

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

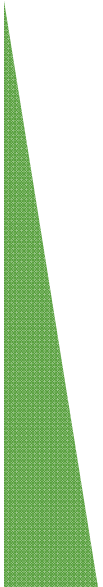
- ▶ Policies and procedures to address the following:
- ▶ (i) A means to shelter in place for patients, employees
- ▶ (ii) Safe evacuation from the hospice, including
 - ▶ Transportation
 - ▶ Identification of evacuation location(s)
 - ▶ Primary and alternate means of communication with external sources 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

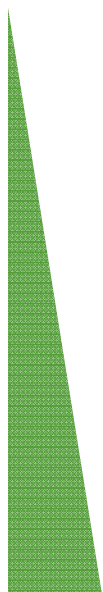
Hospice in the Home

- ▶ 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 annuallyan 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

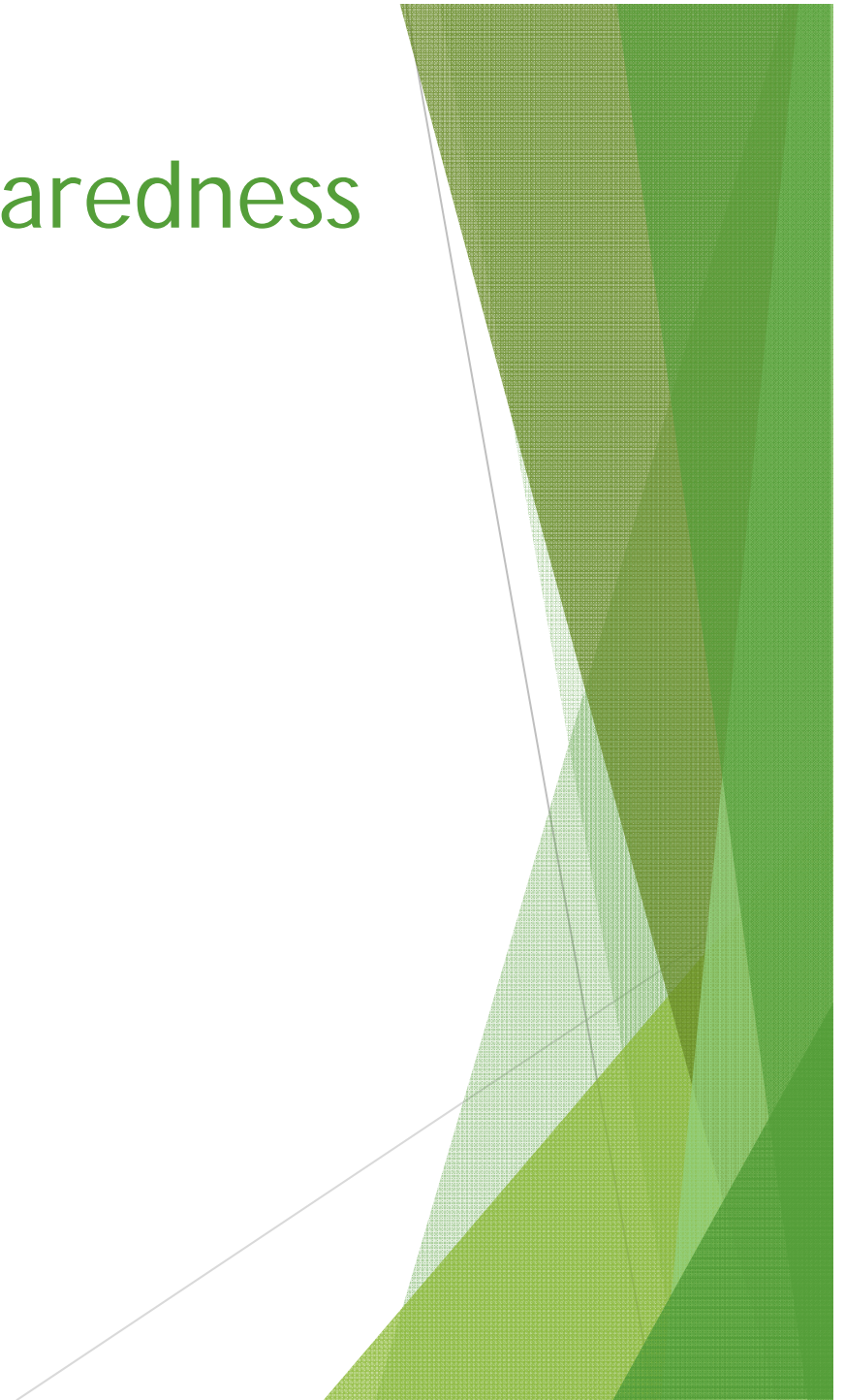
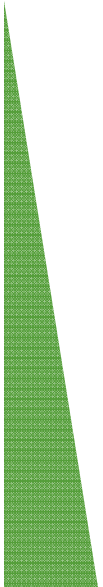
- ▶ Exceptions from hospital rule
 - ▶ Safe evacuation
 - ▶ Shelter in place
 - ▶ Provision of care at alternate care sites
 - ▶ Provision of occupancy information

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

<http://cees.tamtu.edu/covertheborder/TOOLS/NationalPlanningSen.pdf>

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

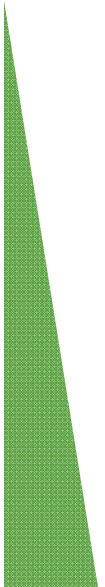
- ▶ Procedures to inform emergency preparedness officials about Hospice/HHA “at-risk” patients in need of evacuation
 - ▶ Must be HIPAA compliant
- ▶ At-risk patients: individuals who require additional response assistance due to needs in maintaining independence, or communication, transportation, supervision, 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

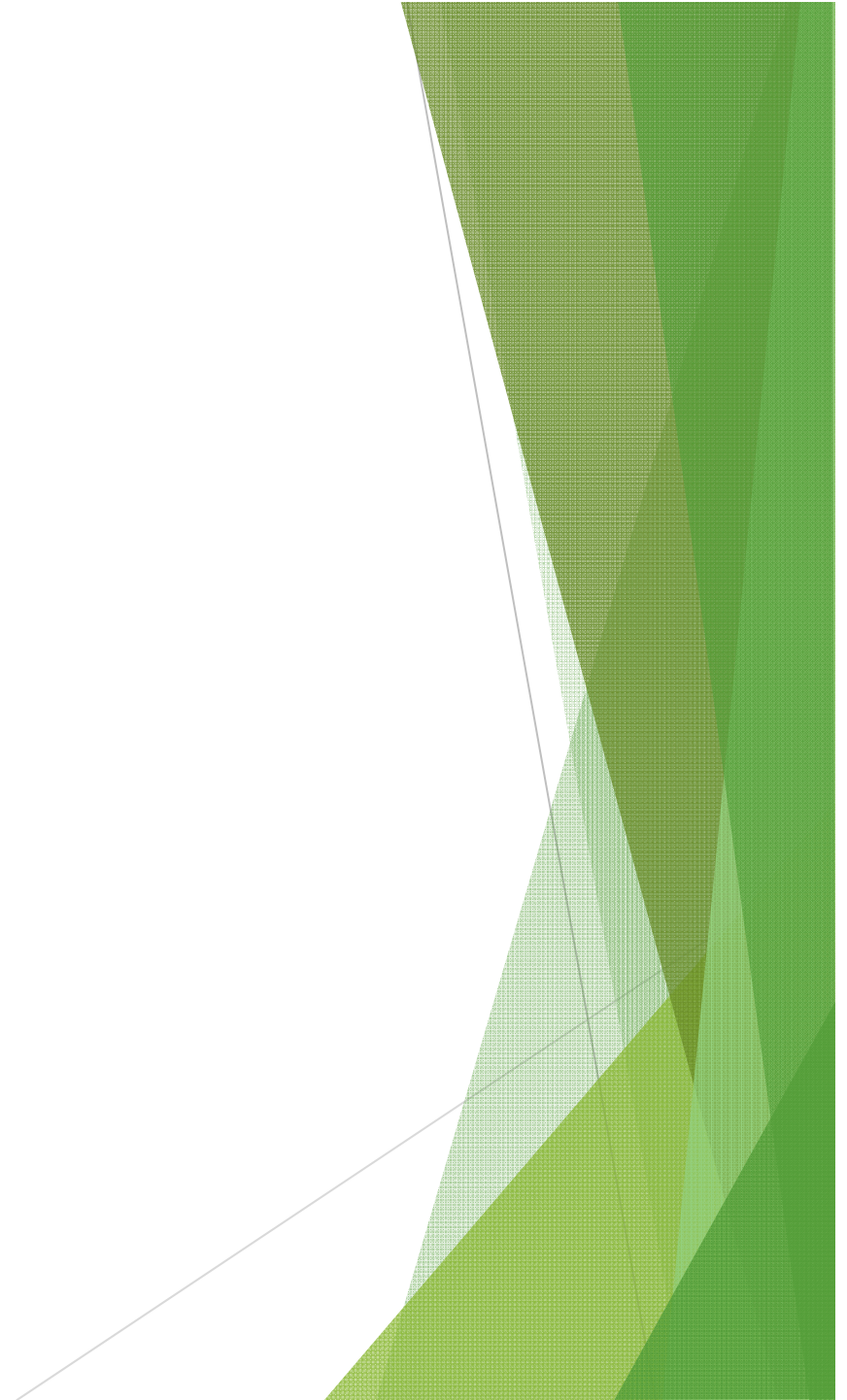
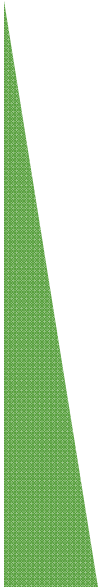
- ▶ Copies of any state and local emergency planning regulations or requirements
- ▶ Facility personnel names and contact information
- ▶ Contact information of local and state emergency managers
- ▶ Facility organization chart
- ▶ Building construction and Life Safety systems information
- ▶ Specific 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)
 - ▶ <https://www.federalregister.gov/articles/2013/12/27/2013-30724/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid>
- ▶ CMS Emergency Preparedness Checklist
 - ▶ https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Provider.pdf
- ▶ CMS Emergency Planning Persons Living at Home
 - ▶ http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_PersonsMedicalNeedsLivingatHome.pdf

Resources

▶ CDC

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

▶ Red Cross

- ▶ http://www.redcross.org/images/MEDIA_CustomProductCatalog/m9440096_EmergencyPreparednessChecklist.pdf

Washington State Resources

- ▶ Emergency Preparedness: Public Health and Partners
- ▶ <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyPreparedness>
- ▶ 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