

# Strengths and opportunities to increase health centers' capacity to respond to a public health emergency

# Panelists



Kristine Gonnella Director of Training and Technical Assistance National Nurse-Led Care Consortium



Mary Harkins-Schwarz Evaluation Specialist Public Health Management Corporation



**Tina Wright** Director of Emergency Management Mass. League of Community Health Centers Chair, PCA Emergency Management Advisory Coalition



Becky Sherman Director of Nursing La Clinica

# Consider a Collective Impact Strategy

Kristine Gonnella Director of Training and Technical Assistance National Nurse-Led Care Consortium



#### **January 2015**

## Seasonal flu overwhelms medical facilities What if there's a pandemic?



Flu epidemic prompts Valley hospitals to declare internal disaster Posted: January 14, 2015 7:04 PM EST Updated: Jan 15, 2015 11:51 AM EST

#### lehighvalleylive.com

Rapid spread of flu keeping emergency rooms 'very busy' in the Lehigh Valley January 2, 2015 at 7:00 AM

# JOURNAL-NEWS

CONTINUING COVERAGE: FLU OUTBREAK Flu epidemic puts pressure on medical clinics By Hannah Poturalski

January 2, 2015



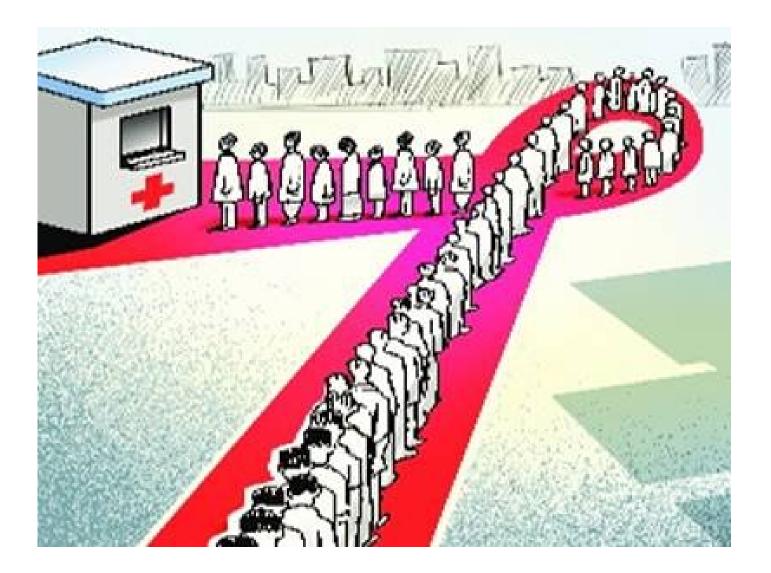
## Charlotte hospitals, doctors' offices 'slammed' with flu patients

By Karen Garloch December 31, 2014



## Long wait times ... Reduced access to care ... Increased risk of illness and death ....







# **Project Goals**

- Assess the landscape
- Identify areas of need to augment pandemic influenza preparedness
- Develop tools and guidance to address resource gaps

# Partners

- Centers for Disease Control & Prevention (CDC)
- Public Health Management Corporation (PHMC)
- National Nurse-Led Care Consortium (NNCC)
- PCA Emergency Management Advisory Coalition (EMAC)
- National Asso. of Community Health Centers (NACHC)
- Health Resources & Services Administration (HRSA)



# **Collective Impact Framework**

#### **Common Agenda**

Keeps all parties moving towards the same goal

#### **Common Progress Measures**

Measures that get to the TRUE outcome

#### **Mutually Reinforcing Activities**

· Each expertise is leveraged as part of the overall

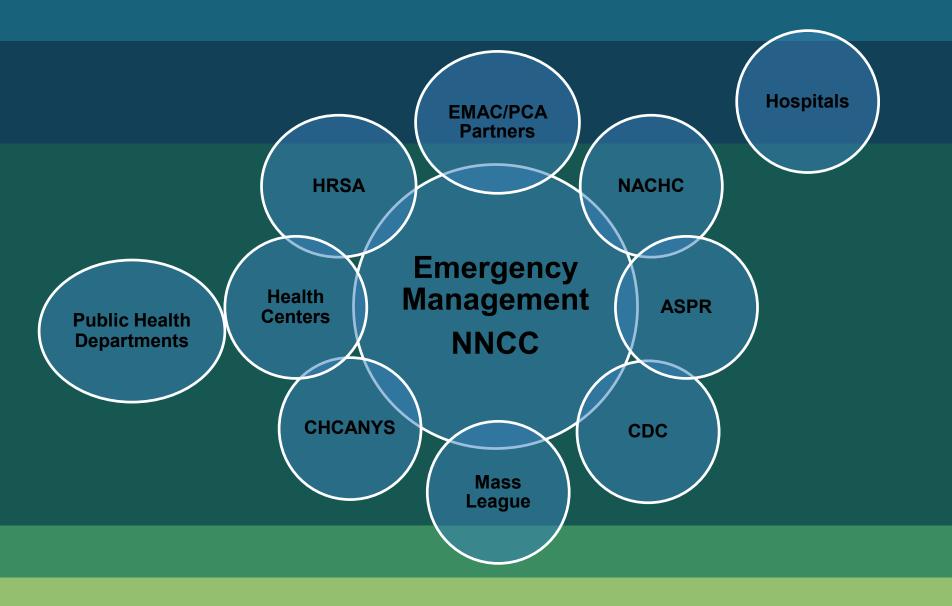
#### Communications

. This allows a culture of collaboration

#### **Backbone Organization**

Takes on the role of managing collaboration





### **Role Clarity**



- Area of expertise
- Organizational priorities
- Availability
- Interest
- Others?

### Swim Lane Diagramming



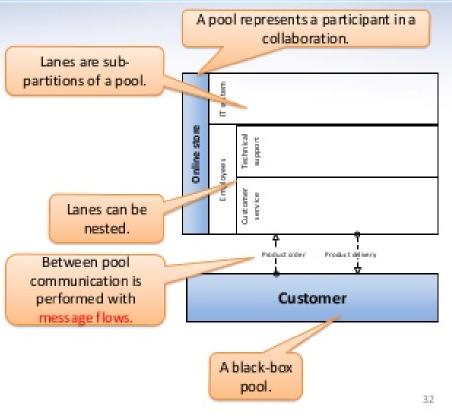


 A swim lane diagram assists with role clarification and efficiency.

## **Swimlanes and Message Flows**



- A swimlane is a graphical container for partitioning a set of activities from other activities.
  - A pool is a container for partitioning a Process from other Processes or Participants.
  - Lanes are used to organize and categorize activities within a Pool.
- Between pools communication is modeled with message flows.
- Pools are used in process and collaboration diagrams.



# RACI Matrix

- <u>Responsible</u>, <u>Accountable</u>, <u>Consulted</u>, <u>Informed</u>
- Defining these roles for a task improves clarity, ownership and communication
- Identify functional roles
- Identify activities or decisions
- Good for QI projects or introducing new EBIs

### Navigating the CMS Emergency **Preparedness Rule**

### A Step-by-Step Guide

#### INTRODUCTION

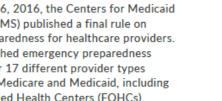
On September 16, 2016, the Centers for Medicaid and Medicare (CMS) published a final rule on emergency preparedness for healthcare providers. The rule established emergency preparedness requirements for 17 different provider types participating in Medicare and Medicaid, including Federally Qualified Health Centers (FQHCs).

#### OVERVIEW OF CMS RULE REQUIREMENTS

- Emergency Planning and Risk Assessment, Policies and Procedures, Communications Plan, Training and Testing Program, optional Integrated Health System<sup>1</sup>
- Note that the CMS Rule memorializes the role of health centers in emergencies, provides a framework for preparedness tailored to health centers

#### TASKS TO COMPLETE

- 1. Review CMS rule (64041) Part 491 Certification of Certain Health Facilities
- 2. Review Interpretive Guidelines

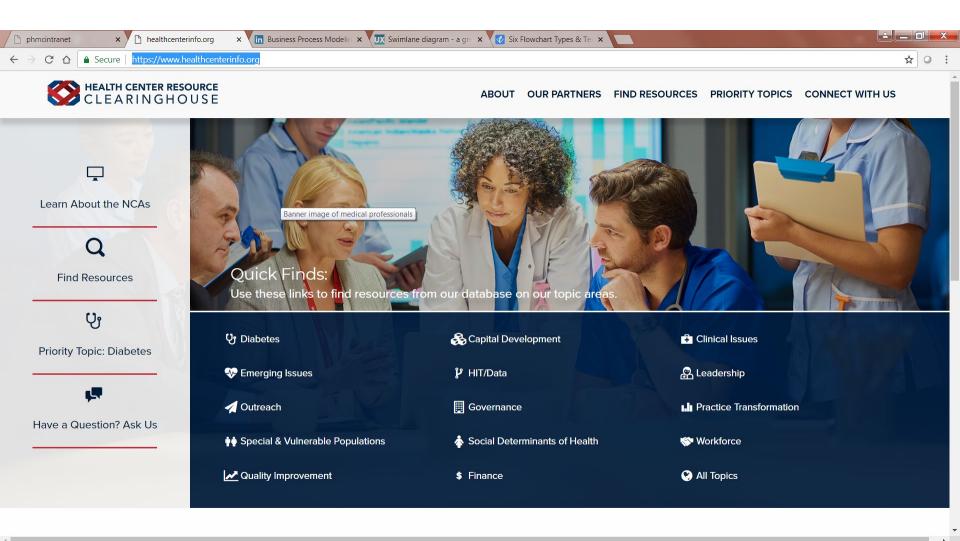




CONSORT a PHMC affiliate











Poll of FQHCs to assess preparedness efforts and training needs

Mary Harkins-Schwarz

Evaluation Specialist Public Health Management Corporation



# Methods

- **9 Key informant interviews** with CHC leaders (fall 2016)
- **Poll of FQHCs** to assess preparedness efforts and training needs (summer 2017, n=391)
- **Report** (February 2018)
- Conducting case study with 4 FQHCs (Spring 2018)
- Webinar series (March 2018)
- HRSA NCA Learning Collaborative (spring 2018)

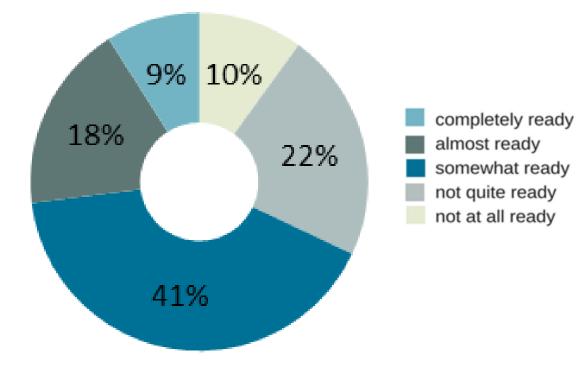


# **Overview of poll participants**

- 1,376 health centers, **391 participants** (29% response rate)
- Demographics:
  - -Participant role at health center
  - -Number of health center sites
  - -Geographical area
  - -Special population funding



## 9% of health centers said they are completely ready to respond to a pandemic/outbreak

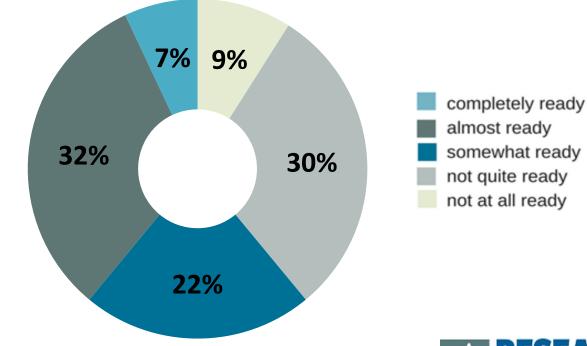


Source: PHMC, Public Health Preparedness Poll, 2017.



at PHMC

## 7% of health centers said they are completely ready to comply with CMS rule by Nov. 2017



Source: PHMC, Public Health Preparedness Poll, 2017.



# Top barriers to pandemic preparedness

Knowledge of disease course during outbreak	40%			
Necessary equipment (PPE)	41%	)		
Knowledge about CMS requirements		45%		
Staffing center during outbreak		45%		
Competing priorities for staff			51%	
Budget constraints				59%

Source: PHMC, Public Health Preparedness Poll, 2017.



at PHMC

# Greatest preparedness training and TA needs

Understanding state-level policies	66%
Understanding center's role in local response	66%
Acquiring necessary supplies	67%
Staffing during an emergency	70%
Complying with CMS requirements	73%
Tabletop exercises for health centers	73%
Staff training on pandemics	82%

Source: PHMC, Public Health Preparedness Poll, 2017.



at PHMC

# To view the case studies and related health preparedness material

Go to NNCC website, programs, emergency preparedness: https://nurseledcare.org/programs/preparedness.html

## **Health Center Stories**

- <u>Health Center Stories: La Clinica</u> (PHMC R&E)
- <u>Health Center Stories: LifeSpring Health Systems</u> (PHMC R&E)
- <u>Health Center Stories: Pasadena PrimaryOne Health</u> (PHMC R&E)





E MERGENCY MANAGEMENT A DVISORY C OALITION

## The CMS Rule for Minimum Emergency Preparedness Requirements for Federally Qualified Health Centers

Tina T. Wright Co-Chair PCA Emergency Management Advisory Coalition

> Massachusetts League of Community Health Centers

Presented by:

# Are CHCs "required" to be prepared for emergencies and disasters?

Various policy directives appear to support emergency preparedness work:

- ... encouraged to...
- ... should integrate...
- ... should collaborate...
- ... *may want to*...

## BUT...

## No written requirement by HRSA



## Or is it?

Health Center Site Visit Guide, Program Requirement #11 (Collaborative Relationships), Performance Improvement:

 Does the grantee have any collaborative relationships that support its emergency preparedness and management plan/activities?

## FY 2014 Service Area Competition (SAC) Application

 Program Narrative: "[D]escribe the status of emergency preparedness planning and development of emergency managed plan(s), including efforts to participate in state and local emergency planning."

### Form 10, Annual Emergency Preparedness Report

- Is your EPM plan integrated into your local/regional emergency plan?
- If No, has your organization attempted to participate in local/regional emergency planners?
- Will your organization be required to deploy staff to Non-Health Center sites/locations according to the emergency preparedness plan for the local community?

• Does your organization coordinate with other systems of care to provide an integrated emergency response?

## PIN 2007-15 "Health Center Emergency Management Program Expectations"

#### POLICY INFORMATION NOTICE

DOCUMENT NUMBER: 2007-15

DATE: August 22, 2007

DOCUMENT TITLE: Health Center Emergency Management Program Expectations

TO: Health Center Program Grantees Federally Qualified Health Center Look-Alikes Primary Care Associations Primary Care Offices National Cooperative Agreements

HRSABPH Correct Market Servers

Health centers are a vital component of our Nation's health care safety net. As such, health centers are positioned to play an important role in delivering critical services and assisting local communities during an emergency. To do so, they must be adequately prepared to deal with emergencies including having a plan in place to prevent, prepare for, respond to, and recover from emergencies.

This Policy Information Notice (PIN) provides guidance on emergency management expectations for health centers to assist them in planning and preparing for future emergencies. This document is not intended to be all inclusive but rather to provide guidance so that health centers can develop and maintain an effective and appropriate emergency management strategy—including developing and implementing an emergency management plan, building existing and growing new relationships, enhancing effective and efficient communications, and ensuring that the health center can effectively operate after an emergency. The expectations set forth in this notice are intended to be an extension of PIN 98-23, "Health Center Program Expectations."

If you have any questions or require further guidance, please contact the Office of Policy and Program Development at 301-594-4300.

James Macrae Associate Administrator

Attachment

Policy Information Notice 2007-15

Health Center Emergency Management Program Expectations

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VI.	KEY DEFINITIONS 11
VII.	RESOURCES

## Form 10 of FQHC 330 Grant Application

DEPARTMENT OF HEALTH AND HUMAN SERVICES		915-0285. Expirat FOR HRSA U	tion Date: 1/31/2020 SE ONLY	
Health Resources and Services Administration		Number	Application Tracking Number	
Section I: Emergency Preparedness and Management (EP		1		
<ol> <li>Has your organization conducted a thorough Hazards Vulne Assessment?</li> </ol>	erability	T Yes	No No	
If Yes, date completed:				
2. Does your organization have an approved EPM plan?				
If Yes, date that the most recent EPM plan was approved b Board:	y your	🗖 Yes	🔲 No	
If No, skip to the Readiness section below.				
B. Does the EPM plan specifically address the four disaster				
phases? (This question is mandatory if you answered Yes to questio	🗌 Yes	No No		
3a. Mitigation			🔲 No	
3b. Preparedness			🔲 No	
3c. Response			No No	
3d. Recovery	🗌 Yes	No No		
4. Is your EPM plan integrated into your local/regional emergency plan?				
(This question is mandatory if you answered Yes to question	n 2.)	Ves 🗌		
<ol><li>If No, has your organization attempted to participate with lo emergency planners?</li></ol>	cal/regional			
(This question is mandatory if you answered Yes to questio	n 2 and No	🗋 Yes	🔲 No	
to question 4.)				
Does the EPM plan address your capacity to render mass immunization/prophylaxis?				
(This question is mandatory if you answered Yes to questio	n 2.)	Ves 🗌		
Section II: READINESS		·		
. Does your organization include alternatives for providing pri				
to the current patient population if you are unable to do so o emergency?	luring an	📋 Yes	No No	
2. Does your organization conduct annual planned drills?		🗌 Yes	No No	
B. Does your organization's staff receive periodic training on d preparedness?	saster	🗖 Yes	No No	
. Will your organization be required to deploy staff to Non-He	alth Center	🗌 Yes	No No	

DEPARTMENT OF HEALTH AND HUMAN SERVICES	FOR HRSA USE ONLY			
Health Resources and Services Administration	Grant Number		Application Tracking Number	
Form 10: EMERGENCY PREPAREDNESS REPORT				
sites/locations according to the emergency preparedness p local community?	lan for the			
<ol><li>Does your organization have arrangements with Federal, S local agencies for the reporting of data?</li></ol>	🗌 Yes	No		
6. Does your organization have a back-up communication sys	🔲 Yes	🔲 No		
6a. Internal		🗌 Yes	🔲 No	
6b. External		🔲 Yes	No No	
<ol><li>Does your organization coordinate with other systems of care to provide an integrated emergency response?</li></ol>			No	
8. Has your organization been designated to serve as a point of distribution for providing antibiotics, vaccines, and medical supplies?			No	
<ol> <li>Has your organization implemented measures to prevent financial/revenue and facilities loss due to an emergency? insurance coverage for short-term closure)</li> </ol>	🗖 Yes	No No		
10. Does your organization have an off-site back-up of your in technology system?	formation	🗌 Yes	No	
11. Does your organization have a designated EPM coordinat	or?	🗌 Yes	No No	



# Why should CHCs embrace a culture of emergency preparedness/ management (EPM)?

- Mission Driven: CHCs are mission-driven organizations. *To provide access to high quality, cost-effective health care services to everyone, regardless of insurance status or ability to pay.*
- Consumer Board Members: health center patients who serve as volunteers to help support and direct their local health centers to meet the true needs of the community.
- About 40% of companies hit by natural disasters never reopen, according to the Labor Department. And for small businesses struck by a major storm, the chance of going under is even greater because the impact is typically two-fold — direct physical damage and the loss of customers who are also affected by the storm.



## Centers for Medicaid & Medicare Services

Home   About CMS   Newsroom   FAQs   Archive   Home   About CMS   Newsroom   FAQs   Archive   Share R Help Print							
Medicare	Medicaid/CHIP	Medicare-Medicaid Coordination	Private Insurance	Innovation Center	Regulations & Guidance	Research, Statistics, Data & Systems	Outreach & Education
Home > Medicare > Survey & Certification - Emergency Preparedness > Emergency Preparedness Rule							
Survey & Certification - Emergency Preparedness Rule							
State Survey Agency Guidance Survey & Certification- Emergency Preparedness Regulation Guidance							
Health Care Provider Guidance Guidance for Surveyors, Providers and Suppliers Regarding the New Emergency Preparedness (EP) Rule							
Lessons Learned/Archives On September 8, 2016 the Federal Register posted the final rule Emergency Preparedness Requirements for Medicare							
Emergency Pre	Emergency Preparedness Rule and Medicaid Participating Providers and Suppliers. The regulation goes into effect on November 16, 2016. Health care						
Core EP Rule E	lements	providers and suppliers affected by this rule must comply and implement all regulations one year after the effective					

Timeline:

Published to the Federal Registry on Sept. 16, 2016 (42 CFR Part 491) Has been in effect since Nov. 16, 2016 Had 1 year from effective date to implement, by November 15, 2017 YOU CAN NOW BE SURVEYED ON COMPLIANCE

## Why this Emergency Preparedness rule?

"Conditions of Participation (CoPs) and **Conditions for Coverage** (CfCs) are health and safety regulations which must be met by Medicare and Medicaid-participating providers and suppliers. They serve to protect all individuals receiving services from those organizations"

- Creates commonalities between and amongst healthcare facilities
- Aligns well with requirements by the Joint Commission, especially for hospitals
- Language is heavy with "Coalition" integration



## CMS rule for minimum EP requirements

- **REGULATORY REQUIREMENT** as a Conditions of Participation (CoP)/ Conditions for Coverage (CfC)
- Includes 17 provider and supplier types
- Must be "in compliance" to participate in Medicare and Medicaid
- Four core elements:
  - 1. Emergency plan
  - 2. Policies and procedures
  - 3. Communications plan
  - 4. Training and testing program (including 2 annual exercises)
- All-hazards Risk Assessment tied to each focus area

## CMS rule, cont. 17 Providers and Suppliers:

- Hospitals
- Critical Access Hospitals
- Long-Term Care Facilities, Skilled Nursing Facilities, and Nursing Facilities
- Religious Nonmedical Health Care Institutions
- Ambulatory Surgical Centers
- Hospices
- Psychiatric Residential Treatment Facilities
- Programs of All-Inclusive Care for the Elderly

- Transplant Centers
- Intermediate Care Facilities for Individuals with Intellectual Disabilities

## Nursing Facilities, and • Home Health Agencies

- Comprehensive Outpatient Rehabilitation Facilities
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental

Health Centers

- Organ Procurement Organizations
- Rural Health Clinics and <u>Federally Qualified</u> <u>Health Centers</u>
- End-Stage Renal Disease Facilities

## Four Core Elements

• The CMS Emergency Preparedness Final Rule outlines four core elements of emergency preparedness:



 CMS tailored each area to address the specific needs of each type of entity.

# **Emergency Management Program**



Source: DelValle Institute for Emergency Preparedness – EOP Awareness course

Risk Assessment & Emergency Planning

# STEP 1: ALL HAZARDS RISK ASSESSMENT / HAZARD VULNERABILITY ANALYSIS

# An All-Hazards Approach

The rule establishes criteria for Medicare-participating providers and suppliers to develop effective and robust emergency plans and responses utilizing an "all hazards" approach for disruptive events such as earthquakes, hurricanes, severe weather, flooding, fires, pandemic flu, power outages, chemical spills, shootings, and nuclear or biological terrorist attacks.





# CMS rule, step 1: HVA...

#### **Risk Assessment**

- Must be "all-hazards" risk assessment
- Must consider your patient populations
  - Homeless, migrant agricultural worker, public housing, veterans, etc.
- 2-fold assessment facility and community based
- Annual review and maintenance

EVENT	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectivness, resouces	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat incident (From historic events at your MC with >= 5 victims)								0%
Small Casualty Hazmat Incident (From historic events at your MC with < 5 victims)								0%
Chemical Exposure, External								0%
Small-Medium Sized Internal Spill								0%
Large Internal Spill								0%
Terrorism, Chemical								0%
Radiologic Exposure, Internal								0%
Radiologic Exposure, External								0%
Terrorism, Radiologic								0%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%
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Risk Assessment & Emergency Planning

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Risk Assessment & Emergency Planning

# STEP 2: EMERGENCY PREPAREDNESS PLANNING

# CMS rule, step 2: EP Plans...

The FQHC must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:

- Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
- 2. Include strategies for addressing emergency events identified by the risk assessment.

Risk Assessment & Emergency Planning

Emergenci

### CMS rule, step 2: EP Plans...

Risk Assessment & Emergency Planning

- 3. Address patient population, including, but not limited to, the type of services the FQHC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
- 4. Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the FQHC's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts..

# CHCANYS Health Center Plan Template Elements

Risk Assessment / Emergency Planning

#### Introduction

- Authorization, revisions, distribution
- 1. Program Administration
  - Summary, Purpose, Scope, EM Committee
- 2. Situation and Assumptions
  - HVA/Risk Assessment, key assumptions
- 3. Command and Control
  - ICS, authority, (de)activation, roles & responsibilities
- 4. Continuity of Operations
  - Essential functions
- 5. Communications
  - Risk communications, notifications, partners

- 6. Buildings, Utilities, Safety and Security
  - Facilities, evacuation, utility, safety & security
- 7. Finance, Logistics and Staff Care
  - EOC, supplies, volunteers, staff scheduling and care, HR, payroll
- 8. Community Integration
  - Partners, coalitions, agreements, Mental Health
- 9. Plan Development and Maintenance
  - Development, review, storage, training, testing
- 10. Hazard Specific Plans
- 11. Standards, Regulations and Guidelines

#### Emergency Operations Plan vs. Incident Command System (ICS)

Risk Assessment & Emergency Planning

• Plan for what to do

Community Halls Carter Secondarie of Convention
City Health Center Emergency Operations Plan
Mby 2014 Version 1.0
Community Neath Dre Association of Connection

HICS Guidebook, Section 5.3: Emergency Operations Plan (EOP) Activation ICS • Tools to make it happen



Source: DelValle Institute for Emergency Preparedness – EOP Awareness course

Policies and Procedures

# STEP 3: POLICIES & PROCEDURES

# CMS rule, step 3: P&Ps...

Policies and Procedures

How Do

I Do It?

What Is

**Required?** 

Why Do I

Need To Do This?

establishes proper steps to take

assigns quantifiable measures

identifies issue & scope

STANDARD

POLICY

### **Policies & Procedures**

- Based on the risk assessment, EP plan, and communications plan
- Include a system for tracking on-duty staff and sheltered patients during an emergency
- Medical documentation sharing if patients transfer to alternate facility, compliant with federal and state privacy laws
- Include policies for Volunteers
   GuideLine
   PROCEDURE

# CMS rule, step 3: P&Ps...

Policies and Procedures

- Establish Policies & Procedures
  - How will your health center execute your emergency plan?
  - How do the policies and procedures address the risks that have been identified?
- Annual updates; rule states to get clinical input from MD, PA or NP
- Safe evacuation plan\*
  - appropriate placement of exit signs; staff responsibilities and needs of the patients.
- Safe shelter-in-place\*\* for: patients, staff, & volunteers
- Secure, confidential & immediately available medical documentation system and secondary back up system plan

# **Volunteer Policy**

# Policies and Procedures

#### HRSA Halfe Resources and Services Administration

#### **PROGRAM ASSISTANCE LETTER**

#### DOCUMENT NUMBER: 2017-06

DOCUMENT TITLE: 2017 Health Center Volunteer Health Professional Federal Tort Claims Act (FTCA) Deeming Application Instructions

DATE: August 16, 2017

TO: Health Center Program Grantees National Cooperative Agreements Primary Care Associations Primary Care Offices

#### I. PURPOSE AND OVERVIEW

The purpose of this Program Assistance Letter (PAL) is to describe the deeming process and requirements for deemed health center volunteer health professionals (VHPs) for a deeming period extending from not earlier than October 1, 2017 through Decomber 31, 2017, and for calendar year (CY) 2018. This PAL also details other requirements found in the authorizing statute applicable to VHPs. Congress, through enactment of Section 9025 of the 21<sup>4</sup> Century Cures Act (Pto L. 114-255), which added subsection 224(q) to the Public Health Service Act (42 U.S. § 233(q)), extended liability protections for the performance of medical, surgical, dental, and related functions to VHPs as the alth careters that have also been deemed as employees of the Public Health Service (PHS). Through this process, VHPs of deemed health centers may receive deemed Public Health Service employment status, with associated Federal Tort Claims Act (FTCA) coverage, for the indicated time periods.

#### II. BACKGROUND

If a health center VHP meets all applicable requirements, under section 224(q)(3)(B)(ii), the Secretary may "deem" the individual to be a PHS employee (i.e., a "covered individual"). Deemed PHS employee status provides the covered individual with immunity from lawsuits and related civil actions resulting from the performance of medical, surgical, dental, and related functions within the scope of deemed employment. Scope of employment determinations take into account such matters as the scope of project of the health center and the scope of the provider" swork on behalf of the health center. In accordance with the FTCA, persons alleging

- Your policy may be "no volunteers," as long as it is stated
- Program Assistance Letter 2017-06

   2017 Health Center Volunteer
   Health Professional Federal Tort
   Claims Act (FTCA) Deeming
   Application Instructions
- Medical Reserve Corps (MRC) another consideration
- Include "other staffing strategies"

Communication Plan

# STEP 4: COMMUNICATIONS PLAN

## CMS rule, step 4: Communications...

### **Communications Plan**

- Refers back to EP plan; must comply with Federal and State laws
- Facilitate both internal (staff & patients) and external (federal, state, local agencies) communications
  - Must include a "method for sharing information and medical documentation with other healthcare providers to ensure continuity of care for patients."



Communication Plan

# CMS rule, step 4: Communications...

Communication Plan

### Communications Plan, cont.

- Communicate to the local incident command center of an emergency the facility's ability to provide assistance before, during and after the event
- Alternate means of communication in case of interruption in phone service

Training and Testing

# STEP 5: TRAINING & TESTING

# CMS rule, step 5: Training...

Training and Testing

## **Training and Testing Program**

- Review current training programs, compare to risk assessment, EP plan, communications plan, and policies and procedures
- Provide initial training to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with "expected roles"
- Staff must be able to demonstrate knowledge; documentation of staff training

Training and Testing

# A sample from the Surveyor Guidance on Training:

- Ask for copies of the facility's initial emergency preparedness training and annual emergency preparedness training offerings.
- Interview various staff and ask questions regarding the facility's initial and annual training course, to verify staff knowledge of emergency procedures.
- Review a sample of staff training files to verify staff have received initial and annual emergency preparedness training.

# CMS rule, step 6: Testing...

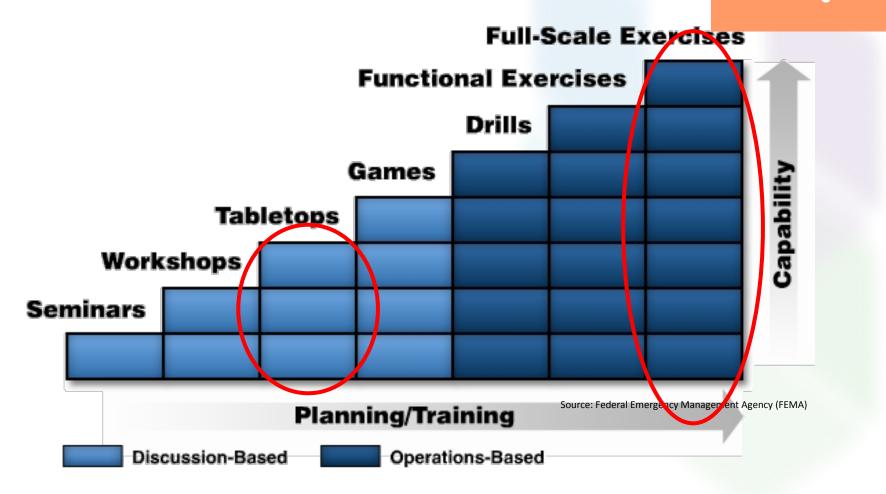
Training and Testing

## Training and Testing Program: Full-scale Exercise

- 2 exercises annually, 1 being full-scale while the other is at the facility's discretion
  - If full-scale is not an option, a facility-based exercise, as long as it is documented, will meet the requirement
- An actual emergency that requires the activation of the emergency plan, as long as it is documented, meets the full-scale exercise requirement for 1 year after the actual event
- Analyze response to and maintain documentation of drills, table top exercises, and emergency events

#### **Emergency Preparedness Exercises: Level of Complexity**

Training and Testing



# **Definitions from Guidance**

Training and Testing

- Full-Scale Exercise: Is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional and integration of operational elements involved in the response to a disaster event, i.e. "boots on the ground" response activities (for example, hospital staff treating mock patients).
- Table-top Exercise (TTX): Involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.

## **Exercise documentation**

Training and Testing

- Each facility is responsible for documenting their compliance and ensuring that this information is available for review at any time for a period of no less than three (3) years.
- The After Action Report (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; and
  - 5) a plan with timelines for incorporating necessary improvement.

Integrated Health Systems

# OPTIONAL STEP: INTEGRATED HEALTH SYSTEMS

# Integrated Health Systems

Integrated Health Systems

If a FQHC is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the FQHC may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:

- 1. Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
- 2. Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
- 3. Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.

# **Integrated Health Systems**

Integrated Health Systems

- 4. Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include all of the following:
  - i. A documented community-based risk assessment, utilizing an all-hazards approach.
  - ii. A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
- 5. Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

## "Failure to meet these minimum requirements will result in '**termination**' of participation in CMS programs"

As per 10/05/16 call with CMS.

"In the event facilities are noncompliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for noncompliance."

	MA Health <u>Center Patients</u>	MA <u>Residents</u>	US Residents
% at or Below 100% Poverty	64%	10%	14%
% at or Below 200% Poverty	87%	22%	32%
% Uninsured	16%	6%	9%
% Medicaid	48%	22%	19%
% Medicare	10%	12%	14%

# **About Healthcare Coalitions**

- A healthcare coalition is a group of individual health care and response organizations with a defined geographic area of service.
- Healthcare coalitions foster an environment of collaboration that helps each member be better prepared to respond to emergencies and manage planned events.
  - http://bparati.com/Healthcare-Coalition-Business-And-Organizational-Development
  - ASPR definition: <u>https://www.phe.gov/Preparedness/planning/mscc/healthcarecoalition/chapter2</u> <u>/Pages/overview.aspx</u>

### CMS RULE EXPECTATIONS FOR COMMUNITY INTEGRATION

- ... how the facility will coordinate with the whole community during an emergency or disaster...
- ... ensures a facility's ability to collaborate with local emergency preparedness officials...
- ... community risk assessment...
- ... process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts
- ... Facilities are encouraged to participate in a healthcare coalition...
- ... Participate in a full-scale exercise that is community-based...

# **TOOLS AND RESOURCES**

General

- HHS Office of Assistant Secretary for Preparedness and Response:
  - Technical Resources, Assistance Center, and Information Exchange (TRACIE)
     <u>https://asprtracie.hhs.gov/cmsrule</u>
- Centers for Medicare and Medicaid Services (CMS):
  - Survey & Certification- Emergency Preparedness Regulation Guidance - <u>https://www.cms.gov/Medicare/Provider-Enrollment-and-</u> <u>Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html</u>
- CFR Title 42, Part 491- Certification of Certain Health Facilities FQHC Conditions for Coverage - <u>https://www.gpo.gov/fdsys/pkg/CFR-2016-title42-vol5/xml/CFR-2016-title42-vol5-part491.xml</u>
- PCEPN Resources for Primary Care <u>https://trello.com/b/pYs0L7eD/em-</u> resources

Risk Assessment / Emergency Planning

- Developing and Maintaining Emergency Operations Plans -<u>https://www.fema.gov/media-library/assets/documents/25975</u>
- Kaiser Permanente HVA Tool -<u>https://www.calhospitalprepare.org/sites/main/files/file-</u> <u>attachments/kp\_hva\_template\_2014.xls</u>
- Community Risk Assessment Guide <u>http://strategicfire.org/community-riskreduction/community-risk-assessment</u>

- The Yale New Haven Center for Emergency Preparedness and Disaster Response Emergency Preparedness CMS Conditions of Participation & Accreditation Organizations Crosswalk -<u>http://files.constantcontact.com/d901e299001/51f80a78-4ff1-4585-8270f2aea6d39172.pdf</u>
- Example of a Policy and Procedure for Providing Meaningful Communication with Persons with Limited English Proficiency - <u>https://www.hhs.gov/civil-rights/for-providers/clearance-medicare-providers/example-policy-procedure-persons-limited-english-proficiency/index.html</u>
- Evacuation and Shelter-in-Place Guidelines for Healthcare Entities (LA County EMS Agency) - <u>https://www.calhospitalprepare.org/post/evacuation-and-shelter-place-guidelines-healthcare-entities</u>

- Crisis & Emergency Risk Communication (CERC) by Centers for Disease Control (CDC) - <u>https://emergency.cdc.gov/cerc/resources/index.asp</u>
- Emergency Communications (DHS) <u>https://www.dhs.gov/topic/emergency-</u> <u>communications</u>
- Disclosures for Emergency Preparedness A Decision Tool https://www.hhs.gov/hipaa/for-professionals/special-topics/emergencypreparedness/decision-tool-overview/index.html
- Crisis Communications Plan -<u>https://www.ready.gov/business/implementation/crisis</u>
- Healthcare Coalitions List (v. 9.2017) <u>https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/By-Name-Health-Care-Coalitions-Sept-2017.pdf</u>

**Training and Testing** 

- FEMA Independent Study Program <u>https://training.fema.gov/is</u>
- The Homeland Security Exercise and Evaluation Program (HSEEP) doctrine https://preptoolkit.fema.gov/web/hseep-resources
- HSEEP Quick Reference Guide -<u>https://www.calhospitalprepare.org/sites/main/files/file-</u> <u>attachments/cider\_hseep\_refgdv3.pdf</u>
- Harvard EPREP Exercise Evaluation Toolkit -<u>https://www.hsph.harvard.edu/preparedness/toolkits/exercise-evaluation-</u> <u>toolkit</u>

- FEMA IS-120.A: An Introduction to Exercises (also see IS-130: Exercise Evaluation) <u>https://training.fema.gov/is/courseoverview.aspx?code=is-120.a</u>
- CMS After Action Report/Improvement Plan Template and Instructionshttps://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/aartemplateinstructions.zip
- Healthcare Cyber Tabletop Exercise Package -<u>https://www.hsdl.org/?view&did=789781</u>
- Mystery Patient Functional Exercise Package -<u>https://www.dropbox.com/sh/fysy1p58sntdrr2/AACQ-jDzHr10eHRmq9AXbxSoa?dl=0</u>



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M ANAGEMENT
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C OALITION

# **Questions?**

Thank you!

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# 2015 PERTUSSIS OUTBREAK: LA CLINICA'S RESPONSE



La Clinica del Valle Family Health Care



**Becky Sherman** Director of Nursing La Clinica in Medford, Oregon

