

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. In addition, CMS has provided a “[Surveyor Tool](#)” for the Interpretive Guidance also available on their 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 colocated. 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 is 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

- While we have several organizations in our system, with regards to disaster plans, they function independently as there are varying resources available for each organization. If the plans involve several of the organizations or they do not have the resources to manage the incident, the incident will be elevated to a system level.
- We do run a system command center when we have any downtimes as that infrastructure is the same in all organizations. That system command center is managed out of the central location.

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 organizations. 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 occurs 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).

Additional Resources

- The ASPR TRACIE dedicated CMS Rule page: <https://asprtracie.hhs.gov/cmsrule>
 - Be sure to check out the Provider- and Supplier Facility-Specific Requirement Overviews recently published.
- The entire CMS Emergency Preparedness Rule: <https://federalregister.gov/a/2016-21404>
- The entire Interpretive Guidance document for the Emergency Preparedness Rule: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-IGs.pdf>

- The CMS Emergency Preparedness Survey and Certification Page: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>
- CMS has developed a [Quick Glance Table of the rule requirements by provider type](#), to highlight key points of the new Emergency Preparedness rule. **NOTE:** This table is not meant to be an exhaustive list of requirements nor should it serve as a substitute for the regulatory text.
- ASPR TRACIE has developed the [CMS and Disasters Resources at Your Fingertips Document](#): <https://asprtracie.hhs.gov/documents/cms-ep-rule-resources-at-your-fingertips.pdf>.

Specific Plans, Tools, and Templates Available in ASPR TRACIE

California Association of Health Facilities. (2017). [Emergency Operations Plans](#).

This website provides several resources related to EOPs, including a template for healthcare facilities, an EOP evaluation checklist, and other tools and templates.

Carr, M., Hammon, R., Glenn, J., et al. (2010). [Emergency Preparedness Packet for Home Health Agencies](#). National Association for Home Care and Hospice.

This document contains templates and tools for the development of an all-hazards emergency preparedness plan to be used by home care and hospice providers.

Centers for Disease Control and Prevention. (2014). [Emergency Preparedness and Response: Preparation & Planning](#). U.S. Department of Health and Human Services.

This Centers for Disease Control and Prevention website provides links to planning resources for healthcare facilities and specific types of emergencies.

Centers for Disease Control and Prevention. (2016). [Office of Public Health Preparedness and Response: Planning Resources by Setting](#). U.S. Department of Health and Human Services.

This website includes links to resources that can help healthcare and hospital systems staff plan for and respond to public health emergencies.

Centers for Medicare and Medicaid Services. (2013). [Emergency Preparedness Checklist](#).

This checklist can be utilized by healthcare emergency planners to help aid in the development of emergency plans.

Kansas Department of Health and Environment. (2008). [Emergency Operations Plan](#).

This document is a template for a hospital Emergency Operations Plan with departmental sections as well as incident-specific annexes. Facility personnel will likely need to add operational detail to this outline.

Kansas Department of Health and Environment. (2013). [Emergency Management Plan for Kansas Chronic Dialysis Facilities](#).

This is an emergency management plan template for chronic dialysis facilities in Kansas that may be adapted for other facilities.

Kidney Community Emergency Response Coalition. (2011). [Disaster Preparedness: A Guide for Chronic Dialysis Facilities. Second Edition](#). U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

This emergency operations plan manual includes templates that can be tailored to the needs of dialysis and end stage renal disease facilities.

Leading Age, Kentucky. (n.d.). [Kentucky All Hazards Long Term Care Planning & Resource Manual](#). (Accessed 11/29/2017.)

This plan template may be referenced and customized by long-term care facility staff responsible for creating and maintaining their own emergency operations plan.

Lee County, Florida, Emergency Management. (2014). [CEMP Criteria for Ambulatory Surgery Centers](#).

This checklist contains the required elements for a comprehensive emergency management plan, as well as guidance on the plan format, for ambulatory surgery centers in Florida. It may be used as a reference by other facilities to help develop their plans.

Minnesota Department of Health. (2017). [Minnesota Long-Term Care Preparedness Toolkit](#).

This toolkit was developed to assist with emergency preparedness planning for individuals requiring long-term care. It can be used by long-term care facility owners, administrators, and staff. This toolkit includes sample templates, forms, and suggested resources to develop and/or enhance facility emergency preparedness plans.

Mississippi State Department of Health. (n.d.). [Mississippi State Department of Health-Facilities Preparedness](#). (Accessed 11/29/2017.)

This webpage links to emergency operations plan templates for: home health; hospice; hospitals; long-term care; and personal home care.

Palm Beach County, Florida. (2014). [Cross-Reference for Comprehensive Emergency Plan Ambulatory Surgical Centers.](#)

This checklist was designed to help ambulatory surgical centers confirm that they have all required elements in their emergency operations plans to receive certification by their local emergency management agency. It may be used as a reference by other facilities to help develop their plans.

Santa Clara County Public Health Department. (2007). [Emergency Preparedness and Planning Toolkit for Long-Term Care Providers.](#)

This toolkit was created to guide long-term care facilities with enhancing or developing facility-specific emergency operations plans.

South Carolina Department of Health and Environmental Control. (2013). [Emergency Operations Plan Development Guide and Template for Extended Care Facilities.](#)

This template was developed to support emergency operations planning for any licensed care facility in South Carolina other than a hospital which provides nursing or assisted living care to persons who are aged or have disabilities. It may be referenced and customized by facilities, as appropriate.

U.S. Department of Health and Human Services. (2006). [Disclosures of Protected Health Information \(PHI\) in Disasters: A Decision Tool.](#)

This tool explains the various routes of information flow that could apply to emergency preparedness activities, and can help planners determine whether they can disclose protected health information for public health emergency preparedness reasons.

U.S. Department of Veterans Affairs. (n.d.). [Emergency Operations Plan Template.](#) (Accessed 11/29/2017.)

This template is part of the U.S. Department of Veterans Affairs Emergency Management Guidebook, and describes a general strategy for how the operating units in a health care facility will coordinate during emergencies. It identifies various “key activities” (tasks common to emergency response) under the functional areas of the Incident Command System.

University of Toledo Medical Center. (2015). [University of Toledo Medical Center Emergency Operations Plan.](#)

This is an emergency operations plan for an academic medical center that may be referenced and adapted for use by other facilities.

Vermont Agency of Human Services, Department of Disabilities, Aging, and Independent Living. (2010). [Emergency Preparedness Planning for Nursing Homes and Residential Care Settings in Vermont.](#)

This manual contains worksheets that long-term care facilities may use to inform the development of their facility-specific emergency operations plans.

World Health Organization, Regional Office for Europe. (2011). [Hospital Emergency Response Checklist: An All-Hazards Tool for Hospital Administrators and Emergency Managers.](#)

Healthcare emergency response planners may use the checklists found in this document to inform the development of their Emergency Operations Plans.