

Summer 7-2020

Practice Preparedness for Times of Disaster

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Due to COVID-19, life has been drastically altered in a way that is unexpected for many. Therefore, it appears that in the case of a disaster, whether a pandemic or a natural disaster, there is an urgent need for medical practices to not only adapt and change their existing disaster management plans, but also have certain response management implementations in place in order to handle the complexities that are brought on by these events. This article will serve to highlight the primary response management protocols that medical practices should plan for, in order to help assure a smooth transition if a disaster takes place, so that patient care is not compromised. These changes emphasize the efficient utilization of existing employees and supplies to continue patient care.

All practices, prior to a disaster event, should ensure that a list of all employee contact information is compiled, up-to-date, and easily accessible. This information should include emails, phone numbers, home address, and have emergency contact information for family members. Additionally an adequate and well-connected phone tree should be made to include all employees. This will allow the practice to account for and communicate with all employees in a systematic fashion in times of distress.

Staff should also be properly cross-trained as the workforce can potentially be drastically reduced during these disaster events due to various reasons (such as physical/mental impairment, financial constraints, caretaking, etc.). Proactively cross training prepares staff to take on different roles, or more efficiently multitask when other co-workers are not available. Management will also need to ensure that they appropriately assign their employees responsibilities that match their capability. Staff should not only be able to perform administrative work, but also help with minor patient care needs such as triaging and rooming (Sanchez, 2007) (Buck et al., 2020). Part of this training should include staff knowing how to perform proper hand hygiene with the use of soap and water, as well as being adequately able to perform regular disinfection of any patient care areas. This is vital during a pandemic event as this is one of the most effective means in reducing transmission and keeping patients and employees safe (Cole, 2007).

Employees should also be encouraged to prepare their own individual plans, especially in the case of a pandemic. This will allow them to keep their families

safe and/or reduce exposures to family members. Special care should also be taken to monitor stress levels in employees, and having flexible and generous sick leave would be useful in reducing uncertainty and anxiety levels within staff (Cole, 2007).

COVID-19 has placed the availability and use of personal protective equipment (PPE) in center stage for the entire world. PPE is essential and especially important in the face of a pandemic or any natural disaster that impairs adequate ventilation, and helps reduce the spread of disease, especially amongst health workers. Thus, it is vital to ensure that gloves, gowns, eyewear, facial shields, and facial masks be available to all healthcare personnel, as well as any personnel coming into contact with hazardous materials within your practice (Sanchez, 2007). Availability of alcohol and alcohol-based sanitizers will be important in reducing both the current pandemic pathogen, as well other viruses and bacteria (such as MRSA especially). This is to protect staff and patients from further viral transmission or possible coinfection with another pathogen. Proper hygiene protocols will also need to be in place in order to give staff guidelines on how to properly utilize and disinfect PPE after patient care. During times of PPE shortages, guidance on how to preserve PPE supplies while simultaneously preventing the spread of any contaminant will be necessary as well (Buck et al., 2020). Many of these guidelines will be provided by national organizations such as the Center for Disease Control and Prevention, so physicians will not always have to create them during times of crisis. Employees will need to fully understand these standards and be provided regular updates on the disaster or disease in order to ensure that they follow through with these measures (Sanchez, 2007).

Disaster preparedness also requires some stockpiling of certain supplies. These supplies include water, food, antibiotics, chemical antidotes, and other medications (Cascardo, 2015). Supply chains will face strain during these times, and thus, it may be helpful for practices to maintain their own personal stockpiles of possible antibacterial/antiviral drugs, as well as possible routine medications. This will ensure optimal patient care. Although there may be a national stockpile of supplies (NSS), it is important that practices already have these supplies secured and on hand, as obtaining these from the NSS may take time (Buck et al., 2020).

As a disaster can be a life-altering event, it follows

that it will also alter the way a medical practice functions. Since staff may be limited due to safety of both the employees and the patients, unnecessary office visits should be limited. Well-visits or annual visits should be halted, and only essential care should be performed. In order to determine what is deemed essential, triaging protocols will need to be in place (Sanchez, 2007).

For pandemics specifically, triaging potentially infectious patients versus those coming in for other complaints will need to be considered carefully. Practices may need to have staff who are devoted just to those suffering from the pandemic-pathogen or suspected pandemic patients. Moreover, patient scheduling should also be taken into account, and staggering of patient arrivals to ensure social distancing protocols are maintained may be required. The clinic layout and operational logistics will need to be reviewed, and a plan will need to be implemented to reduce any unnecessary exposure to either patients or employees (Cole, 2007). Additionally, it is important that entrances be staffed with employees who perform screenings of staff and patients according to the appropriate pandemic diagnostic criteria.

Staff will need to be trained in establishing a reporting system to notify necessary health authorities and inform contact-tracing programs if needed. Coordination with testing sites should also be performed to identify and reduce viral spread. While performing all of these duties, employees in a practice must ensure that they maintain Health Insurance Portability and Accountability Act (HIPPA) compliances in all that they do. Informational Technology (IT) staff will be key in maintaining HIPPA, and will help ensure that patient data does not become lost or vulnerable to exposure in these times (Cascardo, 2015).

Logistics will need to be changed during this time. Staff that can work remotely should be allowed to do so immediately. The first to consider are employees responsible for billing, transcription, scheduling, IT support, and administrative support staff (Cole, 2007).

Other forms of remote work, such as telemedicine, should also be implemented. This can be in the form of a phone call or live video conferences. Since the main method of preventing spread is through social distancing, telemedicine has become vital to pandemic disaster management. Telemedicine has been employed internationally during other disasters such as during the Severe Acute Respiratory Syndrome (SARS) in the early 2000s, or most recently during the droughts in Australia (Smith, et al., 2020). Effectiveness of telemedicine is dependent upon a clinician's acceptance of this new and emerging method, as well as obtaining accreditation and being able to receive appropriate reimbursements for service (Smith, et al., 2020). If implemented correctly, telemedicine can be an incredibly useful form of medical care, especially for underserved populations who may have difficulties in obtaining care otherwise.

Disaster preparedness discussion would not be complete without some discussion about insurance. Based on data from statefarm.com there are a variety of medical office coverage options available. Not having the appropriate credentials to provide insurance advice, this article mainly focuses on identifying several areas for physicians to be aware of when they have more specific conversations with their respective agents. Readers are likely familiar with property, liability, equipment breakdown, employee

dishonesty, and backup of sewer and drain. However, we currently see the need to be properly insured for loss of income. Interestingly enough, most loss of income policies exclude pandemics. Basically, insurance policies do not apply when the government is going to indemnify losses even if the reimbursement is significantly less than your actual loss. Make sure and question this when reviewing your policies as it applies to pandemics, weather, etc. During weather related disasters like floods, tornados, or hurricanes, it is more important to have policies that cover utility interruption, spoilage, computer property, sign damage, and loss due to damage or loss of accounts receivable records. One challenge that may present is the ability to obtain this type of small business/medical office coverage if you are employed by a hospital. Please consider this as part of your discussion with your respective insurance representative as you navigate risk management thru your insurance provider.

Disaster management planning is vital for a medical practice in

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order to ensure the health and safety of its patients and employees. Proactively addressing the above topics will allow staff in a medical practice to mobilize quickly and establish stability in uncertain times. This will allow physicians to practice in a systematically effective manner as well as help them adapt to various complications that can arise in the event of a disaster. It is important to note that medical practices are a part of the large healthcare ecosystem within the United States and should not be isolated to one's own medical practice. It is recommended that physicians and practices consistently use guidance from trusted sources to shape protocols both prior to and during disaster occurrence.

References

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