

Top 10 Most Commonly Cited E-Tags of 2018

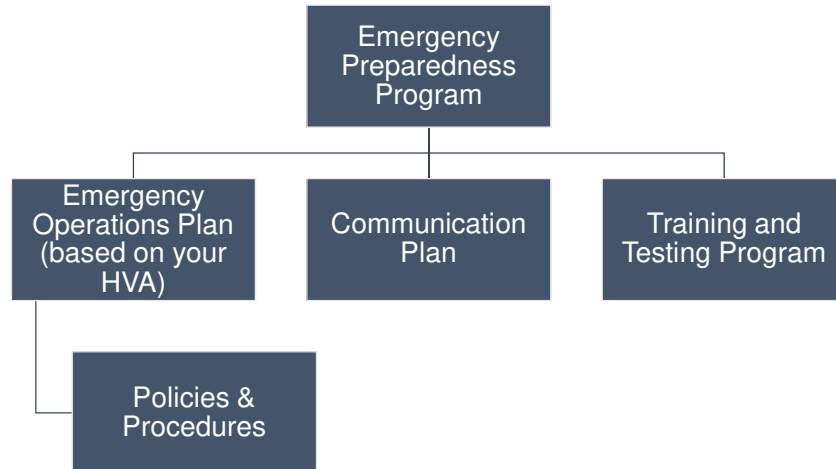
Presented by AHCA Emergency
Preparedness Committee



Acronyms Used Today

- **EOP** – Emergency Operations Plan
- **HVA** – Hazard Vulnerability Assessment
- **CMS** – Center for Medicaid/Medicare Services
- **NHICS** – Nursing Home Incident Command System
- **HCC** – Health Care Coalition
- **AAR/IP** – After Action Report and Improvement Plan
- **CAHF EOP** – Grant developed free template from the California affiliate of AHCA

Elements of the Emergency Preparedness Program



CMS Defines: All Hazard Planning

Preparedness for natural, man-made, and/or facility emergencies that may include, but is not limited to:

- care-related emergencies;
- equipment and power failures;
- interruptions in communications, including cyber attacks;
- loss of a portion or all of a facility; and
- interruptions in the normal supply of essentials, such as water and food.



What does an All-Hazards Approach look like?

How do you create a comprehensive plan for a situation you have never encountered before?

- Focus on capabilities of your staff, and capacity of your facility to continue operations
- Know your residents' day-to-day needs: ambulation status, diet orders, DME
- Have strong relationships with your response/transport agencies, and facility/community partners
- Drill and exercise your plan to find gaps and make it better – invest in your staff training program



“Talking the Talk” and Recordkeeping

- Most commonly cited occurrences seem to start with our inability to let the surveyors know we have something in place. Many providers still do not have the ability to articulate/explain their plan to the surveyor, and most of the surveyors still lack understanding of different terminology.
- Record keeping – This is low hanging fruit for surveyors. Every section CMS asks for annual updates a log should be created to show when and whom reviewed it and what, if any, changes were made. That means multiple logs in multiple places within your EOP.

2018 E-Tag Survey Results – Top Tags in the Nation

- #6 - E-0001- Establish EOP
- #5 – E-0024 – P&P for Volunteer Management
- #4 – E-0036 – Training and Testing
- #3 – E-0026 – 1135 Waivers
- #2 – E-0015 – Subsistence Needs
- #1 – E-0039 – Testing



E-0001 Tag: Emergency Plan Development

The facility must comply with all applicable Federal, State and local emergency preparedness requirements. The facility must establish and maintain a [comprehensive] emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

Survey Procedures

- Interview the facility leadership and ask him/her/them to describe the facility's emergency preparedness program.
- Ask to see the facility's written policy and documentation on the emergency preparedness program.



E-0001 Tag: Emergency Plan Development (continued)

- Broad overarching approach must be conveyed to the surveyor
- Provide evidence of all-hazards approach to development of program showing you considered factors related to the types of residents you have, the types of risks you are likely to face, and that you will update this annually *This may move to a two year review under proposed rule change.
- Narrative description of program development stating all items required should help describe to a surveyor your program development.

**E-0001 Tag: Emergency Plan Development (continued)****Sample language:**

This document states our organization's understanding of how we will manage and conduct actions under emergency conditions. It is customized to our facility and incorporates the response strategies of our community. It is updated as needed, reviewed at least annually, and approved by our organization's leadership.

- The purpose of our EOP is to describe our all-hazards approach to emergency management, and by so doing, support the following incident objectives:
- Maintain a safe and secure environment for residents, staff and visitors
- Sustain our organization's functional integrity, including our essential services and business functions (continuity of operations)
- Coordinate with the community's emergency response system



E-0024 Tag: Volunteer Management

The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

Survey Procedures

- Verify the facility has included policies and procedures for the use of volunteers and other staffing strategies in its emergency plan.

**E-0024 Tag: Volunteer Management**

During an emergency, a facility may need to accept volunteer support from individuals with varying levels of skills and training. The facility must have policies and procedures in place to facilitate this support. In order for volunteering healthcare professionals to be able to perform services within their scope of practice and training, facilities must include any necessary privileging and credentialing processes in its emergency preparedness plan policies and procedures. Non-medical volunteers would perform non-medical tasks.

- Two separate sample P&P's available <https://www.cahfdisasterprep.com/eop> scroll to the bottom of the page under additional policies and procedures. Needs to be customized to your individual facility.



E-0036 Tag: Training and Testing Your Staff

The facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan, risk assessment, policies and procedures, and communication plan. The training and testing program must be reviewed and updated at least annually.

Survey Procedures

- Verify that the facility has a written training and testing program that meets the requirements of the regulation.
- Verify the program has been reviewed and updated on, at least, an annual basis by asking for documentation of the annual review as well as any updates made. *This may change to a two year cycle
- Verify that ICF/IID emergency plans also meet the requirements for evacuation drills and training at §483.470(i).



E-0036 Tag: Training and Testing Your Staff (continued)

- Every employee on at least an *annual basis, volunteers/contractors consistent with their role
- Training needs to address most common risks – example
 - If you identified earthquake as a risk in your HVA then your folks should be trained on procedures most likely to happen in an earthquake.
 - Use nursing home incident command systems (NHICS) incident response guides (IRGs) for examples of sample procedures. <https://www.cahfdisasterprep.com/nhics>
 - Tailor the training to what roles each employee will be expected to perform in a disaster or emergency.
- Don't forget this program needs to be written with a log showing *annual updates based on exercises or real world events.



E-0026 Tag: 1135 Waiver/Alternate Care Sites

The role of the facility 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.

Survey Procedures

- Verify the facility has included policies and procedures in its emergency plan describing the facility's role in providing care and treatment at alternate care sites under an 1135 waiver.

**E-0026 Tag: 1135 Waiver/Alternate Care Sites (continued)**

- Alternate care sites are a normally a function of government agencies – should have in your P&Ps documentation who and when you will utilize ACS
- Use CMS guidance and keep copy as an addendum to your EOP - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/1135-Waivers-At-A-Glance.pdf>
- Used in conjunction with CMS 1135 waiver guidance – sample P&P <https://www.cahfdisasterprep.com/eop> scroll down and download 1135 waivers during emergency events



E-0015 Tag: Subsistence Needs

Facilities must be able to provide for adequate subsistence for all patients and staff for the duration of an emergency or until all its patients have been evacuated and its operations cease.

- Food, water, medical, and pharmaceutical supplies
- Alternate sources of energy to maintain:
 - Tempers for patient safety and storage of supplies
 - Emergency lighting
 - Fire detection
- Sewage and waste disposal

In your shelter in place plan – address how you will deal with waste.

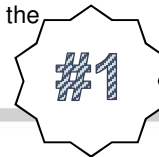
CAHF EOP section 4.16 has language you can use.

<https://www.cahtdisasterprep.com/eop>



E-0039 Tag: Testing Your Staff and Your Plan

- The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of the following:
- Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based.
- Conduct an additional exercise that may include, but is not limited to the following:
 - A second full-scale exercise that is community-based or individual, facility-based.
 - 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.



E-0039 Tag: Testing Your Staff and Your Plan (continued)

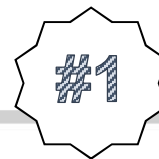
Survey Procedures

- Ask to see documentation of the annual tabletop and full scale exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the facility to support the exercise. *This will change to allow for alternate
- Ask to see the documentation of the facility's efforts to identify a full-scale community based exercise if they 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).
- Request documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis.



E-0039 Tag: Testing Your Staff and Your Plan (continued)

- After Action Reports and Improvement Plans (AAR/IP) are critical to identifying capabilities within your EOP that need improvement.
- AARs need to be completed and records kept for proof of compliance.
- Examples are freely available <https://www.cahfdisasterprep.com/exercises>
- Improvement plans should drive changes to your EOP – should be assigned to a specific person with anticipated dates for completion.
- Can also drive trainings for E-0036 requirements



Elements Of An Effective Plan

WITH THE COUNTY:

- 24/7 contact information for your Local/State Public Health and EMS departments
- Resource Request forms to submit after exhausting resources
- Pre-approved alternate locations for staging evacuates/residents (if applicable)

WITH LICENSING/PUBLIC HEALTH/OMBUDSMAN:

- Alert Survey Agency & Ombudsman that your operations have been interrupted and you are following emergency policies and procedures
- If a presidential declaration is in effect for the disaster you are going through, and you cannot meet all of the ROPs, submit an 1135 waiver to the CMS regional office and a copy to the survey agency.



Elements Of An Effective Plan (continued)

WITH YOUR STAFF:

- Alternate means of communication; strategies for staff recall
- Back up staffing sources such as Disaster Health Volunteers or Medical Reserve Corps
- Go kits at the facility for staff, staff's families

WITH YOUR RESIDENTS' FAMILIES:

- A method of alerting them of the facility's operational status, status of their loved one without violating HIPAA
- Send residents home with family members if possible
- Use residents' families as volunteers consistent with their training (or lack of)



Thank you!

American Health Care Association
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