

Cautionary Tales: Real-Life Accounts of Surviving the Unexpected

Amy Souza

It's simply not possible to plan for every catastrophe that might befall your practice, but a little bit of forethought goes a long way.



People in Kingston remember the flood of '72. Who could forget? Hurricane Agnes had lessened to a tropical storm by the time it hit northeastern Pennsylvania, but it still raised the Susquehanna River to such heights that nearly every house in town sustained damage. Mark Kelly, CEO of Kingston-based Eye Care Specialists, grew up there and witnessed the storm's effects.

"Water was on our first floor," he said. "We watched our neighbors' houses get picked up off their foundations and float into our yard."

No one died during the storm, but the flooding caused \$1 billion worth of damage in the greater Wilkes-Barre area, making it the country's largest natural disaster at the time (a record held for 20 years until Hurricane Andrew hit Florida).

Thanks to government-built levees, the area has since withstood numerous storms, but residents pay close attention to reports of impending rain. So in 2006 when the National Weather Service predicted river heights would exceed the levees, Kelly went on the alert. His practice's 26,000-square-foot Kingston office, with 39 exam rooms, sits about three blocks from the Susquehanna. At the time, Eye Care Specialists didn't have an extensive written plan detailing what to do in case of a flood, so Kelly and CFO Andrew Zubko were working on the fly.

"The news reports kept saying the river was rising, but since we're so close, we went down there ourselves," said Zubko. "We measured the height and stayed for about an hour to measure again. We just weren't comfortable because the water was rising too fast, so at about 10:30 that morning we decided to evacuate."

The plan? To pack up and move to safety medical equipment, computers, and thousands of hard copy

records. Staff spent the first day backing up the servers, which would stay behind on the building's small second floor, and driving to every office supply store in town to purchase shrink wrap and 1,200 moving boxes. (Kelly now calls the boxes a "mini insurance policy" should future evacuations be necessary.) Through his network of colleagues, the business's facilities manager rented four tractor-trailers to use as storage.

The next morning county officials announced a mandatory evacuation. Staff members who lived within the flood zone were busy readying their own houses, but 26 employees who lived farther out and volunteers (mostly doctors' and staff members' families) gathered at the office to help. They used dollies to move boxes and equipment onto pallets, which were then loaded by forklift into the semi-trailers. Some filing cabinets were shrink-wrapped and packed whole. Volunteers bought bottled water and sandwiches for the

crew, and everyone put in a full day's work.

In the end, they filled three and a half trucks—one just with medical records. The 18-wheelers were then driven out of the flood zone and secured until late the next day when the threat abated and town officials allowed residents to return. Thankfully, the Eye Care Specialists building did not get flooded, but Zubko estimates the company lost \$150,000 in revenue and spent about \$24,000 on equipment and staff labor costs for 1,400 man-hours (which doesn't include the time put in by volunteers). The group's Physicians and Equipment Policy did not kick in because no damage was done to the building. Still, Kelly and Zubko believe they made the right call.

"Our insurance agent said we should leave everything in the building and if it got damaged, we'd be covered," Zubko said. "But it would [have taken] months to order and set up new equipment, and the

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According to the Occupational Safety & Hazard Administration, an emergency action plan must include at a minimum:

- Procedures for reporting a fire or other emergency
- Procedures for emergency evacuation, including type of evacuation and exit route assignments
- Procedures to be followed by employees who remain to operate critical plant operations before they evacuate
- Procedures to account for all employees after evacuation
- Procedures to be followed by employees performing rescue or medical duties
- The name or job title of every employee who may be contacted by employees who need more information about the plan or an explanation of their duties under the plan.

Source: U.S. Department of Labor, www.dol.gov.

For more information on healthcare and disaster planning, visit www.healthcaredisasterplanning.org.

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amount we'd [have lost] in revenue would be much more than we'd [have received] from the insurance coverage."

Planning for the Unexpected

What would you do in the event of a disaster? Do you know?

The Occupational Safety &

Health Administration requires most U.S. businesses to have some sort of written emergency action plan (see sidebar), the main goal of which is to get your employees out of harm's way and keep them safe. When creating such a plan, it makes sense to go beyond the minimum requirements and consider the types of

emergencies your practice might face and what it would take to get your operation fully functional afterward. (See "Advice for New Administrators," page 10, for information on how to develop a contingency plan.)

Candy Simerson, president of Minnesota Eye Consultants, has put a lot of thought into such matters and it's paid off. When hail and thunderstorms hit the Minneapolis-St. Paul metropolitan area on a Friday night in August 2007, 60-MPH winds downed trees and caused widespread power outages. The next day, staff members from the practice's Bloomington location arrived to find their building had no electricity. Luckily, the practice has a natural gas backup generator to run its computer and phone systems, so staff were able to call and redirect that day's patients to another of the group's locations. Unluckily, another storm hit Sunday night, causing further destruction, and the Bloomington building was hooked to the electrical power grid that took the longest to come back online. The office went another three days without power.

"We were not able to see patients on Monday at all, but we had the fire inspector out and received clearance to do surgery using our generator power," Simerson said. "On Tuesday, we were able to do surgery and see a few clinic patients as we connected some of the exam lanes to the generator."

The rest of the building, however, remained dark—meaning no lobby lights, no elevator, and no power in the main clinic area housed on the building's second floor. Simerson estimates the practice lost \$50,000 in revenue. In addition, administrative and business operations staff housed on the upper floors were unable to work for the duration of the power outage.

Protecting Your IT Systems

Before becoming a senior applications consultant for eInformatix, Michael Lockard worked for many years as a medical administrator. He said a solid IT contingency plan can mean the difference between quickly getting your practice up and running after a disaster or spending weeks (or more) trying to recover your financial data and records. Here are Lockard's words to the wise:

Back up data and regularly verify those backups. "The old adage in IT is, the time you figure out your backup's not working is when you need it," said Lockard. "Even a small office with three or four surgeons might bill out \$10 or \$15 million per year, others many times that amount. Can you afford the chance that all of your financial data suddenly disappears one day? A backup system is just another type of insurance." Redundant servers and online backups have become more commonplace, but many offices still rely on tape backup devices. Regardless of which system you use, Lockard stressed the importance of regularly verifying your backups to make sure the data was in fact saved. Most modern tape backup devices, for instance, have built-in email alert systems that send an error message when something goes wrong. The key is to make sure someone monitors those emails. (See also "SANS — The Future of Data Storage and Backup," *Administrative Eyecare*, Winter 2010.)

Educate yourself and hire experts. Administrators must understand which IT systems are necessary for their specific practice and know whom to ask for help. "Relying on your software vendor for program-specific questions is fine," Lockard said. "But if you don't have dedicated IT staff, you're much better served having a local firm on call for hardware and server issues because if these go down you need somebody there right away." Lockard recommended seeking IT providers who are certified to support the specific hardware and software used in your practice. He also encourages ASOA members to take advantage of the listserv, where administrators post and answer inquiries of all sorts, including IT-specific questions.

Protect your investment. Lockard has seen servers placed next to an office's coffee maker (just begging to get spilled upon) or jammed into a small closet (where they could easily overheat). It's not enough to buy the proper equipment—you must also know how to care for it. For instance, standard fire suppression systems can destroy computer equipment. "Something as small as [the kind of] fire extinguisher makes a huge difference," Lockard said. "I can spend \$100 on a Haylon-based fire extinguisher and protect the \$10,000 server, or I can spend \$20 on a cheaper extinguisher and destroy the server."



Due to rising river levels, workers and volunteers had to evacuate the Eye Care Specialists' 26,000-square-foot office in Kingston, Pa., which sits three blocks from the Susquehanna River.

Without the backup generator, however, the situation would have been much worse.

"People think an event like this is a remote possibility, but I don't think so," Simerson said.

Since the 2007 storms, Minnesota Eye Consultants has built additional clinic space on the Bloomington building's first floor, the entirety of which is now tied to the backup generator along with the surgery center and keycard security system. When another storm hit last year, Simerson said the ensuing power outage was "no big deal."

Connectivity and Communication

When creating a strategy for addressing potential business shutdowns, Simerson suggested administrators think about the elements necessary to keep their practice running. She believes computer systems and connectivity are key—especially for electronic medical records and practice management systems. In fact, last year her company experienced so many issues with its internet provider that Simerson had a secondary internet connection installed to serve the main office whenever the primary connection fails.

The Eye Associates, with six locations on Florida's Gulf coast,

doesn't use EMR, but it does have a PMS system. The practice's hurricane preparedness manual details what to do when a hurricane threatens and who's in charge, and staff review the instructions during training sessions that take place three or four times each year. Whenever a storm is predicted, staff run an additional set of backup tapes and transport them offsite, as far as possible outside the hurricane's predicted path. Buildings' storm shutters are closed, and equipment and records are moved to a higher level and covered with plastic. Someone prints out a few days' worth of scheduling and patient contact information, in case appointments must be canceled.

Even the best preparation, however, cannot solve all problems. The Eye Associates' CEO, John Swencki, said one of the biggest issues during the last hurricane evacuation was communication. Telephone lines were down, and cell phone service stopped midway through the storm. Unfortunately, such infrastructure concerns are not unusual and cannot be controlled by individual businesses. A study conducted after Hurricanes Katrina and Rita found that the failure of nearly all communication systems exacerbated the chaos that occurred during and after the storms. The authors of the study

call for state and local government action, but they also suggest medical practitioners consider purchasing two-way radios, satellite phones, and/or text messaging capabilities.

In the end, it's simply not possible to plan for every catastrophe that might befall your practice, but a little bit of forethought goes a long way. Since their 2006 evacuation, Mark Kelly and the Eye Care Specialists staff have been meeting regularly to develop and perfect a detailed plan for floods and other types of disasters. He feels much more relaxed, though, knowing they have the necessary storage boxes on hand, tractor-trailers on standby, and the experience to direct an evacuation. The group is also adding a two-story surgery center to its Kingston office, and Kelly says there is great debate about what should go on the second floor away from potential flooding—medical records or the surgery center and all of its associated equipment. It's still up for discussion. **AE**



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