Emergency Planning: Preparing Your Practice for a Natural Disaster or Other Emergency

Florida Medical Group Management Association

June 13, 2019
Orlando, Florida

The presenter has nothing to disclose.
Disasters are inevitable – Are you prepared?

https://www.weather.gov/wrn/hurricane-preparedness
Learning Objectives

1. Describe the key elements of an emergency preparedness plan that can respond to likely disasters and emergencies
2. Describe how to protect your facility, staff, and patients in the event of a natural disaster, fire, communicable disease outbreak, workplace violence, or other emergency
3. Identify best practices for staff training and simulated emergency drills
Preparing for emergencies

• Counters uncertainty by physicians and employees
• Limits disruption of clinical services due to an emergency or disaster
• Minimizes the economic impact of an emergency or disaster
• Assists physicians and staff members deal with the emotional and practical disruptions created by emergencies and disasters
Having an emergency plan is important

1. **Because your practice is:**
   - Vital to your patients
   - Vital to the community healthcare delivery system
   - Vital to the economic welfare of your physicians and staff

2. **Because emergencies happen**
   - Fire
   - Windstorm
   - Tornado
   - Flood
   - Hurricane
   - Wildfire
   - Electrical outage
   - Blizzard / ice storm
   - Earthquake
   - Workplace violence
   - Epidemic (measles, flu, etc.)
   - Computer ransom
   - Data hack
   - Hazardous chemical spill

3. **Having a plan will minimize the consequences of an emergency**
Audience Question

When was the last time that you updated your emergency plan?

1. Within the past year
2. Following the most recent disaster
3. More than 2 years ago
4. Do not have an emergency plan
What are others doing?

**DO YOU HAVE AN EMERGENCY PREPAREDNESS PLAN?**

78% YES

18% NO

4% UNSURE

AUGUST 29, 2017 POLL
1,900 APPLICABLE RESPONSES
OUT OF 1,202 TOTAL RESPONSES.

FOR MORE INFORMATION, VISIT MGMA.ORG/STAT.
CMS Emergency Preparedness (EP) rule

• *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*
• Established to ensure that adequate preparation and planning is in place for either a man-made or natural disaster
• Effective Nov. 15, 2017
• **Required for facilities participating in Medicare or Medicaid programs**
• Four provisions required as part of emergency preparedness plan
  • Risk assessment and planning
  • Policies and procedures
  • Communication plan
  • Training and testing program
Facilities Impacted by the CMS Emergency Preparedness Rule

1. Hospitals
2. Religious Nonmedical Health Care Institutions (RNHCIs)
3. Ambulatory Surgical Centers (ASCs)
4. Hospices
5. Psychiatric Residential Treatment Facilities (PRTFs)
6. All-Inclusive Care for the Elderly (PACE)
7. Transplant Centers
8. Long-Term Care (LTC) Facilities
9. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
CMS Emergency Preparedness Rule provisions

- **Risk assessment and planning**
  - Risk assessment for impact on assets or operations
  - Requires an “All-hazards” approach of emergencies or disasters including care-related emergencies, equipment and power failures, interruptions in communications, including cyber-attacks, loss of a portion or all of a facility, and interruptions in the normal supply of essentials such as water and food
  - Updated at least annually

- **Policies and procedures**
  - Develop and implement policies and procedures based on the emergency plan and risk assessment.
  - Address subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency
  - Reviewed and updated at least annually
• **Communication plan**
  - Complies with federal and state laws
  - Coordinates patient care within the facility, across health care providers, with state and local public health departments and emergency management systems
  - Reviewed and updated annually

• **Training and testing program**
  - Demonstrates knowledge of emergency procedures
  - Includes drills and exercises to test the emergency plan
    - Participation in a community-based exercise
    - Additional facility-based exercise or a tabletop exercise that uses a clinically relevant emergency scenario and a set of problem statements, directed messages or prepared questions designed to challenge the emergency plan
Emergencies do happen and they do impact doctors and hospitals.
Steps for developing a disaster plan

1. Keep the plan simple
2. Obtain copies of disaster plans from other practices, related hospital(s), and community
3. Model the practice’s plan to fit with hospital and community plans
4. Have physicians, nurses, and key staff review draft plan
5. Have the practice’s governance approve plan
6. Distribute emergency plan to physicians and staff
7. Have on-going physician and staff training, including periodic testing and simulation
8. Re-evaluate and update the plan annually and after major events affecting your practice or others
Sections of a medical practice’s disaster plan

1. Preparation – What to do before disaster strikes
2. Survival – Immediate actions during a disaster
3. Recovery – Coming back after the smoke clears
Reverse planning helps keep the task in perspective

- Visualize what a successful recovery would look like
- Identify recovery processes that are similar regardless of the disaster threat
- Break large problems into manageable tasks
- Evaluate each task in terms of how much closer it brings you to the goal
Thinking about transportation after a storm
Step 1. Planning for recovery

• Decide what do you need to get back in business
• Identify who can help
• Determine what resources could be available
• Prepare for the worst – but hope for the best
• Focus first on patient services
• Then work on communications -- telephone, fax, e-mail, text message, social media, etc.
• Insure continued IT and EHR services

• Determine how supplies and contract services will be delivered
• Address staff availability during and after emergencies
• Guarantee availability of financial resources through a line of credit
• Identify alternative resources that can supply temporary services while the practice rebuilds
• Do not neglect stress management for staff and physicians
When you are just trying to survive, recovery is hard

Hurricane Michael was the first to make U.S. landfall as a category 5 since Hurricane Andrew in 1992, and only the fourth on record.
Step 2. Survival planning – what to do during an emergency

- Prioritize your actions because there is never enough time to get it all done
- Patient and staff protection must be the first priority
- Practice having an emergency
  - conduct a live “fire drill” with full evacuation of the facility
  - test the plan’s telephone / text message notification plan
- Communication must be concise and clear
- Activity is reassuring in fearful situations
- Account for everyone
- Rely on checklists instead of memory
- Train and drill yearly
When emergencies happen, preparation is everything
Step 1. Preparing for an emergency

• Assess vulnerabilities and threats
• Develop a emergency plan that fits each scenario – different threats may need a different plan
• Consider both isolated and community wide events
• Assess the systems needed for ongoing operations
  • Information Technology
  • Financial
  • Human resources
• Determine which organizations you need to coordinate
  • Hospital
  • Other physicians
  • EHR and IT venders
  • Suppliers, etc.
Understanding your risk for flood

If an emergency or disaster happens, learn from it.

- Debrief all involved parties and look how to improve the plan
- Recognize that circumstances are never exactly the same
- Stay vigilant for symptoms of stress in the staff, physicians, and you
Be flexible – Remember forecasts change
Special considerations in disaster and emergency planning

- Patient and employee safety
- Communications systems
- Sustaining clinical services
- Financial survivability
- Information technology preparedness
Special considerations – Patient and employee safety

• Have a written patient evacuation plan
  • Include processes for rapid evacuation (i.e. fire) and for staged evacuation (i.e. flooding)
  • Evacuation with power and without power
  • Evacuation of patients and caregivers with limited mobility
  • Emergencies that occur during a procedure that incapacitates the patient
• Have a process to verify full and complete evacuation
• Designate safe gathering areas
• Have contingency plans for patient disposition – to other medical practices or hospitals
• Validate alternative sources of electricity for the facility
Special considerations – employee issues

- Address employee family safety during widespread emergencies
- Identify who will need childcare assistance or pet care
- Identify teams for during disaster and post-disaster work
- Track staff by department for who is evacuating and who is riding it out at home
- Staff who evacuate may have difficulty returning due to road traffic and limited gasoline
- If schools are closed, determine how to assist staff with children who need childcare
- Assess how to assist employees care for their companion animals
- Address retention of staff and access to benefits during recovery and post emergency
- Staff will need time off to repair their personal residence
Encourage your patients to have an emergency plan

- Pick the same person for each family member to call or email. It might be easier to reach someone who's out of town.
- Text, don't talk, unless it's an emergency. It may be easier to send a text if you have a phone, and you don't want to tie up phone lines for emergency workers.

- Create a fire escape plan that has two ways out of every room and practice it twice a year.
- Choose a meeting spot near your home, then practice getting there.
- Choose a spot outside of your neighborhood in case you can't get home. Practice getting there from school, your friends' houses, and after school activities.

- Keep your family's contact info and meeting spot location in your backpack, wallet, or taped inside your school notebook. Put it in your cell phone if you have one.

https://www.ready.gov/kids/make-a-plan

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• Designate a media contact with a defined message
• Have a separate telephone number for recorded messages for employees
• Update all staff telephone and cell phone listings at least annually
• Use multiple communication channels: email, Twitter, Facebook, and other social media to share information quickly with a wide audience
• Utilize your patient portal and web page to post information for patients and staff
• Text is best during emergencies since a text uses less bandwidth and may get through when a phone call will not.
• Text messages may also save and then send automatically when capacity becomes available.
• Conserve your mobile phone battery by reducing the brightness of your screen, placing your phone in airplane mode, and closing unneeded apps
Special considerations -- Sustaining clinical services

- Confirm continued electrical power sources
- Confirm sources of emergency resupply of medical supplies and gases
- Confirm computer system emergency power systems and back-ups
- Have a contingency plan for how to refer patients needing immediate care during short-term disruptions
- Have contingency plans for temporary clinical facilities
- Have a plan to rescheduling patient appointments cancelled during an emergency
- Identify physicians and staff who live in damaged areas
- Identify community timeline for repairs and clean-up, especially roads
Plan for the unexpected – Will your facility helipad support a military helicopter?

Eurocopter (EC130B4)
- Length: 35 ft.
- Empty weight: 2,561 lbs.
- Max weight: 6,173 lbs.
- Max speed: 155 knots
- Cruise speed: 130 knots

HH-60M MEDEVAC Black Hawk
- Length: 64 ft 10 in
- Empty weight: 14,470 lb
- Max weight: 21,414 lb
- Max speed: 159 knots
- Cruise speed: 150 knots
Special considerations -- Financial survivability

- Confirm adequacy of insurance coverage annually for fire, flood, earthquake, windstorm, water break, etc.
- Decide if the practice should purchase business interruption insurance coverage for lost revenue and the cost of relocation
- Confirm cloud back-up for accounts receivable and billing records
- Establish short-term lines of credit
- Have a plan to store key financial records off site
- Have a comprehensive computer system back-up plan in the event of a ransom-ware hack
- Have a business continuity plan
- Identify eligibility for federal and state small business emergency funds
When was your last formal fire drill with the full evacuation of the building or with the presence of the community fire marshal?

1. Within the past year
2. 1 – 2 years
3. More than 2 years
4. Never conducted a formal fire drill
Special considerations: Information technology preparedness

- Virtualization: Create a virtual infrastructure and cloud based storage that provides full remote access
- Protect your data: Backup your backup! Even with cloud storage, it's still a good idea to have two or three additional backup copies of all data. Keep one back-up with your main cloud provider and one local copy as well.
- Upgrade firewalls: Older firewalls may leave your systems more susceptible to damage caused during a natural disaster or power outage.
- Test your data recovery plan: Schedule regular checks and updates to keep the plan effective and ensure your data remains safe and secure
Primary causes of data loss

Source: HealthSpaces, Denver, Colorado
Information technology threat matrix

- Phishing
- Spam
- Keyloggers/Data Theft
- Hijackers
- Trojans
- Spyware
- Worms
- Viruses
- Blacklisting
- Hoaxes

Note: Without adequate antivirus, anti malware, etc., any low severity threat can become high likelihood/high severity

Source: HealthSpaces, Denver, Colorado
Special considerations: Preparing for threats of workplace violence

- Assess the possibility of violence
  - If the threat is abnormal, consider active security measures such as guards and metal detectors
  - If the threat is low, implement passive security measures
    - Lock internal doors with limited and controlled patient access;
    - Control vehicle access including active and passive barriers;
    - Have security cameras in public areas
    - Enhance internal, hallway, and external lighting
- Train physicians and staff to recognize and defuse aggressive behavior
- Have an active shooter and/or armed intruder plan
- Drill and exercise the plan
- Consider purchasing active shooter insurance
What to do if there is an active shooter in the vicinity

Run
• Have an escape route and plan in mind
• Leave your belongings behind
• Keep your hands visible

Hide
• Hide in an area out of the active shooter’s view
• Block entry to your hiding place and lock the doors

Fight
• As a last resort and only when your life is in imminent danger
• Attempt to incapacitate the active shooter
• Act with physical aggression and throw items at the active shooter

PHONE 911 WHEN IT IS SAFE TO CALL
How to react when law enforcement arrives

• Remain calm and follow officers’ instructions
• Immediately raise hands and spread fingers
• If armed, leave weapon behind or holster weapon before raising arms
• Keep hands visible at all times
• Avoid making quick movements toward officers such as attempting to hold on to them for safety
• Avoid pointing, screaming, and/or yelling
• Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises
• Seek professional help to cope with the long-term effects of the trauma
There have been more measles cases in the United States the first five months of 2019 than there were in all of 1992, when the last large outbreak occurred, federal health officials said on Thursday, in part because of the spread of misinformation about vaccines.

The Centers for Disease Control and Prevention said Thursday that there had been 971 known cases of measles in the United States so far this year.
Measles cases and outbreaks in 2019

From January 1 to May 31, 2019, 981 individual cases of measles have been confirmed in 26 states. This is an increase of 41 cases from the previous week. This is the greatest number of cases reported in the U.S. since 1992 and since measles was declared eliminated in 2000.

https://www.cdc.gov/measles/cases-outbreaks.html
Protecting facility, physicians, staff, and patients from contagious disease

- Include in the practice emergency plan
- Develop protocols to screen patients if there is a threat of contagious disease
- Train staff in use of standard precautions to prevent spread of contagious disease
- Have adequate supply of gloves, masks and gowns for staff and patients
- Determine how to isolate patients with a suspected contagious disease from nonessential clinic staff and other patients
Healthcare workers have significant risk from contagious disease

Infected by First Line of Defense
Hospital Staff Are Hit Hardest by Deadly Lung Disease

By Rob Stein
Washington Post Staff Writer
Sunday, April 13, 2003; Page A01

Patricia Tamlin was working the night shift at Scarborough Hospital in Toronto when she started feeling hot. She was caring for a man fighting a dangerous new pneumonia, but had been protecting herself with masks and gloves. So she swallowed a Tylenol and finished her shift. What no one knew was that another man Tamlin had nursed was also infected.

Within days, the intensive care nurse was sicker than she had ever been in her life. Her fever spiked. She began coughing. Her appetite disappeared. Then came cramps, and dizziness. Barely able to walk a few steps without collapsing or vomiting, she struggled to catch her breath. And when she did, it sounded like paper crunching.

"My lungs were being affected by the illness. They would sound just like crackles," Tamlin said. "I was so weak I just couldn't move. I would throw up going from a bed to a chair. I couldn't make it to the shower for a week. It was too much work for my body. It was scary."

Tamlin's experience exemplifies one of the most insidious aspects of the epidemic that has unfolded over the last month: Severe acute respiratory syndrome (SARS) has hit hardest at those most involved in fighting it -- hospital workers. And hospitals,
Screening patients with a high risk for contagious disease

• Train receptionists to use a script that can identify patients with a high risk of having a contagious disease or biological agent
• Validate screening by triage nurse or physician
• Direct patient to the appropriate health care services
  • Monitor symptoms and wait for a scheduled appointment
  • Come immediately to the doctor’s office
  • Go directly to a designated health care facility
  • Call 911 for the Emergency Medical Response (EMR) system.
Federal and community agencies providing emergency assistance

- The emergency preparedness system is fragmented with overlapping responsibilities at federal, state, and local government level as well as multiple private organizations having stakeholder interests
- Tip O’Neal described, “All politics are local.” The same is true for emergency assistance
Florida Disaster.org – Florida Division of Emergency Management
https://www.floridadisaster.org/
FEMA: Preparing families for disasters
https://www.ready.gov/kids
American Red Cross Disaster Services

Disaster Relief
All day, every day, wherever someone needs us
Office of Disaster Assistance

Mission Statement

The Office of Disaster Assistance’s mission is to provide low interest disaster loans to businesses of all sizes, private non-profit organizations, homeowners, and renters to repair or replace real estate, personal property, machinery & equipment, inventory and business assets that have been damaged or destroyed in a declared disaster.

About Our Office

Through its Office of Disaster Assistance (ODA), SBA is responsible for providing affordable, timely and accessible financial assistance to businesses of all sizes, private non-profit organizations, homeowners, and renters following a disaster...

Leadership

James Rivera
Associate Administrator

James Rivera was named Associate Administrator for SBA’s Office of Disaster Assistance in November 2005 after serving for several months as Acting Associate Administrator. In a typical year, his...
Many businesses are not prepared to respond to a man-made or natural disaster. Small businesses are particularly at risk because they may have all of their operations concentrated in one location that is damaged or destroyed.

Business continuity planning is vital to survival and should not be put off indefinitely as you focus on today’s challenges. It’s important to devote enough time and attention to planning for the future, even when that future may involve events that are unpleasant to think about and, hopefully, not likely to happen. IBHS offers a variety of resources to assist with this important planning process.
CMS Emergency Preparedness (EP) rule

Emergency Preparedness Rule

Quality, Safety & Oversight Group. Emergency Preparedness Regulation Guidance


On September 8, 2016 the Federal Register posted the final rule Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers. The regulation goes into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date, on November 15, 2017.

Purpose: To establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems. The following information will apply upon publication of the final rule.

- Requirements will apply to all 17 provider and supplier types.
- Each provider and supplier will have its own set of Emergency Preparedness regulations incorporated into its set of conditions or requirements for certification.
- Must be in compliance with Emergency Preparedness regulations to participate in the Medicare or Medicaid program. The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.
**FEMA risk assessment table**


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<th>(2) Hazard</th>
<th>(3) Scenario (Location, Timing, Magnitude)</th>
<th>(4) Opportunities for Prevention or Mitigation</th>
<th>(5) Probability (L, M, H)</th>
<th>Impacts with Existing Mitigation (L, M, H)</th>
<th>(6) People</th>
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ASHRM: Physician Office Risk Management Playbook
The Medical Practice Disaster Planning Workbook
American Health Lawyers Association *Emergency Preparedness, Response, And Recovery Checklist*

Learn more about CMS’ requirements for emergency planning preparedness.

MGMA recommends the following steps for practice emergency planning:

Assemble Key Contacts and Facility Information:

- Facility/personnel organization chart
- List of personnel with contact information
- Building floorplans
- Information on the location of AEDs, first aid kits or lifesaving equipment
- Detail on the facility-specific patient and staff characteristics in the event of an evacuation or other emergency
Additional MGMA Resources

• **FELLOWSHIP PAPER, Jennifer Myers MBA, CPA, CGMA, FACMPE:** Disaster Preparation Issues: Surviving Hurricane Harvey
  https://www.mgma.com/resources/operations-management/disaster-preparation-issues-surviving-hurricane

• **INSIGHT ARTICLE:** As Florence bears down on East Coast, a reminder to medical groups to be prepared for disaster
  https://www.mgma.com/resources/risk-compliance/as-florence-bears-down-on-east-coast,-a-reminder-t

• **NEWS ARTICLE - 05.23.19:** The necessity of active shooter insurance