Implications of the CMS Emergency Management Rule

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Part II

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Effectivity vs Implementation

- Effective date:
  - November 15, 2016
- Implementation date:
  - November 15, 2017
- Provides opportunity to:
  - Evaluate plans
  - Update plans
  - Perform training

Purpose of Rule

- Establish national emergency preparedness requirements to:
  - Plan adequately for disasters
  - Coordinate with federal, state, tribal, regional, and local emergency preparedness systems
  - Prepare to meet the needs of patients, residents, clients, and participants during disasters and emergency situations

§ 482.15 (Hospital) & § 485.625 (CAH) Condition of Participation

- **Hospitals must**
  - Comply with all applicable federal, state, and local emergency preparedness requirements
  - Develop and maintain a comprehensive emergency preparedness program utilizing an all-hazards approach
- **Program must include:**
  - Hospitals – 8 Elements
  - CAHs – 7 Elements

§ 482.15 Hospital Overview

- **Program must include**
  - (a) – Emergency Plan
  - (b) – Policies and Procedures
  - (c) – Communication Plan
  - (d) – Training and Testing
  - (e) – Emergency and Standby Power Systems
  - (f) – Integrated Healthcare Systems (Optional)
  - (g) – Transplant Hospitals (If Applicable)
  - (h) – Reference Standards

485.625 CAH Overview

- **Program Must Include**
  - (a) – Emergency Plan
  - (b) – Policies and Procedures
  - (c) – Communication Plan
  - (d) – Training and Testing
  - (e) – Emergency and Standby Power Systems
  - (f) – Integrated Healthcare Systems (Optional)
  - (g) – Reference Standards

Key Takeaways

- Generator location and testing
  - Inspect, test, and maintain per
    - NFPA 101, 99 & 110
  - Locate per
    - NFPA 99 & 110
      - New construction
      - Renovation

Key Takeaways

- Community involvement
  - To cooperate with LTRSF EPOs
  - To document efforts
  - CMS intent:
    - Responsibility for ensuring a community-wide coordinated disaster preparedness response is under the state and local emergency authorities

Key Takeaways

- Integrated system-wide planning
  - May elect to participate in coordinated EPP
    - Each facility must participate in development
    - Must reflect uniqueness of each facility
    - Demonstrate each facility is capable of actively using integrated system

Key Takeaways

- Communication plan
  - Heavy emphasis on communications
    - Must:
      - Include contact information for staff, physicians, service providers, volunteers, and emergency preparedness officials
      - Define primary and alternate means for communications
      - Include method for sharing information about medical documentation for patients

Key Takeaways

- Policies and procedures
  - Based on risk assessment, emergency plan and communication plan
    - At minimum need to address:
      - Subsistence needs for staff and patients
      - Tracking the location of on-duty staff and sheltered patients and use of volunteers
      - Safe evacuation as well as sheltering in place
      - System of medical documentation
      - Arrangements with others to receive patients and the role of the hospital under an 1135

Key Takeaways

- Testing of emergency plan
  - Two exercises annually
    - 1 community-based full scale
      - If not available facility-based
    - 1 tabletop (TJC not approved)
    - Monitor (analyze), Document, Update
    - Make update to EPP as needed

Key Takeaways

- Differences between Hospital/CAHs
  - No Transplant Center for CAHs
  - Additional Training Requirements for CAHs
    - Prompt reporting and extinguishing of fires
    - Protection/evacuation of:
      - Patients, personnel and guests
    - Fire prevention
    - Cooperation with firefighting and disaster authorities

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Questions?

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