



WHEA Lunch and Learn November 8, 2018

New Joint Commission Emergency Management Checklist and Proposed Changes to the CMS EM Rules

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Have Questions??

During the Live Webinar:

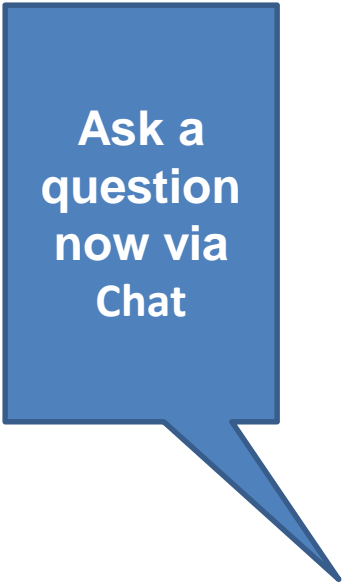
Click on “chat” in the lower right-hand corner

If viewing the posted webinar:

Call Marge McFarlane at

715-835-3730 or email at

mcfarlane.marge@gmail.com



Ask a
question
now via
Chat

Learning Objectives

- Discuss the purpose of the new Joint Commission EM checklist released November 2018
- List the key elements of the checklist
- Consider strategies and resources for identifying gaps and opportunities for improvement
- Review the proposed revisions to the CMS Emergency Management Rules



Our Mission

Responsibilities:

- legal
- regulatory
- fiscal
- ethical



To design and maintain a safe environment for patients, their family, staff and practitioners

The JC EM Checklist

Released in November 2018 Environment of Care News

Collaborative effort at the request of ASPR

(Office of the Assistant Secretary for Preparedness and Response)

Provides criteria to evaluate elements of EM planning

Use as a gap analysis checklist to ensure your policies/procedures are current

Healthcare Emergency Management & Business Continuity Framework

Continuity | Response | Recovery

Governance & Crisis Management

Emergency Operations Planning (EOP)

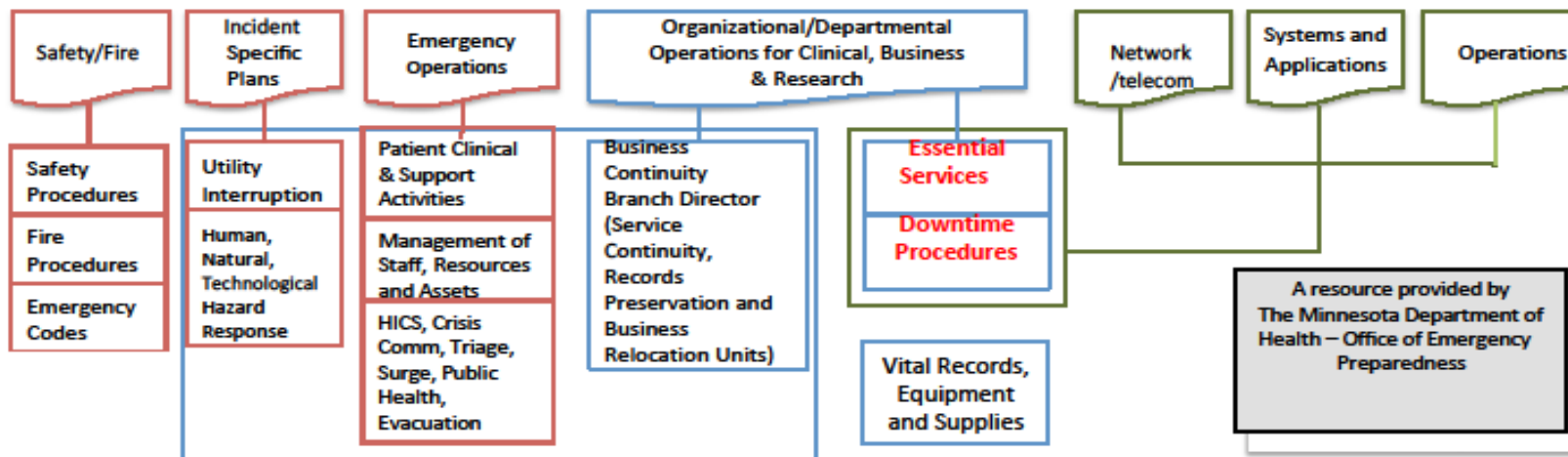
Plans, procedures and resources for all four emergency phases (mitigation, preparedness, response, and recovery), for all types of emergencies and disasters.

Business Continuity Planning (BCP)

Plans, procedures and resources to maintain and/or recover mission critical services and processes impacted by an event causing an interruption of normal operations.

Disaster Recovery Planning (DRP)

Plans/procedures/resources to maintain and/or recover the information technology systems, network/ telecom services and operations.



An integrated, multi—disciplinary program focused on supporting and strengthening the organization's core mission

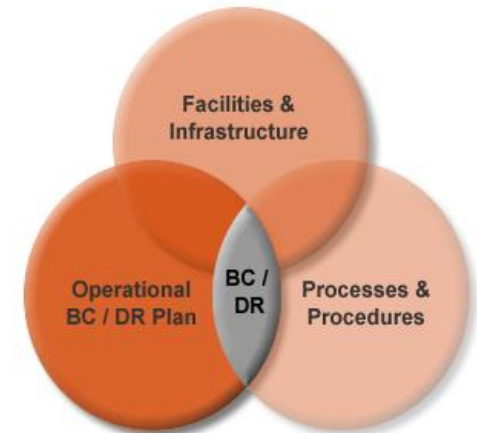
Strategies

Mitigate the hazard risks, exposures, and potential impacts identified in the vulnerability assessment

Keeps the recovery time to a minimum

Recommends plans and procedures to respond to a crisis

Planning is the key to resiliency



Resiliency

- Series of strategies for hardening a building against natural disasters
- To plan for, absorb, recover from and more successfully adapt to external weather events
 - additional cooling days
 - building automation systems down
 - major flooding/flash flooding
 - storm water management



JC EM Checklist

- 17 sections required for sustaining the healthcare environment
- 10 sections required for sustaining clinical services
- Checklist set up so that ideally all questions would be marked “yes” unless they were N/A



Management

- Enough staff to ensure health and safety
- Testing, training and exercises
- Adequate resources and supplies
- Arrangement for transport to a higher level of care
- Surge plan for special needs populations:
dialysis, home ventilators/nebulizers, behavioral health

Continuity of Operations

Program management, plans, and procedures;
Essential/mission critical functions;
Orders of succession; delegations of authority;
Continuity communications/information systems;
Essential records management

Alternate locations

Human resources

Devolution; reconstitution

Implemented within 12 hours

Operational for up to 30 days

Management (cont.)

- 1135 Waiver requested in a timely manner
- Organization's insurer been notified
- Buildings cleared for occupancy by local AHJ
- FEMA protocols followed for reimbursement

<https://asprtracie.hhs.gov/technical-resources/resource/2053/a-quick-guide-fema-reimbursement-for-acute-care-hospitals>

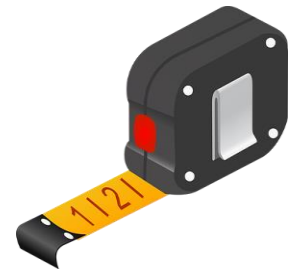
FEMA \$\$: Prior to the Event

- Written policy on how to capture disaster related expenditures, including labor and materials, through cost centers or purchase orders

Note: Sometimes, having a policy in place prior to a disaster may result in more comprehensive reimbursement

- Pre-disaster procedure should be created to track “normal” usage in your institution

FEMA does not reimburse for normal operating expenses prior to or after a disaster

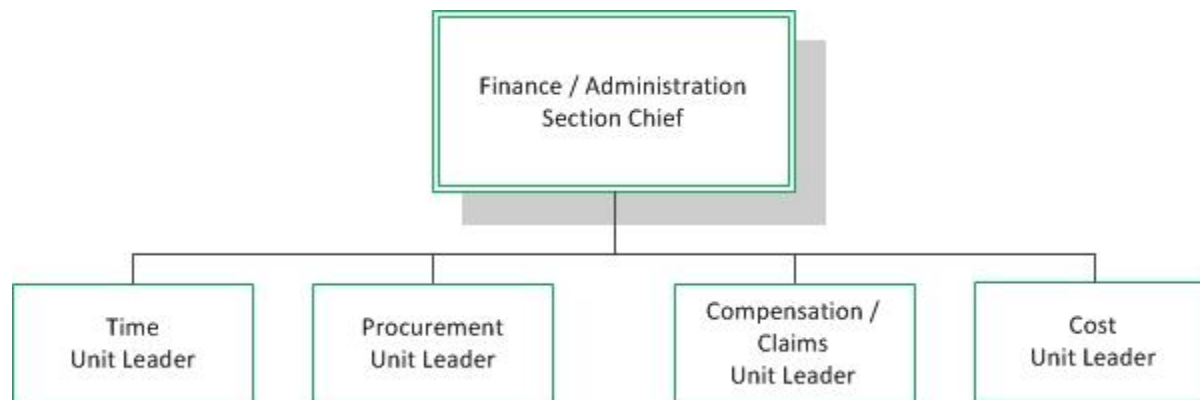


FEMA \$\$: Prior to the Event

- Emergency protective measures/preparation activities performed within a reasonable and justified time in advance of the event, may be eligible for reimbursement
- Offsite facilities, including physician offices: Contents and operations may be eligible for reimbursement depending on the terms of the lease, insurance and ownership
- Set-up zero-dollar cost centers (2 or more) to capture disaster related charges • Cost codes/center should include labor, supplies, pharmaceuticals, equipment, etc.

FEMA \$\$: Prior to the Declaration

- Financial and record keeping policies/processes are activated to capture of all disaster related expenditures.
- Dedicated person to coordinate the completion/filing of financial related costs. Maintain accurate disbursement and accounting records documented all work performed and costs incurred. (Could be managed out of the Hospital Incident Command structure-Finance)

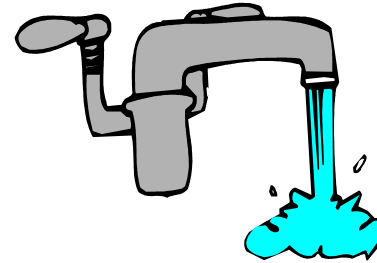


<ul style="list-style-type: none"> Enlist the assistance of the Safety Officer, Operations Section Security Branch Director, and Logistics Section Employee Health and Well-Being Unit Leader as needed Provide status updates to the Finance/Administration Section Chief regularly to discuss Incident Action Plan (IAP), advising of accomplishments and issues encountered Provide regular updates to unit personnel and inform of strategy changes as needed 		
Documentation <ul style="list-style-type: none"> HICS 204: Document assignments and operational period objectives on Assignment List HICS 213: Document all communications on a General Message Form HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Time Unit Leader at the completion of a shift or end of each operational period 		
Resources <ul style="list-style-type: none"> Assess issues and needs in unit areas; coordinate resource management Make requests for external assistance, as needed, in coordination with the Logistics Section Supply Unit Leader 		
Communication <i>Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i>		
Safety and security <ul style="list-style-type: none"> Ensure that all unit personnel comply with safety procedures and instructions 		

Intermediate Response (2 – 12 hours)	Time	Initial
Activities <ul style="list-style-type: none"> Transfer the Compensation/Claims Unit Leader role, if appropriate <ul style="list-style-type: none"> Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital Address any health, medical, and safety concerns Address political sensitivities, when appropriate Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) Document claims on hospital risk/loss forms; coordinate with Medical-Technical Specialist: Risk Management, if appropriate Ensure that records required for loss recovery by insurers, government, and other agencies are accurately compiled, maintained, and available Address line of duty injury/death compensation questions from family members of personnel Meet regularly with the Finance/Administration Section Chief for status reports Advise the Finance/Administration Section Chief immediately of any operational issue you are not able to correct Maintain a log of all purchases related to the incident on HICS 256: Procurement Summary Report, and forward to the Procurement Unit Leader every eight hours or as requested 		

Evaluate Building Integrity

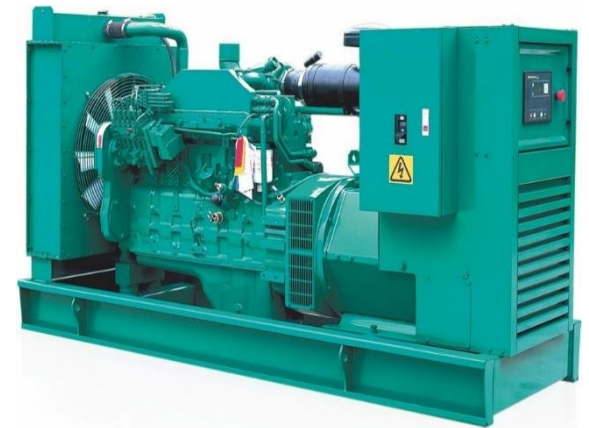
- Water quality
- Air quality
- Mold abatement
- Temperature and humidity
- Compliance with the Life Safety Code



Have the following been assessed?

Consider using HICS Form 251
(www.emsa.ca.gov)

- Physical structure/envelope
- Medical gasses
- Vacuum systems
- HVAC
- Elevators
- Generators
- Gas for cooking
- Steam for sterilization, heating



Have the following been assessed?

- Sprinklers
- Fire alarm system
- Vacuum systems
- Hood systems (kitchen, lab, pharmacy)
- Isolation capabilities
- Fuel (diesel)
- Restoration of electricity
- Potable water/sewage systems
- Building automation systems



Access and Availability

- Safe access for people and supplies
- Community fire, emergency medical and police services available
- Staffing and resources adequate to maintain the facilities that are in use



Safety and Food Management

Risk assessment completed

Employee health screenings and vaccinations

Personal protective equipment (PPE) available

Adequate patient equipment and supplies

Mechanism to replenish supplies



Adequate food inventories onsite and available for planned services

Morgue

- Adequate arrangement for identification, storage and management of deceased individuals
- Adequate arrangements for notification of the family of the location/disposition of the deceased
- Disaster Mortuary Operational Response Team (DMORT) ready for deployment – federal team
- D-FIRST (Dane Fatality Incident Response Support Team) operated out of Dane County Coroners office



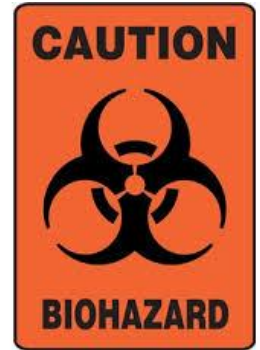
Security

- Building and sensitive areas secured
- Access controls operational
- Identification protocols for those accessing the facility
- Law enforcement can be summoned if needed
- System in place to track on duty staff
- System in place to track locations of patients sheltered onsite during the emergency



Hazardous Materials and Wastes

- System for general trash removal
- System for medical and biohazardous waste
- Storage, inventory, disposal systems:
 - Radioactive sources and waste
 - Pharmaceuticals
 - Chemicals
 - Other
 - Pest and rodent control

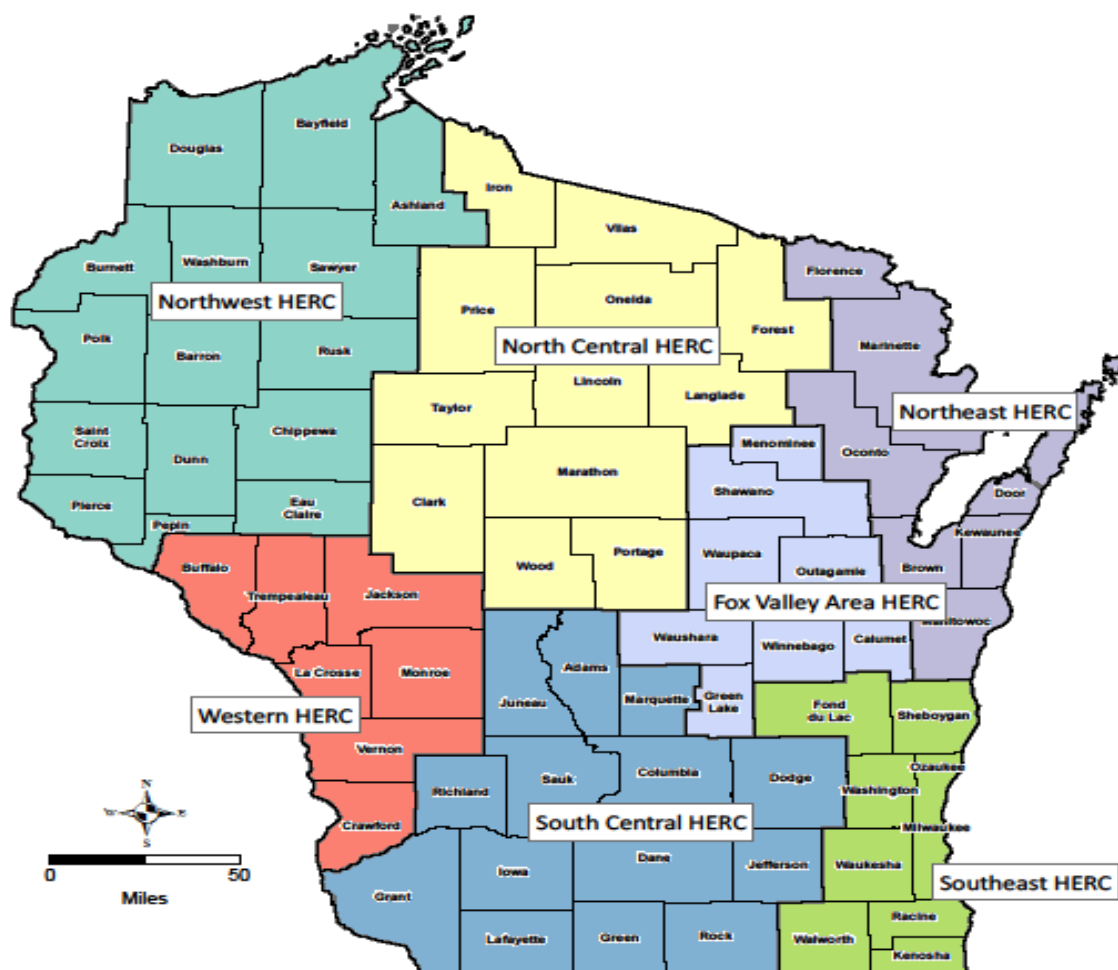


Emergency Operations

- Plan activated/HICS
- Coordination with community partners/HC Coalition
- Volunteer management
- Donation management
- Safe evacuation protocols in place
- Systematic protocols for safe reoccupation of the facility



Wisconsin Healthcare Emergency Readiness Coalitions (HERC)



Fire Protection Features

- ILSMs in place
- Are rated assemblies and components compliant
- Fire suppression system in place
- Fire detection/notification system in place
- Exits clear, unobstructed, functional
- Exits discharge to safe areas/locations



Medical Equipment

- Has equipment in flooded or damaged buildings been assessed
- Inspection, testing completed
- Cleaning and disinfection



HVAC Inspections

- Chillers: pumps, valves and controls, fan coils
- Heating: boilers, feedwater, process steam
- Distribution systems: ducts, pipes, risers, valves and controls
- Chemical treatment systems: water, boiler



Electrical Systems

- Vaults: Main switchboard
- Vaults: Utilities transfer switches
- Distribution panels: fuses
- Distribution panels: breakers
- Transformers
- Emergency power supply systems:
ATS, fuel supply day tank/bulk storage
and pumps
- Test equipment for confirming voltage
and amperage



Water Systems

- Potable and non-potable water sources
- Distribution pumps
- Water towers/tanks
- Sewer systems: Sanitary
- Sewer systems: Storm
- Waste Streams: solid/liquid/lift pumps



Medical Gas System

- Compressors/dryers
- Piping system
- Vacuum piping and pumps
- Anesthetizing gases
- Controls (main panel, zone valves, etc.)



Internal/External Communication Systems

- Redundant Communications
- Antennas
- Cell towers
- Cable/Internet
- Satellite phones/communications
- The Wisconsin Interoperable System for Communications (WISCOM)- VHF/P25 radios



DECEMBER 2016



Sterile Procedures Support Systems

- Steam (with appropriate water source)
- Gas (ethylene oxide)
- Cold sterilants (Cidex, glutaraldehyde, etc.)
- Air pressure relationships
- Temperature/humidity



Dialysis

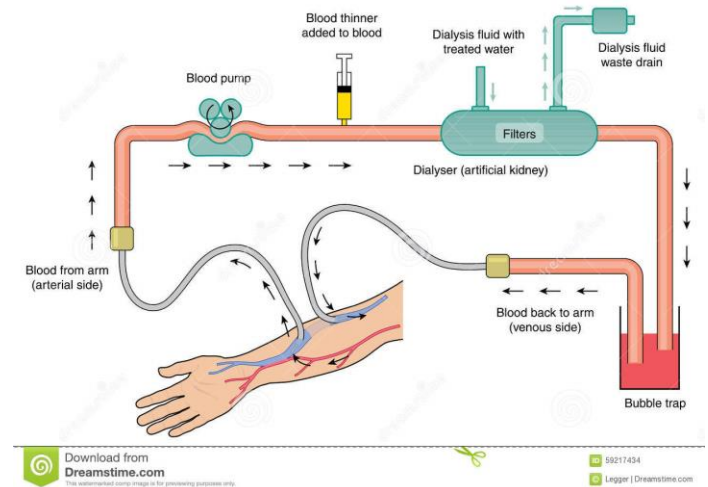
Vulnerable patients needing special diets and dialysis 2-3 time per week for hours at a time

Suitable water sources

Other components and supplies clean and disinfected

Corrosive chemicals used/
eyewash stations needed

Significant biohazardous waste generated



Access and Transportation

- For staff and providers
- Suppliers and deliveries
- Patients and families
- Vendor agreements in place
- ASHE Annual Conference:
MOU vs agreement
discussions from 3 impacted
hospitals



Required to Provide Clinical Services

- Clinical staff/Ancillary staff numbers
- Emergency call mechanisms for patients/staff
- Mental health support/child/elder care support
- Dietary services: supplies, refrigeration, temperature and sanitation
- Pharmacy: supplies, temperature, sterility
- Laboratory
- Radiology



Clinical Services

- Surgical Services: sterilization and high-level disinfection
- Infection Prevention and Control: handwashing, isolation and identification of communicable diseases
- Medical Records: storage, access, security



Allocation of Scarce Resources

Triage: for patient needs

Coordination of patient transfer

Process for diversion, closing services, partial or complete evacuation

Process for maximizing medical resources:

substitution, adaptation, conservation, reuse



Proposed Changes to CMS Rules

- Published in the Federal Register on September 20, 2018
- Proposes requiring hospitals and other providers to review and update their emergency preparedness plan, policies and procedures, communication plan, and training and testing **program at least every two years, instead of annually.**

Documentation of Efforts to Cooperate with Emergency Preparedness Officials

Proposes eliminating the documentation requirement but retaining the requirement that hospitals and other providers have a process for cooperation and collaboration with emergency preparedness officials.

Periodic Staff Training on Emergency Preparedness Programs

- Keeps initial staff training requirements
- Would require hospitals and other providers to provide emergency preparedness training at least **every two years**, instead of annually, and
- Require hospitals and other providers to conduct training when the hospital's or other provider's emergency preparedness policies and procedures are "**significantly updated.**"

Second Annual Exercise – Inpatient Providers

The annual exercise where the provider may choose between a second full-scale exercise or a tabletop exercise, CMS proposes to expand the exercise options to a second full-scale exercise, a tabletop exercise, or *a mock disaster drill*.

- This more in keeping with JC requirement for two functional drills per year
- Eliminate 2nd annual exercise for outpatient providers

CMS Comment Period

Comments accepted until 11/19/18 at:

www.federalregister.gov/documents/2018/09/20/2018-19599/medicare-and-medicaid-programs-regulatory-provisions-to-promote-program-efficiency-transparency-and#addresses

Medicare and Medicaid Programs; Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction

Resources

www.CMS.gov

A Quick Guide: FEMA Reimbursement for Acute Care Hospitals

<https://asprtracie.hhs.gov/technical-resources/resource/2053/a-quick-guide-fema-reimbursement-for-acute-care-hospitals>

Hospital Incident Command System (HICS) 2014

- www.emsa.ca.gov
- Incident Planning and Response Guides (IPG)(IRG)
- Revised forms/tools in Word and fillable PDF
- Quick Start forms
- HICS guides for many scenarios

Resources

ASPR Tracie Resources

asprtracie.hhs.gov/technical-resources/17/continuity-of-operations-coop-failure-plan/16

State of WI Preparedness Resources

www.dhs.wisconsin.gov/preparedness/index.htm

*“Coming together is a
beginning,
Keeping together is
progress,
Working together is
success.”*

Henry Ford



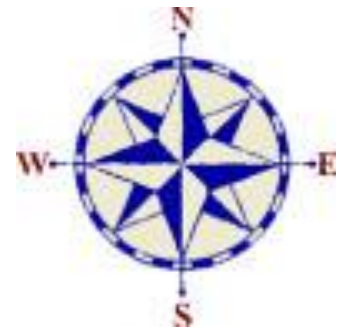


Questions?

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Thank you for your participation!

