Strengths and opportunities to increase health centers' capacity to respond to a public health emergency
Panelists

**Kristine Gonnella**
Director of Training and Technical Assistance
National Nurse-Led Care Consortium

**Mary Harkins-Schwarz**
Evaluation Specialist
Public Health Management Corporation

**Tina Wright**
Director of Emergency Management
Mass. League of Community Health Centers
Chair, PCA Emergency Management Advisory Coalition

**Becky Sherman**
Director of Nursing
La Clinica
Consider a Collective Impact Strategy

Kristine Gonnella
Director of Training and Technical Assistance
National Nurse-Led Care Consortium
January 2015

Seasonal flu overwhelms medical facilities
What if there’s a pandemic?

Flu epidemic prompts Valley hospitals to declare internal disaster
Posted: January 14, 2015 7:04 PM EST Updated: Jan 15, 2015 11:51 AM EST

Rapid spread of flu keeping emergency rooms 'very busy' in the Lehigh Valley
January 2, 2015 at 7:00 AM

Charlotte hospitals, doctors’ offices ‘slammed’ with flu patients
By Karen Garloch
December 31, 2014

CONTINUING COVERAGE: FLU OUTBREAK
Flu epidemic puts pressure on medical clinics
By Hannah Poturalski
January 2, 2015

Deadly Flu Stomping SE Michigan
January 3, 2015
Long wait times ... Reduced access to care ...
Increased risk of illness and death ....
Project Goals

• Assess the landscape
• Identify areas of need to augment pandemic influenza preparedness
• Develop tools and guidance to address resource gaps
Partners

- Centers for Disease Control & Prevention (CDC)
- Public Health Management Corporation (PHMC)
- National Nurse-Led Care Consortium (NNCC)
- PCA Emergency Management Advisory Coalition (EMAC)
- National Asso. of Community Health Centers (NACHC)
- Health Resources & Services Administration (HRSA)
Collective Impact Framework

- **Common Agenda**
  - Keeps all parties moving towards the same goal

- **Common Progress Measures**
  - Measures that get to the TRUE outcome

- **Mutually Reinforcing Activities**
  - Each expertise is leveraged as part of the overall

- **Communications**
  - This allows a culture of collaboration

- **Backbone Organization**
  - Takes on the role of managing collaboration
Emergency Management
NNCC

Public Health Departments

Health Centers

HRSA

EMAC/PCA Partners

NACHC

ASPR

CDC

Mass League

CHCANYS

Hospitals
Role Clarity

- Area of expertise
- Organizational priorities
- Availability
- Interest
- Others?
A swim lane diagram assists with role clarification and efficiency.
Swimlanes and Message Flows

- A swimlane is a graphical container for partitioning a set of activities from other activities.
  - A pool is a container for partitioning a Process from other Processes or Participants.
  - Lanes are used to organize and categorize activities within a Pool.

- Between pools communication is modeled with message flows.
- Pools are used in process and collaboration diagrams.
RACI Matrix

- **Responsible, Accountable, Consulted, Informed**
- Defining these roles for a task improves clarity, ownership and communication
- Identify functional roles
- Identify activities or decisions
- Good for QI projects or introducing new EBIs
Navigating the CMS Emergency Preparedness Rule
A Step-by-Step Guide

INTRODUCTION

On September 16, 2016, the Centers for Medicaid and Medicare (CMS) published a final rule on emergency preparedness for healthcare providers. The rule established emergency preparedness requirements for 17 different provider types participating in Medicare and Medicaid, including Federally Qualified Health Centers (FQHCs).

OVERVIEW OF CMS RULE REQUIREMENTS

- Emergency Planning and Risk Assessment, Policies and Procedures, Communications Plan, Training and Testing Program, optional Integrated Health System

- Note that the CMS Rule memorializes the role of health centers in emergencies, provides a framework for preparedness tailored to health centers

TASKS TO COMPLETE

1. Review CMS rule (64041) - Part 491 - Certification of Certain Health Facilities
2. Review Interpretive Guidelines
Poll of FQHCs to assess preparedness efforts and training needs

Mary Harkins-Schwarz
Evaluation Specialist
Public Health Management Corporation
Methods

- **9 Key informant interviews** with CHC leaders (fall 2016)
- **Poll of FQHCs** to assess preparedness efforts and training needs (summer 2017, n=391)
- **Report** (February 2018)
- Conducting **case study** with 4 FQHCs (Spring 2018)
- **Webinar series** (March 2018)
- **HRSA NCA Learning Collaborative** (spring 2018)
Overview of poll participants

• 1,376 health centers, **391 participants** (29% response rate)

• Demographics:
  – Participant role at health center
  – Number of health center sites
  – Geographical area
  – Special population funding
9% of health centers said they are completely ready to respond to a pandemic/outbreak.

7% of health centers said they are completely ready to comply with CMS rule by Nov. 2017.

Top barriers to pandemic preparedness

- Knowledge of disease course during outbreak: 40%
- Necessary equipment (PPE): 41%
- Knowledge about CMS requirements: 45%
- Staffing center during outbreak: 45%
- Competing priorities for staff: 51%
- Budget constraints: 59%

Greatest preparedness training and TA needs

- Understanding state-level policies: 66%
- Understanding center’s role in local response: 66%
- Acquiring necessary supplies: 67%
- Staffing during an emergency: 70%
- Complying with CMS requirements: 73%
- Tabletop exercises for health centers: 73%
- Staff training on pandemics: 82%

To view the case studies and related health preparedness material

Go to NNCC website, programs, emergency preparedness:
https://nurseledcare.org/programs/preparedness.html

Health Center Stories

• [Health Center Stories: La Clinica](https://nurseledcare.org/programs/preparedness.html) (PHMC R&E)
• [Health Center Stories: LifeSpring Health Systems](https://nurseledcare.org/programs/preparedness.html) (PHMC R&E)
• [Health Center Stories: Pasadena PrimaryOne Health](https://nurseledcare.org/programs/preparedness.html) (PHMC R&E)
The CMS Rule for Minimum Emergency Preparedness Requirements for Federally Qualified Health Centers

Presented by:
Tina T. Wright
Co-Chair
PCA Emergency Management Advisory Coalition
Are CHCs “required” to be prepared for emergencies and disasters?

Various policy directives appear to support emergency preparedness work:

• ... encouraged to...
• ... should integrate...
• ... should collaborate...
• ... may want to...

BUT...

➢ No written requirement by HRSA
Or is it?

Health Center Site Visit Guide, Program Requirement #11 (Collaborative Relationships), Performance Improvement:

- Does the grantee have any collaborative relationships that support its emergency preparedness and management plan/activities?

FY 2014 Service Area Competition (SAC) Application

- Program Narrative: "Describe the status of emergency preparedness planning and development of emergency managed plan(s), including efforts to participate in state and local emergency planning."

- Form 10, Annual Emergency Preparedness Report
  - Is your EPM plan integrated into your local/regional emergency plan?
  - If No, has your organization attempted to participate in local/regional emergency planners?
  - Will your organization be required to deploy staff to Non-Health Center sites/locations according to the emergency preparedness plan for the local community?
  - Does your organization coordinate with other systems of care to provide an integrated emergency response?
Form 10 of FQHC 330 Grant Application

### Form 10: Emergency Preparedness Report

**Section I: Emergency Preparedness and Management (EPM) Plan**

1. Has your organization conducted a thorough Hazards Vulnerability Assessment?
   - Yes
   - No

2. Does your organization have an approved EPM plan?
   - Yes
   - No

3. Does the EPM plan specifically address the four disaster phases?
   - Yes
   - No

4. Is your EPM plan integrated into your local/regional emergency plan?
   - Yes
   - No

**Section II: READINESS**

1. Does your organization include alternatives for providing primary care to the current patient population if you are unable to do so during an emergency?
   - Yes
   - No

2. Does your organization conduct annual planned drills?
   - Yes
   - No

3. Does your organization’s staff receive periodic training on disaster preparedness?
   - Yes
   - No

4. Will your organization be required to deploy staff to Non-Health Center?
   - Yes
   - No

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Health Resources and Services Administration**

**Form 10: EMERGENCY PREPAREDNESS REPORT**

<table>
<thead>
<tr>
<th>Grant Number</th>
<th>Application Tracking Number</th>
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<tbody>
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<td>5. Does your organization have arrangements with Federal, State, and/or local agencies for the reporting of data?</td>
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<td>6. Does your organization have a back-up communication system?</td>
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<td>6a. Internal</td>
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<td>6b. External</td>
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<td>7. Does your organization coordinate with other systems of care to provide an integrated emergency response?</td>
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<td>8. Has your organization been designated to serve as a point of distribution for providing antibiotics, vaccines, and medical supplies?</td>
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<td>9. Has your organization implemented measures to prevent financial/revenue and facilities loss due to an emergency? (e.g., insurance coverage for short-term closure)</td>
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<td>Yes</td>
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<td>10. Does your organization have an off-site back-up of your information technology system?</td>
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<td>11. Does your organization have a designated EPM coordinator?</td>
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</table>
Why should CHCs embrace a culture of emergency preparedness/management (EPM)?

• **Mission Driven**: CHCs are mission-driven organizations. *To provide access to high quality, cost-effective health care services to everyone, regardless of insurance status or ability to pay.*

• **Consumer Board Members**: health center patients who serve as volunteers to help support and direct their local health centers to meet the true needs of the community.

• **About 40% of companies hit by natural disasters never reopen**, according to the Labor Department. And for small businesses struck by a major storm, the chance of going under is even greater because the impact is typically two-fold — **direct physical damage** and **the loss of customers** who are also affected by the storm.
Timeline:
Published to the Federal Registry on Sept. 16, 2016 (42 CFR Part 491)
Has been in effect since Nov. 16, 2016
Had 1 year from effective date to implement, by November 15, 2017
YOU CAN NOW BE SURVEYED ON COMPLIANCE
"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"

• Creates commonalities between and amongst healthcare facilities
• Aligns well with requirements by the Joint Commission, especially for hospitals
• Language is heavy with “Coalition” integration
CMS rule for minimum EP requirements

- **Regulatory Requirement** as a Conditions of Participation (CoP)/Conditions for Coverage (CfC)
- Includes 17 provider and supplier types
- Must be “in compliance” to participate in Medicare and Medicaid
- Four core elements:
  1. Emergency plan
  2. Policies and procedures
  3. Communications plan
  4. Training and testing program (including 2 annual exercises)
- All-hazards Risk Assessment tied to each focus area
17 Providers and Suppliers:

- Hospitals
- Critical Access Hospitals
- Long-Term Care Facilities, Skilled Nursing Facilities, and Nursing Facilities
- Religious Nonmedical Health Care Institutions
- Ambulatory Surgical Centers
- Hospices
- Psychiatric Residential Treatment Facilities
- Programs of All-Inclusive Care for the Elderly
- Transplant Centers
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Home Health Agencies
- Comprehensive Outpatient Rehabilitation Facilities
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers
- Organ Procurement Organizations
- Rural Health Clinics and Federally Qualified Health Centers
- End-Stage Renal Disease Facilities
Four Core Elements

• The CMS Emergency Preparedness Final Rule outlines four core elements of emergency preparedness:

- Risk Assessment & Emergency Planning
- Policies and Procedures
- Communication Plan
- Training and Testing

- CMS tailored each area to address the specific needs of each type of entity.

Additional element:
Integrated Health Systems
Emergency Management Program

Source: DelValle Institute for Emergency Preparedness – EOP Awareness course
STEP 1: ALL HAZARDS RISK ASSESSMENT / HAZARD VULNERABILITY ANALYSIS
An All-Hazards Approach

The rule establishes criteria for Medicare-participating providers and suppliers to develop effective and robust emergency plans and responses utilizing an “all hazards” approach for disruptive events such as earthquakes, hurricanes, severe weather, flooding, fires, pandemic flu, power outages, chemical spills, shootings, and nuclear or biological terrorist attacks.
CMS rule, step 1: HVA...

Risk Assessment

- Must be “all-hazards” risk assessment
- Must consider your patient populations
  - Homeless, migrant agricultural worker, public housing, veterans, etc.
- 2-fold assessment – facility and community based
- Annual review and maintenance
### Risk Assessment & Emergency Planning

#### Step 1: Identify hazards and probability

#### Step 2: Determine potential impacts

#### Step 3: Assess vulnerability

#### Step 4: Calculate risk

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<th>EVENT</th>
<th>PROBABILITY</th>
<th>IMPACT</th>
<th>SEVERITY</th>
<th>VULNERABILITY</th>
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<td>PROPERTY IMPACT</td>
<td>BUSINESS IMPACT</td>
<td>PREPAREDNESS</td>
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<td>Possibility of death or injury</td>
<td>Physical losses and damages</td>
<td>Interruption of services</td>
<td>Preplanning</td>
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<td>SCORE</td>
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<td>0 = NA</td>
<td>1 = Low</td>
<td>2 = Moderate</td>
<td>3 = High</td>
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| Children’s Hospital Colorado | Trauma Rating: 1 | Four Phases of Emergency Management | |

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<th>COMMUNITY HAZARD VULNERABILITY ASSESSMENT TOOL</th>
<th>PROBABILITY</th>
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<th>RESPONSE</th>
<th>RECOVERY</th>
<th>IRR Occurrence</th>
<th>IRR Response</th>
<th>Risk Weight</th>
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*Threat increases*
STEP 2: EMERGENCY PREPAREDNESS PLANNING
CMS rule, step 2: EP Plans...

The FQHC must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:

1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.

2. Include strategies for addressing emergency events identified by the risk assessment.
3. Address **patient population**, including, but not limited to, the type of services the FQHC has the ability to provide in an emergency; and **continuity of operations**, including **delegations of authority** and **succession plans**.

4. Include a process for **cooperation and collaboration** with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the FQHC's **efforts to contact** such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.
CHCANYS Health Center Plan Template

Elements

Introduction
- Authorization, revisions, distribution

1. Program Administration
- Summary, Purpose, Scope, EM Committee

2. Situation and Assumptions
- HVA/Risk Assessment, key assumptions

3. Command and Control
- ICS, authority, (de)activation, roles & responsibilities

4. Continuity of Operations
- Essential functions

5. Communications
- Risk communications, notifications, partners

6. Buildings, Utilities, Safety and Security
- Facilities, evacuation, utility, safety & security

7. Finance, Logistics and Staff Care
- EOC, supplies, volunteers, staff scheduling and care, HR, payroll

8. Community Integration
- Partners, coalitions, agreements, Mental Health

9. Plan Development and Maintenance
- Development, review, storage, training, testing

10. Hazard Specific Plans

11. Standards, Regulations and Guidelines
Emergency Operations Plan vs. Incident Command System (ICS)

**EOP**
- Plan for what to do

**ICS**
- Tools to make it happen

Source: DelValle Institute for Emergency Preparedness – EOP Awareness course
STEP 3: POLICIES & PROCEDURES
CMS rule, step 3: P&Ps...

Policies & Procedures

• Based on the risk assessment, EP plan, and communications plan

• Include a system for tracking on-duty staff and sheltered patients during an emergency

• Medical documentation sharing if patients transfer to alternate facility, compliant with federal and state privacy laws

• Include policies for Volunteers
CMS rule, step 3: P&Ps...

- **Establish Policies & Procedures**
  - How will your health center execute your emergency plan?
  - How do the policies and procedures address the risks that have been identified?

- **Annual updates; rule states to get clinical input from MD, PA or NP**

- **Safe evacuation plan***
  - appropriate placement of exit signs; staff responsibilities and needs of the patients.

- **Safe shelter-in-place** for: patients, staff, & volunteers

- **Secure, confidential & immediately available medical documentation system and secondary back up system plan**
Volunteer Policy

- Your policy may be “no volunteers,” as long as it is stated

- Program Assistance Letter 2017-06
  - 2017 Health Center Volunteer Health Professional Federal Tort Claims Act (FTCA) Deeming Application Instructions

- Medical Reserve Corps (MRC) – another consideration

- Include “other staffing strategies”
STEP 4: COMMUNICATIONS PLAN
CMS rule, step 4: Communications...

Communications Plan

- Refers back to EP plan; must comply with Federal and State laws
- Facilitate both internal (staff & patients) and external (federal, state, local agencies) communications
  - Must include a “method for sharing information and medical documentation with other healthcare providers to ensure continuity of care for patients.”
Communications Plan, cont.

• Communicate to the local incident command center of an emergency the facility’s ability to provide assistance before, during and after the event

• Alternate means of communication in case of interruption in phone service
STEP 5: TRAINING & TESTING
CMS rule, step 5: Training...

Training and Testing Program

• Review current training programs, compare to risk assessment, EP plan, communications plan, and policies and procedures

• Provide initial training to all new and existing staff, individuals providing services under arrangement, and volunteers, **consistent with “expected roles”**

• Staff must be able to **demonstrate knowledge**; **documentation** of staff training
A sample from the Surveyor Guidance on Training:

• **Ask for copies** of the facility’s initial emergency preparedness training and annual emergency preparedness training offerings.

• **Interview various staff** and ask questions regarding the facility’s initial and annual training course, to verify staff knowledge of emergency procedures.

• **Review a sample** of staff training files to verify staff have received initial and annual emergency preparedness training.
Training and Testing Program: **Full-scale Exercise**

- 2 exercises annually, 1 being full-scale while the other is at the facility’s discretion
  - If full-scale is not an option, a facility-based exercise, *as long as it is documented*, will meet the requirement
- An actual emergency that **requires the activation** of the emergency plan, *as long as it is documented*, meets the full-scale exercise requirement for 1 year after the actual event
- Analyze response to and maintain documentation of drills, table top exercises, and emergency events
Emergency Preparedness Exercises: Level of Complexity

- **Planning/Training**
  - Discussion-Based
  - Operations-Based

- **Capability**
  - **Seminars**
  - **Workshops**
  - **Tabletops**
  - **Games**
  - **Drills**
  - **Functional Exercises**
  - **Full-Scale Exercises**

Source: Federal Emergency Management Agency (FEMA)
Definitions from Guidance

• **Full-Scale Exercise**: Is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional and integration of operational elements involved in the response to a disaster event, i.e. “boots on the ground” response activities (for example, hospital staff treating mock patients).

• **Table-top Exercise (TTX)**: Involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.
Exercise documentation

• Each facility is responsible for **documenting their compliance** and ensuring that this information is available for review at any time for a period of **no less than three (3) years.**

• The After Action Report (AAR), *at a minimum*, should determine:
  1) what was supposed to happen;
  2) what occurred;
  3) what went well;
  4) what the facility can do differently or improve upon; and
  5) a plan with timelines for incorporating necessary improvement.
OPTIONAL STEP: INTEGRATED HEALTH SYSTEMS
Integrated Health Systems

If a FQHC is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the FQHC may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:

1. Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.

2. Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.

3. Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.
4. Include a **unified and integrated emergency plan** that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include all of the following:

   i. A documented **community-based** risk assessment, utilizing an all-hazards approach.

   ii. A documented **individual facility-based** risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

5. Include **integrated policies and procedures** that meet the requirements set forth in paragraph (b) of this section, a **coordinated communication plan**, and **training and testing programs** that meet the requirements of paragraphs (c) and (d) of this section, respectively.
“Failure to meet these minimum requirements will result in ‘termination’ of participation in CMS programs”

As per 10/05/16 call with CMS.

“In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for non-compliance.”

<table>
<thead>
<tr>
<th></th>
<th>MA Health Center Patients</th>
<th>MA Residents</th>
<th>US Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>% at or Below 100% Poverty</td>
<td>64%</td>
<td>10%</td>
<td>14%</td>
</tr>
<tr>
<td>% at or Below 200% Poverty</td>
<td>87%</td>
<td>22%</td>
<td>32%</td>
</tr>
<tr>
<td>% Uninsured</td>
<td>16%</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>% Medicaid</td>
<td>48%</td>
<td>22%</td>
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</tr>
<tr>
<td>% Medicare</td>
<td>10%</td>
<td>12%</td>
<td>14%</td>
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</tbody>
</table>
About Healthcare Coalitions

• A healthcare coalition is a group of individual health care and response organizations with a defined geographic area of service.

• Healthcare coalitions foster an environment of collaboration that helps each member be better prepared to respond to emergencies and manage planned events.


  ▪ ASPR definition: [https://www.phe.gov/Preparedness/planning/mscc/healthcarecoalition/chapter2/Pages/overview.aspx](https://www.phe.gov/Preparedness/planning/mscc/healthcarecoalition/chapter2/Pages/overview.aspx)
CMS RULE EXPECTATIONS FOR COMMUNITY INTEGRATION

• ... how the facility will coordinate with the whole community during an emergency or disaster...
• ... ensures a facility's ability to collaborate with local emergency preparedness officials...
• ... community risk assessment...
• ... process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts
• ... Facilities are encouraged to participate in a healthcare coalition...
• ... Participate in a full-scale exercise that is community-based...
TOOLS AND RESOURCES
Resources

- HHS Office of Assistant Secretary for Preparedness and Response:
  - Technical Resources, Assistance Center, and Information Exchange (TRACIE) - [https://asprtracie.hhs.gov/cmsrule](https://asprtracie.hhs.gov/cmsrule)

- Centers for Medicare and Medicaid Services (CMS):


- PCEPN – Resources for Primary Care - [https://trello.com/b/pYs0L7eD/em-resources](https://trello.com/b/pYs0L7eD/em-resources)
Resources


Resources


Resources

• Crisis & Emergency Risk Communication (CERC) by Centers for Disease Control (CDC) - https://emergency.cdc.gov/cerc/resources/index.asp

• Emergency Communications (DHS) - https://www.dhs.gov/topic/emergency-communications


• Crisis Communications Plan - https://www.ready.gov/business/implementation/crisis

Resources

- FEMA Independent Study Program - [https://training.fema.gov/is](https://training.fema.gov/is)
- The Homeland Security Exercise and Evaluation Program (HSEEP) doctrine - [https://preptoolkit.fema.gov/web/hseep-resources](https://preptoolkit.fema.gov/web/hseep-resources)
Resources

- FEMA IS-120.A: An Introduction to Exercises  (also see IS-130: Exercise Evaluation)  [https://training.fema.gov/is/courseoverview.aspx?code=is-120.a](https://training.fema.gov/is/courseoverview.aspx?code=is-120.a)


- Healthcare Cyber Tabletop Exercise Package - [https://www.hsdl.org/?view&did=789781](https://www.hsdl.org/?view&did=789781)

- Mystery Patient Functional Exercise Package - [https://www.dropbox.com/sh/fysy1p58sntdrr2/AACQjDzHr10eHRmq9AXbxSoa?dl=0](https://www.dropbox.com/sh/fysy1p58sntdrr2/AACQjDzHr10eHRmq9AXbxSoa?dl=0)
Questions?

Thank you!

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2015 PERTUSSIS OUTBREAK: LA CLINICA’S RESPONSE

Becky Sherman
Director of Nursing
La Clinica in Medford, Oregon