

## ASPR TRACIE Technical Assistance Request

**Requestor:** [REDACTED]

**Requestor Phone:** [REDACTED]

**Requestor Email:**

**Request Receipt Date (by ASPR TRACIE):** 5 October 2016

**Response Date:** 27 October 2016; updated 29 November 2017

**Type of TA Request:** Standard

### Request:

[REDACTED] requested technical assistance in researching plans, templates, models, and other resources for multiple, separately certified facilities integrated under a unified emergency preparedness program.

### Response:

The ASPR TRACIE Team researched resources related to integrated health systems, including those in the [Emergency Operations Plans/ Emergency Management Program Topic Collection](#). The ASPR TRACIE Team also reached out to several ASPR TRACIE Subject Matter Expert (SME) Cadre members for resources and feedback. **Section I** below includes the opinions and anecdotal information received from the ASPR TRACIE SME Cadre members.

Unfortunately system-wide emergency plans were difficult to obtain. **Section II** in this document provides a tool from one integrated health system. Please note that we are hoping to collect more of these resources from our SME Cadre members, which we will provide to you if received.

**Section III** below references several emergency operation plans and other resources at the individual healthcare facility level for various healthcare facility types (e.g., hospitals, long-term care facilities, home health agencies). We believe these will still be helpful to your request as they may be tailored to your specific facility/ organization.

Note the section on [Integrated Health Systems](#) in the CMS EP Rule proposed for each separately certified healthcare facility to have an emergency preparedness program that includes an emergency plan, based on a risk assessment that utilizes an all hazards approach, policies and procedures, a communications plan, and a training program.

### CMS-specific Information:

Please note CMS is currently developing the interpretive guidelines and the State Operations Manual that will address specific regulatory expectations by Spring 2017. CMS is also developing regulation specific responses to frequently asked questions, which will be posted to [their website](#) on Monday, October 31. ASPR TRACIE has developed and collected a number of resources that we encourage you to use that may help facilitate compliance, including the resources provided here, but this does not substitute review of the final rule text and interpretive guidelines. If you have specific questions about your facility's compliance please review the

interpretive guidelines when they are developed, contact your state's survey agency, or the CMS Survey and Certification Group (SCG) at the following email [SCGEmergencyPrep@cms.hhs.gov](mailto:SCGEmergencyPrep@cms.hhs.gov).

CMS and ASPR TRACIE are partnering to provide technical assistance, and share resources and promising practices to help affected providers and suppliers start or update the documents mandated by the new Emergency Preparedness rule. Additional key resources include:

- The ASPR TRACIE dedicated CMS Rule page: <https://asprtracie.hhs.gov/cmsrule>
- The entire CMS Emergency Preparedness Rule: <https://federalregister.gov/a/2016-21404>
- 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 *initial version* of its [CMS Emergency Preparedness \(EP\) Rule Resources at Your Fingertips Document](#): <https://asprtracie.hhs.gov/documents/cms-ep-rule-resources-at-your-fingertips.pdf>.
  - Be certain to check out the following resources in this document:
    - 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
    - 5 October 2016 CMS MLN EP Rule Briefing PowerPoint slides, Recording, and Transcript
  - This resource will continue to be improved and updated as new information and resources become available (e.g., FAQs from CMS and requirements crosswalk table developed through ASPR TRACIE).

## I. ASPR TRACIE SME Cadre Member Comments

Please note: these are direct quotes or paraphrased from emails and other correspondence provided by 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, for most of the 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 it 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. In regards to our Office of Emergency Preparedness we serve two key roles: from a planning perspective we have embedded system 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. This crosswalk is what we are currently expanding on for 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.
- Finally, we have provided consultation to large health systems in the past and in the process provided a single approach to hazard vulnerability assessment and emergency operations planning where the corporate structure dictated the format and general content of each hospital plan to ensure that all elements were addressed. However, this is not an approach we use at our organization and we are not at liberty to share that plan developed for the client.

## **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 their needs. We do not have a corporate level plan per se.

Our facilities (including our flagship site) are integrated overall the 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).

## II. Integrated Health System Resources

Northwell Health. (2016). Northwell Health: CMS CoPs Compliance Audit. (See Attached.)

This slide is an example of a Monthly Project Status Report used by Northwell Health, an integrated health system. It includes areas to log the reporting period, key milestones, status of those milestones, accomplishments for that period, objectives for the next reporting period, risks, mitigation, key decisions needed, and a timeline.

## III. Various Facility-level Plans, Tools, and Templates

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.