



Crisis Management Plans for Medical Practices

By Ike Devji, JD | August 14, 2012

The recent tragic events in Colorado and Wisconsin are just two examples of the realities that leaders and executives of medical practices must be prepared to deal with in an effective and organized way. Unfortunately for most of us, the first time our name is in the newspaper is usually not a happy event; that's a bad time to think about an action plan for the first time.

Below we start to address several common crisis events that merit at least a small amount of consideration and an established response. This is from both the ethical standpoint of providing a safe and comfortable environment for your staff and patients and the more black and white issue of liability, a key focus of many of our discussions.

Active Threats to Life and Safety

The shootings cited above are a timely example of this kind of threat. While opinions differ on the correct response, all experts agree that a familiarity with one's surroundings and a good basic knowledge of exits and safety features is an effective first step. Some kinds of threats, like random acts of violence, are exceptionally paralyzing for the untrained civilian to deal with. A great summary of effective tactics is available [in this video](#) produced by the City of Houston with a grant from the Department of Homeland Security.

Some critics have stated that the video omits the issue of an armed response — we won't address that issue here in any meaningful way, but for the record I support the right of responsible, trained citizens to do so. Either way, the video summarizes some things that can only be qualified as reminders of good habits that are easily overlooked in a panic.

The next step is to maximize the reasonable security measures you can control yourself. Cameras, locked doors, secure lobbies with panic buttons, and locked interior doors between the waiting areas and patient areas are a cheap and simple start that can make you and those you are responsible for much safer. In addition to peace of mind, these measures, much like having a HIPAA info security plan in place, are a good part of any risk management and defensive planning that will illustrate your reasonable efforts and back up your liability insurance. Extend your vision and thinking to the place your patients first enter your space, the parking lot, and make sure that you'd be comfortable with a member of your family making that same trip.

We've addressed the dramatic and unthinkable, but don't overlook more everyday issues like acts of nature, fires, and chemical and biological threats. Based on the size of your facility and the number of staff and patients in the building at any time, think about an appropriate response and evacuation plan and make someone responsible for informing or guiding others to a rendezvous point (or multiple points) for a headcount. First responders need your help to know what's happening and who is still inside needing help if possible. Also, remember that in many cases, this kind of crisis may cause you to lose, at least temporarily, any personal property not on your person, as in the video linked above. Make sure you know or have a way to get to important contact phone numbers for your family and staff. I'm continually amazed by my reliance on my phone as the only place many numbers are stored and even parents and couples that no longer know the phone numbers of loved ones they auto dial several times a day.

There is no way to adequately address every issue that comes to mind in this format, and our intention is merely to introduce the idea and start you thinking about things we all take for granted every day, like the mundane safety of another work day.

Over the next few weeks we will look at other crisis events, including the loss of a partner or primary doctor and liability and professional reputation exposures that may also be in the media.

Find out more about Ike Devji and our other [Practice Notes bloggers](#).