CMS FINAL RULE ON EMERGENCY PREPAREDNESS

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HSS **EM** Solutions™

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Webinar Agenda

- Discuss how the final Rule will impact CMS providers
- Learn about the primary areas of focus for the final Rule
- Share best practices on how to align and prepare your Emergency Management Program
- Q & A

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Need for More Regulations?

"We believe that, currently, in the event of a disaster, healthcare facilities across the nation will not have the necessary emergency planning and preparation in place to adequately protect the health and safety of their patients."

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Important Dates and Facts

- CMS released proposed rule Dec. 20; published in Federal Register December 27, 2013
- **Published:** 9/16/16
- **Effective:** 11/15/2016
- **Implementation:** 11/15/2017
- Proposed rule establishes emergency preparedness requirements for 17 types of Medicare/Medicaid providers and suppliers
- Revises the Medicare/Medicaid Conditions of Participation (CoPs) for providers and Conditions of Coverage (CfC) for suppliers

Goals

Address Systemic Gaps

Establish Consistency

Encourage Coordination

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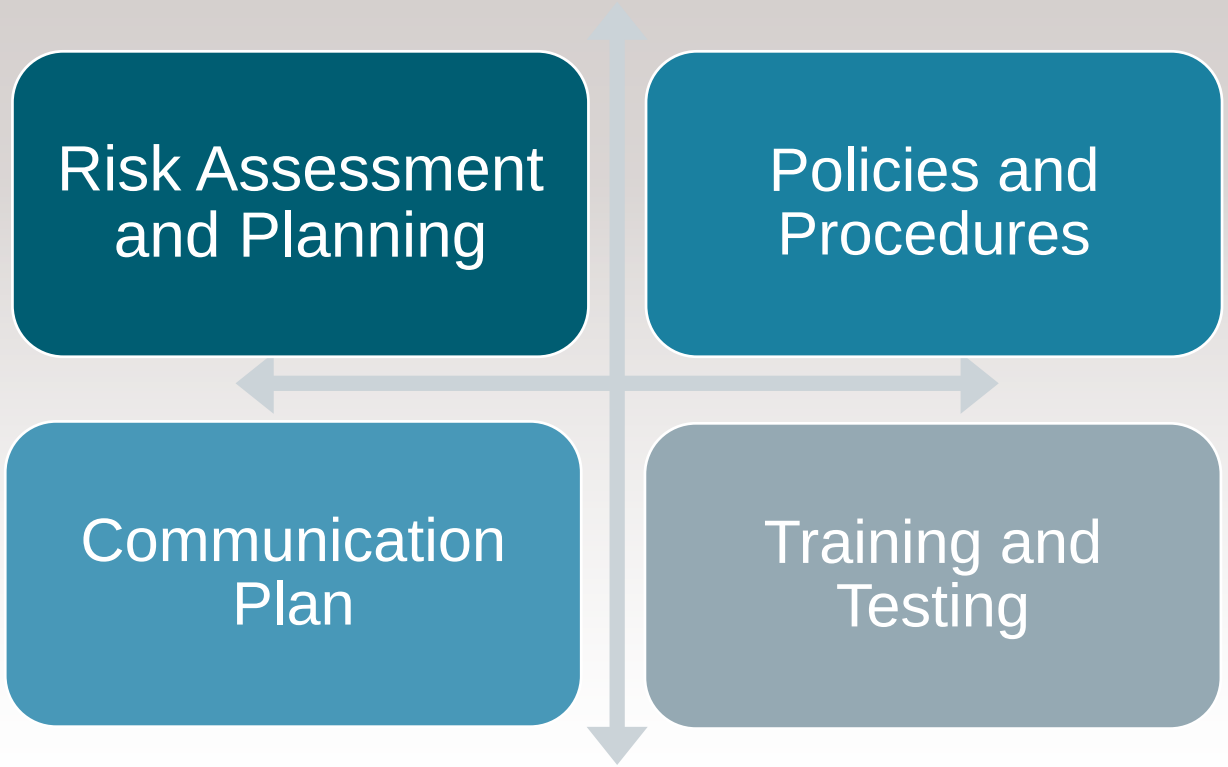
Core Elements for All Providers



Risk Assessment and Planning

- Perform Risk Assessment using an “all-hazards” approach, focusing on capacities and capabilities

- Hazard Vulnerability Analysis (HVA):
  - Identify threats and hazards of concern
  - Determine probability of threat or hazard
  - Assess impact upon the organization
  - Identify level of preparedness

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Risk Assessment and Planning

HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS

KAISER PERMANENTE®

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Mass Casualty Incident (trauma)								0%
Mass Casualty Incident (medical/infectious)								0%
Terrorism, Biological								0%
VIP Situation								0%
Infant Abduction								0%
Hostage Situation								0%
Civil Disturbance								0%
Labor Action								0%
Forensic Admission								0%
Bomb Threat								0%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.00	0.00	0.00

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Risk Assessment and Planning

- Develop an emergency plan based on a risk assessment:
  - High Probability and impact events
  - Address facility population at risk due to unique needs
  - Identification of services must be provided
  - Continuity of Operations
  - Process for cooperation with Community Response
  - All-hazards approach

- Reviewed and updated emergency plan **annually**

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Risk Assessment and Planning: Functional Needs Patients

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Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment
- Policies and procedures must address:
  - Subsistence Needs
  - Evacuation Plans
  - Shelter-in-place
  - Tracking patients and staff

- Review and update at least annually

Policies and Procedures: Subsistence Needs

"This does not mean that facilities would need to store provisions themselves. We agree that once [patients] have been evacuated to other facilities, it would be the responsibility of the receiving facility to provide for the patients' subsistence needs.

Local, state and regional agencies and organizations often participate with facilities in addressing subsistence needs, emergency shelter, etc.

Secondly, we are not specifying the amount of subsistence that must be provided as we believe that such a requirement would be overly prescriptive."

Alternate Sources of Energy

"Alternate sources of energy depend on the resources available to a facility, such as battery-operated lights, propane lights, or heating, in order to meet the needs of a facility during an emergency.

We would encourage facilities to confer with local health department and emergency management officials, as well as and healthcare coalitions, to determine the types and duration of energy sources that could be available to assist them in providing care to their patient population during an emergency.

As part of the risk assessment planning, facilities should determine the feasibility of relying on these sources and plan accordingly."

CMS Final Rule Comment Section – Page 89

New Requirement: Evacuation

- Safe evacuation from the facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.
- A means to shelter in place for patients, staff, and volunteers who remain in the facility.
- A system of medical documentation that preserves patient information, protects confidentiality of patient information, and ensures records are secure and readily available.

New Requirement: Use of Volunteers and Other Staffing Strategies

"…in an emergency a facility or community would need to accept volunteer support from individuals with varying levels of skills and training and that policies and procedures should be in place to facilitate this support.

Healthcare volunteers would be allowed to perform services within their scope of practice and training and non-medical volunteers would perform non-medical task"

CMS Final Rule Comments – Page 91 and 92

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Communication Plan

- Names and contact information: staff, entities under arrangement, physicians, other healthcare facilities, volunteers
- Contact information: Federal, State, tribal, regional, and local EP staff
- Primary and alternate means for communicating with the following: hospital's staff; Federal, State, tribal, regional, and local emergency management agencies:
  - Alternate communications: e.g. mobile phones, HAM radio, satellite phones.
  - CMS recognizes difficulties with communications systems in remote areas; expects hospitals to address challenges in emergency communication systems.

Communication Plan

- With other healthcare providers to maintain continuity of care
- Means to release info in the event of an evacuation as permitted under HIPPA
- Means of providing info about general condition and locations of residents/clients
- And regarding the occupancy, needs and ability to provide assistance to authority having jurisdiction

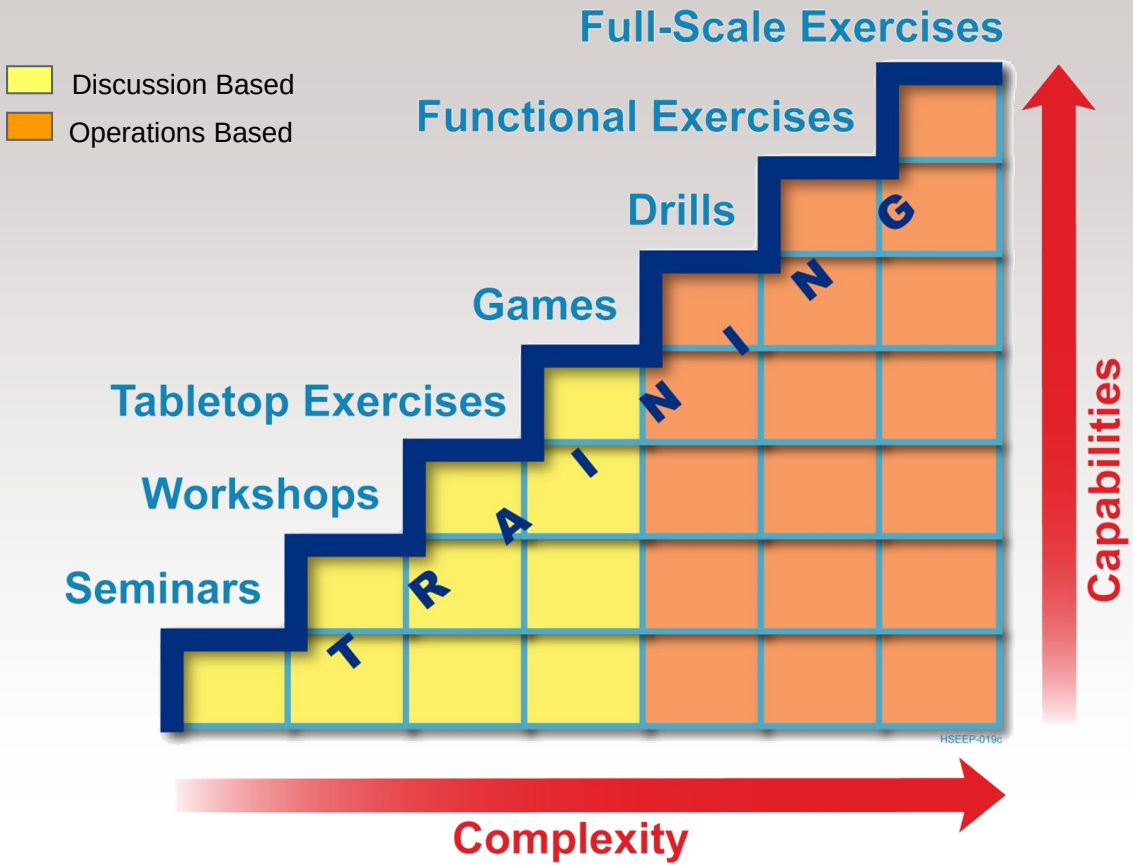
Training and Testing Program

- Training Program:
  - Initial training in EP policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteer
  - Provide EP training at least annually
  - Maintain documentation of the training
  - Ensure that staff can demonstrate knowledge of emergency procedures

Training and Testing Program

- Conduct drills and exercises to test the emergency plan:
  - Participate in a full-scale exercise that is community-based at least annually. If not available, conduct a facility-based full-scale exercise.
  - If hospital experiences an actual natural or man-made emergency that requires activation of emergency plan, this exempts hospital from requirements for 1 year following
  - Conduct a second formal exercise that can be a tabletop at least annually involving a narrated clinically relevant emergency scenario
  - Analyze the hospital's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospital's emergency plan, as needed

Training and Testing Program



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Emergency and Standby Power Systems

- Additional requirements for hospitals, critical access hospitals, and long-term care facilities
- Locate generators in accordance with National Fire Protection Association (NFPA) guidlines
- Conduct generator testing, inspection, and maintenance as required by NFPA
- Maintain sufficient fuel to sustain power during an emergency

Integrated Health Care Systems

- If facility is part of a healthcare system with multiple facilities, they can elect to have a unified and integrated EP Program
- Must Demonstrate that each facility participated in the development
- Must Reflect each facility's unique circumstances, population, and services based on their facility-specific assessment
- Have integrated Plans and Policies for coordinated communication plan, testing, and training

Next Steps?

- Establish a list of sites the operate under the CMS Conditions of Participation
- Collaborate with HR, Leadership, Plant Operations, Safety, Risk Management
- Create a gap analysis to track compliance/progress

Questions?

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