CMS Emergency Preparedness Rule Training

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Objectives

- Discuss KCER as a resource for facility emergency preparedness
- Examine the Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Rule to:
  - Review considerations for end stage renal disease (ESRD) patients and dialysis facilities.
  - Establish familiarity with the requirements of the rule and timeline for compliance.
  - Understand the training and exercise requirement and methods for demonstrating compliance.
  - Apply practical solutions to updating emergency preparedness policy and procedures.
A Resource for Emergency Preparedness

www.KCERCoalition.com
Overview: CMS Emergency Preparedness Rule

National Association of Nephrology Technicians (NANT) Presentation
Overview: Purpose of the Rule

To establish national emergency preparedness requirements, consistent across provider and supplier types

- **September 15**: Rule published
- **November 15**: Rule goes into effect
- **June 2**: Advance Copy of Interpretive Guidance released
- **November 15**: Rule must be implemented
Four Core Elements

Emergency Plan
- Based on a risk assessment
- Using an all-hazards approach
- Update plan annually

Policies and Procedures
- Based on risk assessment and emergency plan
- Must address:
  - Subsistence of staff and patients
  - Evacuation
  - Sheltering in place
  - Tracking patients and staff

Communications Plan
- Complies with Federal and State laws
- Coordinate patient care:
  - Within facility
  - Across providers
  - With state and local public health and emergency management

Training and Exercise Program
- Develop training program, including initial training on policies & procedures
- Conduct drills and exercises
CMS ESRD
Conditions for Coverage (CFCs)

NANT Presentation
The CMS ESRD CFCs state that:

- Regularly-scheduled treatments are essential for dialysis patients.
- In the event of a natural or man-made disaster, immediate action must be taken to ensure prompt restoration of these treatments or to plan for the safe transfer of patients to alternate location(s) for their treatments.
- Each dialysis facility must have a facility-specific disaster/emergency plan and be able to respond accordingly.
- Disaster/emergency plans should address failure of basic systems such as power, source water, air conditioning or heating systems, as well as treatment-specific failures such as the facility water treatment system or supply delivery.
Mandated Components of the Rule

NANT Presentation
**Risk Assessment and Emergency Plan**

- Perform a risk assessment using an “all-hazards” approach
- Develop an emergency plan based on the risk assessment
- Update emergency plan at least annually

**ESRD Provider Requirement:**
- Must contact local emergency preparedness agency annually to ensure dialysis facility’s needs in an emergency (existing requirement)
doesn't really make sense the way this reads. Suggest "ESRD service providers must ... to ensure the agency understands the dialysis facility's needs in the event of an emergency."

Ellen Anderson, 3/7/2018
Policies and Procedures: ESRD Requirement

Facilities must:

• Develop and implement policies and procedures that:
  ▪ Are based on the emergency plan, risk assessment, and communication plan.
  ▪ Address a range of issues, including:
    o Evacuation and shelter in place plans.
    o Medical documentation.
    o Use of volunteers and emergency.
    o Tracking patients and staff during an emergency.
    o Processes to develop arrangements with other providers/suppliers.

• Review and update policies and procedures at least annually.
Policies and Procedures: ESRD Requirement (cont.)

• Policies and procedures must include, but are not limited to, emergencies regarding:
  ▪ Fire equipment.
  ▪ Power failures.
  ▪ Care-related emergencies.
  ▪ Water supply interruption.
  ▪ Natural disasters.

• Tracking during **and** after the emergency applies to on-duty staff and sheltered patients.
is this meant to be a continuation of the previous slide? should ESRD Requirement be added to slide 12 and (cont.) be added to this slide
Ellen Anderson, 3/7/2018
Communication Plan

Each facility must:

• Develop a communication plan that complies with both federal and state laws and includes:
  ▪ Contact information for staff, entities providing services under other arrangements, patients’ physicians, other hospitals, and volunteers.
  ▪ Current contact information for regional and/or local emergency preparedness agencies.
  ▪ A means, in the event of evacuation, to release patient information

• Coordinate patient care within the facility, across healthcare providers, and with state and local public health departments and emergency management systems.

• Review and update the communication plan annually.

Note: A facility's emergency plan does not need to include occupancy information.
Training and Testing Program: ESRD Requirements

Dialysis facilities must:

• Develop and maintain training and testing programs, to include:
  ▪ Initial training on emergency preparedness policies and procedures.
  ▪ Training for all new and existing staff, including volunteers
  ▪ Maintenance of training documentation.

• Demonstrate staff knowledge of emergency procedures.
  ▪ Provide training at least annually.

• Conduct drills and exercises to test the emergency plan.
Training and Testing Program: ESRD Requirements (cont.)

Dialysis facilities must conduct training with staff:

- On patient orientation for emergency preparedness.
- At the time of onboarding and at least yearly thereafter in order to:
  - Ensure staff can demonstrate a knowledge of emergency procedures, including informing patients of:
    - What to do.
    - Where to go, including instructions for occasions when the dialysis facility must be evacuated.
    - Who to contact if an emergency occurs while the patient is not in the dialysis facility.
    - How to disconnect himself/herself from the dialysis machine if an emergency occurs.

- Conducting required exercises.
The Exercise Requirement

Exercises must be:

- “Community-based” or “Facility-based.”
- Full Scale, meaning it is a multi-agency, multijurisdictional, multi-discipline exercise involving responses that are both:
  - “Functional” (e.g., joint field office, emergency operation centers) and
  - “Boots on the ground” (e.g., firefighters decontaminating mock victims).
- Tabletop (TTX), which is defined as 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. TTXs:
  - Involve key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting.
  - Can be used to assess plans, policies, and procedures.
- Can be modeled after a response to an actual emergency event.
Interpretive guidelines

- The Survey and Certification Group (SCG) has released an advanced copy of the Interpretive Guidelines (IGs).
- State surveyors will use the IGs and survey procedures in the State Operations Manual to assist in implementing the rule.
- The State Operations Manual can be located at:
Auditing and Enforcement

NANT Presentation
Auditing and Enforcement: How Will the Rule Be Audited?

The rule will be audited using:

• Compliance monitoring by:
  - State Survey Agencies (SAs)
  - Accreditation Organizations (AOs)
  - CMS Regional Offices (ROs)
  - Checklists for surveyors, SAs, and providers
  - The ESRD-specific surveyor guidance tool

What are the consequences for not complying?

• Same process as for CfCs
  - Termination of agreement with Medicare and Medicaid

The SCG is developing web-based training for surveyors and providers and suppliers.
Resources and Solutions for Updating Emergency Preparedness Policies and Procedures

NANT Presentation
Important Resource: Healthcare Coalitions

Healthcare coalitions are an important resource for community preparedness. They provide:

- Source of preparedness expertise
- Regional risk assessments and hazard vulnerabilities
- Template or example plans and policies
- Help close planning gaps
- Plan integration with healthcare facilities and local authorities
- Training and exercises
More Resources

- Tampa Bay Health and Medical Preparedness Coalition
- Conditions of Participation for ESRD Facilities—Dialysis Centers
- Kaiser Permanente Hazard Vulnerability Analysis (HVA) Tool
  - For download as a planning resource
More Resources (cont.)

• KCER Coalition CMS page
  ▪ Federal resources listed in one place
  ▪ Relevant resources from local stakeholders
  ▪ Healthcare Coalitions

• Healthcare Ready CMS Knowledge Center
  ▪ Running list of relevant articles
  ▪ Perspectives from healthcare coalitions

• Federal and accrediting organizations resources
  ▪ Joint Commission
    • Emergency Management Portal
  ▪ Federal Emergency Management Agency
    • Emergency Management Institute
  ▪ Independent study online courses
More Resources (cont.)

• CMS Website
  ▪ Outline of requirements by provider type
  ▪ Links to aggregated EP resources
  ▪ Routinely updated Frequently Asked Questions document

• Health and Human Services (HHS)/Office of the Assistant Secretary (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE)
  ▪ Web-based resource for healthcare stakeholders
  ▪ Topic Collections
    • General Emergency Management & Provider- and Supplier-Specific
  ▪ Routinely updated CMS Resources at Your Fingertips
  ▪ Submit technical assistance requests:
    https://asprtracie.hhs.gov/cmsrule
More Resources (cont.)

• CMS Survey and Certification Group, Integrated Surveyor Training Website
  ▪ EP Basic Surveyor Training Course for Providers
    https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMSEmPrep_ONL
Thank you!

Questions?

Additional questions can be sent to: KCERinfo@hsag.com

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