Emergency Preparedness: The Interpretive Guidelines

July 2017 Subscriber Webinar

Plan for the Webinar

- Review Advanced Copy of Interpretive Guidelines as they relate to hospices
- Develop a series of “be ready” criteria
- Actions of the Prudent Hospice

The Rule & Its Dates

<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
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<tbody>
<tr>
<td>12/27/2013</td>
<td>Proposed Rule Published</td>
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<tr>
<td>9/16/2016</td>
<td>Final Rule Published</td>
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<tr>
<td>11/15/2016</td>
<td>Effective Date</td>
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<tr>
<td>11/15/2017</td>
<td>Implementation Date</td>
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Goals for the Rule

- Address systemic gaps
- Establish consistency
- Encourage coordination

§418.113 Emergency Preparedness

a) Emergency Plan
b) Policies and Procedures
c) Communication Plan
d) Training and testing
e) Integrated healthcare systems

The Hospice Emergency Preparedness CoP

Opening requirements of the condition state that the hospice must

- Comply with all applicable Federal, State and local emergency preparedness requirements
- Develop and maintain an emergency preparedness plan (EPP) that must include, but not be limited to, the four elements.
  - Risk assessment and Emergency Plan
  - Policies and procedures
  - Communication Plan
  - Training and testing
§418.113(a) Emergency Plan

- Contains all required elements under the standard
- Documented evidence of a minimum of an annual review to include date of review and any updates made based on the review
- Provides a framework which includes a hospice-based and community-based risk assessment using an all-hazards approach
  - both risk assessments are documented

“All-Hazards” Approach

- Integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters
- Is specific to the location of the hospice considering types of hazards most likely to occur in the area
- All-hazards planning does not specifically address every possible threat or risk but ensures the hospice has the capacity to address a broad range of related emergencies
"All-Hazards" Approach

Is specific to the location of the hospice considering types of hazards most likely to occur in the area including (but not limited to)

- Natural disasters
- Man-made disasters
- Facility-based disasters

§418.113(a) Emergency Plan

• Considers (among other things) the following
  - Identification of all business functions essential to the hospice's operations that should be continued during an emergency
  - Identification of all risks or emergencies that the hospice may reasonably expect to confront
  - Identification of all contingencies for which the hospice should plan
  - Consideration of the hospice's location
  - Assessment of the extent to which natural or man-made emergencies may cause the hospice to cease or limit operations
  - Determination of what arrangements may be necessary with other healthcare facilities, or other entities that might be needed to ensure that essential services could be provided during an emergency
• Develop strategies for addressing emergency events identified during the hospice and community based risk assessments

§418.113(a) Emergency Plan

• Specifies population served (inpatient and/or outpatients) and unique vulnerabilities in event of emergency / disaster
  - Address patients with limited mobility
• Address types of services hospices would be able to provide in an emergency and staff specific roles
• Develop strategies for ensuring continuity of operations

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Does Your Plan Include

- Hospice based & community based risk assessment and associated strategies
- Patient populations at risk during an emergency event
- Services hospice would be able to provide during an emergency
- How the hospice plans to continue operations during an emergency
- Delegations of authority and succession plans
- Date of review and any updates based on review

Be Ready to

- Provide a copy of the plan with documented date of review and any updates
- Articulate how the risk assessment was conducted and what hazards were identified and why
- Describe the hospice’s process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials’ efforts
  - Provide documentation of efforts to contact officials and hospice’s participation in collaborative and cooperative planning efforts as applicable

The Hospice Regulation
Subpart D Organizational Environment
§418.113 Condition of Participation: Emergency Preparedness

- Compliance will be assessed as part of survey process
- Previous requirements for IPUs found at §418.110 were pulled out and moved to the new §418.113
- Advanced Copy of Interpretive Guidelines issued June 2017
§418.113(b) Policies and Procedures

- Policies & procedures align with identified hazards within risk assessment & overall emergency preparedness program
- Can be part of emergency plan or standard operating procedures or operating manual
- Must be reviewed and updated annually

§418.113(b) Policies and Procedures Address

- Procedures to follow up with on-duty staff & patients to determine services needed
- Procedures to inform State and local emergency preparedness officials about patients in need of evacuation from their homes to include the following information in the communications to the agency
  - Whether or not the patient is mobile
  - What type of life-saving equipment is required
  - Is the life-saving equipment able to be transported
  - Does the patient have special needs
- Medical record documentation system that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records

§418.113(b) Policies and Procedures Address

- Prearranged transfer agreements and agreements with other facilities and providers to receive patient in the event of limitations or cessation of operations to maintain continuity of services
- How will provide means to shelter in place for patients, staff and volunteers who remain in the hospice
- Means to track patients and on-duty staff and, if relocated, documentation of specific name and location of the receiving facility or other location for sheltered patients and on-duty staff
- Triaging system and safe evacuation from hospice
§418.113(b) Policies and Procedures Address

- Provision of subsistence needs including food, water and pharmaceutical supplies and other as appropriate (IPUs)
- Adequate alternate energy sources
- The hospice’s role in providing care and treatment at alternate care sites under a 1135 waiver

Be Ready to

- Explain procedures in place if unable to contact a staff member or patient
- Discuss arrangements in place for transportation in event of evacuation
- Describe tracking system used to document locations of patients and staff
§418.113(c) Communication Plan

- Must be in writing and contains how facility coordinates patient care with the facility, across healthcare providers, and with state and local public health departments.
- Is reviewed annually and updated as necessary

§418.113(c) Communication Plan Contains

- Contact information for the following
  - Hospice employees
  - Entities providing services under arrangement
  - Patients’ physicians
  - Other hospices
  - Federal, State, tribal, regional, and local emergency preparedness staff
  - Other sources of assistance

§418.113(c) Communication Plan Contains

- Primary and alternate means for communicating with hospice staff, Federal, State, tribal, regional and local emergency management agencies
- When and how alternate communication methods are used and who uses them
§418.113(c) Communication Plan Contains

- A method for sharing information and medical documentation as necessary with other health care providers to maintain continuity of care
- Hospices should send all necessary patient information readily available and should at least include
  - Patient name, age, DOB, allergies
  - Current medications, medical diagnosis
  - Advance directives and next of kin / emergency contacts

§418.113(c) Communication Plan Contains

- A means of providing information about hospice’s needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee
- Those with inpatient hospices, plan includes a means of providing information about occupancy

Be Ready to

- Show communication equipment / systems listed in plan if asked
- Describe procedures that address means hospice will use to release patient information to include general condition and location of patients
§418.113(d) Training and Testing

- Initial training
  - Consistent with roles of staff during emergency to all new and existing staff, individuals providing services under arrangement and volunteers
  - Incorporate into new hire orientation
- Annual training
  - Aligns with emergency plan and risk assessments
  - Should be modified each year based on recent exercises, real-life emergencies and the annual review
  - One size does not fit all – develop based on level of involvement
- Maintain documentation of specific training completed and methods used

- Conduct 2 exercises (tests) per year
  - Full scale community based or hospice based if community not accessible
    - Full scale defined and any operations based exercise that assesses a hospice’s functional capabilities by simulating a response to an emergency that would impact the hospice’s operations and their given community
  - Additional exercise that may include
    - Second full-scale exercise that is community-based or hospice based
    - Tabletop exercise
- Actual emergency event or response of sufficient magnitude that requires activation of the relevant emergency plans meets the annual exercise requirements for one year following the actual event
Community-Based Exercise

- Hospices have flexibility to participate in and conduct exercise that more realistically reflect the risks and composition of their communities
- Consider physical location, agency and other facility responsibilities and needs of the community when planning or participating in their exercise
- Contact local and state agencies and healthcare coalitions, where appropriate, to determine if an opportunity exists to participate and if this would fulfill this requirement
  - Document the date, personnel and agency or healthcare coalition contacted

Hospice-Based Exercise

- Conduct an individual hospice based exercise documenting an emergency that required hospice to fully activate its emergency plan, or conduct a smaller community-based exercise with other nearby facilities
- Demonstrate how hospice addresses any risk(s) identified in its risk assessment

Table-Top Exercise

Includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan
After The Exercises

Analyze and document lessons learned and incorporate any necessary improvements in hospice’s emergency preparedness program

Develop an actionable after action report (AAR) that includes

1. What was supposed to happen
2. What occurred
3. What went well
4. What the hospice can do differently or improve upon
5. A plan with timelines for incorporating necessary improvement

Be Ready to

• Have various staff be able to answer questions about initial and annual training course
• Have documentation readily available to demonstrate staff training
• Produce the initial emergency preparedness training and annual emergency preparedness training offerings
• Provide documentation of the annual tabletop and full scale exercises
• Provide documentation of hospice’s efforts to identify a full-scale community based exercise if not participate in one
• Provide documentation of the hospice’s analysis and response and how emergency program is updated based on the analysis
• Keep documentation of testing (exercises) for a minimum of 3 years

§418.113 Emergency Preparedness Standards

(a) Emergency Plan
(b) Policies and Procedures
(c) Communication Plan
(d) Training and Testing
(e) Integrated Healthcare Systems
§418.113(e) Integrated Healthcare Systems

- Healthcare systems with multiple provider numbers have the option to develop a unified and integrated emergency preparedness program
- All entities need to participate in development of the program and the annual review
- Must include community-based risk assessment and an individual facility-based risk assessment for each separately certified facility using the all-hazards approach
- Communication plan and training and testing program must be coordinated

Be Ready to

- Provide documentation
  - Verifying hospice within the system was actively involved in the unified emergency preparedness program
  - Verifying hospice was actively involved in the annual reviews and updates
- Be prepared to provide a copy of the program
- Discuss how the unified and integrated emergency preparedness program is updated based on changes within the healthcare system

Actions of the Prudent Hospice

- Read the Advanced Copy of the Interpretive Guidelines
- Connect with local and state emergency management agencies and health departments
- Determine if Healthcare Coalition exists in your area and connect with them
- Review Emergency and Communication plan for all required elements
- Complete initial training for all staff and volunteers
- Get both exercises under your belt before 11/15/17
Resources

Survey & Certification – Emergency Preparedness

State Healthcare Coalitions

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