

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

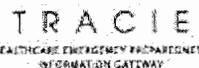
ASPR Technical Resources, Assistance
Center, Information Exchange (TRACIE)
& CMS Emergency Preparedness Rule



Welcome and Introduction

Ed Gabriel, MPA, EMT-P, CEM, CBCP

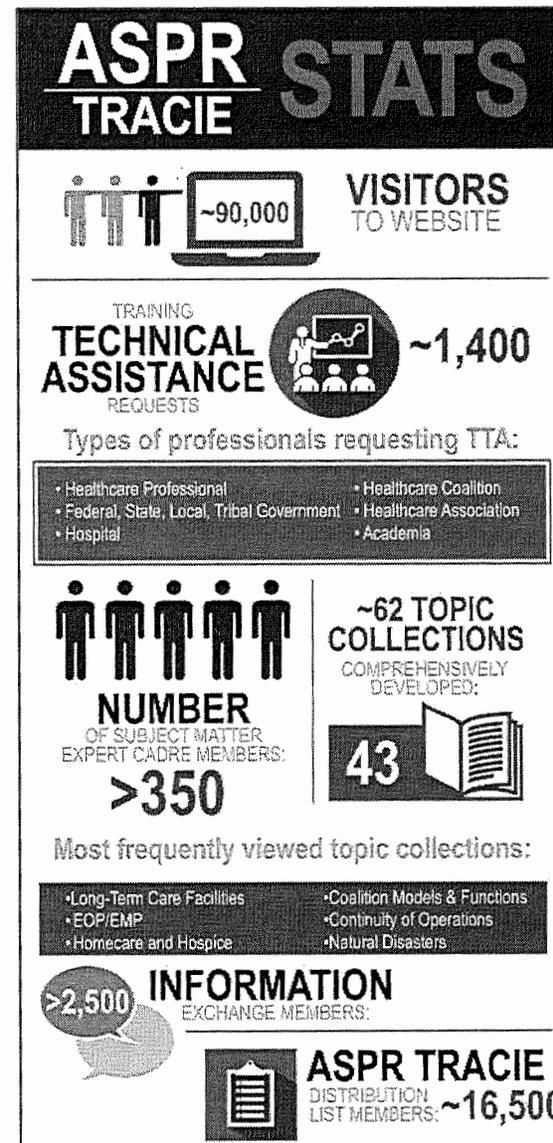
Principal Deputy Assistant Secretary for
Preparedness and Response, HHS ASPR



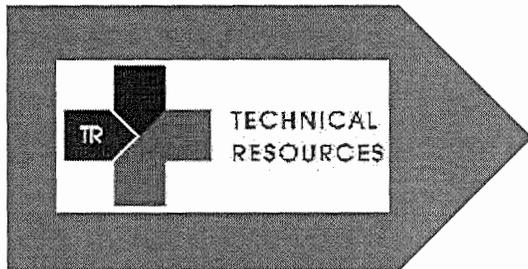
Why ASPR TRACIE?

ASPR TRACIE was developed as a healthcare emergency preparedness information gateway to address the need for:

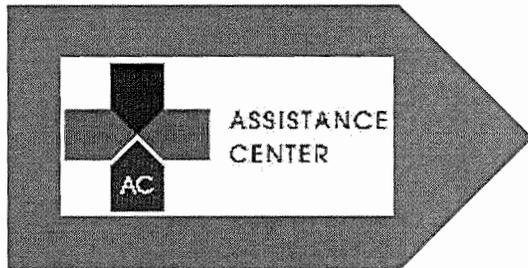
- Enhanced technical assistance
- Comprehensive, one-stop, national knowledge center for healthcare system preparedness
- Multiple ways to efficiently share and receive (push-pull) information between various entities, including peer-to-peer
- Leveraging and better integrating support (force multiplier)



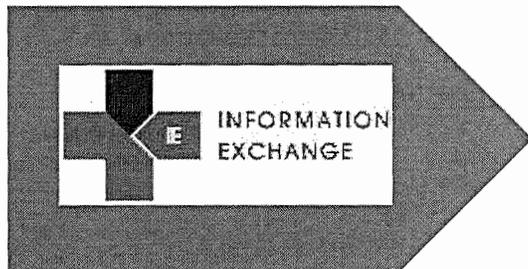
ASPR TRACIE: Three Domains



- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



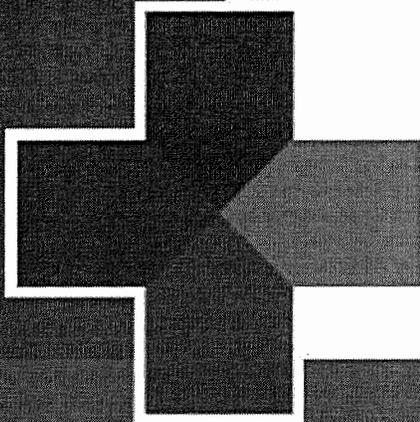
- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)



- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

TRACIE General Support for the CMS EP Rule

- Collaboration with CMS Survey and Certification Group
- ASPR TRACIE's Topic Collections and provider- and supplier-specific resources
- Assistance Center support
 - ASPR TRACIE coordinates with CMS on technical assistance requests
 - All questions related to compliance, interpretation of the regulations, or about how a specific facility will be assessed are sent to CMS



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CMS Emergency Preparedness Rule



Disclaimer

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

This presentation is current as of March 2017. Please check asprtracie.hhs.gov/cmsrule for the most current version of this presentation.



CMS Emergency Preparedness Rule

- First published in the *Federal Register* for comment on December 27, 2013.
- Increases patient safety during emergencies.
- Establishes consistent emergency preparedness requirements across provider and supplier types.
- Establishes a more coordinated response to natural and man-made disasters.
- Applies to 17 Medicare and Medicaid providers and suppliers.
- Final rule published in the *Federal Register* on September 16, 2016.
- Rule is effective as of November 15, 2016
- Rule must be implemented November 15, 2017

Goals for the Rule



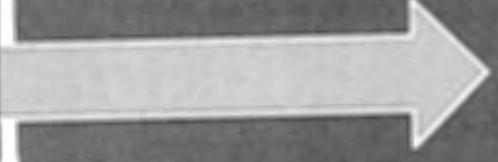
Address systemic gaps



Establish consistency



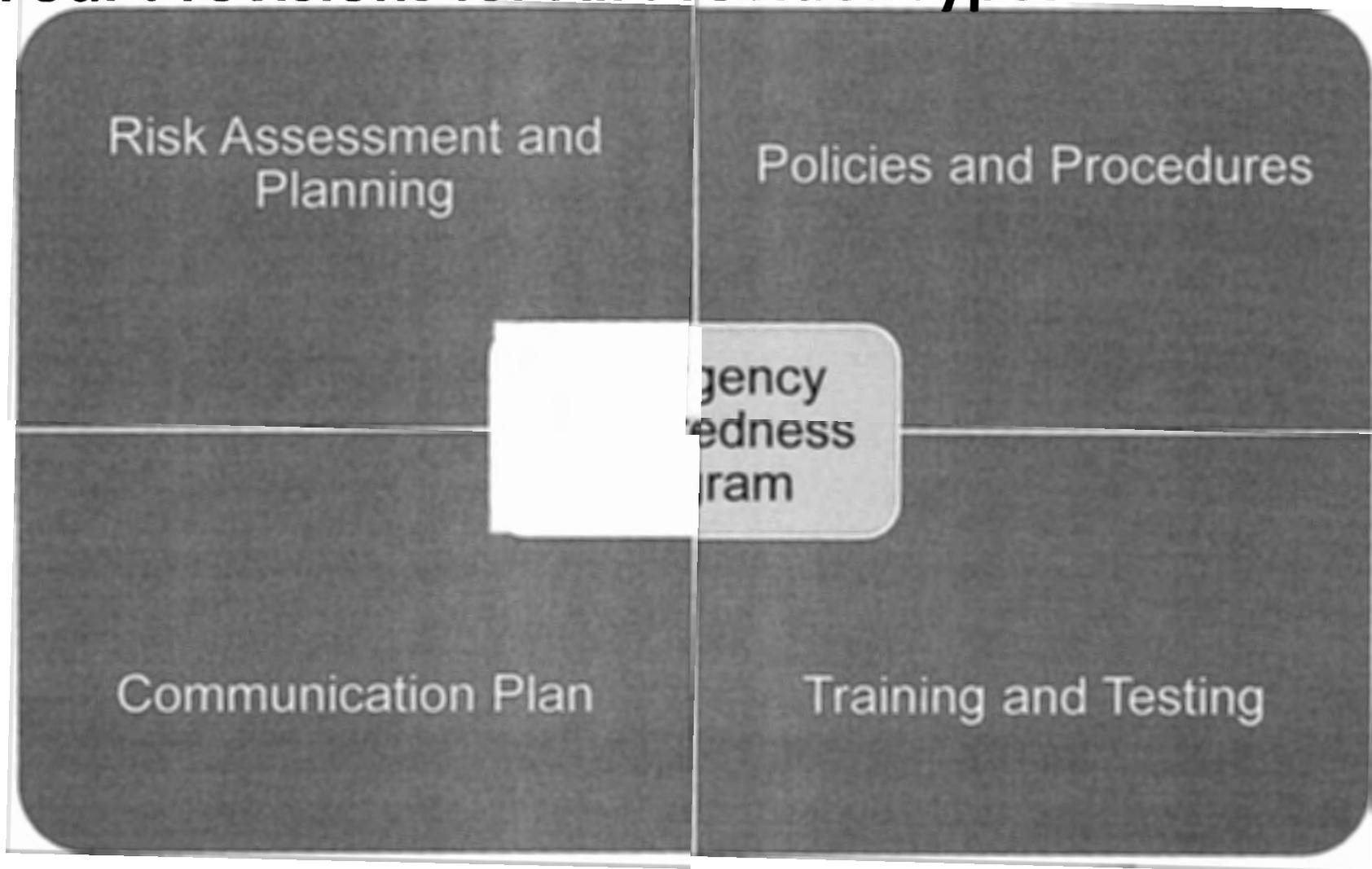
Encourage coordination



Conditions of Participation

- Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) are health and safety regulations which must be met by Medicare and Medicaid-participating providers and suppliers.
- They serve to protect all individuals receiving services from those organizations.

Four Provisions for All Provider Types



Who is affected?

Inpatient	Outpatient
Critical Access Hospitals (CAHs)	Ambulatory Surgical Centers (ASCs)
Hospices	Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
Hospitals	Community Mental Health Centers (CMHCs)
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	Comprehensive Outpatient Rehabilitation Facilities (CORFs)
Long Term Care (LTC)	End-Stage Renal Disease (ESRD) Facilities
Psychiatric Residential Treatment Facilities (PRTFs)	Home Health Agencies (HHAs)
Religious Nonmedical Health Care Institutions (RNHCIs)	Hospices
Transplant Centers	Organ Procurement Organizations (OPOs)
	Programs of All Inclusive Care for the Elderly (PACE)
	Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

Risk Assessment and Planning

- Develop an emergency plan based on a risk assessment.
- Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities.
- Update emergency plan at least annually.

Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment.
- Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency.
- Review and update policies and procedures at least annually.

Communication Plan

- Develop a communication plan that complies with both Federal and State laws.
- Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.
- Review and update plan annually.

Training and Testing Program

- Develop and maintain training and testing programs, including initial training in policies and procedures.
- Demonstrate knowledge of emergency procedures and provide training at least annually.
- Conduct drills and exercises to test the emergency plan.

Emergency and Standby Power Systems

- Additional requirements for hospitals, critical access hospitals, and long-term care facilities.
- Locate generators in accordance with National Fire Protection Association (NFPA) guidelines.
- Conduct generator testing, inspection, and maintenance as required by NFPA.
- Maintain sufficient fuel to sustain power during an emergency.

Requirements Vary by Provider Type

- Outpatient providers would not be required to have policies and procedures for the provision of subsistence needs.
- Home health agencies and hospices required to inform officials of patients in need of evacuation.
- Long-term care and psychiatric residential treatment facilities must share information from the emergency plan with residents and family members or representatives.

What happens next

- Interpretive Guidelines and State Operations Manual developed by CMS
- CMS trains surveyors
- Covered entities comply with regulations

CMS Rule & Emergency Managers

- Accessible source of preparedness and response best practices for newly engaged provider types
- Assist facilities with closing planning gaps, accessing training, participating in planned community exercises, assuring integration with other community partners

CMS Rule & Emergency Managers

Covered healthcare entities may ask Emergency Managers for:

- Jurisdiction or regional hazard vulnerability analysis or risk assessments (or to be included in future assessments)
- Examples of plans, policies, and procedures that are frequently used or accepted
- Engaging in training and exercises
- Participation in or leveraging of shared services, such as communications systems, patient tracking systems, and other jointly used equipment and supplies
- Basic information on emergency preparedness and healthcare system preparedness

Where can I get more information or technical assistance?

- CMS
- ASPR TRACIE
- Healthcare Coalitions

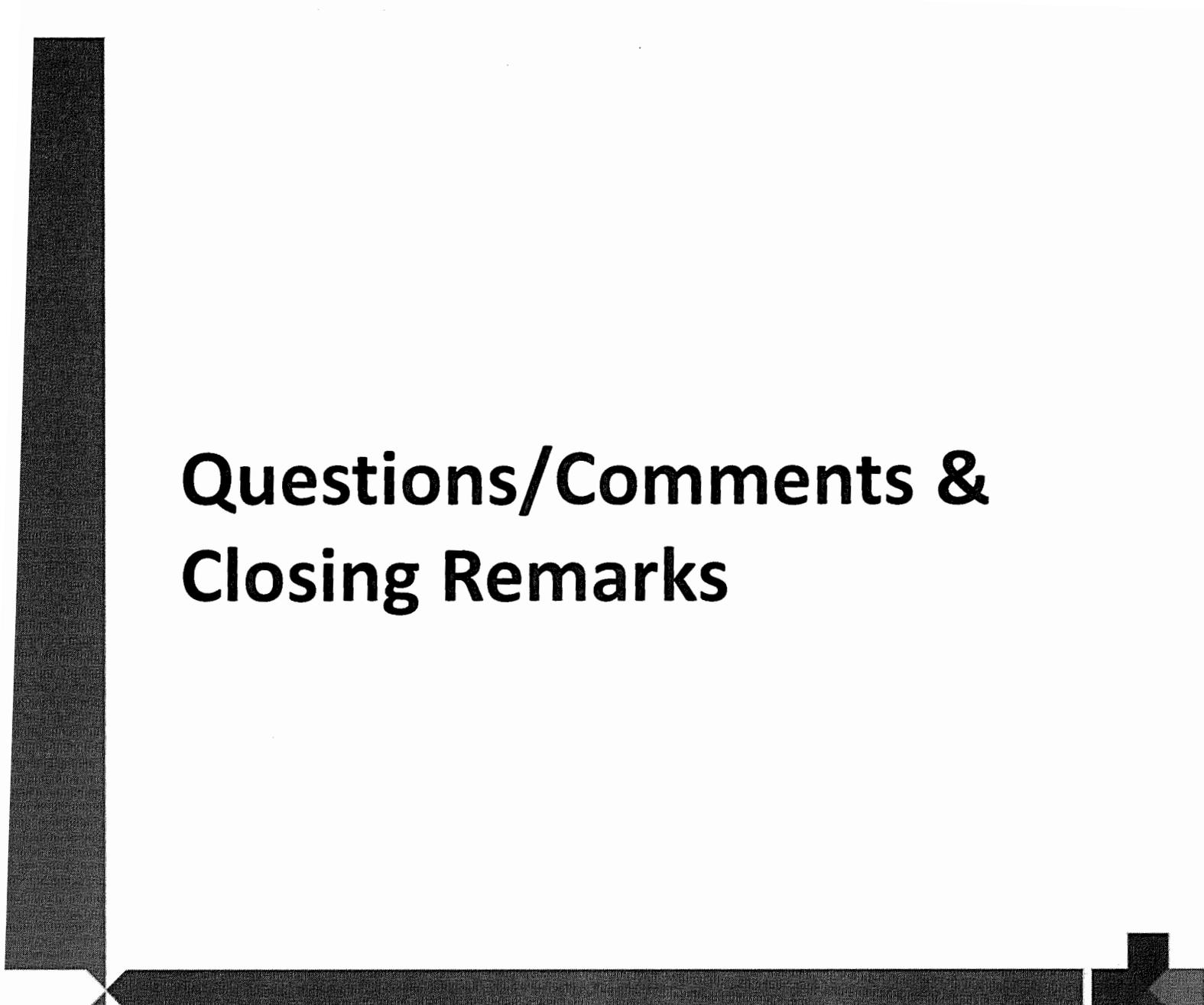
CMS Survey and Certification Group

- Developing the Interpretive Guidelines
- Train the surveyors
- Resources and FAQs on their website:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>
- View the final rule at:
<https://www.regulations.gov/document?D=CMS-2013-0269-0377>
- Email: SCGEmergencyPrep@cms.hhs.gov

ASPR TRACIE CMS Rule Resources

- Dedicated CMS Resources Page:
[ASPRtracie.hhs.gov/CMSrule](https://asprtracie.hhs.gov/CMSrule)
- CMS Emergency Preparedness Rule Resources at Your Fingertips: <https://asprtracie.hhs.gov/documents/cms-ep-rule-resources-at-your-fingertips.pdf>
 - 17 provider – supplier types that are affected by the CMS EP rule (description of each)
 - Role healthcare coalitions may have with the CMS EP rule
 - Sample TRACIE CMS EP Rule TA responses
- YNHH Emergency Preparedness CMS CoP and Accreditation Organizations Crosswalk:
<https://www.ynhhs.org/emergency/insights/library.aspx>

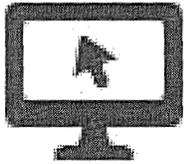
Questions/Comments & Closing Remarks



ASPR
ADVANCED SURVIVAL PROGRAM
FINANCIAL STANDSTILLAGE

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Contact Us



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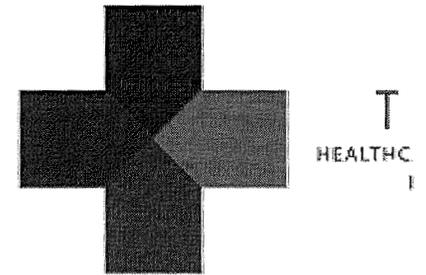
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ADVANCED SURVIVAL
PROTECTION & RESILIENCE

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IAEM Healthcare Caucus Webir

**ASPR Technical Resources, Assistance Center, Inform
Exchange (TRACIE)
& CMS Emergency Preparedness Rule
March 23, 2017**

IAEM Healthcare Caucus Webinar Agenda

- Overview of the IAEM-USA Healthcare Caucus
- Presentation: ASPR Technical Resources, Assistance Center, Information Exchange (TRACIE) & CMS Emergency Preparedness Rule
- Questions and Answers

IAEM Healthcare Caucus Mission

- The mission of the IAEM-USA Healthcare Caucus is to represent emergency management issues unique to the hospital and healthcare setting
- Healthcare institutions and organizations have special and unique considerations when preparing their patients, staff and visitors for responding to, recovering from and mitigating against emergencies
- The purpose of the caucus is to provide emergency managers within the healthcare arena a voice on a national and international scale to ensure their needs are being addressed by government and industry officials

IAEM Healthcare Caucus (HCC)

Action Steps

- Developed an IAEM HCC Position Paper re: CMS Compliance
- Met in Washington with ASPR and CMS Officials in December 2016
- Hosting a IAEM HCC webinar two-part series re: CMS Requirements
 - Part 1-March 23 10amPST/1pmEST- to register: [HCC CMS Webinar Part 1](#)
 - Part 2- in May TBD after CMS Interpretative Guidance is released
- Hosting a November 11th, 2017 Pre-IAEM conference Symposium Emergency Preparedness Compliance – currently working with the Conference Committee on planning

IAEM Healthcare Caucus

- Join us for our monthly calls and our IAEM Healthcare Caucus
- If you wish to join the IAEM Healthcare Caucus *Google Group* send an email to iaem-healthcare@googlegroups.com
- Healthcare Caucus Meeting 2017 Schedule:
 - General Membership Calls – Fourth Friday @ 9am PST/12pm EST
 - Conference Number: 1-877-721-6642, Participant Code: 143577

IAEM Healthcare Leadership

Questions/Comments, feel free to contact any of our Healthcare Caucus Leadership below:

- Chair- **Nora O'Brien**, MPA, CEM, CEO, Executive Officer, Connect Consulting Services, Nora@ConnectConsulting.biz
- 1st Vice Chair- **Esmeralda Valague**, MA, CEM, CHEP, NCPT, Emergency Manager, Medxcel Facilities Management, esmeralda.valague@medxcelfacilities.com
- 2nd Vice Chair- **Jason C. Chenault**, PhD, CEM, CHEP, FACEM, Senior Director of Emergency and Critical Care Services, Regional Health Services; UPMC, chenaultjc@upmc.edu
- Board Liaison: **Nancy Harris**, njharris27@comcast.net
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- **Lou Sasso**, MBA NREMT-P, Corporate Emergency Management, RWJBarnabas Health, louis.sasso@rwjbh.org
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- **James Judge**, CEM, Emergency Manager, Volusia County, Central FL Disaster Healthcare, jjudge@volusia.org