Emergency Preparedness for Hospice and Home Health Agencies: Proposed Rule

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Objectives

▶ State CMS rationale for emergency preparedness requirements
▶ List emergency preparedness proposed rules for hospices & home health agencies
▶ Discuss home health agency and hospice implementation of the CMS emergency preparedness checklist
History

- Impetus for Action
  - Hurricane Katrina, H1N1, September 11
  - Presidential directive
- CMS Emergency Preparedness Stakeholder Communication Forum
  - CMS & HHS
  - State Agencies
  - Provider associations
  - Accreditation organizations
  - Resident & patient advocate groups
  - Safety and quality organizations
Potential Hazardous Events

- Pandemics
- Hurricanes
- Tornados
- Fires
- Earthquakes
- Power outages
- Chemical Spills
- Terrorist attacks
- Etc. (e.g. floods, bridge collapses, nuclear accidents)
CMS Determined Shortfalls of Current Regulations

- Communication to coordinate with other systems of care within local jurisdictions
- Contingency Planning
- Training of personnel
CMS GOAL

- Establish and maintain an emergency preparedness program
  - Address medical and non-medical needs
  - Ensure predictable staff behavior
- Enable government agencies and health care providers to respond in manner that is:
  - Timely
  - Collaborative
  - Organized
  - Effective
Presently: Hospice Emergency Preparedness

- As of March 2013 418.111(c)(1)(ii) Physical environment
- Hospice inpatient facilities:
  - Written disaster preparedness plan
  - Periodically rehearsed
  - Procedures followed in internal or external disaster
  - Procedures for the care of casualties (patients and staff)
Proposed: Hospice Inpatient Facilities

- Policies and procedures to address the following:
  - (i) A means to shelter in place for patients, employees
  - (ii) Safe evacuation from the hospice, including
    - Transportation
    - Identification of evacuation location(s)
    - Primary and alternate means of communication with external sources of assistance
  - (iii) The provision of subsistence needs for hospice employees and patients (evacuees or shelter in place)
    - (A) Food, water, and medical supplies.
Hospice Inpatient

- (B) Alternate sources of energy to maintain
  - (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.
  - (2) Emergency lighting.
  - (3) Fire detection, extinguishing, and alarm systems.

- (C) Sewage and waste disposal

- (iv) The role of the hospice under a waiver in provision of care and treatment at alternate care site identified by emergency management officials
Hospice in the Home

- Hospice home vs. Home health proposed requirements
  - Similar language
  - Same elements
Hospice and Home Health Emergency Preparedness Proposed Rule

- Home health agencies and Hospices must
  - Develop
  - Maintain
  - Update annually
an Emergency Preparedness Program and Plan
Federal Emergency Preparedness Proposed Rule

- Based on hospital requirements
- An “all hazards” approach
- Tailored to each providers’ and suppliers’ unique needs
- May decide
  - Not to open their facilities or may close them,
  - Have patients and staff remain at home or sent to shelter

*** Rule does not specify quantity or level of detail of the program
Federal Home Health Emergency Preparedness Proposed Rule

- Exceptions from hospital rule
  - Safe evacuation
  - Shelter in place
  - Provision of care at alternate care sites
  - Provision of occupancy information
Hospice & Home Health Emergency Preparedness Proposed Rule

- Additions to hospital requirements: policies and procedures for
  - Emergency preparedness plan for each patient
  - Informing State and local officials of patients needing evacuation
  - Informing authority of jurisdiction of needs and ability to provide assistance
Four Emergency Preparedness Program Elements

- Risk Assessment and Planning
- Policies and Procedures
- Communication Plan
- Training and Testing
Risk Assessment Resources

▶ Must conduct and document an risk assessment
  ▶ All-hazard approach
  ▶ Undated annually
▶ National Planning Scenarios
Risk Assessment

- Identification of all hazards that may affect organization
  - Direct
  - Indirect
  - Facility-based
  - Community-based
- Identification essential agency functions
- Analysis of vulnerabilities determined for each identified hazard (i.e. impact on agency operation)
- Determination of specific actions to be taken
Risk Assessment

- Specific actions to be taken for each hazard
  - Identify key staff responsible for executing plan
  - Identify staffing requirements and responsibilities
  - Consider staff notification of emergencies and duties
  - Categorize and triage patient based on needs, characteristics
  - Identify supplies/equipment to sustain operations 3-10 days
Risk Assessment

Specific actions to be taken:

- Determine facility’s hazard vulnerabilities
  - Consider agency location, service area
- Identify communication issues, evacuation routes, fuel needs
- Consider financial and security needs
- Identify other providers/suppliers with which to collaborate
- Optional: consider meeting staff needs (e.g. transportation, sheltering staff/family members)
Emergency Preparedness Plan

The HHA/Hospice must:

- Develop and maintain an emergency preparedness plan
- Update plan at least annually

Resource: An Emergency Planning Guide for America’s Communities

http://www.jointcommission.org/assets/1/18/planning_guide.pdf
Emergency Preparedness Plan

- Strategies for addressing emergency events
- Identification of types of services able to provide in emergency
  - Plans for acceptance of new patients
  - Plans for caring for new patients
- Delegation of authority
- Succession plan
Emergency Preparedness Plan

- Process to ensure cooperation and collaboration with local and national emergency preparedness official efforts
  - Document efforts to contact officials and participation in planning
  - Optional: participate in healthcare coalitions, share information, plans, resources, training

**Note:** Ensure appropriateness of agency’s role in emergency situations
Emergency Plan: Policies & Procedures

- Plans for the Hospice/HHA’s patients during a natural or man-made disaster
  - Individual plans for each patient as part of the comprehensive patient assessment
  - Ongoing evaluation of medical & psychiatric condition and home environment
- Optional
  - Method to inform patients & families of role of HHA in emergency
Emergency Plan: Policies & Procedures

- Procedures to inform emergency preparedness officials about Hospice/HHA “at-risk” patients in need of evacuation
  - Must be HIPAA compliant
- At-risk patients: individuals who require additional response assistance due to needs in maintaining independence, or communication, transportation, supervision, or medical care
- A system to track the location during and after emergency (e.g. JPATS)
  - Staff
  - Patients under care
- A system of medical documentation that
  - Preserves patient information, confidentiality
  - Ensures records are secure and readily available
Emergency Plan: Policies & Procedures

- Development of
  - Arrangements with other HHAs/Hospices or providers to receive patients
  - Method to share health information
    - Back up electronic information
    - Louisiana
- Use of volunteers in
  - Emergencies and other staffing situations (Resources in NPR)
  - Process and agency role for integration of State or Federally designated health care professionals to address surge needs
Communication Plan

- Communication plan that is compliant with Federal & State laws
  - Developed
  - Maintained
  - Reviewed annually
Communication Plan
Components

- Contingencies for communication infrastructure if telephone failures (e.g., walkie-talkies, ham radios, text messaging systems, etc.)
- Communication procedures to receive emergency warning/alerts
- Procedures for communication with staff, patients/families before during and after emergencies
- Procedures for communicating with emergency management agencies
Communication Plan Components

- Copies of any state and local emergency planning regulations or requirements
- Facility personnel names and contact information
- Contact information of local and state emergency managers
- Facility organization chart
- Building construction and Life Safety systems information
- Specific information about the characteristics and needs of the individuals for whom care is provided
Communication Plan Components

- The communication plan must include names and contact information for:
  - Staff
  - Entities providing services under arrangement.
  - Patients’ physicians
  - Other Hospices/HHAs
  - Volunteers
Communication Plan

Components

- Contact information for
  - Federal, State, tribal, regional, or
  - Local emergency preparedness staff
  - Other sources of assistance.
Communication Plan
Components

- Method for sharing with other health care providers
  - Information
  - Medical documentation
- A means of providing information about
  - General condition and location of patients
  - Hospice’s/HHA’s needs
  - Hospice’s/HHA’s and its ability to provide assistance
Training and Testing

- A Hospice/HHA Training and Testing Program must be
  - Developed
  - Maintained
  - Reviewed and updated at least annually
Training and Testing Requirements

- Training
  - Provide initial training in preparedness policies and procedures to (consistent with role)
    - Existing staff, contractors, volunteers
    - New staff, contractors, volunteers
  - Provide emergency preparedness training at least annually
  - Maintain documentation of training
  - Ensure staff can demonstrate knowledge or emergency procedures
Training and Testing
Requirements

- **Testing**
  - Conduct drills and exercises to test emergency plan
  - Participate in a community mock disaster drill at least annually unless
    - If none, conduct facility-based mock disaster drill at least annually, or
    - If an actual emergency requires activation of plan the Hospice/HHA is exempt mock disaster drill for 1 year
Training and Testing Requirements

- **Testing**
  - Conduct a paper-based, tabletop exercise annually
    - i.e. group discussion using clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions
  - Analyze the Hospice/HHA’s response drills, emergencies, etc.
  - Maintain documentation of testing and emergencies
  - Revise the emergency plan as needed.
Effective Health Care Provider Planning

- **Hazard Identification**: direct and indirect hazards that could affect the provider in its location
- **Hazard mitigation**: all actions necessary to eliminate or reduce severity of disasters
- **Preparedness**: development of plan to identify how providers will meet patient needs
- **Response**: activities before, during and after a hazard
- **Recovery**: activities and programs implemented during and after response to return to normal state
CMS 1135 Waivers & Modifications

- Apply only to providers located in the declared “emergency area”
- Apply only to Secretary declared public health emergencies
  - To extent provider affected or treating evacuees
  - As sought and been granted by CMS RO
  - May be blanket waivers or provider specific waivers
  - Approval upon review by CMS Region Office
  - Until emergency lifted by President, Secretary, or after 60 days
CMS 1135 Waivers & Modifications

- Relocation criteria
  - Agency must remain “essentially” same
  - RO and State Agency approval must be obtained

- Patient place of residence changes
  - Family home
  - Shelter, etc.

- OASIS modifications
  - Abbreviated Start of Care and Resumption of Care
    - Patient Tracking Sheet and the 24 payment items.
  - Suspended requirements
    - Discharge assessment
    - Transfer assessment
    - Completion timelines
    - Transmission requirements
Resources

- CMS Emergency Preparedness NPR (click PDF)

- CMS Emergency Preparedness Checklist

- CMS Emergency Planning Persons Living at Home
Resources

- CDC
  - http://emergency.cdc.gov/
  - http://emergency.cdc.gov/preparedness/kit/disasters/
  - Personal Preparedness for Older Adults & Their Caregivers
  - Health Alert Network http://emergency.cdc.gov/HAN/
  - Communicating in First Hours http://emergency.cdc.gov/firsthours/intro.asp

- Red Cross
Washington State Resources

- Emergency Preparedness: Public Health and Partners
- Emergency Communications Toolkit
- Isolation and Quarantine Guidelines and Forms
- Patient Transport Assets (Emergency Medical Services and Auxiliary Transport)
- WATrac is Washington's healthcare incident management system; providing tools for statewide healthcare collaboration
- Resources for specific emergencies