



EDUCATIONAL RESOURCES



HOME HEALTH



HOSPICE

EMERGENCY PREPAREDNESS FOR HOME HEALTH & HOSPICE IN LIGHT OF COVID-19

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DISCLAIMER

- The nature of the healthcare industry is, "*The Only Constant is Change!*" The information presented is intended to be an accurate and authoritative source of information. All information is believed reliable at the time of presentation. However, absolute accuracy cannot be guaranteed. Any attendees must realize that as regulations, laws, etc., change, the readers must check the most current information available and follow as indicated. It is always the responsibility of the healthcare provider to assure that the information is current.

EMERGENCY PREPAREDNESS (EP) IN LIGHT OF CORONAVIRUS (COVID-19)

- The Emergency Preparedness CoPs include the requirement that agencies need to be able to identify and manage emerging infectious disease (EID) as part of their emergency preparedness plan.
- The Emergency Preparedness CoPs have been put to the test nation-wide due to COVID-19.

EP IN LIGHT OF CORONAVIRUS (COVID-19)

- January 31, 2020 The Secretary of Health and Human Services declared a public health emergency (PHE) effective January 27, 2020.
- The President declared a national emergency on March 13, 2020.
- Every home health agency has been impacted by COVID-19 and each agency's Emergency Preparedness plan has been put to the test.
- It is imperative that Home Health and Hospice Agencies review their EP to ensure it sufficiently meets the agency's needs in dealing with Coronavirus, an emerging infectious disease (EID).
- Make any needed modifications to agency protocols to protect the health and safety of patients.

OVERVIEW

- The Conditions of Participation have not changed due to the pandemic.
- It is important to review your emergency preparedness plan in depth.
- Focus on Emerging Infectious Disease (EIDs)
- Has your agency reviewed/updated your EP program to incorporate measures to protect your patients and your staff related to COVID-19?

OBJECTIVES

- Understand the CoPs for Emergency Preparedness
- Describe Steps to Ensure Emergency Preparedness Compliance



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418.113 – HOSPICE 484.102 – HOME HEALTH EMERGENCY PREPAREDNESS

EMERGENCY PREPAREDNESS

- The Agency must comply with all applicable Federal, State, and local emergency preparedness requirements.
- The Agency must establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.
- Interpretive Guidelines E-001 - 418.113 Hospice/484.102 Home Health
 - (There are no corresponding G or L tags for Emergency Preparedness)

*****Refer to State Operations Manual Appendix Z, Emergency Preparedness for All Provider and Certified Supplier Types for guidance*****

EMERGENCY PREPAREDNESS

- 5 Required Elements (Standards) of the Emergency Preparedness Plan:
 - Emergency Plan – Risk Assessment and Planning
 - Policies and Procedures
 - Communication plan
 - Training and testing program
 - Integrated healthcare systems



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**418.113 – HOSPICE
484.102 – HOME HEALTH
EMERGENCY PREPAREDNESS
STANDARD- (A) EMERGENCY PLAN
RISK ASSESSMENT & PLANNING**

EMERGENCY PREPAREDNESS STANDARD - (A) EMERGENCY PLAN

- Emergency Plan is the part of the EP program
- Includes conducting facility-based and community-based risk assessments
 - Assist agency in addressing the needs of their patient populations
 - Identify the continuity of business operations which will provide support during an actual emergency
- The plan supports, guides, and ensures a facility's ability to collaborate with local emergency preparedness officials.

EMERGENCY PREPAREDNESS STANDARD - (A) EMERGENCY PLAN

- This approach is specific to the *location of the facility* and considers particular hazards most likely to occur in the surrounding area. These include, but are not limited to:
 - Natural disasters
 - Man-made disasters

EMERGENCY PREPAREDNESS STANDARD - (A) EMERGENCY PLAN

- Facility-based disasters that include but are not limited to:
 - Care-related emergencies;
 - Equipment and utility failures, including but not limited to power, water, gas, etc.;
 - Interruptions in communication, including cyber-attacks;
 - Loss of all or portion of a facility; and
 - Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications and medical supplies (including medical gases, if applicable).

EMERGENCY PREPAREDNESS STANDARD - (A) EMERGENCY PLAN

- EIDs such as Influenza, Ebola, Zika Virus and others, and now, of course, COVID-19.
 - These EIDs may require modifications to agency protocols to protect the health and safety of patients, such as isolation and personal protective equipment (PPE) measures.

EMERGENCY PREPAREDNESS STANDARD - (A) EMERGENCY PLAN

- The Agency must develop and maintain an emergency preparedness plan that must be reviewed and updated *at least every 2 years*.
- The plan must do all of the following:
 - (a)(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
 - (Note: all hazards includes cybersecurity)
 - (a)(2) Home Health - Include strategies for addressing emergency events identified by the risk assessment.
 - (a)(2) Hospice – Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice’s ability to provide care.

EMERGENCY PREPAREDNESS STANDARD - (A) EMERGENCY PLAN

- The plan must do all of the following:
 - (a)(3) Address patient population, including, but not limited to, persons at-risk; the type of services the Agency has the ability to provide in an emergency;
 - and continuity of operations, including delegations of authority and succession plans.
 - (a)(4) Include for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.

WHAT SHOULD YOUR AGENCY BE DOING

- Conduct risk assessment for COVID-19
 - Facility and community based
 - Facility-
 - PPE, social distancing, work remotely, identify high risk employees, staff screening/symptom tracking, monitoring/infection surveillance, reporting suspected/confirmed cases, potential staffing shortages, etc.
 - Community-
 - COVID prevalence in community, ongoing monitoring of prevalence rates, surge planning, coordination with local/state/federal EP officials, patient/caregiver education, etc.

WHAT SHOULD YOUR AGENCY BE DOING

- EP Strategies for addressing COVID-19-
 - Infection control – Undiagnosed respiratory illness/COVID, Standard/Transmission Based Precautions
 - PPE – Staff training appropriate use, donning/doffing
 - Staff/patient/caregiver education
 - Reporting suspected/confirmed cases
 - Treatment for symptoms – Staff/Patients
 - Contact tracing, surveillance plan

WHAT SHOULD YOUR AGENCY BE DOING

- EP Strategies for Addressing COVID-19:
 - Continuity of operations/succession plans
 - Contingency plan for potential staff shortages
 - Review/revise personnel policies related to potential COVID issues –potential exposure/quarantine, sick time, personal time, etc.
 - Possible patient surge
 - What is your agency capacity?

WHAT SHOULD YOUR AGENCY BE DOING

- EP Strategies for Addressing COVID-19:
 - Address patient population
 - At risk patients
 - Methods to assess patients for possible exposure/symptoms
 - Hospice – Inpatient care
 - Process for screening Patients/Visitors/Volunteers
 - Process for treatment/interventions for suspected cases
 - Phone calls prior to visits to ask re: symptoms
 - Individual EP plans – Be Specific!
 - Document risk assessment and plans
 - Monitor plan, update as necessary

WHAT SHOULD YOUR AGENCY BE DOING

- EP Strategies for Addressing COVID-19:
 - Monitor plan, update as necessary
 - Consider doing PIP for Prevention and Control of EIDs
 - Effective way to improve health outcomes, patient safety, quality of care
 - CoP requirements for Infection Control – Hospice – 418.60(b)/Home Health - 484.70(b) The Agency must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the HHA's quality assessment and performance improvement (QAPI) program.
 - Include all in your EP Plan and Testing



EDUCATIONAL RESOURCES

418.113 – HOSPICE 484.102 – HOME HEALTH EMERGENCY PREPAREDNESS STANDARD- (B) POLICIES & PROCEDURES

HOSPICE - EMERGENCY PREPAREDNESS STANDARD- (B) POLICIES & PROCEDURES

- The Hospice Agency must develop & implement EP policies & procedures, based on the emergency plan, risk assessment, and the communication plan.
- The policies and procedures must be reviewed and *updated at least every 2 years*.
 - At a minimum, the policies and procedures must address the following:
 - (b) (1) Procedures to follow up with on duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency.
 - The hospice must inform State and local officials of any on-duty staff or patients that they are unable to contact.
 - Hospices have the flexibility to determine how best to develop these policies and procedures.
 - All hospices should already have some mechanism in place to keep track of patients and staff contact information.
 - The information regarding patient services that are needed during or after an interruption in their services and on-duty staff and patients that were not able to be contacted must be readily available, accurate, and shareable among officials within and across the emergency response system, as needed, in the interest of the patient.

HOME HEALTH – EMERGENCY PREPAREDNESS STANDARD- (B) POLICIES & PROCEDURES

- The HHA must develop & implement EP policies & procedures, based on the emergency plan, risk assessment, and the communication plan.
- The policies and procedures must be reviewed and updated at least every 2 years.
 - At a minimum, the policies and procedures must address the following:
 - (b)(1) The **plans for the HHA's patients** during a natural or man-made disaster. **Individual plans for each patient must be included as part of the comprehensive patient assessment**, which must be conducted according to the provisions at § 484.55.

STANDARD- (B)(1) - HOME HEALTH - POLICIES & PROCEDURES INDIVIDUALIZED PATIENT EP PLANS

- Must include policies & procedures in its EP for ensuring all pts have an individualized plan in the event of an emergency. That plan must be included as part of the patient's comprehensive assessment.
- Example:
 - Discussions to develop individualized EP plans could include potential disasters that the patient may face within the home such as fire hazards, flooding, and tornados; and how and when a patient is to contact local emergency officials.
 - Discussions may also include patient, care providers, patient representative, or any person involved in the clinical care aspects to educate them on steps that can be taken to improve the patient's safety.

STANDARD- (B)(1) - HOME HEALTH - POLICIES & PROCEDURES INDIVIDUALIZED PATIENT EP PLANS

- The individualized emergency plan should be in writing and could be as simple as a detailed emergency card to be kept with the patient.
 - Example:
 - Patient is disaster code 2 as she lives at home with spouse who is available around the clock to assist in an emergency. Patient/spouse have adequate emergency food supply of bottled water and canned/dry foods as well as 15 day supply of patient medications. Patient and spouse instructed in limiting contact with others, wearing mask, s/s COVID-19 and are to inform HHA if patient develops symptoms. In event of developing symptoms or possible exposure, patient physician will be notified.
- HHA personnel should document that these discussions occurred and also keep a copy of the individualized emergency plan in the patient's file as well as provide a copy to the patient and or their caregiver.

STANDARD- (B) POLICIES & PROCEDURES PATIENT & STAFF COMMUNICATION IN EP

- (b)(2) The procedures to inform State and local emergency preparedness officials about **homebound Hospice or HHA patients in need of evacuation** from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment.
- (b)(3) Home Health - The procedures to follow up with on-duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency.
- **The HHA must inform State and local officials of any on-duty staff or patients that they are unable to contact.**

EMERGENCY PREPAREDNESS STANDARD- (B) POLICIES & PROCEDURES

- (b)(3) Hospice - (b)(4) Home Health - A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
- (b)(4) Hospice - (b)(5) Home Health - The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.

EMERGENCY PREPAREDNESS STANDARD- (B) POLICIES & PROCEDURES

- (b)(4) Hospice - The use of hospice employees in an emergency and other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.
- (b)(5) Hospice - The development of arrangements with other [facilities] [and] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.

WHAT SHOULD YOUR AGENCY BE DOING

- P&P Strategies for Addressing COVID-19:
 - Staffing during PHE
 - Plan for staff shortages
 - Consider cross training
 - Personnel policy updates – exposure, sick time, return to work, etc.
 - Monitoring staff prior to start of shift for S/S, process for staff to report developing symptoms



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418.113 - HOSPICE
484.102 – HOME HEALTH
EMERGENCY PREPAREDNESS
STANDARD (C) –
COMMUNICATION PLAN

418.113 - HOSPICE – EMERGENCY PREPAREDNESS STANDARD - (C) COMMUNICATION PLAN

- The Hospice Agency must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years.
- The communication plan must include all of the following:
 - (c)(1) Names and contact information for the following:
 - (i) Hospice employees
 - (ii) Entities providing services under arrangement
 - (iii) Patients' physicians
 - (iv) Other hospices

484.102 – HOME HEALTH - EP STANDARD - (C) COMMUNICATION PLAN

- The HHA must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years.
- The communication plan must include all of the following:
- (c)(1) Names and contact information for the following:
 - (i) Staff
 - (ii) Entities providing services under arrangement
 - (iii) Patients' physicians
 - (iv) Volunteers

EMERGENCY PREPAREDNESS STANDARD - (C) COMMUNICATION PLAN

- (c)(2) Contact information for the following:
 - (i) Federal, State, tribal, regional, or local emergency preparedness staff
 - (ii) Other sources of assistance

- (c)(3) Primary and alternate means for communicating with the Agency staff, Federal, State, tribal, regional, and local emergency management agencies.

- (c)(4) A method for sharing information and medical documentation for patients under the Agencies care, as necessary, with other health care providers to maintain the continuity of care.

EMERGENCY PREPAREDNESS STANDARD - (C) COMMUNICATION PLAN

- (c)(5) Hospice - A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).
- (c)(6) Hospice - (c)(5) Home Health - A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4).
- (c)(6) Home Health - A means of providing information about the HHA's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

WHAT SHOULD YOUR AGENCY BE DOING

- Communication Strategies for Addressing COVID-19
 - Confirm all contact information for staff, contractors, patients' physicians, volunteers, federal/state/local emergency agencies, etc. are up to date
 - And that easily accessed by more than one person
 - Method for Communicating suspected/confirmed cases when patient is transferred
 - Coordination with Federal, State, and Local agencies as needed during pandemic
 - Be sure to document all coordination efforts



EDUCATIONAL RESOURCES

418.113 - HOSPICE
484.102 – HOME HEALTH
EMERGENCY PREPAREDNESS
STANDARD -(D) *TRAINING & TESTING*

EMERGENCY PREPAREDNESS STANDARD - (D) TRAINING & TESTING

- The Agency must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan, risk assessment, policies and procedures, and the communication plan.
- The training and testing program must be reviewed and updated at least every 2 years.

418.113 - EMERGENCY PREPAREDNESS STANDARD - (D) TRAINING & TESTING

- (d)(1) Training Program: The Hospice must do all of the following:
 - (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, consistent with their expected roles.
 - (ii) Demonstrate staff knowledge of emergency procedures.
 - (iii) Provide emergency preparedness training at least every 2 years.
 - (iv) Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others.
 - (v) Maintain documentation of the training.
 - (iv) If the emergency preparedness policies and procedures are significantly updated, the Hospice must conduct training on the updated policies and procedures.

484.102 - EMERGENCY PREPAREDNESS STANDARD - (D) TRAINING & TESTING

- (d)(1) Training Program: The HHA must do all of the following:
 - (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
 - (ii) Provide emergency preparedness training at least every 2 years.
 - (iii) Maintain documentation of the training.
 - (iv) Demonstrate staff knowledge of emergency procedures.
 - (v) If the emergency preparedness policies and procedures are significantly updated, the HHA must conduct training on the updated policies and procedures.

STANDARD - (D) TRAINING & TESTING

- (d)(2) Testing: The Agency must conduct exercises to test the emergency plan *at least annually*. The Agency must do the following:
 - (i) Participate in a full-scale exercise that is community-based every 2 years;
 - *or*
 - (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years;
 - *or*
 - (B) If the Agency experiences an actual natural or man-made emergency that requires activation of the emergency plan, the Agency is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event.

STANDARD - (D) TRAINING & TESTING

- (ii) Conduct an *additional exercise* at least every 2 years, *opposite the year the full-scale or functional exercise is conducted*, that may include, but is not limited to the following:
 - (ii)(A) A second full-scale exercise that is community-based or individual, facility based functional exercise; or
 - (ii)(B) A mock disaster drill; or
 - (ii)(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

STANDARD - (D) TRAINING & TESTING

- NOTE: Testing / Drills must be done ANNUALLY!
- (iii) Home Health - Analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed.
 - Identify any gaps during EP drill and make an action plan to ensure is resolved.

EP TESTING EXEMPTION & GUIDANCE

- September 28, 2020 CMS released a memorandum - Guidance related to the Emergency Preparedness Testing Exercise Requirements – Coronavirus Disease 2019 (COVID-19)
- **Exemption Based on Actual Natural or Man-made Emergency**
 - The emergency preparedness regulations allow an exemption for providers or suppliers that experience a natural or man-made event requiring activation of their emergency plan.
 - On Friday, March 13, 2020, the President declared a national emergency due to COVID-19 and subsequently many providers and suppliers have activated their emergency plans in order to address surge and coordinate response activities.
 - Agencies that activated their emergency plans are exempt from the next required full-scale community-based or individual, facility-based functional exercise.
 - Facilities must be able to demonstrate, through written documentation, that they activated their program due to the emergency.

Reference: CMS Center for Clinical Standards and Quality/Quality, Safety & Oversight Group/ September 28, 2020/ Ref: QSO-20-41-ALL

EP TESTING EXEMPTION & GUIDANCE

- CMS requires HHAs and Hospice Agencies to conduct an exercise of choice every two years for outpatient providers (opposite the year of the full-scale or facility-based functional exercise).
- For the “exercise of choice,” facilities must conduct one of the testing exercises below:
 - Another full-scale exercise;
 - Individual-facility-based functional exercise;
 - Mock disaster drill; or
 - A tabletop exercise or workshop.

Reference: CMS Center for Clinical Standards and Quality/Quality, Safety & Oversight Group/ September 28, 2020/ Ref: QSO-20-41-ALL

EP TESTING EXEMPTION & GUIDANCE

- Agencies **may need** to conduct an exercise of choice following the current PHE if they were required to conduct such an exercise this year and **did not already do so**.
- Agencies may choose to conduct a table-top exercise (TTX) which could assess the agency's response to COVID-19.
- This may include but is not limited to:
 - Discussions surrounding availability of personal protective equipment (PPE);
 - Isolation and quarantine areas for screening patients;
 - Or any other activities implemented during the activation of the emergency plan.
- The emergency preparedness provisions require that agencies assess and update their emergency program as needed.
 - Lessons learned and challenges identified in the TTX may allow an agency to adjust its plans accordingly.

Reference: CMS Center for Clinical Standards and Quality/Quality, Safety & Oversight Group/ September 28, 2020/ Ref: QSO-20-41-ALL

EP TESTING EXEMPTION & GUIDANCE

- Conducting Assessments and Documentation:
 - All providers and suppliers must continue to analyze their facility's response to and maintain documentation of all drills, tabletop exercises, and activation of their emergency plan.
 - This would include documentation showing any revisions to the facility's emergency plan as a result of the after action review process.

- Key Point:
 - The exemption is based on the scheduled next-required full-scale exercise, not the exercise of choice
 - Examples - next 3 pages

Reference: CMS Center for Clinical Standards and Quality/Quality, Safety & Oversight Group/ September 28, 2020/ Ref: QSO-20-41-ALL

TESTING SCENARIO #1

- Facility X conducted a full-scale exercise in January 2019 and a table-top exercise for January 2020 (opposite year). In March 2020, Facility X activates its emergency preparedness plan due to the COVID-19 Public Health Emergency (PHE).
- When must the facility conduct its next required full-scale exercise? What is the exemption based on the requirements?
- Answer: The facility is exempt from the next scheduled exercise (January 2021 full-scale exercise). It would then be required to complete their opposite year exercise of choice by January 2022.



Reference: CMS Center for Clinical Standards and Quality/Quality, Safety & Oversight Group/ September 28, 2020/ Ref: QSO-20-41-ALL

TESTING SCENARIO #2

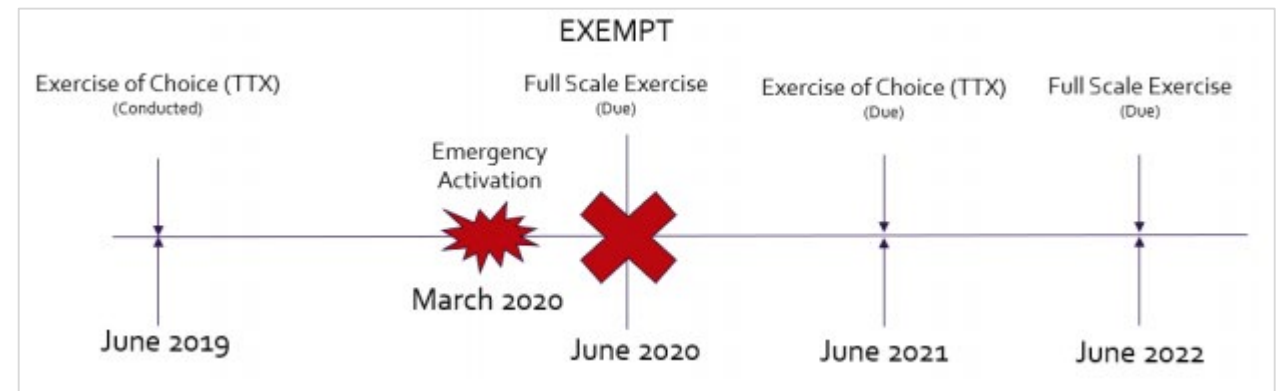
- Facility Y conducted a table top exercise in January 2019 as the exercise of choice and conducted a full-scale exercise in January 2020. In March 2020, Facility Y activates its emergency preparedness program due to the COVID-19 PHE.
- When must the facility conduct its next required full-scale exercise? What is the exemption based on the requirements?
- Answer: The facility is exempt from the January 2022 full-scale exercise for that “annual year”. However, the facility must conduct its exercise of choice by January 2021, and again in January 2023.



Reference: CMS Center for Clinical Standards and Quality/Quality, Safety & Oversight Group/September 28, 2020/Ref: QSO-20-41-ALL

TESTING SCENARIO #3

- Facility Z conducted a table-top exercise in June 2019 (based on its annual cycle). It is scheduled to conduct a full-scale exercise in June 2020. In March 2020, Facility Z activates its emergency preparedness program due to the COVID-19 PHE.
- When must the facility conduct its next required full-scale exercise? What is the exemption based on the requirements?
- Answer: The facility is exempt from the June 2020 scheduled full-scale exercise for that “annual year” and is required to complete an exercise of choice in June 2021, and a following full-scale exercise in June 2022. It is exempt from its next required full-scale or individual facility-based exercise which would have been in June 2020.



Reference: CMS Center for Clinical Standards and Quality/Quality, Safety & Oversight Group/September 28, 2020/Ref: QSO-20-41-ALL

WHAT SHOULD YOUR AGENCY BE DOING

- Ensure Compliance with Exemption:
 - Through/complete documentation of activating your agency's emergency plan
 - Understanding your agency's annual cycle
 - Understanding that the exemption is based on the scheduled next-required full-scale exercise, not the exercise of choice
 - Agency conducts the required exercises

WHAT SHOULD YOUR AGENCY BE DOING

- Training/Testing Strategies for Addressing COVID-19-
 - Staff Training related to COVID-19
 - All updates to EP plan/policies/procedures
 - Method to assess and document staff competency for all training
 - Disease specific education – ongoing for updated CDC guidance/national standards
 - Symptoms, transmission, screening, treatment, etc.
 - Infection Precautions
 - **Handwashing**
 - **Standard Precautions**
 - **Transmission-based Precautions – contact, droplet, airborne**
 - **Don/Doff PPE, proper disposal, Contingency plan for shortages**
 - **Bag Technique**
 - **Cleaning/reuse of supplies**
 - Include Contractors!

WHAT SHOULD YOUR AGENCY BE DOING

- Training/Testing Strategies for Addressing COVID-19:
 - Staff Training related to COVID-19
 - Patient screening
 - **Process for symptomatic patient**
 - Process for suspected/confirmed exposures
 - Process for staff screenings before starting shift, developing symptoms while working
 - Patient/caregiver education to be provided – patient education materials



EDUCATIONAL RESOURCES

418.113 - HOSPICE
484.102 - HOME HEALTH
EMERGENCY PREPAREDNESS STANDARD-(E)
INTEGRATED HEALTHCARE SYSTEMS

EMERGENCY PREPAREDNESS STANDARD-(E) INTEGRATED HEALTHCARE SYSTEMS

- If an Agency is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the Agency may choose to participate in the healthcare system's coordinated emergency preparedness program.

EMERGENCY PREPAREDNESS STANDARD-(E) INTEGRATED HEALTHCARE SYSTEMS

- If elected, the unified and integrated emergency preparedness program must do all of the following:
 - (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
 - (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
 - (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.

EMERGENCY PREPAREDNESS STANDARD(E) INTEGRATED HEALTHCARE SYSTEMS

- (4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include all of the following:
 - (i) A documented community-based risk assessment, utilizing an all-hazards approach.
 - (ii) A documented individual facility based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

- (5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

WHAT SHOULD YOUR AGENCY BE DOING

- Integrated Healthcare Systems Strategies for Addressing COVID-19:
 - Agencies that are part of an integrated healthcare system have a separate certification and therefore, need to have specific documentation of activation of their EP and that documentation can be included in the healthcare systems EP as well.
 - Identify what Agency patient population, geographic territory, facility specifics there are and ensure drill focuses on this, in addition to what the system does.
 - Have all Agency staff involved
 - Complete all of the steps in the CoPs for testing, i.e.: contacting staff and patients, and notifying command center when unable to reach, etc.

CONCLUSION

- EP – The CoPs have not changed
- Ensure Testing is in the detail required to demonstrate your agency has addressed all elements
- Have all staff involved “What is my role in an Emergency?”
- For Actual event use in lieu of testing, ensure you do exactly like for a test in order for it to count.

CONCLUSION

- At this critical time in healthcare, EP is more important than ever.
- Every Agency needs to review their EP in depth, focusing on EIDs.
- Be sure your agency EP plan is compliant and effective in protecting your patients and staff.
- Training - must have updated training for any new/modified processes to ensure staff aware, competent.
 - Have a list of all staff, with the date they attended – so that surveyor and you can easily see that 100% have been trained.
 - Includes Contractors!



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HOME HEALTH



HOSPICE

QUESTIONS?



EDUCATIONAL RESOURCES



HOME HEALTH



HOSPICE

THANK YOU

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ACCREDITATION COMMISSION *for* HEALTH CARE

CMS RESOURCES

- Health Care Provider Guidance:

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

- All Hazards FAQ:

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/AllHazardsFAQs.pdf>

- Emergency Preparedness Rule:

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

CMS RESOURCES

- Coronavirus (COVID-19) Partner Toolkit:
 - <https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit>

- Current Emergencies:
 - <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>