



Communicating in an Emergency

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What does your office need to do to prepare for an emergency? The answer to that question will depend on the structure and focus of your particular practice. Obviously, an ambulatory surgery center will have more complicated needs than a small outpatient practice. But the important thing is to ask yourself various contingency questions, such as this: How would we contact our patients if they were suddenly forced to leave town? And how would we access patient records if our office had to shut down?

That last question is an especially important one, as New Orleans physicians discovered after Hurricane Katrina, which left them with no offices to go to, and their patients scattered across various other states. One doctor, a radiation oncologist, was in Florida when the storm hit New Orleans, and since his patient records were on a Web-based service, he was able to access them from Florida. But locating his patients who were still under treatment in those first forty-eight hours was a real challenge. Since the best way to get radiation treatment is to complete a six-week course without any breaks, his patients couldn't afford an interruption from even a minor emergency. So this doctor's biggest challenge was to track down those patients and connect them to the services they needed in other locations. With landlines jammed and cellphone towers down, text messaging was the only communication method—other than satellite—that worked.

One way that you can ensure communication continuity during an emergency is by using a computer-based backup communication system. For example, if your e-mail server goes down, a backup server immediately goes into action, enabling your patients to contact the office by way of the Internet. But most practices depend on the telephone rather than e-mail. Cellphones have become the standard communication device during emergencies. The

problem is, when power goes down, cellphones aren't reliable. For example, during the Northeast power outage in August 2003, cellphone towers lost power because they didn't have enough battery backup. Only the old-fashioned landlines may be available during a power outage. If both landlines and cellphone towers go down, there is still satellite technology.

In order for an alternative system to work, your practice will need to have your patients' alternative contact information on file, including telephone, cellphone, e-mail, and another contact in a different city or town. This way, your practice will be able to use whatever infrastructure is still working during an unpredictable situation. Today you can hire Web-based services that offer emergency notification tools. These services will automatically notify your patients of cancelled appointments and advise them what to do if they have a medical emergency. They can also be asked, "Are you okay?" Such services used to be expensive, but the costs have come down dramatically and now make sense for a small, ten-person practice.

Now back to those patient records. Emergency planning may be a good stimulus to convert your office to electronic medical records, or EMRs. When Hurricane Charley hit Florida, one

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cardiologist learned that being paperless makes a huge difference. His echo equipment and nuclear lab supplies were damaged, and papers were scattered everywhere. But his electronic patient and medical charts were backed up in a remote location, so that essential information was intact. Clearly, when an emergency strikes, paper records are much more vulnerable than EMRs. Although ninety-six percent of doctors are computer savvy and use their computers at work, almost half of surveyed physicians said they don't plan to switch to EMRs. This could spell disaster if paper files aren't copied or scanned and stored in a remote location. This is even more important for smaller offices, because they are often single-site locations that don't have large IT staffs.

Planning ahead for how your staff will be able to contact your patients and access their records in a time of emergency may make the difference between life and death. Walk yourself through the possible scenarios, and decide what your practice needs to do to be prepared.

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