



**Department
of Health**

Emergency Preparedness Federal Condition of Participation for CHHAs

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Webex Objectives for CHHA Providers:

1. Highlight the current State Emergency Preparedness Requirements (Regulation and DAL issued 12/1/16)
2. Introduction to CMS Rule
3. Cover the 4 areas of the CMS Rule and requirements for each specific to CHHAs
 - An emergency plan based on risk assessment incorporates all hazard approach
 - Policies and procedures
 - Communication Plan
 - Training and Testing program

Webex Objectives:

4. Discuss the Department's surveillance process including the CMS "Survey Procedures" to determine compliance with federal rule.
5. Discuss the DOH communication system and changes made to the HERDS Home Care Emergency Response Survey to assist agency compliance with reporting requirements
6. Provide resources

Current Requirements:

CHHA:

Title: Section 763.11 - Governing authority

(10) ensure the development of a **written emergency plan** which is current and includes procedures to be followed **to assure health care needs of patients continue to be met in emergencies which interfere with delivery of services** and orientation of all employees to their responsibilities in carrying out such a plan;

Emergency Preparedness Requirements (DAL DHCBS 16-11 issued 12/1/16)

Emergency Preparedness Plan

- Reviewed annually
- Based on types of emergencies that could impact agency and cause disruption of services (**Risk Assessment**)
- Staff must receive training during orientation and annually
- Patient roster- emergency contact info, Patient Classification/Priority levels, TALS, identification if vent /electricity dependent, other needs identified
- Call down list of staff to be used during emergency
- Emergency communications procedure if telephone/computer network becomes disabled (**communication plan**)

Emergency Preparedness Requirements (DAL DHCBS 16-11 issued 12/1/16)

- Contact list of community partners including local health, Local emergency management, emergency medical services, and law enforcement
- Procedure for responding to requests for information from community partners
- Participation in agency specific or community based drills and at least one drill/exercise annually (CMS requires 2 exercises/drills)

Other State requirements:

- Health Commerce System account and roles assigned and accurate
- Participation in Emergency Response Drills
- Responding to Emergency Response Surveys (during real event)

Response to surveys will assist in complying with various CMS reporting requirements



Emergency Preparedness

National Agenda- over past several years, many natural and man made disasters threatened the US.

Sept 11, 2001- Terrorist attacks

2005- Hurricane Katrina

Recent- Ebola and Zika viruses

2017- Hurricane Harvey (Texas) and Hurricane Irma (Florida)

Health care system not adequately prepared for a disaster.

Health care providers have critical role to play in preparedness and response.

CMS Emergency Preparedness Rule

Goals of Rule:

- Increase patient safety during emergencies
 - Establish consistent requirements across provider types
 - Establish a more coordinated response to natural and man made disasters
-
- Effective date: November 15, 2016
 - Compliance date: November 15, 2017

Emergency Management

A coordinated response is essential.

Emergency management phases are:

- Hazard identification
- Hazard mitigation
- Preparedness
- Response
- Recovery



Hazard Mitigation

Activities taken to eliminate or reduce the probability of an event, or reduce the severity or consequences either prior to or during the event.

Mitigation details address patient care delivery, educating staff, and emergency preparedness planning.

* Ultimately, a high level of preparedness leads to hazard mitigation.

Emergency Preparedness

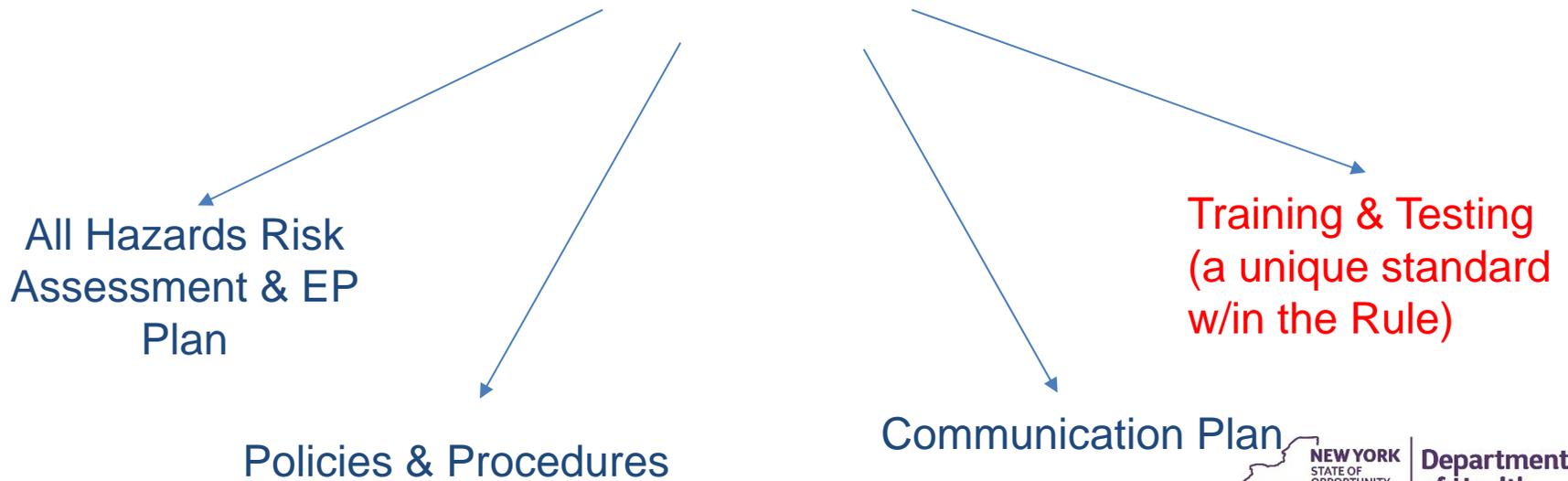
Preparedness addresses how the provider will meet the needs of patients if essential services break down as a result of a disaster.

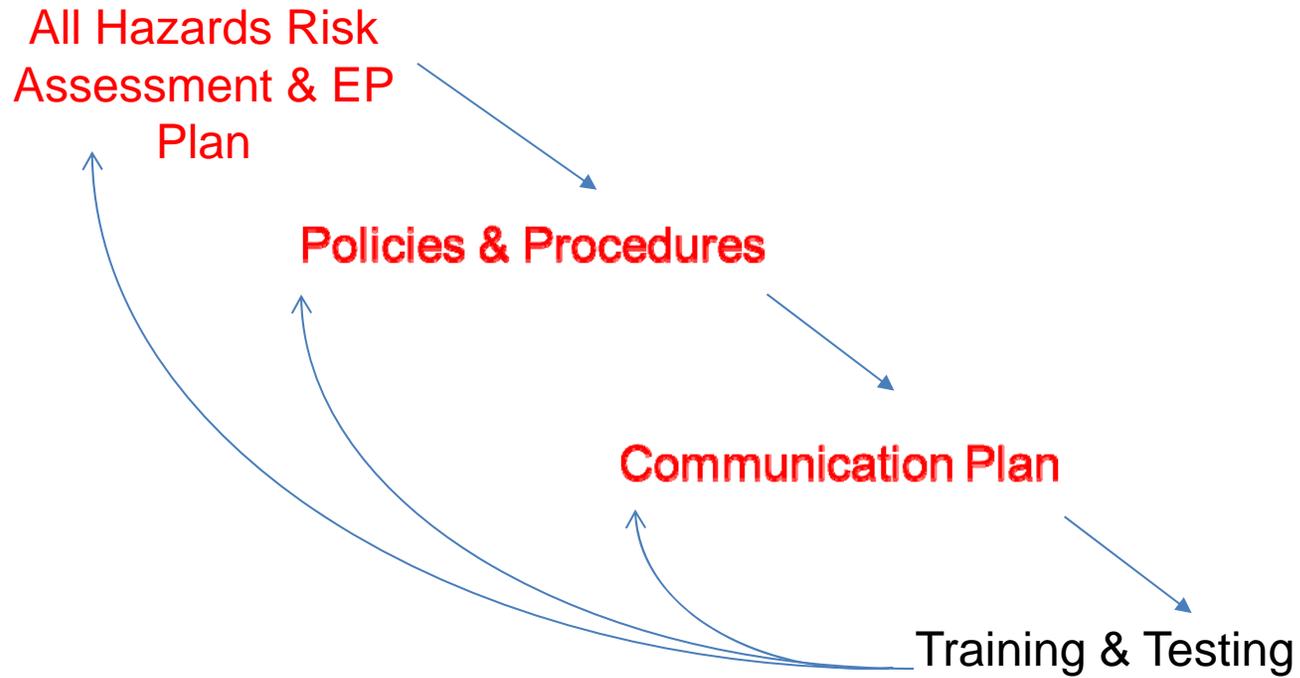
Preparedness includes training staff on their role in the emergency plan, testing the plan, and revising the plan as needed.

Emergency Preparedness Program

- Describes an agency's comprehensive approach to meeting the health, safety, and security needs of the agency, its staff, its patient population, and community prior to, during, and after an emergency or disaster.
- Encompasses 4 core elements:
 - Emergency Plan based on a Risk assessment
 - Policies and Procedures
 - Communication Plan
 - Training and Testing Program

Develop a comprehensive, Emergency Preparedness Program, (a comprehensive approach) and Plan, (the components of the Program) including 4 core elements;
Reviewed & Updated at least annually





Program versus Plan

Program is the condition requirement. Program must describe the agency's comprehensive approach to meeting the health and safety needs of its patient population during an emergency. The program must address how they will coordinate with other health care facilities and the community as a whole during an emergency event.

Plan is a standard requirement within the Condition. Plan describes the individual component within the Program and provides the framework of the overall Program.

Program/Plan- must address all required elements.

Risk Assessments

- Process agencies use to assess and document potential hazards that are likely to impact their geographic area, community, facility, and patient population
- Should be specific to location of agency and area patients served
- Consider hazards most likely to occur in the surrounding area including but not limited to:
 - Natural disasters
 - Man-made disasters
 - Agency based disasters
- Must conduct a community based and agency based risk assessment and document both assessments
- **Strategies to address**

Hazards Identification:

Agencies should consider any potential hazards that could affect the agency directly or indirectly.

Examples: directly- mass power outage due to winter storm, or agency power outage, flooding and inability to travel to patient's homes

Indirectly- affects community but not the agency's ability to continue to provide services

Community Based Risk Assessment:

- Community based assessment ensures that agencies collaborate with other entities within their community to promote an integrated response to emergency events
- CMS allows agencies to adopt community based assessments developed by other entities, such as public health agencies, emergency management agencies, or regional Healthcare Coalitions (HCC) in conjunction with agency based risk assessment. Must have copy and collaborate with entity that developed it to ensure your agency's plan is in alignment.

Agency- based disasters may include but not limited to:

- Care related emergencies
- Equipment and utility failures- power, water, gas
- Communication interruptions, including cyberattacks
- Loss of a portion or all of an agency
- Access and transportation issues
- Disruptions in normal supplies of essential resources such as food, water, fuel, medications, medical supplies, and medical gases
- Should consider likely duration of interruptions/events.

Risk assessment strategies:

- Must develop strategies for addressing emergency events identified in the risk assessment (would be included in plan or policies and procedures)

Examples:

- May include staffing strategy for identified staff shortages
- Surge capacity strategy if agency targeted to accept additional patients during an emergency
- Prioritizing patient visits

Survey Procedures - Risk Assessment

- Verify written documentation of the risk assessments that includes associated strategies for addressing emergency events identified by the risk assessment. (NEW)
- Ask agency leadership to describe the hazards identified in risk assessment and how the risk assessment was conducted
- Verify the agency's risk assessment reflects all hazards approach specific to its geographic location and encompasses potential hazards.

Emergency Plan Requirements

- Standard requirement within the Condition (one component of the program)
- Must be based on documented agency based and community based risk assessment
- Includes strategies for addressing emergency events identified by the risk assessment
- Provides the framework to address patient care needs and identify agency operations necessary for support during an actual emergency.
- Must be reviewed and updated at least annually
- Must include documentation of annual review date and updates made to the plan based on the review.

Consider the following for developing Emergency Plan:

- The functions that are essential to the agency operations that should be continued during an emergency
- All risk or emergencies the agency may reasonable expect to confront
- All contingencies for which the agency should plan
- The agency's geographic location & patients' locations
- The extent to which natural or man made emergencies may cause the agency to cease or limit operations
- Any arrangements with other health care facilities or entities that might be needed to ensure that essential services could be provided during an emergency

Emergency Plan Requirements

Must address:

- Patient population and patients with limited mobility
- Must ensure means of transport are accessible and available
- Types of services the agency would be able to provide during an emergency (May be based on patient Priority Level)
- Continuity of operations
- Delegations of authority- must identify a qualified person authorized in writing to act in absence of administrator or person legally responsible for operations of the agency during an emergency event. **NEW**
- Succession planning- identify and develop internal people with the potential to fill key leadership positions to increase the availability of experienced and capable employees prepared to assume key roles.

NEW

Plan- Continuity of Operations

Plan should address strategies to ensure continuity of operations and consider:

- Essential personnel
- Essential functions and critical resources
- Vital records and Information Technology IT protection.
- Alternate agency identification and location
- Financial resources

Survey procedures - Continuity of operations:

Interview leadership and ask them to describe:

- Types of services the agency could provide during an emergency
- Written delegation of an authorized person in the absence of the administrator/operator during an event.

Plan- Cooperation and Collaboration

The plan must include:

- a process for collaboration and cooperation with the efforts of federal, state, local, tribal, and regional emergency management officials to maintain an integrated response during an emergency/disaster.

(participation with local Health Care Coalition is encouraged)

- A process to document the agency's efforts to contact such officials and its participation in collaborative and cooperative planning efforts, when applicable.
- Documentation of this integrated response process

Survey Procedures - Cooperation and Collaboration:

- Interview leadership and ask for description of their process for ensuring cooperation and collaboration with the efforts of local, tribal, regional, state and federal emergency preparedness officials (OEM)
- Documentation of the agency's efforts to contact local, regional, state and federal when applicable (Reporting on DOH HERDS Emergency survey) and participation in collaborative and cooperative planning efforts
Comprehensive Contact list, HCS contact info & roles current and accurate

Survey procedures for EP Plan

- Ask agency leadership to describe the potential hazards identified in the risk assessment, and how the agency conducted the risk assessment
- Verify documented risk assessments both agency based and community based
- Review copy of agency's plan
- Verify that the plan contains all required elements and includes strategies for addressing emergency events identified by the risk assessment
- Verify that the agency reviews and updates the plan annually by checking documentation of review dates and updates

Policies and Procedures Requirement

- Develop and implement emergency preparedness policies and procedures aligned with the Emergency plan and risk assessment
- Ensure policies and procedures address range of issues including:
 - system to follow up with on-duty staff and patients
 - evacuation of homebound patients
 - system of medical documentation
 - Individualized patient emergency plan
 - the use of volunteers
- Review and update at least annually

Survey Procedures – Policies and Procedures

- Review written policies and procedures that address the agency's EP plan
- Verify the policies and procedures were based on agency's risk assessment
- Verify annual review and updates done based on review

P & P Evacuation Homebound Patients

- Must have method to inform State and local EP officials about evacuation needs of patients from their homes due to emergency based on the patient's medical and psychiatric condition and home environment (HERDS Survey)
- Must address when and how the agency communicates information and the clinical care needed for these patients such as patient mobility, life saving equipment, patient's special needs (HERDS Survey)
- * Report on HERDS Survey Evacuation Form- includes patient's priority level and TALs, vent and/or electricity dependent info
- * Patient roster should include priority level, TALs, Electric/Vent dependent, special needs info

Survey Procedures: Evacuations

- Review the EP plan, policies and procedures for safe evacuation requirements from patient homes
- Review the plan for notification procedures for patients in need of evacuation
(Report on HERDS survey)
- Compliance with reporting on HERDS survey if applicable.
- Participation in drills to test evacuation reporting

P & P – Follow up with Patients and Staff

- In the event of interruption in services during or due to an emergency, agencies must have procedures to follow up with on-duty staff and patients to determine services needed. **Policy should include how/when patient follow up occurs and staff follow up - staff call down list already required**
- Information must be readily available, accurate and shareable among officials
- Must inform state and local officials of any on-duty staff or patients unable to contact. **Report numbers on HERDS survey and notify Local Office of Emergency Management (OEM) with patient or staff specific information**
- If using electronic database should consider secondary source such as hard copy.

Survey Procedures- Patient and Staff Follow Up

- Verify that agency has a system as part of their emergency plan policies and procedures that includes following up with on-duty staff and patients
- Verify agency has staff call down list (not new)
- Ask staff/leadership to explain the procedures in place in the event they are unable to contact a staff member or patient during or due to an emergency.
- Verify compliance with reporting data on HERDS Emergency Survey if applicable.

P & P: Continuity of Services

- Must include procedures to follow up with patients to determine services needed in the event of interruption in service (**Priority Levels**)
- If patient requires care that is beyond the capability of the CHHA, CMS expects agency to rearrange or suspend care of that patient for a period of time. (time necessary for the emergency disaster to pass and agency to resume normal business operations).
- Policy should outline surrounding facilities (such as nursing home or hospital) the CHHA has arrangements with to ensure continuity of patient care if the patient's safety and care needs can't be met by the CHHA and initiating a transfer is indicated.
- Policy should outline timelines for transferring a patient and under what conditions which may depend on how long the event will last and patient's safety & care needs.

Survey procedures- Continuity of Services

- Policy must include procedures to follow up with on-duty staff and patients to determine services needed and the process to inform state and local authorities if they are unable to contact any staff or patients.
- Ask leadership to explain the mechanism in place to inform state and local officials of any on-duty staff and patients unable to contact during an emergency.
- Compliance with reporting on HERDS survey and notification to local OEM of patients and/or on duty staff unable to contact
- Review policy that it addresses continuity of care.

P & P – To ensure all patients have an individualized plan in the event of an emergency

- Patient's comprehensive assessment must include an individualized plan in the event of an emergency.

Consider:

- What are the potential hazards a patient could face and how and when to contact local emergency officials in response to potential disasters such as fire, flooding, coastal storms.
- Circumstances when the patient should be contacting the agency
- Discussions may also include education on how to increase the patient's safety.

P & P - To ensure all patients have an individualized plan in the event of an emergency-

- The individualized plan should be in writing and could be as simple as a detailed emergency card to be kept with the patient.
- CHHA personnel must document emergency preparedness discussions in the patient's record, provide a copy of instructions to the patient and their caregiver, and include copy in clinical record.
- Surveyors will verify during the clinical record review that the individualized emergency plan is included in the patient's comprehensive assessment. Would also expect to see patient specific information on the patient roster (Priority Level, TALs, etc.)

P & P - Medical Documentation

- Policy must address a system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.
- Must be HIPAA compliant

P & P – Use of volunteers/Staffing strategies

- Must address the use of volunteers **or other emergency staffing strategies** to address surge needs during an emergency
- A method for contacting off duty staff and procedure/contingency plan if staff unable to report to duty (may include utilizing staff from other agencies, volunteers)
- Staffing and volunteer resources are coordinated through local contracts or use of the Volunteer System ServNY (NYS System on Health Commerce System), or Medical Reserve Corps for state or local volunteers
- <https://apps.health.ny.gov/vms/appmanager/vms/public>
- Use of volunteers in accordance with State law, scope of practice laws, and agency policy,
- Additional volunteer resources- Public health, National Disaster Medical System teams, Department of Defense Nurse Corps (Federal request through State OEC)

Survey Procedures- Use of volunteers/staffing strategies

- EP should include policies and procedures for use of volunteers, and other staffing strategies such as a plan to contact off duty staff or using staff from other agencies.

Communication Plan Requirements (standard)

- The agency must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.
- Must have a system to contact appropriate staff, treating physicians, and others necessary, to ensure continuation of patient care functions throughout the agency and to ensure functions are carried out in a safe and effective manner.
- Plan describes how the agency will coordinate care within the agency, across health care providers, and with state and local health departments and emergency management systems.

Communication Plan Requirements (standard)

- The plan must include how the agency interacts and coordinates with emergency management agencies and systems to protect patient health and safety.
- Must have primary and alternate means for communicating with agency staff, federal, state, tribal, regional, and local emergency management agencies.

This may include alternate means of communication in rural or remote areas with limited internet and/or cellular phone coverage, etc. Consider pagers, cellular phones, walkie talkies, satellite phones, radios, and short wave radios, satellite telephone communications, as alternate means for communicating.

Communication plan must include

Names and Contact Information required for the following:

- Federal, State, tribal, regional and local emergency preparedness staff (OEM)
- Staff (**staff call down list**)
- Patient's next of kin, guardian, custodian (**Currently required on patient roster**)
- Entities providing services under arrangement
- Patients' physicians
- Other facilities
- Volunteers or volunteer resources
- Other sources of assistance – (State DOH, Regional DOH, DOH Duty Officer)
- **Currently State requires: community partners, local health dept, local OEM, EMS, Law enforcement**

** Must update staff contact information on ongoing basis for changes in staff.*

** Contact information must be reviewed and updated at least annually.*

** Must be readily available during emergency.*

** Suggest electronic and hard copy format.*

Communication Plan - Sharing and Releasing Information

- Communication Plan must include a method for sharing information and medical documentation as necessary, with other health care providers to maintain continuity of care.

Communication Plan- Communicating Agency Status

- Communication plan must include a means to provide information to local and state emergency management, local and State health, Incident Command Center, and Emergency Operations Center.
- Must provide information about the agency's status, needs and its ability to provide assistance
- Health Commerce System is the communication system for State DOH and for reporting agency status, agency needs, ability to surge/accept additional patients and patient info on HERDS Survey.

Health Commerce System

- Primary communication vehicle during Emergencies for targeting information and obtaining information from agencies
- Agencies must ensure required HCS roles are assigned and accurate
- DOH Emergency Response Drills (planned for this fall)
- Emergency Response Surveys for agencies to report data/information:
 - Patient census/Priority Levels/TALS/Vent/Electric Dependent
 - Patient counts/Priority Levels by county
 - Agency ability to serve current caseload and surge capacity
 - Inability to contact all on duty staff (NEW)
 - Inability to contact all patients (NEW)
 - Evacuation status
 - Repatriation status

Survey procedures-Communication Plan

- Ask to see copy of the agency's written communication plan
- Verify that plan is reviewed and updated on annual basis
- Verify plan includes comprehensive list of contacts- must include the required contacts and updated on annual basis.
- Call down list of staff- that is current and accurate.
- Patient roster includes emergency contact information
- Verify inclusion of primary and alternate means of communications
- Ask to see communications equipment or systems listed in their plan
- Verify compliance with reporting on HERDS survey if applicable
- Verify compliance with Health Commerce System requirements

Training and Testing Program Requirements:

- The agency must develop and maintain a training and testing program that is documented, reviewed and updated at least annually.
- This program is meant to test the agency's emergency preparedness plan, risk assessment, policies and procedures, and communication plan.
- Training includes providing education and instruction to staff (perdiem staff, contract staff, direct staff and volunteers) to ensure all individuals are aware of the emergency preparedness program and their role during an emergency.
- Testing includes conducting drills and or exercises to test the emergency plan to identify gaps and areas for improvement and to evaluate the effectiveness of staff training.

Training Requirements

- Agencies can't execute their emergency plan and policies and procedures without properly training staff
- Agencies must develop a training program based on their emergency plan, risk assessment, policies and procedures, and communication plan.
- Must be documented, reviewed and updated annually

Training Program requirements:

- Initial training during orientation in emergency preparedness policies and procedures to all existing and new staff (includes per diem staff, contract staff, direct employees, *) consistent with their expected role. Training should be specific to the specific location assigned.
- Provide emergency preparedness training at least annually- incorporating any lessons learned in the last year from exercise, real emergencies, after action reports, or changes made to the agency's emergency preparedness program.
- Documentation of all emergency preparedness training conducted and methods used to demonstrate knowledge of the training. (examples- computer based, self learning modules, post tests of instructor led training)

Survey procedures- Training

- Confirm agency has written training program
- Verify documentation of review and annual updates
- Request copies of the agency's training and training offerings
- Verify initial and annual EP training in personnel records
- Interview various staff members regarding their knowledge of initial and annual training course offerings

Testing Requirements:

- Agencies must conduct exercises to test their emergency plan at least annually.
- Must participate in a full scale community based exercise or conduct an individual agency exercise if community based drill not available. If agency experiences real emergency requiring activation of their plan, this would count as full scale exercise for the 1 year following the event.
- Must conduct an additional exercise either full scale or a Table Top Exercise
- A Tabletop Exercise (TTX) includes as group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions to challenge an emergency plan
- Full scale and TTX must reflect agency's risk assessment

Full-Scale definition:

A full-scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional (for example, joint field office, emergency operation centers, etc.) 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). The full-scale exercises may include and accepted as any operations-based exercises (drill, functional, or full-scale exercise) that assesses a facility’s functional capabilities by simulating a response to an emergency that would impact the facility’s operations and their given community.

Testing Requirements:

Full scale is defined as any operations based exercise (drill, functional, or full scale exercise) that assesses an agency's functional capabilities by simulating a response to an emergency that would impact the agency's operations and their community.

Full scale exercise is also an operations based exercise that typically involves multiple agencies, jurisdictions, and disciplines, performing functional or operational elements. (such as testing communication systems, patient tracking, evacuations)

Encourage participation with local healthcare coalitions.

Participation in: Healthcare coalition drills, DOH Home Care drills, WRECKIT drill Oct 2016, North Country drill Jan 2017, OURex drill Feb/March 2017

Analyzing and Documenting Exercises/Events:

- Agencies must document and analyze its response to all drills, TTXs, and emergency events, and revise EP plan as needed.
- Agencies should conduct an after action review (AAR) for drills/exercises and/or real life emergency events. (lessons learned)
- AAR should involve leadership, department leads, critical staff and determine at a minimum:
 - What was supposed to happen
 - What actually occurred
 - What went well
 - What the agency can do differently or improve upon
 - A plan with timelines for incorporating necessary improvement

Analyzing and Documenting Exercises

- Must document the testing requirements (drills/exercise) and ensure access to information for a minimum of 3 year period of time
 - If participating in health care system's integrated program and exercise, each certified facility (CHHA) must address the individual needs of agency.
- * The after action reports will help support documentation of agency's participation in drill/exercises or real event.

Survey procedures- Testing requirements **(NEW)**

- Verify agency documentation of exercise plan
- Review documentation that supports agency participated/conducted 2 exercises/year (Full scale, community based, or agency based exercise, or Tabletop)
- Review documentation of agency's analysis or After Action Reports (AAR)
- Verify revisions to EP plan if indicated by AAR

Integrated Health Care System Standards

- CMS allows (does not require) any separately certified health care facility (such as CHHA) that operates within a health care system to elect to be part of the unified emergency preparedness program of that system.
- Each separately certified health care facility that chooses to participate must participate in the development of the EP program and the annual review and update process. (must document participation)
- Each separately certified health care facility is responsible to comply with all applicable requirements and demonstrate if can implement the EP program and demonstrate compliance at the agency level.

Survey Procedures: Integrated System

- Review integrated and unified EP program, Emergency plan, policies and procedures, communication plan, training and testing program.
- Review the Emergency plan/program and ensure it meets CHHA specific requirements
- Verify agency involvement in development, annual review and updates of the unified EP program.

CHHA Topics

- Role of State DOH in requesting waivers for State regulations and Federal regulations/requirements
- Dealing with situation of patients refusing evacuation from their homes

Resources:

CMS:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

DOH:

https://www.health.ny.gov/environmental/emergency/health_care_providers/

FEMA:

<https://training.fema.gov/emiweb/is/icsresource/index.htm>

FEMA Recommend National Incident Management System IS-700 and ICS-100 Training

<https://training.fema.gov/emiweb/is/icsresource/trainingmaterials.htm>



Questions?

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