

Emergency Management 2022: Understanding the Details and Planning your Approach



March 24th, 2022





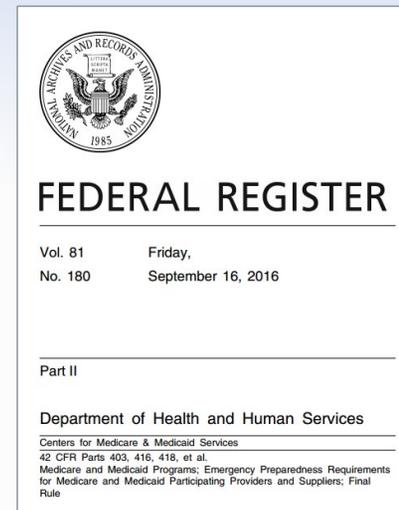
Speaker today :
Joseph Glaski, MBA,CFDAI,LSS-HC Director
Healthcare Services and Life Safety Compliance @
BRAND SERVICES, Gales Ferry, CT
Joe has been in Healthcare Operations for over
30+ years recently held position as a VP of Facility
Management with 1,200 License bed hospital.



Emergency Management - What it is ?

Purpose: To establish national emergency preparedness requirements, consistent across provider and supplier types.

- Outlines emergency preparedness Conditions of Participation (CoPs) & Conditions for Coverage (CfCs)
 - CoPs and CfCs are health and safety standards all participating providers must meet to receive certificate of compliance
- Applies to 17 provider and supplier types
 - Different emergency preparedness regulations for each provider type

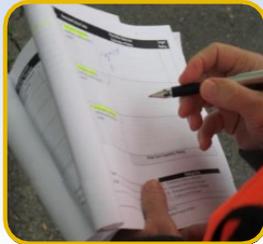


Bottom line: Providers and Suppliers that wish to participate in Medicare and Medicaid – i.e. the nation's largest insurer – must demonstrate they meet new emergency preparedness requirements in rule.

Who does it apply to?

Inpatient	Outpatient
<ul style="list-style-type: none">• Hospitals• Critical Access Hospitals• Religious Nonmedical Health Care Institutions (RNHCIs)• Psychiatric Residential Treatment Facilities (PRTFs)• Long-Term Care (LTC) / Skilled Nursing Facilities• Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	<ul style="list-style-type: none">• Ambulatory Surgical Centers• Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services• Community Mental Health Centers (CMHCs)• Comprehensive Outpatient Rehabilitation Facilities (CORFs)• End-Stage Renal Disease (ESRD) Facilities• Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)• Home Health Agencies (HHAs)• Hospice• Organ Procurement Organizations (OPOs)• Programs of All-Inclusive Care for the Elderly (PACE)• Transplant Centers

Four core elements



Emergency Plan

- Based on a risk assessment
- Using an all-hazards approach
- Update plan annually

Policies & Procedures

- Based on risk assessment and emergency plan
- Must address: subsistence of staff and patients, evacuation, sheltering in place, tracking patients and staff

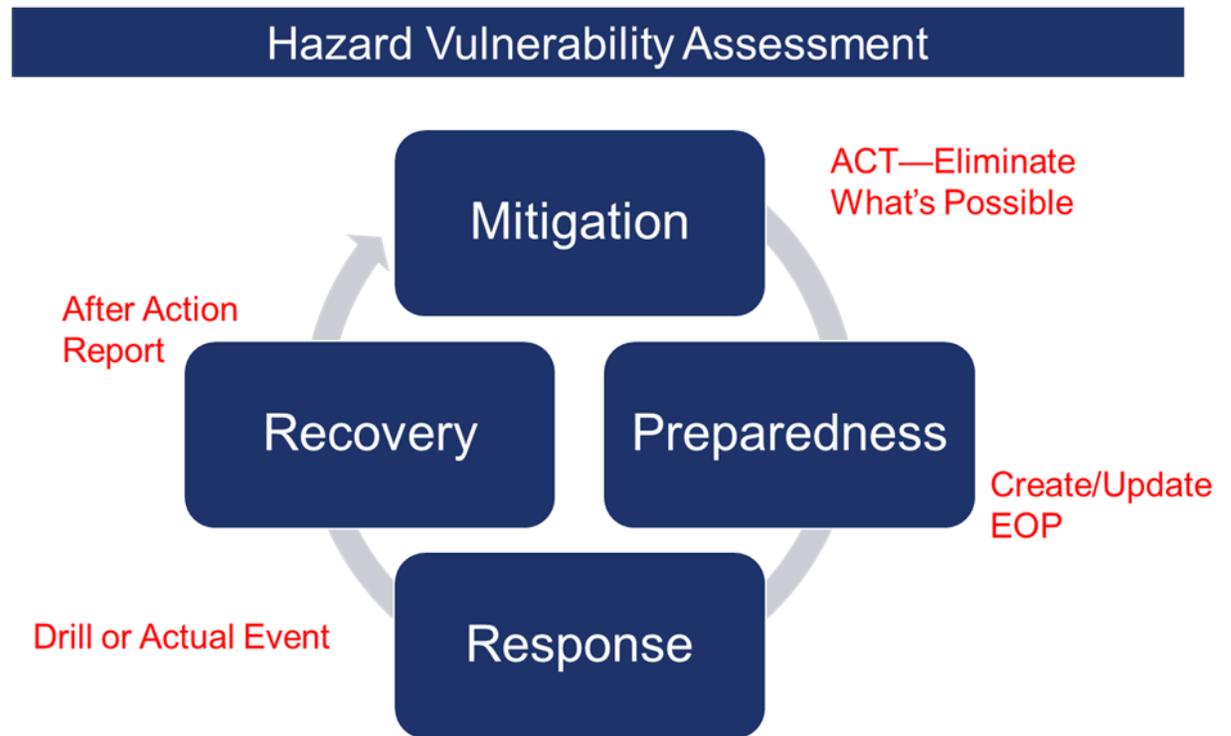
Communications Plan

- Complies with Federal and State laws
- Coordinate patient care within facility, across providers, and with state and local public health and emergency management

Training & Exercise Program

- Develop training program, including initial training on policies & procedures
- Conduct drills and exercises

The 4 Phase of Emergency Management



The Purpose of the Emergency Operations Plan

- The EOP must address how the hospital will manage the **six critical functions**:
 - Communications EM.02.02.01
 - Resources and Assets EM.02.02.03
 - Security and Safety EM.02.02.05
 - Staff Responsibilities EM.02.02.07
 - Utilities Management EM.02.02.09
 - Patients, Clinical & Support Activities EM.02.02.11
- The EOP must address how it will assign and manage volunteer practitioners – both licensed and not licensed

Webinar Topics

- Top Emergency Management (EM) Findings
- Activating the Emergency Operations Plan (EOP)
- Exercises/Drills – Activating the EOP
- Hazard Vulnerability Analysis (HVA)
- Deficiencies & Opportunities
- Continuity of Operations Strategy
- Review New EM Standards with TJC and DNV and all other Accreditation Agencies

Top Emergency Management (EM) Findings

1. EM.03.01.03 EP3 – Activating the EOP ★
2. EM.01.01.01 EP2 – HVA ★
3. EM.02.01.01 EP14 – 1135 Waiver
4. EM.02.01.01 EP2 – Written EOP
5. EM.02.01.01 EP12 – Continuity of Operations ★
6. EM.03.01.03 EP14 – ID Deficiencies & Opportunities ★
7. Other findings

Activating the Emergency Operations Plan (EOP)

EM.03.01.03 EP3

The hospital conducts exercises to test the emergency plan at least **twice** per year.

- The **first annual** exercise is selected from one of the following:
 - A full-scale, **community-based exercise**
 - When a community-based exercise is not possible, a facility-based, functional exercise

- The **second annual** exercise includes, but is not limited to, one of the following:
 - A second full-scale, community-based exercise
 - A second **facility-based**, functional exercise
 - Mock disaster drill
 - Tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan

Activating the EOP

EM.03.01.03 EP3

- Note 1: If the hospital experiences an **actual emergency** (natural or man-made) that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full-scale, community-based exercise or facility-based, functional exercise following the onset of the emergency event.
- Note 2: See the Glossary for the definitions of community-based exercise, full-scale exercise, and functional exercise.
- Note 3: Staff in **freestanding buildings classified as a business occupancy** (as defined by the Life Safety Code) that do not offer emergency services and are not community-designated disaster-receiving stations need to conduct only **one emergency management exercise annually**.

Activating the Emergency Operation Plan

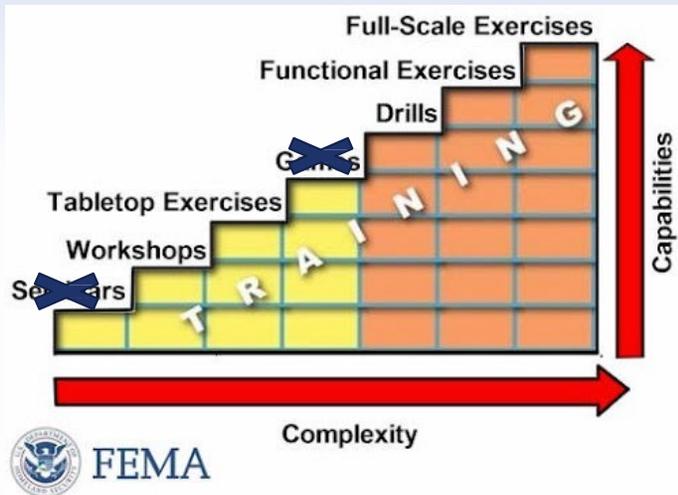
Community-based



Facility-based



Activating the EOP



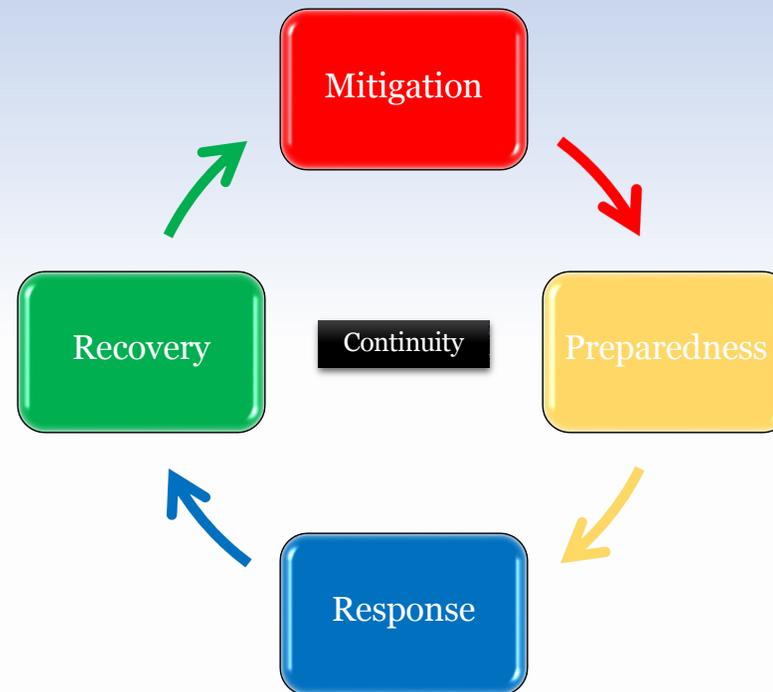
Real vs. “Drill”

- Exercises
 - Discussion based
 - Operations based
- Real Events
 - “Just-in-time”
 - Best teacher

Activating the EOP

Emergency Management Cycle

- Mitigate what you can
- Prepare for what you know
- Respond best you can
- Recover as soon as possible
- Lessons learned leads to other mitigation strategies, tweaking preparedness and response plans. i.e. After Action Reports.



Activating the EOP

- The organization conducts exercises to assess the Emergency Operations Plan's appropriateness, adequacy, and effectiveness in regard to logistics, human resources, training, policies, procedures, and protocols. Exercises should stress the limits of the plan to support assessment of the organization's preparedness and performance. The design of the exercises should reflect likely disasters but should test the organization's ability to respond to the effects of emergencies on its capabilities to provide care, treatment, and services.
- *Rationale portion of standard EM.03.01.03*

Activating the EOP

- Don't have a plan for every emergency
 - *All-hazards, scalable, flexible (FEMA)*
- Use the basic framework of the EOP to respond
- EOP provides guidance
- Benefits:
 - Insight into planning
 - Insight into processes not previously accounted for or considered.

HVA

Activating the EOP

- If the organization experiences an actual emergency (natural or man-made) that requires activation of the emergency plan, the organization is **exempt** from engaging in its next required full-scale, community-based exercise **or** facility-based, functional exercise following the onset of the emergency event.
- Centers for Disease Control & Prevention (CMS) issued guidance to state survey agency directors related to the Emergency Preparedness Testing Exercise Requirements—**Coronavirus Disease 2019** (Reference QSO-20-41-ALL) September 2020

Hazard Vulnerability Analysis

EM.01.01.01 EP2

- The hospital conducts a hazard vulnerability analysis (HVA) to identify **potential emergencies** within the organization and the community that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The findings of this analysis are documented. (See also EM.03.01.01, EP 1; IC.01.06.01, EP 4)
 - Note 1: Hospitals have flexibility in creating either a single HVA that accurately reflects all sites of the hospital, or multiple HVAs. Some remote sites may be significantly different from the main site (for example, in terms of hazards, location, and population served); in such situations a separate HVA is appropriate.
 - Note 2: If the hospital identifies a surge in infectious patients as a potential emergency, this issue is addressed in the "Infection Prevention and Control" (IC) chapter.

Hazard Vulnerability Analysis

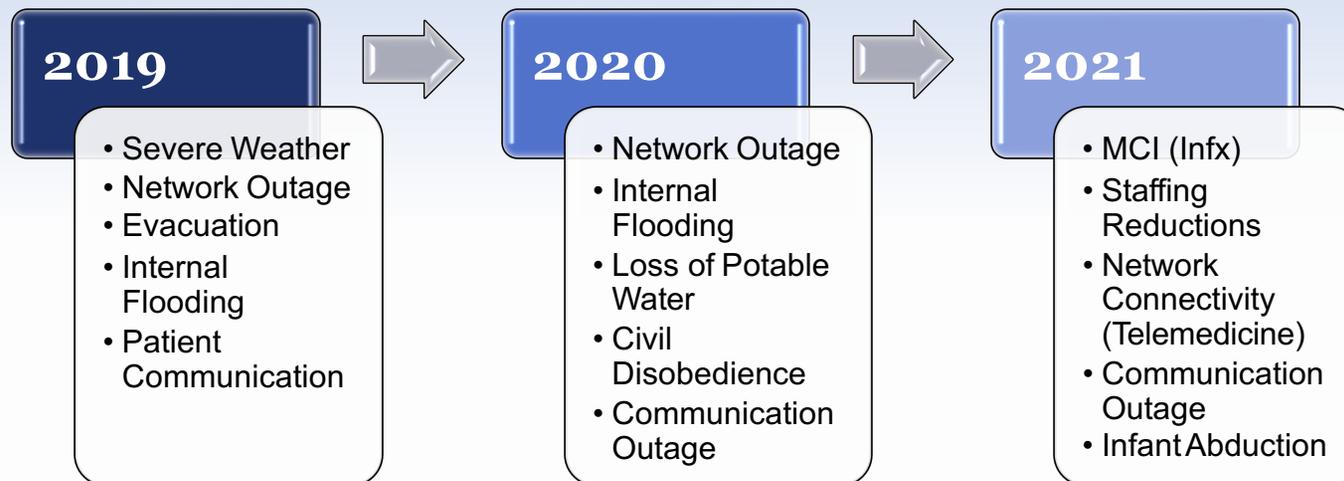
- No particular template
- Rating scale (Likert)
- Keep in mind customary & usual suspects
- REAL vulnerability?
- REAL impact?
- Should adjust annually

PROBABILITY 2	HUMAN IMPACT 3	PROPERTY IMPACT 4	BUSINESS IMPACT 5
Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services
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 = Low 2 = Moderate 3 = High

PROBABILITY	ALERTS	ACTIVATIONS	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE
Likelihood this will occur			Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies
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

Hazard Vulnerability Analysis

- The HVA should evolve



HVA 2022 – Emerging Infectious Diseases

Continuity of Operations

EM.02.01.01 EP12

- For hospitals that use Joint Commission accreditation for deemed status purposes: The Emergency Operations Plan includes a **continuity of operations** strategy that covers the following:
 - A **succession plan** that lists who replaces key leaders during an emergency if a leader is not available to carry out his or her duties
 - A **delegation of authority plan** that describes the decisions and policies that can be implemented by authorized successors during an emergency and criteria or triggers that initiate this delegation
- Note: A continuity of operations strategy is an essential component of emergency management planning. The goal of emergency management planning is to provide care to individuals who are incapacitated by emergencies *in the community or in the organization*. A continuity of operations strategy focuses on the organization, with **the goal of protecting the organization's physical plant, information technology systems, business and financial operations, and other infrastructure from direct disruption or damage so that it can continue to function throughout or shortly after an emergency.** When the organization itself becomes, or is at risk of becoming, a victim of an emergency (power failure, fire, flood, bomb threat, and so forth), it is the continuity of operations strategy that provides the resilience to respond and recover.

Continuity of Operations



Continuity of Operations

- An extension of the EOP which provides guidance on how the organization will continue to perform its **essential** business functions and deliver **essential** services when there has been a disruption to normal operations.
- In essence, about preservation of **leadership**, preservation of **business functions and infrastructure**, and preservation in the delivery of its healthcare **services**.

Identify Deficiencies & Opportunities

EM.03.01.03 EP14

- The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.

Identify Deficiencies & Opportunities

- Evaluation
 - Documented
 - Where, what, when, how, why?
- Identify Deficiencies & Opportunities
 - What worked well?
 - What didn't work well?
 - What gaps were identified?
 - What was unexpected or missing?



**Not documented,
Not done!**

Identify Deficiencies & Opportunities

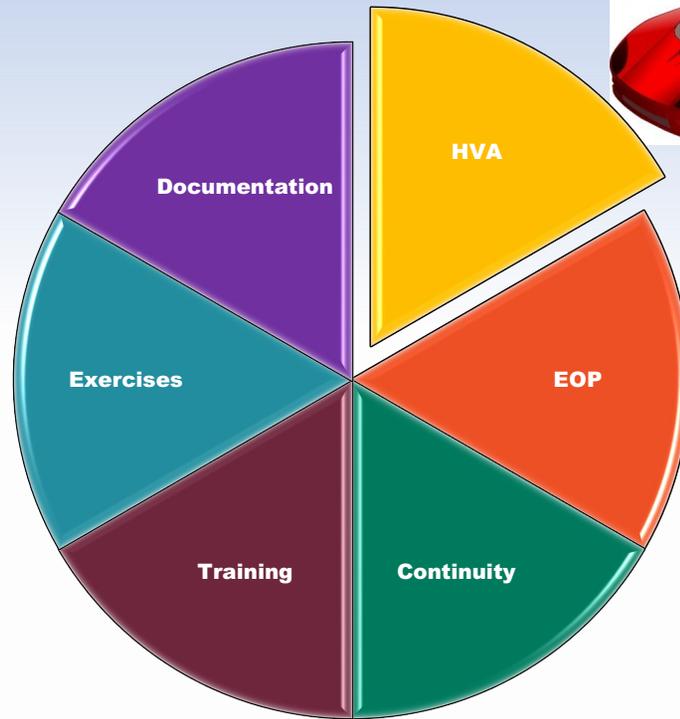


- Process Improvement
- Plan Improvement
- Gap Analysis
- Awareness
- Training
- Policy
- Exercises
- HVA Impact
- Continuity of Operations

Emerging Findings

- EM.01.01.01 EP3 – The hospital, together with its **community partners**, prioritizes the potential emergencies identified in its hazard vulnerability analysis (HVA) and documents these priorities.
- EM.02.01.01 EP12 – “continuity of operations strategy...”
- EM.03.01.03 EP 1 – “exercises...” x2 each year – see notes in standards for exceptions and requirements.
- LIP – Identification (ID): who can appoint? “Medical Staff By Laws”
- Off sites not included in plan...include in drills and document !

It all works together



The
HVA
should
drive!

Emergency Management

04



Upcoming standards Emergency management



Effective date: July 2022

- Chapter is being re-written
- Approved by CMS
- Prepublication standards are available online



TIPS

Chapter has been reorganized with new standard numbers.
Large focus on Continuity of Operations Plan (COOP)

Changes to EM Standards

- New Numbering System, elimination of redundant requirements and add the addition of new requirements.
 - The restructuring for TJC resulted in a reduction of EP' s **from 124 to 60.**
 - DNV-GL NIAHO; PE6.SR 4. Emergency Management
 - Same requirement changes as Joint Commission, just listed under PE6. SR 4.
 - **“NEW”** The Joint Commission Standards – 7/1/2022 - EM.09.01.01 –EM.17.01.01.
 - **Leadership (LD) Chapter – revision:**
 - **LD.04.01.10**
 - Hospital leaders, (**including leaders of the organized medical staff**), provide oversight for emergency management activities.
 - **NEW: Hospital leaders provide oversight for emergency management activities.**
- Element(s) of Performance for LD.04.01.10**
- “New EM Standards for Hospitals Compliance Assessment / Checklist,” is available with this presentation.

Changes to EM Standards continued;

EM.10.01.01, EP 2—Appointing a qualified EM lead

Per EM.10.01.01, EP 2, a hospital's senior leaders must identify a qualified individual to lead the EM program. This professional must assume at least the following responsibilities:

- Developing and maintaining the EOP and related policies and procedures
- Implementing the four phases of EM
- Implementing EM activities across the six critical areas of emergency response
- Coordinating EM exercises and developing after-action reports
- Collaborating across clinical and operational areas to implement organizationwide EM
- Identifying and collaborating with community response partners

Changes to EM Standards continued;

EM.10.01.01, EPs 3 and 4—Establishing a multidisciplinary EM committee

EP 3 calls for a hospital to establish a multidisciplinary EM committee and define its membership, which may include representatives from senior leadership, nursing services, medical staff, pharmacy services, infection prevention and control, facilities engineering, security, information technology, and so on. EP 4 describes the responsibilities of this committee, which include, but are not limited to, participating in the development, review, and update of the following:

- The HVA
- The EOP and policy and procedures
- The COOP
- Education and training
- Emergency response exercises, after-action reports, and improvement plans

Changes to EM Standards continued;

EM.13.01.01—Continuity of operations plan (COOP)

Another **NEW** standard in July is EM.13.01.01: The hospital has a continuity of operations plan.

This requirement obligates a hospital to develop a written continuity of operations plan (COOP) with participation from the organization's key executive, business, and financial leaders and other critical department leaders. The COOP specifies the following:

- How the hospital will continue to perform its essential business functions to deliver essential or critical services
- How and where the hospital will continue to provide its essential business functions when its locations have been compromised by an emergency or a disaster
- An order-of-succession plan that identifies who has the authority to perform certain functions if the individual who normally fulfills those duties is not available
- A delegation-of-authority plan that identifies who has the legal power to act on behalf of the hospital

A few more EM Standard changes;

EM.14.01.01—Disaster recovery plan: This standard clarifies disaster recovery by requiring a hospital to develop written strategies for how and when it will conduct organizationwide damage assessments, restore critical systems and essential services, and return to full operations.

EM.15.01.01—EM education and training program

Initial education and training must address the following topics:

- Activation and deactivation of the EOP
- Implementation of the communications plan
- Emergency response policies and procedures
- Evacuation, shelter-in-place, lockdown, and surge procedures
- Where and how to obtain resources and supplies for emergencies (such as procedure manuals or equipment)

EM.17.01.01—Evaluating the EM program, EOP, and COOP

The final standard in the revised chapter is also new and significant—EM.17.01.01: The hospital evaluates its emergency management program, emergency operations plan, and continuity of operations plans.

Emergency Management

04



New standards Emergency management

Topic	Frequency
Hazard Vulnerability Assessment	2 years
Emergency Operations Plan	2 years
Inventory	1 year
Reviews forwarded to Senior Leadership	2 years



Look at Inventory! It still requires annual review! How is inventory reconciled after a disaster? Is it replaced? How did the COVID PHE change your emergency inventory?

Emergency Management

04



New standards Emergency management

Required 1st annual
exercise

Full scale exercise

Functional exercise

Exercise of choice 2nd
option

Full scale community
based

Functional exercise

Mock disaster

Tabletop

Facilitated workshop



There are requirements
to use an actual event,
such as COVID 19 PHE,
as a required exercise.
Know what they are!

Emergency Management

04



New standards Emergency management



Effective date: **Immediately**

- Interim measures put in place to increase focus on EM during the Joint Commission survey process
- The life safety and clinical surveyors will team up to conduct EM review.

Note: this is at all hospitals where the LSC surveyor is scheduled for 3 or more days



Surveyors will be focusing on the Emergency Operations Plan and **not** a comprehensive review of the HCOs response to COVID-19.

WE All Work Together



HVA

Resources

CMS Website

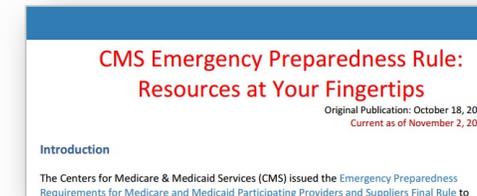
- Outline of requirements by provider type
- Links to aggregated EP resources
- Routinely updated **Frequently Asked Questions document**

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

HHS/ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE)

- Web-based resource for healthcare stakeholders
- Topic Collections
 - General Emergency Management & Provider- and Supplier-Specific
- Routinely updated **CMS Resources at Your Fingertips**
- Submit technical assistance requests

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





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