essential based on priorities and cost. This list includes the development of the plan itself, protection of practice assets, communication options, training, and possible renovations to the office itself. It's a good idea to think about some parameters and set priorities when you begin to put together your plan.

Here are some sample lists:

Items that cost nothing or that involve time away from other duties but no additional expenditures:

- Development of the plan itself
- Meeting with the practice's insurance agent on an annual basis
- Meeting with other individuals identified on your vendor or contact list
- Research on types of disasters
- Locating and publishing disaster resources for the practice, its employees, and their families
- Staff training

Items up to \$1,000:

- Fire extinguishers, smoke, and heat detectors
- Emergency supply kits
- Web site updates, including secure access
- Providing CPR training and equipment for staff members
- Relocating records to prevent flood damage, fastening chart racks to walls to minimize wind damage

Items greater than \$1,000:

- Additional insurance
- Installation of an emergency generator
- Installation of an sprinkler system
- Upgrading mechanical and electrical equipment and storage/housing areas

As you review your needs, you can use this list as a starting point. You will probably find that you will think of additional items. You will need to evaluate each item to decide which, if any, will be necessary, what the cost will be, and what benefit you expect to gain in return for your money.

Key Points:

1. Commit to a written disaster plan and disaster recovery plan.
2. Take the time to develop a plan.
3. Identify the planning team and challenge them the challenge to create the plan.
4. Write the plan.
5. Communicate the plan.
6. Train employees on the contents of the plan and their responsibility to implement the plan.
7. Use form DW01 as a master checklist with assignment of responsibilities, dates, etc.

Communications

“Precision of communication is important, more important than ever, in our era of hair-trigger balances, when a false or misunderstood word may create as much disaster as a sudden thoughtless act.”—James Thurber

Communication is something we take for granted in our high-tech age. We have cell phones, fax machines, e-mail, land lines, and we can even talk to each other in person. Communication is a two-way process that’s different depending on whether we initiate the communication or we are on the receiving end.

When the television screen flashes an alert and says that the National Weather Service has issued a watch or warning, do you know the difference? Knowing the difference could be a life-or-death issue. Here are the precise definitions from www.noaa.nws.gov Web site:

Warning A warning is issued when a hazardous weather or hydrologic event is occurring, imminent or likely. A warning means weather conditions pose a threat to life or property. People in the path of the storm need to take protective action.

Watch A watch is used when the risk of a hazardous weather or hydrologic event has increased significantly, but its occurrence, location or timing is still uncertain. It is intended to provide enough lead time so those who need to set their plans in motion can do so. A watch means that hazardous weather is possible. People should have a plan of action in case a storm threatens and they should listen for later information and possible warnings especially when planning travel or outdoor activities.

Advisory An advisory is issued when a hazardous weather or hydrologic event is occurring, imminent or likely. Advisories are used for less serious conditions than warnings, but that can cause significant inconvenience and, if caution is not exercised, could lead to situations that may threaten life or property.

The alert you see on the TV may not result in an event affecting you, but it’s important to recognize the importance of these alerts. In other words, don’t take this communication for granted, pay attention to what it is saying and respond accordingly. This is particularly important when we understand that we have patients and employees who may be needlessly put in harm’s way if we don’t respond in an appropriate manner.

The Importance of Communication

In a crisis situation we very often forget how essential communication can be. We tend to worry more about ourselves and our families and ignore communicating with friends or fellow employees. Consequently, they don't know our situation, or what our plans are, or how to reach us.

The single most important aspect of a disaster plan after you have addressed the safety of you and your employees is communication. How do you plan to communicate with your patients and employees in the event of a disaster?

There are several fundamental concepts to consider as you develop the communication portion of the disaster plan:

- Telephone communication is probably the best way to circulate information so that staff members understand what happened and what they are expected to do.
- Text messages, e-mail and Web site options can work well when nothing else works but are better used to disseminate a broader perspective, including general instructions and information.
- Remember your target audiences when choosing the appropriate method of communication. These audiences include employees, patients, the general public, and those on your list of key contacts.
- Consider the three stages of a disaster as you develop the communication portion of your plan. You should map out communications options available to you before, during, and after the disaster. Who, what, when, and how should be involved in the communication process in each stage.
- Make sure all practice staff members know what communications options will be available in a disaster, including 911 calls.

Telephone:

Remember that there's a good chance that your office phone will not work if there is a disaster, especially if it directly involves your building. There are several ways to handle this possibility in your disaster plan:

- Set up an alternate phone system or other method of communication. One option is a Voice-over-Internet-Protocol (VoIP) phone line, which uses the Internet as your phone.
- Establish a bulletin board system on your own Web site or a secure alternate Web site to share information such as the status of office, plans to return, or plans for alternate location.

However you do it, putting a two-way communication system in place is vitally important so that the practice can let staff members know what has happened and what the practice plans are. At the same time, it's essential to know the status of the doctors, employees, and patients.

Cell phones can be an option and, in fact, may be the only option for your emergency operations center. They are also good for conference calls, which can be handy for getting in touch with several staff members at the same time. Your disaster plan should include a way to gather and store cell phone numbers for every staff member.

However, it is possible that the cell towers may be down and your cell phones may not work. We found that text messaging was a good alternative since it doesn't require as much bandwidth and therefore may be available when cell phone service is not. Members of the older

generation, including me, were further out of touch during Katrina than the young people who were constantly using text messages to keep in contact with their friends. Once we learned about it, we found that text messaging was a great way to communicate.

Blackberrys and PDAs also offer practical options since they can receive voice, text or email. Your plan should address whether the key members of the practice would benefit if this option was available. The downside is that these devices may depend on the practice computer server and the e-mail connection being operational.

If the disaster strikes the office or you cannot get to the office, your home can become a temporary control center if it's secure. If there's no electricity, however, you may not have phone service. It's a good idea to have what the phone company calls a POT, a plain old-fashioned telephone, which doesn't need electricity to work, in your house or in your office.

When the practice is back up and running, either on a part-time or full-time basis, you should remind your the staff to stay off the phone as much as possible, since there may be limited resources in the community and the few phone lines available should be left for emergencies.

Written Communication

The Internet offers many great options for communication.

- As we mentioned above, a bulletin board for posting announcements and asking for information on the status and whereabouts of key staff members can work well.
- Another good idea is to establish a secure Web site where you can post the employee calling tree and other vital information, so that employees would have access to individual contact data.
- An existing, non-secure Web site can be tweaked without too much effort so that you can post announcements, instructions on where to report for work and how to contact staff members. To accomplish this, you obviously need a Web master with the ability to update your Web site quickly.

When mapping out how you will use the Internet to communicate, think about the message that you wish to send to your employees and patients. These messages must be as complete as possible and easily understood.

Other options:

You may also want to think about other means of communication, like ham radio operators. A person with an amateur radio license may be able to give you a clearer picture of what is happening in your community than you can get any other way. By the way, amateur does not imply these radio operators are unprofessional. Many have been ham operators for several years and have proved invaluable in times of crisis.

CB radio may also be a local option and walkie-talkies can also be a way to share information. Each has its own limitations but when electricity is out and cell towers are down they may be among your few options. Satellite phones are also a viable choice, but, since they are expensive, you may choose to have just two or three for use by physicians, managers, and/or first responders. In making a cost-benefit judgment, you should remember that although satellite phones are a very expensive option, they do work when just about nothing else will.

Target audiences:**Employees**

If at all possible, you should let your employees know beforehand through your employee training program what will happen in a disaster. It's even more important to think about the type of information that you will need to share during the various stages of the disaster and about how you will go about getting that information to your employees. Letting employees know whether the office will be closed, where they should report for clean-up effort, and plans for re-opening the practice are all vital pieces of information that you must convey.

Patients:

Your patients already fill out numerous forms when they come to your office, but don't be afraid to add one more. You must make sure that you have contact information for the patient. In a disaster, they will have questions about whether the office will be closed and when it will re-open, and whether there will be an alternate location for care.

You have an ongoing obligation to care for patients and you must make every effort possible to have a way to communicate. After Katrina, when patients ended up in almost every state in the US, how could they get in touch with their physician? Cancer patients who were undergoing chemotherapy and were due for their next course of treatment in a few days panicked when they were not able to contact their doctor. The most important lesson here is that you must have a record of alternate ways to contact your patients.

General Public:

You may want to use the media to keep the community informed on the status of your practice—whether you are open and the hours and the types of services that are available in your office will be important things for the general community to know.

Special Alerts

Advance information can be crucial. Get a National Oceanic and Atmospheric Administration (NOAA) radio for your office and home. This will alert you to any weather watches or warnings, as well as other potential disastrous situations. It makes lots of noise and can be annoying but it is very important to know about pending weather events.

Key Points:

1. Set up a phone system that will work in the event that the office is damaged.
2. Use the Internet as an option.
3. Be able to notify everyone of your status and plan.
4. Get a NOAA radio and have it on at all times.
5. Clarify and define your message for your target audience.
6. Use form DW02 for identifying communication devices, tools, and responsibilities.

IT Operations

“Increasing complexity and demands of patient care, along with an explosion of medical knowledge, can make it increasingly challenging for doctors to provide care that is fair, economical and aligned with the best practices.”— David Mechanic, Ph.D., of Rutgers University, in the June 2008 issue of The Milbank Quarterly. (Mechanic D. (2008) Rethinking medical professionalism: the role of information technology and practice innovations. The Milbank Quarterly 86(2), 327)

Information technology is an interesting topic when you’re talking about the possibility of disaster. That’s because a disaster related to your IT system may have nothing to do with any other kind of disaster we have been talking about in this book. It’s possible for an IT disaster to occur today with no warning. In the next minute, hour, day, or week, your hard drive could crash. There could be a power failure or power spike that affects the hard drive. Even worse, there could be a virus attack that wipes out all the data on your computer system. Or there might be physical damage to the office from a natural or man-made disaster like the ones we’ve discussed in this book.

As we saw in the opening quote, today’s medical practice is becoming more dependent upon information technology for survival. Think about the many ways you depend on your computer system—for basic practice management, billing, claims filing, scheduling, electronic prescriptions, reporting, patient tracking, and communication between offices and with patients. If your system goes down, you’re essentially out of business.

The information you’ll find here is intended as a guide. It consists of suggestions or questions to answer, not formal recommendations. And at the top of the suggestion list is a recommendation that your disaster planning team either meet with your IT staff or consultant or develop a list of questions about the IT system so the team can fill in the blanks on backup procedures.

Backup

As you develop your backup plan, there are several questions you should ask yourself. Do you want to back up your data and be able to take it with you at any time? If so, a flash or jump drive is effective and portable. You can simply copy your key files to this external drive through the USB connection on your computer and you can have access to your data through any other computer.

A bigger problem is what happens to the practice if your system goes down. It is safe to assume that most practices today have a “server” model for operating a network within the office. With this in mind and without getting too technical, we need to consider several questions:

1. If you have a full scale electronic medical records system in the practice, do you need a “mirror” drive which provides redundancy to your active drive? A mirror drive is essentially a second drive that operates simultaneously with the primary drive, giving the physician immediate and continuous access to patient information. A mirror drive can work for the practice management system as well.
2. The key decision is what should be backed up and then when.
 - a. What
 - i. When deciding how to back up files, the options to consider are full backup, incremental backup, or differential backup. A full backup obviously means that all files are backed up. An incremental backup will back up only those files that have changed since the last backup, whether it was a full or incremental backup. A differential backup will back up those files that have changed since the last full backup.
 - b. When
 - i. You may decide that doing a full backup daily may be too much to handle, but you then must decide how often you will do a full backup. This may depend upon how many changes occur in the data and how often and how much confidence you have in the storage media.
 - ii. An incremental or differential backup should be run any day that a full backup is not run.
 - iii. An example of a backup schedule might be a differential backup up Monday through Thursday evenings and a full backup on Friday. You might also do a full backup at the end of the month in addition to the regular weekly full backup.
 - iv. The system should be set up to do backups automatically according to the schedule you create. You should not leave them be done manually, since that may affect the frequency of the backups.
 - c. Where stored
 - i. Backup data should be taken off site. This should be obvious, since an incident that damages the computer could also damage the backup media.
 - ii. Off-site may mean to the practice manager’s home, a safety deposit box at the bank, or some other secure location. You may choose to take the monthly backup to the bank and the interim backups to the homes of one or several employees.
3. What media will be used for the backup data?
 - a. There are many options for backup of your data. These include: magnetic tape, external hard disk, optical disk (CD or DVD), flash or jump drive, and remote Web site.
4. Who has the data?
 - a. Once you have the data backed up from your server, you must pick a trusted staff member to be responsible for the data and care for it properly.
 - b. You may want pick more than one staff member to handle this since vacations or illness might restrict access to the data if you need it to restore the system.
5. Is there a process in place to make sure the data is actually backed up and is retrievable?
 - a. A backup is only as good as your ability to retrieve and restore the data, so it’s important to check the backup media regularly to make sure that it’s reliable.
 - b. You should also review the backup periodically for content so that you know whether you have the right data backed up.

Restore

There are also questions you need to answer as you address the issue of restoring the data.

1. If the disaster is only partial and affects only one component of the system, such as the billing operation, do you need to restore everything? If not, can you restore selected files only?
2. If you need to restore all of your data after a disaster, you must have access to the application software. This means that you must have the billing or EMR software that you purchased available to read the files that you want to restore. Here are some options to consider:
 - a. You can put application software in your safety deposit box.
 - b. You can negotiate with your application vendor to allow you access to another system site in a nearby community or to their backup system in another location.
 - c. You can choose a third party that you can contract with before a disaster to insure access to their systems to restore your data.
3. A deciding factor in your approach will be your recovery plans. If you intend to re-open immediately, then the location of and access to the application software is a vital consideration.

Another Option

When looking ways to make sure that your information system is functional during a disaster, you may want to consider the Alternate Service Provider (ASP) option, which can be very appealing. There are pros, such as low start-up costs and no worry about upgrades. In addition, all your application software and data are housed off site. There is no need for a server room or a backup routine. There are also cons, such as loss of control over the data. Weighing the advantages and disadvantages of an ASP will obviously affect your decision. .

Before choosing an ASP, you should clearly understand its approach to the backup of your data. There are also several different ASP options that are available. One is the specialist option, which is what you use for immediate credit card approval. The second is the vertical option, which means the ASP may back up your billing system but not the EMR. Finally, there is the enterprise option, which can cover all the backup needs of the practice.

Hardware

A disaster can affect computer hardware as well as the software programs. If your hardware is damaged, how do you plan to replace or repair it? This is a topic you need to talk about with your insurance agent and your hardware supplier. You will also need to determine whether you have an adequate power supply to run the hardware in another location in your office if the server room is damaged. That includes determining whether the alternate area can be cooled so that excessive heat won't affect the computer and peripheral hardware.

If you need to replace damaged hardware, you should know in advance how many terminals you will need and how they will be configured. You should also decide whether you will use wireless connections in the alternate location, rather than wiring it?

Emergency Operations Center (EOC)

One of the things we did immediately after the practices were re-opened following Katrina was to establish an emergency operations center. A good idea, but it would have been better to set

up a way to keep the business operational before the disaster hit. As part of your disaster recovery plan, you should think about a location that is away from any disaster risks similar to those your practice faces. When you have advance notice of a potential disaster, you can use this site to let IT and administrative staff set up a system that would allow the practice to continue to operate. This idea could also work if there is a practice similar to yours in the community or if you have a satellite office. You may be able to arrange to share computer space with a similar practice in case one office is damaged in a disaster.

Daily Operations

As we noted at the beginning of this chapter, losing your data may not happen as the result of a disaster. Other events, like a computer virus, can cause your system to crash. Virtually every computer system comes with virus protection software that protects the system from viral intrusions. If you don't have anti-virus software, get it. If you have it, make sure you keep it updated.

Your system should also support a virtual private network (VPN) so you can send secure communications over a publicly accessible network like the Internet. A good functional tool at all times, a VPN is particularly effective during a disaster. During the recovery stage, you can control and monitor the use of the VPN by limiting access to key staff members. .

If your computer servers are in your office, make sure they are in the most secure location possible. When Katrina struck, our office was on the 20th floor of an office building next to the Superdome in downtown New Orleans. Many interior walls blew in, but fortunately the server room was in the center of the building next to the elevators, which turned out to be a very safe location. The room also had adequate power and air circulation for the computers to operate. However, because of flooding, we couldn't get into the building for several days. Once we could get in, our IT consultant had to climb 20 flights of dark stairwells to retrieve the hardware so it could be installed in an alternate location.

Fortunately, the IT staff went into the building prior to the storm and secured the servers. They also contacted and coordinated with all members of the IT department as to what they were to do. They were also able to take our written disaster plan out of the building.

We also had an uninterruptable power supply (UPS) backup system, but unfortunately it did not have enough power to maintain our operations for the length of time we were away from the building. As part of your disaster plan, you should arrange for a battery-powered backup system that will last long enough to give you the chance to access the server for an orderly shut down, for an extra backup, or for maintenance of the system.

Key Points:

1. Have an effective data backup plan.
2. Have an effective data restoration plan.
3. Consider daily operational issues in developing the plan.
4. Consider the establishment of an emergency operations center in another community or in another area of your community.
5. Use form DW03 for your IT configuration.

Patients

“The good physician treats the disease; the great physician treats the patient who has the disease.”— Sir William Osler

When disaster strikes, patients need their doctors to look beyond a specific disease and to recognize the impact of the disaster on them. Any disaster plan must consider the special needs of your patients in the wake of a disaster. This includes making them aware of the disaster plan, finding out how to communicate with them if there is a disaster, and letting them know where they can find you for help. Patients don't always want to hear about a potential disaster, but letting them know that you have thought about possible scenarios can be reassuring.

For starters, you should look at your patient registration information. There is almost always a space to put in contact information in case of emergency. Unfortunately, that name and number usually belongs to a person who lives with the patient and may also be affected by the disaster. You might want to think about adding space for a third contact—someone who does not live with the patient, such as patient's child who lives elsewhere. You might also provide a space for the patient to include an e-mail address. This information can be stored in the patient's master record or perhaps a separate file where the information would be easily accessible.

Informing Your Patients

After a disaster, patients will need to know whether the practice is up and running. You should have an emergency phone number for your practice printed in all patient brochures and posted on your Web site. You should let patients know if you have a Web-based phone, such as VoIP, as well as any alternate Web or e-mail address where patients can get updated information on the status of the practice. You can also have emergency contact information printed on specifically designed disaster business cards.

In disaster-prone areas, you can assume that patients are aware of the danger. In that case, they won't be alarmed if your brochures and your Web site have information about what the practice plans to do in the event of an emergency. In areas where hurricanes are common, for example, you usually have advance warning, so you can indicate that the office will close 24 hours

before a potential hit and whether a secondary location will be established, and that patients can use an emergency phone number or the practice's Web site to get information. This can also apply to other emergencies that are relatively predictable, like snow storms, wild fires, and major river floods.

Schedules and Records

Who has access to tomorrow's patient schedule? You need to know that someone has this information in an emergency and can let patients know what will happen. Patients need to know as early as possible if the office will be closed and whether they will need to come to an alternate location when the practice is back up and running. Keeping patients in the information loop provides them with comfort and reassurance.

The scope of the schedule information that needs to be available will depend on the type of disaster; you may need just one day's schedule or you may need the schedules for several days. If there is a pending hurricane, for example, you may need the patient schedules for the next three or four days. The answer is to be prepared for the specific circumstances your practice may face.

Today, there are many ways for patients to be proactive about maintaining their personal health history through Internet sites that give them access to their health records. But many patients don't do this. Does your practice have a way to provide patients with timely updates on their personal health records?

This can be critical, as in the case of cancer patients who, before Katrina struck, were involved in a treatment regime and were scheduled to return within the next few days for their next course of treatment. Many of them didn't know what their treatment plan was or what they should do next. Providing these patients with a treatment plan and the results of their last administration would have saved them a lot of anxiety, assured them of continuity of care, and given other providers a clear understanding of the patient's history and treatment plan.

Privacy is another important issue that your disaster plan must deal with. Immediately following Katrina, the Department of Health and Human Services issued a bulletin on HIPAA Privacy and Disclosures. I've included that bulletin at the end of this chapter so you can see how physicians were instructed to deal with patient confidentiality and privacy in an emergency. You may also want to review your HIPAA business-associate agreements to make sure they cover anyone that might come in contact with your patients' health records during the recovery stage.

When you're in the disaster-recovery mode, you may also have to deal with patient information in ways that you weren't accustomed to before the disaster. You may have to resort to paper scheduling and billing, for example. If that becomes necessary, your staff members will need to know how to do it and you will need to have the necessary forms available in your disaster preparedness area.

After a disaster strikes, you may be one of the few medical offices that are open and capable of treating patients. That means that you may have to treat many more patients than normal and that some of them will not have been part of your practice before the disaster. Result: You'll need patient registration forms. And your office copier may be down, so your staff must be prepared to write out the information on the patient's health insurance card.

Dealing with Stress

The disaster recovery stage may also mean that your practice may provide more than just medical services. It's very common in a community-wide disaster to see patients who suffer from mental and emotional reactions. If you are aware of the community resources that are available to your patients, both before and after the disaster, it can be a real benefit to them. Asking patients before the disaster what their plans are, as well as alternate contact information and other locations where they can be reached after the event will also help you to meet their needs when they return to the community and to your office.

The federal government has listed several resources on the Web that will help you develop a strategy for dealing with emotional problems, and at the end of this chapter, I've included information from the Center for Disease Control on dealing with a post-traumatic stress disorder, which is very real human response to a disaster.

Public health issues will also surface after a major community disaster. In August of 2008 the American Medical Association issued new recommendations regarding the risk of infection for patients and for those who assist in disaster recovery. These guidelines recommend that Hepatitis B and Hepatitis C vaccines should be made available to those with open wounds and that tetanus vaccinations should be up-to-date for anyone who might be at risk. These vaccines might be available through community-based public health departments or you may consider having your practice provide them to your patients and staff. For more information on the guidelines, go to <http://www.ama-assn.org/ama/pub/category/18822.html>.

Emergency Operations Center (EOC):

In the chapter on information technology, we talked about setting up an emergency operations center to insure the continuity of the IT aspect of your practice. You can expand this concept to make the EOC an alternate site in which see patients. This is an especially good idea for practices that care for chronically ill patients who often require frequent visits either for direct physician services or for supplemental services such as infusions. You should choose the location of your EOC carefully, however. If it's in another community some distance away, you may want to tell your patients beforehand that it's possible that you will be seeing them in that location so they can make appropriate arrangements. Obviously, an EOC that's in your local community will make it easier to continue providing care to your patients.

Key Points:

1. Have adequate second and third levels of contact information on your patients.
2. Provide contact information, such as an emergency phone number or a Web site, so that patients can get updated information on the practice status and plan.
3. Know the schedule for the next day and a few days ahead and designate a staff member to contact those patients about the practice status and plan. Also, make sure the staffer has the tools, such access to a phone system, to do the job.
4. Give each patient as much of their health record as soon as possible after each visit.
5. Be prepared to use alternate systems like paper records during the recovery stage.
6. Be HIPAA proactive.
7. Use form DW04 for patient activities.

DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Director

Office for Civil Rights

200 Independence Ave., SW Rm 509F

Washington, DC 20201

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U.S. Department of Health and Human Services Office for Civil Rights

HURRICANE KATRINA BULLETIN:**HIPAA PRIVACY and DISCLOSURES IN EMERGENCY SITUATIONS**

Persons who are displaced and in need of health care as a result of a severe disaster—such as Hurricane Katrina—need ready access to health care and the means of contacting family and caregivers. We provide this bulletin to emphasize how the HIPAA Privacy Rule allows patient information to be shared to assist in disaster relief efforts, and to assist patients in receiving the care they need.

Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all the following ways:

TREATMENT. *Health care providers can share patient information as necessary to provide treatment.*

Treatment includes

- sharing information with other providers (including hospitals and clinics),
- referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and
- coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).

Providers can also share patient information to the extent necessary to seek payment for these health care services.

NOTIFICATION. *Health care providers can share patient information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.*

The health care provider should get verbal permission from individuals, when possible; but, if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

- Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify or otherwise notify family members and others as to the location and general condition of their loved ones.

In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

IMMINENT DANGER. Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public—consistent with applicable law and the provider's standards of ethical conduct.

FACILITY DIRECTORY. Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition.

Of course, the HIPAA Privacy Rule does not apply to disclosures if they are not made by entities covered by the Privacy Rule. Thus, for instance, the HIPAA Privacy Rule does not restrict the American Red Cross from sharing patient information.

Coping With a Traumatic Event:

What Is a Traumatic Event?

Most everyone has been through a stressful event in his or her life. When the event, or series of events, causes a lot of stress, it is called a traumatic event. Traumatic events are marked by a sense of horror, helplessness, serious injury, or the threat of serious injury or death. Traumatic events affect survivors, rescue workers, and the friends and relatives of victims who have been involved. They may also have an impact on people who have seen the event either firsthand or on television.

What Are Some Common Responses?

A person's response to a traumatic event may vary. Responses include feelings of fear, grief and depression. Physical and behavioral responses include nausea, dizziness, and changes in appetite and sleep pattern as well as withdrawal from daily activities. Responses to trauma can last for weeks to months before people start to feel normal again.

Most people report feeling better within three months after a traumatic event. If the problems become worse or last longer than one month after the event, the person may be suffering from post-traumatic stress disorder (PTSD).

What Is PTSD?

Post-traumatic stress disorder (PTSD) is an intense physical and emotional response to thoughts and reminders of the event that last for many weeks or months after the traumatic event. The symptoms of PTSD fall into three broad types: re-living, avoidance and increased arousal.

- **Symptoms of re-living** include flashbacks, nightmares, and extreme emotional and physical reactions to reminders of the event. Emotional reactions can include feeling guilty, extreme fear of harm, and numbing of emotions. Physical reactions can include uncontrollable shaking, chills or heart palpitations, and tension headaches.
- **Symptoms of avoidance** include staying away from activities, places, thoughts, or feelings related to the trauma or feeling detached or estranged from others.
- **Symptoms of increased arousal** include being overly alert or easily startled, difficulty sleeping, irritability or outbursts of anger, and lack of concentration.

Other symptoms linked with PTSD include: panic attacks, depression, suicidal thought and feelings, drug abuse, feelings of being estranged and isolated, and not being able to complete daily tasks.

What Can You Do for Yourself?

There are many things you can do to cope with traumatic events.

Understand that your symptoms may be normal, especially right after the trauma.

- Keep to your usual routine.
- Take the time to resolve day-to-day conflicts so they do not add to your stress.
- Do not shy away from situations, people and places that remind you of the trauma.
- Find ways to relax and be kind to yourself.
- Turn to family, friends, and clergy person for support, and talk about your experiences and feelings with them.
- Participate in leisure and recreational activities.
- Recognize that you cannot control everything.
- Recognize the need for trained help, and call a local mental health center.

What Can You Do for Your Child?

- Let your child know that it is okay to feel upset when something bad or scary happens.
- Encourage your child to express feelings and thoughts, without making judgments.
- Return to daily routines.

When Should You Contact Your Doctor or Mental Health Professional?

About half of those with PTSD recover within three months without treatment. Sometimes symptoms do not go away on their own or they last for more than three months. This may happen because of the severity of the event, direct exposure to the traumatic event, seriousness of the threat to life, the number of times an event happened, a history of past trauma, and psychological problems before the event.

You may need to consider seeking professional help if your symptoms affect your relationship with your family and friends, or affect your job. If you suspect that you or someone you know has PTSD, talk with a health care provider or call your local mental health clinic.

Source: <http://emergency.cdc.gov/masscasualties/copingpub.asp>

Employees

“Encourage your people to be committed to a project rather than just be involved in it.”
— Richard Pratt

I think it's safe to say that without your employees, your practice would not exist. And without employees, your practice cannot deal with a disaster or recover from a disaster.

Typically over 20% of the costs of the practice relate to employees and in many ways employees are the practice's best asset, although from an accounting perspective this may not technically correct. Employees know how the office works, they know the critical processes that need to be protected, and they know which processes need to be activated first when the office resumes activity.

Peter Drucker coined the phrase “knowledge workers.” This speaks to the use of each employee as a resource in the development of and implementation of the disaster plan. In addition, it speaks to the need to protect that asset or knowledge base when the practice experiences a disaster and resumes business following the disaster. This chapter addresses the key issues that are of concern to your employees as you consider the disaster scenarios that could affect your practice.

Family

Making sure that families are safe and secure is the most important aspect of any disaster plan. If employees don't have a level of comfort about how their family will deal with the effects of a disaster, they won't be able to respond to and deal with the needs of the practice. So, your disaster plan must put family first. The main idea is that the plan should help employees in dealing with their family issues and assuring them that this is a crucial part of your plan.

Abraham Maslow identified a “hierarchy of needs” with five levels of needs. The base level is physiological—food and water. The second level is for safety and security, a home and roof over your head and no fear of harm or danger. The third level is for belonging, to associate with others. Your disaster plan must be designed to deal with your employees on these three levels.

On the first level, it's usually not too difficult for the practice or community to arrange for water and food for your staff. A bigger issue develops when employees' families or homes are threatened

by the disaster. Your disaster plan needs to show employees that you recognize that this can happen and that you are prepared to deal with it.

If possible, your plan should allow employees time to make sure that their families are safe. That's Step One. Remember that the employee's first concern will be the safety of his/her family. Only after he/she is assured that his/her family is secure can you ask for help with disaster recovery.

The third level of need, belonging, is also critical, since most employees will be concerned about their colleagues at work. Having all employees check in with the practice control center and then sharing that information is critical to achieving a degree of stability in the practice. This will also help you understand what resources are available to begin the recovery stage.

Therefore, your disaster plan should deal with family first, shelter second, and then colleagues in the practice.

Some practical points to consider. Employees should be encouraged to develop their own plans for their families. Included in the guidebook are some forms that should be given to employees for use at home. You should also remind your employees to have contact information, bank account numbers and other personal information in an accessible place. Other important documents can be kept in a waterproof bag or in a personal disaster box. They should also check their personal homeowners or tenants insurance policies to make sure they are covered. You might also suggest that your employees get NOAA weather radios so they will have advance warning of potential disasters.

FEMA has developed an excellent guide for families, see www.fema.gov/areyouready/index.shtm

This said, let's focus on the needs of your employees and develop a plan that makes sense for your practice. The first thing we need to put in place is the calling tree (see DW07). To build the calling tree, the practice must have primary, secondary, and cell phone numbers, and an email addresses for each employee. This calling tree will be used to let staff members who are not at work know about the practice plans during the disaster. For example, if a blizzard is predicted, staff members could be called in the evening and be informed that the office will not open the next day because of potentially hazardous travel.

The calling tree can also work if the practice office has been damaged, whether by fire or storm. You need to inform employees who may have heard about the disaster on the news and you may need to ask them to come into the office to assist in clean-up or have them report to an alternate location to help patients who are in need of care. These are just some of the many scenarios when a calling tree may be activated.

In the disaster workbook, you'll find Form DW05, which should be completed by all personnel. Copies of this information should be distributed to the appropriate staff members assigned to call other employees. It could also be included on a secure Web site so that employees can have access to each other.

See the appendix at the end of this chapter for examples of how one hospital communicated with its employees after a major disaster.

The Planning Team

As you develop your disaster plan, try to identify which employees are best suited to be involved in the planning process. The goal is to find employees who are interested in the subject,

are aware of the issues facing the key areas that they will represent, and are not afraid to speak up. A long-time medical assistant would be a plus on the clinical side, for example, and an experienced receptionist who knows patient flow and is not afraid to talk about disaster and disaster planning would also be a valuable asset to the team. These team members will also be called upon to train others in the future.

Each employee on the team should clearly understand his or her role in the process. The receptionist, for example, should be prepared to take home the patient schedule or be able to access the patient notification system from a home computer.

Some questions that should be thought about and answered include:

- Who will be the last one to leave if the office is closed and evacuated?
- Who will be the first to return when the office is ready to re-open or if it's necessary to check out the damage to the office?
- Who will communicate to others what has happened?
- If there is an alternate-site clinic, who will staff that location and who decide how the location will be staffed?
- As we mentioned, it is important to understand family obligations, since they are a higher priority than the needs of the office. Who will decide whether you need all employees to report following a disaster or whether a reduced work force will be adequate?

Another key question that you need to answer is whether you will pay your employees for time away from work because of the disaster. That can be a fairly easy decision when it only involves one day, which can be treated like a personal day. But what if absences stretch to three days or more? Will the practice pay staff?

This question can be handled more easily if you understand the practice's business interruption insurance coverage. The policy will usually define a waiting period before it will start coverage, probably a deductible equal to three work days. The policy will also define the circumstances under which it will pay expenses. Once these insurance issues are clearly understood, it's fairly easy to develop the employee pay portion of the plan. Once a policy is in place, you should communicate it to the employees so they understand how their pay will be affected by a disaster and have a level of security.

It's also vital to have the facts on employee health insurance coverage on hand. You should list the name of your health insurance agent and the various ways to contact him or her on the "key contacts" form in the guide book. When disaster strikes, you'll need to know how to continue payments for premiums, how to check enrollee status, and how to resolve coverage issues.

Here is some example of instructions that you could include in your employee handbook and could use in a disaster training program:

1. Employees should update personal contact information any time there is a change.
2. If ordered to evacuate, employees should e-mail, if possible, where they expect to be during the next 48 hours.
3. Employees should call the main office to confirm their location, contact information and to receive instructions.
4. If employees have internet access, they should monitor the practice Web site for any updates on practice status.

The employee handbook should also tell employees whom to notify and how to do it, how to use sick time or paid time off that they may have any on the books, and how to find out if

whether they are entitled to Family Medical Leave. Following these guidelines is appropriate and can be non-punitive.

Job security is at the top of the list of concerns for employees. Unfortunately, it can't be guaranteed until the recovery scenario is fully assessed. However, since one of the key motivators for employees is security, employee involvement and support of the disaster plan not only results in a better plan, it also results in commitment. It also offers employees a concrete statement about what will happen to them in the event of a disaster.

Another key to disaster preparation is cross-training of employees, since you can't know who will be able to return to work and when. Having employees who know about what others do, who know how about procedures like filing claims and other practice activities, who know where forms are located, will lead to a more effective recovery process.

Once you develop a disaster and disaster recovery plan, it is important to practice them. Too often employees find meetings, training, and especially fire drills or other drills to be a bother. In your practice you will need to decide if these activities should be scheduled or done randomly as if there were an actual emergency. The advantage of scheduling is that the practice drills won't disrupt the patient care process to a great extent. The disadvantage is that no real disaster is scheduled. The on-the-spot real disaster scenario will disrupt the flow of almost practice activity, cause anxiety and require overtime to return things to normal. See DW06, Employee Training Log.

Employees may also get to the point where they don't respond to an alert since they believe that it's only a drill, when in reality it may be a disaster. How you motivate the staff to take practice drills seriously is not an easy problem to solve, but you need to understand that this can happen and to develop your own approach to dealing with successful training and drills. Again, see DW06 for a sample employee training log.

Dealing with Stress

What happens after disaster strikes can have a dramatic effect on employees and therefore impact the disaster recovery plans for your practice. Dealing with high levels of stress daily is common. Individuals may be affected physically, emotionally, or mentally. As a leader in the practice, you aren't exempt from this stress; it could affect you just as easily as it could affect one or all of your employees.

Planning for disaster and rehearsing disaster scenarios is a key way to reduce stress in a post-disaster situation. As employees become more aware of the disaster-response process and possible outcomes, they will begin to see that they will have a job to return to, or at least a plan that will do everything possible to take care of them if a disaster to the practice occurs.

After a disaster, you should watch for the anger, confusion, guilt, or reactions. The Substance Abuse and Mental Health Services Administration, SAMHSA has identified key signs on its Web site that you should look for:

- Feeling tense and nervous
- Being tired all the time
- Having sleep problems
- Crying often and easily
- Wanting to be alone most of the time

- Drinking alcohol or taking drugs more often or excessively
- Feeling numb
- Being angry and irritable
- Having problems concentrating and remembering things

(Source: <http://mentalhealth.samhsa.gov/manainganxiety/reducinganxiety.asp>)

As a manager, you must be aware and be available for the employees. This will be vital in helping them to deal with their reactions to the disaster. It is important to listen to employee concerns, be compassionate, empathetic, nonjudgmental, and concerned about their well-being. At the same time, you should make yourself aware of the many resources that are available in your community or nationally to help them.

SAMHSA offers some very good do's and don'ts:

Do say:

- Their reaction is normal
- You understand that they feel this way
- They are not crazy
- The disaster and its aftermath were not their fault
- Acknowledge that things will never be the same

Recognize that, while it is human to want to fix everything and make it all better, this is not necessarily the right approach. Individuals have to deal with stressful situations in their own way.

Therefore, don't say:

- It could have been worse
- You can replace your pet/car/home
- It is best that you stay busy
- "I know just how you feel"
- You should get on with your life

(Source: <http://mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0096/default.asp>)

It is safe to say that most if not all of those involved suffered some degree of post traumatic stress syndrome after Katrina. It was clearly more powerful in some than in others and it was immediate for some and took time to surface in others.

Here are examples of some steps you can take post-disaster to ease the stress:

- Limit the amount of time any one individual may work
- Implement a cross training plan, rotating staff between various jobs
- Identify and make time for either group or individual counseling sessions
- Make sure that water, food and break times are available
- Make provisions for interaction with and care for families and pets
- Be open to the responses of the staff
- Recognize the importance of allowing employees to participate in memorial services, services of thanksgiving, and various other rituals that may be appropriate for the individuals and their families.

Here is a great Web site to help in dealing with stress and the affects of a disaster on your employees and other disaster workers: <http://mentalhealth.samhsa.gov/publications/allpubs/tips/disaster.pdf>

Key Points:

1. Have a calling tree. See the Disaster Workbook for model
2. Define roles in planning and development
3. Define roles in closing down and re-opening the office
4. Understand, define and communicate pay plans for employees
5. Include in handbook procedures for employees to inform the practice based upon various types of disasters.
6. Orient, train, and involve staff in the “practice” preparation for a disaster.
7. Use form DW05.
8. Post-traumatic stress will be a critical result of a disaster. Be prepared to deal with it in yourself and in those around you.
9. Remember that if an employee’s family is not secure, his or her mind will not be on the practice.
10. Encourage all employees to have their own personal disaster plans in place.
11. Use form DW08, DW09, DW10 for your family’s disaster plan.

Examples

Here is an example of how one hospital communicated with its staff during a disaster. This message was posted on the Mercy Medical Center Web Site during the floods in Cedar Rapids, IA:

NEWS YOU CAN USE:

- **Parking is available in the following lots: 3, 4, 8, 11, 15, 20 and the gated section of lot 10. DO NOT park in the Hall Radiation, Oncology Associates or PCI. NOTE: Parking is a premium, please carpool or have someone drop you off, if possible.**
- **Be sure to sign in AND clock in (IF you normally clock in only) at the 10th Street lobby information desk.**
- Dress comfortably.
- Do not bring personal items into the building. **Please lock them in your trunk or leave them at home. Do not leave items in plain view in your vehicle.**
- DO bring cell phones to ensure efficient communication while at Mercy.
- **Check www.mercycare.org or the Portal.** Mercy’s Web site and Portal will be updated regularly with employee instructions and reporting information.
- **Please stay out of the basement and Lundy area until further notice.** Progress is being made and we will keep you informed.
- **If any employees have any work-related concerns or need treatment, please go to the Rest& Respite area, located near the Hall Radiation exit, or contact the triage area at 398-6037.**

NOTE: Mental health respite services are available, but no longer required, at sign-out.

- **EAP support sessions** will be held Wed., June 18, at 7 a.m. & 3 p.m. Sessions will be held at 7 a.m., noon & 3 p.m. Thurs., June 19 & Fri., June 20, as well as Monday-Friday, during the week of June 23.
- **Employees may opt to take paid leave or leave early or take time off unpaid** during this time with permission from supervisor.
- **Employees with less than 90 days of employment may access their accumulated paid leave** during this time.

- **If you or a family member has been directly affected by the flood**, please contact Melinda Rhoads at 398-6059. A group of physician wives, on behalf of Tim Charles, is directly contacting employees to assess needs and direct them to resources. All information is confidential.
- **An employee flood relief fund has been established through the Foundation.** Cash, check or credit card donations accepted. These donations are tax-deductible. Envelopes are available at the Foundation office and at the sign-in/sign-out station.
- **If you wish to donate some of your paid leave** to another employee needing paid time off, please stop by HR to fill out a form. You may designate a recipient or leave it blank and it will be donated to someone with this need.
- Look for opportunities to attend training sessions or other learning opportunities. Information will be posted in the 10th Street lobby.
- **Temporary locations** for some MercyCare locations, as well several of the other specialty offices are located on the Mercy Web site and Portal.
- **Adventureland and Lost Island Waterpark tickets now are sold in Human Resources.**
- **Pharmacy Information:** If you need a refill of an existing prescription, please contact the Pharmacy of your choice to have your prescription transferred. We are not filling new prescriptions. If you had a prescription filled at Mercy and it was not picked up on or before Thurs., June 12, you may pick it up at the pharmacy located at the Health Plaza.
- MercyCare Community Physicians (MCCP), the physician-group affiliated with Mercy Medical Center, is offering **free tetanus vaccinations, while supply is available**, at its two urgent care clinics, MercyCare North, 5264 Council Street N.E., and MercyCare South, 2815 Edgewood Road S.W.

Used by permission from Mercy Medical Center: <https://www.mercycare.org/about/news/EmployeeFlood.aspx>

And on the following page is a letter from the President and CEO of the Mercy Medical Center that addresses the concerns and issues of the employees during the disaster.

From: Luis Campos

To: All Staff

Date 9/19/2008 3:19 PM

Subject: THANK YOU FOR BEING HERE!!!

Today is one week after the day we started preparing for “Ike.” Then the storm came producing havoc in our city, our homes and our lives. Some of us were less fortunate than others, but no one has suffered personal harm.

The staff and leadership of Oncology Consultants were able to provide the care that our patients needed, sometimes putting aside our own needs and perhaps sacrificing our own families. One of my patients from Texas City came to see me on Monday, the 15th on her way to San Antonio to her home or whatever was left (just the stilts). Unfortunately, she found a new lump, (which was proved to be recurrent lymphoma) and I biopsied it that day. She said, “We are homeless and I know this is lymphoma as it was 10 years ago. Thank goodness that you wonderful people were here to take care of me.”

This exemplifies what we really are, people who care, ready to help in the best way we know.

I want everyone who has gone through this trying time and who has been able to help out our fellow citizens, and especially our patients, to feel very proud of him or herself.

Good Bless You!!

Luis T. Campos, M.D.

Reprinted with permission, Luis T. Campos.

Vendors

“You never know for sure how things will go.”— Adam D’Angelo, chief technology officer, Facebook

If there’s a major disaster in your community or at your office, you’ll be a lot better off if you have a good relationship with your principal vendors, especially on the clinical side. These people understand your inventory needs and they will work with you to restock your inventory or cover the loss of inventory supplies. That’s why it’s important that you identify who the key vendors are and build relationship with them before a disaster.

What can you expect after the disaster? First of all, your disaster plan should include an inventory of supplies you have on hand. This list should be among the documents that you remove from the practice before a disaster, if possible. You’ll need it to file an insurance claim for lost inventory and also to resupply the office after the disaster.

If you have to move your office to another location temporarily, you’ll need to stock it with replacement inventory. In the event you didn’t leave an inventory list, your clinical vendors will know the items you’ve used in the past and the inventory levels you’ve maintained and they can work with you to replenish your supplies. One caution: There should be a clear understanding that you will not be charged a premium because of the emergency nature of your situation. That includes making sure that you will not pay extra for shipping, even for emergency deliveries.

If you share your disaster plan with your vendors beforehand, they will understand that you may face problems coming up with payment after a disaster. Under these circumstances, vendors may extend credit at no interest or offer payment terms that are match the terms defined in your practice’s business interruption policy.

Just as with patients and staff members, you must have contact information on all your important vendors, including office, cell, and home phone numbers, as well as e-mail addresses and other ways to get in touch with your key contact. You should also know whether a company has other representatives who can help you if your primary contact can’t be reached.

If some of your vendors are nearby, you will want to know what their plans are if they are also involved in the community-wide disaster. What will happen if their warehouse is damaged in the

disaster? Is there an alternate site and how quickly can you get supplies from that site? And if other offices in the community are damaged and your office becomes the prime site of care, will your vendors be able to supply the needs of an expanded patient load? You need to know if your primary vendors can meet increased demand and what steps you can take to make sure you'll continue to have supplies on hand.

To protect yourself during the disaster recovery period, make sure that you keep a record of any discussions or orders you have with vendors, including the date and time. You should also note who you talked to as well as the scope of the conversation. Make sure you document all the supplies you order and follow up on delivery.

In addition to listing clinical vendors, you need to have information on others who are essential to the practice. The list should include the same contact information you have for your critical vendors. The following is a list of important contacts that should be part of your emergency kit.

- Accountant
- Bank
- Building manager/owner
- Electric company
- Emergency medical/ambulance
- Fire department
- Gas company
- Health insurance agent
- Insurance agent/broker
- Internet service provider
- Payroll processing
- Police department
- Telephone company
- Others, according to your practice's needs

Key Points

1. Have backup contact information for your primary representative or an office contact for each vendor.
2. Know your vendors' plans if a disaster strikes their location.
3. Keep track of contacts whose support may be needed in the event of a disaster.
4. Use form DW11 for information related to vendors.
5. Use form DW12 as a starter for the list of supplies.

Hospitals

AMERICUS, Georgia (CNN)— When nurse Dana Rylander arrived for work at Sumter Regional Hospital on Friday, she was stunned.

She had no idea that a tornado had ripped through Americus, Georgia, the night before—killing two people, shredding parts of the hospital, tossing cars on top of each other and severely damaging more than 200 homes in this town of 17,000.

“It’s gone. It’s just gone,” she said, looking up at the hospital where dozens of windows were blown out, part of its façade sheared off and glass scattered everywhere.

At the hospital’s entrance, a 2-by-4 was implanted in a cinder block wall. Large rocks that had been used to help drainage on the roof were hurled like baseballs, smashing through cars in the parking lot. <http://www.cnn.com/2007/WEATHER/03/02/amicus.tornado/index.html>

The above news piece about the tornado that struck Americus, GA, in March of 2007, shows the difficult situation hospitals face when a disaster strikes. If a disaster like a tornado or a flood directly affects them, they may have to deal with evacuation and emergency care for inpatients. They are also expected to continue to provide care in the event of any emergency. Physicians are granted privileges to hospitalize and treat patients on a voluntary basis. In an emergency, hospitals will depend upon their medical staffs to care for patients currently in the hospital and those who may need care following a disaster.

AQ:1

Following the terrorist attacks of 9/11, the American Hospital Association developed a series of disaster readiness advisories for its member hospitals. These points are as relevant today as they were then, and you will note that they reiterate many of the points we’ve made in previous chapters regarding your medical practice:

- **Focus your efforts on a general “all-hazards” plan** that provides an adaptable framework for crisis situations. The terrorist attacks have revealed that the unimaginable can become reality.
- **Upgrade your disaster plan.** The attacks have dramatically altered the potential range of disasters communities may face. Be sure that your plan includes components for mass casualty terrorism, including the potential for chemical or biological incidents.
- **Connect with your community’s emergency response agencies.** This is a good time to integrate your plan with your community’s rescue squad, and police and fire departments.

Specifically, make sure you have the latest contact numbers for key agencies, and that they, in turn, have an up-to-date list of your hospital's key contacts.

- **Develop a plan to support the families of staff members.** Staff members want and need assurances that their families are protected and cared for, especially if the incident involves chemical or biological exposure. This is likely to involve agencies and resources from the broader community.
- **Develop a simplified patient registration procedure** in the event of a very large number of casualties.
- **Review your back-up communications capabilities.** Traditional telecommunications mechanisms can become overwhelmed. Pay special attention to back-up communications mechanisms, such as Internet-based communication tools and even couriers.
- **Ensure that essential hospital information systems and data storage have offsite storage and recovery capabilities.** In the event of a large-scale incident, you may have to rely on resources outside your own community.
- **Be prepared to talk with your community and its leaders,** lawmakers and others about how your hospital would deal with a mass casualty event, especially an incident with large numbers of survivors. Also be prepared to provide a medical advisory to the mayor and other public officials who may be the primary focus of the media.
- **Review your supply and inventory strategy.** Many hospitals have moved to “just in time” supply schedules, which keep enough supplies on hand to care for expected patients. While state and federal resources will become available, communities may be “on their own” for at least 24 to 48 hours. Include the possibility that traditional transportation systems could be disabled.
- **With the nation on heightened alert,** examine how to protect the physical security of your hospital by limiting access to the facility.
- **If your hospital is part of the National Disaster Medical System,** review who the contact is within your organization, and who the federal coordinator is in your area. If located in an urban area, determine if there is a Metropolitan Medical Response System plan in your community and know how it can complement the hospital's own plan.
- **Ensure that the hospital and its medical staff** report unexpected illness patterns to the public health department and, if appropriate, the Centers for Disease Control and Prevention.
- Finally, with the armed services calling up reserves and the possibility that Department of Health and Human Services' Office of Emergency Preparedness may need to call up response teams (DMAT, DMORT and MMRS), take time to inventory who on your staff, including medical staff, could get called, what your policies are for job retention and benefit continuation, and how activation might affect your operations.

Source: <http://www.aha.org/aha/advisory/2001/010921-disaster-adv.html>

There are several issues that can come into play between the hospital and your practice when disaster strikes. You may be in a specialty like orthopedics that will be in great demand during an emergency. This can cause some real problems, since you have an obligation to your own practice as well as to your family. There may also be legal issues if doctors at a hospital care for patients with illnesses or injuries that are not in their specialty. To what extent are they at risk of being sued and will their malpractice insurance cover them if they treat patients outside of their specialty?

The hospitals where the doctors in your practice have privileges may also place some requirements on the medical staff that will influence your practice disaster plan. During Katrina,

for example, some doctors were asked to stay at the hospitals to care for patients who had to remain in the facility. Some of the legal issues that the hospitals and doctors faced included abandonment by patients' physicians. There were also safety concerns for doctors who stayed at the hospitals, where they would sleep and eat, and other basic care problems that had to be addressed. Being aware of the issues that hospitals will face in an emergency will be an important part of your disaster plan.

Some hospitals in the New Orleans area now require employees to be available in an emergency or lose their jobs. If hospitals in your area adopt this tough stance, it may have an impact on how you approach the staffing in your office. You can probably assume that the office staff will not be required to assist directly at the hospital, but there may be problems if your office or ambulatory care center becomes an alternate site to the hospital for patients can receive care.

Again, communication is the best solution. You should be aware of how the hospital plans to receive patients from other facilities, as well as what it plans to do if it is directly affected by the disaster or if an evacuation order is issued. The hospital's plans may have a direct impact on how you develop your plan. Since communication is a two-way process, you should also share the details of your plan with the hospital. There may be patients from your practice who will be hospitalized and others may call the hospital. If the hospital is aware of your disaster plan, it will be able to offer patients information about how to get in touch with the members of your practice.

Key Points

1. Know what the hospital's plan is and how it affects your plan.
2. Inform the hospital about the details of your plan, in particular the contact information included in the practice plan.
3. Use form DW14 to identify important contacts at the hospital.

Risk Management and Insurance

Here's a definition of insurance:

A contractual relationship that exists when one party (the insurer) for a consideration (the premium) agrees to reimburse another party (the insured) for loss to a specified subject (the risk) caused by designated contingencies (hazards or perils). Source: www.irmi.com/Online/Insurance-Glossary/Terms/I/insurance.aspx

Insurance is just one part of risk management, which is a structured approach to dealing with or controlling a loss. Managing risk reduces or eliminates a threat of loss, whether it's loss of property, income, or services. Risk management also involves protection from legal liability, but in this chapter we will limit our discussion to the potential loss of property and income.

An essential part of your disaster plan is to look at your insurance and determine whether and to what extent it can cover any losses and help in your recovery efforts.

An individual or a business can get insurance to cover potential financial risk or loss if an unforeseen event occurs. A disaster is by definition an unforeseen event and any disaster plan must contain assurances that the practice has adequate insurance protection in place to allow you to recover from a disaster. Unfortunately, when you buy insurance, you may not be thinking about possible disasters and how much coverage you will need if a disaster occurs. That's where your disaster plan comes in.

You should review your practice coverage annually at a routine meeting you set up with your agent. To control costs and to get more input as to your insurance needs, you might also want to put out a request for proposal to several agents every year. You can also hire an independent insurance consultant to evaluate your current practice coverage; ideally, this should be a person who does not sell any insurance coverage.

You should also recognize that getting a specific item covered for exactly the right amount of money is not easy. Part of your planning process will involve identifying those aspects of your practice that will be affected by the types of disasters that are most likely in your area.

Here is a generic list of items that should be reviewed as part of your planning process:

- Professional liability
- Claims made
- Occurrence
- General liability or Business Owners Policy
- Clearly understand what is covered
- Understand all definitions
- Robbery or burglar coverage
- Business interruption coverage
- Effective date—immediate or three-day waiting period
- Definition of terms of coverage
- Property coverage
- Wind damage
- Water damage (wind-driven—not flood related)
- Workers compensation (mandatory insurance for any business)
- Flood coverage (if available)
- This is probably an essential coverage issue.
- It is not expensive
- Ask your insurance agent if you can buy flood insurance for an office that is on an upper floor. We faced this problem during Katrina with a 4th floor office that was not damaged, even though the building suffered significant flood damage.
- Employment practices liability coverage
- This covers harassment issues
- Fidelity bond coverage—protects against employee theft or embezzlement. Since your staff may handle funds for multiple providers and possibly separate practice arrangements, this coverage is essential.
- Directors and Officers coverage
- Commercial Automobile coverage.

The most important coverage you will need after an emergency is business interruption coverage. Your business owners policy should include a business interruption component and you should thoroughly understand the terms. During the post-Katrina recovery period, we dealt with dozens of coverage definitions, limitations, and circumstances. Unfortunately, we had no idea what all of it really meant until we needed to deal with it.

These are the important issues that you must address:

- Under the Business Owners Policy, there are two basic types of coverage.
- Coverage can be based upon identified perils, such as fire, windstorm or vandalism, which are specifically covered. Any damage that occurs from causes other than those specified are not covered.
- You can opt for an all-risk policy that covers damage from whatever cause, unless it is specifically excluded, such as flood damage.
- Business interruption coverage means coverage for loss of expected income and payment of necessary expenses such as rent, payroll, and supplies. It's essential that you understand exactly how the insurance will calculate income. Will it cover your average daily income, and will this calculation be based on charges, a percentage of collections, or cash receipts? Another issue that you must deal with is pay for the physicians in the practice. You need to know, as part of your disaster plan, whether they will be paid during the recovery period.

You should also know whether the coverage under your business interruption policy includes:

- Lease and or mortgage payments, utilities, and other aspects of operating the physical plant
- Relocation to a temporary location
- Quick replacement of material from vendors, including delivery and price control issues.
- Overtime and general payroll issues, e.g., how are wage vs. salary employees to be paid
- Advertising expenses to make sure that patients know that the office is open and that you are available to provide care
- Recovering or re-doing business records in the event they are damaged, including damage to your computer server or other or storage device
- You should also understand other provisions of your business interruption policy and build them into your disaster plan. You should know, for example, whether there is a waiting period, such as three days, before coverage begins. Since first-dollar coverage is expensive, it's likely that your policy also has co-pays or deductibles, or both. With an 80/20 plan, for example, you would assume 20% of the costs associated with the recovery process. You may find that this may be a requirement of the policy. In any case, you should be aware of any costs that you will be expected to cover.
- You should also know what terms must be met to be eligible for coverage or, more importantly, under what circumstances you will not be covered.
- You should know how the amount you receive under the policy will be calculated. Find out if you will be paid on the basis of average daily income, or monthly expense rates divided by the number of days the practice is closed, and whether you will be reimbursed for setting up an alternate location.
- Recovery from a disaster won't happen overnight. You should know how long your coverage allows for recovery and whether it covers only a limited number of days. After Katrina, New Orleans was under "Civil Authority," which meant that we were not allowed back into the community for 21 days. You also want to identify how lost or damaged equipment or furnishings will be paid for. The best approach is a policy that will cover replacement value, rather than book value or depreciated value. With replacement-value coverage you get the full cost of replacing lost or damaged items at current prices, rather than receiving a small percentage.

Key Points

1. Annually review the practice insurance coverage
2. As part of the disaster plan understand ALL details of the insurance policies and the extent of coverage
3. Identify and develop a risk management program
4. Use DW15 to list your insurance coverages. This form can be used outside of the disaster plan as well.

Financial

“A billion here, a billion there, pretty soon it adds up to real money.”
— Senator Everett Dirksen

The cost of a wide-scale natural disaster or terrorist attack can amount to billions of dollars. A local disaster may amount to only a few thousand dollars but it can have just as big a financial impact on your practice. This financial impact includes the costs of developing a disaster plan (see chapter 2), the costs related to the disaster itself, and the costs to recover.

If disaster strikes what will happen to your accounts payable? Your receivables and daily deposits? The mail? Your bank accounts?

You need to make sure that your chief financial officer or the staff member who is responsible for the financial side of your practice is on your disaster planning team. This person should work with your accountant to see that financial files are backed up and that you will have access to those files. You will need to know what bills are due to be paid now and in the near future. You will need to be aware of your cash needs, which means you will need to be able to see your monthly cash flow statement to give you a guide to normal cash flow. How you handle your finances when the disaster occurs will depend to a large extent on what current records are accessible.

Your cash needs will also be affected by the terms of your business-interruption insurance policy. If the policy doesn't provide advance payments, you may need cash beyond what you get through normal channels.

Your bank may also be affected by the disaster. A primary concern is whether you will have access to your money. To make sure you do, setting up a line of credit as part of your disaster plan is an excellent idea. You should also know what your bank's disaster plans are. If the bank itself is damaged by the disaster, will the bank operate out of a secondary office? If so, where is that office located?

Another area that may be affected in a disaster is mail delivery. You should be aware of how your local post office will operate if disaster strikes. What will happen to the mail that is in the pipeline? If the Postal Service has to send your mail to another post office, you will need to plan to have a staff member pick it up there. The possibility that mail delivery may be interrupted or seriously

delayed also makes an excellent case for filing as many claims as possible electronically so that you can track payments. As part of your disaster planning, you should investigate whether your bank can accept electronic transactions, called electronic funds transfer, (or EFT) hopefully at a well-protected location. In addition, you should arrange to do your day-to-day banking online. This will give you access to your account information any time you have access to a computer and to the Internet.

Let's take the mail issue one step further. If there is a bio-terrorism attack like the anthrax mailings after 9/11, having a safe procedure for handling mail that comes to your office is critical. You should have a system in place so that mail and packages are routinely checked for valid return addresses and guidelines for handling suspicious mail.

For claims that aren't paid electronically, payers will need an alternative mailing address. A possible solution is to have a lock box which would not be affected if post office operations are curtailed. You will need to know what arrangements your bank has made for lock-box transactions if a disaster occurs. You may also want to arrange for direct payroll deposit for your employees as part of your financial disaster plan. In an emergency, you may not be able to give them paper checks. And since you will need to process payroll for your employees even though your office may be closed, you may also want to think about having a payroll service do the job. A payroll service can be cost-effective even if there's no emergency; during a disaster, it can offer significant reassurance to your employees.

Another practical planning step is to identify the main third-party payers for your practice. In addition to Medicare, there are usually about five or six major payers that account for 80% or more of your practice income. Your disaster plan should include a discussion with them about possible scenarios if your office, bank, or post office are affected by a local disaster. You might also ask them to consider holding payments to your practice for a few days if there is an emergency until you can tell them where to send payments. This can not only resolve cash flow problems for you but can also eliminate a number of administrative headaches for the payers, such as checks lost in the mail that may require stop payment orders and reprocessing. Everyone wins with good communication.

While we're talking about getting claims paid, it's a good time to re-emphasize the need to have an alternative paper-based claims and billing systems in place. In disaster recovery mode, access to cash will be critical to your long-term survival. No business can survive without adequate cash flow.

This also is the time to stress the need for a monthly or, at a minimum, a quarterly financial statement. Too many doctors' offices that I visit do not routinely review financial statements. Periodic financial statements are not only an excellent business practice, but you will need them to show your insurance agent to justify payments requested through your business-interruption coverage. Your financial statements should also contain your monthly practice income by physician and especially by location. These financial statements will provide proof of your monthly income and expenditures so that the agent can process insurance checks.

Your financial statements also give you a way to gauge the impact of a disaster on your practice so that you can include this estimate in your disaster plan. If you know the practice's daily income and expenditures by location, you can get a handle on the impact of a disaster that closes your office for a day, a few days, or a couple of weeks. (See DW16 for a pro forma financial statement.) You can then develop appropriate disaster plans for scenarios that in-

clude a partial opening with a skeleton crew for staff, or a significant loss of data, or your billing and collections staff not being able to return to work or not having access to the system. The more you think about possible scenarios and develop ways to respond to them, the better prepared you will be when it comes time to recover.

Your financial statements will also give your bank a financial picture of your practice. You should also give the bank a personal financial statement for each practice owner at least once a year. Gathering this personal financial information for the bank may seem painful, but it will prove very useful in setting up a line of credit for the practice if there is a disaster.

Key Points

1. Know your bank's disaster plans.
2. Know the post office's disaster plans.
3. Set up a lock box for to receive routine payments and/or electronic funds transfer when possible.
4. Have monthly or quarterly financial statements available.
5. Have monthly production reports by doctor, location, and payer available.
6. Work with your payroll processing company to understand their plans and how to communicate with them in the event of a disaster.
7. Let your major payers know your plans and work with them to make sure that claims payments continue.
8. Be prepared to re-install operating software and financial data, including accounts payable and receivable. Use key contacts forms as necessary
9. See form DW13.

Documents

document (noun) 1. a written or printed paper furnishing information or evidence, as a passport, deed, bill of sale; an official or legal paper. 2. any written item, such as a book, article or letter, especially of a factual or informative nature. — Webster's Unabridged Dictionary

A Web search for the word “document” shows the word’s many meanings. Here are some examples:

- Writing that provides information (especially information of an official nature)
- Anything serving as a representation of a person’s thinking by means of symbolic marks
- A written account of ownership or obligation
- To record in detail; “The parents documented every step of their child’s development”
- A digital file in a particular format
- To support or supply with references; “Can you document your claims?”
- An artifact that meets a legal notion of document for purposes of discovery in litigation

In our society, documents can be priceless. They prove that we own our house or our car. They are a record of our bank accounts, retirement funds, and stock holdings. They tell our heirs how our estate should be handled when we die. Preserving these documents when a disaster strikes is a key part of a disaster plan.

Our family has a “hurricane box,” which contains all our important financial, historical, legal, and personal papers. Creating a similar “disaster/emergency box” that contains all the important papers in your medical practice makes a great deal of sense.

Key Documents

There are several key documents that must be protected and maintained throughout the life of the corporation and even beyond. These include corporate deeds and titles, stock certificates, and corporate minutes.

Here is a list of other important documents:

- Patient records
- Payroll records

- Next week's patient schedule
- Several months of financial statements
- Equipment list and maintenance agreements
- Supply inventory or recent purchases
- Telephone directory
- Area and regional maps
- Blue prints

It's a good idea to protect these important papers in a safe deposit box or other secure venue. You should be careful, however, since flooding can damage documents in a safe deposit box. Choose the bank in which you have your safety deposit box with an eye toward its physical location.

Another way to deal with documents is to scan them into your computer system. Obviously, you should have adequate back-up for protection, as well as a secure way to access any document you need at any time. This may eliminate the need to protect the actual documents from flooding, but you must then address the problem of protecting the computer system from damage.

The Federal Government has created a Web site that provides directions to help you replace any document that may be lost. The site is mainly aimed at replacing personal documents but may offer help for business documents as well. Your state may also offer assistance through a Web site. Here is the federal site: http://www.usa.gov/Citizen/Topics/PublicSafety/Hurricane_Katrina_Recovery/Vital_Docs.shtml

Key Points

1. Prepare a disaster/emergency box for documents.
2. Scan or make electronic as many documents as possible.
3. Use form DW 17

Media

Newspapers, radio, and television can be important allies before, during and after a disaster. The local media can help you let employees, patients, and the rest of the community know what has happened to your practice and what your plans are. They can help you reach the public with your message.

The first step is to let everyone know—print, radio, and television reporters—the details of your plan. Obviously, this means you should know who to contact. Find out the names and titles of the newspaper editors and the radio and TV station managers. Once your disaster plan is in place, you should meet with these people to let them know about your plan and to find out how they can help. They can be a crucial element in your efforts to prepare for a disaster.

If fire causes damage to your office, for example, it will raise questions about how you plan to re-open and resume seeing patients. If a family physician who cares for an average 2,500 patients per year is closed down by disaster, it can have a major impact on the community, and any plans to resume operations are news. Don't judge the media by the "sound bites" and words taken out of context that often dominate the evening news. When there are important messages to get out, the media will respond positively. Communicating your plans by way of mass media can also ease the concerns that your staff and patients will inevitably experience following the disaster.

Radio and television news programs will usually cover the disaster as part of their regularly scheduled news broadcasts. This is aimed at giving the public information on the scope of the disaster. They also will offer public service announcements which are a free service. The facts about your disaster recovery plan would qualify as a public service announcement so the stations should be willing to air your messages at no cost. For information on the federal rules governing public service announcements, go to: http://www.fcc.gov/mb/audio/decdoc/public_and_broadcasting.pdf.

Radio stations, newspapers, and TV outlets usually have Web sites where announcements can be posted. Take the time to look at all your local media Web sites and get to know their format and content. You can also use these sites to find out which reporters specialize in covering health care. These are the people you want to talk to about your the disaster plans for your practice.

Key Points

1. Know your media sources
2. Check out their Web sites
3. Get to know key contacts personally
4. Use the “key contacts form” DW13 for each major news outlet

Physical Plant

“We responded very well although it was a hard go. First, we had to figure out our new ‘landscape’ and knew that nothing would be the same. Initially, a small group of us were standing in an open, muddy field in the rain. Most of the staff had to stay home for the first two weeks because there was nowhere for them to be on so dangerous a campus (haz-mat conditions, asbestos, loose pillars, glass and debris everywhere, buildings unstable.)”
<http://nnlm.gov/ep/2007/06/27/library-disaster-stories-northridge-earthquake/>

A vital part of your disaster plan is to outline what you will do if your office is damaged. Whether your office is a stand-alone building or part of a large medical office building with other tenants, and even though, in certain situations, you may be responsible only for the suite you occupy, you must have a plan to recover from unforeseen events.

Obviously, you want to have certain emergency items on hand to deal with events like power outages, snow storms, or rain and wind storms, but your disaster plan must go beyond such everyday supplies.

Pre-disaster planning

Key safety items:

- Smoke detectors
- Sprinkler systems
- Carbon monoxide detectors
- Flashlights
- Fire extinguishers, are they current?
- A NOAA radio
- First aid kit and a crash cart
- Bloodborne pathogen safety devices such as eye wash stations, gloves, gowns, etc.

I strongly recommend that you use a video or a digital camera to take pictures of your entire office and its contents. The pictures will help back up your insurance claims, particularly as to the number of items like chairs and desks, as well as major pieces of equipment. Before-and-after pictures can show the post-disaster condition of the items and whether they need to be replaced. Video tapes and digital photos can be stored off site, perhaps in your disaster box.

If a disaster is predicted, the last person to leave the office out should turn out the lights, turn off the gas, and secure anything that could cause damage, such as oxygen tanks. Part of the disaster plan should include knowing where these devices are located and how they are turned off. You should post instructions about this in your office and train the person designated in your disaster plan as the “last employee out” to perform these tasks.

Utilities

Natural gas is a major cause of fires in buildings damaged during a disaster. You or a staff member can turn the gas off, but it must be turned back on by a technician from your local utility company or by a qualified plumber. This may prove difficult if the disaster is widespread.

Electricity should also be shut off if the level of danger risk makes this appropriate. When turning off the electricity, turn off the circuit breakers individually before turning off the main circuit breaker.

The water supply to the office may be damaged in a disaster. In most cases, the local government officials will issue recommendations on use of the water for drinking or bathing. They may suggest not using water at all or boiling it before use. For your own safety, however, it's a good idea to know how to shut off water coming into the building.

If you are a tenant, you may not have access to utility shut-offs. You should check with your landlord's plans to shut off the gas, electricity, and water. You should also know how the landlord plans to restore these utilities to your facility.

Security

Security will always be an issue. Unfortunately, during a disaster, some people try to take advantage of the situation. If you have a drug sample area or a drug inventory, for example, your office may be vulnerable to vandalism. You should know, before a disaster occurs, what plans have been made to protect your property and your person. Is there an alarm system in place? Will there be routine checks by security guards or off-duty police? During and immediately after a disaster, security may be provided by the local government, by hospital staff, or by a private security service.

When your office re-opens after a disaster, you will need to set up an access control system. You may want to limit access to your office to just patients and staff. If the office serves as a triage facility, you may have to deal with a significant increase in patients and you may find it necessary to add other precautions.

Evacuation

Where can your patients and staff go if there is a high wind or tornado warning while the office is open? Your disaster plan should identify evacuation routes and safe areas, where patients and staff can go for maximum protection. It's also possible that a storm may make it impossible for staff to get to their homes. Your plan should also include provisions for housing your staff if that happens. The plan should identify possible locations for temporary housing as well as making sure that staff will have adequate supplies.

If there is an evacuation, your staff should know where the exits are and what obstacles are outside each exit. The closest exit is not always the best choice since a fire or some obstruction may

be in the way. Evacuation choices become even more important if your office is on an upper floor. In that case, staff and patients should be directed to head for the best exit option and go down the stairs. Staff should also be aware that elevators will not be available. Going to the roof hoping for a helicopter rescue is a dangerous, unsafe, and a poor option.

The National Fire Protection Association offers the acronym RED when you are faced with evacuation decisions:

“As with any situation in our daily lives, you are ultimately in control of your fate to a great degree. Thus, you are largely responsible for your own personal safety based upon the circumstances. Detailed procedures, verbal instructions and even past experience may not be adequate to help you deal with extraordinary events. RED, the universal color for danger can be used to help you in such circumstances.

React: Take any indication of smoke, fire or other potentially threatening situation seriously. Activation of building fire alarms, smell of smoke, visual indication of flames, warning from other occupants, arrival of the fire department are some of the attributes that may signal an imminently dangerous situation.

Evaluate: You must judge the level of threat. This includes confirming evidence or presence of smoke or fire; judging the conditions in your immediate area; self-judgment of your physical ability to relocate or evacuate; evaluation of the needs and abilities of others who may need assistance; consider additional information being received.

Decide: There are only two, but difficult choices:

1. Follow your plan and immediately leave the building. **OR**
2. Follow your plan and stay where you are, or descend to the designated level below the fire floor and be prepared to take protective/defensive action. In this case, anticipated action may include alerting the fire department of your location, seal doors, windows and vents that lead into your space. Do not break out the windows. Be prepared to wait for a considerable time period (at least one hour) if you contemplate rescue by the fire department.

This process is iterative. It is not only done at the first hint of a dangerous situation. It is a process that the individual must manage and it needs to be repeated until the danger has passed or, if total building evacuation is in order, when that action is completed.”

<http://www.nfpa.org/itemDetail.asp?categoryID=811&itemID=20771&URL=Research%20&%20Reports/Fact%20sheets/High-rise%20buildings/>

In an evacuation, that patients or employees in wheelchairs require special attention. These people require horizontal evacuation to a specific area if possible and help should be available for them as they need it.

Routine waste disposal may also be a concern. What happens in the event of a major flu outbreak? Will your OSHA Control Plan provide adequate protection? How will you dispose of contaminated waste that may be generated from a massive outbreak?

Another precaution you might take is to find out whether there are plans to sandbag the doors or low windows in the building to prevent flood damage. You might also want to check on how vulnerable your building would be in case of a wildfire. A clear zone of 50 to 100 feet on all sides of your building can be an effective way to protect your property.

FEMA has a checklist that you can use as you develop your disaster plan. The checklist shows you how to protect your property from a variety of disasters.

Protect Your Business from All Natural Hazards

- Protect Business Records and Inventory
- Install a Generator for Emergency Power

Protect Your Property from an Earthquake

- Anchor Large Equipment Properly
- Anchor Tall Bookcases and File Cabinets
- Anchor and Brace Propane Tanks and Gas Cylinders
- Bolt Sill Plates to Foundation
- Brace Cripple Walls
- Install Latches on Drawers and Cabinet Doors
- Mount Framed Pictures and Mirrors Securely
- Restrain Desktop Computers and Appliances
- Use Flexible Connections on Gas and Water Lines

Protect Your Property from Fire

- Dealing with Vegetation and Combustible Materials
- Replace Roofing with Fire-Resistant Materials

Protect Your Property from Flooding

- Build With Flood Damage Resistant Materials
- Dry Flood proof Your Building
- Add Waterproof Veneer to Exterior Walls
- Raise Electrical System Components
- Anchor Fuel Tanks
- Raise or Flood proof HVAC Equipment
- Install Sewer Backflow Valves
- Protect Wells From Contamination by Flooding

Protect Your Property from High Winds

- Protect Windows and Doors with Covers
- Reinforce Double Entry Doors
- Reinforce or Replace Maintain EIFS Walls
- Garage Doors
- Remove Trees and Potential Windborne Missiles
- Secure Metal Siding and Metal Roofs
- Secure Built-Up and Single-Ply Roofs
- Secure Composition Shingle Roofs
- Brace Gable End Roof Framing

Source: FEMA Web site, <http://www.fema.gov/plan/prevent/howto/index.shtm>

After the Disaster

When it's over, you return and find your office a mess. Your disaster plan should include provisions to get things back to normal, including clean-up and repair, as well as recovering items like damaged paper records. You should negotiate with a contractor beforehand and get an agreement that your office will be a priority when the disaster is over. Unfortunately, a disaster often brings out the greedy side of human nature, and competition and price gouging are common. Knowing your contractors, forging a relationship with the, and discussing services that may be needed following a disaster is an essential part of your plan.

Another critical part of post-disaster planning is an off site Emergency Operations Center (EOC). This can be a location where servers and a skeleton crew sets up to take phone calls and handle get the business side of the practice. It could be a temporary site where patients may be seen or where clinical triage activities can take place.

The large oncology practice that I was involved with in New Orleans has a complete EOC set up through the West Clinic in Memphis, which has allowed the oncologists to set up equipment and Internet access lines in one of their conference rooms. The practice's disaster plans include placing a team in the EOC before any storm actually hits New Orleans. The idea is a seamless approach to patient care, and it's relatively easy with a hurricane, since there is usually time for evacuation and planning. In a sudden event like office fire or a tornado, a planned evacuation and EOC set-up may be impossible. Still, the idea of an emergency location is a good one. Your plan may include working out a mutual swap deal with a similar practice elsewhere in your community in which both groups agree to help each other if one suffers damage and the other doesn't.

You must also plan for the move back when facility is ready. Knowing your local movers can be a real time saver at this point in your recovery stage.

Key Points:

1. Review current disaster items and make sure they are in working order
2. Implement all OSHA plans
3. Develop an EOC option
4. Use form DW10 and DW12.

References

Here is a list of resources that are available to you as you develop your disaster plan:

- Be ready—www.ready.gov
- Federal Emergency Management Agency—www.disasterhelp.gov
- Department of Health & Human Services—www.hhs.gov/disasters
- Department of Commerce—www.doc.gov
- Department of Energy—www.energy.gov
- Department of Homeland Security—www.dhs.gov
- Department of Interior—www.doi.gov
- Department of Justice—www.doj.gov
- Environmental Protection Agency—www.epa.gov
- Food and Drug Administration—www.fda.gov
- National Oceanic and Atmospheric Administration, NOAA—www.noaa.gov
- National Weather Service—www.nws.noaa.gov
- Nuclear Regulatory Commission—www.nrc.gov
- US Fire Administration—www.usfa.gov
- US Geological Survey—www.usgs.gov
- US Postal Service—www.usps.gov
- USDA Forest Service Southern Research Station—www.wildfireprograms.com
- Document replacement—www.usa.gov/Citizen/Topics/PublicSafety/Hurricane_Katrina_Recovery/Vital_Docs.shtml
- Center for Disease Control & Prevention—www.cdc.gov
- Pandemic flu—www.pandemicflu.gov
- Institute for Business & Home Safety—www.ibhs.org
- Agency for Healthcare Research & Quality—www.ahrq.gov/prep
- Agency for Toxic Substances and Disease Registry—www.atsdr.cdc.gov

- www.un.org/terrorism
- www.defenselink.mil/other_info/terrorism.html
- Check your own state like: South Carolina—www.disastercenter.com/southcar/southcar.htm
- Bioterrorism—emergency.cdc.gov/agent/anthrax/anthrax-hcp-factsheet.asp
- For specifics on financial and other documents related to home and office—www.redcross.org/services/disaster/0,1082,0_605_,00.html
- Insurance guidelines—www.insuranceonline.org/smallbusiness
- www.iii.org/individuals/business
- Institute for Business and Home Safety—www.ibhs.org
- National Fire Protection Association—www.nfpa.org
- The American Medical Association—www.ama-assn.org
- The American Hospital Association—www.aha.org
- FEMA Families—www.fema.gov/areyouready/index.shtm
- List of Disasters—www.infoplease.com/world/disasters/2008/html
- Mental Health—www.mentalhealth.samsha.gov
- Public Service—www.fcc.gov/mb/audio/decdoc/public_and_broadcasting.pdf

Owen J. Dahl, MBA, FACHE, CHBC, is a nationally-known speaker and consultant with nearly 40 years in medical practice management—from entrepreneur, to manager of a \$75 million practice with 65 physicians, to academician developing certification programs for major medical societies. His most recent book is, *Think Business! Medical Practice Quality, Efficiency, Profits* is published by Greenbranch Publishing.

The Medical Practice Disaster Planning Workbook

Don't wait. Put your disaster plan in place. Protect your practice by using this easy-to-use workbook. And, at only \$29.95. the workbook is affordable for ANY medical practice.

Disaster planning is something we don't want to deal with – and it is easy to put it off.

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Plan. Execute. Follow-through.

CHAPTER 1: Disasters Defined – many events can be called “disasters.”

CHAPTER 2: Planning

Focus on the goal of surviving the event and the re-establishment of the business.

CHAPTER 3: Communications

What if the phones don't work? Options to stay connected before, during, and after the event.

CHAPTER 4: IT Operations

If your systems are down you are out of business.

CHAPTER 5: Patients

How to ensure good patient care through the event.

CHAPTER 6: Employees

Strategies to orient, train and involve the staff.

CHAPTER 7: Vendors

How to protect yourself and your inventory.

CHAPTER 8: Hospitals

How the hospital plan affects yours...and legal issues too.

CHAPTER 9: Risk Management and Insurance

Understand your coverage and the content of all of your policies.

CHAPTER 10: Financial

What about your accounts payable? Your accounts receivables and daily deposits? The mail? Your bank accounts?

CHAPTER 11: Documents

How to put together an “emergency box.”

CHAPTER 12: Media

Know your media and web sources.

CHAPTER 13: Physical Plant

Items that every practice should have on hand. Smart ways to handle insurance claims.

CHAPTER 14: References and Resource List

Handy and info-in-one-place as you develop your plan.

BONUS! Workbook template

The bonus Workbook includes these forms for you to customize!

- Overall guide and checklist
- Communications
- IT Operations
- Patient Information
- Employee Information
- Employee Training Log
- Calling Tree Model
- Family Member Information
- Family Emergency Contact Information
- Emergency Supplies List
- Critical Vendors
- Workplace Disaster Supplies Checklist
- Key Contacts Form
- Hospitals
- Insurance Policy Information
- Financial—Pro Forma Statement
- Critical Documents



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