

Emergency preparedness for cancer clinics—a necessity

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In the wake of disasters, both man-made and natural, from the horrors of 9/11 to Hurricane Katrina, the need for emergency preparedness has become all too evident. This article compiles practical advice from cancer clinics in eight states on how to respond to seriously disruptive events.

Twenty years ago, John Scully of Apple Computer, an industry leader in information technology, warned consumers that there are two kinds of computer hard drives: those that have failed and those that *will* fail. The same principle applies to clinics and emergency preparedness. There are those clinics that have been disrupted by a major storm or catastrophic event and those that will be disrupted by circumstances outside the clinics' control.

You certainly don't have to live in a coastal state or a major metropolitan area to be threatened by disaster: snow, windstorms, tornadoes, and thunderstorms around the country can lead to power failures and floods; mudslides, fires, earthquakes, and toxic waste spills can lead to emergency evacuations and a seismic shift in operations. The disruption to patients can be devastating and can last for days, weeks, and even months, as we've seen recently in Louisiana and Mississippi. Clearly, there is no more important issue to the patient than continuity of care. A comprehensive disaster plan is essential to continuing care, as well as business operations.

The steps outlined in this article will help your practice handle a major disruption.

A written plan

This is the starting point for all facilities. Begin with a written plan that:

- Outlines specific shut-down procedures—including computer backup—and evacuation routes, as well as specifies the personnel responsible for carrying out the procedures and guiding the evacuation;
- Includes:
 - contact information for staff and patients;
 - patient schedules, so that those with upcoming appointments can be re-routed;
 - emergency medical service contacts; and

- utility contact information.

This essential information should be maintained by several individuals, both on and off site.

As part of your written plan:

Establish a command center from which communications and emergency plans are directed. A conference room or protected basement room might work best. **The center should be staffed by senior management** with access to cell phones, e-mail, and/or high-quality walkie talkies if cell-phone towers are down.

Make sure that roles are clearly defined and staff is properly trained. It is absolutely critical that the entire staff be trained to perform specific tasks and roles during an emergency. For example, floor managers need to ensure patient safety and flow. During a disruption, no one should enter the facility without their whereabouts being tracked by assigned staff.

Here is how one practice, forced to leave their facility, handled the situation: As Hurricane Rita approached the Texas coast in September 2005, the city of Corpus Christi faced a mandatory evacuation. John Maxwell, administrator of Corpus Christi Cancer Center, activated a plan to ensure that patients would have essential information should their care need to continue elsewhere.

"We contacted as many patients as possible who had appointments in the next few weeks," he says, "and provided them with a copy of their latest progress notes, their treatment plan, and a script for their next chemotherapy appointment in case they

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Emergency preparedness checklist

PATTI MURPHREE has been working in law enforcement, emergency medical services, and fire control for 21 years with the National Park Service in Yellowstone Park, and in Memphis, Tennessee, a metropolitan area with a population of more than 1 million people. She wrote and implemented an emergency response and crisis management plan for Shelby County School System, one of the nation's largest. Ms. Murphree's core recommendations for emergency preparedness include:

- Create a written disaster plan now
- Address shelter and facility issues particular to the specific emergency (weather, natural disaster, toxic waste spill, terror attack, etc)
- Have an emergency kit containing six basics:
 - Water
 - Food
 - First-aid supplies
 - Clothing and bedding
 - Tools and emergency supplies
 - Special items (medications, important documents, etc)
- Have a specific ongoing plan to appropriately store water
- Know the three ways to purify water:
 - Boiling
 - Disinfection

- Distillation
- Understand rationing principles
- Have adequate food supplies on hand and know nutritional basics
- Have a plan to address utility issues (gas, electricity, water)
- Understand and implement the basics of sanitation and hygiene
- Have battery-operated backup communications (radios, walkie talkies, with plenty of batteries on hand)
- Have flashlights and batteries on hand
- Have all the first-aid essentials ready and separate from normal clinic supplies, including aspirin and nonaspirin pain relievers, bandages, scissors, tweezers, antiemetics, adhesive tape, instant-activating cold compresses, antibiotic ointment, disinfectant and cleansing solutions, burn treatment (aloe), gauze, wound closure, safety pins, splints, rubber gloves, saline, CPR masks
- Compile a list of emergency phone numbers
- Have on hand basic tools (crowbar, hand saw, work gloves, goggles, axe, shovel, hard hats, duct tape, folding ladder, etc) for rescue operations

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needed to be seen in a different city or clinic.”

For practices with electronic medical records, it's essential to have hard copy available, as well as backups—and backups to your backups. Mr. Maxwell's group has three backups sent to different locations as a precaution against the storms and other disruptions that can affect his clinic.

If your practice is disrupted by disaster, but not displaced

When you can continue seeing patients onsite with backup power and lighting, it's recommended that you establish four teams to ensure a smooth flow and minimal disruption:

Patient comfort team, to meet all

patients as they arrive at the front door of the clinic with a short and reassuring explanation about what is happening that day. Be prepared to provide ice, or blankets, if the air conditioning or heat is disrupted. Water, hand-held fans, and snacks should also be available for patient comfort.

Patient scheduling team, comprised of front desk and other schedulers. These individuals will be engaged as patients arrive in the clinic to determine whether their visit, treatment, or tests can take place that day. The team members will have to actively engage clinic staff—including nurses and physicians—to appropriately schedule patients, particularly those assigned to have treatments. It is critical that the computer scheduling sys-

tem be up and running for this operation. **That means having several days of hardcopy backups of the schedule at all times** in case electric backup power cannot keep the computer system running.

Patient care team, the normal clinic team that must exercise judgment about what treatments and visits need to be rescheduled. A pre-planned roadmap, designed by clinicians, can help them decide which care is essential and which can be rescheduled. Factors include: how far patients have to drive, availability of caregivers (can they take another day off from work?), and the general nature of the disruption.

Patient safety team, addressing physical safety within the facility. Specific tasks of the patient safety team include:

- keeping a log of patients entering the building in case of an evacuation;
- assisting any patients who use wheelchairs or walkers, for example;
- securing all stairwells and limiting access to them for essential personnel only;
- ensuring sufficient lighting of all clinical areas;
- checking elevators to make sure they are vacant and unused; and
- keeping staff and patients away from uncovered windows if a severe storm is threatening and moving them to alternative rooms if needed.

Maintaining operations

IT operations The keywords are backups and redundancies—of all critical data. Clinics are now recognizing the necessity of co-locations for all essential services. One large clinic in Louisiana used a co-location site in Florida to bring its operations back up shortly after Hurricane Katrina.

Security Many groups have special arrangements with security companies for certain times or events. But in an area-wide emergency, you may have to create an ad hoc security group. One practice had male employees and the husbands of some

When you have multiple facilities

A comprehensive plan for each location is needed, including teams that serve more than one site:

The *power team* is charged with setting up portable generators and running power cords to temporary lights and essential equipment, such as lab equipment, refrigerators, and specified computers. This team also serves as runners for gasoline (to power the generators), ice, dry ice, batteries, and other needed supplies. The power team is responsible for protecting lab reagents, medications, and research drugs; keeping phones operational; ensuring sufficient power for essential computer

operations; and scores of other issues.

The *lighting team* provides and distributes lighting throughout the facilities, from flashlights to temporary lights hooked up to the generator via extension cords to provide sufficient lighting for staff and patients in dimly lit work areas. Some facilities have hard-wired emergency lighting that is either automatically or manually activated in the event of a power outage. These lighting systems usually provide 4–12 hours of lighting, sufficient to ensure that essential needs and operations are conducted in a safe environment.

employees take turns spending the night at the clinics during an extended power outage caused by a storm. The team maintained generators and monitored the clinic to protect its assets until power was fully restored to the community.

Power Aside from having generators and batteries on hand, it's a good idea to have in place an active relationship at the highest levels with your utility company. Most utilities respond to power-outage situations based on community priorities. Unless they know about your clinic and the vital work you do, they cannot properly prioritize.

Pharmacy and lab Because many drugs and lab reagents, as well as research samples, need to be kept in a controlled cool environment, it's critical to have a multipronged backup plan for refrigeration. Add off-site refrigeration to your resources, to avoid expensive losses of inventory.

Business insurance Cancer clinics should have 90- to 180-day business interruption insurance to cover the lion's share of cash-flow needs during a disaster or disruption. Typically, groups ensure 60%–90% of their normal monthly revenues. Some clinics affected by Hurricane Katrina were protected under these arrangements.

The insurance will help your practice maintain its payroll and tax payments. Employees expect to be paid their salary and benefits, regardless of all that is swirling around them. And there are no circumstances (except a huge disaster like Katrina, where surviving was the first priority) in which these deposits should be delayed.

Looking out for each other

In the massive displacement of cancer patients during Katrina, people were largely treated in Texas, Arkansas, other parts of Louisiana, Tennessee, Mississippi, Alabama, and Florida. Practices that are not crippled should have a plan to help those that are. If you are able to help, contact your local medical society or the Community Oncology Alliance (COA). In the aftermath of Katrina, COA helped coordinate contact between practices that were affected and those that could assist, as well as municipalities, the Centers for Medicare & Medicaid Services, the White House, the Federal Emergency Management Agency, Department of Homeland Security, and various medical societies. For more information on participating in this network, contact Kelli Barron of COA, Washington, DC, at 202-756-2258.

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