



EMERGENCY PREPAREDNESS

Home Health & Hospice



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OBJECTIVES

- Review the final rule for the new Emergency Preparedness Condition of Participation
- Identify the key components of an effective emergency plan
- Identify what ACHC will be reviewing during a home health and hospice survey to demonstrate compliance with Emergency Preparedness

NEW MEDICARE CoPs

- Emergency Preparedness is to be implemented by November 15, 2017
- State Operations Manual, Appendix Z
 - E tags
 - Home health will be incorporated into the new Home Health CoPs in January 2018

EVACUATION PLAN

run.

EMERGENCY PREPAREDNESS

FULLY COMPLIANT: November 15, 2017

The agency must comply with all applicable federal, state, and local emergency preparedness requirements. The agency must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

5 standards:

- a) Emergency plan
- b) Policies and procedures
- c) Communication plan
- d) Testing
- e) Integrated healthcare systems

EMERGENCY PREPAREDNESS

a) Emergency plan

The agency must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.

The plan **must do all** of the following:

- 1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
- 2) Include strategies for addressing emergency events identified by the risk assessment.
- 3) Address patient population, including, but not limited to, 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.

EMERGENCY PREPAREDNESS

- 4) Include a process 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, including documentation of the agency's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.

ALL-HAZARDS APPROACH

- Identify all possible risks associated within the communities you serve
- Comprehensive of all locations per Medicare provider number, branches, multiple locations
- Consider the patient population served
- Need to encompass natural disasters and manmade threats
- Rank order priorities based on potential of a threat, risk associated with the threat, and agency's current preparedness for the threat
- Reach out to others in the community who have experience with emergency preparedness
 - Emergency Management, police, fire departments
 - Hospitals
 - Red Cross

HAZARD VULNERABILITY ASSESSMENT

HAZARD VULNERABILITY ASSESSMENT (Sample)												
EVENT	PROBABILITY			RISK/DISRUPTION					PREPAREDNESS			TOTAL SCORE
Score	HIGH	MED	LOW	Loss of life	Safety	HIGH	MED	LOW	Poor	Fair	Good	
	3	2	1	5	4	3	2	1	3	2	1	
Hurricane			1				2			2		5
Tornado		2					2			2		6
Blizzard			1			3			3			7
Ice storm		2			4						1	7
Earthquake			1					1	3			5
Drought			1					1		2		4
Flood			1				2			2		5
Epidemic	3					3			3			9
Fire, internal		2				3				2		8
Internal flood damage		2				3			3			8
Cyberattack	3					3			3			9
Supply shortage			1				2				1	4
Staffing shortage		2				3					1	6
Act of terrorism		2		5					3			10

EMERGENCY PREPAREDNESS

b) Policies and procedures

The agency must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be **reviewed and updated at least annually**. At a minimum, the policies and procedures must address the following:

HOME HEALTH POLICIES AND PROCEDURES

Home Health policies address the procedures for:

- The plans for the agency'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.
- The procedures to inform state and local emergency preparedness officials about 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.

HOME HEALTH POLICIES AND PROCEDURES

- 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.
- A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
- 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.

HOSPICE POLICIES AND PROCEDURES

Hospice policies address the procedures for:

- Following 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 and patients that they are unable to contact.
- Informing state and local officials about hospice 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.
- A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.

HOSPICE POLICIES AND PROCEDURES

- The use of hospice employees in an emergency and other emergency staffing strategies, including the process and role for integration of state and federally designed health care professionals to address surge needs during an emergency.
- The development of arrangements with other hospices and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to hospice patients.

HOSPICE INPATIENT FACILITY

ACHC current hospice inpatient policies and procedures address:

- Power failures
- Natural disasters
- Other emergencies that would affect the hospice's ability to provide care
- A method for regular evaluation and revision of the plan
- Disaster drills are conducted in accordance with Life Safety Code (LSC) and other applicable regulations
- A means to shelter in place for patients, hospice employees who are at the inpatient facility

HOSPICE INPATIENT FACILITY

- The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:
 - Food, water, medical, and pharmaceutical supplies
 - Alternate sources of energy to maintain the following:
 - Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions
 - Emergency lighting
 - Fire detection, extinguishing, and alarm systems
 - Sewage and waste disposal

HOSPICE INPATIENT FACILITY

- A system to track the location of hospice employees' on-duty and sheltered patients in the hospice's care during an emergency. If the on-duty employees or sheltered patients are relocated during the emergency, the hospice must document the specific name and location of the receiving facility or other location.
- Safe evacuation from the hospice, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s) and primary and alternate means of communication with external sources of assistance.
- The provision of care and treatment at an alternate care site identified by emergency management officials.

COMMUNICATION PLAN

c) Communication plan

The 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 **annually**. The communication plan must include all of the following:

- 1) Names and contact information for the following:
 - Staff
 - Entities providing services under arrangement
 - Patients' physicians
 - Volunteers
 - Other hospices (hospice only)

COMMUNICATION PLAN

- 2) Contact information for the following:
 - Federal, state, tribal, regional, or local emergency preparedness staff
 - Other sources of assistance
- 3) Primary and alternate means for communicating with the agency staff, federal, state, tribal, regional, and local emergency management agencies.
- 4) A method for sharing information and medical documentation for patients under the agency's care, as necessary, with other healthcare providers to maintain the continuity of care.
- 5) 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).
- 6) A means of providing information about the agency's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

COMMUNICATION PLAN

Hospice inpatient facility communication plan addresses:

- A means of providing information about the hospice's inpatient occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee

TRAINING AND TESTING

d) Training and testing

The agency must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.

TRAINING AND TESTING

1) Training program

The agency must do all of the following:

- 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
- Provide emergency preparedness training at least annually
- Maintain documentation of the training
- Demonstrate staff knowledge of emergency procedures

TRAINING AND TESTING

1. 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 or, when a community-based exercise is not accessible, an individual, facility-based. exercise. If the agency experiences an actual natural or manmade emergency that requires activation of the emergency plan, the agency is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.

TRAINING AND TESTING

- ii. Conduct an additional exercise that may include, but is not limited to the following:
 - A second full-scale exercise that is community-based or individual, facility-based
 - A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan
- iii. Analyze the agency's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the agency's emergency plan, as needed.

INTEGRATED HEALTHCARE SYSTEMS

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. 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.

INTEGRATED HEALTHCARE SYSTEMS

- 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.
- 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.

DEMONSTRATE COMPLIANCE

Emergency Preparedness Plan:

- Must be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, and includes strategies for addressing emergency events identified by the risk assessment
- Address population served
- Demonstrate continuity of operations:
 - Delegation of authority
 - Succession plans
- Demonstrate a system of collaboration and communication with local, tribal, state, regional, and federal emergency preparedness officials

DEMONSTRATE COMPLIANCE

- Policies and procedures identify specifically how to meet each requirement
- Communication plan
- Training of staff including contract staff and volunteers, all existing staff and volunteers
- Testing of plan: Two documented tests prior to November 15, 2017
 - Community -or facility-based exercise **and**
 - A second community- or facility-based exercise or, if unable, a narrated and directed tabletop exercise

CHANGES REQUIRED

- Revise/ develop an Emergency Preparedness Plan
 - Community-based risk assessment
 - Address the top events identified by the risk assessment
 - Process for the cooperation and collaboration with local authorities
- Develop policies and procedures
- Develop a communication plan for all involved or potentially involved
- Train staff initially and annually
- Test the plan and revise as necessary

EMERGENCY PREPAREDNESS RESOURCES

- <https://asprtracie.hhs.gov>
- <https://www.nad.org>
 - Resources for deaf and hearing-impaired patients
- <https://www.fema.gov>
- <https://www.ready.gov>
 - Free publications
- <https://www.nfpa.org>
 - Fire protection and emergency preparedness resources
- www.redcross.org
 - Shelters in your area
- <https://emergency.cdc.gov>

EMERGENCY PREPAREDNESS RESOURCES

- <https://www.ruralhealthinfo.org>
 - Resources for rural communities
- <https://www.hrsa.gov/emergency>
 - Financial assistance resources for after a disaster
- <https://www.disasterassistance.gov>
 - Disaster resources for seniors
- <http://www.aachc.org>
 - Emergency Preparedness Toolkit for Community Health Center and Community Practice Sites



QUESTIONS?