

AAHHS / HFAP



Emergency Management for Ambulatory Surgical Centers Chapter 15 2018 Edition

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Welcome . . .

Today's webinar will focus on the new requirements for Emergency Management, as identified in the 2018 edition of the Ambulatory Surgical Center Chapter 15 of the HFAP manual.

Welcome . . .

We will not be identifying everything that is required per each standard.

The expectation is someone from your organization will have read the standards and explanation column, in order to determine compliance with the requirements.



CMS Final Rule

On September 16, 2016, CMS issued their Final Rule and published new standards on Emergency Management for all healthcare facilities receiving Medicare or Medicaid reimbursements.

The final rule set the date of November 15, 2016 when it becomes effective, however they also stated that healthcare providers have until November 15, 2017 to be in full compliance.

CMS Final Rule

CMS expects organizations to be in compliance with the published final rule by November 15, 2017, and HFAP standards are based on the published final rule.

Previous to issuing the final rule, the CMS CfCs had little to say about emergency management.

CMS Final Rule

With the recent natural disasters, such as Hurricane Sandy and other floods, CMS decided it was time that all healthcare providers and suppliers have the same set of standards on emergency management.

That is why CMS decided to create a brand-new set of standards and assign it a separate CfC (or CoP) number in each of the 17 different providers and suppliers standards.

[Actually... not a bad idea...]

CMS Final Rule

CMS says there are three key essential requirements for maintaining healthcare services during an emergency:

1. Safeguarding human resources
2. Maintaining business operations
3. Protecting physical resources

They have established their EM standards around these three essential requirements.

CMS Final Rule

You will notice that CMS does not subscribe to the four phases of Emergency Management that HFAP, and other AOs do:

1. **Mitigation**
2. Preparedness
3. Response
4. **Recovery**

While CMS does have aspects of Preparedness and Response in the EM standards, they do not include Mitigation or Recovery.

CMS Final Rule

CMS uses different terminology but it all means the same thing:

- Emergency Management = Emergency Preparedness
- Emergency Plan = Emergency Operations Plan, Emergency Management Plan, The Plan, Disaster Plan
- Risk Assessment = Hazard Vulnerability Analysis
- Emergency = Disaster
- Staff = Employees, Volunteers, Students, Physicians, Chaplains, individuals providing services under contract

New EM Standards

So... after that introduction, let's look at the new HFAP standards...

Planning

15.00.01 – Condition for Coverage

The ASC must comply with all applicable Federal, State, and local emergency preparedness requirements. The ASC must establish and maintain an emergency preparedness program that meets the requirements of this chapter,

(§416.54)

As you can tell, this is a CfC. CMS separated the Emergency Management portion out of the old Physical Environment CfC.



Planning

15.00.01 – Condition for Coverage

CMS uses the phrase “all-hazards” to mean the Emergency Management program must apply to any hazard that may occur (hence the term ‘all-hazards’), and is no longer limited to just any single disaster.

At one time, HFAP’s EM standards only seemed to apply to weapons of mass-destruction!



Planning

15.00.02 – Hazard Vulnerability Analysis

The organization must conduct a risk assessment (i.e. Hazard Vulnerability Analysis, or HVA) to ascertain conceivable threats and disasters that could affect their ability to operate the facility.

The ASC's HVA must be shared with the community's emergency response agencies (documented evidence).

Planning

15.00.02 – Hazard Vulnerability Analysis

The HVA is reviewed annually by the over-sight committee on Emergency Management. This means, the HVA needs to be dated.

The organization may choose to have a single HVA that covers all of their facilities, or they may have multiple HVAs. Realistically, the HVA must identify potential issues unique to each facility. Any particular format or template to use for the HVA is not specified.



Planning

15.00.03 – Emergency Operations Plan

The organization must have a written Emergency Operations Plan (EOP) based on the priorities identified in the HVA.

The EOP is shared with the community emergency response agencies to synchronize responses to common emergency events.

Planning

15.00.03 – Emergency Operations Plan

The EOP is reviewed annually by the oversight committee on Emergency management to ensure relevancy and accuracy. This means it must be dated.

The organization may choose to have one EOP to cover all of their facilities, or they may have multiple EOPs to cover all of the facilities.



Planning

15.00.03 – Emergency Operations Plan

The EOP must assess the community's abilities to meet the needs of the ASC during an emergency event, and this assessment must be documented.

Planning

15.00.04 – Patient Population

The EOP must address patient population, including but not limited to persons at risk.

When creating the EOP, the ASC must consider emergency response activities to at-risk populations, such as individuals with disabilities, from diverse cultures, non-English speaking, etc.



Planning

15.00.05 – Services

The EOP must address the type of services the ASC has the ability to provide in an emergency.

The EOP includes a plan for the continuation of these services during the facility's response to the emergency event.



Planning

15.00.06 – Continuity of Operations

The EOP must address the continuity of operations, including the delegation of authority and succession plans.

The EOP must answer the questions....

1. How the ASC will continue to operate during an emergency?
2. Who is delegated as the authority during the emergency?
3. How the succession of the authority is provided?

Planning

15.00.07 – Collaboration

The EOP must include a process for cooperation and collaboration with local, tribal, regional, State, and Federal agencies to maintain an integrated response during the emergency event.

The EOP must explain how the ASC will cooperate with the authorities during the Planning process regarding emergency management.



Procedures

15.01.01 – Policies & Procedures

The ASC must develop emergency preparedness policies that are based on the EOP, HVA and the Communication Plan, and must be updated annually by the oversight committee on Emergency Management, which means they must be dated.

Procedures

15.01.01 – Policies & Procedures

The policies & procedures are not required to be included in the EOP, but if the ASC chooses not to include the policies & procedures in the EOP, then they must be referenced in the EOP as to where they may be located.

Procedures

15.01.02 – Patient and Staff Tracking

The ASC must have a policy on how they will track the location of on-duty staff, and the location of sheltered patients, in the ASC's care during an emergency.

If on-duty staff and sheltered patients are relocated during an emergency, the ASC must document the specific name and location of the receiving facility.

Procedures

15.01.03 – Evacuation

The ASC must have a policy that addresses the safe evacuation from the ASC, which includes:

- Consideration of care and treatment needs of the patients
- Staff responsibilities
- Transportation
- Identification of evacuation locations
- Primary and alternate means of communication with external sources of assistance

Procedures

15.01.03 – Evacuation

The policy identifies when and how the patients will be evacuated from the ASC.

The evacuation plan is reviewed by the community emergency response agency.



Procedures

15.01.04 – Shelter in Place

The ASC must have a policy that addresses a means to shelter in place for patients, staff and volunteers who remain in the facility during the emergency event.

Procedures

15.01.05 – Medical Documentation

The ASC must have a policy that preserves patient information during an emergency event, and ensures patient records are secure and readily available during an emergency.

This issue with this requirement concerns loss of electronic medical information with loss of power or internet connection.

Procedures

15.01.06 – Volunteers

The ASC must have a policy that addresses the use of volunteers during an emergency event. The policy (i.e. Volunteer Management Plan) assigns and supervises volunteers during an emergency event.

The policy must plan to verify volunteer's identify, license, certifications, malpractice insurance and ASC privileges before volunteer provides patient care.

Procedures

15.01.07 – Invoking the 1135 Waiver

The ASC must have a policy that addresses the ASC's role under a 1135 waiver declared by the Secretary of HHS, in the provision of care at an alternate care site identified by emergency management officials.

An 1135 waiver is automatically authorized by the HHS Secretary when a public health emergency is declared.



Procedures

15.01.07 – Invoking the 1135 Waiver

This will allow ASCs who provide services in good faith to be reimbursed and be exempted from sanctions if they are unable to meet specific Medicare, Medicaid, or Children's Health Insurance Program requirements, during the public health emergency event.

The ASC simply notifies the CMS Regional Office (and copy HFAP or AAHHS) that they are invoking the 1135 waiver.

Communication

15.02.01 – Communication Plan

The ASC must have a policy on communicating during an emergency event (i.e. Communication Plan) that includes a tiered rapid process (i.e. call-back roster) to notify staff during an emergency.

Call-back rosters are dated and must be updated semi-annually, not annually.



Communication

15.02.02 – Contact Information

The communication plan must include the names and contact information for the following:

- Staff
- Entities providing services under arrangement
- Patient's physicians
- Volunteers
- Federal, state, tribal, regional, and local emergency preparedness staff
- Other sources of assistance

Communication

15.02.03 – Primary & Alternate Means of Communication

The communication plan must include primary and alternate means for communication with the following:

- The ASC's staff
- Federal, State, tribal, regional, and local emergency management agencies



Communication

Backup technology must be considered and utilized with the consideration that traditional methods of communication may not be available. Alternative methods must be explored and planned for in the written procedure, such as:

- Land-line telephones
- Pagers
- Internet provided by satellite or non-telephone cable systems
- Cellular telephones
- Radio transceivers (walkie-talkies)
- Various other radio devices, such as NOAA weather radio and amateur radio (HAM)
- Satellite telephone communication systems



Communication

15.02.04 – Information Sharing

The communication plan must include a method for sharing information and medical documentation for patients under the ASC's care, with other health care providers to maintain the continuity of care.

Communication

15.02.05 – Release of Information

The communication plan must include a means to release patient information in the event of evacuation of the ASC.

Communication

15.02.06 – ASC Information

The communication plan must include a means of providing information about the ASC's occupancy, needs, and ability to provide assistance to the authorities having jurisdiction.

Training & Testing

15.03.01 – Emergency Training

The ASC must develop a training program that is based on the EOP, the HVA, the Policies & Procedures, and the Communication Plan.

All staff (new and existing) must be trained initially, and annually on emergency preparedness, on the roles they are expected to perform during an emergency event.



Training & Testing

15.03.02 – Emergency Exercises

The ASC must develop a testing program (emergency exercises) that is based on the EOP, HVA, the Policies & Procedures, and the Communication Plan.

The ASC must participate in two (2) exercises per calendar year:

1. A full-scale community-based exercise – If a community-based exercise is not available, then an individual facility-based full-scale exercise is acceptable.
2. Full-scale exercise that is facility based.



Training & Testing

15.03.02 – Emergency Exercises

Table-top drills are not an acceptable substitute for the 2 required emergency exercises per year.

If the ASC experiences an actual emergency event that stands-up the Incident Command Center, the ASC is exempt from engaging in one community-based or individual facility-based exercise for 1 year following the onset of the actual event.



Training & Testing

15.03.02 – Emergency Exercises

Each implementation (drill or actual event) must be analyzed and evaluated (i.e. critiqued) by the emergency management committee to make improvements to the EOP.

The emergency management committee submits reports to the ASC leadership, and as appropriate to other authorities.



Operational Requirements

15.04.01 – Integrated Healthcare Systems

If the ASC is part of a healthcare system consisting of multiple separately certified healthcare facilities, then the ASC may choose to participate in a unified and integrated emergency preparedness program.



In Conclusion...

This latest Final Rule from CMS on Emergency Management is one of the best things they have done in a long time. It sets minimum standards for all healthcare providers to follow regardless of their accreditation organization's position.

It is apparent that CMS took their time and thoughtfully and carefully considered all aspects of Emergency Management and included those requirements that they felt were necessary.



Tools...

There is a handout available for you to use to help you become compliant with the requirements for documentation required by the ASC:

“Emergency Management Document Review”

Please use it to ensure you are compliant with the standards.





Questions?

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Certificate of Attendance

Awarded 1.0 contact hours

HFAP 2017 v2 Manual Update: Requirements for Emergency Management

A 60 minute audio-conference

October 26, 2017

A handwritten signature in black ink, appearing to read "Brad Keyes".

Brad Keyes, Presenter
HFAP Engineering Advisor