

EMERGENCY PREPAREDNESS

REQUIREMENTS FOR MEDICARE AND MEDICAID PARTICIPATING
PROVIDERS

DEFINITION

Emergency or Disaster can be defined as an event affecting the overall target population or community at large that precipitates the declaration of a state of emergency at the local, state or regional, or national level by authorized public official such as a governor, the Secretary of the Department of Health and Human Services (HHS), or the President of the United States.

Health Center Emergency Management Program Expectations (August 22, 2007)

<http://www.hsdh.org/?view&did=478559>

ELEMENTS SPECIFICALLY ADDRESSED

EMERGENCY PLAN

POLICY AND PROCEDURES

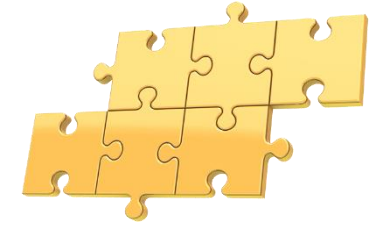
COMMUNICATION PLAN

TRAINING

TESTING

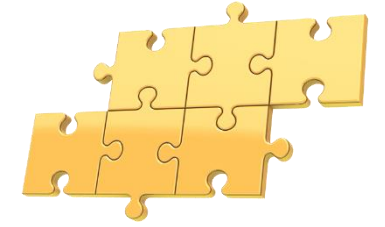
ANALYSIS





EMERGENCY PLAN

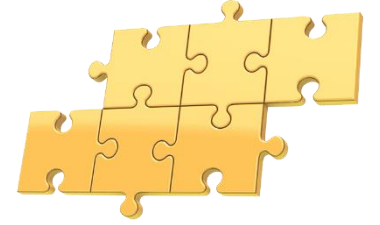
- **Plan based on documented community based all-hazard risk assessment - identify the consequences or impact of various emergencies and impact on agency ability to continue to provide services**
- Plan addresses patient population:
 - Identified type(s) of services we can provide in emergency
 - Continuity of services
 - Delegation of authority during event
 - Identified process to notify State/local emergency response of need to evacuate individual patients during emergency due to medical or psychiatric condition or home environment
- Plan will address **process for collaboration** with local, tribal, State or Federal emergency preparedness officials to ensure an integrated response during emergency.
 - Documented agency efforts to contact officials during event
 - Documentation of participation in planning efforts



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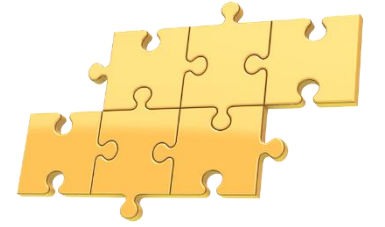
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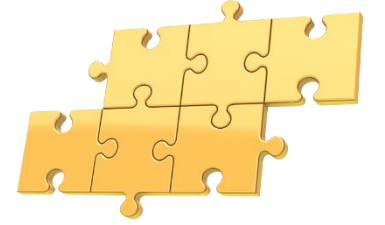
PROCEDURES



Procedures address:

- Completion of community based risk assessment addressing all hazards**
- Creation of **communication plan***
- Ensure patient's individual plans addressing natural or man-made disasters are addressed during the Comprehensive Assessment process – extrapolate information to be used in agency/staff response needs to be identified and in information provided to patient
- Process outlined for contact of appropriate authorities for individual patients needing evacuation for medical or psychiatric reasons during an event
- Medical record documentation** that preserves patient information; protects confidentiality of information; and ensures records are both **secure and readily available during an event**

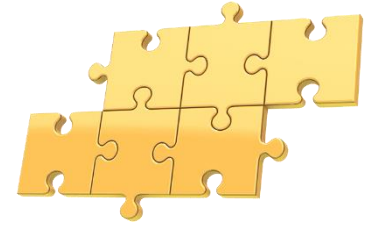
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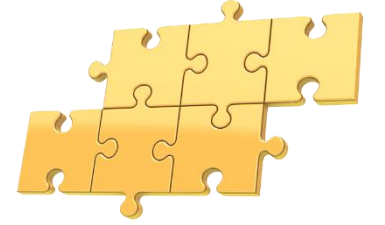
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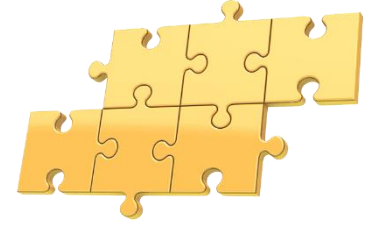
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PROCEDURES cont.

- **System to track location of patients under HHA care during and after event**
- System to track employees location during and after event
- Use of volunteers – outlined criteria for use of volunteers for specific functions, under what conditions, who will oversee and coordinate and process for integration of State or Federal designated ‘health care professionals’ as applicable to address surge capacity
- **Surge capacity** – process to determine how HHA will determine the number of patients they can receive from other providers to ensure continuity of care
- At a minimum review of Emergency Plan and related procedures on annual basis, and revise as needed

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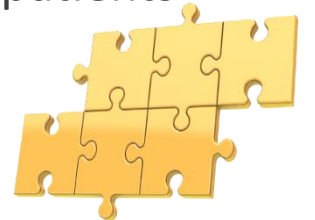
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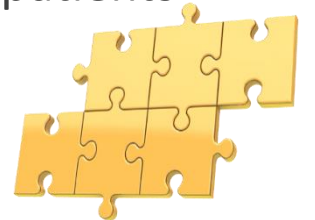
- Plan must include names and contact information for all of the following: staff; entities providing services under arrangement; patient's physicians; other HHA 's; volunteers**
- Plan must include contact information for: Federal, State, tribal, regional and local emergency management agencies
- Primary and alternate means for communicating** with agency staff, Federal, State, tribal, regional, and local emergency management agencies
- A mechanism for providing information about HHA needs, ability to provide assistance to the authority having jurisdiction, the Incident Command Center or designee.
- A **mechanism/process for providing information** about general condition and location of patients under HHA care





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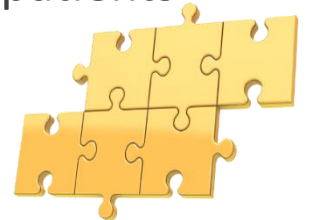
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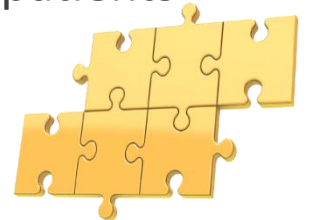
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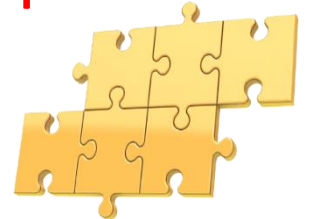
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COMMUNICATION PLAN cont.



- Plan should address key information to be provided to staff, the frequency and individuals who will be providing that information**
- Plan should address mechanisms for staff to relay current information on patients /status updates with designated contact for capture of changing locations/conditions as applicable
- Plan will identify primary and alternate spokesperson(s) who will coordinate information within and external to the agency

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Communication and Collaboration

HHA includes “a process for ensuring cooperation with local, tribal, regional, State or Federal emergency preparedness officials’ efforts to ensure an integrated response

- **For participating in collaborative and cooperative planning efforts**
- **For efforts to contact officials to ensure an integrated response during a disaster or emergency situation**

Another surge capacity consideration – Arrangements made with other HHA or other providers to receive patients in event of limitation or cessation of your operations to ensure continuity of care

- For Hospice – use of Hospice employees in emergency staffing strategies as well as inclusion of State and Federally designated health care providers to address surge capacity is included in statute. This does not take into account the unique experience/skills associated with palliative and end of life care

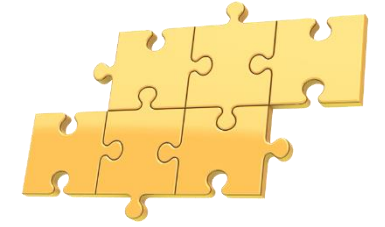
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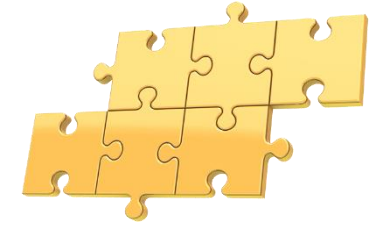
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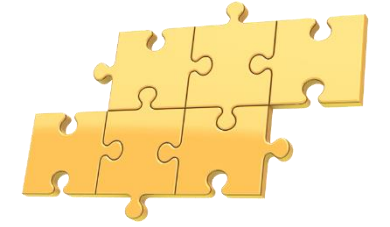
TRAINING

- Initial training in all emergency policy and related procedures to all new/existing staff; individuals providing services under arrangement; volunteers (if applicable) consistent with their expected roles**
- Annual training on emergency preparedness to all groups noted above
- Training updated to be consistent with change in local/state response plans and/or changes in regulation
- Review patient/caregiver materials provided at start of care – update as warranted to reflect current agency procedures
- Develop and maintain an Emergency Preparedness training and testing program that is reviewed/updated annually



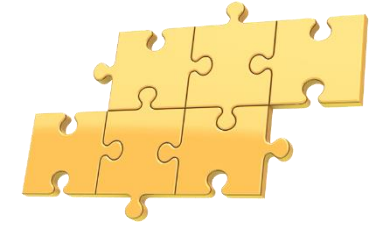
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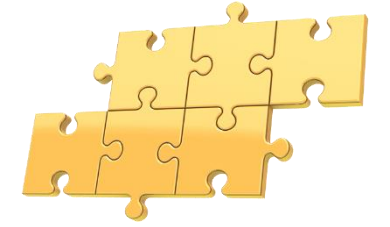
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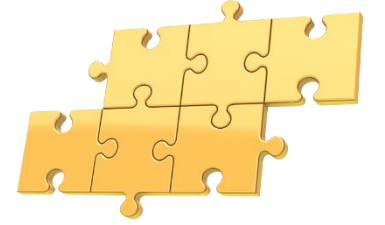
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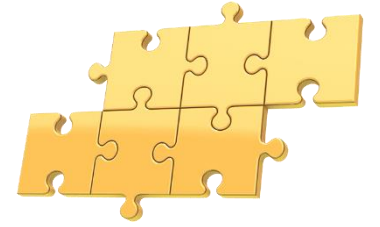
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- ❑ **Required to conduct drills and exercises to test Emergency Plan including:**
 - **Participate in community mock disaster drill at least annually or**
 - **If you do not participate in community mock drill, you must conduct an individual facility based mock disaster drill annually**
 - **If agency experiences an actual natural or man-made emergency that requires activation of emergency plan the agency is exempt from participating in mock drill for 1 year post onset of actual event**
- ❑ Conduct a paper based tabletop exercise at least annually- using a scripted scenario designed to challenge emergency plan
- ❑ Document analysis of agency response to all drills, table-top exercises and/or emergency events and revise Emergency Plan as needed
- ❑ Develop and maintain an Emergency Preparedness training and testing program that is reviewed/updated annually



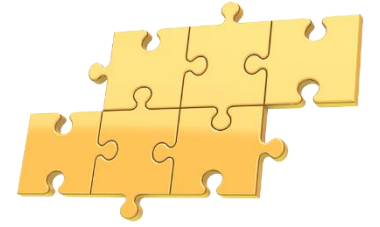
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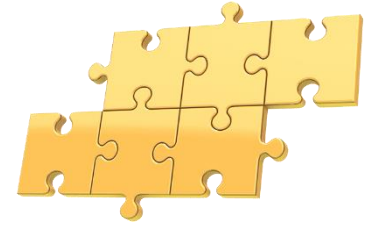
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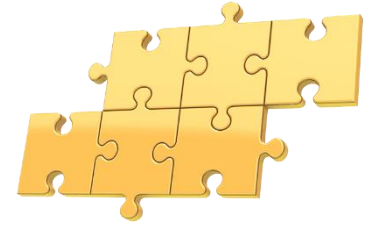
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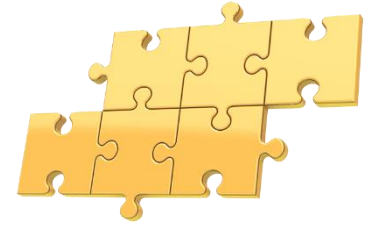


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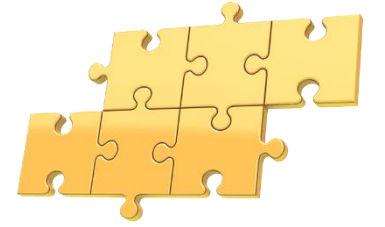
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- Review post incident/exercise to identify potential revision of process or plan to improve efficacy of plan
- Participate in debrief of community mock exercises and provide feedback of gaps/ineffective processes from community provider perspective
- Documentation of annual review of Emergency Plan and associated policy and procedures including communication plan to ensure plan is current, meets needs of agency and patients served and reflects current regulatory and accreditation standards (when applicable)
- Does plan and identified strategies support business/operational continuity

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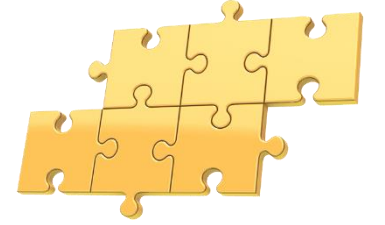
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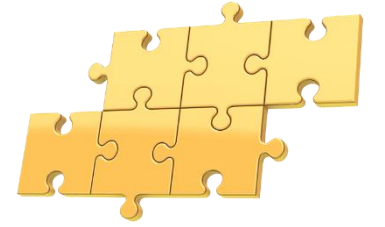
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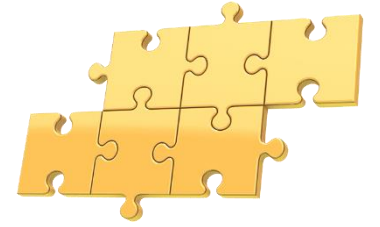
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HOME HEALTH

- Comprehensive assessment- new requirements include identification of patient specific needs if or when emergency plan may be implemented (beyond triage levels)**
- MOU consideration – you are required to identify ability to take on additional patients during event as well as communicate when you are limited or unable to continue to provide services
- Medical record documentation during the event – consideration of process to capture all contacts/actions; billing purposes; methodology/criteria used on what and how to share this information with other provider for continuity of care
- Tracking general location of patients if evacuation is needed and mechanism to ensure appropriate information is secure but readily available

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HOSPICE

- **Hospice GIP or Hospice operated Inpatient Facilities:**
- Policy and Procedures that **address shelter-in-place for hospice patients and hospice employees**
- Procedures to address safe evacuation including consideration of care/treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); primary and alternate communication with external sources of assistance
- Provision of subsistence needs for patients and hospice employees not limited to:
 - Food, water, medical supplies
 - Alternative source of energy to maintain temperature – patient safety and safe storage of provisions
 - Emergency lighting
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 - Role of Hospice under waiver section 1135 (alternative care site identified by emergency management officials)

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- Transportation – Alternative if current contractors are unable to supply services**
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- If utilize resources of local Hospital system for supplies; lab or pharmacy – what is the impact of their emergency plan on availability of resources
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