

Understanding the CMS Emergency Preparedness Rule



Fire Safety Drill Video

[Fire Safety Video](#)

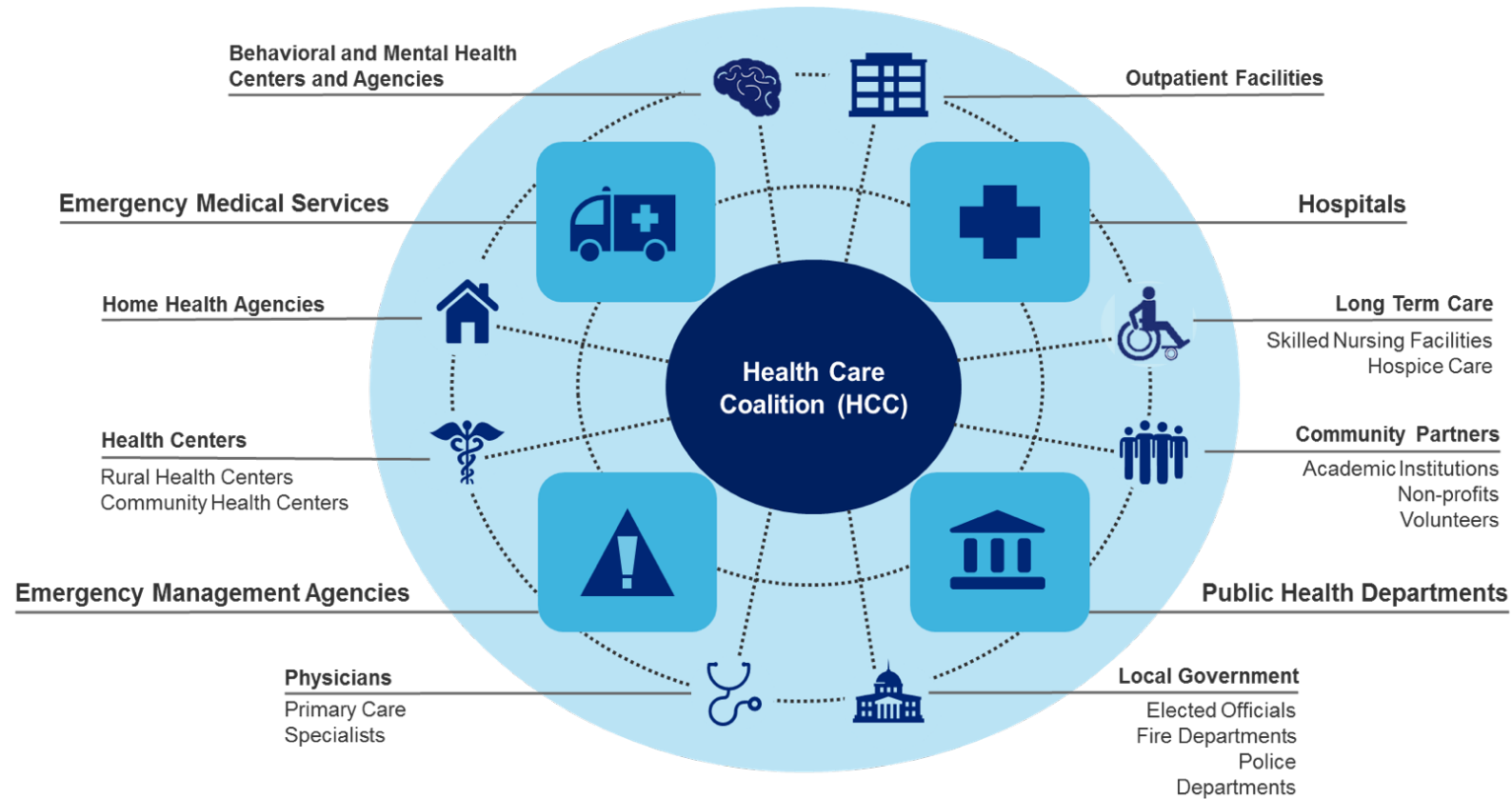


Learning Objectives

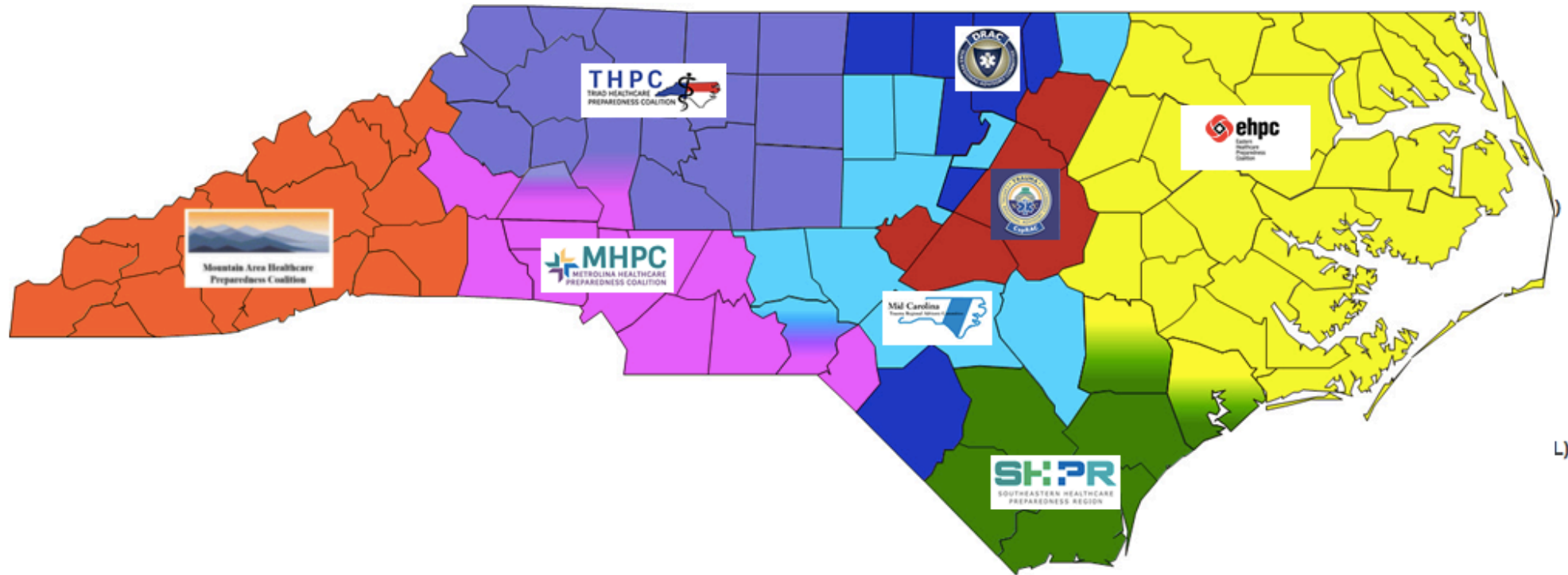
- ❑ Understand who the new rule affects and how to become compliant
- ❑ Understand the four components of the new CMS Emergency Preparedness Rule
- ❑ Learn what must be included in each of the components in order to be compliant
- ❑ Learn what a healthcare coalition is and the resources it can provide you



Who makes up a Healthcare Coalition?



NC Healthcare Coalitions



HCC Resources

- ✦ Climate Controlled Tents Systems
- ✦ Medical Support Units (MSU)
- ✦ Communications Package
- ✦ Telemetry Units
- ✦ Other Medical Equipment
- ✦ Water Filtration
- ✦ Training and Exercise Supplies
- ✦ ...and MUCH more...



CMS Emergency Preparedness Rule



What exactly is the new rule?

“The Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule establishes consistent emergency prepared requirements for healthcare providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and human-caused disasters.”



Meaning?

If your facility accepts **Medicare and/or Medicaid**, you are responsible for being compliant with the new CMS Emergency Preparedness rule by....

November 15th, 2017



Who Does This Rule Impact?

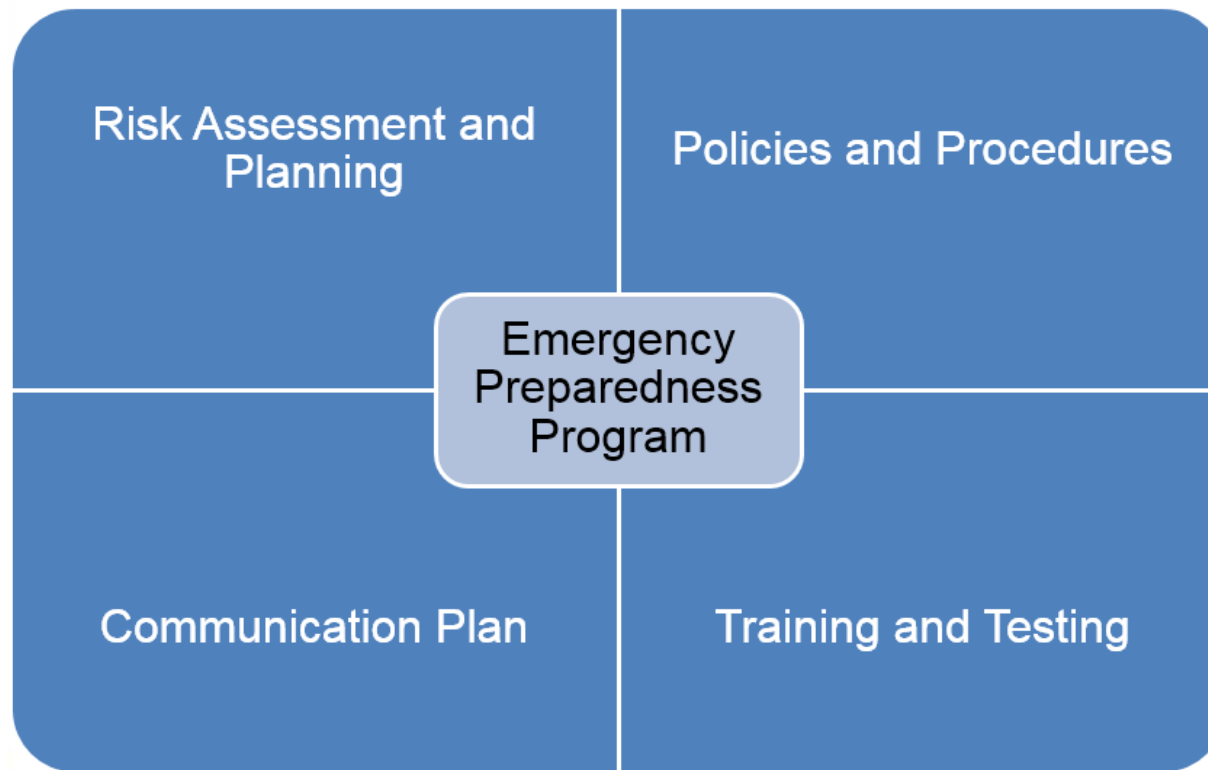


Affected Provider and Supplier Types

Inpatient	Outpatient
Critical Access Hospitals (CAHs)	Ambulatory Surgical Centers (ASCs)
Hospices	Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
Hospitals	Community Mental Health Centers (CMHCs)
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	Comprehensive Outpatient Rehabilitation Facilities (CORFs)
Long Term Care (LTC)	End-Stage Renal Disease (ESRD) Facilities
Psychiatric Residential Treatment Facilities (PRTFs)	Home Health Agencies (HHAs)
Religious Nonmedical Health Care Institutions (RNHCIs)	Hospices
Transplant Centers	Organ Procurement Organizations (OPOs)
	Programs of All Inclusive Care for the Elderly (PACE)
	Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)



What do I need to become compliant?



Risk Assessment and Planning



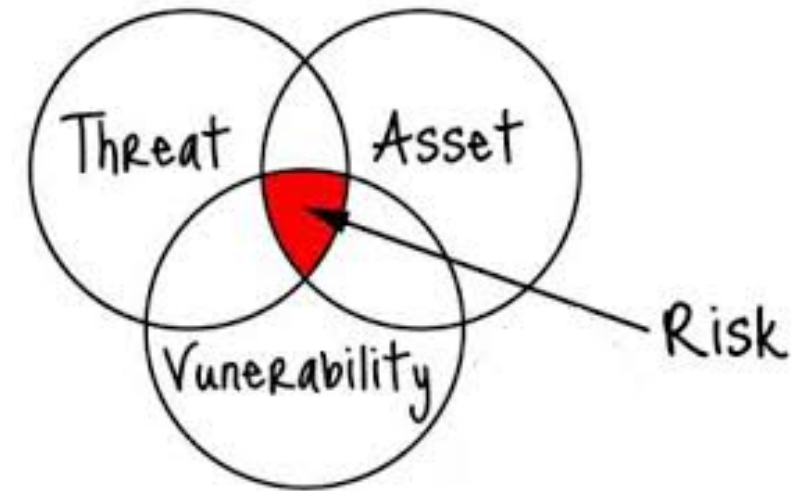
An Emergency Plan

- ❑ Develop an emergency plan based on a risk assessment or hazard vulnerability analysis
- ❑ Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities
- ❑ You can include your current emergency operations plan, but you must include risks/hazards that are pertinent to your facility
- ❑ **You must update the plan annually**



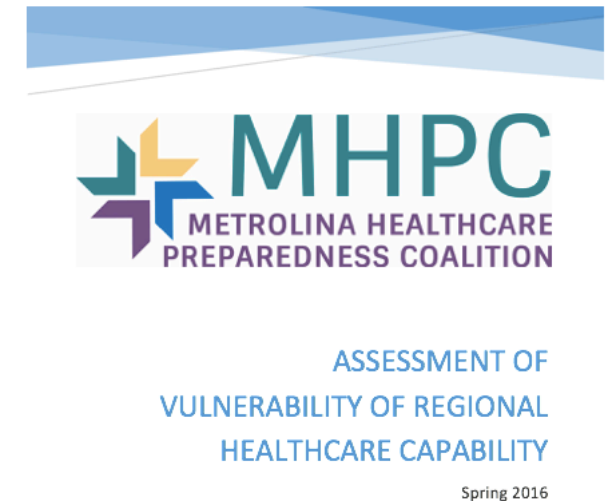
Types of Risk Assessments

- ❑ [Pennsylvania Public Health Risk Assessment Tool \(PHRAT\)](#)
- ❑ [Health and Hazard Assessment and Prioritization \(hHap\)](#)
- ❑ [UCLA Hazard Risk Assessment \(HRAI\)](#)
- ❑ [Kaiser Hazard Vulnerability Analysis Tool](#)
- ❑ [THIRA](#)
- ❑ Federal Risk Model - THAM



Risk Assessments

*Risk Assessment: Need Community-based and Facility-based
(Must have the copies available for surveyors)*



Emergency Plan – Must Include

- ☐ Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach
- ☐ Strategies for addressing events identified by the risk assessment
- ☐ Address resident population, including, but not limited to
 - ☐ Types of services provided in an emergency
 - ☐ Types of patient populations that would be at risk during an emergency
 - ☐ Continuity of operations – Delegations of authority/Succession Plan
- ☐ A process for cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation
 - ☐ **Collaboration must be DOCUMENTED**



Emergency Plan – LTC & IID-ICF

- ❑ Must be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, **including missing residents**



Emergency Plan - Hospice

- ❑ Must include strategies for addressing emergency events identified by the risk assessment, including:
 - ❑ Management of the consequences of power failures
 - ❑ Natural disasters
 - ❑ Other emergencies that would affect the hospice's ability to provide care



Emergency Plan – Home Health Agency

- Ensure patients with limited mobility are addressed in the plan



Policies and Procedures



Policies and Procedures

- ☐ Develop and implement policies and procedures based on the emergency plan and risk assessment
- ☐ Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency
- ☐ Review and update policies and procedures **at least annually**





ICF/IID



PRTF



ICF/IID, LTC , PRTF, & Hospice Specific Policies & Procedures

Policies and Procedures – Must Include

☐ **Subsistence Needs**

- ☐ No specification of the amount of subsistence required. Should be facility and incident based.
- ☐ If patients are evacuated, it is the receiving facility's responsibility to provide subsistence
- ☐ *Applies only to staff and patients*, not visitors or community members
- ☐ Includes food water, medical, and pharmaceutical supplies

☐ **Tracking of Patients and Staff During an Emergency**

- ☐ Develop a system to track the location of staff and patients in the facility's care both during AND after an emergency – specific name and location of the receiving facility or location
- ☐ Tracking on-duty staff and sheltered patients
- ☐ *Must have plans concerning missing residents that can be activated regardless of whether the facility must activate its emergency plan (LTC ONLY)*



Policies and Procedures – Must Include

☐ **Evacuation Plans**

- ☐ Planning for multiple transportation options in the case of an evacuation
- ☐ Alternate care sites will need to be decided upon by local emergency management, the local health department, and the facility
- ☐ Things to consider:
 - ☐ Care and treatment needs of evacuees
 - ☐ Staff responsibilities
 - ☐ Transportation
 - ☐ Identification of evacuation location(s)
 - ☐ Primary and alternative means of communication with external sources of assistance

☐ **Procedures for Sheltering in Place**

- ☐ Facilities are required to have a means to shelter patients, staff, and any volunteers who remain in the facility
- ☐ Each facility needs the flexibility to develop its own places for sheltering in place for both short and long-term use



Policies and Procedures – Must Include

- ❑ A system of medical documentation that preserves resident information, protects confidentiality of resident information, and secures and maintains the availability of records
- ❑ The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integrations of State or Federally designated health care professionals to address surge needs during an emergency (*except hospice*)
- ❑ The development of arrangements with other LTC/PRTF/HOSPICE facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to LTC/PRTF/HOSPICE residents
- ❑ The ability to have a provision of care and treatment at an alternate care site identified by emergency management officials



Additional Requirements for Select Facilities (LTC Facilities)

- ❑ Emergency and Standby Power Systems
 - ❑ Additional requirements for hospitals, critical access hospitals, and long-term care facilities based on risk assessment and emergency plan
 - ❑ Locate generators in accordance with National Fire Protection Agency (NFPA) guidelines
 - ❑ Conduct generator testing, inspection, and maintenance as required by the NFPA 110
 - ❑ Maintain sufficient fuel to sustain power during an emergency
 - ❑ Refer to Tag E-0041 for further information



Extra for Homebound Hospice

- ❑ Procedures to inform state and local emergency management preparedness officials about patients in need of evacuation from their residences

EXTRA



Home Health Specific Policies & Procedures

Policies and Procedures – Must Include

- ❑ Plans for the patients during a natural or man-made disaster
 - ❑ *Individual plans for each patient must be included as part of the patient assessment*
- ❑ Procedures to inform State and Local officials about patients in need of evacuation from their residence
- ❑ Procedures to follow up with staff and patients to determine services that are needed, during or due to an emergency
- ❑ Must be able to inform State and Local officials about any staff or patients they are unable to contact
- ❑ System of medical documentation in accordance with HIPPA
- ❑ Process and role for integration of State and Federally designated healthcare professionals to address surge needs



NC PACE
ASSOCIATION

PACE Specific Policies & Procedures

Policies and Procedures – Must Include

☐ **Subsistence Needs**

- ☐ No specification of the amount of subsistence required. Should be facility and incident based.
- ☐ If patients are evacuated, it is the receiving facility's responsibility to provide subsistence
- ☐ Applies only to staff and participants, not visitors or community members
- ☐ Includes food water, medical, and pharmaceutical supplies

☐ **Tracking of Patients and Staff During an Emergency**

- ☐ Develop a system to track the location of staff and participants in the facility's care both during and after an emergency – specific name and location of the receiving facility or location
- ☐ Tracking on-duty staff and sheltered participants



Policies and Procedures – Must Include

☐ Evacuation Plans

- ☐ Planning for multiple transportation options in the case of an evacuation
- ☐ Alternate care sites will need to be decided upon by local emergency management, the local health department, and the facility
- ☐ Things to consider:
 - ☐ Care and treatment needs of evacuees
 - ☐ Staff responsibilities
 - ☐ Transportation
 - ☐ Identification of evacuation location(s)
 - ☐ Primary and alternative means of communication with external sources of assistance



Policies and Procedures – Must Include

☐ **Procedures for Sheltering in Place**

- ☐ Facilities are required to have a means to shelter participants, staff, and any volunteers who remain in the facility
- ☐ Each facility needs the flexibility to develop its own places for sheltering in place for both short and long-term use

Extra for PACE

- ❑ Ability to have a provision of care and treatment at an alternate care site identified by emergency management officials
 - ❑ Includes emergency equipment – ex: easily portable oxygen, airways, suction, and emergency drugs
 - ❑ Staff who know how to use the equipment to be on the premises of every center AND be immediately available
 - ❑ Documented plan to obtain emergency medical assistance from outside sources
- ❑ Procedure to inform State and Local officials of participants in need of evacuation

EXTRA



FQHC/RHC Specific Policies & Procedures

Policies and Procedures – Must Include

- ☐ Development and implementation based on your EOP and HVA
- ☐ Safe evacuation from facility, including:
 - ☐ Appropriate placement of exit signs
 - ☐ Needs of patients
 - ☐ Staff responsibilities
- ☐ Means to shelter in place for patients, staff, and volunteers
- ☐ System of medical documentation that preserves client information, protects confidentiality, and maintains availability



Communication Plan

CMS EP Conditions of Participation



Communications Plan

- ❑ Develop a communication plan that complies with both Federal and State laws, including HIPAA rules
- ❑ Coordinate patient care within the facility, across healthcare providers, and with state and local public health departments and emergency management systems
- ❑ **Review and update the plan annually**



Communications Plan – Must Include

- ☐ Names and contact information for the following:
 - ☐ Staff
 - ☐ Entities providing services under arrangement
 - ☐ Residents' /Patients' physicians
 - ☐ Other facilities
 - ☐ Volunteers
- ☐ Contact information for the following
 - ☐ Federal, state, tribal, regional, or local emergency preparedness staff
 - ☐ The State Licensing and Certification Agency
 - ☐ *The Office of the State Long-Term Care Ombudsman (LTC ONLY)*
 - ☐ *The State Protection and Advocacy Agency (ICF/IID ONLY)*
 - ☐ Other sources of assistance



Communications Plan – Must Include

- ☐ Primary and alternate means for communicating with the following:
 - ☐ All facility staff
 - ☐ Federal, State, tribal, regional, or local emergency management agencies
 - ☐ Other similar organizations (LTCs, PACEs, Hospices, etc)
- ☐ A method for sharing information and medical documentation for residents under the facility's care, as necessary, with other health care providers to maintain the continuity of care
- ☐ A means, in the event of an evacuation to release resident information



Communications Plan

- ❑ A means of providing information about the general condition and location of residents under the facility's care
- ❑ A means of providing information about the facility's occupants, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center
 - ❑ Provide inpatient occupancy, needs, and ability to provide assistance (*Except PACE and Home Health*)
- ❑ A method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives (*LTC and ICF/IID ONLY*)

Communications Plan

- ❑ An alternate means of communication to communicate with staff and federal, state, and local emergency management officials
 - ❑ Suggestions include:
 - ❑ Pagers
 - ❑ Internet provided by satellite or non-telephone cable systems
 - ❑ Cellular telephones
 - ❑ Walkie-talkies
 - ❑ Satellite telephone communications system



Training & Testing



Training and Testing

- ☐ Develop and maintain training and testing programs, including initial training in policies and procedures
- ☐ Demonstrate knowledge of emergency procedures and provide training at least annually
- ☐ Conduct drills and exercises to test the emergency plan

Both exercises must be completed by November 15th, 2017



Training Program – Must Include

- ☐ Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles
- ☐ Provide emergency preparedness training **at least annually**
- ☐ Maintain documentation of the training
- ☐ Demonstrate staff knowledge of the training



Training – LTC/FQHC

- ❑ Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles
- ❑ Provide emergency preparedness training at least annually
- ❑ Maintain documentation of all emergency preparedness training
- ❑ Demonstrate staff knowledge of emergency procedures

Training - Hospice

- ❑ Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, individuals providing services under arrangement, and volunteers, consistent with their expected roles
- ❑ Provide emergency preparedness training at least annually
- ❑ Maintain documentation of all emergency preparedness training
- ❑ Demonstrate staff knowledge of emergency procedures
- ❑ Periodically review and rehearse its emergency preparedness with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others

Training - PRTF

- ❑ Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles
- ❑ Provide emergency preparedness training at least annually
- ❑ Maintain documentation of all emergency preparedness training
- ❑ Demonstrate staff knowledge of emergency procedures

Training - PACE

- ❑ Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, contractors, participants, and volunteers, consistent with their expected roles
- ❑ Provide emergency preparedness training at least annually
- ❑ Maintain documentation of all emergency preparedness training
- ❑ Demonstrate staff knowledge of emergency procedures, including informing participants of what to do, where to go, and whom to contact in case of an emergency

Testing Program – Must Include

- ❑ Participate in a full-scale exercise that is community-based OR individual, facility-based
 - ❑ ****NOTE**** If the facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging in a community-based or individual, facility-based full scale exercise for ONE YEAR following the actual event
- ❑ Conduct an additional exercise that may include, but is not limited to the following:
 - ❑ A second full-scale exercise that is community-based or individual, facility-based
 - ❑ A tabletop exercise that includes a group discussion led by a facilitator
- ❑ Analyze the facility's response to and maintain documentation of the all drills, tabletop exercises, and emergency events, and revise the facility's emergency plan, as needed



CMS Compliance Countdown



97 days!



*You must be compliant by
November 15th, 2017*



**KEEP
CALM
AND
ASK
QUESTIONS**



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