

Disaster Preparedness—Don't Get Caught Without a Plan

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Hurricanes typically don't cross large land masses. When a major storm travels inland, usually it's downgraded to a tropical storm. So, though the principals at Southern Orthopaedics and Sports Medicine in Pensacola, Florida, had given some thought to disaster planning, they were far enough inland that they hadn't taken the possibility of a direct hit from a hurricane too seriously and hadn't completed a written disaster plan. Then came Hurricane Ivan in 2004.

Ivan caused catastrophic damage to Pensacola. Southern Orthopaedics didn't have a protocol for allowing staff to leave work to prepare for the storm. "A definitive line of communication between the board of directors, the executive director or practice administrator, right down through department heads and staff is essential," says practice manager Glenn Fielder. Southern Orthopaedics cobbled together an emergency phone list within 24 hours of being evacuated, but the experience underlined a need to formalize planning.

Winter Park Plastic Surgery in Orlando, Florida, received a similarly nasty surprise when it was hit by Hurricane Charlie. With about 24 hours' notice, staff hurriedly evacuated the office and figured they'd resume normal operations in a day or two. But over the next few days, Hurricanes Francis and Jean gave the region a double dose of high wind and rain—so much that Winter Park, along with thousands of other area businesses, took a long time to recover.

"No one thought the office wouldn't have power or working plumbing for nearly a month," says administrator Deborah Boyd. "No one predicted it would be weeks before everyone's cell phone was operational. We had full office and [operating room] schedules out several months, and six patients within 72 hours of surgery. And we couldn't get a hold of anyone."

If anything has become clear in recent years, it's that conventional wisdom about hurricanes (and other potentially disastrous events) can no longer be relied on. Storms, floods, tornadoes, earthquakes, and man-made events (eg, chemical spills) don't always grab the headlines the way hurricanes do, but nevertheless they can devastate your prac-

tice and disrupt business operations for days or weeks. Yet, a 2005 Medical Group Management Association (MGMA) survey found that 43% of medical practices had no emergency plans.¹ A more recent survey by the MGMA in 2008² found that number lowered to 30%, but that still means almost one-third of all medical practices has no emergency preparedness plan. If your practice lacks a plan, it's time to make preparedness a higher priority.

BE PREPARED

Start by evaluating likely threats in your area and taking measures to minimize the damage they can cause. For example, practices that are near fault lines should consider physical retrofitting and the bolting together of cabinets and shelves. Recently in Texas, the Bone and Joint Clinic of Houston, located on the 26th floor of a 27-floor building, took the site-specific precaution of moving computers and vital papers to central areas of the office when Hurricane Ike threatened to blow out the windows.

"The most important thing during a crisis is to establish communication with staff and patients," advises John Hornberger, Chief Executive Officer of Boca Raton Orthopaedic Group.

Of course, not all disasters are geographically specific. Always prepare for the worst, whether it's a quick evacuation or an incident that prevents you from leaving the office for an extended time. Make sure employees are aware of all possible emergency exits, and make sure to designate a safe place, in your building and in your community, where employees can take shelter. Stock your practice with emergency supplies, including flashlights, a working smoke alarm, a first aid kit, nonperishable food, water, and other items recommended by the Institute for Business & Home Safety in its *Disaster Response Checklist Annual Inventory Sheet*.³

MAKE A PLAN

"Disasters can happen anytime, so you always have to be prepared," according to Ted Eberhard, information technology director at Boone Ear Nose and Throat in Boone, North Carolina. At Boone ENT, it didn't take a full-fledged

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hurricane to interrupt regular business operations—just a garden-variety thunderstorm.

When wind and rain pushed volumes of water through a hole in the foundation of Boone's building, the main telephone switch box in the basement was flooded, and its circuitry was shorted out. With some quick thinking, phone service was switched to the practice's new high-speed Internet lines. But a full day without phone service forced the practice to rethink its emergency planning. At the time, Boone did not have a written disaster plan. Now there are specific written procedures addressing not only the phone system but also computer backups, data recovery, and emergency evacuations.

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Effective leadership is essential for developing your plan. The person in charge of emergency planning needs to be highly organized and know your practice inside and out. According to the 2005 MGMA survey, 82% of practices assign preparation responsibilities to the practice administrator.¹ But the practice administrator has numerous responsibilities and little or no training in disaster recovery or business continuity, so don't let him or her plan alone. Bringing staff into the planning process engages them and gives them a broader perspective on the situation.

State emergency management agency Web sites provide valuable planning resources. For example, the Florida Division of Emergency Management⁴ has an interactive tool that businesses can use to personalize disaster plans. Also be sure to use the Occupational Safety and Health Administration (OSHA) standards for emergency procedures and evacuation.⁵

Develop a communication plan that ensures a workable level of communication during an emergency. Although cell phones provide a seemingly natural means of telephone backup, many disasters knock out cell towers as well as hardwired phone lines. In fact, one surgeon in New Orleans who lived through Hurricanes Gustav and Katrina noted that her landline worked while cell service was down, so don't be tempted to rely on cell phones alone. Even if cell phone service is operational, you may still have trouble communicating with patients. When Hurricane Wilma knocked out phones and electricity in Boca Raton, Florida, doctors were able to use their cell phones, but most patients did not have their cell phone numbers. “The most important thing during a crisis is to establish communication with staff and patients,” advises John Hornberger, Chief Executive Officer of Boca Raton Orthopaedic Group. To solve the problem, this group updated its phone infrastructure to include voice-over-Internet-protocol capability. Messages can now be left on the main phone number for patients and staff through any

TIPS FROM PRACTICES THAT HAVE LIVED THROUGH DISASTER—INCORPORATE THESE INTO YOUR PLAN

1. *Install a “regular” phone line*—the kind that plugs into a wall jack. For possible emergencies, keep on hand a phone that doesn't require electricity.
2. *Consider purchasing a satellite phone.* This works even when cell towers are down. Store it in a waterproof bag in the practice's safe.
3. *Ensure that all staff have car chargers for their cell phones.* Chargers that plug into electrical outlets don't work when the electricity is out. Winter Park Plastic Surgery reminded staff to plug cell phones into their car chargers as often as possible.
4. *Plan for the fact that some of your staff may have to deal with damage at home.* They may not be able to report to work for a while.
5. *Arrange for storage of your refrigerated medications.* After losing thousands of dollars in medication inventory, Winter Park arranged to have a larger practice store refrigerated medications when disaster strikes.
6. *If you are in a flood- or hurricane-prone region, put your computer server in a waterproof area.* Winter Park now has its server on a platform with a waterproof cover.
7. *Set up a voice-mail box (outside your area code) for recording messages for and receiving messages from employees.* You will then be able to leave your staff messages about the status of office operations and other important information. Skype.com offers a free service.
8. *Pack important documents and data in a waterproof bag and store this bag in the safe.* This includes patient schedules for the upcoming month, staff and emergency phone numbers, and your computer backup tape.

working Internet connection. During Hurricane Ike, the Bone and Joint Clinic of Houston lost its phones for a few hours when its answering service had to evacuate from Houston to Austin. The clinic, however, was able to remotely post updates to its Web site, and it had patients and staff check in there for updates on the status of the practice.

A similar solution is to designate voice mail (with an exchange outside your area code) for recording messages for and receiving messages from employees. Arrange for programmable call-forwarding for your main line so that, if you can't get into the office, you can reprogram the phones to ring to this remote voice mail.

Consider setting up a cost-effective backup plan for your Internet connection using the variety of options available: T1 lines, DSL, even dial-up. It's also a good idea to set up Web-based email accounts so you can send and receive messages remotely. Google.com, Hotmail.com, and Yahoo.com all offer free services. As part of your evacuation procedure, forward physician and manager e-mail messages to these accounts so they can be retrieved even when the office is closed.

“PRACTICE MAKES PERMANENT”

Once you've got your plan in place, do not lock it away in a drawer and wait for an emergency. Disaster drills are a great way to ensure that your staff know what to expect, how to communicate in times of emergency, and where crucial information or equipment resides. “We hold a disaster drill annually for all staff, just before hurricane season,” says Boyd. “In addition to reviewing the plan, we do a walk-through to make sure that staff know where things are.” The Winter Park practice also asks its operating room nurse manager to review one OSHA disaster tip a month, at a staff meeting.

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What to expect in times of emergency should be communicated to employees. And remember, communication involves listening as well as talking. Encourage your staff, from top management all the way down, to view the emergency plan as a working document that requires their involvement and input.

You don't necessarily need expensive emergency and disaster drills. During your next monthly staff meeting, divide staff into teams and role-play scenarios with an appointed facilitator. “Practice makes permanent,” so the tone of these exercises needs to be taken seriously by all staff members. These “tabletop exercises” will help identify any flaws in your plan. If someone has special needs, ask what should be done to ensure his or her safety during an emergency. Think about your patients as well. Who will be responsible for evacuating them, and what needs might they have? Physician assistants and front-desk staff will have a lot to say about these matters. Encourage employees to work on their own personal emergency plans. Many employees have children or elderly parents to care for, and knowing their responsibilities and how they will meet them in times of crisis will help you in planning your company-wide response.

In addition, coordinate periodic fire drills with your local fire department and frequently test all your alarm systems. You don't want to find out, during a tornado, that your state-of-the-art alarm system doesn't work or, worse, that someone set it to play Christmas music.

ALWAYS HAVE BACKUP

Developing a strategy for protecting data and records is crucial. One solo Houston surgeon whose office lost electricity for 10 days now sees the benefit of having an offsite

server or using an application service provider (ASP), which stores data on offsite servers that are accessible online. “Carrying the computers and the server down seven flights of stairs to set up a makeshift office was an experience I'd rather not relive.”

When considering an offsite storage facility for backup data tapes, make sure it's at least 50 miles away from your office. In the days after the 9/11 terrorist attacks, many companies with backup data stored in midtown Manhattan found their data just as inaccessible as their offices. Now, more and more businesses are using ASPs. Be sure to ask ASPs about *their* safety and backup plans. You will then have a good idea of how prepared they are for emergencies, and you might even gain new insights into your own emergency planning.

PLAN FOR RECOVERY

Don't make the mistake of thinking that, once a crisis passes, your business is no longer in danger. Not only has your facility sustained damage, but some of your income will be lost because of the interruption in business. A 2007 Red Cross/FedEx survey found that 50% of small business owners do not feel prepared for a business disruption lasting 2 to 3 weeks.⁶ Look into business interruption insurance, which will keep downtime from crippling your practice. Make sure you carefully read and understand your plan. Many practices in New Orleans, Louisiana, did not sustain physical damage during Hurricane Katrina, but their patients were blocked from entering the parish, and the practices were not covered for the interruption in business. Likewise, in the wake of Hurricane Ike, Pam Potter, practice administrator for the Bone and Joint Clinic of Houston, says, “Many people were surprised to find that lost business time was covered for physical damage, but not when a loss to utilities or power interrupts business.” During

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Potter also notes, “Another big lesson learned is that few practices have clearly written policies in their employee manuals if the business is down for a time or a disaster prevents employees from coming to work.” Many Bone and Joint Clinic employees who couldn't make it to work took paid time off. For employees who needed more time off, the policy prohibiting time off without pay was waived

for a 2-week period after Ike. The clinic intends to make this provision a formal policy in its employee manual. Potter also emphasizes the importance of knowing state laws, such as the Texas law that allows staff to file for unemployment when a business experiences downtime because of a disaster.

Of course, you want to minimize that downtime as much as possible. Make plans to work from a remote location if necessary. Consider partnering with another practice in town or in the region so you can use its offices in case an emergency blocks access to yours (this arrangement can go both ways). Keep an inventory of all equipment and supplies. Take photographs and scan receipts. Store a list of serial numbers somewhere safe so you'll be able to speed the insurance claim process. Also store vendor lists, supplier information, and insurance contracts in a safe place; you'll need to contact vendors, suppliers, and insurance companies as soon as possible to get your practice back up and running. Have alternatives in mind in case your usual laboratories and x-ray facilities become unavailable. Design a strategy for informing patients of your new address in case a move becomes necessary.

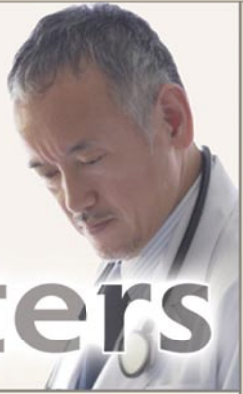

Don't view a disaster as something that happens only to others. The consequences of lack of preparation are weeks or months of disruption for you, your staff, and your patients. For your practice, create a preparedness plan that will minimize the impact of disaster in whatever form it might take.

AUTHORS' DISCLOSURE STATEMENT

The authors report no actual or potential conflict of interest in relation to this article.

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