



Implementing the CMS Emergency Preparedness Rule

Presenters:

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DHSS, Division of Public Health,
Section of Rural and Community Health Systems





Section of Rural and Community Health Systems

- Health Emergency Response Operations (ANC office)
- Emergency Medical Services (JNU office)
- Trauma (ANC office)
- Office of Rural Health (ANC and JNU office)

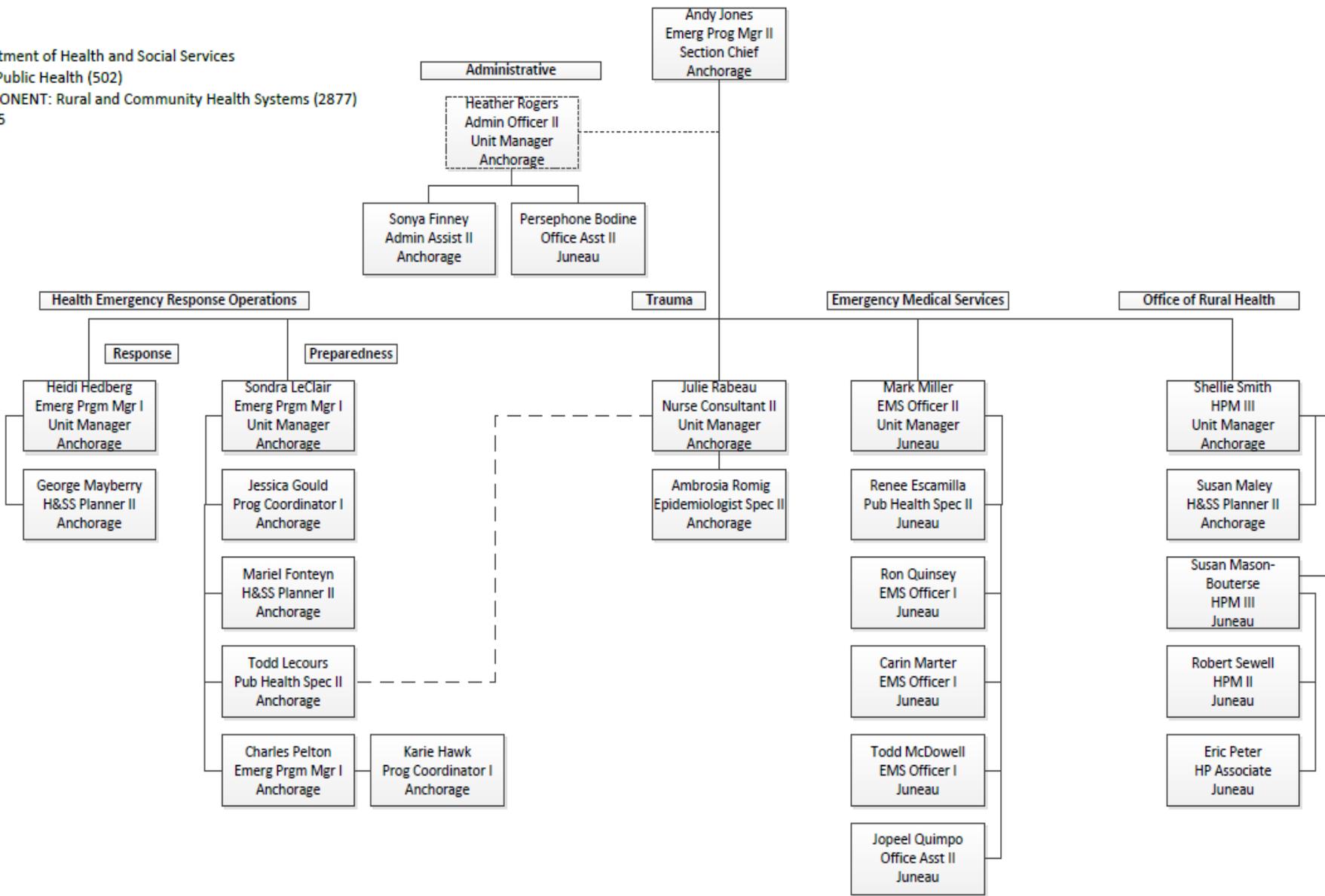




SRCHS Organizational Chart



Department of Health and Social Services
 RDU: Public Health (502)
 COMPONENT: Rural and Community Health Systems (2877)
 PFT: 25



Public Health & Medical Delegations

- Risk Communications & Public Information
- Biological Response
- Chemical Response
 - Environmental Health
- Radiological Response
- Emergency Medical Countermeasures
 - Point of Dispensing Clinics
- Pandemic Influenza
- Mass Casualty Plan
 - Forward Patient Movement
 - Alaska Medical Station Plan
- Mass Fatality Plan
- Behavioral Health
- Pharmaceutical Management
- Mass Care
 - Health Surveys
 - Epidemiological Surveillance
 - Health Services (Nursing, Mental Health)
- Children Services
 - Unaccompanied minors
- Family Reunification
 - Family Assistance Center Support



DHSS Response Warehouse

- Organized
- Controlled Inventory
- Push Packs (Highly Infectious Disease)
- Load Plans (Air and Ground)
- Sustainable Equipment
- Continuity of Operations
- EOC Location



DHSS Assets

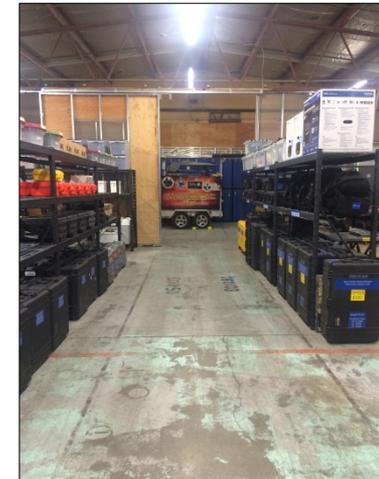
Transport

- (1) AmbuBus Kit
- (1) 15 person Mass Fatality Trailer
- (1) 28 Person Mass Fatality Trailer
- (2) 25' Trailers
- (1) Truck
- (1) Big Joe V18 Forklift



Mobile EOC

- Tables, Chairs
- Laptops, iPads
- Monitors, TV Screens
- Cisco Phones
- IT Cables, Switches, Networks, Chargers



DHSS Assets

Structures

- (9) Western Shelter Tents
- (6) Blue Med Shelters



Support Equipment

- (1) Water Purification System
- (1) Kitchen Cart
- (6) Heaters CV125 Series 2842
- (4) Heaters HT1000
- (1) 14kW Whisper Quiet Generator
- (1) 36kW Whisper Quiet Generator
- (3) Honda Generator EB3000C
- (6) Honda Generator EB6500X
- (2) Yamaha Generator AP-2000iQ Series 2000
- (1) Champion Generator 9000 Dual Fuel Series
- (15) Pelican Lights 9500
- (17) LED Light Pelican 9440



Alaska Medical Stations



DHSS Assets

Coms Equipment

- (2) Coms Trailers
- (5) Rapid Pack Communication Backpacks
- (5) BGANs Satellite Modems
- (7) Iridium Go's! Modems
- 2-way Radios, ALMR Radios, Sat Phones



People

- AK Respond
- DHSS staff
- AK-1 DMAT team



DHSS Assets

Medical

- (300) Trauma IFAK Kits
- Advanced First Aid Kits
- Medical Supplies
- Pharmaceuticals
- Mini/Mass Casualty Triage Supplies



Vents/ O2 Concentrators

- (2) HT50 Portable Ventilators
- (7) HT70 Portable Ventilators
- (6) Oxygen Concentrators



DHSS Assets

Personal Protective Equipment

- (26,880) N-95
- (6,000) Mask Kits (Mask, Goggles, 2 Sets of Gloves)
- Face Shields
- Surgical Masks
- (10) Maxair PAPRs
- (230,000 pairs) Vinyl Gloves – All Sizes
- (5) Highly Infectious Disease Push Packs for Hospitals



Pandemic

- (4) Vaccine Refrigerators and Carts
- Needles & Ancillary Supplies



How to Request a DHSS Resource

1. Call 24/7 DHSS Duty Officer 907-903-3721
2. Complete DHSS resource request form
3. Email request to dhsseoc@alaska.gov

RESOURCE REQUEST FORM

Section 1: Facility Information		Requestor's Name:		Requestor's Phone Number:	
Facility Requesting Assistance:		Requestor's Title:		Requestor's E-mail:	
Within how many hours does your facility or community anticipate exhausting its material resources? (Material resources include your own facility's cache as well as resources from your local community hospitals, clinics, pharmacies, healthcare coalitions and other healthcare organizations) <input type="checkbox"/> 4 hours <input type="checkbox"/> 8 hours <input type="checkbox"/> 12 hours <input type="checkbox"/> 24 hours			What is the status of material resource request(s) to your vendor? <input type="checkbox"/> Contacted regular vendor, awaiting response <input type="checkbox"/> Contacted regular vendor, they cannot fill request <input type="checkbox"/> Contacted alternate vendor, awaiting response <input type="checkbox"/> Contacted alternate vendor, they cannot fill request		

Non-pharmaceutical Request	If not available, list alternatives	How many do you need?		Remarks	Request Number (DHSS EOC Use)

Pharmaceutical Request	If not available, list alternatives	Strength	Route	Unit of Distribution (e.g., single dose vial, pre-mixed bag, etc.)	How many?	Request Number (DHSS EOC Use)

SIGNATURE, Authorizing Pharmacy Official _____ Date: / /

Section 3: Delivery Information

Address/Location of Delivery Site:	Recommended mode of transportation <input type="checkbox"/> Drive resource to delivery site	24-hour phone number:
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DHSS



Emergency Operations Center



DHSS Response Team



Counter Clockwise
Jessica Gould – Safety Officer
Heidi Hedberg – Operations, Logistics, Finance
Andy Jones – Incident Commander
Sondra LeClair – Plans
Todd Lecours – Medical Branch
Julie Rabeau – Medical Branch





Hospital Preparedness Program

Resources & Collaboration



Resource Sharing Guide

- Any public health or medical facility can participate
- Identifies local assets that may be available during a disaster
- If you participate you receive a copy of the guide
- Guide includes:
 - Emergency contact info
 - Alternate communication capabilities
 - Surge assets



Statewide Healthcare Coalition

- Planning, organizing, equipping, training coalition members to effectively prepare for and respond to disasters
- Forum for healthcare entities statewide to communicate preparedness gaps and mitigation strategies
- Opportunity for facilities to share effective approaches to disaster preparedness and response
- Receive State preparedness, response, and recovery efforts



Training Resources

Dept. of Health & Social Services

- Hale Borealis Forum (conference)
- Emergency preparedness technical assistance

Outside Sources

- Center for Domestic Preparedness ([CDP](#))
- Rural Domestic Preparedness Consortium ([RDPC](#))
- [FEMA](#)





Emergency Preparedness Rule

Breaking Down the Requirements for Long Term Care Facilities



Final Rule

- Emergency Preparedness Requirement for Medicare and Medicaid Participating Providers and Suppliers
- Apply to all 17 provider and supplier types
- Published September 16, 2016
- **Implement by November 16, 2017**



Provider Types

Inpatient

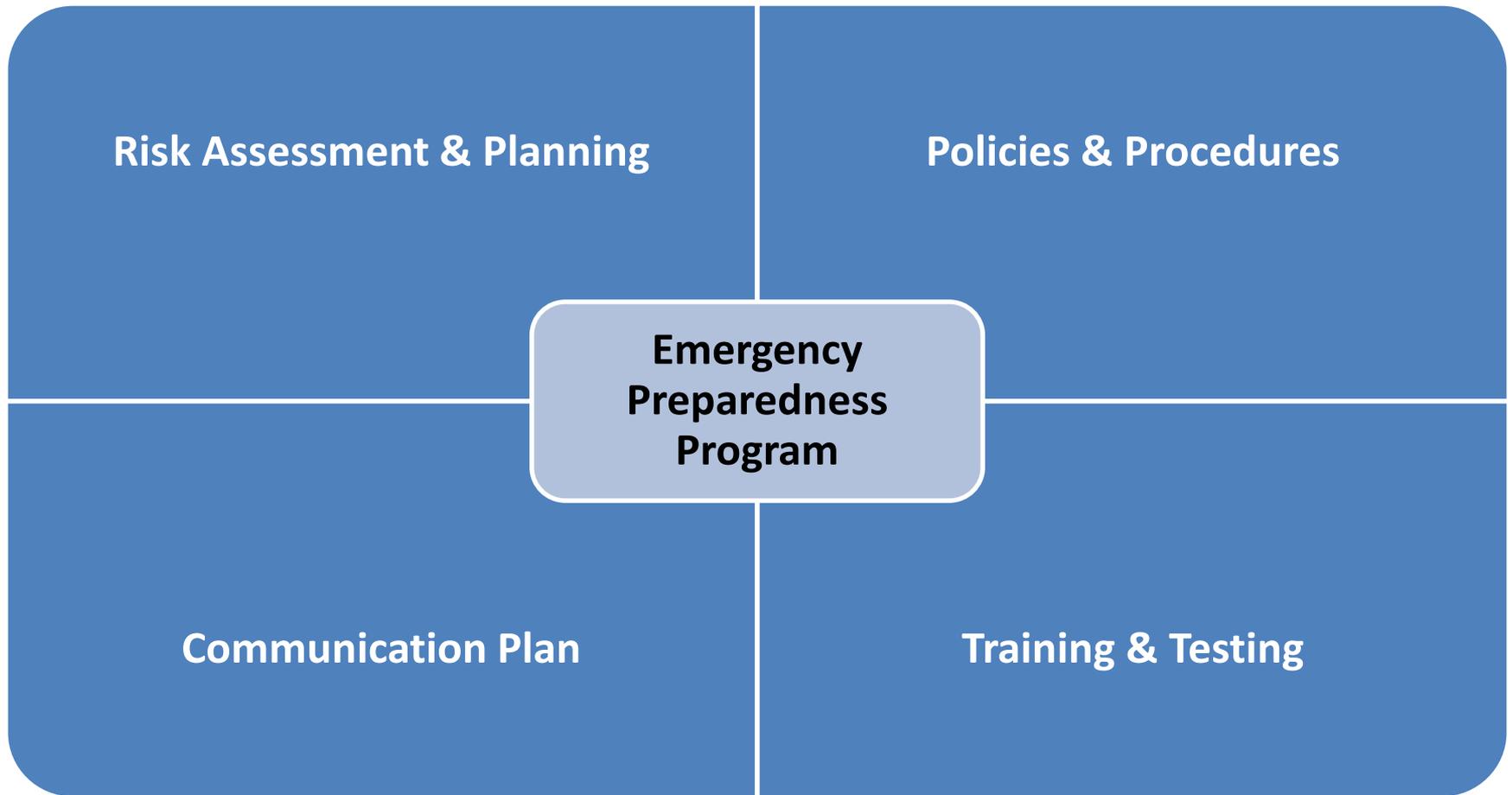
- Hospitals
- Critical Access Hospitals
- **Long Term Care Facilities**
- Psychiatric Residential Treatment Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Religious Nonmedical Health Care Institutions
- Transplant Centers

Outpatient

- Hospices
- Ambulatory Surgical Centers
- Programs of All Inclusive Care for the Elderly
- Home Health Agencies
- Comprehensive Outpatient Rehabilitation Facilities
- Community Mental Health Centers
- Organ Procurement Organizations
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Rural Health Clinics and Federally Qualified Health Centers
- End-Stage Renal Disease Facilities



Four Provisions for All Provider Types



Risk Assessment & Planning

Step 1. Perform risk assessment using an “all-hazards” approach, focusing on your capacities and capabilities

- Hazard Vulnerability Assessment is a tool used to evaluate the potential risks for a facility (*ex. Kaiser model*)



Risk Assessment & Planning

Step 2. Develop an emergency plan based on the risk Assessment, including missing residents

- Hazards likely in geographic area
- Care-related emergencies
- Equipment and power failures
- Interruption in communications, including cyber attacks
- Loss of all/portion of facility
- Interruptions in the normal supply of essentials, such as water, food, medical supplies, pharmaceuticals
- Continuity of operations, delegations of authority and succession plans

Step 3. Annually update emergency plan



Policies & Procedures

- Develop and implement policies and procedures that support the successful execution of the emergency plan and risks identified during the risk assessment process.
- P&P must address a range of issues including:
 1. Provision of subsistence needs for staff and residents
 2. System to track staff and residents during and after an emergency at facility or other location
 3. Evacuation plan
 4. Shelter in place plan
 5. System of medical documentation that preserves resident information
 6. Process to use volunteers during a disaster
 7. Arrangement with other LTC facilities and providers to receive residents
 8. Role of the LTC facility under a waiver declared by the secretary in accordance with section 1135 of the Act
- Annually update P&P



Communication Plan

Step 1. Develop a communication plan. The plan must include:

1. Name and contact info for staff, entities providing services, resident physicians, other LTC facilities, volunteers
2. Contact info for federal, state, tribal, regional or local emergency preparedness staff, state licensing and certification agency, office of the state LTC Ombudsman, other sources of assistance
3. Primary and alternate means of communication with contacts listed above
4. Method for sharing info and medical documentation for residents
5. A process in the event of an evacuation to release resident information
6. A process of providing info about the general condition and location of residents
7. A process of providing info about the LTC occupancy needs, ability to provide assistance
8. A method for sharing info from the emergency plan to residents and their families

Step 2. Annually update communication plan



Training & Testing Program

Develop and maintain training and testing program based off the risk assessment, P&P, emergency plan and communication plan:

- Including initial training for new and existing staff, individuals providing services and volunteers in emergency preparedness policies and procedures
- Annual refresher trainings to *demonstrate staff knowledge* of emergency procedures
- Maintain documentation of the trainings

Conduct drills and exercises, including unannounced staff drills to test the emergency plan:

- A full-scale exercise that is community or facility based (*actual disasters)
- An additional exercise of the facility's choice
- After action reports – document your exercises

- Annually update the training and testing program plan



Integrated Healthcare System's

- LTC is part of a healthcare system that has a unified emergency preparedness program
- Four requirements:
 1. Demonstrate each separately certified facility within the system actively **participates** in the program
 2. Takes into **account** each facilities **unique circumstances**, patient populations and services
 3. Demonstrates each facility is **capable of using** the integrated program
 4. Community based risk assessment **and** an individual facility based risk assessment



Additional Requirements

- Locate generators in accordance with National Fire Protection Association (NFPA) guidelines
- Conduct generator testing, inspection, and maintenance as required by NFPA
- Plan to maintain and keep emergency power systems operational





Interpretive Guidelines

“The IGs are sub regulatory guidelines which establish our expectations for the function states perform in enforcing the regulatory requirements. **Facilities do not require the IGs in order to implement the regulatory requirements.** We note the CMS historically releases IGs for new regulation after the final rule has been published. This EP rule is accompanied by extensive resources that providers and supplier can use to establish their emergency preparedness programs.”

Federal Register / Vol. 81, No. 180 / Friday, September 16, 2016 / Rules and Regulations **63873**



Interpretive Guidelines

- The Survey & Certification Group (SGC) is in the process of developing the IGs which will assist in implementation of the new regulation
- Anticipate the guidelines to be completed by spring 2017
- IGs will be formatted into one new Appendix within the State Operations Manual (SOM) applicable to all 17 providers/supplier types



Compliance

- Facilities are expected to be in compliance with the requirement by 11/15/2017
- In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for non-compliance
- Training for surveyors is under development





Implementation Resources

CMS

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

Assistant Secretary for Preparedness and Response –
Technical Resources, Assistance Center and Information Exchange

<https://asprtracie.hhs.gov/>

National Center for Disaster Medicine & Public Health

<https://ncdmp.hhs.gov/>



Questions?



Thank You

24/7 DHSS Duty Officer 907-903-3721 cell

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