



# Hospital Emergency Preparedness Program Update

June 9, 2016

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

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## 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 is available for download in the "handouts" dashboard.
- Participant survey will be available at the conclusion of the offering.

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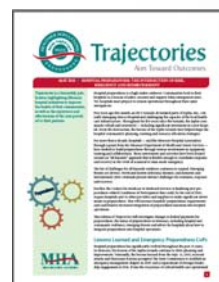
## Welcome and Purpose

- 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

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## Quality, Safety and Emergency Preparedness

- Triple Aim
  - Healthy
  - Safe
  - Resilient Communities
- May 2016 Trajectories
  - Risk
  - Reimbursement
  - Missouri's progress



<http://bit.ly/1WG4xVV>

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## CMS Proposed Rule for Emergency Preparedness

### CMS Proposed Rule

- Final version is under legal review at the Office of Management and Budget (OMB), Office of Information and Regulatory Affairs (OIRA)
  - Delivered 11/3/2015 — 90-day review period (February 1), has been extended
- Did not finalize with Life Safety Code (2012) adoption as anticipated
- Implementation one year following finalization for acute care hospitals — additional time for other providers

## Summary of Major Provisions

- Four core elements to an effective and comprehensive framework
  - 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

## Categories: Providers and Suppliers

- |   |  |
|---|--|
| 1. Hospitals  | 11. Religious Nonmedical Health Care Institutions (RNHCIs)   |
| 2. Critical Access Hospitals (CAHs)                               | 12. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)  |
| 3. Rural Health Clinics (RHCs) and FOHCs                          | 13. Clinics, Rehabilitation Agencies and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech Language Pathology Services |
| 4. Long-Term Care Facilities (Skilled Nursing Facilities — SNFs)  | 14. Comprehensive Outpatient Rehabilitation Facilities (CORFs)   |
| 5. Home Health Agencies (HHAs)                                    | 15. Community Mental Health Centers (CMHCs)  |
| 6. Ambulatory Surgical Centers (ASCs)                             | 16. Organ Procurement Organizations (OPOs)   |
| 7. Hospice  | 17. End-Stage Renal Disease (ESRD) Facilities  |
| 8. Inpatient Psychiatric Residential Treatment Facilities (PRTFs) |  |
| 9. Programs of All-Inclusive Care for the Elderly (PACE)          |  |
| 10. Transplant Centers  |  |

## MHA Priorities

- Actively tracking; updates provided during quarterly hospital webinars
- Training and outreach:
  - Webinar series — available July 1
  - Electronic toolkit — linking established programs and resources to each section of the rule; crosswalk of The Joint Commission and HPP requirements
  - Keynote presentation for the 2016 MHA Emergency Preparedness Conference

## CMS Adoption of the 2012 Edition of NFPA 101: Life Safety Code

## What You Need To Know

- Applicable to Medicare and Medicaid participating providers
- CoPs require compliance with 2012 edition of:
  - NFPA 101: Life Safety Code
  - NFPA 99: Health Care Facilities Code
- Effective July 5, 2016

## Available Resources

- ASHE resources (available on their website)
  - Guide outlining specific changes
  - Monograph cross-walking Life Safety Code editions
  - Available on [www.ashe.org](http://www.ashe.org)
- On-demand education now available on MHA website

## Professional Development Inquiry

## Participant Inquiry

- International Board for Certification of Safety Managers
- Certified Healthcare Emergency Professional (CHEP)
- Application fee: \$130
- Exam fee: \$200
- Annual Dues: \$125
- Recertification, every five years: \$85 and demonstration of 50 continuing education hours

More information: <http://ibfcs.org/chep.php>

## National Mass Care Exercise

## National Mass Care Exercise

- Missouri to host 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 will disseminate 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-ICT) 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 will establish recovery objectives and priorities for the respective regional healthcare systems.

## ESF-8 Objectives (state-level/HCC)

- Each regional healthcare coalition will demonstrate:
  - 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

## Timeline

- Monday
  - Communications
  - MODRS Deployment
- Tuesday
  - HCC Activation/Situational Awareness
  - Hospital Surge: IBA Query
- Wednesday
  - Recovery

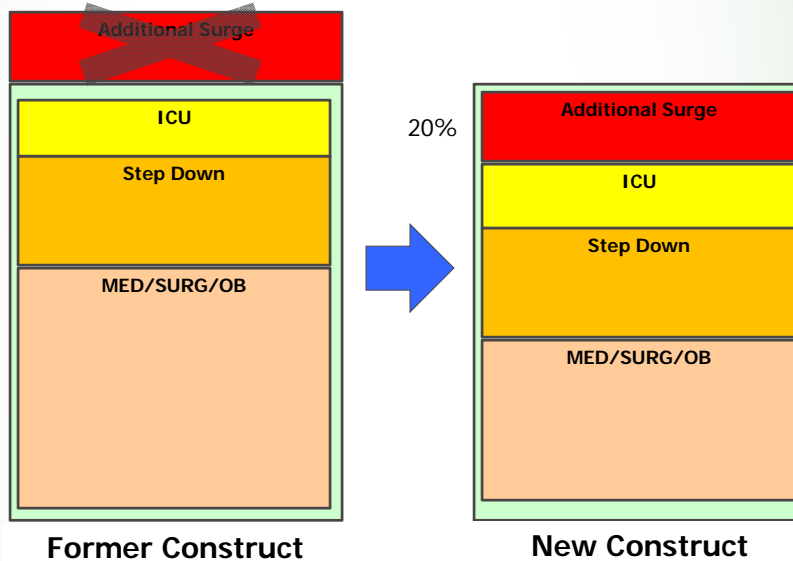
## Immediate Bed Availability

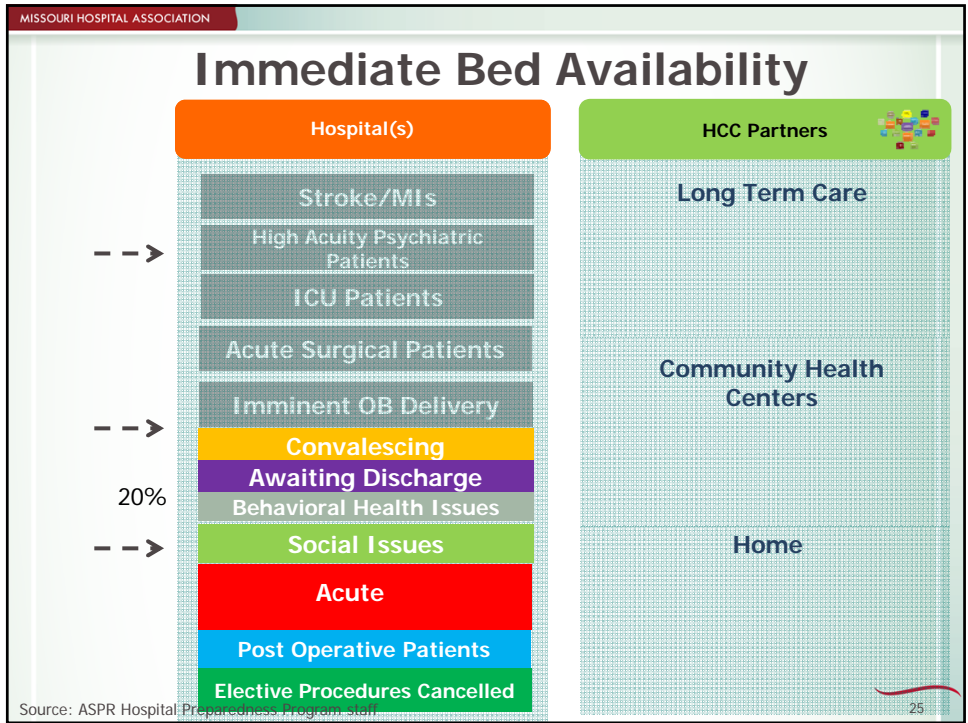
- Definition: The ability of healthcare coalition members to provide no less than 20 percent of staffed beds within four hours of a disaster.
- Three components:
  - Continuous monitoring **across the health system**
  - Off-loading of patients who are at low risk for untoward events through reverse triage
  - On-loading of patients from the disaster

## Suggested Surge Strategies

- **Prioritize critical and non-essential services**, redirecting resources most appropriately.
- Identify patients suitable for **early discharge** to reduce census, making beds available for higher acuity patients.
- **Defer elective procedures** to maximize facility staff, space and supplies.
- Adjust **staffing ratios** and/or configurations based on minimum staffing requirements.
- **Supplement staffing** through agency support, activation of the MHA Mutual Aid Agreement and/or Show-Me Response.
- Utilize **on-site alternate care sites**, within existing licensure parameters, for patient triage and treatment.
- Coordinate patient transfers and/or supplementation of resources through **health system or regional hospital support**.
- Request the arrangement of a **community-based or regional alternate care site**.

## Medical Surge





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# Hospital Preparedness Program Update

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## HPP Funding Timeline

- Currently in budget period four of a five-year project period (FY 2012 – FY 2016)
- Application submitted for funding effective 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.

## On Demand Education

- Regulation and Standards (July 1)
  - 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 (July 1)
  - 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
  - ASHE Summary now available on [www.mhanet.com](http://www.mhanet.com)

## EMResource/eICS Integration with WebEOC

- WebEOC Hospital Board
  - ED status
  - Facility status
  - Hospital incident command status
  - Link to individual hospital resource detail page
- In process — executed scope of work for completion June 30
- Exploring link between eICS active incidents with WebEOC platform

## Ebola Supplemental Funding

## CDC's Tiered Response Framework

- Frontline Hospitals
  - All hospitals capable of screening, isolating and protecting staff, patients and visitors
- Assessment Hospitals
  - DHSS contractual process
- Treatment Centers (nationally-designated)
  - HHS Region VII: Nebraska Medicine - Nebraska Medical Center, Omaha, Nebraska

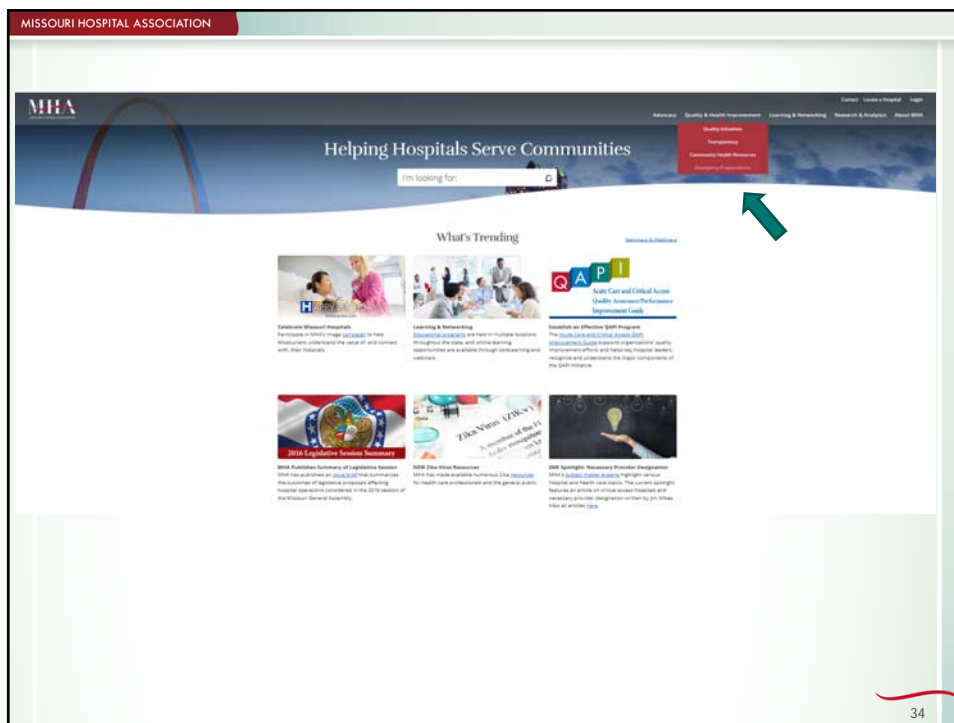
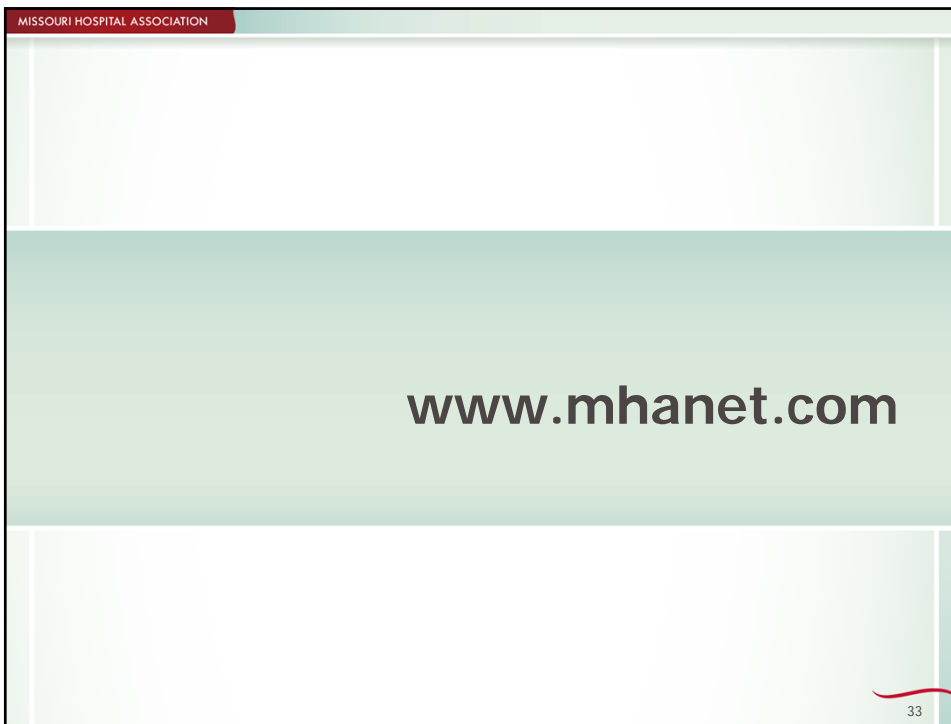
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## Ebola Supplemental Funding

- Hospital Preparedness Program
  - Assessment hospitals/transport agencies
    - TBD (contractual process with DHSS **has closed**)
  - Healthcare Coalitions
    - Plan alignment, PPE training, regional equipment caches (MARC, STARRS, MHA)
    - Planning underway for 2016 vendor-managed inventory purchase
- PHEP — Local Public Health Agencies
- SEMA providing regional Ebola TTXs — promoted through LPHAs and healthcare coalitions


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## 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

<a href="#">On-Demand Education</a>	<a href="#">Hazard-Specific Resources</a>
<a href="#">Standardized Codes</a>	<a href="#">Health Care Coalition Resources</a>
<a href="#">EMResource</a>	<a href="#">Emerging Infectious Diseases</a>

Repairs

- [2011 MO Hospitals EP Accomplishments](#)
- [MHA's 2014 Emergency Preparedness Executive Report: Accomplishments and Next Steps](#)
- [Lessons Learned from 2011 Disasters](#)

PREPAREDNESS   RESPONSE   MITIGATION   RECOVERY

I'm looking for:

### Upcoming Events


**Annual Statewide Emergency Preparedness Conference**  
Oct. 13-14  
Camdenton


**Emergency Preparedness Member Update Webinars**  
June 9, Sept. 22 and Dec. 6


**Emergency Preparedness 101**  
Nov. 16  
St. Louis

For more information, contact Jackie Gatz, Carissa Van Hunnik or Stacie Hollis.

### Contact An Expert

 **Jacklyn Gatz**  
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## Emergency Preparedness Resources

- On-demand education
- Standardized Codes
- EMResource
- Hazard-Specific Resources
- Healthcare Coalition Resources
- Emerging Infectious Diseases

More information: <http://web.mhanet.com/resources/workforce-and-staff-development/emergency-preparedness/>

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# Reminders

# MHA Offerings

**MARK YOUR CALENDAR!**  
 More information and registration details will be emailed close to each event date.

- April 26'**  
Emergency Preparedness 101  
Springfield\*
- May 10 & 11'**  
Facilitation Skills for Emergency Managers  
Columbia
- Oct. 13 & 14**  
Annual Statewide Emergency Preparedness Conference  
Camden
- Nov. 16'**  
Emergency Preparedness 101  
St. Louis\*

**2016 Emergency Preparedness Educational Offerings**

\*These optional offerings will be scheduled in other areas of the state in future years.

Provided by

- Final agenda and registration open in July
- Fall Conference Topics
  - Workplace Violence in Health Care
  - Infectious Disease Program Development and Practical Application
  - Cybersecurity Threats in Hospitals
  - Sandy Hook Elementary: The Hospital Perspective

## Institute of Medicine Changes Name

- National Academies of Sciences, Engineering, and Medicine (the Academies)
  - The division focusing on health and medical topics was renamed
  - Formerly: Institute of Medicine
  - Now: Health and Medical Division (HMD)
- Reflects their continued work in medicine while emphasizing an increased focus on a wider range of health matters.

## Patient Tracking/Movement Update

- Patient Movement Committee unanimously recommended a statewide, standardized paper-based patient tracking form (HICS 254)
  - Medical surge incidents requiring patient tracking
  - Trigger: Regionally-based or activation of EMS Mutual Aid coordination
- Next steps: Committee to provide DHSS with preferred characteristics and parameters of an electronic patient tracking system



## 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/>

## SEMA Offerings: ICS 300 & ICS 400

- Cape Girardeau:
  - June 28-30 (300)
  - August 17-18 (400)
- Jefferson City:
  - September 27-29 (300)
  - November 8-9 (400)
- Individuals can register online at <http://training.dps.mo.gov>
- Lodging and meal reimbursement will be provided for eligible individuals

**Contact Jack Raetz  
at 573/526-9016  
for technical assistance.**

## 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.*

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## 2016 Webinar Schedule

11 a.m. Thursday, September 22

11 a.m. Tuesday, December 6

E-mail reminders for remaining webinars will be sent with agenda topics one week prior to each offering.

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## Participant Discussion

- Questions
- Call for discussion items

## Contact Information

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