



## Putting the pieces together

### CMS Final Rule Requirements



## Get Organized

Visit [www.icaahn.org](http://www.icaahn.org) select **Resources, Choose CMS Final Rule Library**

Especially Check out the Toolkit 343 for great templates

Here you will find all recorded webinars

**Organize a binder with the following tabs:**

List of team members and contact info

EOP

Gap Analysis/ Check list

Contact List and Community Resources

Risk Assessment

Communications

Training and Exercises

Documentation of Completed Requirements



## GAP Analysis

- Do you have start date for this project recorded
- Does your current EOP cover the following
- Epidemic and Pandemic
- Biological threats
- Chemical threats
- Nuclear/Radiological threats
- Explosive/Incendiary threats
- All types of Natural Disasters



## ?? More Analysis

- Do you have a simple method to track incidents as they occur so that all information is available later for certification or review?
- Do you have your table top drill and Active Drill scheduled on your calendars prior to Nov 15, 2017 to meet the CMS requirement?
- Does your community plan include ability to reach out to all cultures, languages, and special needs- blind, deaf, dementia, chronic disease, other



## Are you Ready

- What will you do if your disaster response goes beyond your capacity?
- What if there is a lack of safe water, electricity, your equipment fails,
- What if evacuation is needed? Are there plans for shelters?
- How will you track patients who are evacuated or transferred and what if there is a cyber attack impacting your ability to track?



## CMS Survey Expectations

- Questions laid out in Gap Analysis should be answered with a written policy for the plan  
CMS will be looking for:
- Plan to address **risk, policy and procedures** to allow the plan to be executed.
- **Knowledge and involvement of community** partners and a full contact list that also includes dates of contact and response.

## Interpretive Guidance

- CMS will release their Interpretive Guidance later this summer
- These guidelines will cover penalties, methods for correcting errors found
- Levels of non- compliance
- Specific Interpretations of the requirements



## Let's Talk Big Picture Risk Assessment



- Your EOP most likely covers risks that have been identified for your area- review
- If you need help use the risk assessment tool in the library
- Check with key community partners to compare risk assessments, plans and policy
- EOP may clearly address the hospital issues but CMS wants to see a community wide readiness
- Find those in your area who really know the ropes: pet shelters, mentally ill, moving critically ill from nursing homes, etc
- See the risk assessment tool in the library



## Don't Reinvent the Wheel

- Talk or preferably meet NOW with the other providers working on the CMS Rule: make one big contact list if possible
- There are **17 different types** of providers
  - See the provider table

Did you know? If your hospital operates any of these other type providers and they operate under **ONE CCN** then you must all work together to create **ONE PLAN - Check it out with your Finance Office**

**If there are multiple CCN- then each one does their own separate plan (6 digit number for CMS)**

## Communications



- What is your communications plan?
- IL uses Star Com Radios
- What is your alternative if not available in a state wide disaster?
- Do you test your communications and does every shift know how to use the radio? Put this in your policy.
- Know your community partners communications plan and their alternative.

## Communications: Direct Quotes from the Final Rule

**Speed of Response** “It is essential that hospitals have the capacity to respond in a timely and appropriate manner in the event of a natural or man-made disaster.”

You must respond immediately when an incident occurs. It is important that your **communications network** be ready to go at the touch of a button.

“A hospital [must] have a process for ensuring cooperation and collaboration with local, tribal, regional, state, or federal emergency preparedness officials’ efforts to ensure an integrated response during a disaster or emergency situation.”

## Communications



- In your plan include all types, text, email, phone, radio, phone tree, mass communication
- Remember in a disaster, you will need to be able to reach off duty as well as on duty staff.
- Your policy may include off duty staff contacting you in a disaster, how they could do that, and it should include a record of their contact and time it came in
- When you contact anyone involved in playing a role in responding to the disaster, ALWAYS record time of your contact to them and their response to you. Make this a part of the template you use (see the toolkit)
- Maintain all HIPAA Rules “The ability to remain HIPAA-compliant in regards to patient information as patients are incoming or being evacuated “

## Ready Made Templates



Item	Quantity	Unit	Value

- Design your messaging ahead of time
- Know all the methods you can use to send information- mobile, robocalls, text, email etc
- If you need to get the message out in 2 or more languages, prepare those templates ahead of time
- You must have a process ensuring the messages were received

## Training and Exercises



- By Nov 15, 2017 complete 1 table top exercise and one full scale exercise
- If you are a **Joint Commission** Hospital you will need to do **2** not just one drill
- What if you have a real incident prior to Nov 15? Count your response as the one required drill but make sure you have it well documented

## Documentation



- Must track patients moved from your hospital and to your hospital
- If some are moved to shelters, document it
- If patient is transferred to another hospital, document it
- You must have a means for accounting for all on duty staff to make sure all are safe and accounted for
- Document all alerts and response times
- Document when messages sent are received
- Document when any official is contacted

## TOOL Kit



- **Table of Contents Introduction**
- 1 **Potential Roles for Community Health Centers and Community Practice Sites**
- 2 **Review the Local Hazard Assessment**
- 3 **Review Local Health Department, Hospital, and Emergency Management Plans ...**
- 6 **Assess Your Office's Resources and Capacity**
- 8 **Develop Your Emergency Response Plan**
- 9 **Inform and Train Staff !!!!**
- 15 **Conduct Emergency Exercises**
- 17 **Evaluate Your Response Review and Revise Your Plan**
- 21 **Appendices**



## TOOLKIT 343

- This toolkit is intended to be used by leadership of community practice sites (including community health centers, group practices, and specialty care practices) to
  - (1) assess vulnerability, create an emergency preparedness plan, train staff to the plan and evaluate the staff's readiness through participation in drill and exercises and
  - (2) connect with local emergency management planners to better understand how your resources and expertise can be used during an emergency response.
- The toolkit provides an outline of steps to be taken and includes forms and tables as templates.
- Emphasis is on connecting with local partners in order for the practice site to become part of the local planning process and tailor your plan to match local expectation.
- *This document is a component of a National Training Strategy for medical providers, a collaborative effort of the New York Consortium for Emergency Preparedness Continuing Education. Funding is from the Office of the Assistant Secretary for Preparedness and Response, Department of Health and Human Services (T01 HP01411). Suggested citation: Center for Health Policy and the New York Consortium for Emergency Preparedness Continuing Education, 2007. Emergency Preparedness Toolkit for Community Health Centers and Community Practice Sites. New York, NY: Columbia University School of Nursing*

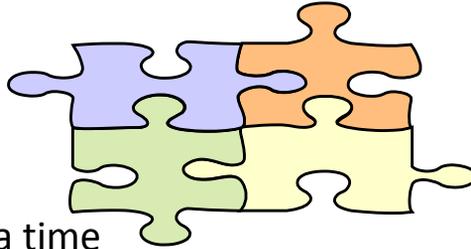
## Survey Time: Begins after 11/15/2017

- JC hospitals will be surveyed by JC
- All others by CMS
- Interpretive Guidance Document yet to be released will discuss non-compliance, penalties, survey methods
- Get it done a month ahead of Time to address any last minute Changes needed



## What Else Would Be of Help?

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- Create it one piece at a time