

Disaster Planning for Health Information (1996)

Save to myBoK

The content in this practice brief has been retired. More recent information is available [here](#).

Background

Most health information departments never experience a disaster. But should a disaster occur, a well-designed action plan will protect health information from damage, minimize disruption, ensure stability, and provide for orderly recovery. The purpose of this brief is to provide guidance in the formulation of a facility's disaster plan relative to the collection and protection of health information. Ongoing data security will be addressed in subsequent practice briefs.

Legal and Accreditation Requirements

The Joint Commission on Accreditation of Healthcare Organizations has published standards that require accredited facilities to develop a management plan that addresses emergency preparedness¹. In addition, the Joint Commission requires that facility staff be oriented to, educated about, and in possession of the knowledge and skills necessary to perform their responsibilities under the emergency preparedness plan². The Joint Commission also requires that health information be protected against loss, destruction, tampering, and unauthorized access or use³.

The Commission on Accreditation of Rehabilitation Facilities (CARF) requires organizations to have written plans and procedures to deal with fires, bomb threats, medical emergencies, natural disasters, and power failures. CARF also requires procedures for ready access to current information contained in patient records during emergency situations.

Recommendations

Collect sample health information disaster plans from peers. Contact several fire/water/storm damage restoration companies to determine the services available in your area and to obtain any instructional information they can provide. (These companies can often be located in the yellow pages under "fire/water damage restoration.") Services may include document, electronic media, and equipment restoration as well as storage. Determine to what extent the facility's insurance covers lost revenue secondary to unrestorable fee slips, dictation, or records, and whether the policy covers the costs associated with moving health information, operating elsewhere, or recovering damaged information.

Consider methodologies that might be employed to identify the information, supplies, and equipment lost.

Consider the various types of disasters that might directly impair the operation of the facility, including fire, explosion, hurricane, flood, earthquake, severe storm, and power failure. For each plausible disaster type, generate some assumptions about the particular disaster, including its potential impact on:

- Staffing and/or the ability of staff to report to work
- Paper and computerized data
- Hardware and software
- Utilities
- Equipment
- Replenishment of supplies
- The need to relocate health information to an alternative site
- The need to provide health information services from another location
- The numbers and types of interactions with patients, families, staff, and physicians
- How other departments on which health information services depend may be impacted
- Security

- The need to evacuate people
- In residential facilities, the need to contact patient guardians/families

Should one of those potential disasters occur in the community and result in an influx of patients, consider also:

- Staff disaster assignments external to the department
- The possibility that the number of victims may exceed the expectations of the facility
- The likelihood that patients may not arrive by traditional emergency vehicles to customary facility entrances
- Methods for identifying and distinguishing health information related to numerous disaster victims unable to provide demographic information
- The manual assignment of medical record and account numbers from multiple points of entry
- The need to communicate with other emergency entities (ambulance, police, other healthcare providers)
- Communication with the media
- The need to keep a certain number of staff on site around the clock and the supplies required to do so (ID badges, bottled water, flashlights and batteries, battery-operated radio, nonperishable food, air mattresses, towels)
- The discharge process for those who are treated for minor injuries at various sites throughout the facility
- Employee behavior in the face of an emergency or disaster

For each disaster type, based on those assumptions:

- Consider and list any preventative measures that could be taken to avert a particular disaster, minimize damage and disruption of services, ensure stability, or provide for orderly recovery
- List (with phone number) individuals or departments who should be contacted or notified relative to the disaster
- Consider and list any measures that could be taken to protect health information from damage
- Develop a list of containment measures and high-priority tasks to be performed during the disaster
- Develop a list of high-priority tasks to be performed in the recovery phase of the disaster

For each task, identify the individual(s) responsible.

Develop written agreements with potential disaster recovery vendors or alternative service locations as needed.

Formalize a preliminary health information disaster plan. (A sample addressing a flood occurring in a facility during operating hours is provided in [Exhibit 1](#).)

Where indicated, develop specific disaster procedures explaining the steps involved for each task.

Share the preliminary plan with the facility's safety officer and risk manager or equivalent.

Provide staff with the training and tools necessary to effectuate the plan.

Test the plan. Reevaluate and revise the plan based on the input of staff, the safety officer, and the risk manager, and on simulated disaster trials.

Include disaster training as part of staff orientation.

Measure staff competency by asking staff to describe or demonstrate their roles and responsibilities during specific disasters. Include competencies in staff performance standards. (An example of questions that could be used to measure staff competency related to a flood situation are provided in [Exhibit 2](#).)

Conduct drills at least semiannually.

Review and update the plan at least annually.

Repeat training and retest competencies at least annually. In the event records are damaged in an actual disaster, contact a fire/ water/storm damage restoration company.

If services are to be contracted, the contract should:

- Specify the method of recovery
- Specify the time that will elapse between acquisition and return of information and equipment
- Establish safeguards against breaches in confidentiality
- Indemnify the healthcare facility from loss due to unauthorized disclosure

To the extent records can not be reconstructed by the fire/water/storm damage restoration company, reconstruct by:

- Retranscribing documents from the dictation system
- Reprinting documents from the word processing and/or computer systems
- Obtaining copies from recipients of previously distributed copies, e.g., physicians' offices, hospitals, or the business office

If unable to reconstruct part or all of a patient's health information, document the date, data lost, and the event precipitating the loss in the patient's record. Authenticate the entry as per facility policy. Following the disaster, meet with staff to allow them the opportunity to:

- Evaluate departmental performance and identify opportunities for improvement
- Vent emotions and begin the grieving and healing process that may follow emotionally charged disasters

Notes

1. Joint Commission on Accreditation of Healthcare Organizations. *1996 Accreditation Manual for Hospitals, Volume 1, Standards* (Standard EC.1.6.) Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations, 1995, p. 140.
2. Joint Commission on Accreditation of Healthcare Organizations. *1996 Accreditation Manual for Hospitals, Volume 1, Standards* (Standard EC.2.1.) Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations, 1995, p. 140.
3. Joint Commission on Accreditation of Healthcare Organizations. *1996 Accreditation Manual for Hospitals, Volume 1, Standards* (Standard IM.2.3.) Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations, 1995, p. 172.

References

Commission on Accreditation of Rehabilitation Facilities. *Standards Manual and Interpretive Guidelines for Behavioral Health*. Tucson, AZ: Commission on Accreditation of Rehabilitation Facilities, 1995.

Commission on Accreditation of Rehabilitation Facilities. *Standards Manual and Interpretive Guidelines for Medical Rehabilitation*. Tucson, AZ: Commission on Accreditation of Rehabilitation Facilities, 1995.

Joint Commission on Accreditation of Healthcare Organizations. *1996 Accreditation Manual for Ambulatory Care*. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations, 1995.

Joint Commission on Accreditation of Healthcare Organizations. *1996 Accreditation Manual for Hospitals*. Oakbrook Terrace, IL; Joint Commission on Accreditation of Healthcare Organizations, 1995.

Joint Commission on Accreditation of Healthcare Organizations. *1996 Accreditation Manual for Long Term Care*. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations, 1995.

Wold, Geoffrey H. and Robert F. Shriver. *The Disaster Recovery Planning Manual*. Chicago: Probis/HFMA, 1994.

Prepared by

Gwen Hughes, ART, Professional Practice Division

Acknowledgments

Assistance from the following reviewers is gratefully acknowledged:

Jo Arnold, RRA
Mary Brandt, MBA, RRA, CHE
Nancy A. Davis, MS, RRA
Sue Kirk, ART
Terri McDaniel, ART
Harry Rhodes, MBA, RRA
Doreen Swadley, MA, RRA
Lisa Witt, ART

Issued: April 1996

Exhibit 1

Company XYZ Large Ambulatory Clinic Health Information Disaster Plan

Sample Outline for Flood within Facility during Operating Hours

Assumptions

- During work hours
- No need to evacuate
- Emergency power available
- Flood restricted to basement in which HIM department located
- Clinic operational

Preventive Measures

- Retain dictation on disk for three months
- Back up computerized files every evening
- Turn off and unplug electrical equipment when contact with water is imminent
- Seal room(s) to contain waters or employ strategies to protect information and equipment from water falling from above as appropriate

High-Priority Tasks During Emergency/Containment Measures

- Obtain portable phone
- Notify other departments of situation and emergency protocols
- Move records/equipment/storage media away from area being flooded. Organize health information logically and label clearly for continued access
- Respond to requests for records via portable phone rather than computer
- Continue to provide patient charts as requested by units

High-Priority Disaster Recovery Tasks

- Contact fire, water, storm damage restoration company. Contract for services as needed
- Reconstruct/reacquire documents from

- A. dictation system
- B. word processing system
- C. computer system
- D. holders of document copies

- Move records and equipment back to home location
- Catch up on filing
- Document data which cannot be recovered in patient record
- Meet with staff to identify opportunities for improvement

Repeat process for other plausible disasters and hours when the department is not staffed.

Exhibit 2

Company XYZ Large Ambulatory Clinic Health Information Disaster Plan Staff Competency Check List

1. Staff member demonstrates familiarity with the disaster manual by quickly locating various disaster protocols and emergency phone numbers. _____
2. Staff member can articulate methods of protecting health information and equipment from rising and falling water. _____
3. Staff member accurately demonstrates retrieval and use of portable phone. _____
4. Staff member correctly identifies those individuals who must be notified in case of disaster. _____
5. Staff member accurately verbalizes transportation and storage options for relocating equipment and health information. _____
6. Staff member accurately verbalizes the emergency protocols to be communicated to units. _____
7. Staff member accurately identifies responsibilities in case of disaster. _____

Add additional criteria as indicated for other plausible disasters.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.