Disaster Planning for Health Information (2003 Update)

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Editor's note: The following information replaces information contained in the May 2000 "Disaster Planning for Health Information" Practice Brief.

Background

Most health information departments never experience a disaster. Should one strike, however, 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.

Legal and Accreditation Requirements

The Health Insurance Portability and Accountability Act (HIPAA) requires health plans, healthcare clearinghouses, and healthcare providers that maintain or transmit health information electronically to provide reasonable and appropriate administrative, technical, and physical safeguards to ensure the integrity and confidentiality of and protect the information against any reasonably anticipated threats or hazards to its security, integrity, unauthorized use, and disclosure.[1,2]

The Joint Commission on Accreditation of Healthcare Organizations has published standards that require accredited facilities to develop a management plan that addresses emergency preparedness.[3] 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 plan.[4] Finally, the Joint Commission requires that health information be protected against loss, destruction, tampering, and unauthorized access or use.[5]

The Accreditation Association for Ambulatory Health Care requires organizations to have a comprehensive emergency plan that addresses internal and external emergencies and the necessary personnel, equipment, procedures, and training to carry out the plan.[6]

Recommendations

Research

- Perform a literature search on disasters and disaster planning relative to medical records or health information. Search AHIMA's FORE Library: HIM Body of Knowledge at www.ahima.org as well as other Web sites. Check the Internet to see if other health organizations have posted disaster plans on their Web sites. Collect sample health information disaster plans from peers
- Talk to colleagues who have experienced the types of disasters your facility could expect
- Contact several fire/water/storm damage restoration companies to determine the services available in your area and obtain any instructional information they can provide. Services may include document, electronic media, and equipment restoration as well as storage. These companies can often be located in the local telephone directory yellow pages under "fire/water damage restoration" or in the *Disaster Recovery Yellow Pages*.[7] Many of these companies provide nationwide service even if there is no local office listed
- Determine to what extent the facility's insurance covers the costs associated with moving health information, operating elsewhere, recovering damaged information, or lost revenue secondary to the inability to restore information. In addition,

determine whether your insurer offers consultations and advice on disaster planning. Many insurers provide this at little or no cost to their clients

Drafting the Plan

- List the various types of disasters that might directly impair the operation of the facility, such as fire, explosion, tornado, hurricane, flood, earthquake, severe storm, bioterrorism, or extended power failure (see "Sample Disaster Plan Development Checklist").
- List your department's core processes. For example, at a large hospital, the core processes might be maintenance of a correct master patient index (MPI), assembly, deficiency analysis, coding, abstracting, release of information, transcribing dictation, chart tracking, locating and routing, and generating birth certificates.

For each plausible disaster and core process, generate a contingency plan (see "Sample Contingency Plan"). The document might include:

- facility name
- department name
- contingency plan originator
- date
- the major function being addressed, such as chart tracking, location, and routing
- the disaster being considered, such as a hurricane
- assumptions about the disaster, such as how the disaster will affect utilities; staffing and the ability of staff to report to work; security of health information and the facility itself; hardware, software, and back-up plans; equipment and supplies; other departments; and patients presenting to the facility for treatment
- description of the existing process used for the major function being addressed
- an if/then scenario stating what will happen if a specific function cannot be performed
- interdependencies, such as which processes depend on the provision of certain information or services
- solutions and alternatives, including steps that can be taken to minimize damage or disruption before the disaster, ensure stability, or provide for orderly recovery
- the limitations and benefits of each solution or alternative
- activities that will need to be performed before the disaster in order to make this alternative possible, such as equipment acquisition, implementation of back-up systems, and development of disaster-related forms, materials, procedures, and staff training
- the position titles of the individuals responsible for performing these activities
- a list of individuals and departments (with phone numbers) to be contacted or notified relative to the disaster and implementation of this particular contingency plan

Implementing the Plan

- Perform the preparatory activities listed in each of the contingency plans.
- Share the preliminary plans with the facility's information technology staff, safety officer, and risk manager.
- Develop written agreements with potential disaster recovery vendors or alternative service providers and locations as needed.
- Provide staff with the training and tools necessary to implement the plan (see "Sample Staff Competency List").
- Test the plan.
- Reevaluate and revise the plan and corresponding procedures 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.
- Establish a plan for:
    - conducting drills
    - reviewing and updating the plan

- staff training and review

Restoring Damaged Records

In the event equipment or records are damaged in an actual disaster, contact a fire/water/storm damage restoration company. Also consider electronic data recovery companies. If services are contracted, the contract must provide that the business partner will:

- specify the method of recovery
- not use or further disclose the information other than as permitted or required by the contract
- use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the contract
- report to the contracting organization any inappropriate use or disclosure of the information of which it becomes aware
- ensure that any subcontractors or agents with access to the information agree to the same restrictions and conditions
- indemnify the healthcare facility from loss due to unauthorized disclosure
- upon termination of the contract, return or destroy all health information received from the contracting organization and retain no copies
- specify the time that will elapse between acquisition and return of information and equipment
- authorize the contracting entity to terminate the contract if the business partner violates any material term of the contract

To the extent records cannot be reconstructed by the electronic data recovery or damage restoration company, reconstruct the information by:

- reprinting or uploading documents from any undamaged databases, such as admission, transcription, laboratory, and radiology databases or data back-up services
- re-transcribing documents from the dictation system
- obtaining copies from recipients of previously distributed copies, such as physicians' offices, other healthcare facilities, or the business office

If unable to reconstruct part or all of a patient's health information, document the date, the information lost, and the event precipitating the loss in the patient's record (see "Sample Notice of Lost/Destroyed/Incomplete Patient Information"). A log of lost or destroyed records is also acceptable. When appropriate, document what and how information was reconstructed. Authenticate the entry as per facility policy. When information that would have normally included the missing portion is disclosed, include a copy of the entry documenting the loss of that information. Create and retain a record of the disaster event and a list of patient records affected, with recovery efforts, successes, and failures. This will allow for easy retrieval of general information regarding the past event should any legal or accreditation issues arise.

Post Disaster

Following the disaster, meet with staff and allow them the opportunity to:

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

Notes

1. Public Law 104-191, Title II, Subtitle F, Section 262, Part C, Section 1172.
2. Public Law 104-191, Title II, Subtitle F, Section 262, Part C, Section 1173.
3. Joint Commission on Accreditation of Healthcare Organizations. "Standard EC.1." *2003 Comprehensive Accreditation Manuals for Hospitals, Long Term Care, and Ambulatory Care Facilities*. Oakbrook Terrace, IL: Joint Commission, 2003.
4. Joint Commission on Accreditation of Healthcare Organizations. "Standard EC.2.1." *2003 Comprehensive Accreditation Manuals for Hospitals, Long Term Care, and Ambulatory Care Facilities*. Oakbrook Terrace, IL: Joint Commission, 2003.

5. Joint Commission on Accreditation of Healthcare Organizations. "Standard IM.2.3." *2003 Comprehensive Accreditation Manual for Hospitals, Long Term Care, and Ambulatory Care Facilities*. Oakbrook Terrace, IL: Joint Commission, 2003, p. IM-4.
6. Accreditation Association for Ambulatory Health Care. *Accreditation Handbook for Ambulatory Care*. Wilmette, IL: American Association for Ambulatory Health Care, 2003, p. 37
7. Lewis, Steven. *Disaster Recovery Yellow Pages*, 12th ed. Newton, MA: The Systems Audit Group, Inc., 2003.

Sample Disaster Plan Development Checklist

Major Function	Extended Power Outage	Fire	Flood	Hurricane	Explosion
1. MPI					
2. Assembly					
3. Deficiency analysis					
4. Coding					
5. Abstracting					
6. Release of information					
7. Transcription of dictation					
8. Chart tracking/ location/ provision					
9. Birth certificates					

For each plausible disaster and major function, develop a contingency plan. As plans are completed, place a check mark in the corresponding box.

Sample Contingency Plan

1. Facility name:

2. Department name:

3. Plan originator:

4. Date:

5. Major function: Maintenance of an accurate MPI

6. Disaster: Extended power outage

7. Assumptions: An ice storm has resulted in an extended power outage. The majority of the staff are able to report to work.

8. Existing process detail: The MPI contains the patient's name and medical record number. When a patient is admitted, the registration staff accesses the MPI to determine if the patient already has a medical record number or whether a new number must be generated. HIM staff also accesses the MPI when they need a medical record number to pull medical records for a current hospitalization, to accompany a bill for payment, for continuing care, for quality monitoring or legal action, and to number documents for placement in the paper record. The MPI is generated by entries made by patient registration staff into the admission/discharge tracking system. The accuracy of the numbers assigned is verified by HIM.

9. If/then scenarios: If patient registration staff does not have access to the MPI when admitting a patient, the following might result:

o the registration system or registrars will assign new numbers, creating duplicates that may cost $20 per set to correct
o the registrars will issue no numbers and patient health information will have to be matched to patients using account numbers, admission or discharge dates, or birth dates. Medical record numbers will have to be assigned and entered into the database at a later date

If HIM staff members do not have access to an MPI, records cannot be pulled for any reason or provided to anyone.

10. Interdependencies: Registration staff, patient care areas, transcription, billing, and external customers including the patient, third-party payers, attorneys, and accreditation and standards organizations have a need for the patient medical records and therefore need a functional MPI.

11. Solutions/alternatives:

Potential Solutions/Alternatives	Limitations	Benefits
Auxiliary power will be used to access an electronic copy of the MPI on disk	• won't work without auxiliary power • cumbersome • generation of some duplicate medical record numbers likely • human resources to correct duplicate numbers are costly	• admitting staff are accustomed to this process • fewer duplicates than with no back-up system • less cumbersome than a totally manual system
Staff will have to depend on a paper MPI	• printouts will be cumbersome • printouts will probably be located in HIM • generation of duplicate or no numbers likely • human resources to use manual system and correct duplicate numbers are costly	• provides a mechanism to look up a patient's number and pull a chart when critical

12. Tasks to be performed for selected alternatives (before, during, and after disaster)

Activity	Responsibility
Verify availability of MPI on disk	Associate director, HIM
Implement processes where disk is updated daily	Associate director, HIM
Develop contingency plan procedures and training materials	Associate director, HIM
Train patient registration and HIM staff to use contingency plan	Associate director, HIM

Post disaster and implementation contingency plan, check accuracy of record numbers assigned during disaster and correct as needed	HIM data quality coordinator
OR	
Schedule production and delivery of paper MPI on a routine basis	Associate director, HIM
Create contingency procedures and training materials for manual system	Associate director, HIM
Train patient registration and HIM staff	Associate director, HIM
Post disaster and implementation contingency plan, check accuracy of record numbers assigned during disaster and correct as needed	HIM data quality coordinator
Implementation notification schedule	
Contact	Phone number
HIM director	
HIM associate director	
HIM coordinators	
Admitting director	

Sample Staff Competency List

Facility Name
Health Information Disaster Plan
Staff Competency Checklist

Staff member name:_____
Date:_____

	Yes	No
1. Staff member demonstrates familiarity with the disaster manual by quickly locating various disaster protocols and emergency phone numbers		
2. For each plausible disaster type, staff member accurately verbalizes contingency plan		
3. For each plausible disaster type, staff member accurately verbalizes or demonstrates own responsibilities		
4. Staff member can articulate methods of protecting people, health information, and equipment from damage		
5. Staff member accurately verbalizes transportation and storage options for relocating equipment and health information		

Sample Notice of Lost/Destroyed/Incomplete Patient Information

Patient name:_____

Patient medical record number:_____

Date:_____

What information was lost/destroyed?

(Specify type of information and inclusive dates)_____

When was the information lost/destroyed?

_____

How was the information lost/destroyed?

_____

What information was reconstructed and how?

_____

Signature of HIM director :

_____

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