

EMERGENCY PREPAREDNESS UPDATE

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Blizzards, floods, wildfires, and hurricanes have killed thousands, cost billions of dollars, and stressed local healthcare systems, emergency responders, and utilities in recent years. In response, the Centers for Medicare and Medicaid Services (CMS) proposed a new Emergency Preparedness (EP) rule

to establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters and coordination with federal, state, tribal, regional, and local emergency preparedness systems (CMS, 2018).

CMS has required ASCs to have a disaster preparedness plan since 2009. However, the old requirement was a standard under the governing body condition. Now, the EP requirement is its own condition, with more specific and demanding standards for implementation.

Failure to comply with conditions, otherwise called a “condition-level deficiency,” is considered a severe health or safety breach that puts the provider on a 90-day termination track. The provider has fewer than 10 days to submit a plan of correction to achieve compliance within the 90 days in order to maintain Medicare provider status. If you have not been surveyed since January 2017, make sure your emergency preparedness plan is up to date and compliant with this new condition.

EP REGULATION COMPONENTS

The EP regulation requires ASCs to develop an emergency plan, implement EP policies and procedures, create a communication plan, and maintain a training and testing program. All aspects of the facility’s EP plan must be reviewed and updated at least annually; this should be documented in meeting minutes.

Emergency plan. The emergency plan must be based on a facility-specific and community-based risk assessment, applying an all-hazards approach. This is commonly referred to as a hazard vulnerability assessment (HVA), which looks at natural, technical, and human events that could impact facility operations. It must be customized to each facility, looking at the probability of an event occurring; its risk to life/health, disruption of services, damage, etc.; and then the facility’s level of preparedness. The completed HVA will be the foundation of the facility’s emergency plan.

EP policies and procedures. The policies and procedures are expected to align with identified hazards within the customized HVA. At minimum, the following must be addressed:

- A system to track locations of staff members and sheltered patients in the ASC during an emergency;
- A safe evacuation from the ASC for all patients, visitors, and staff,

including route, method, plan, location, etc.;

- A way for patients, staff, and volunteers to shelter in place inside the facility during an emergency;
- A system of medical documentation that preserves and protects patient information and confidentiality, as well as secures records;
- The use of volunteers, if applicable to the facility; and
- Applying for a section 1135 waiver should it be necessary.

In most situations, especially for single-specialty ophthalmic ASCs, the use of volunteers and applying for a 1135 waiver would not be applicable because the facility would likely close its doors during an emergency. A 1135 waiver would only be necessary if a facility were going to accept patients during a disaster without benefit of federal insurance verification. For the most part, facilities should already have most of the above policies in place, and with minor revisions, they should be compliant with the new regulation.

Communication plan. The communication plan may be the most significant expansion of the requirements. Every facility must have a comprehensive communication plan that includes

- Specific names and contact information for a variety of different individuals, entities, and organizations;

- A primary and alternative means (i.e., walkie talkies) for communicating during an emergency;
- A method for sharing information and medical documentation, as necessary;
- A means to release patient information in an evacuation situation;
- A means of providing general condition and location information about patients; and
- A means of providing information about the ASC's needs and ability to provide aid, should that be part of the facility's emergency plan.

Training and testing program.

As with most other aspects of facility operations, training and testing are paramount for implementing the EP rule. Facility management must ensure that staff can competently employ the emergency plan. There must be initial training for all staff upon hire and at least annual training thereafter. It is important

to maintain documentation of all training performed and to demonstrate knowledge and familiarity.

The facility must also conduct exercises to test the emergency plan at least annually. More specifically, two disaster exercises must be performed each year. These exercises must be evaluated, including identification of deficiencies and opportunities for improvement. The facility should make an effort to participate in a community disaster exercise annually, perhaps with other local surgery centers, contracted vendors, utility vendors, a local hospital, etc. If participation in a community exercise is not available, the facility should conduct an additional exercise.

Medicare-certified-only facilities may do a tabletop exercise as their second drill. A tabletop exercise is a discussion-based session where team members meet in an informal setting to discuss their roles and

responses during an emergency (Ready.gov, n.d.). Tabletop exercises are not acceptable for facilities accredited by The Joint Commission (TJC) and the Accreditation Association for Ambulatory Health Care (AAAHC).

BE PREPARED

Recent natural disasters remind us all how important it is to “be prepared.” Use the information in this article to make sure your facility is prepared not only for your next survey, but for the forces of nature that may be headed your way in the future. *AE*



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LEARN MORE

If your facility is part of a larger integrated healthcare system, there are additional requirements outlined in the EP rule. You can find more information and resources on the CMS website at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>.

One tool that may be helpful is the “Surveyor Tool—EP Tags,” a spreadsheet download on the webpage. This is what surveyors will use to assess compliance when they are in your facility. This tool has all 17 provider and supplier types listed, so be sure you are looking at the ASC requirements only.

REFERENCES

- Centers for Medicare and Medicaid Services. (2018, July 9). Emergency Preparedness Rule. Retrieved from <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>
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