Hospital Emergency Preparedness Program Update

September 22, 2016

Conference Phone Number:  1-888/822-3280
Participant Code:  354537#
Housekeeping

• This offering is being recorded.
• Lines have been muted.
• Questions will be addressed at the conclusion of the program.
• Please utilize the webinar dashboard to submit questions.
• PowerPoint and recording will be posted on the MHA website.
• Participant survey will be emailed at the conclusion of the offering.
Welcome and Purpose

• Focus: Organizational hospital emergency management programs
• Target Audience: Staff responsible for these initiatives
• Purpose:
  ▶ Timely and appropriate information
  ▶ High-level overview
  ▶ Education and exercise opportunities
  ▶ Statewide planning initiatives
  ▶ Provide ongoing updates and awareness to staff regarding CMS Proposed Rule
• Format: Informational with opportunity for questions
Quality, Safety and Emergency Preparedness

• Triple Aim
  ➢ Healthy
  ➢ Safe
  ➢ Resilient Communities

• MHA initiative to organize available safety and resiliency resources for providers.
CMS Final Rule for Emergency Preparedness
Categories: Providers and Suppliers

1. Hospitals
2. Critical Access Hospitals (CAHs)
3. Rural Health Clinics (RHCs) & FQHCs
4. Long-Term Care Facilities (Skilled Nursing Facilities (SNF))
5. Home Health Agencies (HHAs)
6. Ambulatory Surgical Centers (ASCs)
7. Hospice
8. Inpatient Psychiatric Residential Treatment Facilities (PRTFs)
9. Programs of All-Inclusive Care for the Elderly (PACE)
10. Transplant Centers
11. Religious Nonmedical Health Care Institutions (RNHCl’s)
12. Intermed. Care Facilities for Indiv. with Intellectual Disabilities (ICF/IID)
14. Comprehensive Outpatient Rehabilitation Facilities (CORFs)
15. Community Mental Health Centers (CMHCs)
16. Organ Procurement Organizations (OPOs)
17. End-Stage Renal Disease (ESRD) Facilities
Background and Purpose

- Challenges faced from natural and man-made disasters since 9/11 terrorist attacks.
- Definition of “emergency” or “disaster”: Event affecting the overall target population or the community at large that precipitates the declaration of a state of emergency at a local, state, regional, or national level by an authorized public official.
- CMS reviewed a variety of emergency preparedness (EP) guidance from federal agencies, states, accrediting bodies and standard setting bodies.
Justification

• CMS also reviewed its existing EP regulations
  ➢ Conclusion: not comprehensive enough
    – Doesn’t address communication, coordination, contingency planning or training
• CMS concludes: Existing law, guidelines, accrediting organization EP standards, fall short of what is needed for healthcare to be adequately prepared for a disaster
• Thus, EP regulations intended to establish:
  ➢ “a comprehensive, consistent, flexible, and dynamic regulatory approach to EP and response that incorporates the lessons learned from the past, combined with the proven best practices of the present.”
  ➢ Regulations would encourage providers and suppliers to coordinate efforts in communities and across state lines.
CMS Emergency Preparedness Final Rule

- Timeline
  - Finalized September 8, 2016
  - Published in *Federal Register* on September 16, 2016
  - Effective November 16, 2016
  - Implement November 16, 2017
Noteworthy

- CMS received 400 public comments to the proposed rule.
- The proposed rule provided:
  - detailed discussion of each requirement
  - a methodology to establish and maintain preparedness
  - resources and guidance available to organizations
- CMS encourages providers to reference the proposed rule, as needed.
The Role of Hospitals

- “Hospitals are often the focal points for healthcare in their respective communities; thus it is essential that hospitals have the capacity to respond…”
- “Medicare participating hospitals are required to evaluate and stabilize every patient seen in the ED and evaluate every inpatient at discharge – hospitals are in the best position to coordinate emergency preparedness planning with other providers and suppliers…”
Summary of Major Provisions

- 4 core elements to effective and comprehensive framework. These provide framework for the proposed rules for all provider/supplier categories
  - Risk assessment and planning
  - Policies and procedures
  - Communication plan
  - Training and testing
- Emergency and standby power systems regulations proposed only for inpatient providers
  - Hospitals, CAHs, LTC/SNFs.
Hospital Assessment

CMS Emergency Preparedness Requirements

- Exceed requirements
- Meet requirements
- Somewhat meet requirements

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<th>FY16</th>
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482.15 Emergency Preparedness Plan and Program

- **482.15(a)(1) Risk Assessment**
  - Hospital risk assessment is based on and includes a documented, facility-based and community-based risk assessment, utilizing an all hazards approach.

- **482.15(a)(2) Emergency plan**
  - Emergency plan includes strategies for addressing emergency events identified by the risk assessment

- **482.15 (a)(3) Patient population and available services**
  - The hospital emergency plan must address its patient population, including, but not limited to, persons at-risk.
  - The hospital emergency plan must address the types of services that the hospital would be able to provide in an emergency.
  - All hospitals include delegations add succession planning in their emergency plan to ensure that the lines of authority during emergency are clear and the plan is implemented promptly and appropriately.
482.15 Emergency Preparedness Plan and Program

- 482.15 (a) (4) The hospital must have 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, including documentation of the hospital’s efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.
482.15 (b) Policies and Procedures

• Hospitals are required to develop and implement emergency preparedness policies and procedures based on the emergency plan, the risk assessment and the communication plan, reviewed and updated annually.

• Policies and procedures must address:
  ➢ 482.15 (b) (1) Subsistence needs (staff and patients)
    – 482.15 (b) (1) (i) Food, water, pharmaceuticals and medical supplies
    – 482.15 (b) (1) (ii) Provision of alternate sources of energy to maintain temperatures, lighting, fire detection, extinguishing and alarm systems
    – 482.15 (b) (1) (ii) (D) Sewage and waste disposal including solid waste, recyclables, chemical, biomedical waste and waste water.
  ➢ 482.15 (b) (2) System to track the location of staff and patients during an emergency – if evacuated, document details of their relocation
  ➢ 482.15 (b) (3) Ensure safe evacuation, transportation and placement
  ➢ 482.15 (b) (4) A means to shelter in place for patients, staff and volunteers
482.15 (b) Policies and Procedures

- Policies and procedures must address
  - 482.15 (b) (5) Systems of medical documentation to preserve, secure, and maintain availability of records
  - 482.15 (b) (6) The use of volunteers during an emergency, other emergency staffing strategies and the process to utilize state and federal resources
  - 482.15 (b) (7) Continuity of services – arrangements with other hospitals and providers to receive patients, due to limitations or temporary closure
  - 482.15 (b) (8) the role of the hospital under an 1135 waiver, for the provision of care and treatment at an alternate care site
### 482.15 (c) Communications

- Hospital must develop, maintain and review annually an emergency preparedness communication plan that complies with federal, state and local law.
  - **482.15 (c) (1)** Contact information for staff, entities providing services under arrangement, physicians, other hospitals and volunteers
  - **482.15 (c) (2)** Government agency contact information for federal, state, tribal and/or local
  - **482.15 (c) (3)** Establish Primary and alternate communication
  - **482.15 (c) (4)** Method for sharing information and medical documentation for patients with providers to maintain continuity of care
  - **482.15 (c) (5)** Means, in the event of evacuation to release patient information, as permitted under 45 CFR 164.510(b)(1)(ii)
  - **482.15 (c) (6)** Means to provide information about the general condition and location of patients under the facility’s care. Information sharing
  - **482.15 (c) (7)** Means to provide information about occupancy, needs and ability to provide assistance
482.15 (d) Training and Testing

- Hospital develop and maintain an emergency preparedness training and testing program that includes initial training based on hospital emergency plan, risk assessment, policies and procedures, and communication plan.
  - 482.15 (d) (1) hospitals provide such training to all new and existing staff, volunteers, consistent with their expected roles and maintain documentation of such training. Training on emergency procedures occur at least annually and demonstrate staff knowledge
  - 482.15 (d) (2) drills and exercises to test emergency plans
  - 482.15 (d) (2) (i) participate in a full-scale exercise annually
  - 482.15 (d) (2) (ii) exemption if hospital experiences an actual incident
  - 482.15 (d) (2) (iii) conduct an annual exercise of hospitals choice for second requirement
  - 482.15 (d) (2) (iv) hospitals analyze their response to, and maintain documentation on all drills, tabletop exercises, and emergency events, and revise the hospital’s emergency plan as needed.
482.15 (e) Emergency Fuel and Generator Testing

Major Hospital and CAH Revisions

• *TR* - clarify that facilities **must also coordinate with local** emergency preparedness systems.

• **removing the requirement for facilities to track all staff and patients after an emergency** and clarifying that in the event on-duty staff and sheltered patients are relocated during an emergency, the provider/supplier must document the specific name and location of the receiving facility or other location for staff and patients who leave the facility during the emergency.
Major Hospital and CAH Revisions

- **TR** - clarify that facilities must develop and maintain an emergency preparedness communication plan that also complies with local law
- clarifying that these provider and supplier types must have a **means, in the event of an evacuation, to release patient information** as permitted under 45 CFR 164.510(b)(1)(ii)
- revising testing requirements by replacing the term "community mock disaster drill" with "**full-scale exercise**"
Major Hospital and CAH Revisions

- revising testing requirements to allow each facility to choose the type of exercise they must conduct to meet the second annual testing requirement
- revising emergency and standby power system requirements by removing the requirement for an additional 4 hours of generator testing and clarifying that a facility must meet the requirements of NFPA® 99 2012 edition and NFPA® 110, 2010 edition.
- removing the requirement that a facility must maintain fuel onsite and clarifying that facilities must have a plan to maintain operations unless the facility evacuates
Major Hospital and CAH Revisions

- allow a separately certified healthcare facility within a healthcare system to elect to be a part of the healthcare systems unified emergency preparedness program
Next Steps

- On-demand education at www.mhanet.com
- Continued quarterly webinar updates
- Session at the fall 2016 MHA Emergency Preparedness Conference
- Implementation Toolkits
  - Crosswalk
  - Checklist
  - Collection of established resources for compliance
National HPP Resource: TRACIE

- **Technical Resources**
  - Collection of preparedness materials searchable by keyword

- **Assistance Center**
  - Access to specialists for one-on-one support

- **Information Exchange**
  - Peer-to-peer, protected, open discussion
  - Currently seeking input for FY 2017 – FY 2021 HPP project period

- [https://asprtracie.hhs.gov/](https://asprtracie.hhs.gov/)
Upcoming CMS Webinar

- Wednesday, October 5 from 12:30 to 2 pm CT
- Agenda:
  - Provisions of the final rule
  - Enforcement process
  - Overview of available technical assistance
- To register or for more information, visit MLN Connects® Event Registration.
National Mass Care Exercise
National Mass Care Exercise

- Missouri hosted the National Mass Care Exercise August 22-25, 2016
- Scope: Test Missouri’s evacuation and mass care plans
- Selected to serve as the joint HPP/PHEP exercise
- ESF-8 (health and medical) involvement — state public health officials, healthcare coalitions and MODRS
Scenario

- 7.7 earthquake affecting the New Madrid Seismic Zone
- Day 1 of exercise play: Monday, August 22
  - Three days post incident for purposes of mass care objectives
- ESF-8 leadership disseminated a pre-exercise briefing on Friday, August 19, to health and medical partners and conduct a HAvBED query
ESF-8 Objectives (state-level/ HCC)

- Demonstrate the capability of the Medical-Incident Coordination Team (M-I CT) to exchange information among state ESF-8 and medical partners to enhance situational awareness, including resource requests.
- Determine the deployment prioritization of the regionally pre-positioned ESF-8 communications assets.
- Region C and the Southeast healthcare coalition established recovery objectives and priorities for the respective regional healthcare systems.
ESF-8 Objectives (state-level/ HCC)

- Each regional healthcare coalition demonstrated:
  - The capacity to establish an incident management structure to coordinate actions to achieve incident objectives during the response
  - The ability to enhance situational awareness for its members during the response
  - The capability of redundant means of communication for achieving and sustaining situational awareness
  - Immediate Bed Availability (IBA)
ESF-8 Objectives

• Region A
  ➢ Regional Healthcare Coordination System
  ➢ Medical surge capacity

• Missouri Disaster Response System (MODRS)
  ➢ Fatality strike team capacity
  ➢ Communications between sites
  ➢ Deployment of assets — request, movement, operations
  ➢ Just-in-time supply management
  ➢ Volunteer management
High-level Lessons Learned

• Communications
  ➢ Recognized redundancies in statewide communication platforms
  ➢ Identified opportunities for radio programming and training

• HCC Activation/Situational Awareness
  ➢ HCCs demonstrated successful use of their electronic platforms
  ➢ Additional work to link HCCs at the state-level

• Hospital Surge: IBA Query
  ➢ Achieved 14% surge capacity
  ➢ Further analysis in process

• Recovery
  ➢ Thoughtful discussion, clear objectives identified by each HCC
  ➢ Additional work on long term recovery
Hospital Preparedness Program Update
HPP Funding Timeline

• Currently in budget period five of a five-year project period (FY 2012 – FY 2016)
• Funding awarded for July 1, 2016 through June 30, 2017.
• Statewide focus: Assessment and strategic planning for new five-year project period
• Nationally, discussions are underway for the next five-year project period beginning July 1, 2017.
Ebola Supplemental Funding
CDC’s Tiered Response Framework

• Frontline Facilities
  ➢ All hospitals/providers capable of screening, isolating and protecting staff, patients and visitors

• Assessment Hospitals
  ➢ Barnes Jewish Hospital selected through the DHSS competitive procurement process

• Treatment Centers (nationally-designated)
  ➢ HHS Region VII: Nebraska Medicine - Nebraska Medical Center, Omaha, Nebraska
Ebola Supplemental Funding

• Hospital Preparedness Program
  ➢ Assessment hospital: Barnes Jewish Hospital
  ➢ Transport agencies: None identified, TBD
  ➢ Healthcare Coalitions
    – Plan alignment, PPE training, regional equipment caches (MARC, STARRS, MHA)
    – Planning underway for 2016 vendor-managed inventory purchase
Emergency Preparedness

Every year in the United States, disasters occur of the severity and magnitude that state and federal authorities issue disaster declarations. The vast majority of these emergency declarations are caused by severe weather. Flooding, ice and snow, tornadoes, hurricanes and earthquakes have been and continue to be the hazards and risks likely to require a community-based emergency response. However, domestic and international acts of terrorism are a reality for our nation, and individual acts of violence occur in every community. Consider the increasing number of active shooters in schools, hospitals and workplace settings. In nearly every incident, hospitals are a critical component of the response.

Building capacity and capability to prepare for and respond to incidents that stress normal hospital daily operations is essential. Further, the collaboration and coordination among government, public health, long-term care, clinics and hospitals must occur to ensure coordinated plans and response during an incident. MHA is committed to providing leadership and expertise to support hospital preparedness and response.

More in this section

- On-Demand Education
- Standardized Codes
- EMResource

Hazards-Specific Resources
- Health Care Coalition Resources
- Emerging Infectious Diseases

Reports
- 2011 MO Hospitals EP Accomplishments
- Lessons Learned from 2011 Disasters

Contact An Expert

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On Demand Education

- Regulation and Standards Webinar series defining and comparing The Joint Commission standards as it relates to existing and proposed CMS Conditions of Participation, to include final COPs, when released.
- Continuity of Operations Webinar series providing essential elements of a comprehensive plan and targeted presentations for administration, facilities and information technology.
- Life Safety Code 2012 Adoption by CMS
MHA Emergency Preparedness Conference

- October 13-14, Old Kinderhook, Camdenton, Mo.
- Best Practices/Lessons Learned
  - Pulse Night Club Shooting
  - Sandy Hook Elementary School Incident
  - Highly Infectious Diseases: Ebola
  - Cybersecurity
  - Resiliency: Mental Health Crisis
- MHA Regulatory Update
- *Workplace Violence Immersion Project Launch*
Training Opportunity

• Emergency Preparedness 101 (regionally-based)
  ➢ November 15, 2016; St. Louis
  ➢ Spring 2017, Kansas City

• Purpose: Build depth and breadth within emergency management programs

• Target Audience: New staff responsible for emergency preparedness OR for program’s looking to build depth among their team
Resources Available for Distribution

- Quick Series Guides
  - Hospital ICS
  - Evacuation
  - Hazmat 4 Health Care
  - Preparing Children For Disasters
- DMS Triage Tags (quantities limited)
- Regional Resource Guides
  - “Blue books”

Please contact MHA staff if you are interested in receiving these resources.
2016 - 2017 Webinar Schedule

- 11 a.m. Tuesday, December 6, 2016

- Save the Date – 2017 Webinars
  - 11 a.m., Tuesday, February 28
  - 11 a.m., Tuesday, May 9
  - 11 a.m., Tuesday, September 12
  - 11 a.m., Tuesday, December 5
Participant Discussion

- Questions
- Call for discussion items
Contact Information

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