Federal Government Establishes MANDATE for "All Hazards"

Planning and Preparation for the Healthcare Community

Facilities are Running Out of Time to Comply!

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The early October wildfires in Northern California and recent spate of hurricanes in the Southeast and Puerto Rico reinforce the fact that the healthcare community is in need for more stringent attention to organized and community-supported Emergency Management.

With the potential for catastrophes in the future, the Centers for Medicare and Medicaid Services (CMS) has been working on "All-Hazards" Emergency Preparedness for several years and published CMS-3178 - The Final Rule for Healthcare Emergency Preparedness on September 16, 2016.

The purpose of this new regulation is to:

(1) Establish consistent emergency preparedness requirements across provider and supplier networks,
(2) Establish a more coordinated response to natural and man-made disasters, and
(3) Increase patient safety during emergencies.

This is not a sleepy regulation that gives the healthcare industry up to five years to prepare for, like HIPAA (Healthcare Insurance Portability and Accountability ACT). **This rule mandates that if healthcare facilities do not comply by NOVEMBER 17, 2017, they risk not receiving Medicare and Medicaid reimbursements in December!**

Who does this effect? This applies to **seventeen Medicare and Medicaid provider sectors**, ranging from Ambulance Service companies to hospice providers, clinical laboratories and everything in between.

The seventeen disciplines are:

1. Hospitals
2. Religious Nonmedical Health Care Institutions (RNHCIs)
3. Ambulatory Surgical Centers (ASCs)
4. Hospices
5. Psychiatric Residential Treatment Facilities (PRTFs)
6. All-Inclusive Care for the Elderly (PACE)
7. Transplant Centers
8. Long-Term Care (LTC) Facilities
9. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

10. Home Health Agencies (HHAs)

11. Comprehensive Outpatient Rehabilitation Facilities (CORFs)

12. Critical Access Hospitals (CAHs)

13. Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services

14. Community Mental Health Centers (CMHCs)

15. Organ Procurement Organizations (OPOs)

16. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

17. End-Stage Renal Disease (ESRD) Facilities

Beyond the techno jargon and acronyms, the goals of the Rule recognize that there are systemic gaps that must be closed by establishing consistency and encouraging coordination across the Emergency Preparedness sector of the United states and its possessions. For example, "The Rehabilitation Center" in Hollywood Hills, Florida that had a portable generator and window air conditioning units because of the extreme heat, causing fourteen deaths, probably would have avoided that tragedy had there been better planning and training for a long-term power failure. "You can't just back up a generator to a nursing home and plug it in," said Bob Asztalos, a Florida lobbyist at a recent Florida state hearing. Ironically, this facility was "across the street" from a major hospital and some pre-planning and installation of an "emergency" generator connection with the hospital's power plant could also have helped immensely. There were several other factors to this tragedy-refer to this website for a CBSN video about the facility: https://cbsnews.com/videos/criminal-investigation-into-florida-nursing-home-deaths/

The Oct. 1 mass shooting in Las Vegas where over twenty area hospitals were dealing with victims further reinforces the need for better "community-wide" support and communications.

Further, there are four requirements that facilities must fulfill complete before the deadline:

(1) Risk Assessment and Planning Document
Each individual facility must (internally or externally) perform a Risk Assessment to identify the areas that must be dealt-with to conform with the Final Rule.

(2) Policies and Procedures
Based on the Risk Assessment, develop an emergency plan using an all-hazards approach-focusing on capabilities and capabilities that are critical for a full spectrum of emergencies, or disaster specific to the respective location(s).

(3) Communications Plan

Develop and maintain a communications plan to ensure that Patient care must be well coordinated within the facility, across healthcare providers and with State and Local public health departments and emergency systems

(4) Training and Testing Plan

Develop and maintain training and testing programs, including initial and annual re-training, conducting drills and exercises (full-participation and tabletop) in an actual incident that tests the plan.

Excerpt from Los Angeles Times, October 18, 2017:

The Northern California wildfires created what some described as an unprecedented healthcare crisis that has served as a wake-up call in the region. Not only were two major hospitals evacuated hours into the disaster, but the chaos continued for days after.

Thousands of people were displaced and staying in shelters, many without their medicines. The fires left clinics burned, or evacuated for days. Pharmacies struggled to fill prescriptions. Nursing home patients waited on cots in shelters, without oxygen tanks or their caregivers. Doctors and nurses also lost their homes.

The damaging effects on the healthcare system could easily be repeated during other natural disasters, such as earthquakes causing widespread destruction in the Los Angeles region and the Bay Area.

Officials in Santa Rosa said the fires showed the success of some of their medical emergency planning, but also exposed gaps in the healthcare system's response.

"It's going to happen again. There's going to be another fire, there's going to be another earthquake, there's going to be another flood and ... we absolutely have to get better at this," said Chad Krilich, chief medical officer for St. Joseph Health in Sonoma County.

What does this mean to the healthcare security and support community? While this rule does not apply specifically to healthcare security and safety departments, consultants who have experience in

healthcare risk, vulnerability and threat assessments are best positioned to provide the necessary assessments in a timely manner.

Security Integrators and other support vendors should also be ready for a demand for the following hardware and software to support the mandates of this regulation:

(1) Intelligent Access Control
(2) Visitor Management
(3) Mass Evacuation Alert Programs and Systems
(4) More extensive use of video surveillance so management can quickly assess an incident
(5) Interoperability appliances that community on public service networks
(6) Backup systems for all electronic functions from the Network Architecture to the simplest of healthcare support tools.
(7) Electrical Upgrades
(8) Provision of Fresh Water and disposal of Sewage capabilities when the facility infrastructure fails
(9) Additional HVAC support through the facility's backup systems.
(10) Vendors for Fuel and other types of off-site support
(11) Suppliers of day-to-day supplies and medicine
(12) Communications support in the event of landline and cell phone failures

What does this mean to the healthcare community? This Rule is not intended to focus on only large and medium-sized hospital. It specifically aims at smaller facilities like Eldercare Homes and Laboratories that are more focused on patient service rather than preparing the facility for a disaster.

What should the healthcare community do?

1. Download the entire rule and resource information from the ASPR-TRACIE website: https://asprtracie.hhs.gov/cmsrule
   ASPR-TRCIE has been a leader in providing for those desiring additional support in this and other areas of healthcare emergency preparedness.
   While this rule focuses on Emergency Preparedness, it obviously touches on Business Continuity, Facility Management, Community Relations, Human Resources and other disciplines in the healthcare community. **Make sure the C-Suite is aware of this rule and emphasize the timeliness.**

   Some photos, quotes and information was received from The Los Angeles Times and Reuters.

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