



Disaster Happens

by Becky DeKay, BS, MBA

Being nearby in northwest Louisiana, Shreveport was one of the sites to which the state's coastal residents relocated during last fall's hurricane season. In the days and weeks following Hurricanes Katrina and Rita, "unexpected" obstacles impeded the ability of Feist-Weiller Cancer Center at LSU Health Sciences Center to provide continuity of care for the region's displaced oncology patients. Having learned some critical lessons from hurricane season 2005, our statewide planning team, LA ONE—Louisiana Oncology Network for Emergencies—has been meeting to develop plans that better address the needs of oncology patients both before and after evacuation. LA ONE has concentrated its preparation efforts on two levels 1) hospitals in the immediate disaster area, and/or 2) hospitals caring for displaced patients. Key to our new preparedness plan: a much longer "recovery" time frame.

When power outage occurs, hospitals located in the immediate disaster area rely on emergency generator power for the most necessary services. After Katrina's flooding, this generator power proved non-existent. Lack of power meant lack of ventilation, refrigeration, sanitation, illumination—automation of any kind. Outside communication was extremely limited, and hospitals found they were minimally stocked with food and water.

Looking back, our team identified several ways to mitigate the impact of such a disaster. Katrina's most important lesson—evacuate patients *as early as possible*. Other lessons learned:

- Plan for the potential number of patients, staff, and family members that must stay at the hospital.
- Maintain as much staff as possible; in a disaster there are no "non-essential roles."

- Ensure access to essential keys, including pharmacy and central supply; electronic door releases will not work.
- Store supplies based upon potential natural disasters in *your* area. For example, if flooding is likely, know what supplies are stored in your basement, and move essential supplies to higher floors.
- Rotate your stock of emergency supplies.
- Develop a program (to print or download) that lists patients and basic demographics to assist in patient location efforts.

Hospitals in areas receiving patients displaced by Hurricanes Katrina and Rita also faced unexpected challenges. Lack of access to medical records and no system for reaching patients' attending physicians were two major barriers to continuity of care. Even though the HIPAA Privacy Rule allowed for patient information to be more easily shared among providers assisting patients receiving care during disaster relief, patient records were not accessible and communication channels did not exist.

Lessons learned for hospitals receiving relocated patients and caregivers:

- Know the HIPAA Privacy Rule allowances for times of disaster. (HHS offers a Web-based, interactive decision tool designed to assist emergency preparedness and recovery planners at www.hhs.gov/ocr/hipaa/decisiontool/.)
- Coordinate pharmacy accommodations, such as a method for refilling medications using only prescription containers
- Develop payment accommodations (i.e., waiving co-pays and insurance verification)
- Track patient information for future reimbursement through FEMA, grants, insurers, and self-pay.

If your hospital does not already have a plan for continuity of patient care during times of disaster, it should develop one. Here's how to get started.

First, print or download onto a flash drive a snapshot of the medical record for your patients or family members to put with their important documents. At a minimum, the following information should be included: cancer diagnosis/staging, the treatment regimen, operative reports and complications, allergies and reactions, and pharmacy records.

At the same time, educate your cancer patients about why your hospital is doing this and why their medical records are a valuable possession.

Finally, develop a provider network for emergencies to ensure that contact information is available to outlying providers. In addition to the provider's name, professional address, specialty, and partners, compile alternative methods of contacting physicians. For example, in addition to institutional email addresses, which could be affected by a disaster, request back-up email addresses, such as those powered by AOL, Yahoo, and Hotlink. Consider asking providers to give locations where they may head in the event of evacuation and/or relocation, including contact information for family members or friends.

Since Hurricanes Katrina and Rita, people have tolerated and continue to endure extended periods of displacement. Without Web-based electronic medical records accessible to the patient, preparedness plans must include mechanisms to provide communication and continuity of care. ■

Becky DeKay, BS, MBA, is director of Oncology Services, Feist-Weiller Cancer Center, LSU Health Sciences Center, Shreveport, La.