



# Disaster Strikes—What's the Plan for Your Urgent Care Center?

**Urgent message:** Urgent care centers exist to help people who need to see a healthcare professional today. When that need coincides with a natural or manmade disaster, every location must have a plan of action to ensure any downtime is minimal, staff needs are met, and the business is able to survive.

## Introduction

No region of the country—for that matter, no state, town, neighborhood, or block—is immune from disabling disasters. Hurricanes, tornadoes, flooding, forest fires, earthquakes, even lightning strikes don't care whether yours is a single location owned by the physician on duty, part of a hospital system, or the flagship of a national chain. Urgent care centers face the same risks as any other structure, while at the same time existing for the purpose of helping area residents who need medical care right away.

The challenge is, how do you ensure you're prepared not only to protect your business, but to ensure your staff's personal and professional needs are met and that your patients have somewhere to turn no matter what else is going on in the world?

We asked a handful of true leaders in our industry just that. Here's what they had to say.

### Do you have an operational disaster plan specific to your urgent care clinic in place? If so, how often is the plan reviewed and updated?

**PAYMAN ARABZADEH, MD:** Davam Urgent Care does have an operational disaster plan in place, and it's reviewed and updated at least biannually. It takes into account multiple forms of potential disasters. We have every new hire read it prior to coming on board. However, we also communicate with the staff throughout the year to keep everyone educated and up to date on procedures necessary in times of potential disasters.

**PETER LAMELAS, MD:** We have a well-developed and time-tested plan that addresses each location, oper-



ations, corporate, staffing, etc. We review it yearly, before the start of every hurricane season in Florida. We also always all sit down at the end of every hurricane season, or after any actual disaster, to do a postevent analysis. We review what happened, our performance, and any immediate improvements that might be needed going forward. We learn something new from every hurricane.

**STEVE SELLARS, MBA** Many of our urgent care centers are also located in areas vulnerable to hurricanes, so

Dr. Arabzadeh, Mr. Ayers and Mr. Bevis reported no relevant financial relationships with any commercial interests. Dr. Lamelas receives salary from MD Now Urgent Care, and the CME Program has determined there is no conflict of interest. Mr. Sellars receives salary and has ownership interest in Premier Health, and the CME Program has determined there is no conflict of interest.

## Panelists



**Payman Arabzadeh, MD** is the founder and owner of Davam Urgent Care in Magnolia, TX.



**Alan A. Ayers, MBA, MAcc** is vice president of Strategic Initiatives for Practice Velocity, LLC and is practice management editor of *JUCM*.



**Stan Bevis, PA** is the founder of Fast Pace.



**Peter Lamelas, MD** is founder and CEO of MD Now.



**Steve Sellars, MBA** is chief executive officer of Premier Health.

our centers—our entire business—could lose a great deal if we didn't have the right disaster plan in place. Besides direct damage in areas where low elevations and local waterways invite flooding, we need to be prepared for other consequences including power outages, infrastructure and property damage, mold, and contaminated water supply. Not many businesses can withstand being put on hold for very long, so our disaster plan is reviewed at least annually, sometimes more often depending on the need.

**ALAN AYERS, MBA, MAcc:** We consult with independent, network, and hospital-affiliated urgent care centers across the country. The disaster risks, needs, and mitigation strategies vary significantly by region of the country. In California, it may be earthquakes and wild fires, hurricanes along the East and Gulf coasts, and blizzards or tornadoes in the Midwest. We advise every urgent care to have a disaster and business continuity plan in place that's appropriate for the risks in their operating area. All new staff members should be oriented on the plan, annual training should occur on the plan (just prior to the season of highest risk), and the plan should be reviewed by leadership at least annually for relevance and

detail. It's also a good idea to engage in disaster simulations—to actually walk through everyone's role and the steps to be followed.

**Who do you communicate with on a governmental level regarding curfews, civil disaster plans (eg, a formal state of emergency), and your ability to open your urgent care clinic?**

**STAN BEVIS, PA:** The director of the county Emergency Management System is our point of contact in local government before and during disasters.

**ARABZADEH:** Constant communication with local government is key to making sure our community knows whether we are available to help in a disaster situation. They usually can get out information faster and to a broader audience than we might be able to. When Hurricane Harvey hit Houston, about an hour away, we were in touch with our local fire department to let them know whether we were open or closed. The more people know their options for securing medical needs, the better off the community will be.

**LAMELAS:** We do not have ongoing, direct communication unless the health department, local municipalities, fire rescue, and police departments reach out to us. Having weathered a few hurricanes since opening here in south Florida in 2005, they all know we stay open as long as safely possible, and then try to reopen locations that are safe and have electricity or a generator as soon as possible. We do, however, keep an up-to-the-minute list of all our open sites and times on our webpage. Social media and radio are ideal for keeping the public informed.

**SELLARS:** One challenge is that phone systems, the internet, and cell phones may fail or be unreliable during a disaster. Trusted relationships are important to surviving a disaster situation; those may include our hospital partners caring for our patients should our centers be closed; local, county, and state government offices that have certain expertise and resources available in relieving disaster-related problems beyond our capabilities; and local media and social media outlets to provide updates to the community on operating hours and status. We also communicate with our vendors and other business partners as needed, and law enforcement agencies if necessary.

**AYERS:** Emergency medical services, hospital emergency rooms, and primary care providers should be aware of the urgent care center's availability in case of a natural disaster. Developing local relationships and keeping others apprised of the urgent care's operating status can

result in referrals to urgent care when physician offices are unavailable, and knowing that ambulatory, nonemergent patients can walk in to urgent care can open capacity for first responders and hospital EDs to focus on more acute needs in the community. Because urgent care benefits from patient referrals, it's always a good idea to develop relationships with community providers, regardless of whether there's a disaster.

#### How do you decide who to schedule if you do stay open?

**SELLARS:** Our chief operating officer serves as the Incident Commander during any disaster situation and works with the owners, partners, and other members of the administrative team to initiate and coordinate all aspects of the Emergency Preparedness Plan.

**BEVIS:** First we decide if it is safe for patients and our staff to be open. From there, our regional directors work with staff to determine who is able to cover shifts.

**ARABZEDAH:** Yes, in the event of a disaster, scheduling is based on who is available to come in, depending on the severity of the disaster. Those who have not been affected, and can safely come to work, come help if possible. We have an in-house communication program that we used to keep in constant communication with the staff during normal working hours, as well as in disaster situations. The leadership team continually monitors and discusses implementation of these plans on a disaster-by-disaster basis.

**LAMELAS:** We are not open during the hurricane, and we try to close 24-36 hours before the event, depending on the storm, since the track is not as well established until then. I make that final call with input from my executive team and weather reports. As a physician, I always want the patients to come first, without risking the safety of our staff, and like to say, "We are here for our patients and because of our patients."

#### Who can (or should) be on call if needed?

**LAMELAS:** From an urgent care operations perspective, that is the single most difficult part of dealing with any hurricane here in south Florida. School and daycare closings that force parents to stay home, people being evacuated from their homes or having difficulty traveling because of downed trees or power lines, as well as big and

*"When a car crashed into our lobby, our priority was to ensure the safety and health of our patients and staff."*

*- Stan Bevis*

small things you would have never thought of, affect staffing. We try to determine which staff live in an evacuation zone, then create a list of staff and providers willing to take calls and be available. Lots of people step up during these difficult times and perform above and beyond what is expected. Others do not. It is always good to hope for the best, but be prepared by staffing

extra employees, calling them in advance of their shifts, and having on-call staff and back-up plans. The most important thing is to communicate clear and concise messaging with staff before and after the hurricane.

**SELLARS:** While no staff members are expected to take any action that may endanger his/her life, all clinical staff members are considered essential and are expected to report to work to provide medical care to the community. Disaster on-call teams are established to provide additional coverage at high-volume clinics.

#### What if staff members have been affected directly by the disaster?

**SELLARS:** Adequate staffing is critical to meet increased healthcare demands during and after a disaster. However, staff may become both victims *and* responders when a disaster occurs. When this happens, staff member availability may be impacted for the first several days following a disaster. At Premier Health, we make every effort to assist staff members with their own personal disaster planning by incorporating preparedness efforts into our overall communications.

**LAMELAS:** We try to be supportive of our staff and keep open lines of communication, emails, group text, phone contact, radios, etc. on an ongoing basis. If employees have been personally affected, we try and shift them around between open sites so they can keep their hours/pay, give bonuses and extra personal time for outstanding performance, and even have been very charitable to them in times of need.

**AYERS:** Larger urgent care providers often have an employee assistance fund, to which employees can apply for support when facing individual hardship. Employees can donate to help their peers and there's a review process to determine which requests are funded. Smaller operators will provide direct contributions, paycheck advances, or collections among employees. Also, it's very common for employees to be able to donate

their unused paid time off to colleagues in need.

**And what's the procedure for letting staff and patients know when your location has been affected—by physical damage or power outages, for example? Do you refer patients elsewhere on your website or building signage?**

**ARABZADEH:** We use our social media network (Facebook, Google Plus, Instagram, website, etc.) to get information directly to our patients. We do our best to find out which alternate locations, whether it be hospitals, emergency rooms, or other urgent cares, are open and to pass the information along to our patients until we can get our location back up and running.

**BEVIS:** In 2017 we had an automobile crash into our front lobby. Our immediate priority was to ensure the safety and health of our patients and staff. Fortunately, nobody was seriously hurt. We did, however, have to immediately close the clinic. We called 911, and local fire and police departments arrived quickly to secure the area. We announced on signage, social media, and phone messages that we would close temporarily. Patients were referred to neighboring clinics.

**LAMELAS:** MD Now locations have been affected in different ways over the years—loss of power, window and building damage, floods, etc., so we have had single and multisite closures. In addition to our website, social media, and front-door signage, we use our office phone outgoing message to refer patients to our open sites or the ED. We email our corporate accounts and call patients proactively to reschedule appointments. After the storm, we do status call three to five times a day between management teams and corporate, and also group texts. It's helpful to have a few different methods of communication available.

**SELLARS:** We utilize an Emergency Notification Call Tree to communicate with staff members. It's distributed to all staff and posted at all worksite locations. Communication may be in the form of text, phone, email, social media, or through a dedicated emergency message phone line with recorded message updates. The Incident Commander coordinates messages with senior managers, regional administrators, and other associates that may include hospital command centers, media, insurance carriers, utility services, law enforcement, and others. If necessary, patients may be referred to affiliated

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*- Peter Lamelas*

entities through press releases, on websites, social media channels, LED signs, and temporary signs. In short, it's important to have a plan to communicate before, during, and after a disaster through alternate channels, if necessary.

**What have you learned from prior natural disasters that would be relevant to operating your urgent care clinic?**

**SELLARS:** We've experienced catastrophic flooding, civil unrest, and three hurricanes in markets where we operate urgent care centers in the past year. All of these situations required the activation of our Emergency Preparedness Plan. The most important lesson we've learned is to have a well-developed disaster plan in place, and to clearly and emphatically communicate that plan to all staff members *before* a disaster occurs. Advance planning is critical to ensure the plan is implemented and executed effectively. That said, what may look good on paper doesn't always apply in a real-life situation, so it's extremely important to spend time not just preparing but to regroup after the disaster to make necessary adjustments.

**ARABZADEH:** We have had the luxury of having “only” one major disaster in our tenure here, but it was a horrible hurricane that resulted in catastrophic flooding. From that we have learned to always expect the unexpected. There was no way anyone could have prepared for the amount of damage and destruction that occurred. Our biggest takeaway was the fact that constant communication with your staff and outside emergency services will ensure the quickest and safest possible road to recovery.

**LAMELAS:** Four very important lessons: 1) Frequent communication is the single most important factor. 2) Planning, preparing, and training far in advance of any storm or event is essential, as is reviewing the disaster plan annually. 3) Selecting a responsible and available executive team and managers/supervisors, with a clear chain of command is a requirement. 4) Order extra medications—both in-house meds and dispensed prescription meds—plus certain vaccines, such as tetanus, and address proper storage issues. Other essential medical supplies, water, and even toilet paper have to be stocked, as well, upon increased probability of hurricane impact by weather models.

Not all valuable lessons come from within urgent care, by the way. I actually am very impressed and would like

to model our clinics to perform as well as the most time-tested hurricane-impacted business in south Florida: believe it or not, Publix Supermarkets. They have weathered these storms for over 87 years, and they're among the last to close and first to reopen. As urgent care operators, we need to think outside the box (or typical healthcare) and consider all industry "best practices."

**AYERS:** You have to balance what's right for the employees, patients, and what's needed in the community. One client decided to keep its centers open during a blizzard (an unusual occurrence in their temperate climate), notifying its primary care and hospital ED partners that the urgent care would be available. Generators were connected to power the centers, employees were housed in hotels near the centers, overtime labor costs were incurred, and referral providers were notified urgent care would be available. But because virtually nobody in the community was leaving home, the centers only saw three or four patients during the days of the storm and as a result, the urgent care lost its shirt in its service to the community, not to mention frustrating employees who were kept away from home and family.

### What role can urgent care operators play in helping communities start to rebuild?

**BEVIS:** When an F5 tornado hit Lutts, TN in 2015 we sent providers, nurses, and staff with supplies to render emergency medical care and relief supplies. This was all possible because of our close proximity to this community. More recently, with hurricanes Irma and Harvey, we established drop-off locations for much-needed supplies at each of our clinics. We consolidated donations at our Waynesboro, TN headquarters and loaded a 50-foot trailer to each impacted state. Announcements were made through social media and email.

**LAMELAS:** Urgent care centers play an increasingly important role in the healthcare infrastructure and local medical community. At MD Now, we have been involved in community events, local outreach, charitable events, and contributions in the U.S., but especially in south Florida and the local communities we serve. We also support the Red Cross and others in relief efforts here and abroad as we did during the earthquake in Haiti by donating resources, money, and medical supplies.

It goes beyond our patients; urgent care is becoming

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*- Payman Arabzadeh*

more and more a respected and essential "medical safety net" that hospitals, private physicians and medical practices, and our communities cannot live without. Having said that, the urgent care industry as a whole is still *not* well integrated and connected into the U.S. healthcare infrastructure. I believe we need to remedy that through continuing outreach efforts, both as an

industry and individually, to further develop the formal integration of our clinics and specialty into that existing infrastructure.

**SELLARS:** We can and should play an important role in disaster recovery. After serious, damaging floods hit the Baton Rouge area last year, we initiated a campaign called *We're Here for You* to help meet the community's healthcare needs during the time of crisis. Despite some clinics experiencing flooding of more than 4 feet of water, our volunteer team of administrative, clinical, and medical providers worked in the 100° postflood heat to feed, treat, and comfort displaced residents. With many cell towers down, we informed residents about clinic openings and closings, operational hours, tetanus shot information, and school/road closures on Facebook. Additionally, our medical leadership team appeared on local TV and radio to direct residents where to seek treatment for flood-related and other health issues, as well as to provide tips for safe flood cleanup.

**ARABZADEH:** As an urgent care operator, the more you can help and give back to your community, the more successful and sought-after you will become. In the aftermath of Hurricane Harvey, our biggest goal was giving back to the community. We encouraged others to do the same by posting on our social media networks that we were taking in donations for those who had been affected by the flooding. Most recently, we partnered up with UCAOA for the *Weekend of Service*, in which we provided free medical assistance to those affected by the flooding. We are also running a flu shot drive, with the proceeds going to those affected by the flooding and hurricane damage.

Coming together as a family to help the community and to open the urgent care back up as soon as possible, without causing extra risk to anyone, can truly be the cornerstone of recovery during and after a disaster. ■