



healthcare financial management association

# Disaster Planning Checklist for Chief Financial Officers of Healthcare Organizations

According to the National Safety Council, the 10 most common problems or errors with emergency response plans are:

- 1. No upper management support
- 2. Lack of employee buy-in
- 3. Poor or no planning
- 4. Lack of training and practice
- 5. No designated leader
- 6. Failure to keep the plan up to date
- 7. No communication methods to alert employees to emergencies
- 8. OSHA regulations are not a part of the plan
- 9. No procedures for shutting down critical equipment
- 10. Employees are not told what actions to take in an emergency

The following planning checklist (with the appropriate follow-through) can help you avoid most of these problems. The authors recognize that most facilities already have some form of disaster plan; therefore this is written to capture considerations as you refine or update your plans.

## ACTION

## FINANCIAL PLANNING IMPLICATIONS

SUPPLIES

EQUIPMENT

STAFFING

COMMUNICATIONS

OFF-SITE STORAGE OR SHELTER

TESTING & TRAINING

### Community and Employee Safety

The following items are examples of activities that do not fall directly within the responsibility of the financial leaders of a facility, but have financial implications that must be considered during the planning process.

- 1. Work with community leaders to determine the most likely disaster scenarios, what the most crucial needs are in such situations, and what the community's expectations are of the healthcare organization.

Where there is a gap between expectations and capabilities, determine what can be done to address it, either by improving the organization's capabilities or educating the community on appropriate expectations.

Community leaders could include local government, emergency first responders, major businesses, educational systems, and community services organizations.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- 2. Ensure that the plan specifies staff members with primary and back-up responsibilities for each function.

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- 3. Establish an emergency community health communications plan that:
  - a. Identifies and lists contact information for specific community leaders with whom the facility will communicate during an emergency.
  - b. Identifies and lists contact information for the facility's personnel who will be the chief contacts in an emergency.
  - c. Specifies the communications media to be used and what type of information will be conveyed during an emergency.
  - d. Provides for practice with community leaders to test communications systems.
  - e. Provides for public education about the plan (including media, civic clubs, open houses, Scouting activities, etc.).

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	SUPPLIES	EQUIPMENT	STAFFING	COMMUNICATIONS	OFF-SITE STORAGE OR SHELTER	TESTING & TRAINING
<b>Community and Employee Safety</b>						
The following items are examples of activities that do not fall directly within the responsibility of the financial leaders of a facility, but have financial implications that must be considered during the planning process.						
4. Ensure audible and visual alarms are installed: a. Test alarms on a regular basis. b. Evaluate whether different alarms are needed for different kinds of emergencies. c. Ensure all alarms have battery backup power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identify evacuation routes for the facility, campus, and region: a. Post evacuation routes. b. Practice evacuation using the posted routes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Establish a daily attendance record that can be: a. Quickly and easily retrieved upon evacuation. b. Used at the designated assembly site upon evacuation to account for everyone who was in the facility at the time of the emergency. c. Have call-in procedures to account for all staff after the event, and schedule regular practice for the procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ensure adequate on-site emergency supplies, including: • External communications • Power supply and a means of recharging or replacing expended batteries • Heat source • Sanitation facilities • Water • Food • Medical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Identify an off-site shelter in the event of severe damage that compromises the safety or functioning of the facility. b. When anticipating shelter needs, include staff, patients, volunteers, temporary workers, and visitors who are in the facility during the emergency. c. Ensure the emergency shelter will accommodate the number of people assigned to it and any special needs those individuals may have. d. Ensure the shelter has sufficient: • External communications • Power supply and a means of recharging or replacing expended batteries • Heat source • Sanitation facilities • Water • Food and medical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	SUPPLIES	EQUIPMENT	STAFFING	COMMUNICATIONS	OFF-SITE STORAGE OR SHELTER	TESTING & TRAINING
<b>Community and Employee Safety</b> The following items are examples of activities that do not fall directly within the responsibility of the financial leaders of a facility, but have financial implications that must be considered during the planning process.						
9. Have plans for staff to move visitors, and others not normally present, to safety along with staff and patients. a. Create guidelines and tools for staff to provide instructions to visitors during an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ensure all employees have easy access to necessary disaster action plan and recovery information. Access may include: a. Wallet cards for all employees with key steps and contact information. b. Work site and at-home copies the complete plan for all staff. c. "Grab and Go" kits for key personnel containing laptop computer and cell phone pre-loaded with comprehensive disaster plans, critical information and access codes for off-site back-up activities, and lists of key community contacts and other important phone numbers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Business Continuity Planning</b> The following disaster planning items are directly related to the CFO's areas of responsibility for maintaining the business functions of the healthcare facility.						
11. Develop a comprehensive business continuity plan that includes back-up or alternate plans. a. Make sure the continuity plan meshes with the organization's disaster plan, as well as those of neighboring healthcare providers, for coverage of patients in disaster situations. b. Assign primary and alternate responsibilities for each function. c. Implement a schedule for updating and re-testing plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Arrange for appropriate security for the facility and off-site business recovery locations, including after-hours, if needed after the event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have plans for procuring office space and equipment should current offices become uninhabitable. a. Review plans with the applicable vendor's or manager's space to ensure a quick relocation. b. Plan and test set-up of alternative space and equipment with affected business staff. c. Include a communication action plan to quickly alert business partners to the alternative arrangements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## ACTION

## FINANCIAL PLANNING IMPLICATIONS

SUPPLIES

EQUIPMENT

STAFFING

COMMUNICATIONS

OFF-SITE STORAGE  
OR SHELTER

TESTING &  
TRAINING

### Business Continuity Planning

The following disaster planning items are directly related to the CFO's areas of responsibility for maintaining the business functions of the healthcare facility.

14. Maintain up-to-date important contact information, including: a. Families of staff b. Insurance companies c. Bonds rating agencies, banks, and other investors d. Medicare contractors and regional offices e. Medicaid contractors and state offices f. Other major payers and employers (if doing direct service contracting) g. Primary and back-up suppliers and vendors h. Primary and back-up equipment maintenance contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Develop and maintain a materials management emergency plan for needed facility supplies, including: a. Arrange for obtaining necessary supplies from vendors, with back-up vendors from different geographic locations. b. Regularly review these arrangements with vendors and verify accurate contact information. c. Have a process for regularly reviewing emergency supply levels. d. Develop a quick response process for ensuring adequate inventory if there is advance notice of the impending event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Develop a process a plan for the banking function to be taken over by a remote office of the bank. a. Ensure your bank is capable and prepared to take such action. If not, develop alternative actions. b. Know which bank location will take over and which staff at that location is responsible for working with you. i. Regularly verify accurate contact information. c. Test the transfer of responsibilities as much as practicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Have a proven methodology for restoring the organization's clinical and operational files. a. Practice the restoration process and have staff cross-trained and prepared to take over responsibilities of co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Consider utilizing the <b>Hospital Emergency Incident Command System (HEICS) Table Top Exercise</b> as a paper drill to demonstrate the working and communication relationships of functions found within the HEICS organizational plan, as well as those your organization deems important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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