THE CMS EMERGENCY PREPAREDNESS RULE

HOSPITAL EDITION

RUSSELL PHILLIPS & ASSOCIATES

Fire and Emergency Management for Healthcare Facilities
THIS IS WHY

Best Practices from across the industry

CMS / AHJ Requirements

Research of Response

THIS IS HOW!
AGENDA

- Publication of the CMS Final Rule
- Overview of the Emergency Preparedness Requirements
- The Conditions of Participation for Hospitals

“THIS IS WHY → THIS IS HOW”
Centers for Medicare & Medicaid Services
EMERGENCY PREPAREDNESS REQUIREMENTS

Dec. 2013
CMS Proposes New Regulations for All Providers & Suppliers

Sept. 16, 2016
“FINAL RULE”
CMS Adopts New Regulations Effective November 16, 2016

Nov. 15, 2017
Implementation Date
## Affected Provider and Supplier Types

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Access Hospitals (CAHs)</td>
<td>Ambulatory Surgical Centers (ASCs)</td>
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<tr>
<td>Hospices</td>
<td>Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services</td>
</tr>
<tr>
<td>Hospitals</td>
<td>Community Mental Health Centers (CMHCs)</td>
</tr>
<tr>
<td>Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)</td>
<td>Comprehensive Outpatient Rehabilitation Facilities (CORFs)</td>
</tr>
<tr>
<td>Long Term Care (LTC)</td>
<td>End-Stage Renal Disease (ESRD) Facilities</td>
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<tr>
<td>Psychiatric Residential Treatment Facilities (PRTFs)</td>
<td>Home Health Agencies (HHAs)</td>
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<tr>
<td>Religious Nonmedical Health Care Institutions (RNHClis)</td>
<td>Hospices</td>
</tr>
<tr>
<td>Transplant Centers</td>
<td>Organ Procurement Organizations (OPOs)</td>
</tr>
<tr>
<td></td>
<td>Programs of All Inclusive Care for the Elderly (PACE)</td>
</tr>
<tr>
<td></td>
<td>Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHClis)</td>
</tr>
</tbody>
</table>
# Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Requirements by Provider Type

## Inpatient

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Emergency Plan</th>
<th>Policies and Procedures</th>
<th>Communication Plan</th>
<th>Training and Testing</th>
<th>Additional Requirements</th>
</tr>
</thead>
</table>
| Hospital            | Develop a plan based on a risk assessment using an “all hazards” approach, which is an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and disasters. The plan must be updated annually. | Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan which must be reviewed and updated at least annually. System to track on-duty staff & sheltered patients during the emergency. | Develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well-coordinated within the facility, across health care providers and with state and local public health departments and emergency systems. The plan must include contact information for other hospitals and CAHs; method for sharing information and medical documentation for patients. | Develop and maintain training and testing programs, including initial training in policies and procedures and demonstrate knowledge of emergency procedures and provide training at least annually. Also annually participate in:  
  - A full-scale exercise that is community- or facility-based;  
  - An additional exercise of the facility’s choice. | Generators—Develop policies and procedures that address the provision of alternate sources of energy to maintain:  
  1. temperatures to protect patient health and safety and for the safe and sanitary storage of provisions;  
  2. emergency lighting; and  
  3. fire detection, extinguishing, and alarm systems. |
| Critical Access Hospital | *                                                                 | *                                                             | *                                                                                                      | *                                                                                                      | Generators                                                                                                  |
| Long Term Care Facility | Must account for missing residents (existing requirement).                                                                    | Tracking during and after the emergency applies to on-duty staff and sheltered residents.               | In the event of an evacuation, method to release patient information consistent with the HIPAA Privacy Rule. | *                                                                                                      | Generators  
  Share with resident/family/representative appropriate information from emergency plan. |
| PDTE                | *                                                                 | *                                                             | *                                                                                                      | *                                                                                                      | *                                                                                                           |
The regulation focuses on **4 Core Elements** of Emergency Preparedness:

- Annual Risk Assessment & Emergency Planning (all-hazards approach)
- Policies and Procedures
- Communication Plan
- Training and Testing

- Emergency Power
- Integrated Health Systems
- Transplant Hospitals
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- Transplant Hospitals
CMS Emergency Preparedness Rule

Your Emergency Preparedness PROGRAM

Risk Assessment
Policies & Procedures
All Hazards Planning
Training
Exercises
Hazard Vulnerability Assessment (HVA)

- Systematic approach to recognizing hazards that may affect the ability to care for patients.
- The risks associated with each hazard are analyzed to prioritize planning, mitigation, response and recovery activities.
- “All-Hazards” approach
Annual Risk Assessment and Emergency Planning

Why Conduct an HVA

- Annually assesses hazards to assist facility in developing:
  - **Mitigation Plans** (can infrastructure be hardened to mitigate hazards, or equipment purchased, etc.)
  - **Preparedness Plans** (what emergency response plans should be in place for known hazards)
  - **Exercise / Drill Plans** (what should the focus be for the year)
Annual Risk Assessment and Emergency Planning

How to Conduct an HVA

- Pick a model
  - Assemble a Multidisciplinary Team
  - Clinical, Facilities, Safety and all facility Staff
  - Include local Emergency Management

- Review External Hazards
  - Engage Local, Regional and State Emergency Management & HVAs
  - Review Internal (Facility) Hazards

- Conduct an internal and exterior tour

- Complete HVA & Establish Mitigation Plans
Annual Risk Assessment and Emergency Planning

National (Broad)

State (Regional)

Local / County (External)

Facility (Internal)
# How to Conduct an HVA

## Hazard and Vulnerability Assessment Tool

**Naturally Occurring Events**

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>SEVERITY = (MAGNITUDE - MITIGATION)</th>
<th>RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Likelihood this will occur</td>
<td>Human Impact</td>
<td>Property Impact</td>
</tr>
<tr>
<td>----------------</td>
<td>------------------</td>
<td>-------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Hurricane</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Tornado</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Severe Storm</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Thunderstorm</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Snow Fall</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Blizzard</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ice Storm</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Relative threat*
Emergency Operations Plan (EOP)

- The hospital must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually.
  - Based on your risk assessment (HVA)
  - Addresses patient population, services provided and continuity of operations
  - Collaboration with local, state and federal partners
Hospital Leaders, including leaders of the medical staff, participate in planning activities to develop an EOP.

Use the HVA and in collaboration with community partners:

- Document “the hospital’s efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts”

Ensure the Incident Command structure is integrated into and consistent with the community's.
The hospital must develop and implement emergency preparedness policies and procedures that must be reviewed and updated at least annually.

Based on your EOP, HVA and your Communications Plan

At a minimum must address the following (for staff & patients whether sheltering-in-place OR relocating):

- The provision of subsistence needs including...
- System to track staff and patients
- Safe evacuation from the hospital & identifying receiving facilities
- Means to shelter-in-place
- Consideration of Medical Documentation confidentiality/security
- Use of volunteers (Credentialing & Privileging)
- Alternate Care Sites
Communication Plans

- The hospital must develop and maintain an emergency preparedness communications plan that must be reviewed and updated at least annually.
- Names and contact info for:
  - Staff, providers, patients, physicians, other hospitals, volunteers
  - Federal, state, tribal, regional and local Emergency Preparedness agencies and staff
- Primary and alternate means for communication internally and externally
- Method for sharing Medical Information in the event of an evacuation or special circumstances (1135b waivers, PHI, etc.)
- Method for communication with the local Incident Command Center (AHJ) or designee
Policies, Procedures and Communications Plan

**How to develop**

**Policies, Procedures and Communication Plans**

- Procedures Applicable to All-hazard Responses
- Hospital Incident Command System
- Full Building Evacuation Plan
- Procedures for Specific Events
Policies, Procedures and Communications Plan

**How** to develop

**Procedures Applicable to All Hazard Responses**

- **Activation**
  - Emergency Codes / Terminology
  - EOP / Hospital Command Center Activation

- **Communications Plan**
  - Internal / External Contacts
  - Internal / External Methods
  - Medical Information
Policies, Procedures and Communications Plan

**How to develop**

**Procedures Applicable to All Hazard Responses**

- Managing Resources & Assets During a Disaster
  - Responsibilities for Ensuring Critical Supplies
  - Strategies to remain operational (contingency plans)
  - Overview of Hospital Capabilities (96 hrs is the goal, but not required)

- Managing Security and Safety During a Disaster
  - Building/Area Lock down (e.g., Emergency Dept.)
  - Campus Lock Down
Policies, Procedures and Communications Plan

**How to develop**

**Procedures Applicable to All Hazard Responses**

- Management of Staff During a Disaster
  - Disaster Staffing Options
  - Staff Sheltering (Staff, families & pets)
  - Emergency Credentialing Plan

- Managing Patients During a Disaster
  - Surge Capacity (Influx) Plan
  - Mass Casualty Incident (MCI) & Decon Plans
  - Alternate Care Site Plans
Hospital Incident Command System

Organize the Chaos!!

All images © from their source
How to develop
Hospital Incident Command System

- National Incident Management System Compatible
- Customized To Your Facility (Size, Function and Levels of Care, and Staffing)
- Activate Positions That Are Needed To Manage The Incident
- Ensure you assign, plan and train for positions “3 Deep” to ensure continuity
Emergency Management

Incident Action Plan (IAP)

Incident Command System

Re-Evaluate

Implement Action Plan

Incident Management Cycle

EACH OPERATIONAL PERIOD
Evacuation From a Healthcare Facility is the EXCEPTION, Not the Rule
Policies, Procedures and Communications Plan

Why a Full Building Evacuation Plan

However “Just in Case”
Policies, Procedures and Communications Plan

**How to develop Full Building Evacuation Plan**

- Establish **Incident Command System** with roles and responsibilities to manage the disaster

- Prepare Patients on the Clinical Units

- Move to an internal Holding/Staging Area

- Transport from the Holding/Staging Area to an alternate care site, receiving facilities, or discharge to home

- **Communication Plan** that addresses communication with patients, families, providers, etc. and sharing medical information (electronic or paper-based)
Why to develop Procedures for Specific Events

Identified Risks based on your HVA:

- Natural Events (Weather)
- Technological Events
- Human Events
- Hazardous Material Events
How to develop Procedures for Specific Events

- Active Shooter / Person with a Weapon
- Bomb Threat / Suspicious Package
- Civil Disturbance / Demonstrations
- Contamination of Outside Air
- Floor / Hurricane / Tornado / Snow Storm

Loss of Utilities:
- Water / Sewage
- Commercial Power / Emergency Power
- IT / Nurse Call / Telephones
How to develop Procedures for Specific Events

- Build around your HVA
- Use your multi-disciplinary team to work out expected responses
- Bring in Subject Matter Experts (SMEs) as necessary (e.g., Police for Active Shooter, FD for fire response & evacuation)
- Develop plans or response guides that address all levels of response:
  - Activation / Notification
  - Immediate Actions (Area or origin, facility, person-in-charge)
  - Facility Leadership Response
  - Local, Regional or Mutual Aid Plan response
Training and Testing

Training Programs

- The hospital must develop and maintain an emergency preparedness training and testing program based on the emergency plan (EOP):
  - Initial training for new and existing staff, individuals providing services under arrangement, and volunteers consistent with their expected role.
  - Provide training at least annually
  - Maintain Documentation
  - Demonstrate staff knowledge of emergency procedures
How to develop Training Programs

- Annually for all staff based on their expected roles
- General Staff must know their emergency codes/terminology and initial responses
- Incident Command System training for leadership
- Education & scenario-based drills for specific events
- Specialty Roles (examples):
  - Evacuation Teams: Evacuation equipment
  - Decontamination Teams: Decon training
The hospital must conduct exercises to test the emergency plan at least annually:

- Participate in a “full-scale exercise” that is community-based, or when a community-based exercise is not available, an individual, facility-based.
  - Actual Events count – MUST DOCUMENT!

- Conduct an additional exercise that may include, but is not limited to:
  - A second “full-scale exercise” that is community-based, or individual facility-based
  - A tabletop exercise that meets the specific requirements (facilitator, clinically-relevant, prepared questions, etc.)

- Analyze the response to, and maintain documentation of all drills, exercises and emergency events, and revise the hospital’s emergency plan, as needed.

ASC’S and Nursing Homes now have the SAME requirements
Training and Testing

How to develop Testing Programs

Homeland Security Exercise and Evaluation Program (HSEEP)

April 2013
Supporting Models: Mutual Aid Plans / Healthcare Coalitions

Everything starts locally. After that, it is based on support from Mutual Aid Plans, Healthcare Coalitions, Regions and Corporate Entities.
Other Requirements

**Integrated Health Systems**

- Hospitals that are part of a system may elect to be part of the system’s “unified and integrated emergency preparedness program”, however the program must:

  - Demonstrate that each facility actively participates
  - Developed and maintained taking into account the uniqueness of each individual facility (services, resident, circumstances, etc.)
  - Must demonstrate each individual facility is capable of actively using the unified and integrated emergency preparedness program (Training, Testing, and Live Events Documentation)
  - Must have facility-specific Hazard Vulnerability Assessments (HVAs) and may also have a Regional HVA
Other Requirements

- Emergency Power

Hospitals that have on-site fuel sources must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.
Other Requirements

Transplant Hospitals

- If a hospital has one or more transplant centers, a representative must be included in the planning and the emergency preparedness program.

- The hospital must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the hospital, each transplant center and the OPO for the DSA where the hospital is situated, unless there are waivers in place to work with other OPOs during an emergency.

  - OPO: Organ Procurement Organizations
  - DSA: Donation Service Area
Next Steps

**Action Items**

- Conduct your **Hazard Vulnerability Assessment (HVA)**

- Review (GAP Analysis) your existing **Emergency Preparedness Program** to your **HVA, the CMS Regulations and Accreditation Standards (TJC, DNV, HFAF)** including your:
  - Emergency Operations Plan
  - Policies and Procedures
  - Training and Testing Programs (Exercises)

- Develop a “**Crosswalk**” to your appropriate standards (CMS or other accrediting body)
Next Steps

Action Items

- Develop an Initial Compliance Plan based on the GAPS found in your analysis to bring your program into compliance by November 2017.

- Develop an Annual Compliance Calendar to ensure continued compliance:
  - Annual Hazard Vulnerability Assessment
  - Annual review of your EOP and Emergency Preparedness Program including all Policies and Procedures
  - Annual Training (by Responsibilities – Leadership & Staff)
  - Testing (Exercises) requirements
Chapter 12
Emergency Management
THANK YOU

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