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KCER CMS Emergency Preparedness Rule Training
Welcome

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Speakers

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Agenda

• Objectives

• Required Components
  – Risk Assessment and Emergency Plan
  – Policies and Procedures
  – Communications Plan
  – Training and Exercise Program

• Resources
Objectives

• Establish familiarity with the requirements of the rule and timeline for compliance
• Understand how to complete a risk assessment
• Understand the training and exercise requirement and methods for demonstrating compliance
• Review considerations for end stage renal disease (ESRD) patients and dialysis facilities
Kidney Community Emergency Response Program (KCER)

www.KCERCoalition.com
HEALTHCARE READY
STRENGTHEN. SAFEGUARD. RESPOND.

DISASTER RESPONSES

OUR PROGRAMS ARE BASED ON EXPERIENCE RESPONDING TO
60 EVENTS ACROSS THE NATION. SITUATION REPORTS AND INFORMATION SHARING HAS INVOLVED EVERY STATE.

- HURRICANE: 42%
- BLIZZARD/WINTER STORM: 14%
- FLOOD: 15%
- TORNADO: 14%
- WILDFIRE: 5%
- INFECTION DISEASE: 5%
- DERECHO: 2%
- VOLCANO: 2%
- TSUNAMI: 2%
- EARTHQUAKE: 2%

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HEALTHCARE READY
STRENGTHEN. SAFEGUARD. RESPOND.
Overview: CMS Emergency Preparedness Rule
Overview

**Purpose:** To establish national emergency preparedness requirements, consistent across provider and supplier types.

- **2016**
  - September 15 – Rule published
  - November 15 – Rule goes into effect

- **2017**
  - Spring/Summer – Interpretive Guidance released
  - November 15 – Rule must be implemented
Four core elements

**Emergency Plan**
- Based on a risk assessment
- Using an all-hazards approach
- Update plan annually

**Policies & Procedures**
- Based on risk assessment and emergency plan
- Must address: subsistence of staff and patients, evacuation, sheltering in place, tracking patients and staff

**Communications Plan**
- Complies with Federal and State laws
- Coordinate patient care within facility, across providers, and with state and local public health and emergency management

**Training & Exercise Program**
- Develop training program, including initial training on policies & procedures
- Conduct drills and exercises
CMS ESRD Conditions for Coverage (CFCs)
Regularly-scheduled treatments are essential for dialysis patients.

In the event of a natural or man-made disaster, immediate action must be taken to ensure prompt restoration of these treatments or to plan for the safe transfer of patients to alternate location(s) for their treatments.

Each dialysis facility must have a facility-specific disaster/emergency plan and be able to respond accordingly.

Disaster/emergency plans should address failure of basic systems such as power, source water, air conditioning or heating systems, as well as treatment-specific failures such as the facility water treatment system or supply delivery.
Mandated Components of the Rule
Risk Assessment and Emergency Plan

- Perform a risk assessment using an “all-hazards” approach
- Develop an emergency plan based on the risk assessment
- Update emergency plan at least annually

ESRD Provider Requirement:
- Must contact local emergency preparedness agency annually to ensure dialysis facility’s needs in an emergency (existing requirement)
Policies and Procedures

• Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan.

• Policies and procedures must address a range of issues including:
  – Evacuation and shelter in place plans,
  – Tracking patients and staff during an emergency,
  – Medical documentation,
  – Use of volunteers and emergency, and;
  – Processes to develop arrangements with other providers/suppliers.

• Review and update policies and procedures at least annually.
Policies and Procedures – ESRD Requirement

• Policies and procedures must include (but are not limited to) emergencies regarding:
  – Fire equipment
  – Power failures
  – Care related emergencies
  – Water supply interruption
  – Natural Disasters

• Tracking during and after the emergency applies to on-duty staff and sheltered patients
Communication Plan

• Develop a communication plan that complies with both Federal and State laws

• Coordinate patient care within the facility, across healthcare providers, and with state and local public health departments and emergency management systems. To include:
  – Contact information for staff, entities providing services under other arrangements, patients’ physicians, other hospitals, and volunteers
  – Maintaining contact info for regional or local emergency preparedness agencies
  – A means, in the event of evacuation, to release patient information

• Review and update plan annually

ESRD Provider Requirement:
• Does not need to provide occupancy information
Training and Testing Program

• Develop and maintain training and testing programs. To include:
  – Initial training on emergency preparedness policies and procedures,
  – Training to all new and existing staff, including volunteers and maintain documentation of training

• Demonstrate staff knowledge of emergency procedures and provide training at least annually

• Conduct drills and exercises to test the emergency plan
Training and Testing Program – ESRD Requirements

• The dialysis facility must provide training on patient orientation in emergency preparedness to the staff.

• Staff training must be provided at onboarding and at least yearly, ensuring that staff can demonstrate a knowledge of emergency procedures, including informing patients of:
  – What to do
  – Where to go, including instructions for occasions when the dialysis facility must be evacuated
  – Who to contact if an emergency occurs while the patient is not in the dialysis facility
  – How to disconnect themselves from the dialysis machine if an emergency occurs

• Required exercises
The Exercise Requirement

• **“Community Based”**

• **Full Scale Exercise:** A full scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and “boots on the ground” response (for example, firefighters decontaminating mock victims).

• **Tabletop Exercise:** A table-top exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.
Interpretive guidelines

- Survey and Certification Group (SCG) is currently developing Interpretive Guidelines (IGs)
  - State surveyors will use the IGs and survey procedures in the State Operations Manual to assist in implementing the rule
  - Anticipated release of IGs is Spring/Summer 2017
Auditing and Enforcement
Auditing and enforcement

How will rule be audited?

- Compliance monitoring
  - State Survey Agencies (SSAs)
  - Accreditation Organizations (AOs)
  - CMS Regional Offices (ROs)

- Checklists for surveyors and State Agencies, as well as for impacted providers and suppliers are in development
- SCG developing web-based training for surveyors and providers and suppliers

Consequence for not complying?

- Same process for other CoPs and CfCs → termination of agreement with Medicare & Medicaid

Use IGs and State Operations Manual
Healthcare coalitions are an important resource for community preparedness

- Source of preparedness expertise
- Regional risk assessments and hazard vulnerabilities
- Provide template or example plans and policies
- Help close planning gaps
- Plan integration with healthcare facilities and local authorities
- Training and exercises
Resources

Tampa Bay Health & Medical Preparedness Coalition

• CofP for Dialysis Centers

Kaiser Permanente HVA Tool

• Hazard Vulnerability Analysis tool
• Planning resource
• Available for download as a planning resource
• [http://www.calhospitalprepare.org/hazard-vulnerability-analysis](http://www.calhospitalprepare.org/hazard-vulnerability-analysis)
Resources cont.

KCER Coalition CMS Page
- Federal resources listed in one place
- Relevant resources from local stakeholders

Healthcare Ready CMS Knowledge Center
- Running list of relevant articles
- Perspectives from healthcare coalitions

Federal & Accrediting Organizations Resources
- Joint Commission
  - Emergency Management Portal
- FEMA Emergency Management Institute
  - Independent Study online courses
Resources

CMS Website
- Outline of requirements by provider type
- Links to aggregated EP resources
- Routinely updated **Frequently Asked Questions** document

HHS/ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE)
- Web-based resource for healthcare stakeholders
- Topic Collections
  - General Emergency Management & Provider- and Supplier-Specific
- Routinely updated **CMS Resources at Your Fingertips**
- Submit technical assistance requests
  https://asprtracie.hhs.gov/cmsrule
Questions?

Additional questions can be sent to: bwhittet@hsag.com
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About Healthcare Ready

92% of healthcare is owned by the private sector

3,000 jurisdictions creating policy in US

72+ nongovernmental organizations, each with specific causes

Extreme weather events occurring more frequently

Current Environment

In order to build community and business resilience, it is critical that the public and private sectors are interconnected.

This is doubly true during times of disaster and disease.
Disaster Response Support

**Information Sharing**

- Coordinate with elected officials, HHS, FEMA, state agencies, and private sector companies
- Provide rapid access to the right contacts in the private sector or government

**Donation Assistance**

- Coordinate and facilitate donation and shelter needs
- Share information on and promoting the use of medicine assistance programs

**Real-time Solutions**

- [RxOpen.org](http://RxOpen.org) free map displaying open pharmacies in affected areas
- Facilitate private sector access to disaster sites and assist credentialing efforts
- Solve any other issues that arise
The emergency preparedness rule is a major development in healthcare preparedness.

Visibility and Awareness

• Promoting Awareness
• Driving conversations

Training and Education

• Webinars
• Resources
  • HCR CMS Emergency Preparedness Rule Knowledge Center
Near Southwest Preparedness Alliance (NSPA)
Near Southwest Preparedness Alliance (NSPA)

- 17 hospitals – including state mental health, critical access, acute care
- 55 long-term care (LTC) facilities
- 5 public health districts
- 16 counties
- 7 cities
- 7600 square miles
- 960,000 population
- COOP
- Medical Surge
Origins of the rule

Longtime coming…

• Call to action following 9/11, Hurricanes Katrina and Sandy, Ebola, Zika
  – Breakdowns in patient care
  – Inconsistent standards
  – Inconsistent levels of preparedness

• Debate on incentivizing vs. mandating preparedness
What it is

**Purpose:** To establish national emergency preparedness requirements, consistent across provider and supplier types.

- Outlines emergency preparedness Conditions of Participation (CoPs) & Conditions for Coverage (CfCs)
  - CoPs and CfCs are health and safety standards all participating providers must meet to receive certificate of compliance
- Applies to 17 provider and supplier types
  - Different emergency preparedness regulations for each provider type

**Bottom line:** Providers and Suppliers that wish to participate in Medicare and Medicaid – i.e. the nation’s largest insurer – must demonstrate they meet new emergency preparedness requirements in rule.
### Who does it apply to?

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