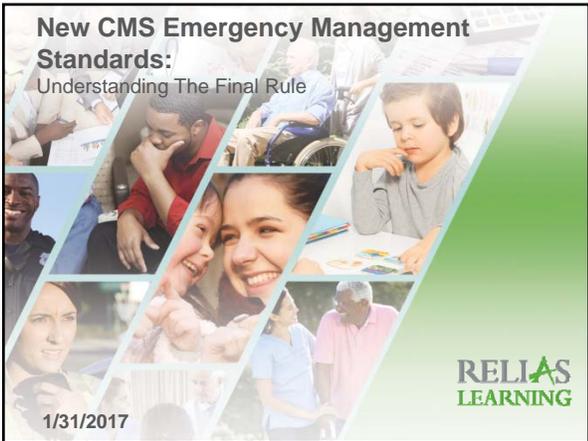


New CMS Emergency Management Standards:
Understanding The Final Rule



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Presented by:



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Learning Objectives

At the completion of this educational activity, the learner will be able to:

- Describe how the new CMS Emergency Management standards apply to all healthcare facilities.
- Identify the new requirements for healthcare occupancies that Accreditation Organizations and CMS include.
- Detail when a facility must be compliant with all parts of the CMS and Accreditation Organizations emergency requirements.

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Changes to Emergency Management Standards

The following presentation is not a complete list of all the changes caused by the new Emergency Management rule that CMS published, but the common ones that most likely will affect operations for a healthcare facility.

CMS Final Rule

On September 16, 2016, the Centers for Medicare & Medicaid Services (CMS) issued their Final Rule and published new standards on Emergency Management for all healthcare facilities receiving Medicare or Medicaid reimbursements.

The final rule set the date of November 15, 2016 when it becomes effective, however they also stated that healthcare providers have until November 15, 2017 to be in full compliance.

CMS Online Resources

CMS said in their S&C memo 17-05 dated October 28, 2016, that they have not developed their interpretive guidelines and survey procedures yet, and they anticipate those will be accomplished in the spring of 2017.

CMS has developed a website to assist organizations in becoming compliant with this new EM rule, that include checklists, links to emergency preparedness agencies, planning templates, and many other valuable resources.

CMS Online Resources

The link to this website is:

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

CMS Online Resources

In addition, CMS hosted a Medicare Learning Network call to discuss the requirements of the new regulation and to answer questions. The audio recording and transcript are available on the webpage located at:

<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html>

CMS Online Resources

CMS has received many questions regarding this new EM rule, and they have created a FAQ list that provides answers to these questions which is available via the following link:

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

CMS Online Resources

Here is a link to the actual Final Rule published on September 16, 2016, regarding Emergency Preparedness:

<https://www.regulations.gov/document?D=CMS-2013-0269-0377>

This includes all of the CoPs regarding emergency management.

CMS Condition of Participation

CMS has created a new Condition of Participation (CoP) for Emergency Management for each of the 17 different provider and supplier types.

For the purpose of this presentation, we will focus on acute care hospitals. The new CoP on Emergency Preparedness for acute care hospitals is §482.15.

CMS Condition of Participation

Previous to issuing the final rule, the CMS CoPs had little to say about emergency management...

For example: In the acute care hospital CoP §482.41(a) for the Physical Environment, all they ever said about emergency management is the hospital must assure the safety and well-being of patients by implementing appropriate emergency preparedness plans and capabilities.

CMS Condition of Participation

For the most part, only healthcare facilities that were accredited by one of the national accreditation organizations actually had any definitive requirements to follow in preparing for emergencies.

Hospitals that were not accredited may not have much to go on and therefore may not be as familiar with the terminology and concepts of emergency management.

CMS Condition of Participation

With the recent natural disasters, such as Hurricane Sandy and other floods, CMS decided it was time that all healthcare providers and suppliers have the same set of standards on emergency management.

That is why CMS decided to create a brand-new set of standards and assign it a separate CoP number in each of the 17 different providers and suppliers standards.

[Actually... not a bad idea...]

CMS EM Standards

Generally speaking, the CMS EM standards are not as in-depth and detailed as the Accreditation Organization (AO) requirements.

One might say the AO requirements on emergency management are more restrictive, and in many ways they would be correct.

CMS EM Standards

The following slide provides an over-view comparison between the following entities:

- The new CMS Final Rule,
- The 2016 Joint Commission's Emergency management requirements,
- The 2016 HFAP's Emergency Management Requirements,
- The Emergency Management requirements from the 2012 NFPA 99.

Comparison of Standards

	New CMS Final Rule	Joint Commission 2016	HFAP 2016	NFPA 99 2012
Hazard Vulnerability Analysis	Yes	Yes	Yes	Yes
Emergency Operations Plan	Yes	Yes	Yes	Yes
Addresses:				
Food	Yes	Yes	Yes	Yes
Water	Yes	Yes	Yes	Yes
Medical Supplies	Yes	Yes	Yes	Yes
Pharmaceutical Supplies	Yes	Yes	Yes	Yes
Track staff and patients	Yes	Yes	No	Yes
Evacuation of facility	Yes	Yes	Yes	Yes
Shelter in place	Yes	Yes	No	Yes
Medical Documentation	Yes	Yes	No	Yes
Volunteers	Yes	Yes	Yes	No
Arrangements with other providers	Yes	Yes	No	Yes
Section 1135 waiver	Yes	No	No	No
Safety & Security	No	Yes	Yes	Yes
Utilities	Yes	Yes	Yes	Yes
Staff Support Needs	No	Yes	No	Yes
Exterior Utility Connections	No	No	No	Yes
Triage	No	Yes	Yes	Yes
Business Continuity	No	Yes	Yes	Yes
Incident Command Center	No	Yes	Yes	Yes
Decontamination	No	Yes	Yes	No
Mitigation	No	Yes	No	Yes
Recovery	No	Yes	Yes	Yes
Communication plan	Yes	Yes	Yes	Yes
Training and Testing	Yes	Yes	Yes	Yes
Emergency Power	Yes	Yes	Yes	Yes
Integrated Healthcare systems	Yes	No	No	No
Transparent hospitals	Yes	No	No	No

CMS EM Standards

The previous slide shows that not one entity has all of the possible requirements for Emergency Management.

It also shows that CMS' new Emergency Management standards do not require everything that Joint Commission, HFAP and NFPA 99 requires.

[This comparison table is available as a free handout.]

Transition...

Let's now focus on the specific core elements that CMS has based their new Emergency Management standards on....

Key Essential Requirements

CMS says there are three key essential requirements for maintaining healthcare services during an emergency:

1. Safeguarding human resources
2. Maintaining business operations
3. Protecting physical resources

They have established their EM standards around these three essential requirements.

Core Elements Central to the EM Program

CMS uses different terminology that means the same thing:

- Emergency Management = Emergency Preparedness
- Emergency Plan = Emergency Operations Plan, Emergency Management Plan, The Plan
- Risk Assessment = Hazard Vulnerability Analysis
- Emergency = Disaster
- Staff = Employees, Volunteers, Students, Physicians, Chaplains, individuals providing services under contract

Core Elements Central to the EM Program

But it is important to understand that the overall program is called the Emergency Management Program, which covers all aspects of the program...

And the Emergency Operations Plan is just one part of the Emergency Management Program, just like the Communication Plan is just one part of the Emergency Management Program

Core Elements Central to the EM Program

You will notice that CMS does not subscribe to the four phases of Emergency Management that Joint Commission and NFPA 99 does:

- 1. Mitigation
- 2. Preparedness
- 3. Response
- 4. Recovery

While CMS does have aspects of Preparedness and Response in the EM standards, they do not include Mitigation or Recovery.

Core Elements Central to the EM Program

This is replaced with the four core elements of the EM program:

- 1. Planning
- 2. Policies & procedures
- 3. Communication
- 4. Training & testing.

CMS also does not believe EM standards should include business continuity. They say their standards focus on operations... not recovery

Transition...

Let's examine what the Planning phase requires...

Planning

CMS will expect facilities to track their on-duty staff and sheltered patients during an emergency, and indicate where a patient is relocated to during the emergency (that is, to another facility, home, or alternative means of shelter).

CMS will expect the facility to include in its emergency plan a method for contacting off-duty staff during an emergency.

Planning

Prior to establishing an emergency operations plan, the facility must perform a risk assessment (i.e. Hazard Vulnerability Analysis).

The EOP is based on the risks identified in the HVA, and must have strategies for addressing the emergency events identified in the HVA.

The EOP must be reviewed and updated at least annually.

Planning

The hospital's emergency operations plan must address the type of services the hospital would be able to provide in an emergency.

The EOP must include a process for ensuring cooperation and collaboration with local, tribal, regional, state or federal emergency preparedness official's efforts to ensure an integrated response during a disaster.

Planning

CMS states the facilities have the option of including as part of their requirements, additional accreditation, local, state or federal standards in their EM program.

While CMS has identified Planning, Procedures and Communication as separated core elements, the facility may include them together in one document, at their discretion.

Planning

CMS states their new EM program is based on using what they call an "all-hazards approach".

Simply stated, an 'all-hazards approach' to emergency management focuses on the capacities and capabilities of the healthcare facility, and does not exclude or limit a response to any specific type of emergency event.

Planning

In their final rule, CMS concedes that healthcare facilities could rely on a community-based risk assessment developed by other entities, such as public health agencies, emergency management agencies, and regional healthcare coalitions, or in conjunction with conducting its own facility-based risk assessment (i.e. HVA).

Transition...

Okay... now let's turn our attention to the Policies and Procedures portion of the EM program...

(The written policies & procedures may be stand-alone documents, or may be integrated with the EOP.)

Policies & Procedures

The policies & procedures must be based on the planning activities of the EM program, such as the EOP, HVA and communication plan.

Policies must address the provision of alternate sources of energy to maintain:

1. Temperature of the environment
2. Emergency lighting
3. Fire detection and suppression

Policies & Procedures

Policies must address the provisions of sewage and waste disposal, including solid waste, recyclables, chemical, biomedical waste, and waste water.

This does not mean you have to have your own sewage disposal system on site... you just have to have policies on how you will address it.

Policies & Procedures

Policies must address the safe evacuation from the hospital, which would include the consideration of care and treatment needs of the evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.

Policies & Procedures

Policies must address the means to shelter in place for patients, staff and volunteers who remain in the facility.

CMS states the policy should include criteria for selecting patients and staff that would be sheltered in place and a description of how they would ensure their safety.

Policies & Procedures

Policies must address a system of medical documentation that would preserve patient information, protect the confidentiality of patient information, and ensure that patient records are secure and readily available during an emergency.

CMS states such policies would have to be in compliance with HIPAA rules which protect the privacy and security of an individual's protected health information.

Policies & Procedures

Policies must address the use of volunteers in an emergency, or have other emergency staffing strategies.

This must include the role for integration of state or federally designated healthcare professionals to address surge needs during an emergency.

Policies & Procedures

Policies must address the process for the development of arrangements with other hospitals and other facilities to receive patients in the event of limitations or cessation of operations at your facility.

This is to ensure the continuity of services to hospital patients.

Policies & Procedures

Policies must address the role of the hospital under a section 1135 waiver, declared by the Secretary of the Department of HHS.

When the HHS Secretary declares a public health emergency, the Secretary is authorized to take certain actions to waive or modify certain Medicare, Medicaid and Children’s Health Insurance Program requirements to ensure that sufficient health care items and services are available to meet the individual needs.

Policies & Procedures

Once the 1135 waiver has been declared, this allows hospitals who provide services in good faith, even when services at their facilities have been severely disrupted, to be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

Policies & Procedures

While CMS believes it would be ‘best practice’ for hospitals to prepare to provide subsistence to individuals in the community, they do not require hospitals to provide subsistence to anyone other than their own staff and patients.

Transition...

We have examined the Planning phase, and the Policy & Procedure phase... Now let's look at the Communication Plan...

(The communication plan may be a stand-alone document, or may be integrated with the EOP.)

Communication

Hospitals are required to develop and maintain an emergency preparedness communication plan that complies with both federal and state law.

The communication plan must be reviewed and updated annually, and include contact information for federal, state, tribal, regional, or local emergency preparedness staff, and other sources of assistance.

Communication

The communication plan must include:

- Names and contact information about staff, entities providing services under arrangement, patient's physicians, other hospitals, and volunteers;
- Primary and alternate means for communicating with the hospital's staff and other emergency management agencies;
- A method for sharing information and medical documentation for the patients under the hospital's care, with other healthcare facilities to ensure continuity of care;

Communication

The communication plan must include:

- A means, in the event of evacuation, to release patient information as permitted under the HIPAA rules;
- A communicating system capable of generating timely, accurate patient information that could be disseminated to others;
- A means of providing information about the general condition and location of patients under the facility's care, as permitted under HIPAA rules;
- A means of providing information about the hospital's occupancy, needs, and its ability to provide assistance to the outside agencies.

Communication

It needs to be explained that the requirement:

"A method for sharing information and medical documentation for the patients under the hospital's care, with other healthcare facilities to ensure continuity of care"

does not mean hospitals need to implement costly changes with the medical records system.

You just need to identify and implement a method of sharing this information, even if it is on paper-based documents.

Transition...

Let's look at the final phase of the EM program... Training & Testing...

Training & Testing

The training program must include an initial training in emergency preparedness, but an annual review and update of the training and testing program is required.

Documentation of the annual review and update of the training and testing program would be required.

Training & Testing

The hospital must provide training in emergency preparedness to all new and existing staff, including individuals providing services under arrangement, and volunteers consistent with their expected roles.

Hospitals must provide training on emergency procedures at least annually.

Documentation of the initial and annual training demonstrating staff competency is required.

Training & Testing

The hospital must conduct two (2) drills or exercises per year to test their emergency plans.

The first must be a full-scale exercise that is community-based. When a community-based exercise is not available, the hospital must conduct an individual facility-based exercise.

The second must be a full-scale exercise that is a facility-based exercise.

Training & Testing

If the hospital experiences an actual natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in a community-based or individual facility-based exercise for 1-year following the onset of the actual event.

CMS does allow table-top drills to qualify as one individual facility-based exercise, but many AOs do not permit table-top drills in lieu of actual facility-based exercises.

Training & Testing

Hospitals must analyze their response to, and maintain documentation on, all drills, exercises, actual emergency events, and table-top drills, and revise the emergency plan as needed.

CMS states the hospital's training materials and testing exercises would be reflective of the hospital's HVA.

Transition...

We have now examined in detail the four (4) core elements of the EM program:

1. Planning
2. Policies & procedures
3. Communication
4. Training & testing.

Let's take a look at the rest of the new EM requirements...

Emergency Fuel & Generator Testing

In their 2013 proposal rule, CMS stated they wanted all hospital emergency power generators to be load tested for 4-hours each year.

Fortunately, in their final rule, CMS rescinded this thought and the standard hospital generator testing that is required under other standards is all that is required... no new, additional requirements.

Emergency Fuel & Generator Testing

Hospitals that build new structures, renovate existing structures, or install new generators... are required to place the generator in a location that would be free from possible flooding and destruction.

Emergency Fuel & Generator Testing

Hospitals that maintain an onsite fuel source to power emergency power generators must have a plan for how it will keep emergency power systems operational during the emergency, unless the hospital evacuates.

This plan may consider replenishment fuel supplies from outside sources.

Integrated Systems

Contrary to their proposed rule that CMS issued in 2013, they now will allow separately certified healthcare facilities that operate within a healthcare system to elect to be part of their healthcare system's unified emergency preparedness system.

This is the integrated healthcare system portion of their new final rule.

Transplant Hospitals

If a hospital has one or more transplant centers, a representative from each transplant center must be included in the development and maintenance of the hospital's emergency preparedness program.

Transplant Hospitals

The hospital must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the hospital, each transplant center, and the Organ Procurement Organization (OPO) for the donation service area where the hospital is situated.

In Conclusion...

This latest Final Rule from CMS on Emergency Management is one of the best things that they have done in a long time. It sets minimum standards for all healthcare providers to follow regardless of their accreditation organization's position.

It is apparent that CMS took their time and thoughtfully and carefully considered all aspects of Emergency Management and included those requirements that they felt were necessary.

In Conclusion...

I know the Accreditation Organizations will incorporate these new CMS EM standards into their EM chapters, but I also expect that the AOs will retain many of their previous standards that they prefer.

CMS is okay with this as long as the finished product meets or exceeds the CMS minimum requirements.

In Conclusion...

Such as the four phases of Emergency Management that Joint Commission professes:

1. Mitigation
2. Preparedness
3. Response
4. Recovery

These are sound principals and I expect Joint Commission would keep these as part of their emergency management standards.

In Conclusion...

Hospitals that are accredited by one of the major AOs will see a lot of similarities with the new CMS EM standards, and the transition should be rather stress-free.

However, hospitals that are not accredited and rely on their state agency for certification may find it challenging to incorporate all of these new EM concepts into their system.

In Conclusion...

You should expect your AO to have pre-publication standards soon, in the first quarter of 2017 for your review.

Once the AOs get their standards approved by CMS, the sooner you will have a chance to become compliant.

Questions & Answers



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THANK YOU

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