PROGRESSIVE
SURGICAL
Half Time

Keeping you "in the know" in the ASC industry

Emergency Preparedness Requirements
for Medicare and Medicaid Participating
Providers and Suppliers

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Sills Healthcare Solutions

Today's Agenda

- Brief review of the CMS Rule regarding EP
- Overview of the main components that are needed in an EP program
- Discussion of the options you have within each component
- Report from the trenches
- Can you do this yourself?

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Ground Rules

- Ask questions along the way
  - Use the Questions Panel to submit questions
- A new way of thinking
  - ICS vs. Fire Fighting

Emergency Preparedness Overview

- Hurricane Katrina: The Public Health and Medical Response
  - HHS & DHS Report to Congress

Despite the success of Federal, State, and local personnel in meeting this enormous challenge, obstacles at all levels reduced the reach and efficiency of public health and medical support efforts. In addition, the coordination of Federal assets within and across agencies was poor. The cumbersome process for the authorization of reimbursement for medical and public health services provided by Federal agencies created substantial delays and frustration among health care providers, patients and the general public.[52] In some cases, significant delays slowed the arrival of Federal assets to critical locations.[53] In other cases, large numbers of Federal assets were deployed, only to be grossly underutilized.[54] Thousands of medical volunteers were sought by the Department of Health and

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Emergency Preparedness Overview

- Superstorm Sandy
  - FEMA AAR

Despite these successes, the response to Sandy also revealed notable challenges in how FEMA coordinates with its Federal partners, supports state and local officials and disaster survivors, integrates with the Whole Community, and prepares and deploys its workforce. Difficulties with issuing timely mission assignments, the implementation of incident management structures, and meeting survivor needs early in the response phase are examples of challenges that emerged during Sandy. Addressing these and other issues is a near-term priority for FEMA and its partners in order to improve response and recovery operations in future disasters. Ultimately, the Sandy experience demonstrated significant progress achieved in recent years, but also confirmed that larger-scale incidents will stress the Agency's capacity for effective response and recovery.

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Emergency Preparedness Overview

- All healthcare providers must be better prepared
- Better communication across the spectrum of care
- Need to establish working relationships now before they are needed
- All healthcare entities need to know what to do in any type of emergency that may present itself to the area

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Comprehensive Emergency Management Program

• **A Comprehensive Emergency Operations Plan (EOP) includes:**
✓Risk Assessment
✓Emergency Plans
✓Policies & Procedures
✓Communication Plan
✓Training and Testing

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Comprehensive Emergency Management Program

A Comprehensive Emergency Operations Plan (EOP) includes:

• **Risk Assessment**
• Emergency Plans
• Policies & Procedures
• Communication Plan
• Training and Testing

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Risk Assessment

1. The Emergency Operations Plan (EOP) must be individualized and based on a risk assessment for that facility
2. "All-Hazards" approach
3. Update the EOP annually
4. The EOP will:
   o Serve as the basis for effective response
   o Facilitate response and recovery activities
   o Facilitate coordination with the Federal Government

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Risk Assessment

- **All-Hazards Approach:**
  - An integrated approach focused on capacities for a full spectrum of emergencies or disasters
  - Considers the type of hazards most likely to occur
  - These may include, but are not limited to:
    - Care-related emergencies
    - Equipment and power failures
    - Interruptions in communications, including cyber-attacks
    - Loss of a portion or all of a facility
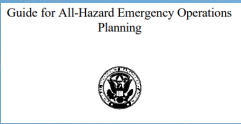   - Interruptions in the normal supply of essentials such as water

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Risk Assessment

- **Develop an EOP based on the risk assessment**
- Do not complete these in a vacuum
- Follow a template that has been used in the industry

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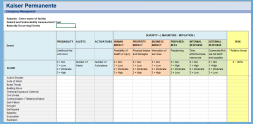
Risk Assessment

- Some standards in the EP world include:

A FEMA 249 page summary

Guide for All-Hazard Emergency Operations Planning

Kaiser Permanente

https://www.calhospitalprepare.org/post/revised-hva-tool-kaiser-permanente

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Comprehensive Emergency Management Program

- Risk Assessment
- **Emergency Plans**
- Policies & Procedures
- Communication Plan
- Training and Testing

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Emergency Plans

- Emergency plans are different than Policies and Procedures
  - Leadership Structure and response plan
  - This will include a **Delegation of Authority**
  - Documented orders of succession
  - Primary and (2) Secondary personnel for decisions that may need to be made in real time including:
    - Cancel Procedures
    - Evacuate the Facility
    - Lock Down the Facility
    - Shelter in Place

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Emergency Plans

- Emergency plans are different than Policies and Procedures
  - Roles that need to be filled include:
    - Incident Commander
    - Patient Safety Coordinator
    - Staff Safety Coordinator
    - Physical Security Coordinator
    - Communications Coordinator

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Comprehensive Emergency Management Program

- Risk Assessment
- Emergency Plans
- **Policies & Procedures**
- Communication Plan
- Training and Testing

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Policies & Procedures

- Based on the emergency plan and risk assessment
- Must address a range of issues
- Reviewed annually
- You will need to have specific procedures for:

✓ Patient, Staff and Visitor Tracking	✓ Suspension of Services
	✓ Documentation
✓ Facility Lockdown	✓ Volunteers
✓ Shelter in Place (SIP)	✓ EHR Downtime
✓ Evacuation	Procedures

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Policies & Procedures

- **Patient, Staff and Visitor Tracking**
- The front office team?
- Tracking should include all:
  o Who stay at the facility
  o Evacuated to another facility
  o Leaving on their own

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Policies & Procedures

- **Facility Lockdown**
- Everyone stays with all access secured
- Used in emergencies such as active shooter
- Lock down until an all clear is given
- Be secured behind at least two locked doors

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Policies & Procedures

- **Shelter in Place (SIP)**
- Everyone will remain in the facility's building(s)
- In the event of a tornado warning, move all to the interior hallways
- SIP remains strictly in effect
- Everyone must be accounted for during the SIP

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Policies & Procedures

Evacuation
- There are many hazards that could cause an evacuation
- Isolate the area affected
- Have a designated evacuation location identified
- Everyone must be accounted for
- Proper authorities may need to be notified

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Policies & Procedures

Suspension of Services
• Plan for continuity of services
• Notify future Patients
• Where do you transport patients?

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Policies & Procedures

Documentation
• Should continue for all patients being treated
• Document decision and plan of care for
• All rules (HIPAA) remain in effect during an emergency
• A clipboard with evacuation forms in all departments
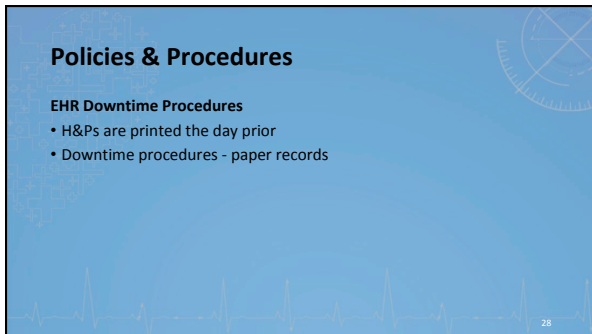
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Policies & Procedures

Volunteers
• Are they going to be used
• Process to identify them

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Policies & Procedures

EHR Downtime Procedures
- H&Ps are printed the day prior
- Downtime procedures - paper records
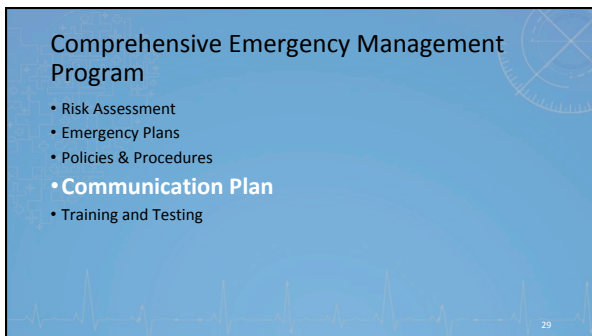
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Comprehensive Emergency Management Program
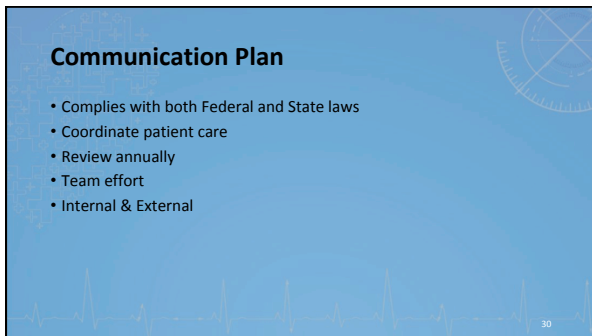
- Risk Assessment
- Emergency Plans
- Policies & Procedures
- **Communication Plan**
- Training and Testing

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Communication Plan

- Complies with both Federal and State laws
- Coordinate patient care
- Review annually
- Team effort
- Internal & External

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Communication Plan

Internal
- Have a list of all employees
- Notify all that are not on duty
- Have a list of all physicians
- Have a list of all vendors
- Redundant communications

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Communication Plan

External
- Call "911"
- Dedicated people to make notifications
- This EOP contains up to date list of all who should be notified:
  - Corporate and/or ownership
  - All county, state and local emergency management
  - Other facilities
  - Nearby hospitals

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Communication Plan

- Communications with Patients and Visitors
- Communications with Healthcare Providers

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Communication Plan

Healthcare Communications with Family Members, Personal Representative or Persons Responsible for Care

• Under 45 CFR164.510 (b) (1) (ii), the facility can use protected information to notify or assist in notifying Family Members, Personal Representative or Persons Responsible for Care about the patient's location, general condition or death.

• Obtain consent if possible

• Exercise professional judgment

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Communication Plan

Healthcare Communications with public or private organization

• Under 45 CFR164.510 (b) (4), the facility may use or release information about the patient's location, general condition or death to a public or private entity authorized by law or its charter **to assist in disaster relief efforts**.

• Obtain consent or give an opportunity to object to the disclosure, if possible

• Exercise professional judgment and document

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Communication Plan

Surge Capacity and Resources

• Accepting patients from other like facilities requiring like services

• Assist if requested by the Office of Emergency Service (OES)

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Communication Plan

Requesting Assistance
- Should the facility need resources, assistance should be requested as follows:
  o Corporate, ownership entity
  o OES Regional representative(s)
    ▪ Office of Public Health Emergency Response Coordinator (PHERC)
    ▪ Designated Regional Coordinators (ADRC and DRCs)

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Comprehensive Emergency Management Program

- Risk Assessment
- Emergency Plans
- Policies & Procedures
- Communication Plan
- **Training and Testing**

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Training and Testing

EOP
- Timely training for all staff
- New staff to be trained on the EOP in orientation
- Physicians, vendors and volunteers
- Conducted annually
- Documentation
- Evidence that all are knowledgeable

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Training and Testing

Emergency Drills
- One full-scale exercise annually
  - Actual emergency waiver
- Second exercise annually
- After-Action Plan (AAP)
- Document in the EOP

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Training and Testing

Full-scale exercise
- Must have the following components:
  - Engagement with OES
  - All staff participation
  - Exceptions

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Training and Testing

A full-scale exercise - continued:
- Engage with Health Care Coalitions (HCC)
  - Groups of health care and response organizations
- Exceptions may apply
  - Conduct your own
  - Document an actual emergency
  - Conduct a smaller exercise with other facilities

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Training and Testing

Training Documentation
- Responsible for documenting your compliance
- AAR following your tabletop and full-scale exercises
- AAR following real-life emergencies
- The AAR, at a minimum, should determine:
  1) What was supposed to happen
  2) What occurred
  3) What went well
  4) What the facility can do differently or improve upon
  5) A plan with timelines for incorporating necessary improvement

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FINAL SLIDE !!!!!!!!!!!!

Questions Anyone????

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Available on eSupport

- **Hazard Vulnerability Analysis** (*Compliance/Tools/Risk Assessments*)

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Continued Education Credit

- 1 CE contact hour per attendee.
- Complete course evaluation by Friday March 2.
- Allow 2 weeks for processing of your certificate.
- Any questions regarding continued education contact courtney@pss4asc.com

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Mark Your Calendars

PROGRESSIVE
SURGICAL
Huddle

March 19, 2018 11am PT/ 2am ET
DEA CONTROLLED SUBSTANCES:
TRACKING & DIVERSION PREVENTION
Greg Tertes R.Ph
ASC Pharmacist Consultants, Inc.

PROGRESSIVE
SURGICAL
Half Time

April 26, 2018 11am PT/ 2am ET
EXCEL FOR NURSES
Nancy Stephens with Amy Fox, RN

$75
or
FREE
for eSupport
members