



HEALTH CENTER
PARTNERS
of Southern California



Connect Consulting Services
Engage | Prepare | Recover

Road to CMS EP Compliance:

Policies & Procedures

Emergency Communications Plan

Connect Consulting Services, Inc.

March 28, 2017



CMS.gov
Centers for Medicare & Medicaid Services



Training Agenda

- ▶ HCPSC Welcome and Overview;
- ▶ Emergency Preparedness Policies & Procedures;
- ▶ Emergency Communication Plan;
- ▶ Where are We?? - Check-In;
- ▶ Next Steps.

- ▶ **Nora O'Brien**, MPA, CEM- CEO- CPCA staffer from 2001-2009, launched CCS in 2009 to assist clients with developing emergency management plans, training and drills and exercises
- ▶ **Cathy Larsen**, MA, Director of Planning and Development- former Executive Director of Southern Trinity Health Center and years of healthcare emergency management planning
- ▶ **Norma Springsteen**, BA, Director of Operations- years of coordinating projects for the Yolo County Department of Public Health and CAPG
- ▶ **Kristina Freas**, MHS, CEM, Connect Consulting Services Advisor, Healthcare SME Expert

Connect Consulting Services, Inc. Project Team Members

CMS Emergency Prep Requirements

- ▶ In 2016, the Centers for Medicare and Medicaid issued final Conditions of Participation (CoP) for 17 types of Medicaid and Medicare providers @ emergency management- FQHCs, RHCs, CMHA, IHS, hospice, LTCs, etc. by [November 16, 2017](#)
- ▶ Requirements will include:
 - ▶ Conduct ~~Risk Assessment~~ and Planning
 - ▶ Develop Policies and Procedures
 - ▶ Create Communication Plan
 - ▶ Training and Plan Testing

CMS Emergency Preparedness Rule Overview



FEDERAL REGISTER

Vol. 81 Friday,
No. 180 September 16, 2016

Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services
42 CFR Parts 403, 416, 418, et al.
Medicare and Medicaid Programs; Emergency Preparedness Requirements
for Medicare and Medicaid Participating Providers and Suppliers; Final
Rule

Policies & Procedures

- **CMS Requirement:** The FQHC/RHC must develop and implement emergency preparedness **policies** and **procedures**, based on the HVA, Emergency Operations Plan (EOP) and Emergency Communications Plan (ECP).

The policies and procedures must address:

1. Safe **evacuation** from the RHC/FQHC;
2. A means to **shelter in place** for patients, staff, and volunteers who remain in the facility;
3. A system of **medical documentation**;
4. The use of **volunteers** and the ability to “**surge**”.





Policy #1: Safe Evacuation

- ▶ The extent of **evacuation** may be different for different types of hazards:
 - ▶ Explosions;
 - ▶ Earthquakes;
 - ▶ Hurricanes and tornadoes;
 - ▶ Other natural disasters.



Policy #1: Safe Evacuation Elements:

- ▶ A clear **chain of command** and designation of the person in your business authorized to order an evacuation;
- ▶ Specific evacuation procedures, including **routes** and **exits**;
- ▶ Special evacuation procedures for buildings with **elevators**;
- ▶ Procedures & equipment for **assisting visitors** and **staff** to evacuate, particularly those with disabilities, injuries or who do not speak English;
- ▶ Special **staff duties** during the evacuation;
- ▶ A means of **accounting** for staff and patients.



**BUILDING
EVACUATION**
What's your game plan?




Policy #2: Shelter in Place

- ▶ There are times when evacuation is **NOT** safe:
 - ▶ Releases of chemical, radioactive, or biological agents;
 - ▶ Civil disturbances;
 - ▶ Workplace violence;
 - ▶ Active Shooter.

Policy #2: Shelter in Place Elements:

- ▶ Chain of **Command**;
- ▶ Consider **Type of Incident** (Shelter in Place (chemical spill) vs Defend in Place (Active Shooter));
- ▶ Shelter in Place designated locations (**Refuge Area**);
- ▶ **Communicating** with Incident Command;
- ▶ Resources Needs;
- ▶ Procedures for “**All Clear**” - Accountability.





Evacuation & Shelter in Place: Emergency Action Plan Policy & Procedures

- ▶ Deciding Whether To:
 - ▶ **SHELTER-IN-PLACE**; or
 - ▶ **EVACUATE TO SAFETY** (i.e., get away from a threat or hazard);
 - ▶ Are the most important decisions that must be made during an **emergency**.



Emergency Plan

g Office: _____

, Zip Code: _____

red BY: _____

Designation: _____

Date: _____



Emergency Action Plan

- ▶ Accomplishes:
 - ▶ CMS EP Compliance Requirement Policy 1 & 2;
 - ▶ OSHA [29 CFR 1910.38\(a\)](#);
 - ▶ Provides guidance on WHEN to evacuate or shelter in place;
 - ▶ Includes both evacuation and shelter in place policies and procedures.

Emergency Plan

g Office: _____

, Zip Code: _____

red BY: _____

Designation: _____

Date: _____

Emergency Action Plan

- ▶ Components:
 - ▶ Stay or Go Decision & Communications;
 - ▶ Safe Evacuation Policies & Procedures;
 - ▶ Use of Searchers & Placards;
 - ▶ Primary & Alternate Evacuation Locations;
 - ▶ Accounting of Staff & Patients.
 - ▶ Shelter in Place Policies & Procedures;
 - ▶ All Clear & Re-Entry Procedures.

Policy #3: Medical Documentation

- ▶ A system of **medical documentation** that:
 - ▶ **Preserves** patient information;
 - ▶ **Protects** confidentiality of patient information;
 - ▶ **Secures** and maintains the **availability** of records.

Policy #4: Use of Volunteers

- ▶ CMS Requirement:
- ▶ The use of **volunteers** in an emergency; and,
- ▶ Other **emergency staffing** strategies;
- ▶ Including the process and role for integration of State and Federally **designated health care professionals** to **address surge** needs during an emergency.

Policy #4: Use of Volunteers

► Considerations:

- Provide a mechanism for **smooth operations** during a emergency or disaster;
- Control risks through **volunteer management** in order to minimize legal liability, and
- Emergency **credentialing** procedures in a disaster.

Emergency Communications Plan

- ▶ **CMS Requirement:** Must have internal and external communications plans & redundant communication systems
- ▶ **Internal:** Notify patients, staff, and Board of a disaster impacting the FQHC
- ▶ **External:** Notify external stakeholders such as federal, tribal, State, and local agencies
- ▶ **Redundant Communications:** Have radios, satellite phones, ham radios, etc.



Emergency Communications Plan

- ▶ Develop a communication plan that complies with both Federal and State laws;
- ▶ Coordinate patient care within the facility, across healthcare providers, and with state and local public health departments and emergency management systems, to include:
 - ▶ Contact information for staff, entities providing services under other arrangements, patients' physicians, other hospitals, and volunteers;
 - ▶ Maintaining contact info for regional or local emergency preparedness agencies;
 - ▶ A means, in the event of evacuation, to release patient information.
- ▶ Review and update plan annually.

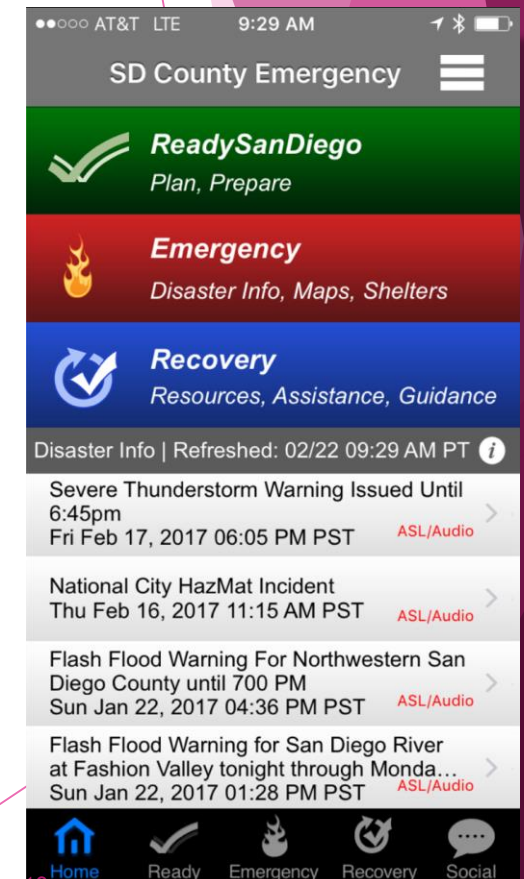
GOVERNMENT EMERGENCY TELECOM SERVICES (GETS)

- Provides national security and emergency preparedness personnel priority access and prioritized processing in local and long distance networks
- Intended use in emergency or crisis situation when landline network is congested
- No Cost to Subscribe
- <https://www.dhs.gov/government-emergency-telecommunications-service-gets>
- When applying for a GETS access users can also apply for Wireless Priority Service (WPS)
- WPS is similar to GETS the difference being WPS is for wireless networks

Ready San Diego

San Diego County Emergency Resource App:

- Plan and Prepare;
- Emergency Disaster Info, Maps, Shelters;
- Recovery Resources, Assistance and Guidance



Training Debrief and Next Steps

- ▶ Tell us what you liked about the training?
- ▶ What could we have done differently?
- ▶ Project Next Steps
- ▶ **Monthly** CMS EP requirement conference calls
- ▶ **June 27th training** on exercise design at a health center



WHAT'S
YOUR
NEXT STEP?

2017 CMS Technical Assistance Schedule

- ▶ ~~February 28, 11am-~~ Emergency Plan policies and procedures development and update to meet the CMS requirements
- ▶ March 28, 11am- Communication plan development and update
- ▶ April 25, 11am- Emergency training process & documentation
- ▶ May 23, 11am- Preparing for tabletop and/or functional exercises
- ▶ June 13, 11am- Developing a full-scale exercise to test your emergency plans
- ▶ June 27- 9am-3pm- An in-person training on how to conduct a full-scale drill training with an exercise at a member health center

Additional Support

- ▶ As a member of HCPSC, Connect Consulting Services will offer a **free 30 minute phone consultation** regarding your CMS compliance needs.
- ▶ In addition, Connect Consulting Services **will offer a 15% discount** on our planning, training, and exercise services.
- ▶ Please contact Norma Springsteen at Norma@ConnectConsulting.biz to schedule a call with us to see how we can help your FQHC



Contact Us!



Connect Consulting Services
Engage | Prepare | Recover

- ▶ Jill Webber, MPH, Program Manager
- ▶ **Health Quality Partners - Health Center Partners**
- ▶ 7535 Metropolitan Dr., San Diego, CA 92108
- ▶ direct: 619.542.4324
- ▶ fax: 619.906.2486
- ▶ jwebber@hcpsocal.org
- ▶ www.hqpsocal.org

- ▶ Nora O'Brien, MPA, CEM, Chief Executive Officer
- ▶ Connect Consulting Services
- ▶ 701 12th Street, Suite 202, Sacramento, CA 95814
- ▶ Nora@ConnectConsulting.biz
- ▶ Office: 916 758-3220 Mobile: 916 806-7361
- ▶ Twitter: @NoraConnect
- ▶ www.ConnectConsulting.biz