Implementing the New Regulations — Successes and Challenges

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Risk Assessment & Planning

How are you addressing the requirement to address patient populations?

“§482.15 (a) 3 Address patient populations, including, but not limited to persons at risk the type of services the hospital has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.”

Risk Assessment & Planning (cont.)

What gaps did you find between your existing Hazard Vulnerability Assessment and the new requirements from CMS?

“§482.15 (a) 1 and 2 The emergency plan must do the following: Be based on and include a documented, facility-based and community-based risk assessment utilizing all-hazards approach.” AND “Include strategies for addressing emergency events identified by the risk assessment.”
Risk Assessment & Planning (cont.)

Were there other issues identified when addressing the CMS EP Rule Risk Assessment and Planning requirements?

Policies & Procedures

How are you addressing the provision and subsistence needs of staff and patients including when sheltered-in-place or evacuated?

“§482.15 (b) 1 The provision of subsistence needs for staff and patients, whether they evacuate or shelter in place, include but are not limited to the following:

(i) food, water, medical and pharmaceutical supplies
(ii) alternate sources of energy to maintain
(A) temperatures to protect patient health and safety and for safe and sanitary storage of provisions
(B) emergency lighting
(C) fire detection, extinguishing, and alarm systems
(D) sewage and waste disposal”
Policies & Procedures (cont.)

How are you tracking the location of on-duty staff and sheltered patients if they are relocated during an emergency?

“§482.15 (b) 2 A system to track the location of on-duty staff and sheltered patients in the hospital’s care during the emergency. If on-duty staff and sheltered patients are relocated during the emergency, the hospital must document the specific name and location of the receiving facility or other location.”

Policies & Procedures (cont.)

In your volunteer plan, do you have a means to shelter-in-place the volunteers who remain in the facility?

“§482.15 (b) 4 A means to shelter in place for patients, staff and volunteers who remain in the facility”
Policies & Procedures (cont.)

How is your facility meeting the documentation requirements that provide availability, privacy and security?

“§482.15 (b) 5 A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records. Policies must be HIPAA privacy and security compliant.”

Policies & Procedures (cont.)

How do you address the Alternate Care Site requirements under a waiver?

“§482.15 (b) 8 The role of the hospital under a waiver declared by the Secretary, in accordance with Section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.”
Communications Plan

In addition to the documentation requirements, how do you share information, especially with those outside of your health facility or system?

“§482.15 (c) 4 A method for sharing information and medical documentation for patients under the hospital’s care, as necessary, with other health care providers to maintain the continuity of care.”

Communications Plan (cont.)

How are you demonstrating that you communicate with local government point-of-contacts? How do you address Incident Commander or designee requirement?

“§482.15 (c) 6 A means of providing information about the hospital’s occupancy, needs and its ability to provide assistance, to the authority having jurisdiction, the Incident Commander or designee.”
Training & Testing

What will you show surveyors as evidence of compliance for the training requirements?

“§482.15 (d) 2 The hospital 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.

(ii) Provide Emergency Preparedness training at least annually.

(iii) Maintain documentation of the training.

(iv) Demonstrate staff knowledge of emergency procedures.”

Training & Testing (cont.)

How are you addressing non-employee physician education?
Are you utilizing the Statewide Medical and Health Exercise to meet both the first and additional exercise required by CMS?

“§482.15 (d) 2 (iv)(ii) Conduct an additional exercise that may include, but is not limited to the following:
§482.15 (A) A second full-scale exercise that is community-based or individual, facility-based.
§482.15 (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 hospital’s response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospital’s emergency plan, as needed.”

How are you developing your hospital’s response to the exercises and emergency events to revise the Emergency Operations Plan?
Training & Testing (cont.)

How are you addressing the generator testing requirements when state requirements are different?

“§482.15 (d) 2 and 3 Emergency generator inspection and testing. The hospital must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 101, and Life Safety Code.”

Leadership Engagement

How have you convinced your leaders of the changes needed for the CMS Emergency Preparedness Rule?
Your Biggest Challenges

What have been your biggest challenges overall to meet the new requirements?

Questions?
Thank you!

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