



Preparing for the CMS Emergency Preparedness Rule Changes

Allison Jouras, ASP, HEM

Senior Consultant
BSI EHS Services and Solutions

Kathy Harris

Manager
Stanford Health Care
Office of Emergency Management



Webinar Logistics

- All participants are muted
- 45 minute presentation
- 10 minutes Q&A session
 - Use the Questions box on your sidebar at any time to submit questions
 - We'll respond to as many questions as we can in the Q&A session so we can end on time
- Web/Phone Conference Issues or Concerns
 - If you are having difficulty seeing/hearing the presentation, please submit a question using the Questions box or
 - Call / text 503.267.1698
- You will receive a link to a short evaluation survey—please help us by providing your feedback!
- All attendees will receive a link to the recorded webinar and presentation slides within a day or two of the webinar

Allison Jouras, BSI EHS Services and Solutions

Allison Jouras is an environmental, health and safety professional who provides technical EHS support to leading healthcare, biotech, semiconductor and high technology clients. She focuses on creating safe working environments through hazard identification, risk reduction, and the development and implementation of comprehensive safety policies and programs that ensure regulatory compliance.

Ms. Jouras has worked with executive leadership and frontline staff at a variety of acute care facilities, ambulatory surgery centers and medical clinics to lower the occurrence of occupational injuries through development and execution of creative solutions related to blood and bodily fluid exposures, safe patient handling, incident investigation, hazardous materials exposure, workplace violence, Lean initiatives, intra-departmental workflows and various other safe work practices.



Kathy Harris, Stanford Health Care

Kathy Harris is an Emergency Manager for Stanford Health Care and Stanford Children's Health. She supports nearly 200 clinics, outpatient surgery centers, and offices, where her activities include developing Emergency Response Teams, coordinating drills and exercises, and serving on the hospitals' Incident Management Team. Her interest in emergency management began while volunteering in Waveland, Mississippi after Hurricane Katrina, and has since included professional experiences with San Francisco, Stanford University, the University of Oregon, and the Environmental Protection Agency.

She holds a Master's in Planning from the University of Oregon and a Bachelor's in Environmental Studies from Emory University.



Agenda

Background

Overview of the new rule

Risk Assessment and Planning

Policies and Procedures

Communication Plan

Training and Testing

Case Study

Summary

Objectives



Understand the need for the regulation



Be familiar with the 4 core elements of the new rule



Be familiar with some of the key considerations to take into account when developing your compliant Emergency Preparedness Program



Share a case study from a leading organization to highlight best practices for meeting compliance with the rule changes



Why change the rules?

Background

“ In response to past terrorist attacks, natural disasters, and the subsequent national need to refine the nation’s strategy to handle emergency situations, there continues to be a coordinated effort across federal agencies to establish a foundation for development and expansion of emergency preparedness systems. ”

— Federal Register 64008, Statement of Need

Background

2005
Hurricane Katrina

- 215 deaths occurred in hospitals and nursing homes

2010
American College of
Healthcare Executives Survey

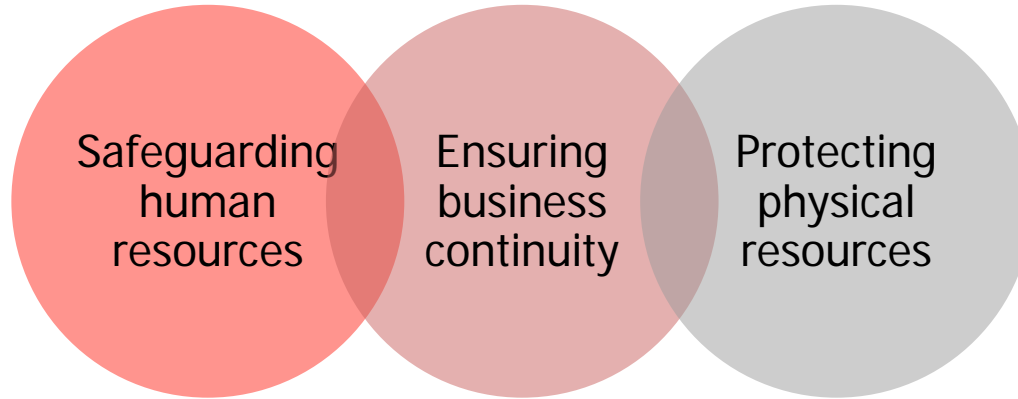
- Less than 1% of hospital CEOs identified “disaster preparedness” as a top priority

2012
Survey of 1,200
Community Hospital CEOs

- Disaster preparedness was not identified as a top issue

The Final Rule

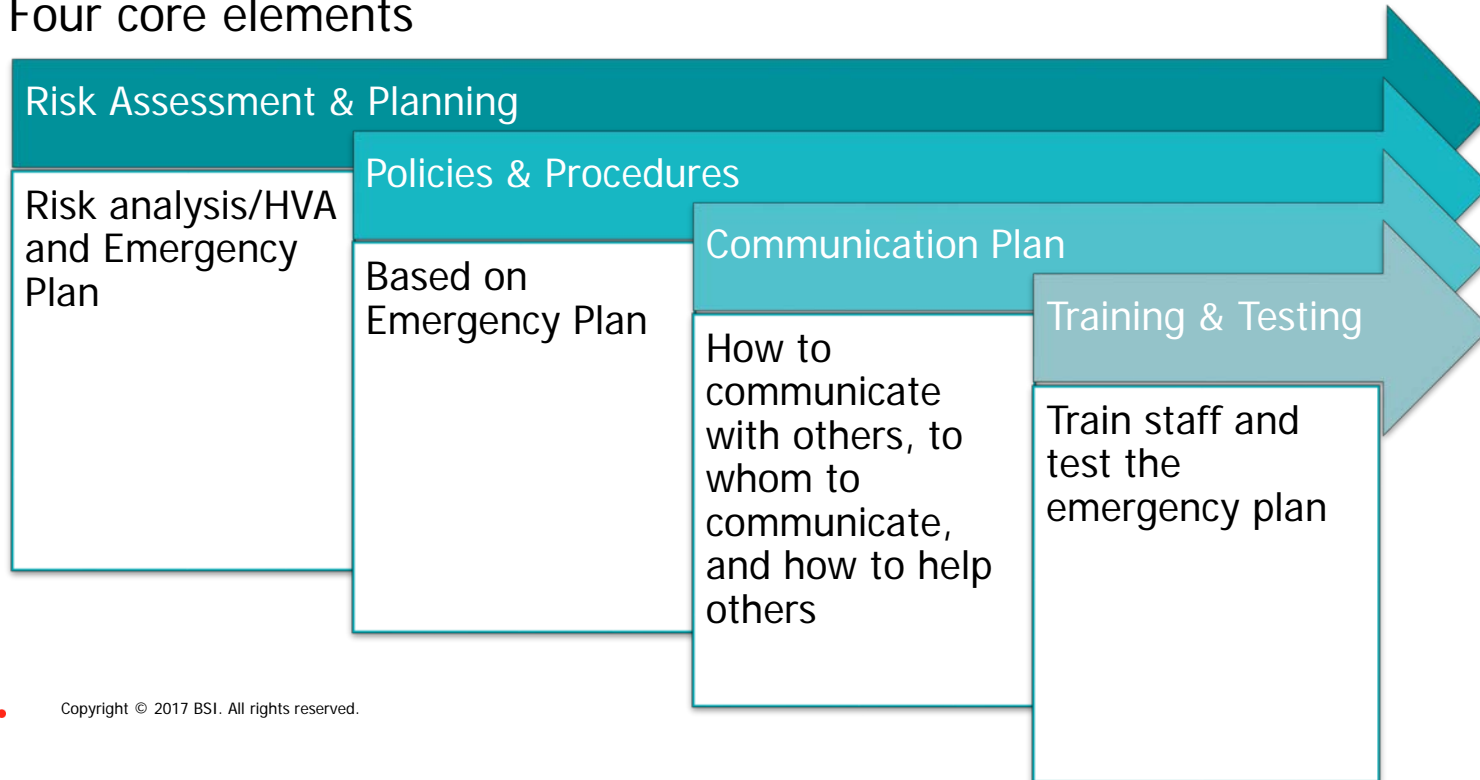
- Addresses three key elements:



- Goal:
 - Reduce the mortality and morbidity associated with disasters
- Compliance is required for participation in Medicare
 - Surveying for compliance begins Wednesday 11/15/2017

The Final Rule

- Affects 17 Provider Types
- Four core elements



A large, thick teal arc that starts from the left edge of the slide and curves downwards towards the bottom right corner, framing the central text.

Risk Assessment and Planning

Risk Assessment & Planning

Considerations for the Emergency Preparedness Plan

- Based upon documented Risk Assessments
 - Facility location, all hazards & hazard duration
 - Hazard Vulnerability Assessment (HVA)
 - » City, County and State resources
- Strategies for addressing emergency events identified in Risk Assessment
 - If your facility would be requested to accept additional patients -> Develop surge capacity strategy

Risk Assessment & Planning

Considerations for the Emergency Preparedness Plan

- Patient population and continuity of services
 - Evacuation plans
 - Inpatients vs. outpatients
 - At-risk populations
 - Patient mobility
 - Succession planning & Logistics

Poll: Have you considered backup evacuation plans if your alternate care sites are not feasible?

- Yes
- No
- I didn't know that I needed to identify alternate care sites

Emergency Plan

Considerations for the Emergency Preparedness Plan

- LTC facilities and ICF/IIDs:
 - Include missing residents and client within emergency plans
 - » What local resources can be activated/utilized?
 - » Likely destinations and paths of travel
 - » Family notification

Emergency Plan

Coordinated Disaster Preparedness

- Collaborate with local, tribal, regional, state & federal emergency preparedness officials
 - Local Healthcare Coalitions
- Clinics, rehabilitation agencies and public health agencies as providers of outpatient physical therapy and speech-language pathology services
 - Involve facility personnel as subject matter experts
- Healthcare systems can have one unified and integrated emergency preparedness program
 - Consider each facility separately

Awardee	Coalition Name
California	MADERA COUNTY PUBLIC HEALTH DEPARTMENT
California	MARIN HEALTHCARE PREPAREDNESS PROGRAM
California	MARIPOSA COUNTY
California	MENDOCINO HPP PARTNERSHIP
California	MERCED COUNTY DEPARTMENT OF PUBLIC HEALTH
California	MODOC COUNTY HEALTHCARE COALITION
California	MONO COUNTY
California	MONTEREY COUNTY HEALTHCARE EMERGENCY RESPONSE COALITION (HERC)
California	NAPA HPP COMMITTEE
California	NEVADA COUNTY HPP PARTNERSHIP
California	ORANGE COUNTY PLACER COUNTY HEALTHCARE PREPAREDNESS PARTNERSHIP
California	PLUMAS COUNTY EMERGENCY PREPAREDNESS/EMCC
California	SACRAMENTO COUNTY HPP PARTNERSHIP
California	SAN BENITO COUNTY HPP GROUP
California	SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH-HEALTH PREPAREDNESS PARTNERSHIP
California	SAN JOAQUIN COUNTY EMERGENCY PREPAREDNESS COMMITTEE
California	SAN LUIS OBISPO COUNTY PUBLIC HEALTH EMERGENCY PREPAREDNESS
California	SAN MATEO COUNTY
California	SANTA BARBARA HEALTHCARE PARTNERS
California	SANTA CRUZ HEALTHCARE EMERGENCY PREPAREDNESS COALITION
California	SHASTA COUNTY HPP
California	SISKIYOU COUNTY MEDICAL HEALTH

Poll: Do you participate in your local Healthcare Coalition?

- Yes
- No
- I don't have a local Healthcare Coalition available
- I'm not sure if a local Healthcare Coalition is available



Policies and Procedures

Policies and Procedures

- Align with facility's overall emergency preparedness program
- Regulation does not specify where policies and procedures must live
 - Demonstrate compliance
 - Centralize where all policies and procedures are found
- Allow time for development/review/approval of policies prior to 11/15
 - What is the policy approval process?
 - Additional committee approvals?
 - Timeline?

Policies and Procedures

Considerations

- Can patients be rescheduled? Can the facility be closed prior to predictable emergencies?
- Subsistence needs
- Sources of energy
 - Contracted providers
- Staff and patient tracking
- Patient evacuation
 - Notification requirement
- Shelter-In-Place
 - Facility capability to survive disaster

A thick teal arc curves across the top and right side of the slide, starting from the left edge and ending near the bottom right corner.

Communication Plan

Communication Plan

Considerations

- How will you coordinate patient care within the facility, across healthcare providers, and with state and local public health departments?
 - Do you need additional Reddinet licenses and training, pagers, portable VOIP services?
 - Do you have appropriate emergency contact information readily accessible? If electronic, does a backup exist?
- If internet and phone connectivity are lost, what optional communication methods are available?
 - Satellite phones, radios, short wave radios

Communication Plan

Considerations

- Do you need to purchase communication devices to meet requirements?
- How will you share information with other healthcare providers to ensure continuity of care for evacuated patients?
- HIPAA requirements are NOT suspended during a public health emergency

Communication Plan

Considerations

- How will you provide information about facility needs and ability to provide assistance to emergency resources?
 - Reddinet, phones, radios, fax, etc.
- LTC facilities and ICF/IIDs:
 - Must share emergency preparedness plans and policies with family members and resident/client representatives
 - Facilities can determine what information to share and timing and manner in which it's disseminated
 - Utilize Fact Sheet, brochure, website, welcome references

A large, thick teal arc that starts from the left edge of the slide and curves downwards towards the bottom right corner, framing the central text.

Training and Testing

Training & Testing

Training Considerations

- Reflective of risks identified in risk assessment for respective locations
- Initial training provided to staff, service providers and volunteers consistent with their emergency roles
- ESRD Facilities staff training on how to inform patients:
 - How to disconnect themselves from dialysis machines
 - Whom to contact if the facility is closed and how to locate alternate dialysis facilities.

Training & Testing

Testing Considerations

- Conduct one tabletop and participate in one full-scale community-based exercise annually
 - Can conduct an individual facility exercise if a full-scale community exercise is not available
 - » If a few facilities conduct a small community-based exercise, offer local/state and healthcare coalitions the opportunity to attend
 - How many other requirements will you satisfy by participating in a full-scale exercise?
 - Each facility must document their own compliance and maintain records for 3 years
- Actual emergency events or responses of sufficient magnitude (requires activation of relevant emergency plans) meets the annual exercise requirement if documented appropriately

Training & Testing

Patient Training

- ESRD Facilities:
 - Implement an orientation and training program which educates patient on the emergency preparedness policies & procedures:
 - » How patients will be notified of an emergency
 - » What procedures they are expected to follow
 - » Communication protocols for contacting the ESRD facility and identifying an alternate location for their treatment in the event of a facility closure or shelter-in-place
 - » How to evacuate the facility
 - » Location of potential transfer sites or services

Case Study

Stanford Health Care



Copyright © 2017 BSI. All rights reserved.



Exercise Overview



Virtual Command



Huddles



Hands-On Activities



Documentation



Response Partners





Virtual Command

- Engage multiple sites simultaneously
 - Share the benefits of different experiences and perspectives across sites
- Practice procedures for escalation
- Simulate a Hospital Command Center
 - Apply concepts of the Hospital Incident Command System (HICS)





Huddles

- Convene *all levels of* your team
- Discuss impacts of an emergency scenario
- Problem solve anticipated issues
- Recognize there's not always only one "right" answer
 - Expect and consider different viewpoints and ideas
 - Suggest improvements
 - Commit to closing the loop on unresolved issues



Hands-On Activities

“Boots on the ground”

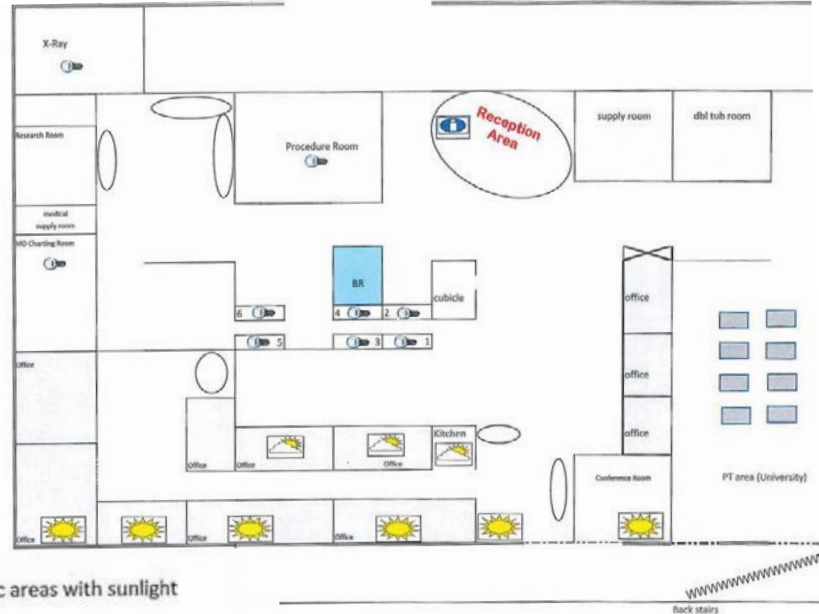
- Do your staff know how to use the emergency equipment?
 - For communications *e.g., radios*
 - For evacuation *e.g., Med Sleds, Stryker Chairs*
- + Does it work? *e.g., flashlights*
- » Is it current? Is it what you expected?
 - Contact information *e.g., emergency notifications to building phones and leaders*





Hands-On Activities

- What information could your teams collect / create to make their plans even better?
 - Scavenger Hunt!



-  = clinic areas with sunlight
-  = partly sunny
-  = Emergency Procedure Flipbook
-  = flashlight
-  = exam bed



Documentation

- Learn the proper way to complete standard forms
 - Identify opportunities for process improvement
- Practice with real-world information
 - Status Report Forms
 - Patient Tracking Forms





Response Partners

- Coordinate with internal departments
- Develop relationships with external agencies



Summary



Summary

Participate in your local Health Care Coalition (HCC) if available

Allocate time and resources to prepare for the new rule

- Internal subject matter experts, local resources, peers, consultants
- Understand policy review and approval process and timeline

Utilize risk assessment and Emergency Plan resources already available to you

Determine communication needs

Implement training plan

Check all the boxes before November 15th!

Thank you!

