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.
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
- **May 2016 Trajectories**
  - Risk
  - Reimbursement
  - Missouri’s progress

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
2. Critical Access Hospitals (CAHs)
3. Rural Health Clinics (RHCs) and FQHCs
4. Long-Term Care Facilities (Skilled Nursing Facilities — SNFs)
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 (RNHCIs)
12. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
13. Clinics, Rehabilitation Agencies and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech Language Pathology Services
14. Comprehensive Outpatient Rehabilitation Facilities (CORFs)
15. Community Mental Health Centers (CMHCs)
16. Organ Procurement Organizations (OPOs)
17. End-Stage Renal Disease (ESRD) Facilities
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

What You Need To Know

- Applicable to Medicare and Medicaid participating providers
- CoPs require compliance with 2012 edition of:
  - 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

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

**Former Construct**

- ICU
- Step Down
- MED/SURG/OB

**New Construct**

- ICU
- Step Down
- MED/SURG/OB

20%
### Immediate Bed Availability

<table>
<thead>
<tr>
<th>Hospital(s)</th>
<th>HCC Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke/ MIs</td>
<td>Long Term Care</td>
</tr>
<tr>
<td>High Acuity Psychiatric Patients</td>
<td>Community Health Centers</td>
</tr>
<tr>
<td>ICU Patients</td>
<td>Home</td>
</tr>
<tr>
<td>Acute Surgical Patients</td>
<td></td>
</tr>
<tr>
<td>Imminent OB Delivery</td>
<td></td>
</tr>
<tr>
<td>Convalescing</td>
<td></td>
</tr>
<tr>
<td>Awaiting Discharge</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Issues</td>
<td></td>
</tr>
<tr>
<td>Social Issues</td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td></td>
</tr>
<tr>
<td>Post Operative Patients</td>
<td></td>
</tr>
<tr>
<td>Elective Procedures Cancelled</td>
<td></td>
</tr>
</tbody>
</table>

Source: ASPR Hospital Preparedness Program Update

---

### Hospital Preparedness Program Update

---

6/9/2016 - Hospital Emergency Preparedness Program Update
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
EMResource/ el CS 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 elCS 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

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
www.mhanet.com
Emergency Preparedness Resources

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

Reminders

MHA Offerings

• 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
Missouri HAvBED Program

- Goal: 75 percent response rate — per Federal ASPR Hospital Preparedness Program guidelines
- Success factors
  - Monthly HAvBED queries
  - Monthly e-mails
  - Quarterly response reports
  - Continued hospital participation and staff training
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/)

---

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](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.*

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.
Participant Discussion

- Questions
- Call for discussion items

Contact Information

Jaclyn E. Gatz, MPA
Director of Emergency Management and Safety
Missouri Hospital Association

jgatz@mhanet.com
573/893-3700 ext. 1330