

Hope for the best and prepare for the worst: When disaster strikes, health IT is there to help

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Whether it's wildfires in California, a hurricane in a coastal area, a tornado in the Midwest, a major power outage or even an act of terrorism, any interruption in healthcare services and supplies could mean an additional disaster for people who rely on them. We asked several health IT leaders how health IT can help in these situations, and here are the insights and advice they shared:

Harry Soza, President and CEO of CAREMINDr: After catastrophic events, cellular communication is typically

What do you anticipate you'll need 3 and 6 months from now?*

Enhanced features for virtual visits

Support for more remote patient monitoring

Infrastructure for remote work and team collaboration

More robotics and virtual communication capabilities from within the hospital

Better population health analytics to detect and deploy resources in the future

More advanced clinical data and analytics

Other

Email*

one of the first services to be restored. This service availability presents numerous opportunities for providers, health plans and public health officials to intervene using health IT. For example, mobile-enabled remote patient monitoring (mRPM) can be leveraged to check in on people who may not need emergency medical assistance, but who may have risk factors that will need to be addressed sooner rather than later.

If city or county public health officials give community members access to an mRPM app proactively or after a disaster strikes, they could query residents about clinical risk factors and the weather's impact on access to needed medical care or supplies, such as medication or durable medical equipment. Questionnaires delivered to smartphones or other mobile devices could also inquire about social determinants of health such as food and water access, living conditions, hygiene and other daily living necessities that may require a prompt intervention.

Through an mRPM platform, officials would be able to automatically analyze and triage survey responses and be alerted to the most urgent ones so they can funnel resources to the most vulnerable populations. Similar to [Facebook's Crisis Response](#) feature during a local emergency situation, public health officials would be able to efficiently and rapidly identify which residents or neighborhoods are mostly safe versus those that require intervention.

Of course, providers and payers who are already using mRPM technology to monitor patients in between face-to-face appointments also could push out questions and requests for information specific to the disaster situation so they would know if an intervention is needed to prevent a decline in a patient's condition or a major issue such as a hospital admission or readmission. Considering the near-ubiquitous adoption of smartphones, an mRPM application for catastrophic weather events would be rapidly and widely adopted among residents and a valuable tool not only for healthcare providers and health plans, but also for public health officials.

Rob Barras, VP of Health Solutions at CTG: The best way to prepare is to make sure you've distributed systems and support across multiple geographies. Disasters can happen anywhere. If your systems and support infrastructure is located centrally, you are more at risk. Decentralizing systems is easy. Cloud providers can help mitigate that risk. Decentralized support staff

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can be trickier. One approach is to engage with a vendor for decentralized application support, which can be located anywhere in the country. So, providing support during a local disaster is easy because the decentralized support team will be unaffected by the disaster. For example, during Superstorm Sandy, a Long Island-based client that took this approach had uninterrupted support at a time when their local staff were unavailable.

Joel E. Barthelemy. Founder and CEO of GlobalMed:

During a natural disaster, hospitals often need to engage the help of medical providers who can't physically get to the disaster zone. To communicate remotely with a healthcare provider, a virtual care system may use video, voice and/or data—and sometimes all three, often in real time. These communications are dependent on Internet cable, DSL connection or a cellular or satellite network.

But what happens when a connection goes down during a virtual encounter? It's important to consider that possibility and to invest in telehealth equipment designed to hold and encrypt the data on the local station using the same store-and-forward system developed for the U.S. Department of Veterans Affairs (VA) and ocean-based oil rigs. As soon as connectivity is restored, the stored information is automatically uploaded and synched with the receiving system so that remote specialists can provide synchronous care to the patient.

For example, during Hurricane Maria, U.S. Army mobile medics and nurses from Brooke Army Medical Center's (BAMC) Virtual Medical Center and Dwight D. Eisenhower Army Medical Center flew to Puerto Rico and set up camp in Humacao. The medical team was able to see more than 150 patients a day using telehealth to provide on-demand, synchronous critical care and specialty virtual health encounters. Having the type of telemedicine equipment described previously enabled the team to receive remote medical support from providers at U.S. Army and Naval Medical Centers.

Scott McFarland. President of HealthBI: Whether healthcare is delivered in the East, West, South or North, technology must be disaster-proof. That especially applies to care coordination technology. At a minimum, such technology should be able to stream real-time, point-of-care insights, and quickly contact and connect patients with community resources such as housing, transportation and food partners.

James Foster. Director of Marketing at Vivify Health:

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Dealing with natural disasters in healthcare can be very difficult because you are concerned with both your patients' safety and your own safety. Telemedicine truly shines during these emergency times. Most telemedicine kits, tablets and other devices operate on cell service and wi-fi. Emergency personnel work to first restore power and communication to hospitals and evacuation centers, which allows healthcare providers to maintain touch points with their patients and provide care that they might not have been able to do otherwise.

For care coordinators and healthcare providers who pull emergency operations duty or for those who will return to duty immediately after a disaster, there are some best practices and tips that can help. For example, prior to disaster events such as an oncoming hurricane, first contact those patients you are actively monitoring or communicating with on any schedule. Talk with them about power outages and evacuation protocols. Most tablets for telemedicine have a 10- to 12-hour charge, but in circumstances where the outage can be several days or even longer, encourage your patients or their caregiver to only power up their tablets and other devices when they need to take their vitals and then power them back down. Remind patients they may be able to charge their devices by using a car charger if necessary.

If patients need to evacuate, encourage them to pack up their mobile devices and healthcare apps and biometric monitoring equipment to take with them. Even if there is no cell or wi-fi coverage, they are still able to log their vitals and, as soon as there is connectivity, biometric data from Bluetooth devices will upload.

The last item to consider, and that many forget about, is dealing with the wolves. Wolves prey on the weak, especially during the vulnerability and stress of undergoing emergency disasters. Because of this, it's important healthcare providers and care coordinators become sheepdogs of patient data, safeguarding it during natural disasters. Be wary of hackers and social engineers who look for major events to acquire patient data for nefarious purposes. This could include a person getting physical access to an area not normally available or taking advantage of care providers working in locations they normally would not during emergency operations.

If you print out any patient records in anticipation of a disaster, make sure after power is restored that you

properly shred any documents that have protected health information (PHI) on them and follow your facility's best practices of disposal.

Brent Lang, President and CEO of Vocera: Over the years, healthcare providers have shared stories about their emergency protocols and how clinical communication and collaboration solutions have played a critical role in mobilizing command centers, managing evacuation plans, and safely moving or caring for patients. For example, Driscoll Children's Hospital in Corpus Christi, Texas, used hands-free communication badges for emergency communications before and during Hurricane Harvey in 2017. The hospital leveraged the its wi-fi network when cellular service was unreliable. The hands-free devices enabled executives and security personnel, in addition to care team members, to communicate from a command center.

At Covia, a group of nonprofit senior-living communities in and around the San Francisco Bay area, the emergency was the fires in Napa and Sonoma counties. Some of the staff at Spring Lake Village, one of the facilities, couldn't get to the campus because of the way the fires were moving and spreading. The cell service on campus was limited, but they communicated with on-duty staff via wi-fi and hands-free badges. They used this technology to successfully coordinate the evacuation plan with staff and residents at the community.

We think you might be interested in this webinar: [Understanding the hidden impact of utilization review on hospitals](#) which will take place on **Wednesday, July 29th, 2020 at 11:00 AM CST**

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