



**Department
of Health**

HCA Emergency Preparedness Conference

September 27, 2018

September 28, 2018

Division of Home & Community Based Services

Diane Jones
Nancy Simonds

Presentation Objectives:

1. Highlight the State Emergency Preparedness Requirements (Regulation and DAL issued 12/1/16)
2. Highlight the CMS Rule and requirements for CHHAs and Hospices
3. Discuss the changes made to the Home Care HERDS survey
4. Demonstrate Home Care Emergency Response HERDS survey on Health Commerce System – accessing, entering data, submitting

All Providers (CHHAs, LHCSAs, Hospices):

Ensure the development, implementation and annual review of a written emergency plan which is current and includes patient roster with emergency contact information, current staff call down list, and community partners contact list and procedures to be followed to assure health care needs of patients continue to be met in emergencies that interfere with the delivery of services, and orientation of all employees to their responsibilities in carrying out such a plan;

State Emergency Preparedness Requirements (DAL DHCBS 16-11 issued 12/1/16)

Emergency Preparedness Plan

- Reviewed annually
- Based on types of emergencies that could impact agency and cause disruption of services (**Risk Assessment**)
- Staff must receive training during orientation and annually
- Patient roster- emergency contact info, Patient Classification/Priority levels, TALS, identification if vent /electricity dependent, other needs identified
- Call down list of staff to be used during emergency (**Communication Plan**)
- Emergency communications procedure if telephone/computer network becomes disabled (**Communication Plan**)

Continued.....



State Emergency Preparedness Requirements:

- Contact list of community partners including local health, Local emergency management, emergency medical services, and law enforcement
(Communication Plan)
- Procedure for responding to requests for information from community partners
- Participation in agency specific or community based drills and at least one drill/exercise annually (CMS requires 2 exercises/drills)

Other State requirements:

- Health Commerce System roles assigned and accurate
- Participation in Emergency Response Drills
- Responding to Emergency Response Surveys (during real event)

Response to surveys will assist in complying with various CMS reporting requirements



Emergency Preparedness – CMS Federal Rule

Objective:

Preparedness addresses how the provider will meet the needs of patients if essential services break down as a result of a disaster.

Preparedness includes training staff on their role in the emergency plan, testing the plan, and revising the plan as needed.

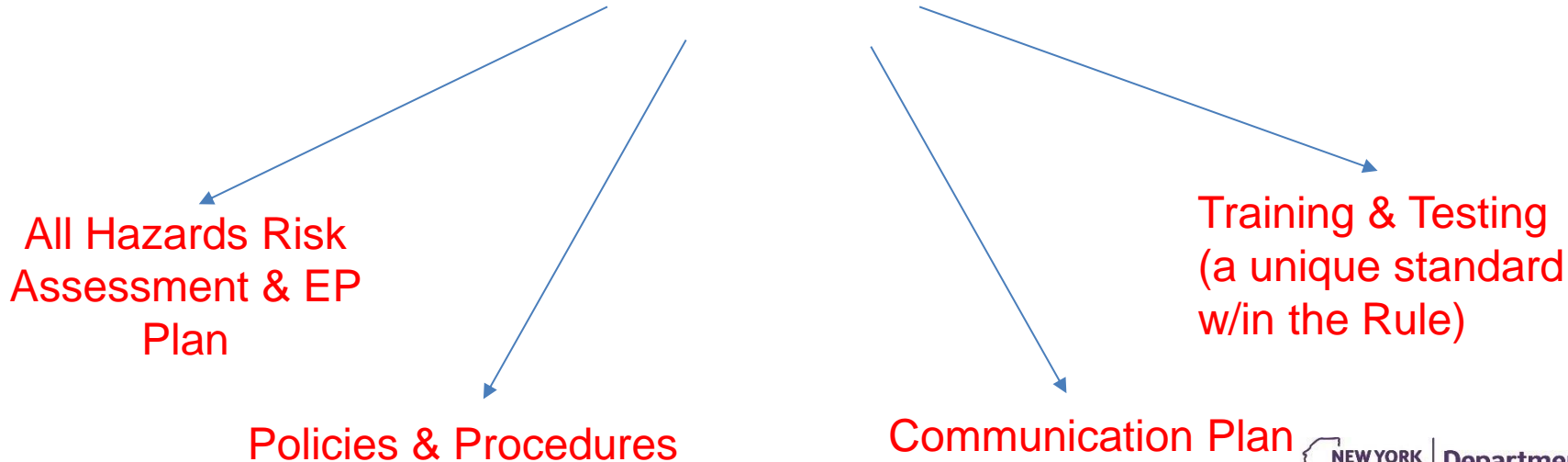
Goals of Rule:

- Increase patient safety during emergencies
- Establish consistent requirements across provider types
- Establish a more coordinated response to natural and man made disasters

CMS Emergency Preparedness Program

- Describes an agency's compressive approach to meeting the health, safety, and security needs of the agency, its staff, its patient population, and community prior to, during, and after an emergency or disaster.
- Encompasses 4 core elements:
 - Emergency Plan based on a Risk assessment
 - Policies and Procedures
 - Communication Plan
 - Training and Testing Program

Develop a comprehensive, Emergency Preparedness Program, (a comprehensive approach) and Plan, (the components of the Program) including 4 core elements;
Reviewed & Updated at least annually



Risk assessment:

- Process agencies use to assess and document potential hazards that are likely to impact their geographic area, community, agency and patient population- Examples: winter storms, power outages, flooding and inability to travel to patient homes, cyberattacks, equipment and utility failures (power, water, gas), disruption in supplies, care related disease outbreaks, etc.

EP Plan, Policies and Procedures, Communication Plan are strategies to address potential emergency hazards/events such as:

- Staffing strategies
- Prioritizing patient visits
- Surge capacity strategy if agency targeted to accept additional patients during an emergency
- Communication plan for staff, emergency partners, DOH, etc.
- Responding to HERDS survey
- Staff training



CMS Emergency Plan Requirements

Must address:

- Patient population and patients with limited mobility (TALs)
- Must ensure means of transport are accessible and available (Report TALs on HERDs Survey)
- Types of services the agency would be able to provide during an emergency (May be based on patient Priority Levels)
- Continuity of operations (strategies used to respond to emergency event)
- Delegations of authority- must identify a qualified person authorized in writing to act in absence of administrator or person legally responsible for operations of the agency during an emergency event (NEW)
- Succession planning- identify internal people with the potential to fill key leadership positions to increase the availability of experienced and capable employees prepared to assume key roles. NEW

EP Plan- Cooperation and Collaboration

The plan must include:

- a process for collaboration and cooperation with the efforts of federal, state, local, tribal, and regional emergency management officials to maintain an integrated response during an emergency/disaster.
(encourage participation with local Health Care Coalition)
- A process to document the agency's efforts to contact such officials and its participation in collaborative and cooperative planning efforts, when applicable.
- Documentation of this integrated response process- Reporting on HERDS, comprehensive contact list, HCS contact info and roles are current and accurate.

Policies and Procedures Requirement

- Develop and implement emergency preparedness policies and procedures aligned with the Emergency Plan and risk assessment
- Ensure policies and procedures address range of issues including:
 - subsistence needs for staff and patients (**applies to hospice inpatient units, Hospice residences**)
 - system to track staff and patients
 - evacuation plans (**Hospice inpatient units/hospice residences**)
 - system of medical documentation
 - the use of volunteers- **CHHAs only.. Volunteer resources or other staffing strategies**)
 - Arrangements with other facilities
- Review and update at least annually

P & P Evacuation Homebound Patients

- Must have method to inform State and local EP officials about evacuation needs of patients from their homes due to emergency (**Report on HERDS Survey**)
 - Must address when and how the agency communicates information and the clinical care needed for these patients such as patient mobility, life saving equipment, special needs
- * **Report on HERDS Survey Evacuation Form-** includes patient's priority level and TALs, vent and/or electricity dependent info
- * **Patient roster should include special needs info**

P & P – Follow up with Patients and Staff

- In the event of interruption in services during or due to an emergency, agencies must have procedures to follow up with on-duty staff and patients to determine services needed. **EP should include how/when patient follow up occurs (patient priority levels), and staff follow up - staff call down list already required**
- Must inform state and local officials of any on-duty staff or patients unable to contact. **Report numbers on HERDS survey and notify Local Office of Emergency Management (OEM) with patient or staff specific information**
- Patient tracking for Hospice Operated Residences and Inpatient Units- if patients are relocated, the location of receiving location, or other location. **(efinds coming)**

P & P: Continuity of Services (Hospice only)

- Must address development of arrangements with other facilities and providers to receive patients in the event of limitations or cessation of operations to maintain continuity of services to patients. **Policies should address different patient care settings- hospice residences, hospice care to SNF resident, hospice inpatient care provided directly or by contract as applicable.**
- Should consider prearranged transportation agreements

P & P: Service Interruptions (CHHA)

- If patient requires care that is beyond the capability of the CHHA, CMS expects agency to rearrange or suspend care of that patient for a period of time. (time necessary for the emergency disaster to pass and agency to resume normal business operations).
- Identify transfer arrangements with other facilities such as hospital or nursing home to ensure continuity of patient care. Should outline timelines for transferring and under what conditions depending on how long event will last and patient's safety & care needs.

CHHA- Individualized Emergency Plan

- Patient's comprehensive assessment must include an individualized plan in the event of an emergency.
- What are the potential hazards a patient could face and how and when to contact local emergency officials in response to potential disasters within the home such as fire, flooding, coastal storms.
- Circumstances when they should be contacting the agency
- Discussions may also include education on how to increase the patient's safety- having enough food, water, medications, medical supplies on hand. If there is an evacuation.. Where would this patient go??
- **Tool kit coming and will be posted on HCS and DOH web**



Communication Plan Requirements

- The agency must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.
- Must have a system to contact appropriate staff, treating physicians, and others necessary, to ensure continuation of patient care functions throughout the agency and to ensure functions are carried out in a safe and effective manner.
- Plan supports coordinated care within the agency, across health care providers, and with state and local health departments and emergency management systems

Communication Plan Requirements

- Must include how the agency interacts and coordinates with emergency management agencies and systems to protect patient health and safety
- Must have primary and alternate means for communicating with agency staff, federal, state, tribal, regional, and local emergency management agencies.

(This may include alternate means of communication in rural or remote areas with limited internet and/or cellular phone coverage, etc. Consider pagers, cellular phones, walkie talkies, satellite phones, radios, and short wave radios, satellite telephone communications, as alternate means for communicating.)

Communication plan must include Names and Contact Information for the following:

- Staff (staff call down list)
- Patient's next of kin, guardian, custodian (Currently required on patient roster)
- Entities providing services under arrangement
- Patient's physicians
- Other hospices (not required for CHHAs)
- Volunteers or volunteer resources (not required for hospice)
- Federal, State, tribal, regional and local emergency preparedness staff
- Other sources of assistance.

** Must update staff contact information on ongoing basis for changes in staff.*

** Contact information must be reviewed and updated at least annually.*

**Must be readily available during emergency.*

**Suggest electronic and hard copy format.*



Communication Plan- Communicating Agency Status

- Communication plan must include a means to provide information to local and state emergency management, local and State health, Incident Command Center, and Emergency Operations Center. **Health Commerce System is communication system for State DOH and for reporting agency status, patient counts, priority levels, agency needs, etc. on HERDS Survey. Agencies should notify local OEM of patients/staff unable to locate.**

Provide the following information:

- Patient census
- **Occupancy (Inpatient Hospice)**
- Needs
- Ability to provide assistance

Health Commerce System (incorporate into Communication Plan)

- HCS- Primary communication vehicle during Emergencies for targeting information and obtaining information from agencies
- Agencies must ensure required HCS roles are assigned and accurate
- DOH Emergency Response Drills
- Emergency Response Surveys for agencies to report data/information:
 - Patient census/Priority Levels/TALS/Vent/Electric Dependent
 - Agency ability to serve current caseload and surge capacity
 - Hospice inpatient occupancy/ability to accept additional patients (NEW)
 - Inability to contact all on duty staff (NEW)
 - Inability to contact all patients (NEW)
 - Evacuation status
 - Repatriation status

Training and Testing Requirement


- Agencies must train staff in emergency preparedness so that staff can demonstrate knowledge of emergency procedures - includes initial training during orientation and annually.
- Must conduct drills and exercises to test the emergency plan, communication plan, and emergency response policies and procedures to identify any gaps, areas for improvement, and to evaluate whether staff training effective and do staff understand their roles/responsibilities.

Agency Documentation of training and testing

- Staff orientation and annual training (Personnel records)
- Documentation of agency's participation in exercises/drills
- Documentation of agency's analysis or After Action Reports (AAR)
- Verify revisions to EP plan if indicated by AAR

Webex Training for CHHAs and Hospices on Health Commerce System






Groups ▶▶ Long Term Care ▶▶ Preparedness ▶▶ Training ★ *Add to Fav.*

 View Help

Training Documents

Show entries

Search:

Type ↕	Label ↕	Description ↕	Date Posted ↕
	Helpful Emergency Preparedness Resources	Resource Information for Emergency Preparedness	10/17/2017
	CMS Emergency Preparedness rule for CHHAs	Information on CMS Emergency Preparedness rule for CHHAs and a link to the recorded webinar.	10/17/2017
	Emergency Preparedness Rule for CHHAs - Powerpoint	Powerpoint slides from the Emergency Preparedness for CHHAs recorded webinar	10/17/2017
	CMS Emergency Preparedness Rule for Hospices	Information regarding CMS Emergency Preparedness rule for Hospices, and the link to the recorded webinar.	10/17/2017
	Emergency Preparedness for Hospices - Powerpoint	Powerpoint slides from the Emergency Preparedness for Hospices recorded webinar	10/17/2017



HERDS Home Care Emergency Response Survey

Home Care Emergency Response Survey

Primary Goal: To assure health care needs of patients continue to be met during the event.

Purpose of survey: Department collects specific data and information from home care agencies and hospices in an emergency situation including agency census, patient counts and priority levels, agency's surge capacity, needs or problems that may present before, during, and post emergency.

Home Care Emergency Response Survey

- Survey is designed to be used in various types of emergencies, scopes, geographical areas, and durations. (examples- hurricanes, coastal storms, ice storms)
- The HERDS survey will be deployed 96 hours before the anticipated event or onset if possible.
- Survey is issued on Health Commerce System- (HERDS Application) communicated via an ihans alert to providers.

Emergency Response Survey Forms:

- The survey has 4 different forms that can be issued separately or together, and at various times, and multiple times during the emergency event depending on circumstances.
 - Agency Form
 - Capacity Form
 - Evacuation Form
 - Repatriation Form



Agency Form

- Agency contact information
- Whether agency is currently serving patients
- Current patient census and Priority Levels
- Breakdown of patient counts/TALs/Priority Levels by county

Capacity Form

- Agency's ability to serve current caseload
- CHHAs/Hospices- ability to contact patients and on-duty staff
- Hospice inpatient units/residences-ability to shelter in place and occupancy/ability to accept additional patients
- Surge capacity by patient priority levels
- Staffing needs

Evacuation Form

This form is used if an evacuation is ordered and requires reporting for all patients located in the ordered evacuation area(s):

- patient counts and classification levels
- status of patients' evacuation in the ordered evacuation area

Evacuation Form

This table shows how patients should be reported on:

Provider Type	SOLE Responsibility (Not Shared)	SHARED Responsibility
CHHAs/ LTHHCPs	All patients	
Hospices	All patients	
LHCSAs	All private pay patients. All commercial insurance patients.	All patients serviced through a contract with another entity.

Repatriation Form

Repatriation is defined for home care as the return of patients to temporary or permanent stable housing situation after an ordered evacuation.

This form reports on the status of repatriation for those patients that were evacuated.

Importance of Responding to Survey:

- Primary means of communication with the Department regarding agency status, patient care delivery, and potential impact of emergency on patient care delivery.
- Primary means to report patient counts, priority levels, TALs, electricity and ventilator needs and agency's surge ability.

Demonstration of the Home Care Emergency Response Survey on HERDS application



Questions?

Homecare@health.ny.gov