

2014 Emergency Preparedness Executive Report: Accomplishments and Next Steps

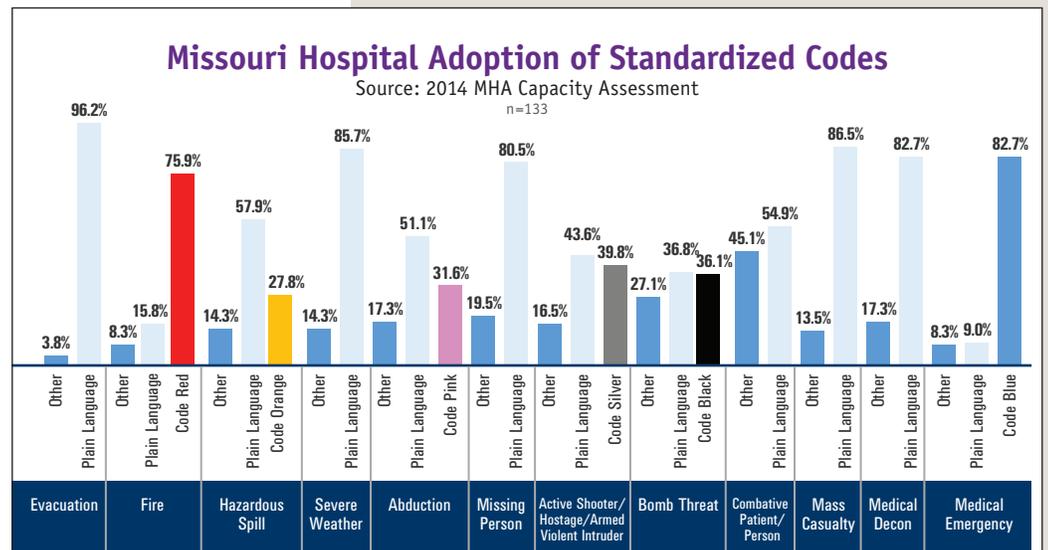
HOSPITAL PREPAREDNESS, THE NATIONAL HEALTH SECURITY STRATEGY AND COMMUNITY RESILIENCY

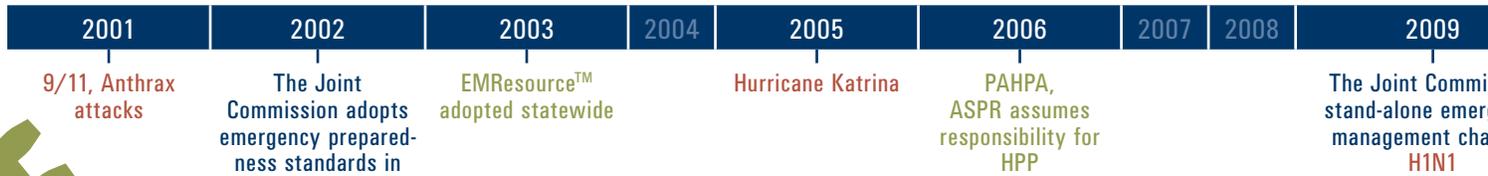
In 2006, following Hurricane Katrina, the Pandemic and All-Hazards Preparedness Act was authorized to secure continued federal funding to further build and refine the nation’s public health and medical infrastructure. In addition to establishing the Office of the Assistant Secretary for Preparedness and Response within the U.S. Department of Health & Human Services, where the Hospital Preparedness Program currently resides, PAHPA tasked the new office with the development and implementation of the National Health Security Strategy.

First released by ASPR in 2010, the NHSS sought to “guide the Nation and improve the community’s ability to prevent, prepare for, mitigate the effects of, respond to, and recover from incidents with potentially adverse health impacts.” The two main goals of the NHSS are building community resilience, and strengthening and sustaining health and emergency response systems. Updated in 2012 to reflect advances in public health and medical preparedness, the NHSS outlined the importance of healthcare and its role in maintaining resilient communities. “The vision for health security described in the NHSS is built on a foundation of community resilience — healthy individuals, families, and communities with access to health care and with the knowledge and resources to know what to do to care for themselves and others in both routine and emergency situations.” (U.S. Health & Human Services Assistant Secretary for Preparedness and Response, 2014)

Missouri Emergency Healthcare Communication and Coordination Elements

- EMResource® and EMResource® eICS – with appropriate links to emergency management structures (WebEOC)
- Missouri Hospital Association Mutual Aid Agreement
- Implementation of MOSWIN, a statewide trunked radio network providing sequential, redundant methods of communication based on lessons learned (Joplin 2011)
- Development and statewide implementation of standardized, plain language emergency codes in January 2014 (see chart below)
- Healthcare Coalitions – to facilitate local and regional alignment with a variety of healthcare providers to include hospitals, emergency medical services, local public health agencies, emergency management, clinics and ancillary services





For more than a decade, Missouri hospitals have worked collaboratively to develop systems of preparedness and response to ensure that the necessary processes are in place to meet the needs of the community during times of crisis. As real-world events in recent years have demonstrated, preparedness pays off. From ensuring staff safety during routine winter weather to expanding capacity in response to natural and man-made disasters, Missouri hospitals have proven their ability and commitment to provide essential services to their communities when called upon.

Missouri hospitals are more prepared now than in years past due, in large part, to the individual commitment of healthcare organizations and statewide alignment efforts that have resulted in common operating goals and processes for medical communication and coordination.

The cornerstone of this progress has been made possible by federal funding available through HHS’ ASPR Hospital Preparedness Program, CFDA 93.889. The Missouri Hospital Association has served as a subcontractor with the Missouri Department of Health & Senior Services since 2002 to administer the allocation and dissemination of approximately 50 percent of the Missouri funds received to provide direct and indirect services to hospitals.

CURRENT ENVIRONMENT AND NEXT STEPS

Federally, the HPP has gradually shifted its focus from building organizational capacity to strengthening regional collaborative systems capable of meeting response needs at the most local level. The HPP has identified two primary program measures: medical surge and continuity of healthcare operations to inform state and federal partners of underlying preparedness, response capabilities and progress evaluation.

Program Measures

Continuity of Healthcare Operations — enhancing community resilience through the continued delivery of essential healthcare services to the community post-disaster (*U.S. Health & Human Services Assistant Secretary for Preparedness and Response, 2013*)

Medical Surge — ensuring a strong emergency response system to provide for effective management for surges of patients, deaths, and concerned citizens (*U.S. Health & Human Services Assistant Secretary for Preparedness and Response, 2013*)

Recently, a reduction in federal funding resulted in the HPP receiving a \$100 million (31.1 percent) cut for federal funding year 2014 which began July 1, 2014. Missouri sustained a larger proportional cut of 39.9 percent due to the funding algorithm emphasizing terrorist threats and thus favoring mega-urban populations.

FUNDING 2002-PRESENT

	National Award (millions)	Missouri Award (millions)	MHA Contract (millions)
FY02	\$125.10	\$2.42	\$1.9
FY03	\$498.00	\$9.53	\$3.6
FY04	\$498.00	\$9.53	\$5.9
FY05	\$470.76	\$9.15	\$5.0
FY06	\$460.22	\$8.95	\$3.8
FY07	\$415.03	\$7.91	\$3.8
FY08	\$398.06	\$7.58	\$3.7
FY09	\$362.02	\$6.89	\$3.4
FY10	\$394.35	\$7.51	\$3.4
FY11	\$352.61	\$6.71	\$2.9
FY12	\$351.64	\$6.67	\$2.6
FY13	\$331.76	\$6.29	\$2.4
FY14	\$228.50	\$3.78	\$1.4

2010	2011	2012	2013	2014	2015	2016	2017
Emergency Agency Report;	eICS developed for Missouri hospitals, NHSS released	Joplin Tornado	PAHPA, Reauthorization; The Joint Commission introduces leadership element	CMS Proposed Rule; 40% decline in HPP funding		CMS Final Action	Proposed implementation of CMS proposed rule

Despite this substantial reduction in grant funding and current resource constraints in health-care, it is evident that proven preparedness and response systems have been established and their sustainment becomes the current focus. Such sustainment will result in accomplishing

the established HPP program measures, which will facilitate future funding and assist health-care organizations with achieving compliance with accrediting agencies and the forthcoming Centers for Medicare & Medicaid Services Conditions of Participation related to emergency

CMS Proposed Rule

In December 2013, CMS published Proposed Rule CMS-3178-P pertaining to emergency preparedness requirements for participating Medicare and Medicaid providers and suppliers. CMS' proposed emergency preparedness requirements are intended to establish "a comprehensive, consistent, flexible and dynamic regulatory approach to emergency preparedness and response that incorporates the lessons learned from the past, combined with the proven best practices of the present."

In summary, "The hospital must comply with all applicable federal and state emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements ... utilizing an all-hazards approach."

Specifically, CMS proposed four core elements that it defines as central to an effective and comprehensive framework of emergency preparedness requirements. These are:

- **Risk assessment and planning:** Each facility would establish an emergency plan, which would be based upon a risk assessment performed using an "all-hazards" approach. An all-hazards approach is "an integrated approach to emergency preparedness planning that focuses on the facility's capacities and capabilities that are critical to preparedness for a range of emergencies or disasters. This approach is specific to the location of the provider and considers the particular types of hazards which may most likely occur in its area."
- **Policies and procedures:** Each facility would be required to develop and implement policies and procedures based on its emergency plan and risk assessment.
- **Communication plan:** Each facility would develop and maintain an emergency preparedness communication plan that complies with both federal and state law. Patient care would be required to be well coordinated within the facility, across health care providers, and with state and local public health departments and emergency systems to protect patient health and safety in the event of a disaster.
- **Training and testing:** Each facility would develop and maintain an emergency preparedness training and testing program which would include initial training in emergency preparedness policies and procedures, as well as annual training. Thereafter, facilities would be required to ensure that staff can demonstrate knowledge of emergency procedures. In addition, facilities would be required to conduct drills and exercises to test the emergency plan.

In addition to the above four core elements, CMS proposes the implementation of emergency and standby power systems based on the emergency plan, policies and procedures. (*American Hospital Association, 2014*)

Timeline:

- Notice of Proposed Rulemaking Dec. 27, 2013
- Comment Period Extended Feb. 21, 2014
- Comment Period Ended March 31, 2014
- Final Action: Dec. 2016

(*Federal Register, 2014*)

preparedness. Most importantly, sustaining these established preparedness and response systems will ensure that the healthcare community is equipped to provide the necessary services to their communities at a moment's notice.

CONCLUSION

Missouri hospitals are well positioned to meet the proposed requirements of the CMS proposed rule, due in part to the work of the HPP and existing Joint Commission standards. With HPP funds anticipated to remain level for the immediate future, MHA staff will continue to refine and sustain existing preparedness and response systems through ongoing evaluation and cycles of improvement. Going forward, in coordination with MHA's newly established Strategic Quality Initiatives division, with a focus on better health, better care and lower costs, staff will broaden education and guidance available to Missouri hospitals to encompass the full continuum of healthcare provider organizations. Together, we can further demonstrate the valuable role of the hospital to the community it serves.

References

American Hospital Association. (2014). Regulatory Advisory: Proposed Rule on Emergency Preparedness Conditions of Participation. January 27, 2014.

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U.S. Health & Human Services Assistant Secretary for Preparedness and Response, "National Health Security Strategy," retrieved from www.phe.gov on October 1, 2014.

U.S. Health & Human Services Assistant Secretary for Preparedness and Response. (2013). Hospital Preparedness Program Measure Manual: Implementation Guidance for the HPP Program Measures.

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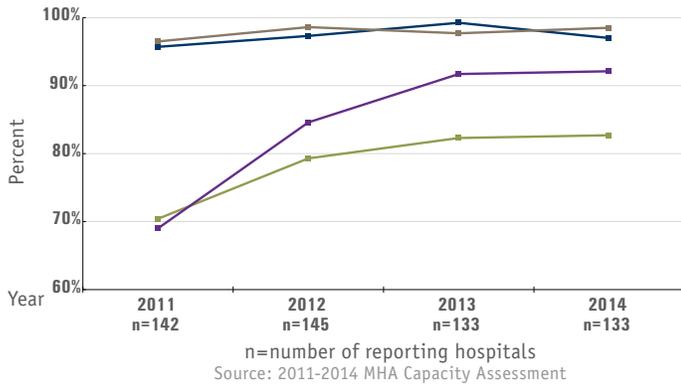


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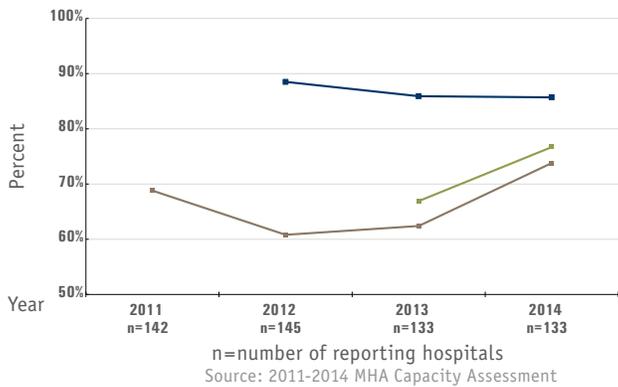
Since 2006, the Missouri Hospital Association has collected information annually from hospitals about their level of preparedness and readiness to respond. In 2011, the questions were revised to focus on improved organizational and regional systems of preparedness and identify current strengths and gaps for further program development.

Planning



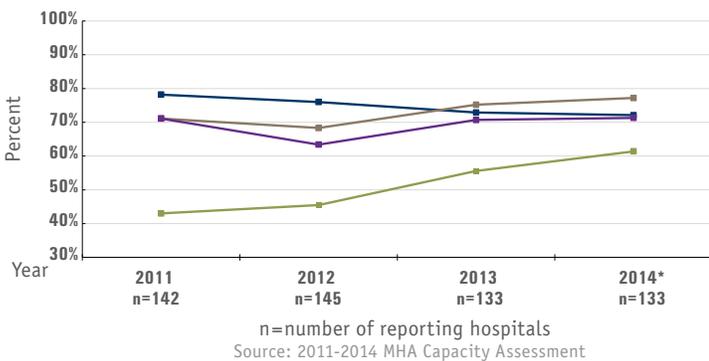
- Uses a planning committee and formal process for emergency preparedness planning
- Adopted an incident command structure for handling emergency events
- Activated ICS during the past 12 months
- Member of a formal healthcare coalition for purposes of emergency planning and response

Safety and Security



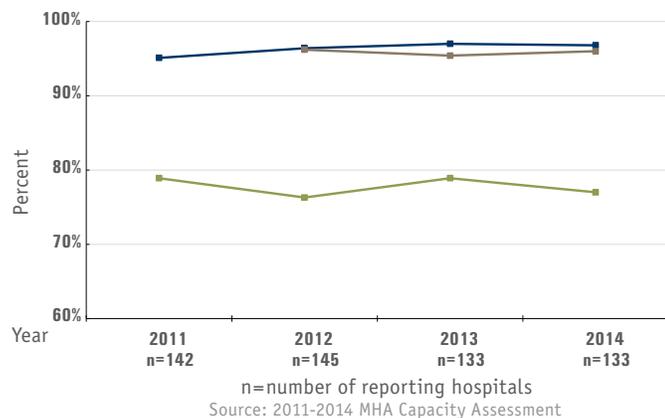
- Completed a hospital-specific hazard vulnerability assessment (HVA) within the last 12 months
- Included an approved decontamination plan in the EOP
- Incorporates facility guidance on messaging to its workforce into its continuity of operations plan

Medical Surge



- Has an approved medical surge plan included in the EOP
**A more prescriptive question was asked in 2014 based on national guidance*
- Has an approved medical evacuation plan, including transport, included in the EOP
- Has an approved comprehensive mass fatality plan included in the EOP
- Has an approved policy to screen and accept potential and willing health volunteers during post event operations when the facility is in need of staff

Evaluation



- Develop and implement after action reports (AAR)
- Submit AAR to committee for formal review and incorporation
- Implement EOP changes following each exercise