

CMS Emergency Preparedness Rule

Integrated Healthcare Systems Implications

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In the 2016 publication of the Centers for Medicare & Medicaid Services (CMS) [Emergency Preparedness Final Rule](#) (EP), one of the many requirements outlined for providers and suppliers to follow is a provision for “integrated healthcare systems.” Integrated healthcare systems consist of multiple separately certified healthcare facilities under one parent organization. If a regulated facility is part of an integrated healthcare system that elects to have a unified and integrated emergency preparedness program (rather than have each facility separately conduct their own emergency preparedness program), then each facility and the parent organization must adhere to the integrated healthcare system requirements outlined in the final rule.

This document outlines the information available to healthcare system emergency planners about the integrated healthcare system requirements in the final rule.

Requirements as Outlined in the Final Rule Regulatory Text

Excerpt from the Federal Register: <https://www.federalregister.gov/d/2016-21404/p-1829>

(e) [or (f)]Integrated healthcare systems. If a [facility] 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 [facility] 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 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.

Interpretive Guidelines for Integrated Healthcare Systems

[Interpretive Guidance for the Emergency Preparedness Rule](#) is available on the CMS website.

ASPR TRACIE has developed Provider-Specific Requirement Overview documents for each provider type that include the Final Rule text and Interpretive Guidance and hyperlinks. These and other resources are available on the [CMS rule page](#) on the ASPR TRACIE website.

Frequently Asked Questions (FAQ) and Answers

CMS FAQ Responses FAQ Round 5

The following questions and answers are an excerpt from the [CMS Round 5 FAQs on facilities with multiple locations versus integrated health systems](#).

Question: What are the requirements for facilities with multiple locations versus a separately certified facility that is part of an integrated health system that elects to have a unified and integrated emergency preparedness program?

Answer: Each separately certified Medicare participating facility (i.e., different Certification Number (CCN) numbers), is responsible for maintaining compliance with the Emergency Preparedness requirements whether the facility is part of an integrated health system or not. If a separately certified facility is part of a health system that has elected to have a unified and integrated emergency preparedness program, the facility may choose to participate in the healthcare system's unified and coordinated emergency preparedness program. This does not exempt a separately certified facility from demonstrating independent compliance with the emergency preparedness regulations. Rather, it permits a separately certified facility to partner with the health system in meeting the emergency preparedness requirements. Surveyors assess compliance in separately certified facilities. They do not assess compliance of "health systems". It is important to understand that a separately certified facility can have multiple locations all

operating under one CCN. All locations of a facility operating under the same CCN must be included in the facility's emergency preparedness program and be in compliance with all of the emergency preparedness requirements. This means that all locations of a facility must also be included in the annual training/exercise requirements too. A health system is different in that it contains multiple separately certified facilities all operating under different CCNs. The health system is not certified by CMS and is not assessed for compliance. It is up to each provider/supplier to demonstrate compliance with the requirements upon survey. See examples below.

1. Hospital Z has one outpatient clinic located outside of the hospital and operates under Hospital Z's CCN. The outpatient clinic is considered part of Hospital Z and must be in compliance with the emergency preparedness regulations. The outpatient location of hospital Z must be part of hospital Z's emergency preparedness program. Emergency policies and procedures for the outpatient clinic must be part of Hospital Z's emergency program as the clinic is part of the certified hospital.

2. Hospital Z has a SNF located in a separate building on Hospital Z's campus. Hospital Z and the SNF have separate CCN numbers. Therefore, they are separately certified providers and each must meet the emergency preparedness requirements independently. However, both Hospital Z and the SNF could be part of an integrated health system that elects to have a unified and integrated system emergency preparedness program. In that case Hospital Z and the SNF may participate in the integrated system program to meet the requirements. However, Hospital Z and the SNF are still individually responsible for being in compliance.

3. An ESRD facility, a LTC facility and a hospital are all separately certified provider/supplier types operating under different CCNs. They are all part of the same healthcare system that has elected to have a unified and integrated system emergency preparedness program and are not collocated. Therefore, these facilities, while separately certified and not co-located, can choose to participate in the system's unified and integrated emergency preparedness program.

4. Hospital B has a co-located hospital unit (from Hospital C) within the same building. Both hospitals have separate CCN numbers and are not part of the same healthcare system. Because Hospital B and Hospital C are separately certified facilities with separate CCNs they must demonstrate compliance with emergency preparedness as separate entities. Hospital B and hospital C would not be able to participate in the same unified and integrated emergency preparedness program because they are not part of the same healthcare system. However, it is recommended, not required, that both hospital B and hospital C (being co-located in the same building) understand each other's needs, plans for evacuation and potentially coordinate with each other for exercises to be able to assist each other during emergencies as appropriate.

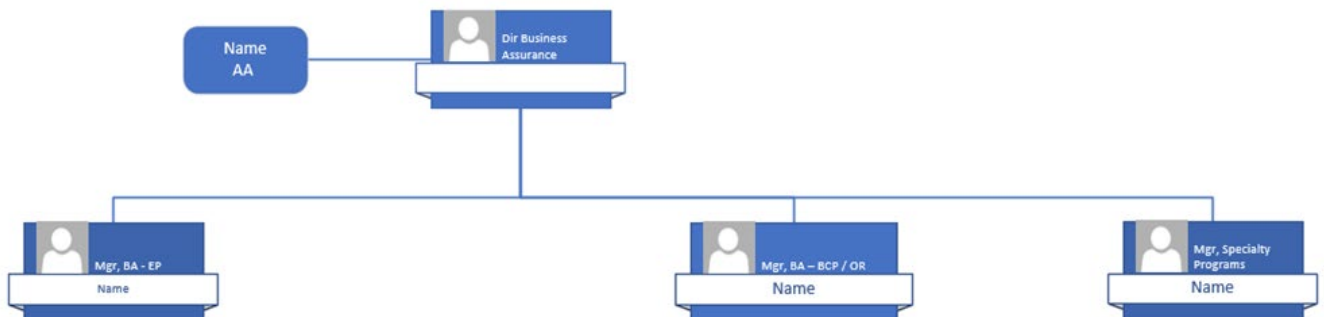
From ASPR TRACIE

What different strategies have integrated healthcare systems used to organize their emergency preparedness programs?

Please note: these comments are direct quotes or paraphrased from emails and other correspondence provided by ASPR TRACIE Subject Matter Expert (SME) Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

SME Cadre Member 1

- Our program is run at a corporate level and the organizational structure is represented by the following chart:



- In our structure the Director of Business Assurance reports directly to the Senior Vice President in digital services.
- There are three managers:
 1. Emergency Preparedness – 16 team members covering disaster planning and response for 25 hospitals and multiple long-term care facilities and ambulatory / non-hospital locations in three divisions.
 2. Business Continuity – 5 team members covering three divisions.
 3. Sponsored Programs (all the grant funded work we do) – 3 team members covering pediatric grants and the Regional Emerging Special Pathogen Treatment Centers (RESPTC) grant.
- All disaster plans have the same nomenclature (titles), use plain language for overhead paging, and contain the same content except for any geographical or entity specific

information (e.g., where to search during a bomb threat; what positions auto deploy during a mass casualty incident response, etc.).

- Our emergency management program comprises of one document for the entire system with various local emergency operation plans and hazard vulnerability assessments due to the nuances of geographical location and resources available.
- We also developed a system-level Business Assurance Program Plan, which provides Business Assurance to the authority within the organization to “own” and have accountability for their work.
- We have the ability to respond with a local incident command structure if the response is local (one entity) or with a system (corporate) level command structure if there are multiple entities involved in the response (most of these are digital services responses due to technology).
- We developed a website on our Business Assurance SharePoint site (refer to the following figures) that specifically addresses all the new Joint Commission standards - how to address them and what documents support those standards, so all our team members answer the questions in the same way.
 - There is a link to each emergency management standard outlining all the standards and elements of performance within that standard. That seems to be an important factor for the surveyors as often times the same surveyors go from site to site within a system.

Business Assurance - Accreditation Resources



Emergency Management Program



Leadership Oversight



Hazard Vulnerability Analysis



Emergency Operations Plan



Communications



Staffing

Staffing

EM.12.02.03	<p>The hospital has a staffing plan for managing all staff and volunteers during an emergency or disaster incident. Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a staffing plan</p>	
EP 1	<p>The hospital develops a staffing plan for managing all staff and volunteers to meet patient care needs during the duration of an emergency or disaster incident or during a patient surge. The plan includes the following:</p> <ul style="list-style-type: none"> - Methods for contacting off-duty staff, physicians, and other licensed practitioners - Acquiring staff, physicians, and other licensed practitioners from its other health care facilities - Use of volunteer staffing, such as staffing agencies, health care coalition support, and those deployed as part of the disaster medical assistance teams <p>Note: If the hospital determines that it will never use volunteers during disasters, this is documented in its plan.</p>	<p>Documents to provide:</p> <ul style="list-style-type: none"> • Emergency Management Plan - 3.III.k.2 <p>Notes for discussion</p> <ul style="list-style-type: none"> • Departments contact staff for assistance if needed • HR is responsible for bringing in volunteers and orientation, and hiring them if needed • Med Staff office has ability to contact providers
EP 2	<p>The hospital's staffing plan addresses the management of all staff and volunteers as follows:</p> <ul style="list-style-type: none"> - Reporting processes - Roles and responsibilities for essential functions - Integrating staffing agencies, volunteer staffing, or deployed medical assistance teams into assigned roles and responsibilities 	<p>Documents to provide:</p> <ul style="list-style-type: none"> • Emergency Management Plan - 3.III.n.2 <p>Notes for discussion</p> <ul style="list-style-type: none"> • Central staffing maintains responsibility for opening the "staffing camp" • The Staffing Camp is responsible for the management of staff in a disaster

SME Cadre Member 2

- We do not have any plans or tools that are used to ensure our system hospitals are in compliance from a corporate level.
- Our system culture is such that our hospitals operate independently and gain resources from the system departments. Our System Office of Emergency Preparedness has embedded staff that work with our hospital emergency management teams to ensure plans meet all guidelines and standards, but they are in different formats and approaches that meet the culture and needs of each individual organization. We also provide them with best practices, templates, and tools but those tools are at a single organization level. We do have the crosswalk to standards that we provide to ensure they meet all the accreditation and regulatory standards including the CMS EP Rule.
- From a system administrative perspective, we run something called the System Information Resource Center. In an event we serve as the liaison to all the hospitals and regional/ state partners for acquiring information, resources, and materials as needed. We get activated when one or all of our hospitals activate their disaster plans. In large events our system level staff is embedded in the emergency operations centers of each of the hospitals to share information in real time. We also develop a system-wide training and exercise calendar.
- Our business continuity and disaster recovery planning occur at a system level.

- All of this said, things are changing. We are reviving and redesigning an outdated administrative emergency preparedness committee that oversees the individual hospitals' emergency management planning and operations and will now seek ways to provide a system level approach to emergency management. Where that goes in terms of plans and resources is yet to be known.

SME Cadre Member 3

- In checking with my emergency management colleagues from five different integrated health systems, everyone's current focus is on comparing Joint Commission and CMS requirements and identifying gaps/ differences that will have to be addressed.
- Our organization is also submitting questions to CMS in areas such as who will be doing the inspections to ensure compliance, and what if a facility has just had a Joint Commission visit and was granted a three-year clearance.
- I am not aware of any documents that anyone has written about compliance so much as everyone is now initially focused on what compliance will require and developing their work plans.

SME Cadre Member 4

- While we do offer standardized templates, manager/ supervisor toolkits, etc., these are applied at the facility level per [each facility's] needs. We do not have a corporate level plan per se. Our facilities (including our flagship site) are integrated in the overall, high-level "frameworks" (e.g., roles and responsibilities, communication pathways, etc.) and defined processes/ procedures (e.g., transportation of suspect high consequence infectious disease framework).

SME Cadre Member 5

- The first step is to separate an "integrated system" as defined by The Joint Commission and CMS versus how your system wants to be integrated.
- Our state is not able to be an integrated system as defined by CMS, so this standard is not applicable to us; however, we are approaching the issue in an integrated way. Our emergency preparedness program is new but so is everything else. For example, our organization has not operated as a system even though it has been a system for a long time. The only thing that has been a shared system is IT services. All of IT is system integrated. We have a chief quality officer at the system level and quality officers who report to management at each site with dotted lines to corporate.

- I recommend thinking about it this way – just because you are doing emergency management as a system does not mean you are an integrated system and must meet The Joint Commission or CMS requirements.
- I suggest you review Appendix Z from CMS about the requirements. The Joint Commission standards originated with the [CMS EP rule](#) and provides direction on their intent when writing the rule. More specifically, refer to the [E-0042 tag in Appendix Z](#).

SME Cadre Member 6

- For our health care system's 13 hospitals, we have an emergency management policy enterprise wide but there must be a coordinator for each license holder.
- We provide a checklist and outline of what is needed. The system plan applies to all, but each licensee has their own committee that can create a license- or campus-specific annex to the system plan.
- There is an expectation that must be met at the corporate level, but it is managed locally. We must pivot and make changes when there are mergers. Each has its own culture but meets corporate expectations.

Additional Resources

- [ASPR TRACIE CMS Rule page](#) (includes Provider- and Supplier Facility-Specific Requirement Overviews)
- [ASPR TRACIE CMS and Disasters Resources at Your Fingertips Document](#)
- [CMS Emergency Preparedness Final Rule](#)
 - [Final Rule for Rural Emergency Hospitals \(January 2023\)](#)
- [CMS Interpretive Guidance document for the Emergency Preparedness Rule](#)
- [CMS Emergency Preparedness Survey and Certification Page](#)