



HOSPICE CoP SUCCESS GUIDE: EMERGENCY PREPAREDNESS

INTRODUCTION

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The Centers for Medicare and Medicaid Services (CMS) released an advance copy of interpretive guidelines and survey procedures that surveyors are to use to determine whether hospices (and other Medicare certified providers) have successfully adopted the federal Emergency Preparedness Conditions of Participation (CoP). When evaluating for compliance with Emergency Preparedness CoP requirements, surveyors will follow the standard survey protocols during initial, revalidation, recertification, and complaint surveys. CMS' goal in enforcement of these requirements is to ensure that Medicare certified organizations “better anticipate and plan for needs, rapidly respond as a facility, as well as integrate with local public health and emergency management agencies and healthcare coalitions’ response activities and rapidly recover following the disaster.”

The following guide is provided to offer insight into what hospices must be prepared to provide to demonstrate compliance with the CoP at 418.113 by November 15, 2017. The advance copy of the CMS Emergency Preparedness Guidance to Surveyors can be found at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-29.pdf>.

SURVEY PREPARATION

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E-0001: Emergency Preparedness Program

The hospice must comply with all applicable Federal, State and local emergency preparedness requirements and establish and maintain a comprehensive emergency preparedness program that includes all required elements. Evidence that:

- Administrative staff are able to verify that an emergency preparedness program is in place
- Written evidence of the program can be produced
- The program is based on a relevant all-hazards assessment (e.g. natural, man-made, facility, geographic, etc.)
- The program describes a comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency or disaster situation
- The program addresses means to coordinate with other healthcare facilities and the community
- The program is reviewed and updated annually (e.g. date of reviews and updates)

E-0004: Emergency Preparedness Plan

The emergency preparedness program includes an emergency preparedness plan that must be reviewed and updated at least annually. Evidence that:

- An emergency preparedness plan specific to the hospice location is in place and a copy can be produced
- Leadership can indicate how the hazard risk assessment was conducted
- The plan considers hazards such as natural disasters, man-made disasters, facility-based disasters (e.g. care-related emergencies, equipment and utility failures, interruptions in communication, loss of all or portion of a facility, interruptions to the normal supply of essential resources, such as water, food, fuel, medications and medical supplies)
- Collaboration with local emergency preparedness officials is evident
- The plan includes the likely durations of interruptions in services and arrangements to ameliorate interruptions including how supplies of essential items will be delivered until the end of the emergency
- Documentation exists that demonstrates that the plan is reviewed and updated annually

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E-0006: Emergency Preparedness Plan Basis

The emergency plan is based on a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach and includes strategies for addressing emergency events identified by the risk assessment, including management of consequences of power failures, natural disasters, and/or other emergencies that would affect hospice care. Evidence that:

- Facility-based and community-based risk assessments using an all-hazards approach were conducted and can be proven via written documents
- The plan's "all-hazards" assessment includes, but is not limited to: natural, man-made disasters and facility-based disasters that include care-related emergencies; equipment and utility failures, including but not limited to interruptions in power, interruptions in communication, loss of all or portion of a facility and interruptions to the normal supply of essential resources, such as water, food, fuel, medications and medical supplies and gases
- Strategies for addressing emergency events were identified by the risk assessment
- The patient population, types of services, and hospice's ability to provide services during an emergency are included
- Identification was made of all business functions essential to the facility's operations that should be continued during an emergency was done
- Arrangements were made with other health care facilities to ensure essential services, if necessary
- Discussions occurred with the landlord, if applicable to ensure continuation of care if the structure is impacted
- Plans include potential disasters that the patient may face within the home such as fire hazards, flooding, and tornados
- Information as to how and when a patient is to contact local emergency officials has been determined
- Integrated planning with state and local entities has been undertaken

Note: Assessment may be a community assessment developed by other entities as long as a copy is available and the hospice emergency plan is in alignment.

E-0007: Emergency Preparedness Plan Patient Population and Services

The plan address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans. Evidence that:

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- Continuity of operations, including delegations of authority and succession plans, were established
- The plan specifies the population served within the facility, such as inpatients and/or outpatients
- Determination was made as to the patient populations that would be at risk during an emergency event (i.e. persons served who may need additional response assistance with maintaining independence, mobility, communication, transportation, supervision, and medical care or are of diverse cultures and racial and ethnic backgrounds, have limited English proficiency, lack transportation, have chronic medical disorders, or have pharmacological dependency)
- Planning considers elements such as: essential personnel, essential functions, critical resources, vital records and IT data protection, alternate facility identification and location, and financial resources
- Contingencies for addressing emergency events are identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care.
- Strategies are in place to address the needs of at-risk or vulnerable patients
- Services are identified that the facility should be able to provide during an emergency
- Plans to continue operations during an emergency are detailed
- Staff and the specific roles they will assume are identified
- Delegations of authority and succession plans are in place
- Procedures are identified to follow up with on-duty staff and patients to determine services that are needed in the event that there is an interruption in services
- Ways to integrate with State or Federally designated health care professionals to address surge needs during an emergency have been identified
- Resources from various agencies such as the Federal Emergency Management Administration (FEMA) and Assistant Secretary for Preparedness and Response (ASPR) are utilized, as appropriate, when developing strategies for ensuring continuity of operations

E-0009: Collaboration

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 facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts. Evidence that:

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- A process for cooperation and collaboration with existing local, tribal, regional, State, and Federal resources was established
- Efforts to contact such officials are documented
- Procedures are in place to inform State and local emergency preparedness officials about patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment
- Procedures are in place to identify and inform State and local officials of any on-duty staff or patients that they are unable to contact

E-0013: Policies and Procedures

The hospice must develop and implement emergency preparedness policies and procedures, based on the emergency plan set, risk assessment, and the communication plan. The policies and procedures must be reviewed and updated at least annually. Evidence that:

- Written emergency preparedness policies and procedures have been created and are accessible
- Policies and procedures were developed based on the facility and community based risk assessment and address the disaster assessment utilizing an all-hazards approach
- Policies and procedures include details of the communication plan
- Policies and procedures address training and testing
- Policies and procedures have been reviewed and updated on an annual basis

E-0015: Inpatient Hospice Policies and Procedures

Inpatient hospice policies and procedures must address the provision of subsistence needs for staff and patients whether they evacuate or shelter in place. Evidence that:

- Food, water, medical and pharmaceutical supplies needs are met
- Alternate sources of energy to maintain temperatures to protect patient health and safety and for the safe and sanitary storage of provisions are available
- Emergency lighting is addressed
- Fire detection, extinguishing, and alarm systems are operational
- Sewage and waste disposal are planned for

Note: Generators are not required if other appropriate alternate energy sources are identified.

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E-0016: Duty Staff and Patients Policies and Procedures

At a minimum, the policies and procedures to follow on duty staff and patients in the event that there is an interruption in services during or due to an emergency. Evidence that:

- Information is available regarding patient services that are needed during/after an interruption in services
- Mechanisms are in place to keep track of patients and staff contact information
- Procedures are in place to follow up with on duty staff and patients
- Information regarding on-duty staff and patients that were not able to be contacted is readily available, accurate, and shareable
- Processes for notification of State and local officials of any on-duty staff or patients that they are unable to contact

E-0018: Inpatient Hospice Policies and Procedures

Inpatient hospice policies and procedures must address a system to track the location of on-duty staff and sheltered patients in the facility's care during an emergency, safe evacuation from the hospice, and if on-duty employees or sheltered patients are relocated during the emergency, the specific name and location of the receiving facility or other location. Evidence that:

- A system is in place for tracking on-duty staff and sheltered patients is in place
- Policies and procedures for safe evacuation from the hospice has been established
- Evacuation sites are identified
- Care and treatment needs of evacuees are addressed
- Staff responsibilities are defined
- Transportation is planned
- Primary and alternate means of communication with external sources are determined
- Identification of evacuation location(s)
- A system for documenting the specific name and location of the receiving facility or other location is identified

0019: State and Local Notification

Procedures to inform State and local emergency preparedness officials about homebound hospice patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment are in place. Evidence that:

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- The emergency plan includes procedures to inform State and local emergency preparedness officials about patients in need of evacuation from their residences
- State and local emergency preparedness officials have been informed of the need for patient evacuations and the clinical care needed for the patients
- Clinical information includes but is not limited to: level of mobility, medications needs, type of life-saving equipment required, if life-saving equipment able to be transported, any special need (e.g. communication challenges, language barriers, intellectual disabilities, special dietary needs, etc.)
- Health information is protected according to HIPAA requirements
- Consideration has been given to patient choice
- Procedures are in compliance with State and local laws and consideration of applicable community practices

E-0020: Inpatient Hospice Evacuation Policies and Procedures

Inpatient hospice policies & procedures must address safe evacuation from the facility.

Evidence that:

- Consideration is given to care and treatment needs of evacuees
- A triaging system for evacuation is in place
- Staff responsibilities are addressed
- Transportation needs are planned
- Evacuation location(s) are identified
- Primary and alternate means of communication with external sources of assistance are identified

E-0022: Inpatient Hospice Shelter in Place Policies and Procedures

Inpatient facility policies & procedures must address a means to shelter in place for patients and employees who remain. Evidence that:

- Consideration is given to the ability of their building(s) to survive a disaster
- Proactive steps to take are considered prior to an emergency to facilitate sheltering in place or transferring of patients to alternate settings
- Criteria established to identify which staff would be sheltered in place
- Criteria established to identify which patients would be sheltered in place
- Criteria is aligned with the hospice assessment and appropriate to the type of disaster
- Appropriate sites for transfer or discharge are identified
- Policies are based on the types of patients, staff, volunteers and visitors that may be present

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E-0023: Medical Documentation Policies and Procedures

Hospices must maintain a system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records. Evidence that:

- Policies and procedures exist for maintaining availability of medical record documentation system to ensure availability and preserve patient information, protect confidentiality of patient information, and secures records
- Compliance with medical record policies can be demonstrated

E-0025: Inpatient Hospice Transfer Agreements

Inpatient Hospices must develop arrangements with other facilities and providers to receive patients. Evidence that:

- Transfer arrangements with other facilities and other providers in the event of limitations or cessation of operations are evident and in writing
- The documented arrangements include written agreements and contracted agreements
- Agreements ensure maintained continuity of care

E-0026: Alternate Care Site

Hospice policies and procedures address the role of the facility under a waiver declared by the Secretary in the provision of care and treatment at an alternate care site. Evidence that:

- Policies and procedures describe its role in providing care at alternate care sites during emergencies
- Policies and procedures specifically address the facility's role in emergencies where the President declares a major disaster or emergency
- Policies and procedures address what coordination efforts required during a declared emergency Policies and procedures address emergency situations in which a declaration was not made and where an 1135 waiver may not be applicable (e.g. during a disaster affecting the single facility)

E-0029: Emergency Preparedness Communication Plan

An emergency preparedness communication plan that complies with Federal, State and local laws must be created and reviewed and updated at least annually. Evidence that:

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- The written communication plan can be produced
- The plan considers optional methods (e.g. satellite phones, radios, short-wave radios)
- The plan addresses how the hospice coordinates patient care within and across providers and State and local public health departments
- The communication plan is reviewed and updated annually

Note: Hospices in rural or remote areas with limited connectivity to communication methodologies must ensure that their communication plan addresses how they would communicate and comply with this requirement.

E-0030: Emergency Preparedness Communication Plan Contact Information

The communication plan includes the names and contact information for: staff, entities providing services under arrangement, patients' physicians, other facilities, volunteers.

Evidence that:

- Contact information for all individuals and entities is available and updated throughout the year
- Other facilities that have been identified as resources in the event of an emergency
- Contact information has been reviewed and updated at least annually
- Contact information is readily available and accessible to leadership and staff during an emergency
- Demonstrated capability to reproduce contact lists/access during emergencies
- If electronic data storage for this information is used, there is data back-up with hard copies or demonstrate capability to reproduce contact lists and access this data during emergencies

E-0031: Emergency Preparedness Communication Plan Contact Information

The communication plan includes contact information for the following: Federal, State, tribal, regional, and local emergency preparedness staff and other sources of assistance. Evidence that:

- A list of the contacts, with their contact information, is available
- The contact information has been reviewed and updated at least annually
- Contact information is readily available and accessible to leadership during an emergency
- If electronic data storage for this information is used, there is data back-up with hard copies or demonstrate capability to reproduce contact lists and access this data during emergencies

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E-0032: Emergency Preparedness Communication Plan Means of Communication

The communication plan addresses primary and alternate means for communicating with the staff, Federal, State, tribal, regional, and local emergency management agencies exist. Evidence that:

- The primary and alternate means for communicating with facility staff, Federal, State, tribal, regional and local emergency management agencies have been identified
- Procedures in evidence for when/how compatible alternate communication methods are used, and who uses them
- The following alternate means of communication have been considered and addressed: pagers, cellular telephones, radio transceivers (that is, walkie-talkies), and various other radio devices such as the NOAA Weather Radio and Amateur Radio Operators' (HAM Radio) systems, satellite telephone communications systems and should include issues with cellular phones, State and local emergency use of communication systems (e.g. SHARED RESources (SHARES) High Frequency (HF), Radio Amateur Civil Emergency Services (RACES), National Communication System (NCS), National Security and Emergency Preparedness communications services, the Government Emergency Telecommunications Services (GETS), the Telecommunications Service Priority (TSP) Program, Wireless Priority Service (WPS), and SHARES, satellite phones, radio, and short wave radio
- Communications equipment or communication systems listed in the plan can be verified
- The plan is reviewed and updated at least annually

E-0033: Emergency Preparedness Communication Plan Sharing of Information

The communication plan includes a means of providing information about the general condition and location of patients under care and a method for sharing information and medical documentation for patients under care, as necessary, with other health providers to maintain the continuity of care. Evidence that:

- The communication plan includes a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health providers
- Written policies and procedures that address the means that will be used to release patient information that include the general condition and location of patients are written
- The system ensures that the information released is timely, accurate and available to family members
- HIPAA requirements are met in consideration of disclosure exceptions during emergencies
- Patients are given the opportunity to agree to or to object to disclosure

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E-0034: Occupancy, Needs, and Ability to Provide Assistance

A means of providing information about the occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee. Evidence that:

- Plans are in place for communication of hospice needs, and any hospice assistance capabilities, with community emergency resources
- Occupancy reporting considers, but is not limited to, reporting the number of patients currently receiving treatment and considers patient acuity, high tech needs, frequency of visits, etc.
- Hospice capacity is included in the consideration
- Hospice needs, such as road conditions, access to fuel, assistance with evacuation and transfers, etc. are addressed

E-0036: Training and Testing

The hospice must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan and the program must be reviewed and updated at least annually. Evidence that:

- A written training and testing program that includes instruction to ensure that all individuals are aware of the program in place
- Training includes education and instruction to staff, contractors, and facility volunteers about program content
- Testing is in place to evaluate the effectiveness of the training and the overall emergency preparedness program
- Testing includes conducting drills and/or exercises to test the emergency plan to identify gaps and areas for improvement
- The program meets the requirements of the regulation (as detailed below)
- Documentation can be produced to demonstrate that the program has been reviewed and updated on, at least, an annual basis
- The training and testing program reflects the risks identified in the facility's risk assessment
- Training/testing include information on how the hospice will conduct testing
- Communicate the facility closure to required individuals and agencies
- Testing patient tracking systems and testing transportation procedures for safely moving patients (if indicated)
- Multiple location training and testing program reflect the risk assessment for each specific location

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E-0037: Training Program

The hospice must include all of the following: 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 role; provide emergency preparedness training at least annually; maintain documentation of all emergency preparedness training. Evidence that:

- Initial emergency preparedness training and annual emergency preparedness training offerings are in place and provided to all employees (including nonemployee staff)
- The training includes periodic review and rehearsal of emergency preparedness plan
- Training documentation includes the specific training completed and methods used for demonstrating knowledge of the training program for all individuals
- Training is consistent with the individual's role within the hospice and during emergencies
- Initial emergency training during orientation (or shortly thereafter) is provided to ensure it is not delayed
- Hospices with multiple locations ensure training is relevant to the specific location and when staff are assigned to a new location
- Staff knowledge of emergency procedures can be verified upon interview
- Training files verify that all staff, contractors, volunteers have received initial and annual emergency preparedness training
- Annual training is modified each year, as appropriate, to incorporate any lessons learned from the most recent exercises, real-life emergencies that occurred in the last year and during the annual review of the facility's emergency program

E-0039: Testing

The hospice must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures to include (unless 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; and facility's must be able to demonstrate this through written documentation).

Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in a community-based or individual, facility-based full-scale exercise for one year following the onset of the actual event.

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

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

Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed. Evidence that:

- The annual tabletop and full scale exercises takes place to test the emergency plan (or conduct an individual facility exercise if a community-based exercise is not available)
- The full scale exercise meets the definition of: any operations-based exercise (drill, functional, or full-scale exercise)
- The exercise assesses a facility's functional capabilities by simulating a response to an emergency, or is an operations-based exercise that typically involves multiple agencies, jurisdictions and disciplines
- The facility-based exercise demonstrates risks identified in its risk assessment
- Consideration is given to physical location, hospice responsibilities and needs of the community
- Documentation exists of efforts to identify a full-scale community based exercise if the hospice did not participate in one (i.e. date and personnel and agencies contacted and the reasons for the inability to participate in a community based exercise)
- Documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis is available
- Documentation of compliance is available for review at any time for a period of no less than three (3) years

E-0042: Integrated Healthcare Systems

If a [facility] 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 [facility] 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:

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- (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].
- (4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section.
- (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.
Evidence that:

- The option has been exercised to be part of its healthcare system's unified and integrated emergency preparedness program
- Documentation of inclusion in the program can be produced
- Documentation verifies inclusion within the system as actively involved in the development of the unified emergency preparedness program
- Documentation verifies active involvement in the annual reviews of the program requirements and any program updates
- A copy of the entire integrated and unified emergency preparedness program can be produced and shows all required components (emergency plan, policies and procedures, communication plan, training and testing program)
- The leadership can describe how the unified and integrated emergency preparedness program is updated based on changes within the healthcare system such as when facilities enter or leave the system

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