

# Is Your Group Ready for a Disaster? A Medical Practice Checklist.



While the Northeastern United States is still recovering from Hurricane Sandy, a lot of practices that were not affected are probably wondering **“What if that was us?”**

Disasters can't be entirely predicted or prepared for, but taking an inventory of your critical systems and what it would take to replace them in a disaster situation can guide you through the crisis. The basic question to ask yourself is **“What would it take to achieve continuity in my practice in the event of X, Y, or Z?”**

Continuity means having a plan for continuing to care for patients despite disruption. It also means being able to document and bill for the care you provide during the disruption. Consider the following checklist an ounce of prevention for keeping your practice on track in the wake of an unexpected event that changes business conditions.

Start a disaster recovery plan matrix and consider each of the possibilities (flood, fire, snow, earthquake, epidemic, etc.), how each of the outages below would impact the practice and what you can do about it.

## Power outage

- Depending on your office design, a lack of light may not affect you. If you have windows in the exam rooms, you may be able to continue to see patients without power.
- If you have an elevator, you may find patients unable or

unwilling to come to the practice.

- If you use iPads or tablets, you may have sufficient battery charge to do your documentation.
- Everyone understands confusion during a disruption, so be sure to relax typical practices rules such as not canceling an appointment in time, or being early or late for an appointment
- If your practice is completely shut down, or does not have exam rooms with windows or easy access for patients, think of a hospitable colleague or hospital who might be able to loan you an exam room or two if the power outage is going to be prolonged. If you are temporarily relocating the practice, don't forget to place information on where you are seeing patients on your doors, ask the television channels to announce the change, and post the information on your website.

## Phone outage

- Call your phone company and ask them what your options are in an emergency situation. Once a decision is made on handling phones in a disruption, make sure point people know who to call and what to ask for.
- Depending on your phone service and how extensive the outage is, you may be able to have the phone company forward your phones to a cell phone so patients can still get through.
- Make sure the cell phone message reflects the practice information and instructs patients what the plan is for meeting their immediate needs.
- You may decide to categorize patients into **high, medium and low need categories**, so triaging calls during the disruption is clear – seeing patients in the high category, speaking with patients in the medium category, and letting patients in the low category know their need

will be met after the disruption.

## Staff shortage

Now is the ideal time to improve your staffing protocols for being short-staffed. **Staff who are sick should stay home.** If staff come to work exhibiting signs of the epidemic, they should be examined by a practice physician, and advised by that physician whether or not they are approved for work.

- Short-staffing will bring into play the **cross-training** you've hopefully already achieved, and allow you to reassign staff from secondary task positions to primary task positions. Answer the question "what needs to be done today to make the practice run?" which are primary tasks, versus "what can slide for awhile until we get back on our feet?" which are secondary tasks.
- Although many physicians reject the idea that employees can be productive at home, an epidemic is the ideal time to **have employees work at home.** If you are not in need of employees physically in the clinic or if they are not healthy enough to work in the practice, they can dial into the VPN or hop on the cloud and get work done.
- If schools and daycares close during an epidemic and many staff are unable to come to work due to no childcare, you may need to consider **consolidating daycare** at the home of one or more employees (fully funded by the practice, of course) or even bringing a temporary daycare onsite if you can turn an area into a safe and comfortable area for children, and assign employees to the daycare.
- After the episode is over, you will probably have a number of employees concerned about losing so much time from work. You may need to **review your time-off policy with your physicians** and decide if you want to make a

single exception due to the length and severity of the episode and grant staff additional paid time off. Consider it carefully, however, as any single change has the potential of setting a precedent. You may want to discuss this with your HR attorney if you are unsure.

## **Practice Management and/or EMR System Outage**

If you need the internet for your practice management or EMR system and the internet is out, you will need the following to see patients:

- Rx pads (keep them locked up when not in use)
- Encounter forms
- Paper progress notes or a dictation system (hand recorder)
- Paper order sheets for lab, x-ray, etc.
- Receipt Book (duplicate, one copy for the patient and one copy for your records)
- Message slips

If you house your PM/EMR on site and it has been knocked out, you will need the items listed above, and:

- Make sure you know how to reach your IT support company and that you understand what their terms are for recovering your system.
- Check your offsite backup plan and make sure you know what exactly is being backed up – is it the program and the data, or just the data? – and what the process is for re-installing either or both.

If you house your PM/EMR offsite, review your vendor's plan for redundancy and find out how far away your "backup" is. Is it far enough away to not be affected by local outages caused

by weather or power grid failures?

*Do you have a unique disaster preparation idea or strategy that your practice uses? Tell us in the comment section below!*