

# **CMS Emergency Requirements Rule 2017**

Webinar 1 of 4  
Getting Started

# Getting Started



- Understand that in many ways the process is as valuable as the product. The teamwork developed in the planning process will be the teamwork you depend on in an actual disaster.
- Begin by referring to your COOP plan as you move through the task.
- Good news: CMS is not requiring a specific format for how to document your planning so you can borrow from your COOP plan when the work you have done, mirrors the CMS requirement. Watch for any variations!

# 4 Key Elements



- **The core elements of the regulation** will be met through the leadership of the hospital emergency preparedness teams in each hospital as they develop planning and implementation teams for all systems of care and operation of the hospital...
- **1. Build** an emergency plan
- **2. Develop and maintain** policies and procedures
- **3. Develop and maintain** a communication plan
- **4. Develop and maintain** training and testing program
- For each element, identify how you will maintain your plan: updates from HR for staff changes, changes in leadership in community groups, annual testing.

# Build an Emergency Plan: All Hazards

- The Emergency Preparedness Plan for your hospital or healthcare system is based on an all-hazards risk assessment, the plan must cover the following areas:
  - Epidemic/pandemic
  - Biological
  - Chemical
  - Nuclear/radiological
  - Explosive-incendiary
  - Natural incidents
- In addition, the plan must take into account threats possible in the local community, for instance, floods or blizzards or chemical spills. The plan must include a process for interacting with the local community groups such as police, fire, local government, and other nearby healthcare facilities, shelters and other emergency responders. **Check you Coop Hazards plan, are these 6 types included. Addendums to your COOP plan are allowed by CMS.**



# 6 Steps to Pass the Survey

Your plan must meet the following six steps to receive approval from CMS:

1. • Perform a **risk analysis** for your facility/facilities
2. • Establish a **plan to address** those risks (as listed above)
3. • Develop **procedures and policies** to protect against those risks
4. • Develop a **communication plan** to support patient, staff and community safety
5. • **Train staff** to readily implement the plan
6. **Test** the plan with at least one full-scale exercise and one other exercise which may be another full-scale exercise or a table-top drill

# See Sample Hazard Assessment in library ([www.icaahn.org/resources](http://www.icaahn.org/resources))

- Your COOP Plan should by now include a risk assessment
- Re-visit the assessment with community organizations that would likely need to participate in a crisis: The plan will include a process for collaborating with the local community groups such as police, fire, local government, and other nearby healthcare facilities, and other emergency responders and providers.
- Any unmet requirements should be addressed through working with Emergency Support Functions throughout the community, county and state.
- It would be wise to check with other providers that must meet the CMS requirements:

# Community Connections

- One often cited “lesson identified” after disasters is the importance of cultivating relationships among the agencies and groups responsible for emergency management and response before the emergency occurs. Fostering a relationship with your community’s fire, emergency medical services, local health department, county executive’s office and others can accelerate your planning process, reduce the burden on your resources when doing drills or exercises, and make any response to a real emergency easier. Whether adapting an available analysis or developing your own, the following table will help you complete your local hazard assessment.

# Make your plan inclusive

- Sources of energy
- Medical Records – maintain
- Policy must include plan to stock pharmacy during the emergency
- How to handle sewage and waste
- How to access clean water
- Include contacts for all of the above

# Emergency Support Functions

- These are not agencies required to meet the CMS Rule but do function under government rules for emergency preparedness. You may want to see what they consider risks and hazards and who they have cooperative agreements with or written plans.
- ESF #1 – Transportation
- **ESF #2 – Communications**
- ESF #3 – Public Works and Engineering
- ESF #4 – Firefighting
- ESF #5 – Emergency Management
- **ESF #6 – Mass Care, Emergency Assistance, Housing, and Human Services**
- ESF #7 – Logistics Management and Resource Support
- **ESF #8 – Public Health and Medical Services**
- ESF #9 – Search and Rescue
- ESF #10 – Oil and Hazardous Materials Response
- ESF #11 – Agriculture and Natural Resources
- ESF #12 – Energy
- ESF #13 – Public Safety and Security
- ESF #14 – Long-Term Community Recovery
- ESF #15 – External Affairs

# 17 Provider Types

- Refer to the table sent to you earlier and also found in our **Emerg Prep Library** under Resources, Emergency Prep, CMS
- Note the OPO requirement to have an agreement with a hospital. (organ procurement) most likely will not be an issue for our hospitals.

# Define Employee

- **A: Employee's or the term "staff" refers to all individuals that are employed directly by a facility. The phrase "individuals providing services under arrangement" means services furnished under arrangement that are subject to a written contract conforming with the requirements specified in section 1861(w) of the Act. We refer providers back to the regulation text for further information (81 FR. 63891).**

# Are you part of a Community Coalition?

- We did not define “community”, to afford providers the flexibility to develop disaster drills and exercises that are realistic and reflect their risk assessments. However, the term could mean entities within a state or multi-state region. The goal of the provision is to ensure that healthcare providers collaborate with other entities within a given community to promote an integrated response. **In the proposed rule, we indicated that we expected hospitals and other providers to participate in healthcare coalitions in their area for additional assistance in effectively meeting this requirement.** Conducting exercises at the healthcare coalition level could help to reduce the administrative burden on individual healthcare facilities and demonstrate the value of connecting into the broader medical response community, as well as the local health and emergency management agencies, during emergency preparedness planning and response activities.

# Documenting Efforts to Cooperate and Collaborate

- **The rule states that providers and suppliers must document efforts made by the facility to cooperate and collaborate with emergency preparedness officials:**
- Since some aspects of collaborating with various levels of government entities may be beyond the control of the provider/supplier, we have stated that these facilities **must include in their emergency plan a process for cooperation and collaboration with local, tribal, regional, state, and federal emergency preparedness officials. We also encourage providers and suppliers to engage and collaborate with their local HCC, which commonly includes the health department, emergency management, first responders, and other emergency preparedness professionals.** Facilities are required to coordinate with local management officials, such as with their communication plans. For instance, **facilities are required to have documentation of their efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts. Facilities are required to have contact information for emergency officials and who they should contact in emergency events; maintain an emergency preparedness communication plan that complies with both federal and state law; and be able to demonstrate collaboration through the full-scale exercises. We are not requiring official “sign-off” from local emergency management officials; however, if the state requires this action, we would expect that facilities comply with their state laws.**

# Summary

- Review Your plan must meet the following six steps to receive approval from CMS:
  1. • Perform a risk analysis for your facility/facilities
  2. • Establish a plan to address those risks (as listed above)
  3. • Develop procedures and policies to protect against those risks
  4. • Develop a communication plan to support patient, staff and community safety
  5. • Train staff to readily implement the plan
  6. Test the plan with at least one full-scale exercise and one other exercise which may be another full-scale exercise or a table-top drill

# NEXT STEPS

1. Review your COOP or EOP for a current risk assessment.
2. Consider what you learned today about community involvement and create a check list of **gaps** in your current plan VS the CMS requirements.
3. Ask your regional Emerg Prep **Coalition** for help in identifying contacts to meet the gaps

# Next Steps

- Arrange a team meeting with your new contacts and look for synergies or you may accomplish this through a coalition meeting.
- Document the changes made to include the appropriate partners and be sure to create a **contact list**.
- If you want a template to fill in, check out the one I put in the ICAHN library.

# Next Webinar

- Webinar 2 will be provided in April
- Topic will be Communication
- Communication is a topic within the rule that CMS gives a lot of attention to so I want to give all of you a thorough understanding of their expectations.
- From there, future webinars will cover training and exercise requirements and the final wrap up will be Preparing for the CMS Survey.