Emergency Preparedness, CMS Rule and Community Health Centers

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October 31, 2017

Presenter: Alexander Lipovtsev

- Assistant Director at Community Health Care Association of NYS (CHCANYS) and Primary Care Emergency Preparedness Network (PCEPN) Liaison.
- Responsible for the development and implementation of CHCANYS's federal, state, city and privately funded EM projects. He provides training / technical assistance to health centers on a variety of topics and serves as a primary care liaison on NYC's ESF-8 Desk.
- Alex is a Licensed Clinical Social Worker (LCSW) and spent a number of years as a Practice Manager overseeing operations of an outpatient clinical practice in Brooklyn, NY.

Agenda

1. Introduction
2. Health Centers and Emergency Preparedness (EP)
3. CMS EP Final Rule
    a) Background
    b) Overview of Core Elements
    c) Tips for Implementation / Consideration
4. Overview of Helpful Resources

Learning Objectives

- Overview of the CMS emergency preparedness regulations for Federally Qualified Health Centers (FQHCs).
- Describe the community health centers' role and responsibilities in emergencies and disasters.
- Discuss recommended components of an Emergency Management Program at a Community Health Center.
- Provide sample resources to assist with meeting CMS EP Rule requirements.

Community Health Care Association of NYS

- As the Primary Care Association (PCA) for New York State, CHCANYS educates and advocates on behalf of more than 67 Federally Qualified Health Center networks (FQHCs) across New York.

Health Center Support & Development	Policy & Advocacy	Quality & Technology Initiatives
• Training and Technical Assistance • **Emergency Management** • Primary Care Workforce Initiatives • Americorps	• New York State Policy • Federal Policy • DSRIP Resources • Outreach and Enrollment	• Health IT • Clinical Quality Improvement • Data & Research

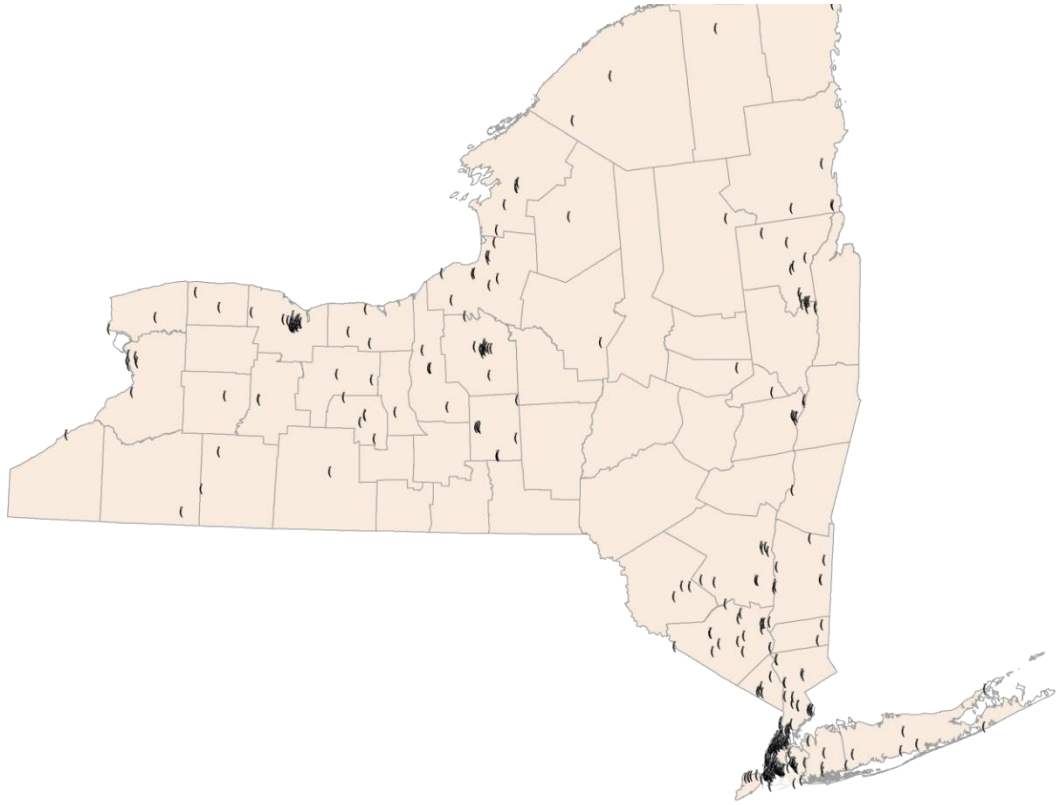
EM Program in NYS and NYC

CHCANYS

PCEPN
Primary Care Emergency Preparedness Network

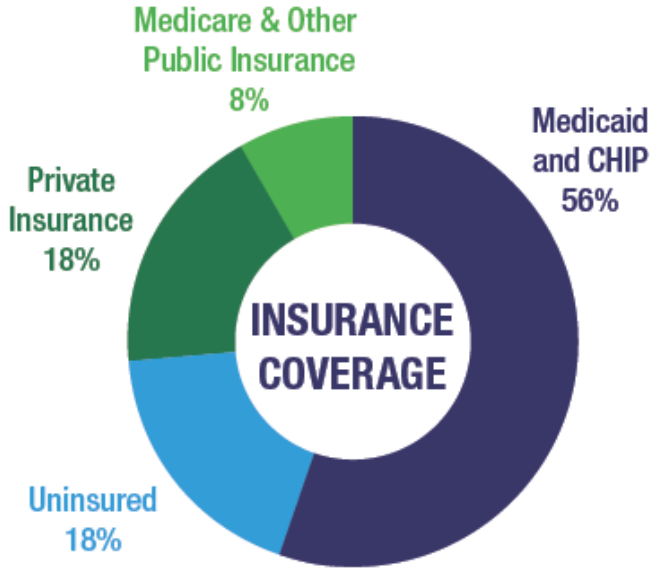
New York State FQHC Sites

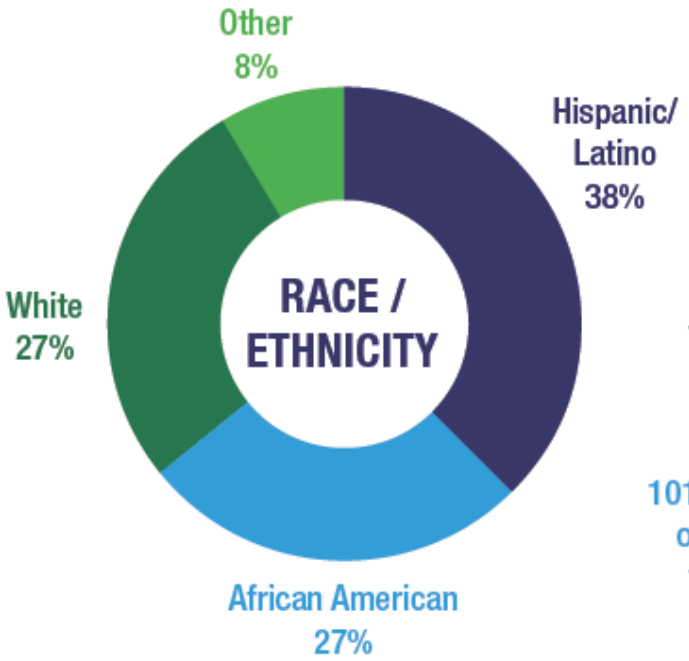
- Approximately 700+ FQHC sites across NYS
- Serving 2+ million patients

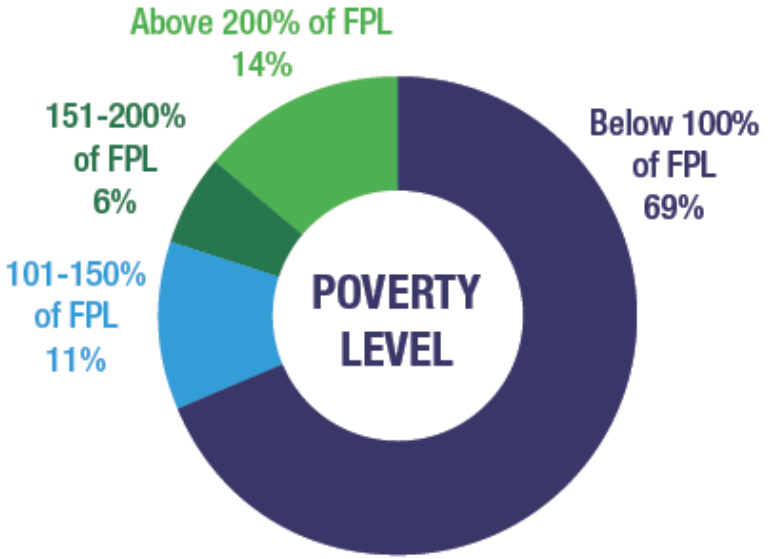


Data Source: 2015 UDS

New York State FQHC Sites

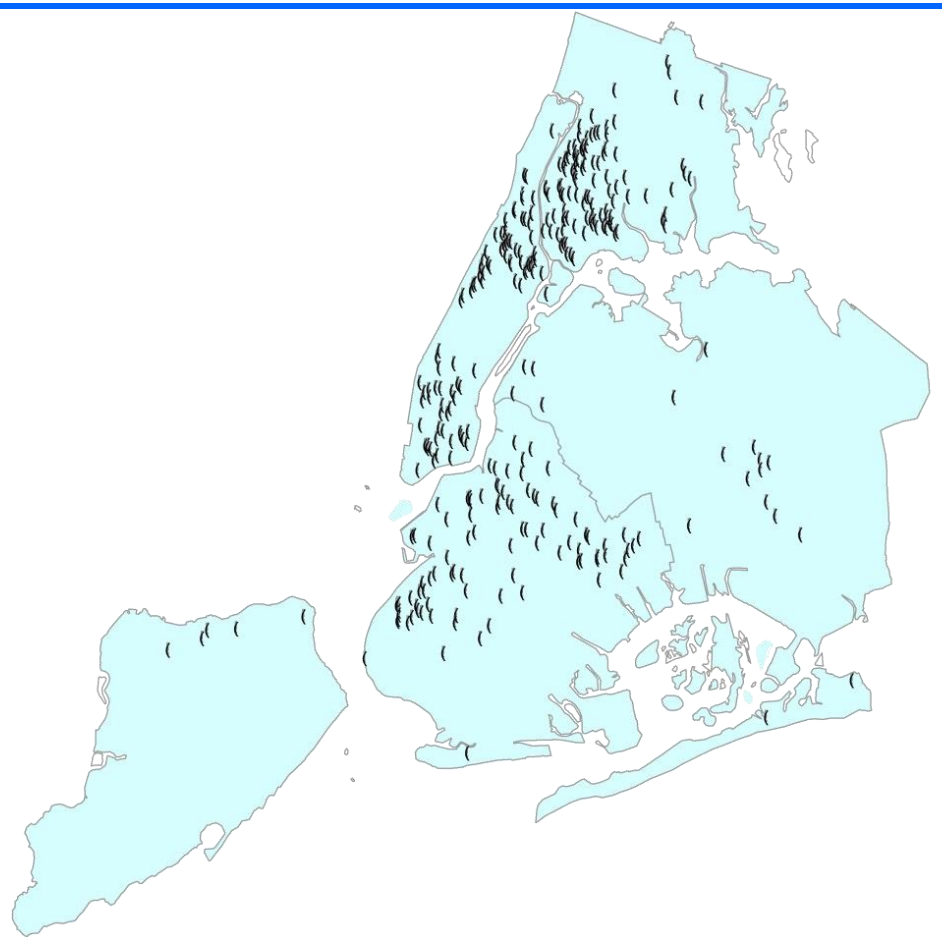






New York City FQHC Sites

- Approximately 400 FQHC sites
- Serving more than 1,000,000 patients



Data Source: 2015 UDS

The Emergency Management Cycle

Emergency Management Programs are based on the four phases of the Emergency Management cycle:

- Mitigation
- Preparedness
- Response
- Recovery

Mitigation

- Sustained action to reduce or eliminate the risks to people or property from hazards and their effects.
- Mitigation associated activities, devices, or actions try to prevent a hazard from ever manifesting into a disaster in the first place, or they try to make the disaster much less damaging to humans, property, or the environment if an emergency or disaster situation arises.
  - Hazard identification and mapping
  - Design and construction applications
  - Insurance
  - Structural controls
- Mitigation actions take place prior to and after an event

Preparedness

- A state of readiness to respond to a disaster, crisis, or any other type of emergency situation
- These are actions and preparations that improve chances of successfully dealing with an emergency situation

  - Planning (hazard risk assessment, vulnerability analysis, resource scoping)
  - Organization and Equipment
  - Training
  - Exercise
  - Evaluation and Improvement

- Preparedness activities take place before an event occurs

Response

- Immediate actions to save lives, protect property, and meet basic human needs; responding safely to an event
  - Response actions are typically keyed to the specific threat
  - Response is putting preparedness plans into action
  - Activating EOC, setting up Point of Dispensing (POD)
- Response activities take place during an event

Recovery

- Actions taken to help individuals, communities, and the nation to return to "normal" or "new normal".
  - Short Term vs. Long Term (water main break vs. hurricane)
  - The development, coordination, and execution of services and site restoration plans
  - Evaluation of the incident to identify lessons learned
  - Development of initiatives to mitigate the effects of future incidents
  - This is the longest and ultimately most expensive phase

- Recovery activities take place after an emergency

FEMA's Whole Community Concept

- Introduced by FEMA in December 2011 with a goal to engage all members of the community
- Whole Community includes:
  - Individuals and families, including those with access and functional needs
  - Businesses
  - Faith-based and community organizations
  - Nonprofit groups
  - Schools and academia
  - Media outlets
  - All levels of government, including state, local, tribal, territorial, and federal partners

Before the CMS Final Rule…

- 42 CFR §491.6(c) (Requirement to have emergency procedures)
- PIN 2007-15 *"Health Center Emergency Management Program Expectations"*
- Form 10 of Grant Application "*Emergency Preparedness Report"*
- Relevant State regulations

42 CFR Part 491 - §491.6(c)

§ 491.6 Physical plant and environment.

(a) *Construction.* The clinic or center is constructed, arranged, and maintained to insure access to and safety of patients, and provides adequate space for the provision of direct services.

(b) *Maintenance.* The clinic or center has a preventive maintenance program to ensure that:

(1) All essential mechanical, electrical and patient-care equipment is maintained in safe operating condition;

(2) Drugs and biologicals are appropriately stored; and

(3) The premises are clean and orderly.

(c) *Emergency procedures.* The clinic or center assures the safety of patients in case of non-medical emergencies by:

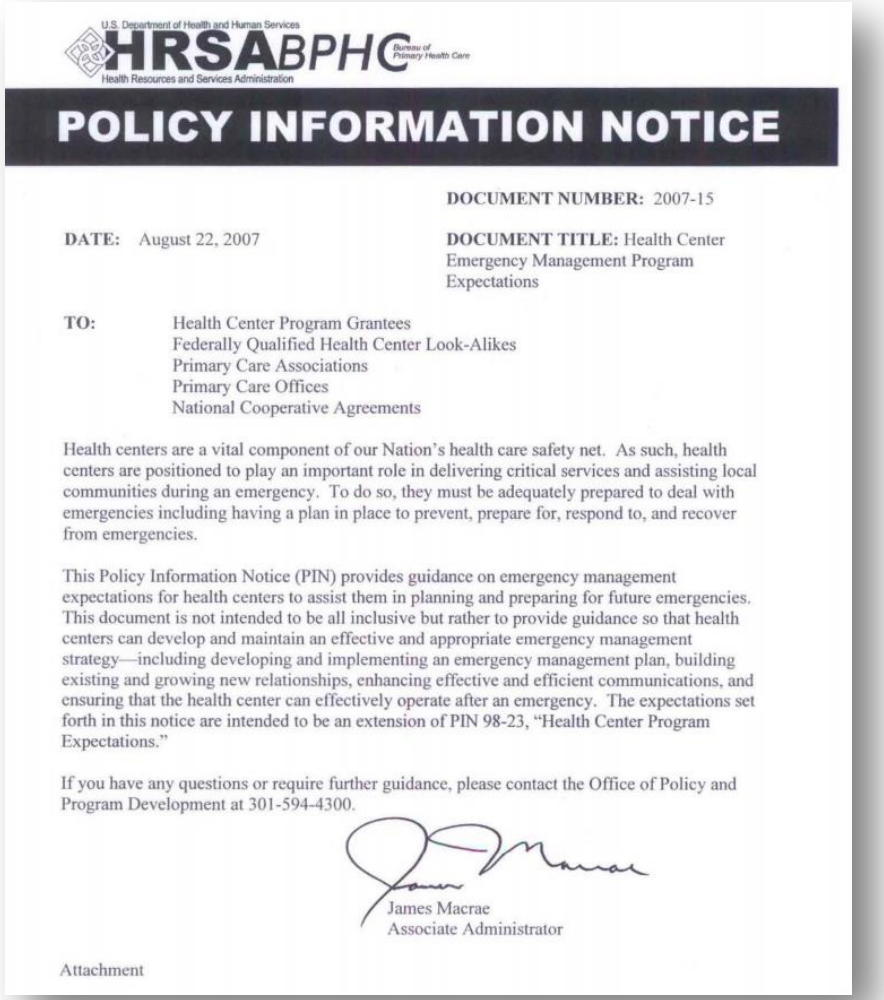
(1) Training staff in handling emergencies;

(2) Placing exit signs in appropriate locations; and

(3) Taking other appropriate measures that are consistent with the particular conditions of the area in which the clinic or center is located.

[57 FR 24983, June 12, 1992]

HRSA PIN 2007-15



U.S. Department of Health and Human Services
HRSA BPHC Bureau of Primary Health Care
Health Resources and Services Administration

POLICY INFORMATION NOTICE

DOCUMENT NUMBER: 2007-15

DATE: August 22, 2007

DOCUMENT TITLE: Health Center Emergency Management Program Expectations

TO: Health Center Program Grantees
Federally Qualified Health Center Look-Alikes
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

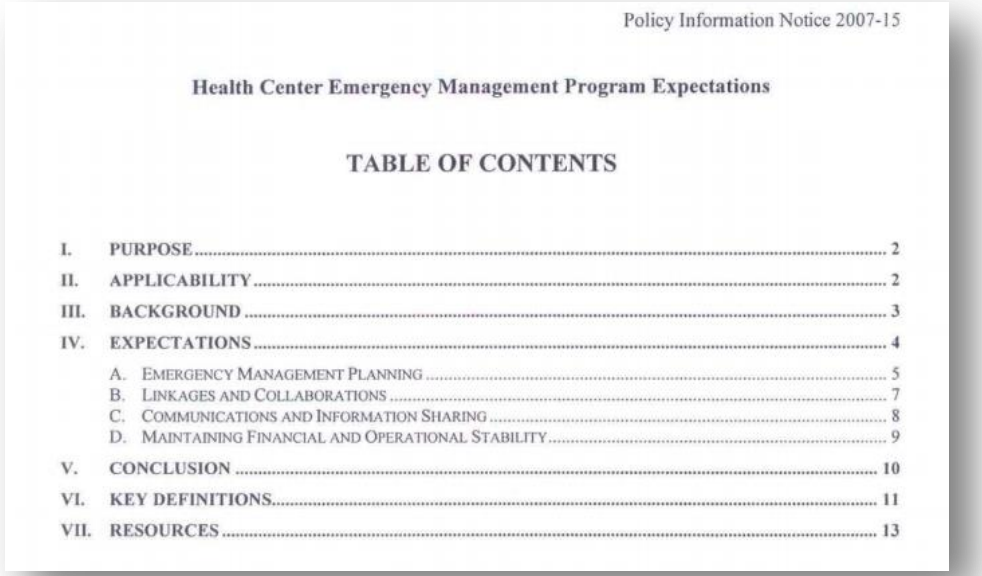
Health centers are a vital component of our Nation's health care safety net. As such, health centers are positioned to play an important role in delivering critical services and assisting local communities during an emergency. To do so, they must be adequately prepared to deal with emergencies including having a plan in place to prevent, prepare for, respond to, and recover from emergencies.

This Policy Information Notice (PIN) provides guidance on emergency management expectations for health centers to assist them in planning and preparing for future emergencies. This document is not intended to be all inclusive but rather to provide guidance so that health centers can develop and maintain an effective and appropriate emergency management strategy—including developing and implementing an emergency management plan, building existing and growing new relationships, enhancing effective and efficient communications, and ensuring that the health center can effectively operate after an emergency. The expectations set forth in this notice are intended to be an extension of PIN 98-23, "Health Center Program Expectations."

If you have any questions or require further guidance, please contact the Office of Policy and Program Development at 301-594-4300.

James Macrae
Associate Administrator

Attachment



Health Center Emergency Management Program Expectations

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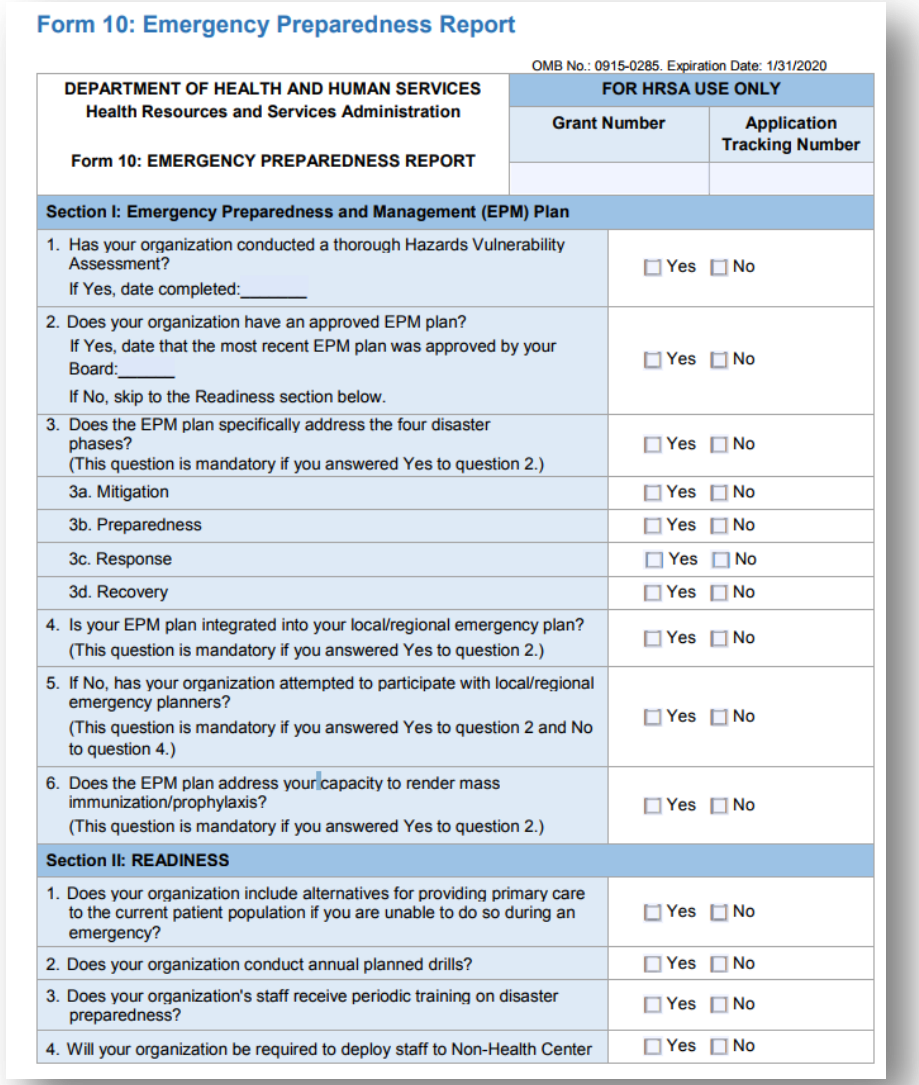
Form 10 of 330 Grant Application

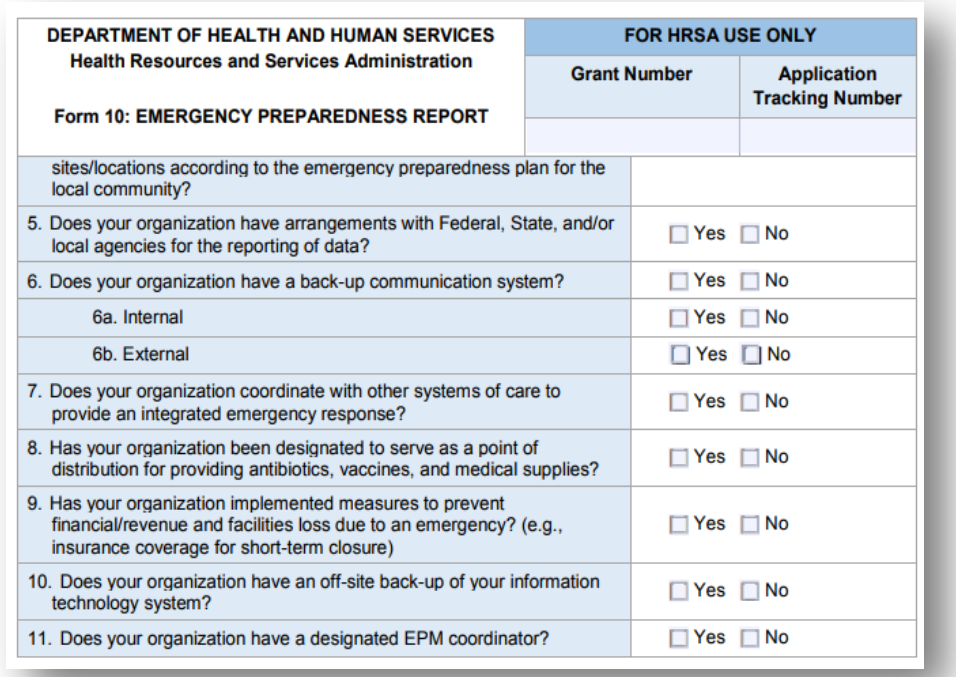


Form 10: Emergency Preparedness Report

OMB No.: 0915-0285. Expiration Date: 1/31/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 10: EMERGENCY PREPAREDNESS REPORT	FOR HRSA USE ONLY Grant Number	 Application Tracking Number

Section I: Emergency Preparedness and Management (EPM) Plan	
1. Has your organization conducted a thorough Hazards Vulnerability Assessment? If Yes, date completed:_____	☐ Yes ☐ No
2. Does your organization have an approved EPM plan? If Yes, date that the most recent EPM plan was approved by your Board:_____ If No, skip to the Readiness section below.	☐ Yes ☐ No
3. Does the EPM plan specifically address the four disaster phases? (This question is mandatory if you answered Yes to question 2.)	☐ Yes ☐ No
3a. Mitigation	☐ Yes ☐ No
3b. Preparedness	☐ Yes ☐ No
3c. Response	☐ Yes ☐ No
3d. Recovery	☐ Yes ☐ No
4. Is your EPM plan integrated into your local/regional emergency plan? (This question is mandatory if you answered Yes to question 2.)	☐ Yes ☐ No
5. If No, has your organization attempted to participate with local/regional emergency planners? (This question is mandatory if you answered Yes to question 2 and No to question 4.)	☐ Yes ☐ No
6. Does the EPM plan address your capacity to render mass immunization/prophylaxis? (This question is mandatory if you answered Yes to question 2.)	☐ Yes ☐ No
Section II: READINESS	
1. Does your organization include alternatives for providing primary care to the current patient population if you are unable to do so during an emergency?	☐ Yes ☐ No
2. Does your organization conduct annual planned drills?	☐ Yes ☐ No
3. Does your organization's staff receive periodic training on disaster preparedness?	☐ Yes ☐ No
4. Will your organization be required to deploy staff to Non-Health Center	☐ Yes ☐ No



DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 10: EMERGENCY PREPAREDNESS REPORT	FOR HRSA USE ONLY Grant Number	 Application Tracking Number

sites/locations according to the emergency preparedness plan for the local community?	
5. Does your organization have arrangements with Federal, State, and/or local agencies for the reporting of data?	☐ Yes ☐ No
6. Does your organization have a back-up communication system?	☐ Yes ☐ No
6a. Internal	☐ Yes ☐ No
6b. External	☐ Yes ☐ No
7. Does your organization coordinate with other systems of care to provide an integrated emergency response?	☐ Yes ☐ No
8. Has your organization been designated to serve as a point of distribution for providing antibiotics, vaccines, and medical supplies?	☐ Yes ☐ No
9. Has your organization implemented measures to prevent financial/revenue and facilities loss due to an emergency? (e.g., insurance coverage for short-term closure)	☐ Yes ☐ No
10. Does your organization have an off-site back-up of your information technology system?	☐ Yes ☐ No
11. Does your organization have a designated EPM coordinator?	☐ Yes ☐ No

Why is Emergency Management Important for Health Centers?

- Compliance with federal, state, and accreditation standards and regulations (e.g. CMS EP Rule, HRSA PIN 2007-15, Joint Commission, etc.)
- Protection of staff, patients, assets and resources
- To support continuity of care and access to care during emergencies / disasters
- Effective community integration, including communications between staff, patients, and community partners
- The world we live in …

Community Health Centers – Key Component

- Surge Capacity and Mass Casualty Care
- Mass Prophylaxes
- Mental Health Services
- Disease Outbreaks / Disease Surveillance
- Hazardous Material Responses and Chemical Agents
- Sheltering
- Community Preparedness

CMS Rule Background

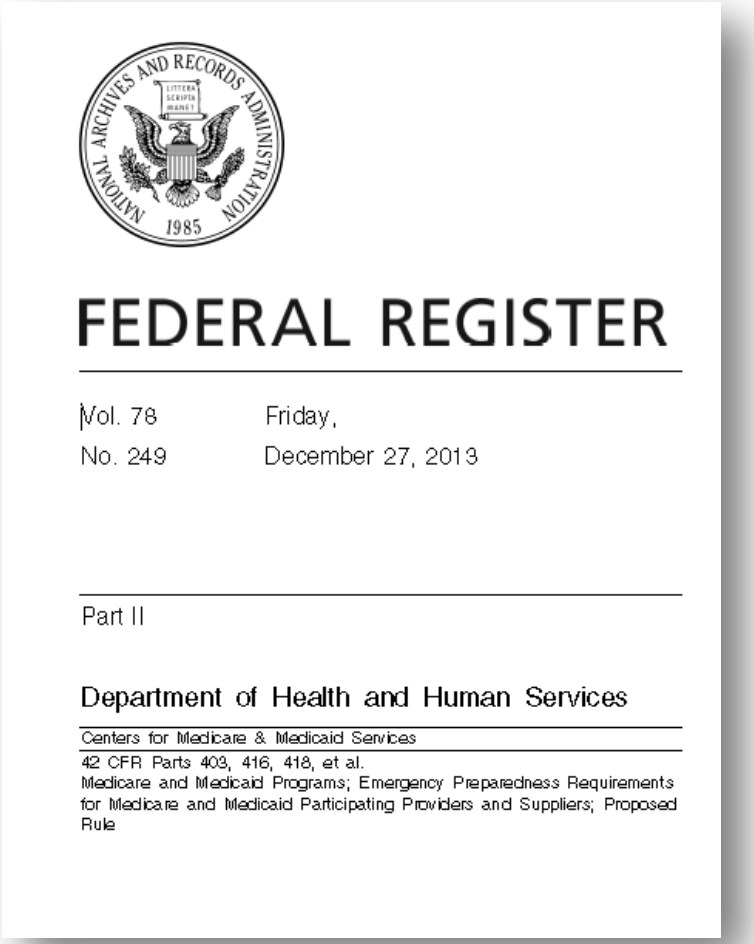
- **Past events** such as 9/11 terrorist attacks; Hurricanes Katrina; and Ebola virus outbreaks that the patchwork of laws, guidelines, and standards related to emergency preparedness in public health care falls short of the requirements necessary for providers and suppliers to be adequately prepared for a disaster.
- In the wake of these and other events, various executive orders and legislative acts helped set the stage for what the CMS expects from providers and supplier with regard to their roles in a more unified emergency preparedness system.
- **Homeland Security Presidential Directive 5 (HSPD-5)** that authorized development of National Incident Management System (NIMS).
- **Presidential Policy Directive 8** – issued on March 30, 2011, focuses on strengthening the security and resilience of the nation through preparation for 21st-century hazards such as acts of terrorism, cyberattacks, pandemics, and catastrophic natural disasters.

CMS Rule Background

- **Nursing Home Study** – Office of the Inspector General (OIG) did a study (2004 – 2005) – found that nursing homes in the Gulf States experiences problems even though they were in compliance with Federal interpretive guidelines for EP. This resulted in HHS initiating EP improvement effort across all HHS agencies.
- **Hospital Preparedness Study** – 2007 Assistant Secretary for Preparedness and Response (ASPR) commissioned a study to assess hospital preparedness - significant progress made, e.g. plans more comprehensive, community coordination, exercises more frequent and of higher quality etc.
- **Community-wide approach** – improved collaboration and networking among and between hospitals, public health departments and EM/response agencies, which is believed to represent the beginning of a coordinated community-wide approach to medical disaster response.

Proposed Emergency Preparedness Rule

- On December 27, 2013, the Federal Register posted the proposed emergency preparedness rule to address systemic gaps, establish consistency, and encourage coordination in the face of natural and man-made emergencies and disasters.
- CMS received nearly 400 public comments from individuals, health care professions and corporations, national associations, health departments, emergency management professionals, and individual facilities impacted by the rule.



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Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Parts 403, 416, 418, et al.
Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers; Proposed Rule

The Final Rule

- On September 8, 2016, the Federal Register posted the final rule – Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers. The goals of the new rule are:
  - Increase patient safety during emergencies
  - Establish consistent emergency preparedness requirements across provider and supplier types
  - Establish a more coordinated response to natural and man-made disasters.

Purpose of the Rule

The rule establishes national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with Federal, state, tribal, regional, and local emergency preparedness systems.

The rule addresses the three key essentials necessary for maintaining access to health care services during emergencies:

- Safeguarding human resources
- Maintaining business continuity
- Protecting physical resources

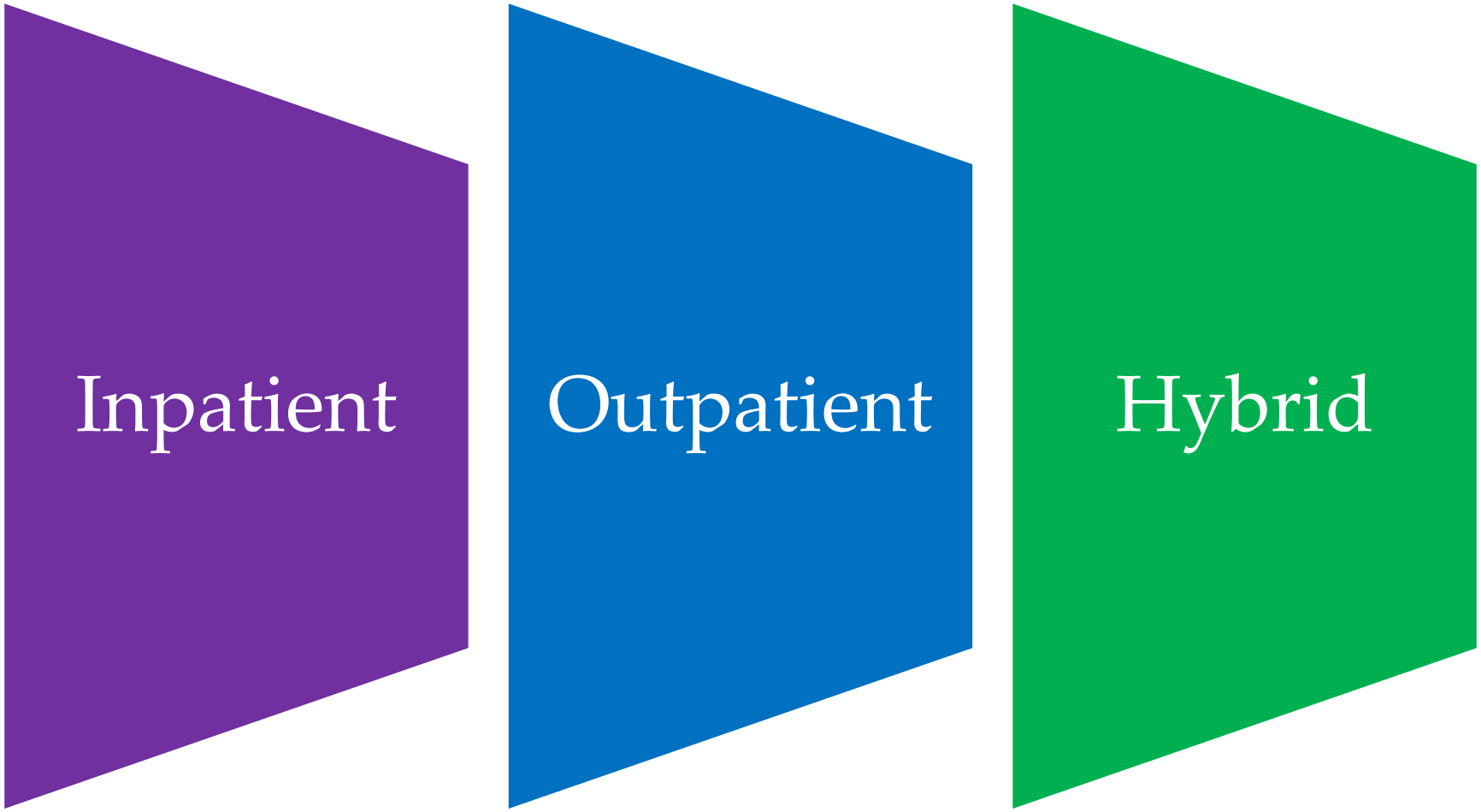
An All-Hazards Approach

The rule establishes criteria for Medicare-participating providers and suppliers to develop effective and robust emergency plans and responses utilizing an “all hazards” approach for disruptive events such as earthquakes, hurricanes, severe weather, flooding, fires, pandemic flu, power outages, chemical spills, shootings, and nuclear or biological terrorist attacks.

Affected Provider and Supplier Types

- The rule requirements are applicable to all 17 Medicare- and Medicaid-participating provider and supplier types.
- Each provider and supplier has its own set of emergency preparedness regulations incorporated into its Conditions of Participation (CoPs), Conditions for Coverage or Conditions for Certification (CfC), or nursing home requirements.
- If a Medicaid provider is required to meet the requirements for participation in Medicare in order to receive Medicaid payment, that provider is required to comply with the EP Rule requirements along with all of the other Medicare CoPs or CfCs for that provider. Not all provider types have a provision requiring them to meet the Medicare requirements in order to participate in Medicaid.

17 Provider Types Affected



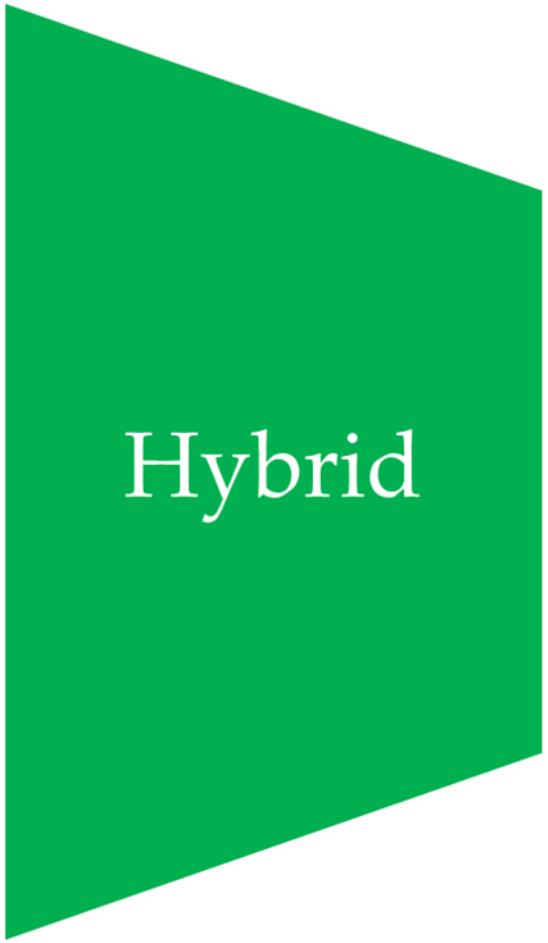
Inpatient Facilities

1. Hospitals
2. Psychiatric Residential Treatment Facilities
3. Religious Nonmedical Health Care Institutions
4. Critical Access Hospitals
5. Skilled Nursing Facilities
6. Intermediate Care Facilities for Individuals with Intellectual Disabilities

Outpatient Facilities

7. Comprehensive Outpatient Rehabilitation Facilities
8. End-Stage Renal Disease Facilities
9. Programs of All-Inclusive Care for the Elderly
10. Ambulatory Surgical Centers
11. Rural Health Clinics / **Federally Qualified Health Centers**
12. Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
13. Community Mental Health Centers
14. Home Health Agencies

Hybrid Facilities



15. Hospices
16. Transplant Centers
17. Organ Procurement Organizations

Final Rule Timeline

September 15, 2016

Final Rule published

November 15, 2016

Final Rule effective date

November 15, 2017

Due date for implementation

42 CFR Part 491

Certification of Certain Health Facilities

Subpart A – Rural Health Clinics: Conditions for Certifications, and FQHC Conditions for Coverage

Subpart A — FQHCs Conditions for Coverage

- 491.1 Purpose and scope.
- 491.2 Definitions.
- 491.3 Certification procedures* (self-attestation for FQHCs)
- 491.4 Compliance with Federal, State and local laws.
- 491.5 Location of clinic.
- 491.6 Physical plant and environment.
- 491.7 Organizational structure.
- 491.8 Staffing and staff responsibilities.
- 491.9 Provision of services.
- 491.10 Patient health records.
- 491.11 Program evaluation.
- **491.12 Emergency preparedness.** New Addition

491.12 Emergency Preparedness

- There will be no exceptions for the requirements.
- Non-compliance will follow the same process as any other Conditions of Participation and Conditions of Coverage for the facility at hand.
- Surveying for compliance will begin in **November 2017**.

Four Core Elements

- The CMS Emergency Preparedness Final Rule outlines four core elements of emergency preparedness:

(a) **Risk Assessment & Emergency Planning**

Policies and Procedures (b)

(c) **Communication Plan**

Training and Testing (d)

Additional Element

(e) **Integrated Health Systems**

491.12 Condition for Coverage Emergency Preparedness

- The Federally Qualified Health Center (FQHC) must comply with all applicable Federal, State, and local emergency preparedness requirements.
- The FQHC 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:

(e) Integrated Health Systems

Integrated Health Systems

If a FQHC 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 FQHC 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.
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.

(e) Integrated Health Systems

Integrated Health 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.

Implementation Tips

Integrated Health Systems

Include specific language describing your Health Center's Integrated Healthcare System (IHS) structure. For example:

- **Section x.x: Executive Summary**

This unified Emergency Management Plan has been developed by [Health Center] with the active involvement of each of its facilities or sites and is hereby approved for implementation …

- **Section x.x: Scope**

[Health Center] consists of multiple separately certified healthcare facilities or sites, including the following facilities/sites:

  - *List each separately certified healthcare facility/site*
  - *Describe how each facility participates in the IHS*

Implementation Tips

Integrated Health Systems

- A Healthcare Coalition (HCC) is a collaborative network of healthcare organizations and their respective public and private sector preparedness and response partners within a defined region.
- Participation in an HCC brings the following benefits:
  - Participation in local, borough-wide, city/statewide, and regional trainings and exercises
  - Enhanced Communication - Situational Awareness
  - Professional networking and mentoring opportunities
  - Sharing subject matter expertise and best practices
  - Accreditation/ Regulatory compliance
  - Joint hazard vulnerability analysis
  - Cost sharing

(a) Emergency Plan

Risk Assessment / Emergency Planning

The FQHC must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do 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 FQHC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.

(a) Emergency Plan

Risk Assessment / Emergency Planning

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 FQHC's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

EM Program Essential Components

Risk Assessment / Emergency Planning

Sample Health Center Plan Elements

Risk Assessment / Emergency Planning

✓ **Introduction**
- *Authorization, revisions, distribution*

1. **Program Administration**
   - *Summary, Purpose, Scope, EM Committee*
2. **Situation and Assumptions**
   - *HVA/Risk Assessment, key assumptions*
3. **Command and Control**
   - *ICS, authority, (de)activation, roles & responsibilities*
4. **Continuity of Operations**
   - *Essential functions*
5. **Communications**
   - *Risk communications, notifications, partners*
6. **Buildings, Utilities, Safety and Security**
   - *Facilities, evacuation, utility, safety & security*
7. **Finance, Logistics and Staff Care**
   - *EOC, supplies, volunteers, staff scheduling and care, HR, payroll*
8. **Community Integration**
   - *Partners, coalitions, agreements, Mental Health*
9. **Plan Development and Maintenance**
   - *Development, review, storage, training, testing*
10. **Hazard Specific Plans**
11. **Standards, Regulations and Guidelines**

Examples of Risk Assessment Tools

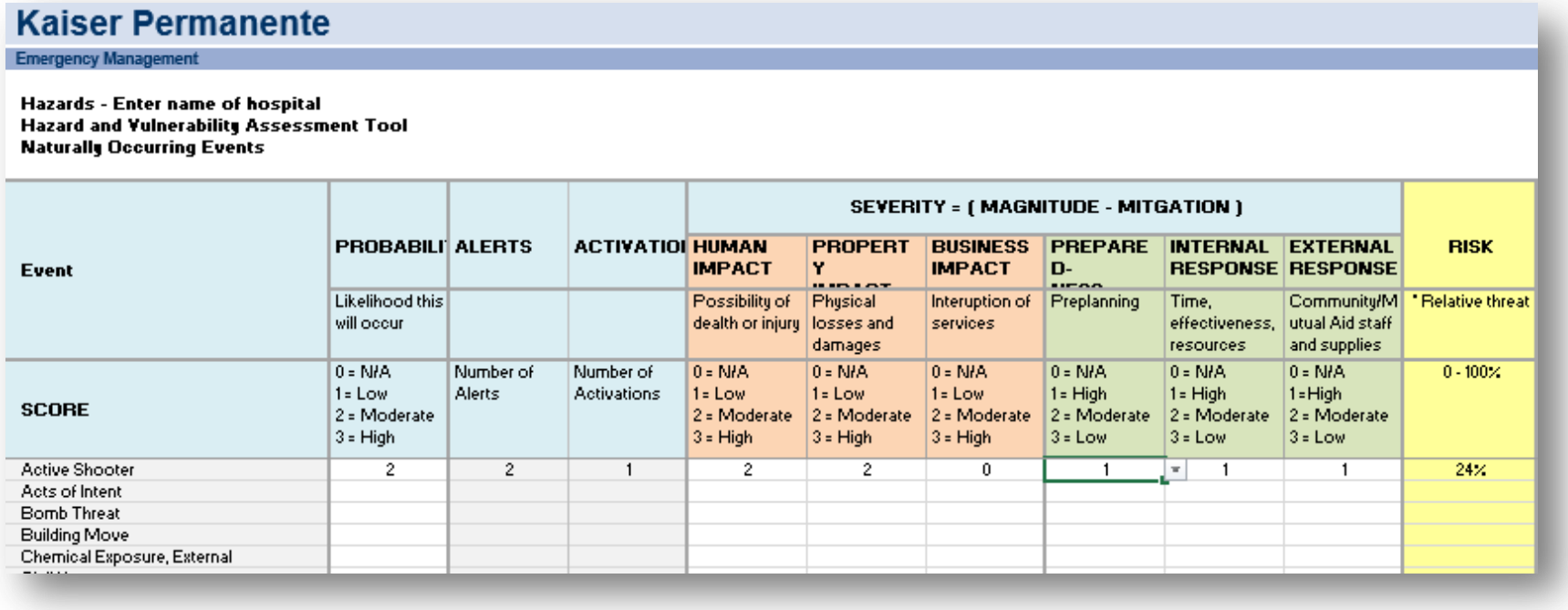
Risk Assessment / Emergency Planning

EVENT	PROBABILITY				RISK			
	HIGH	MED	LOW	NONE	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUP-TION	MOD DISRU TION
SCORE	3	2	1	0	5	4	3	2
NATURAL EVENTS								
Hurricane								
Tornado								
Severe Thunderstorm								
Snow fall								
Ice Storm								
Earthquake								
Storm Surge								
Temperature Extremes								
Drought								
Flood, External								
Wild Fire								
Epidemic/Pandemic								

Kaiser Permanente HVA Tool

Risk Assessment / Emergency Planning

This tool provides a systematic approach to recognizing hazards that may affect demand for health facility's services or its ability to provide those services. The risks associated with each hazard can be analyzed and used to prioritize planning, mitigation, response, and recovery activities.



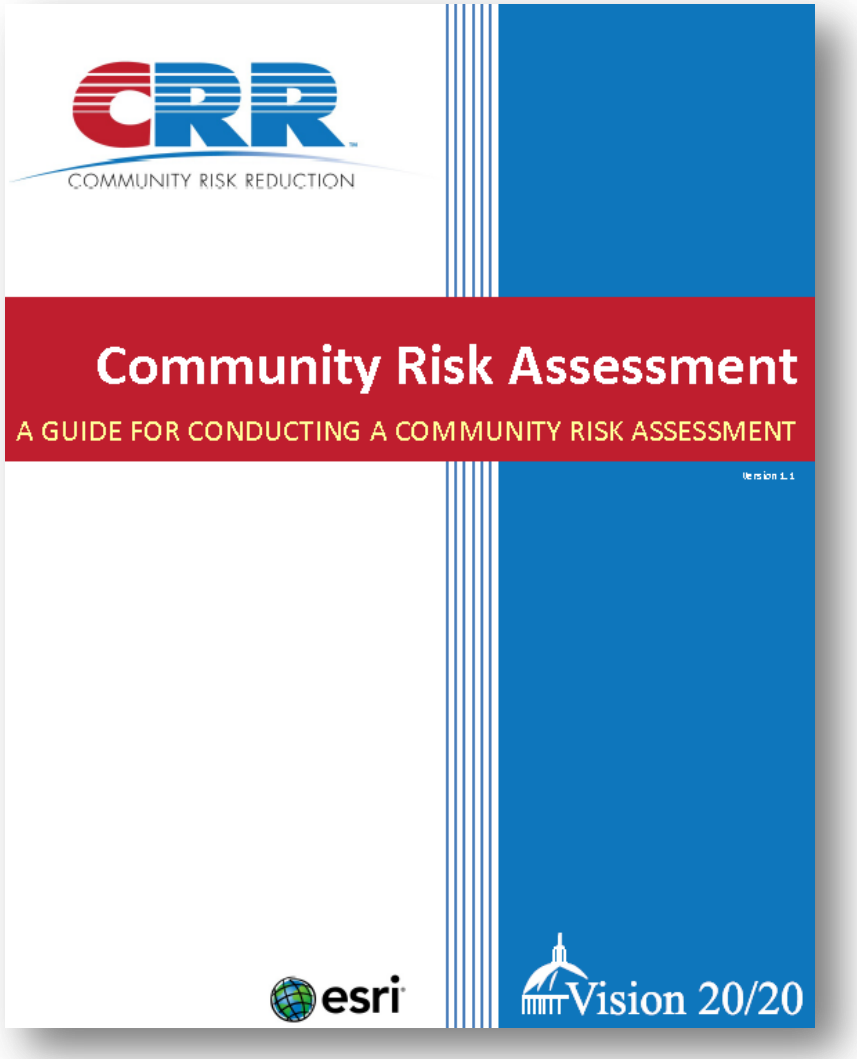
Kaiser Permanente

Emergency Management

Hazards - Enter name of hospital
Hazard and Vulnerability Assessment Tool
Naturally Occurring Events

Event	PROBABILI	ALERTS	ACTIVATIOI	SEVERITY = (MAGNITUDE - MITGATION) HUMAN IMPACT	PROPERTY	BUSINESS IMPACT	PREPARED-	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	Likelihood this will occur			Possibility of death or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies	* Relative threat
SCORE	0 = N/A 1= Low 2 = Moderate 3 = High	Number of Alerts	Number of Activations	0 = N/A 1= Low 2 = Moderate 3 = High	0 = N/A 1= Low 2 = Moderate 3 = High	0 = N/A 1= Low 2 = Moderate 3 = High	0 = N/A 1= High 2 = Moderate 3 = Low	0 = N/A 1= High 2 = Moderate 3 = Low	0 = N/A 1=High 2 = Moderate 3 = Low	0 - 100%
Active Shooter	2	2	1	2	2	0	1	1	1	24%
Acts of Intent										
Bomb Threat										
Building Move										
Chemical Exposure, External										

Community Risk Assessment



- Facilities may rely on a community-based risk assessment developed by other entities, such as public health agencies, emergency management agencies, and regional health care coalitions or in conjunction with conducting its own facility-based assessment.
- Facilities are expected to have a copy of the community-based risk assessment and to work with the entity that developed it to ensure that the facility's emergency plan is in alignment.

HHS emPOWER Map 2.0

Risk Assessment / Emergency Planning

https://empowermap.hhs.gov

BCP vs. Emergency Management

Emergency Management (EM)	Business Continuity Planning (BCP)
➢ Focused on the ***response to the specific hazards*** of an emergency or disaster.	➢ Focused on ***maintaining processes to support your organization's essential services*** during an emergency or disaster, as well as those that support restoration of normal operations as quickly as possible.
	➢ Part of the Emergency Operations Plan or maintained separately.

Key Aspects of BCP

Identifying and Prioritizing Essential Services

- Essential services are those that must continue with little or no business interruption.
- This process should:
  - Measure the impact of disruptions to patient care and safety, as well as financial stability.
  - Help identify interdependencies (e.g., systems, protocols, IT infrastructure) that support essential services.

(b) Policies and Procedures

Policies and Procedures

The FQHC 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:

(b) Policies and Procedures

Policies and Procedures

1. Safe evacuation from the FQHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.
2. A means to shelter in place for patients, staff, and volunteers who remain in the facility.
3. A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
4. The use of volunteers in an emergency or 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.

Implementation Tips

Policies and Procedures

- Some P&Ps may be already embedded in your Emergency Management Plan:
  - Risks and Hazards Identified
  - Activation of the plan, command & control
  - Evacuation (e.g., Evacuation Plan, Fire Safety Plan)
  - Shelter / Supplies
  - Volunteers (e.g., Volunteer Management Plan)
  - Information management (e.g., Business Continuity Plan)

Policy or Procedure?

Policies	Procedures
Have widespread application	Have a narrower focus
Are non-negotiable, change infrequently	Are subject to change and continuous improvement
Are expressed in broad terms	Are a more detailed description of activities
Are statements of what and/or why	Are statements of *how*, *when* and/or *who* & sometimes *what*
Answer major operational issues	Detail a process

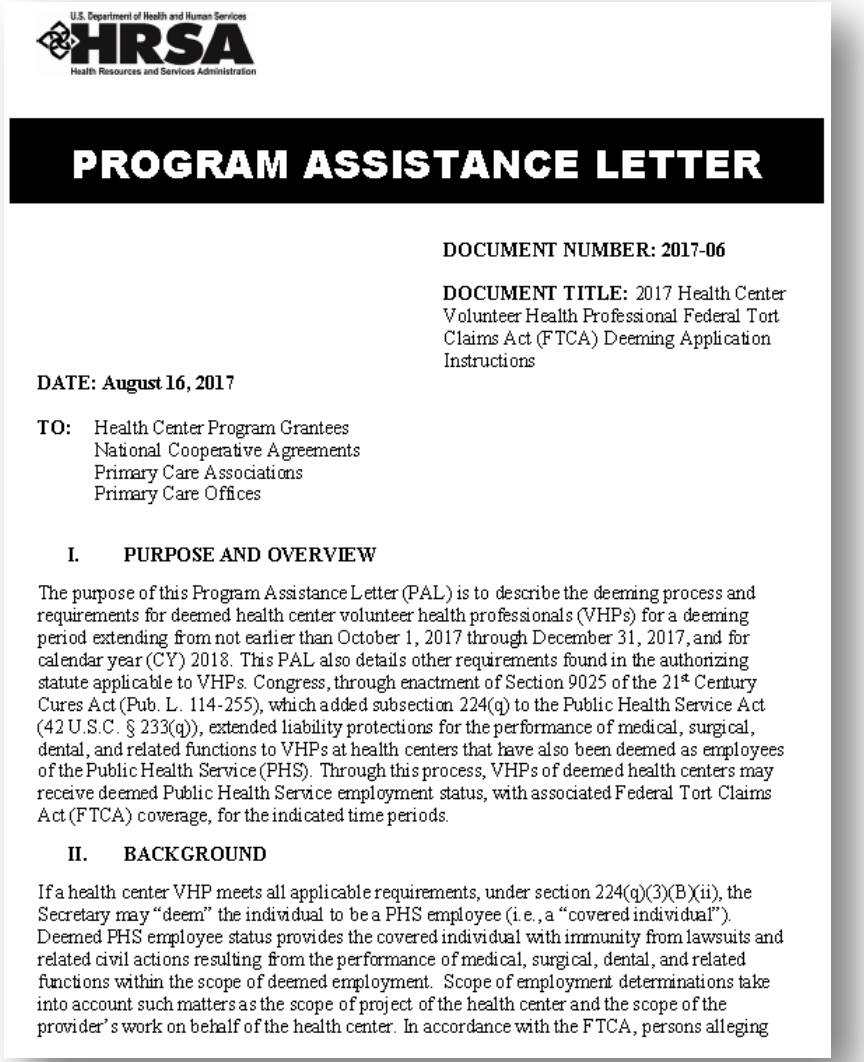
Shelter In Place (SIP) Policy

Policies and Procedures

- Sheltering-in-place involves the closure of the building to outside elements and keeping all people inside until it is deemed safe by authorities to go outside or allow external air into the building.
- Consider the threat and respond with the appropriate action. A quick decision may be needed whether to Shelter-in-place vs. Evacuate.
- Consult with local health or public safety officials or refer to an official order. Timing can be critical.
- Consider completed HVAs when writing SIP policy and procedures.

Volunteer Policy

Policies and Procedures



U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: 2017-06

DOCUMENT TITLE: 2017 Health Center Volunteer Health Professional Federal Tort Claims Act (FTCA) Deeming Application Instructions

DATE: August 16, 2017

TO: Health Center Program Grantees
National Cooperative Agreements
Primary Care Associations
Primary Care Offices

I. PURPOSE AND OVERVIEW

The purpose of this Program Assistance Letter (PAL) is to describe the deeming process and requirements for deemed health center volunteer health professionals (VHPs) for a deeming period extending from not earlier than October 1, 2017 through December 31, 2017, and for calendar year (CY) 2018. This PAL also details other requirements found in the authorizing statute applicable to VHPs. Congress, through enactment of Section 9025 of the 21st Century Cures Act (Pub. L. 114-255), which added subsection 224(q) to the Public Health Service Act (42 U.S.C. § 233(q)), extended liability protections for the performance of medical, surgical, dental, and related functions to VHPs at health centers that have also been deemed as employees of the Public Health Service (PHS). Through this process, VHPs of deemed health centers may receive deemed Public Health Service employment status, with associated Federal Tort Claims Act (FTCA) coverage, for the indicated time periods.

II. BACKGROUND

If a health center VHP meets all applicable requirements, under section 224(q)(3)(B)(ii), the Secretary may "deem" the individual to be a PHS employee (i.e., a "covered individual"). Deemed PHS employee status provides the covered individual with immunity from lawsuits and related civil actions resulting from the performance of medical, surgical, dental, and related functions within the scope of deemed employment. Scope of employment determinations take into account such matters as the scope of project of the health center and the scope of the provider's work on behalf of the health center. In accordance with the FTCA, persons alleging

- Your policy may be "no volunteers", as long as it is stated
- Program Assistance Letter 2017-06 - *2017 Health Center Volunteer Health Professional Federal Tort Claims Act (FTCA) Deeming Application Instructions*
- Medical Reserve Corps (MRC) – another consideration
- Include "other staffing strategies"

(c) Communication Plan

Communication Plan

The FQHC 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:
    i. Staff.
    ii. Entities providing services under arrangement.
    iii. Patients' physicians.
    iv. Other RHCs/FQHCs.
    v. Volunteers.

(c) Communication Plan

Communication Plan

2. Contact information for the following:
   i. Federal, State, tribal, regional, and local emergency preparedness staff.
   ii. Other sources of assistance.
3. Primary and alternate means for communicating with the following:
   i. FQHC's staff.
   ii. Federal, State, tribal, regional, and local emergency management agencies.
4. 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).
5. A means of providing information about the FQHC's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

Implementation Tips

Communication Plan

Consider these areas when developing the Communication Plan:

- Protocols for communicating with organization staff (including senior leadership and network-level management)
- Protocols for communicating with patients
- Protocols for communicating with external partners
- Primary and back-up communication methods
- Maintenance and testing of data, equipment/software, and protocols
- Designation of a Public Information Officer (PIO) / Spokesperson

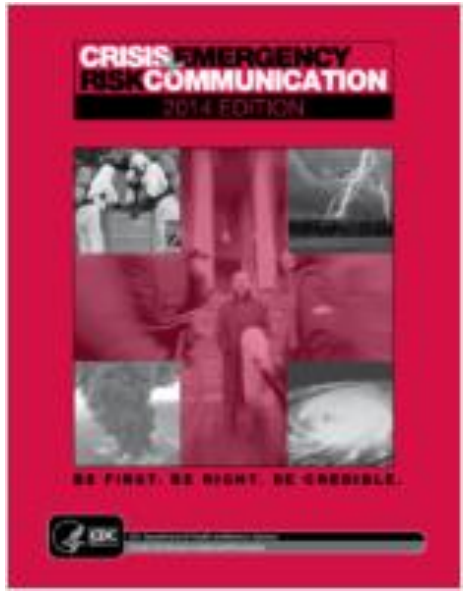


Image: CDC

7 Steps of Communication Planning

Communication Plan

(d) Training and Testing

Training and Testing

The FQHC 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.

(d) Training and Testing

1. **Training program.** The FQHC 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 annually.

   (iii) Maintain documentation of the training.

   (iv) Demonstrate staff knowledge of emergency procedures.

(d) Training and Testing

2. **Testing.** The FQHC must conduct exercises to test the emergency plan at least annually. The FQHC 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.

NOTE: If the FQHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the FQHC 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.

(d) Training and Testing

Training and Testing

ii. Conduct an additional exercise that may include, but is not limited to following:

   A. A second full-scale exercise that is community-based or individual, facility-based.

   B. 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 FQHC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the FQHC's emergency plan, as needed.

(d) Training and Testing

An actual emergency event or response of sufficient magnitude that requires activation of the relevant emergency plans meets the annual exercise requirements and exempts the facility for engaging in the required exercises for one year following the actual event.

A facility must be able to demonstrate the actual emergency event or response "of sufficient magnitude" through written documentation.

Exercise Planning and Execution Standards

- The Homeland Security Exercise and Evaluation Program (HSEEP):

A standard model for planning, executing, and evaluating emergency management exercises

Image: Department of Homeland Security HSEEP Program

Implementation Tips

Training and Testing

Planning Training and Exercise Schedules

Image: Department of Homeland Security HSEEP Program

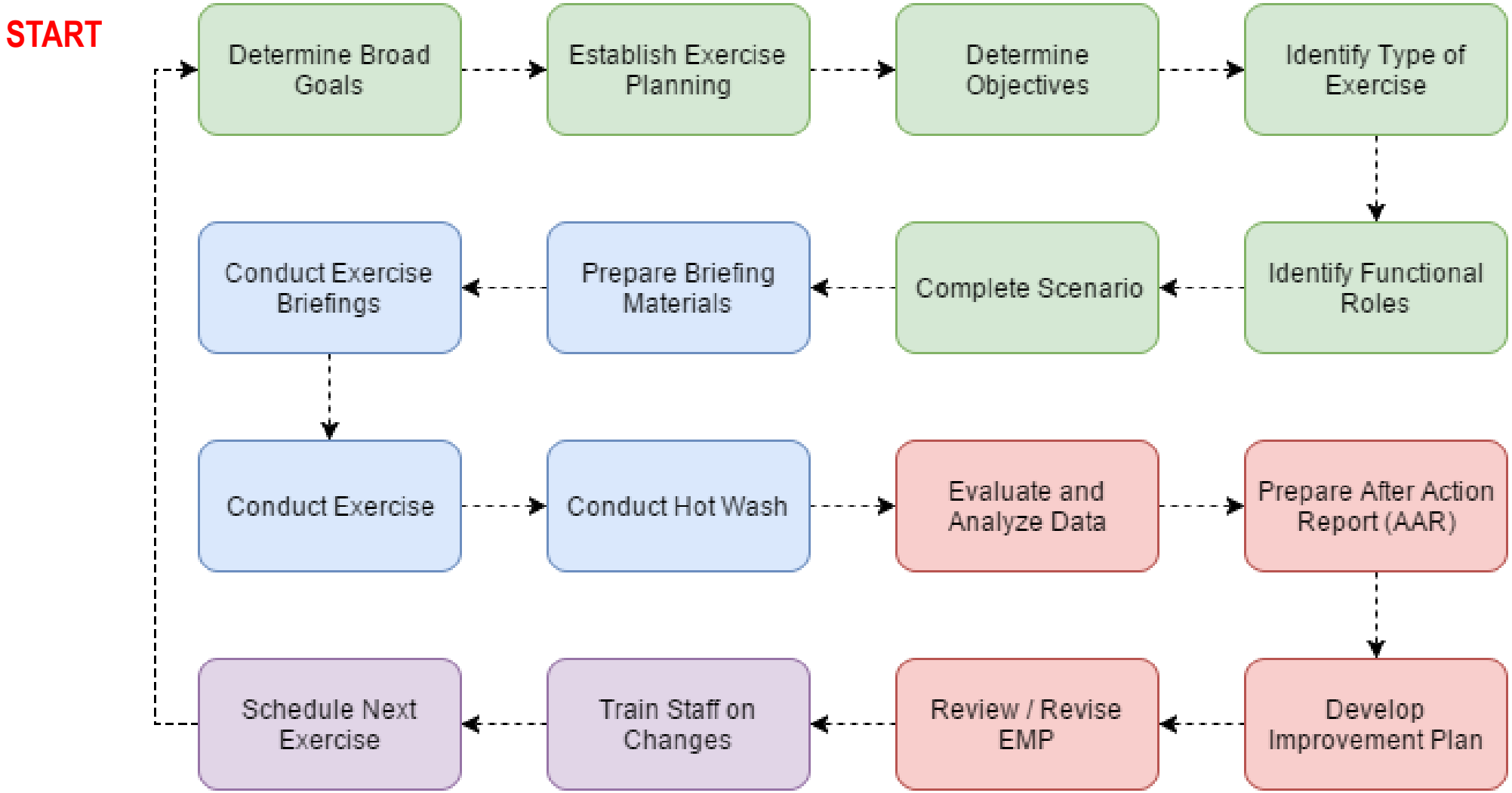
Exercise types that meet CMS Requirements

Training and Testing

Discussion Based Exercises	Operations Based Exercises
Seminars	Drills
Workshops	Functional Exercises
Tabletop Exercises	Full Scale Exercises
Games/Simulations	

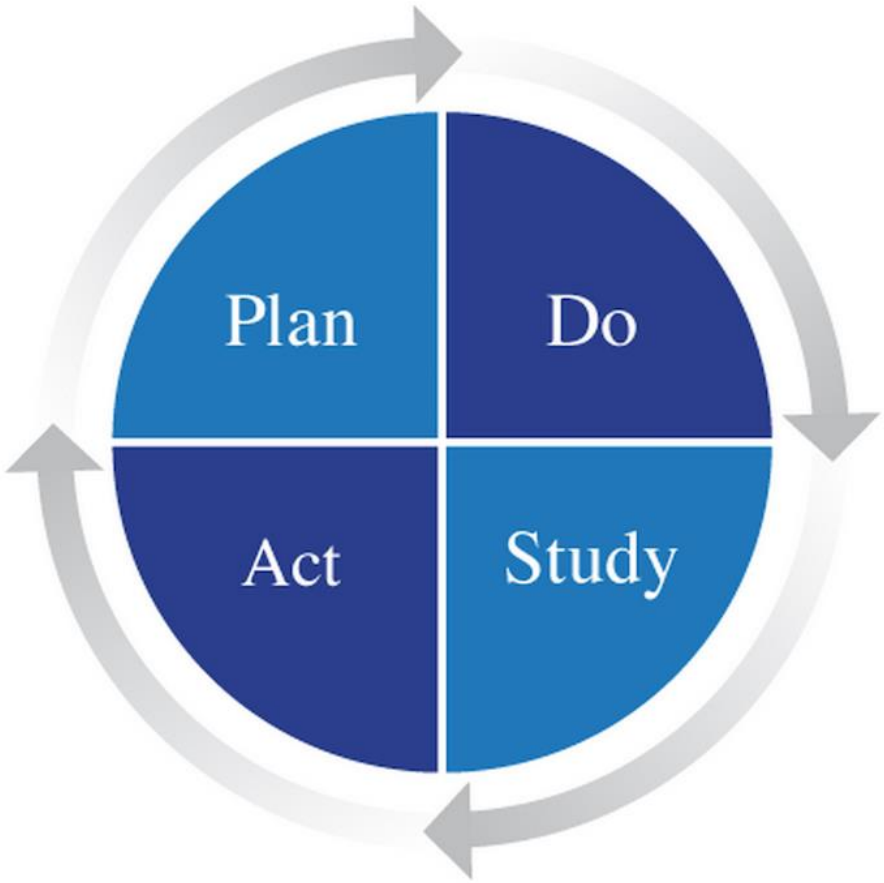
Exercise Development Flowchart

Training and Testing



Quality Improvement

Training and Testing



What went well?

What went wrong?

Where was the plan inadequate?

Resources

General

- HHS Office of Assistant Secretary for Preparedness and Response:
  - Technical Resources, Assistance Center, and Information Exchange (TRACIE) - https://asprtracie.hhs.gov/cmsrule
- Centers for Medicare and Medicaid Services (CMS):
  - Survey & Certification- Emergency Preparedness Regulation Guidance - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html
- CFR Title 42, Part 491- Certification of Certain Health Facilities – FQHC Conditions for Coverage - https://www.gpo.gov/fdsys/pkg/CFR-2016-title42-vol5/xml/CFR-2016-title42-vol5-part491.xml
- PCEPN – Resources for Primary Care - https://trello.com/b/pYs0L7eD/em-resources

Resources

- Developing and Maintaining Emergency Operations Plans - https://www.fema.gov/media-library/assets/documents/25975
- Kaiser Permanente HVA Tool - https://www.calhospitalprepare.org/sites/main/files/file-attachments/kp_hva_template_2014.xls
- Community Risk Assessment Guide - http://strategicfire.org/community-risk-reduction/community-risk-assessment

Resources

Policies and Procedures

- The Yale New Haven Center for Emergency Preparedness and Disaster Response Emergency Preparedness CMS Conditions of Participation & Accreditation Organizations Crosswalk - http://files.constantcontact.com/d901e299001/51f80a78-4ff1-4585-8270-f2aea6d39172.pdf
- Example of a Policy and Procedure for Providing Meaningful Communication with Persons with Limited English Proficiency - https://www.hhs.gov/civil-rights/for-providers/clearance-medicare-providers/example-policy-procedure-persons-limited-english-proficiency/index.html
- Evacuation and Shelter-in-Place Guidelines for Healthcare Entities (LA County EMS Agency) - https://www.calhospitalprepare.org/post/evacuation-and-shelter-place-guidelines-healthcare-entities

Resources

Communication Plan

- Crisis & Emergency Risk Communication (CERC) by Centers for Disease Control (CDC) - https://emergency.cdc.gov/cerc/resources/index.asp
- Emergency Communications (DHS) - https://www.dhs.gov/topic/emergency-communications
- Disclosures for Emergency Preparedness - A Decision Tool - https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/decision-tool-overview/index.html
- Crisis Communications Plan - https://www.ready.gov/business/implementation/crisis
- Healthcare Coalitions List (v. 9.2017) - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/By-Name-Health-Care-Coalitions-Sept-2017.pdf

Resources

Training and Testing

- Surveyor Training in CMS Rule - https://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?cid=0CMSEmPrep_ONL
- FEMA Independent Study Program - https://training.fema.gov/is
- The Homeland Security Exercise and Evaluation Program (HSEEP) doctrine - https://preptoolkit.fema.gov/web/hseep-resources
- HSEEP Quick Reference Guide - https://www.calhospitalprepare.org/sites/main/files/file-attachments/cider_hseep_refgdv3.pdf
- Harvard EPREP Exercise Evaluation Toolkit - https://www.hsph.harvard.edu/preparedness/toolkits/exercise-evaluation-toolkit

Resources

Training and Testing

- FEMA IS-120.A: An Introduction to Exercises (also see IS-130: Exercise Evaluation) https://training.fema.gov/is/courseoverview.aspx?code=is-120.a
- CMS After Action Report/Improvement Plan Template and Instructions- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/aartemplateinstructions.zip
- Healthcare Cyber Tabletop Exercise Package - https://www.hsdl.org/?view&did=789781
- Mystery Patient Functional Exercise Package - https://www.dropbox.com/sh/fysy1p58sntdrr2/AACQ-jDzHr10eHRmq9AXbxSoa?dl=0

Questions / Contact Information

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