



**Department
of Health**

Emergency Preparedness Federal Condition of Participation for Hospice Providers

August 8, 2019

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Presentation Objectives for Hospice 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 Hospices
 - An emergency plan based on risk assessment incorporates all hazard approach
 - Policies and procedures
 - Communication Plan
 - Training and Testing program

Presentation 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

Hospice:

Title: Section 794.1 - Governing authority

(m) ensure the development, implementation and annual review of a written **emergency plan** which is current and includes hospice emergency contact information, current staff call down list, and community partners contact list and **procedures to be followed to assure health care needs of patients continue to be met in emergencies that interfere with the delivery of services**, and orientation of all employees to their responsibilities in carrying out such a plan;

Hospice Inpatient Care and Hospice Residence:

Title: Section 717.2 (b) (c)

b) A free-standing inpatient hospice facility or unit shall comply with the pertinent provisions for either residential occupancies or institutional occupancies as required by NFPA 101.

c) A free-standing hospice residence shall comply with the pertinent provisions for either residential occupancies or institutional occupancies as required by NFPA 101.

- Must comply with National Fire Protection Association (NFPA) 101 standards Life Safety Code. * Generators not required Fire drills required.

Title: Section 794.5 - Short-term Inpatient Service

(e) The **hospice that provides inpatient care directly in its own facility** must demonstrate compliance with all of the following standards:

(5) maintaining a safe physical environment free of hazards for patients, staff, and visitors which includes:

(i) addressing real or potential threats to health and safety of patients, others and property;

(ii) having a written disaster plan in effect for managing power failures, natural disasters and other emergencies affecting the ability to provide care. The plan must be periodically reviewed and rehearsed with staff;

(iii) developing and implementing procedures for routine storage and prompt disposal of trash and medical waste; light, temperature and ventilation/air exchanges; emergency gas and water supply; and scheduled and emergency maintenance and repair of all equipment;

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

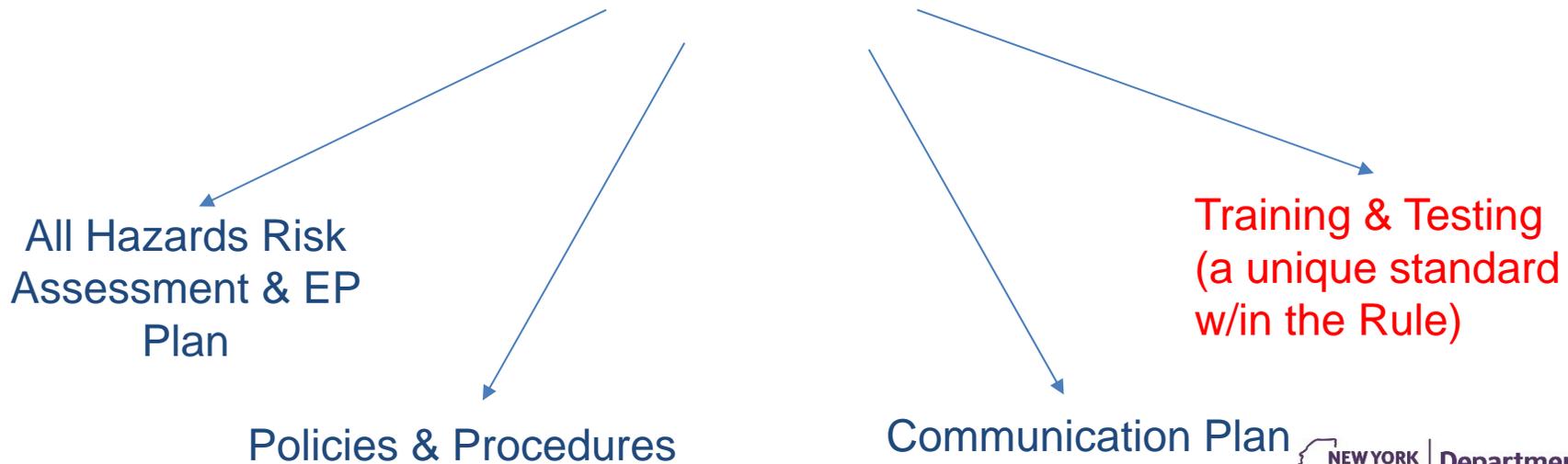
Preparedness addresses how the provider will meet the needs of patients if essential services break down as a result of a disaster.

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

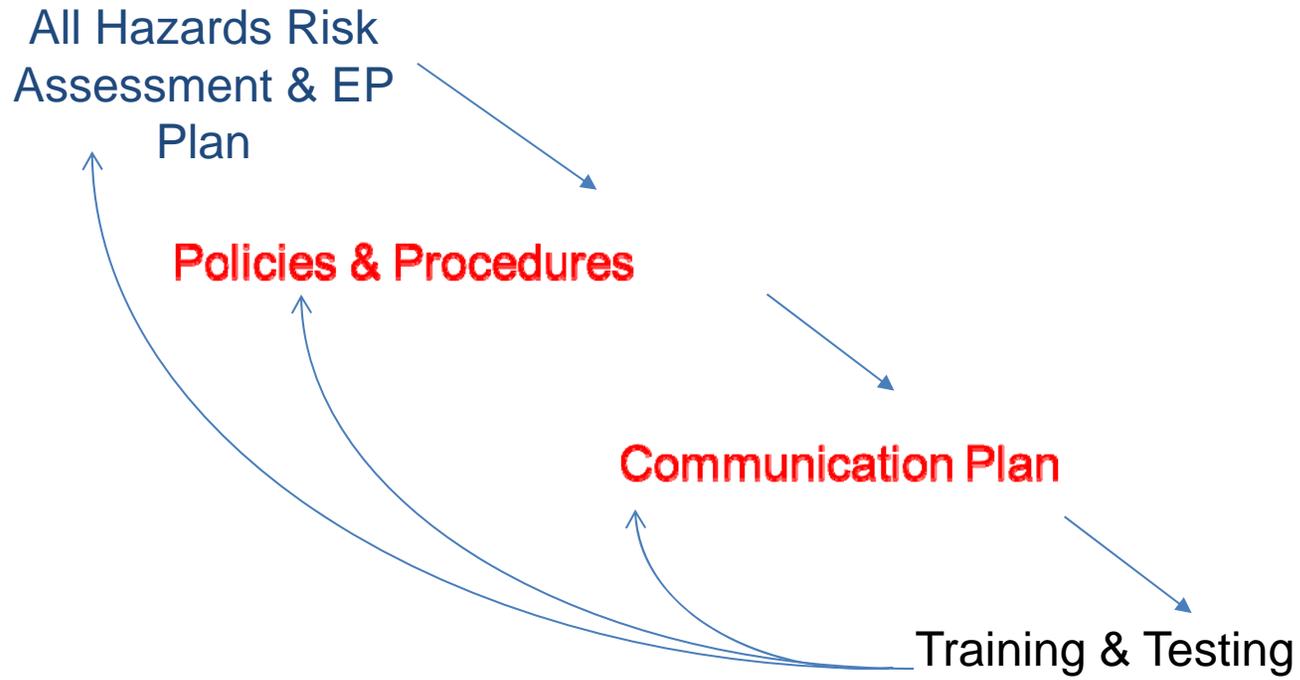


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SDL(3

Training and Testing purposefully left black or different color; CMS treats as a separate component)

Sottolano, Debra L (HEALTH), 9/26/2017



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:

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

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

Indirectly- affects community but not the hospice'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 a hospice
- 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 hospice 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 hospice leadership to describe the hazards identified in risk assessment and how the risk assessment was conducted
- Verify the hospice'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 hospice operations that should be continued during an emergency
- All risk or emergencies the hospice may reasonably expect to confront
- All contingencies for which the hospice should plan
- The hospice's geographic location(s) & patients' locations
- The extent to which natural or man made emergencies may cause the hospice 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
- For hospice inpatient/residence located in leased space- confer with the property owner and include a plan for continuation of care if the building is impacted.

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 & 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 hospice could provide during an emergency
- Written delegation of 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 hospice'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 hospice'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 hospice 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 hospice'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 hospice 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:
 - subsistence needs for staff and patients
 - evacuation plans
 - system to track staff and patients
 - System to follow up with on-duty staff and homebound patients
 - system of medical documentation
 - arrangements with other facilities
- Review and update at least annually

Survey Procedures – Policies and Procedures

- Review written policies and procedures that address the hospice'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 - Subsistence Needs- applies to hospice operated inpatient care units and hospice residences (Life Safety Code LSC, National Fire Protection Association NFPA)

Provision of subsistence needs includes but is not limited to:

- Food, water, medical, and pharmaceutical supplies
- Alternate sources of energy to maintain:
 - Temperatures to protect patient health and safety
 - Safe and sanitary storage of provisions
 - Emergency lighting
 - Fire detection, extinguishing, alarm systems
- Sewage and waste disposal

* Consider storing items where less likely to be effected by disaster (flooding- keep on higher level)

* Generators are not required.

Survey Procedures: Subsistence Needs

- For hospice operated inpatient unit/or hospice residence review policy and make sure it addresses subsistence provisions including food, water, medical and pharmaceutical supplies for patients and staff (*DOH Should consider 96 hours of supplies*)
- Verify policy addresses adequate alternate energy sources to maintain temperatures, storage of provisions, emergency lighting, fire detection and alarm systems, sewage and waste disposal.

P & P - Sheltering in Place - Hospice Operated Inpatient Units and Hospice Residences:

- A means to shelter in place for patients, hospice employees who remain in the hospice facility.
- Hospice's policy must be consistent with the NYS definition for the potential to "Shelter in Place" defined as:

The ability of a NYSDOH regulated facility to retain for at least 96 hours a small number of residents that are too critical to be moved or where moving them may have a negative health outcome, while the remainder of the facility is evacuated, in accordance with a mandatory evacuation order by a Local Chief Elected Official that includes an option to Shelter in Place (SiP).

SiP would be an unusual occurrence since it is contingent on Chief Elected Official issuing a mandatory evacuation order that includes the SiP option to remain in a defined evacuation zone, is incident specific, and requires approval of NYS DOH.

Survey Procedures- Sheltering in place

- Applies to inpatient hospice operated units and hospice residences
- Does P & P address how hospice will provide a means to shelter in place for patients, staff, and volunteers (if allowed by Chief Elected Official and approved by DOH)
- Policy should include adequate staffing (stay team) and sustenance needs previously described and medications to maintain continuity of care/patient comfort.

P & P- Evacuation- Hospice Inpatient or Hospice residence

- Must address safe evacuation from the facility (hospice inpatient unit)
- Includes considerations for care and treatment needs of evacuees
- Consider triaging system when coordinating evacuation
- Staff responsibilities
- Transportation
- Identification of evacuation locations
- Arrangements with other facilities and providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services. *Hospice should have prearranged transfer agreements with other hospice inpatient units, hospitals, or nursing homes.*
- Communicating patient care requirements to receiving facility
- System of tracking location of patients and on duty staff

P & P- Evacuation of 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 hospice communicates information and the clinical care needed for these patients such as patient mobility, life saving equipment, special needs (HERDS Survey)
- * Report on HERDS Survey Evacuation Form- # of patients in need of evacuation, 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, hospice inpatient units, and hospice residences (if applicable)
- Hospice operated inpatient units/residences includes process for patient tracking, relocation options and arrangements including transportation
- Review the plan for notification procedures for patients in need of evacuation
- Compliance with reporting on HERDS survey if applicable.
- Participation in drills to test evacuation reporting and tracking

P & P – Follow up with Patients and Staff

- In the event of interruption in services during or due to an emergency, hospices 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**
- Patient/ tracking for Hospice Operated Residences and Inpatient Units- if patients and staff are relocated, the location of receiving location, or other location.
- If using electronic database should consider secondary source such as hard copy.



Survey Procedures- Follow up with Patients and Staff

- Verify that hospice has a system as part of their emergency plan policies and procedures that includes following up with on-duty staff and patients
- Verify hospice 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.
- For hospice residence/inpatient units- verify hospice has tracking system if patients are relocated
- Verify compliance with reporting data on HERDS Emergency Survey if applicable.

P & P: Continuity of Services

- Hospice must address development of arrangements with other facilities and providers to receive patients in the event of limitations or cessation of operations to maintain continuity of services to patients.
- Policies should address the different patient care settings- hospice residences, hospice care to SNF resident, hospice inpatient care provided directly or by contract, as applicable.
- Should consider prearranged transportation agreements

Survey procedures- Continuity of Services

- Ask to see copies of transfer arrangements and agreements with other health care providers.
- Policy must include procedures to follow up with on-duty staff and patients to determine services needed and 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.

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
- Hospice not required to address use of volunteers in their policies; however they must address the use of hospice employees in an emergency as well as other staffing strategies.
- Staffing and volunteer resources coordinated through local contracts or use of 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>
- 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, or as applicable, hospice employees, and other staffing strategies such as plan to contact off duty staff or using staff from other hospices.

Communication Plan Requirements (standard)

- The hospice 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 hospice and to ensure functions are carried out in a safe and effective manner.
- Plan supports how the agency will coordinate care within the hospice, across health care providers, and with state and local health departments and emergency management systems.

Communication Plan Requirements (standard)

- Must include how the hospice 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 (OEMs)
- Staff (**staff call down list**)
- Patient's next of kin, guardian, custodian (**Currently required on patient roster**)
- Entities providing services under arrangement
- Patient's physicians
- Other hospices
- 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 and to receiving facilities if patients evacuated
- Plan must address a means in the event of an evacuation from a facility to release patient information permitted under HIPAA rule which during an emergency allows agencies to disclose certain patient information in conjunction with disaster relief efforts to notify family members, personal representatives, or certain others of a patient's location and general condition.

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 on the hospice's status, patient census, inpatient and hospice residence occupancy, hospice needs, and its ability to provide assistance.
- Health Commerce System is communication system for State DOH and for reporting agency status, agency needs, ability to surge/accept additional patients, inpatient and hospice residences occupancy on the HERDS survey.

Health Commerce System

- Primary communication vehicle during Emergencies for targeting information and obtaining information from agencies
- Hospices 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
 - Agency ability to serve current caseload and surge capacity
 - Hospice inpatient occupancy/ability to accept additional patients (NEW)
 - 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 hospice'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 plan addresses the means it will use to release patient information, including general condition and location of patients
- Verify compliance with reporting on HERDS survey if applicable
- Verify compliance with Health Commerce System requirements

Training and Testing Program Requirements:

- The hospice 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) 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

- Hospices can't execute their emergency plan and policies and procedures without properly training staff
- Hospices 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 (such as inpatient unit).
- Provide emergency preparedness training at least annually- incorporating any lessons learned in the last year from exercises, real emergencies, after action reports, or changes made to the hospice'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 hospice has written training program
- Verify documentation of review and annual updates
- Request copies of the hospice'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:

- Hospices 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 hospice 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 hospice'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:

- Hospice must analyze its response to all drills, TTXs, and emergency events, and revise EP plan as needed
- Hospices 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 (hospice) must address the individual needs of the hospice.
- * The after action reports will help support documentation of hospice's participation in drill/exercises.

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

- Verify hospice documentation of exercise plan
- Review documentation that supports hospice participated/conducted 2 exercises/year (Full scale, community based, or agency based exercise, or Tabletop)
- Review documentation of hospice'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 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 (such as the hospice) 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 (hospice) 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 Hospice specific requirements.
- Verify hospice involvement in development, annual review and updates of the unified EP program.

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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