By failing to prepare, you are preparing to fail.

Benjamin Franklin

CMS Regulations
and
the ASPR “Core Capabilities” Requirements

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CMS Summary of Major Provisions

"The healthcare facility must establish an maintain an emergency preparedness program"

Five Core Elements

- **Emergency Plan**
  - ✓Based on Risk Assessment
- **Policies and Procedures**
- **Communications Plan**
- **Training and Testing of Program/Plan**
- **Emergency Power Systems**

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Emergency Plan

- Reviewed and Updated Annually (Emergency Preparedness Team)
- Be based on & include a documented, facility &community-based risk assessment (Regional HVA, HVA Tool)
- Include strategies for addressing emergency events. (EOP, Incident Response Guides, Functional Annexes)
- Address resident population; types of services offered, continuity of operations, delegation of authority (Critical Functions)
- Include process for ensuring cooperation and collaboration local, tribal, regional, State and federal emergency preparedness efforts. (Region Coalitions)

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Policies and Procedures

- Develop and Implement policies and procedures based on the plan, Hazard Vulnerability Assessment and Communication Plan
  - Polices & Procedures updated annually. (Emergency Preparedness Team)
    - Must address
      - Subsistence needs for staff and residents, whether they evacuate or shelter in place.
        - Food, Water, and Medical Supplies
        - Alternate Sources of Energy to maintain
          - Temperature to protect health and safety and safe storage of provisions
          - Emergency Lighting
          - Fire Detection, extinguishing, and Alarms
          - Sewage and waste disposal
        - A system to track the location of staff and residents in the facility during and after emergency (Hospital Incident Command System; KC-HIMS)
        - Safe Evacuation from the facility

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Policies and Procedures must address

- Means to shelter in place for residents, staff and volunteers (Shelter in Place; Lock Down)
- A system of medical documentation that is secure yet readily available
- The use of volunteers in an emergency or other staffing strategies, including the process and role of Federal or State healthcare professionals. (Mutual Aid Agreement)
- The development of arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to ensure the continuity of services to LTC residents. (Mutual Aid Agreement, KC-HIMS)
- The role of the LTC facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.

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Communications Plan

The facility must develop & maintain an emergency preparedness Communications Plan that must be reviewed & updated at least annually.

- **The communication plan must include:**
  - Names & contact information for:
    - Staff
    - Entities providing services under arrangement
    - Residents' physicians
    - Other LTC facilities
    - Volunteers
  - Contact information for:
    - Federal, State, tribal, regional, or local emergency preparedness staff
    - The State Licensing and Certification Agency
    - The Office of the State Long-Term Care Ombudsman
    - Other sources of assistance
  - Primary & alternate means for communicating with:
    - LTC facility's staff
    - Federal, State, tribal, regional, or local emergency management agencies

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Training and Testing of Program/Plan

- The facility must develop and maintain an emergency preparedness training and testing program that must be reviewed and updated at least annually:

- The facility must conduct drills and exercises to test the emergency plan, including unannounced staff drills using the emergency procedures, including:
  - Community disaster drill at least annually or a facility based disaster drill.
  - Actual events will exempt the facility for one (1) year.
  - Conduct a paper-based, tabletop exercise at least annually.
  - Analyze the facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the plans and procedures.

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Emergency Power Systems

- **The facility must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.**
  - The generator must be located in accordance with the location requirements found in NFPA 99 and NFPA 100.
- **Emergency generator inspection and testing**. In addition to the emergency power system inspection & testing requirements found in NFPA 99—Health Care Facilities and NFPA110—Standard for Emergency and Standby Power Systems, as referenced by NFPA 101—Life Safety Code as required under paragraph (a) of this section, the LTC facility must do the following:
  - At least once every 12 months test each emergency generator for a minimum of 4 continuous hours. The emergency generator test load must be 100 percent of the load the LTC facility anticipates it will require during an emergency.
  - Maintain a written record, which is available upon request, of generator inspections, tests, exercising, operation and repairs.
- **Emergency generator fuel.** Facilities that maintain an onsite fuel source to power emergency generators must maintain a quantity of fuel capable of sustaining emergency power for the duration of the emergency or until likely resupply.

Coalition Development in Southcentral PA

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Why transition to a Healthcare Coalition?

U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
2017-2022 Healthcare Preparedness and Response Capabilities

- **ASPR's Hospital Preparedness Program (HPP) enables health system delivery during emergencies.**

- **Establish and prescribe Healthcare Coalitions for community resilience**
  - Comprised of healthcare organizations including hospitals, EMS, Behavioral Health, Public Health, Long Term Care, Home Health agencies and community emergency management
  - Collaborative planning effort
  - Integrated into existing preparedness and emergency management programs

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Who participates in the Coalition?

Agencies that support the provision of care during emergencies:

- Behavioral health services & organizations
- Child care providers (e.g., daycare centers)
- Community Emergency Response Teams (CERT) & Medical Reserve Corps (MRC)
- Dialysis Centers & regional Centers for Medicare & Medicaid Services (CMS)-funded
- End-stage renal disease (ESRD) networks
- EMS (including inter-facility & other non-EMS patient transport systems)
- Emergency management organizations
- Faith-based organizations
- Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers, Indian Health
- Service facilities, military treatment facilities
- Hospitals
- Infrastructure companies (e.g., utility and communication companies)
- Cities, counties, parishes, townships, & tribes
- Local chapters of healthcare professional organizations
- Local public safety agencies (e.g., law enforcement and fire services)
- Medical equipment & supply manufacturers and distributors
- Non-governmental organizations
- Outpatient healthcare delivery
- Urgent care centers, freestanding emergency rooms, stand-alone surgery centers
- Primary care providers, including pediatric & women's healthcare providers
- Public health agencies
- Schools & universities, including academic medical centers
- Skilled nursing, nursing, & long-term care facilities
- Social work services
- Support service providers
- Home health agencies, including home & community-based services

Why Participate in the Coalition?

Develop regional strategies that:

- Help patients receive the care they need at the right place, at the right time, and with the right resources, during emergencies
- Decrease deaths, injuries, and illnesses resulting from emergencies
- Promote health care delivery system resilience in the aftermath of emergencies
- Engage in community partnerships with peer and professional agencies
- Assist each other during crisis situations.

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Super Storm Sandy

- **7,294 patients transferred** from hospitals, nursing homes and adult care facilities
  - No deaths, 1 reported injury from hospital evacuation

- **1,757 patients had a secondary movement** to a new facility

- **Peak population at special medical needs shelters was 1,346 and 6,620 at general shelters**

Coalition engagement

- National Strategy
  - 2017-2022 ASPR capabilities and performance measures
  - Requirement of CMS participation
- All stakeholders engaged in preparedness activities
- Collaboration and Coordination
  - Medical coordination with bed placement, movement and equipment
- Planning and response integration

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What leaders need to know about Coalitions

- The coalition does not replace the day-to-day functions of your emergency preparedness program.

- Driven from the facility level with the assistance of regional personnel
  - Subcommittees and working groups
  - Strategic work plan

- Advantages of HCC participation
  - Regulatory requirement attainment
  - Singular point of contact to multiple resources
  - Access to resources
  - Information sharing

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What can Leaders do to help Coalitions?

- Support emergency preparedness programs and planning efforts at the facility and regional levels

- Support the growth of the healthcare coalition.

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South Central Pennsylvania Healthcare Coalition

Vision:

- The South Central Pennsylvania Healthcare Coalition will serve as the regional community healthcare coalition providing an enduring "All Hazards" emergency management program that collaborates and coordinates healthcare resources for regional solutions and facilitates support for healthcare facilities.

Mission:

- The South Central Pennsylvania Healthcare Coalition provides leadership and expertise to the SCTF for the development and delivery of a comprehensive "All Hazards" emergency preparedness program through healthcare facility and pre-hospital organizational planning, prevention, response and recovery efforts.

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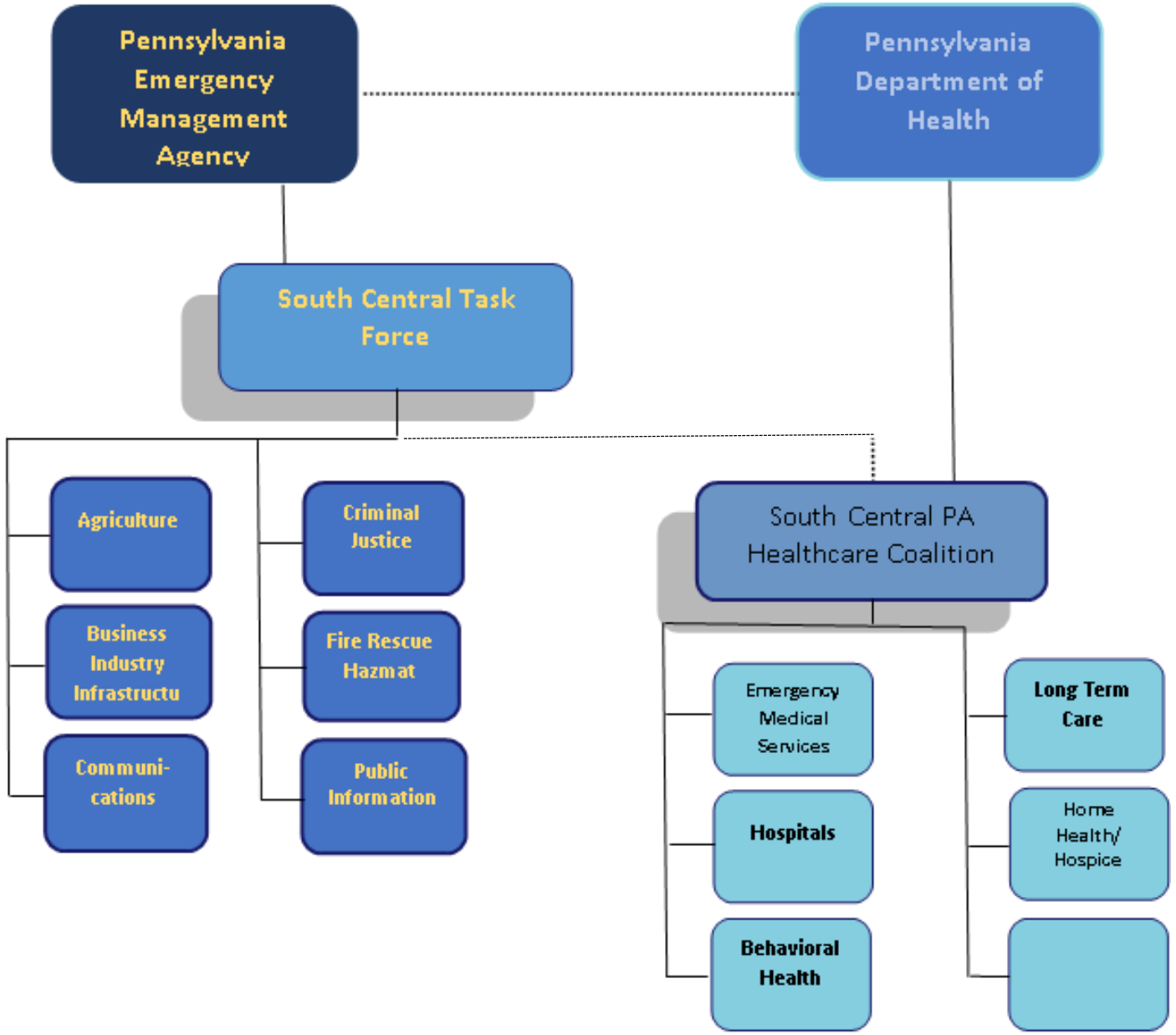
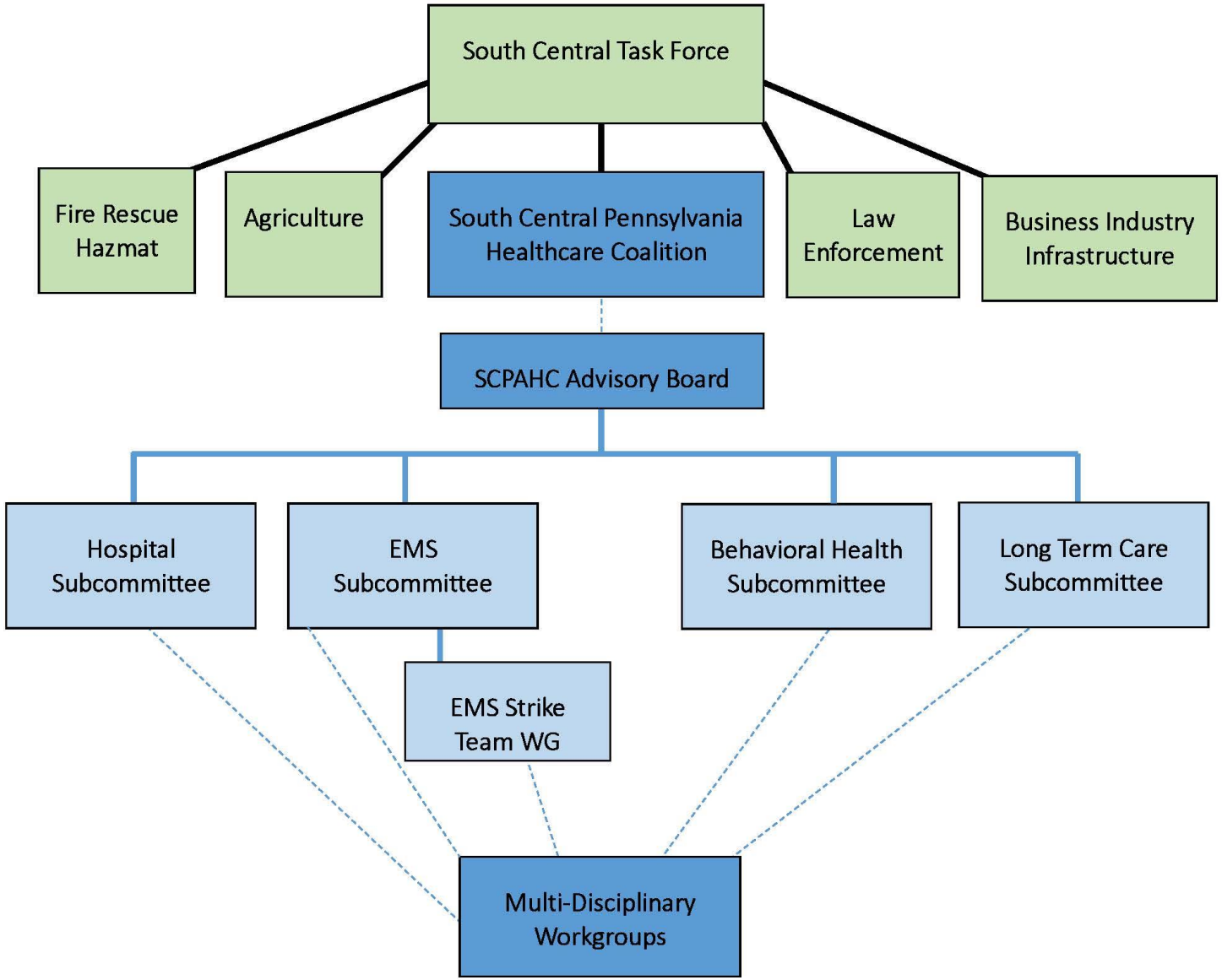
Organizational Relationship to Emergency Management partners





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Coalition Subcommittee Meetings

Chairs and Vice Chair Positions

- Hospitals
- EMS
- Behavioral Health
- Long Term Care
- Home Health

Support Liaisons

- Hospitals- Vickie Negley
- EMS- Ann Harach
- Behavioral Health- Mike Breen
- Long Term Care- Scott Mickalonis
- Home Health- Scott Mickalonis

- Meetings can be live and/or Web-based
- Collaborative discussions to address current issues
- Identify and prioritize planning, training, exercise goals
- Implement Work Groups, teams to address plans
- Track progress and revise plans as needed

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Healthcare Incident Management System (HIMS)

The Pennsylvania Healthcare Coalition Preparedness Program

A partnership between the

The Hospital and Healthsystem Association of Pennsylvania (HAP)

and

the Pennsylvania Department of Health (PADOH)

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The PADOH initiated a partnership with HAP to help refine, enhance, and test individual health care facility preparedness activities and response plans.

The HAP partnership helped to develop a regional coalition approach to health care preparedness across the state, building upon the membership and work of the existing nine regional task force health and medical structures.

The partnership's activities supported coordination, management, and response to a variety of incidents and planned events impacting the health care facilities, health care systems, and communities at large.

The contract budget is $1.2 million.

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HAP is staffing the program with six regional managers and one statewide program director.

The HAP staff is regionally located across the state. While managers have been assigned to specific regions, they routinely support each other and share in activities across regional lines.

The HAP staff works closely with:

- PADOH
- Emergency management
- Regional task force (RTF) health and medical leadership
- Regional Emergency Medical Services Councils
- Partners in regional preparedness and response planning

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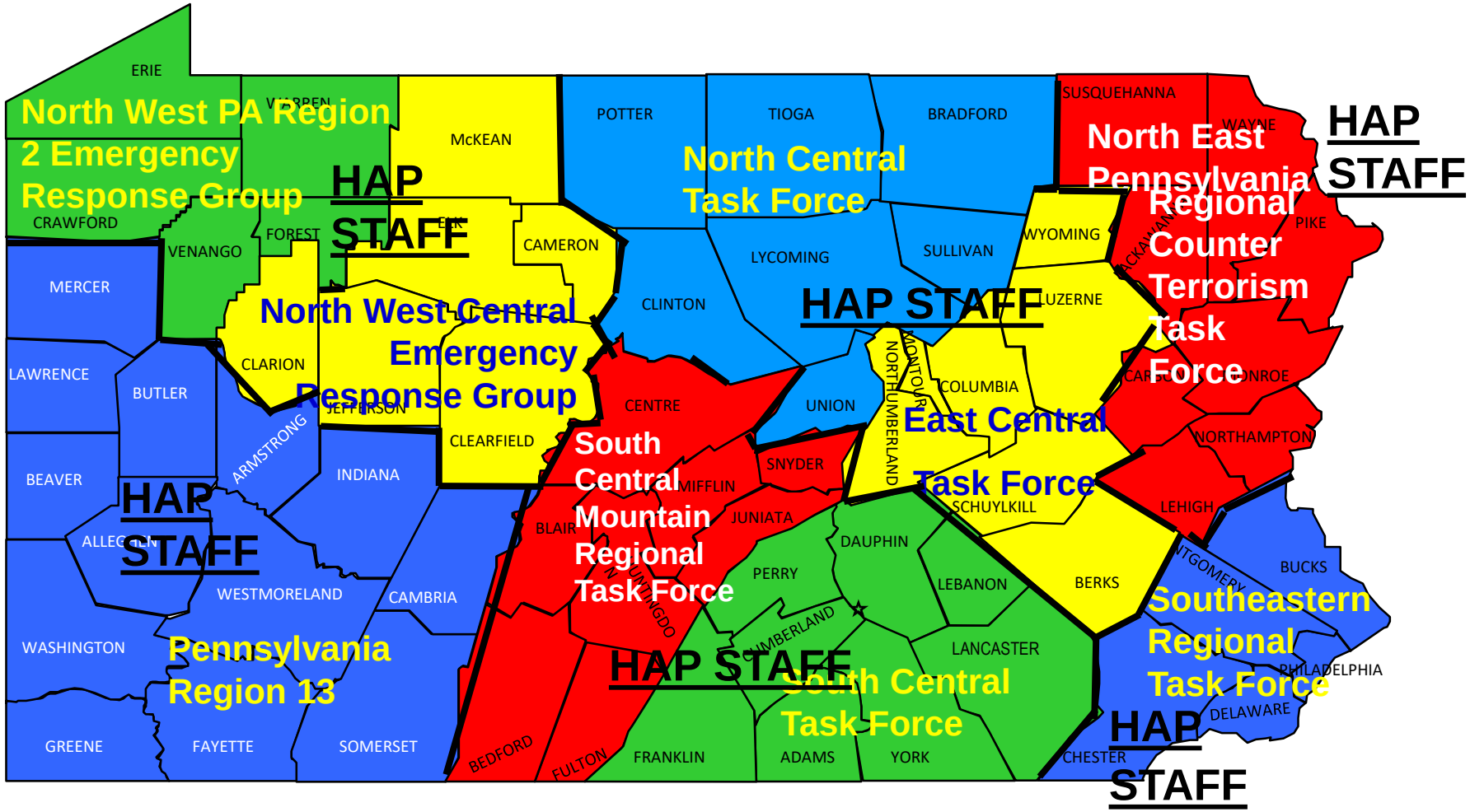

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The HAP team works directly with regional coalition members to support **"whole of community"** preparedness and response, to include:

- Hospitals
- Long-term care facilities
- Community health centers
- Ambulatory surgical centers
- Home care agencies
- Other health care facilities and agencies
- PADOH, county, and municipal public health
- Pennsylvania Emergency Management Agency staff
- Task Force Health and Medical Leadership
- Regional EMS councils
- Partners in regional preparedness and response planning

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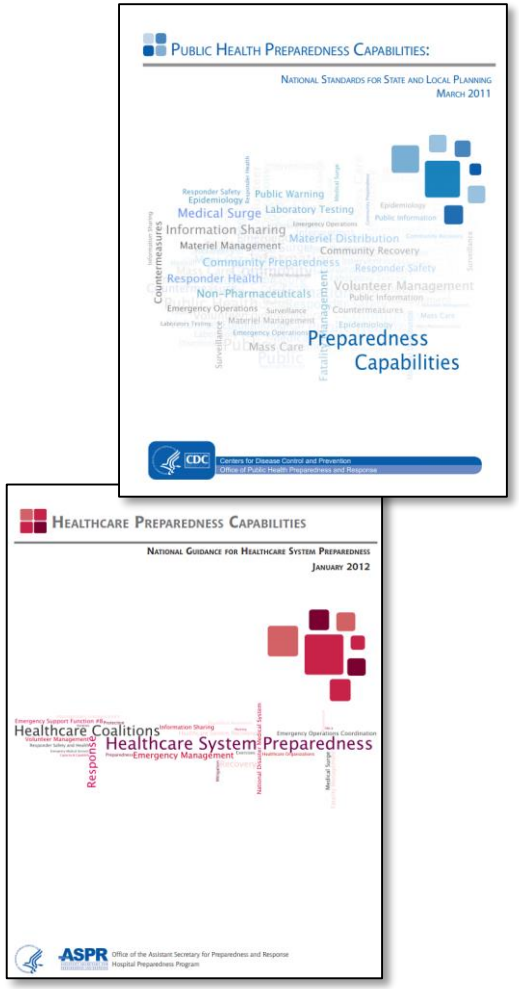
ASPR
ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE
Office of the Assistant Secretary for Prepared ness and Response
Hospital Preparedness Program

In March 2011, the U.S. Centers for Disease Control and Prevention published the ***Public Health Preparedness Capabilities: National Standards for State and Local Planning,*** which defines public health preparedness capabilities and establishes national standards.

In January 2012, the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response published the ***Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness*** which defines health care preparedness capabilities and establishes national standards.

Together, these documents serve as resources for public health and health care preparedness programs throughout the nation.



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Partnership Activities and Accomplishments during the Past Five Years

The PADOH/HAP partnership has:

- Helped to build, enhance, and test regional and individual health care facility preparedness activities, training, and response plans
- Supported individual facility and regional hazard vulnerability assessments
- Guided implementation, training, and administration of the Knowledge Center, Pennsylvania's Healthcare Information Management System
- Developed and managed Statewide Mutual Aid Agreement and coordinated responses
- Provided staffing for health and medical operational support at local, regional, or state level

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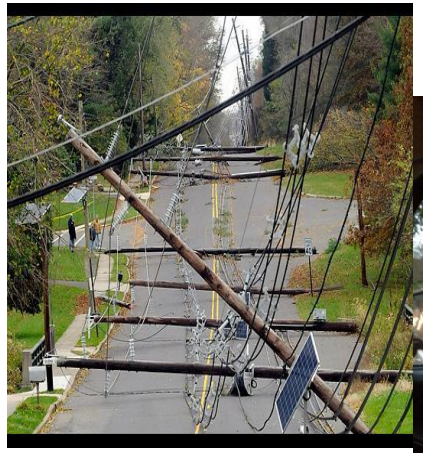
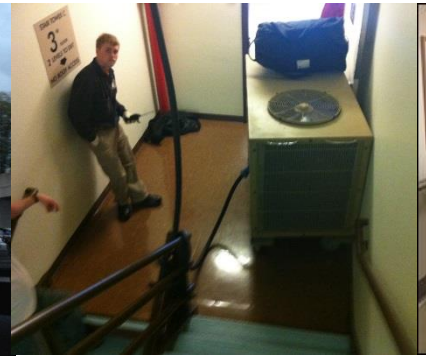
Responses

Department of Health and Human Services OFFICE OF INSPECTOR GENERAL: HOSPITAL EMERGENCY PREPAREDNESS AND RESPONSE DURING SUPERSTORM SANDY OEI-06-13-00260—*PA Hospitals and HAP programs—BEST PRACTICE*

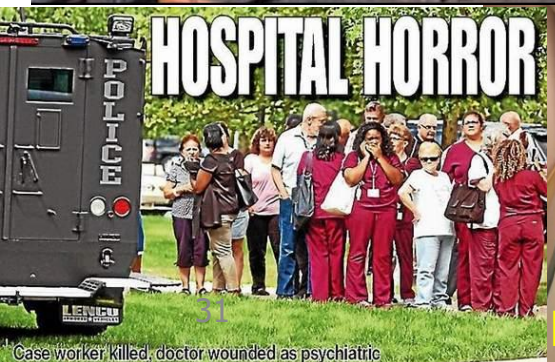




Area Hospitals Treat Passengers Following Deadly Train Derailment ***CBS 3 Local*** ***May 13, 2***

Amtrak derailment disaster tests Philly hospitals ***May 15, 2015, 3:50pm EDT*** ***John George*** ***Philadelphi***

Disaster drills helped Philadelphia hospitals respond to Amtrak train crash, City's hospitals prepared in the state. May 15, 2015 | By Zack Budryk **Fierce Health**



Ebola Prep, Response, Coordination

The New

The HAP staff work with regions' Healthcare Coalitions (HCC)

- Provide operational support activities at HCC level
  - Support evolution and maturation of coalition and diversity of membership
  - Support development of coalition plans
  - Support implementation of coalition projects and activities
  - Support coalition exercises
- Continue to support/advise PADOH Bureau of Public Health Preparedness and health care facilities
  - Continue to support and administer Knowledge Center
  - Continue to support and manage the Statewide Mutual Aid Agreement
- Provide financial management for HCCs (HCC budgets total $3.2 million)
  - Development of HCC budget processes and budgets
  - Provide HCC financial planning, management, and reporting
  - Procurement services of budgeted and approved supplies, equipment, and services for HCCs
- Provide staffing for health and medical operational support at local, regional, or state level
- Total contract is $4.9 million/year
  (including the $3.2 million noted above for HCC activity)

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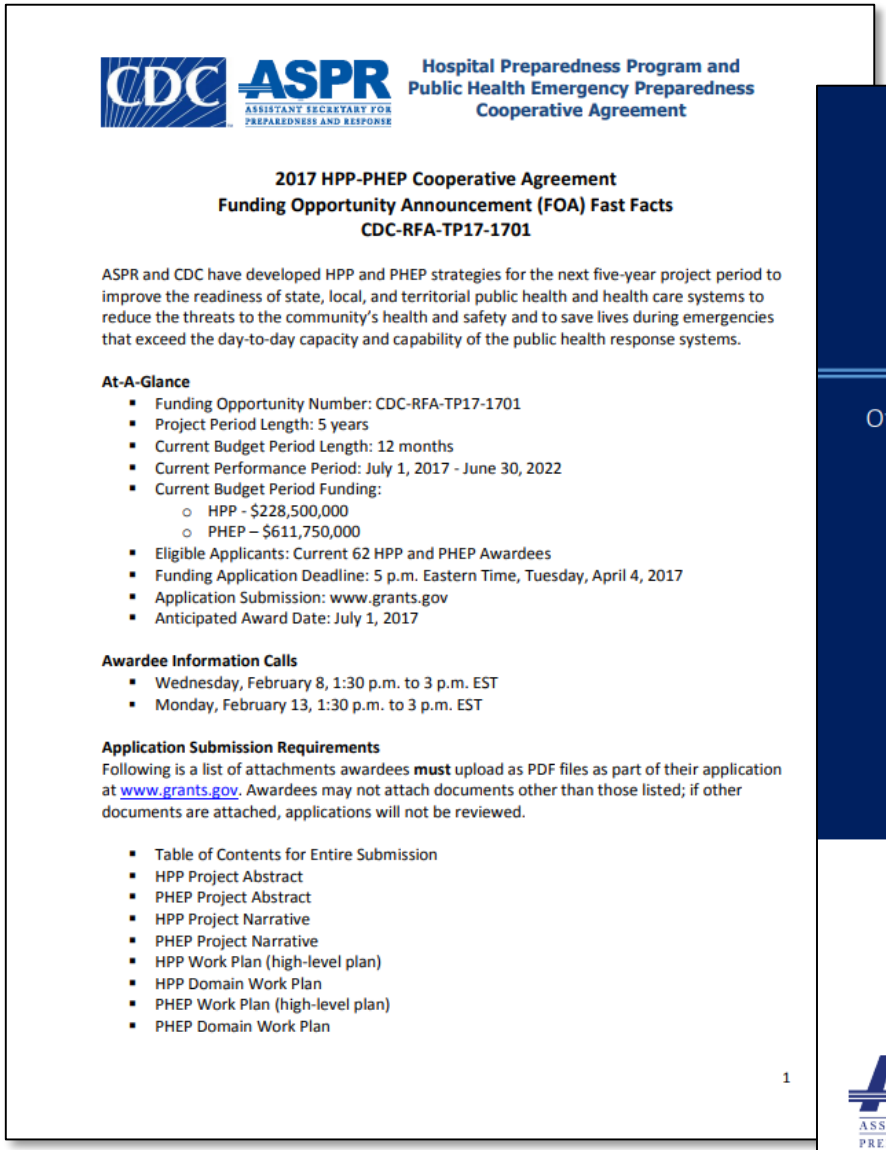
References and Resources



Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreement

2017 HPP-PHEP Cooperative Agreement
Funding Opportunity Announcement (FOA) Fast Facts
CDC-RFA-TP17-1701

ASPR and CDC have developed HPP and PHEP strategies for the next five-year project period to improve the readiness of state, local, and territorial public health and health care systems to reduce the threats to the community's health and safety and to save lives during emergencies that exceed the day-to-day capacity and capability of the public health response systems.

At-A-Glance

- Funding Opportunity Number: CDC-RFA-TP17-1701
- Project Period Length: 5 years
- Current Budget Period Length: 12 months
- Current Performance Period: July 1, 2017 - June 30, 2022
- Current Budget Period Funding:
  - HPP - $228,500,000
  - PHEP – $611,750,000
- Eligible Applicants: Current 62 HPP and PHEP Awardees
- Funding Application Deadline: 5 p.m. Eastern Time, Tuesday, April 4, 2017
- Application Submission: www.grants.gov
- Anticipated Award Date: July 1, 2017

Awardee Information Calls

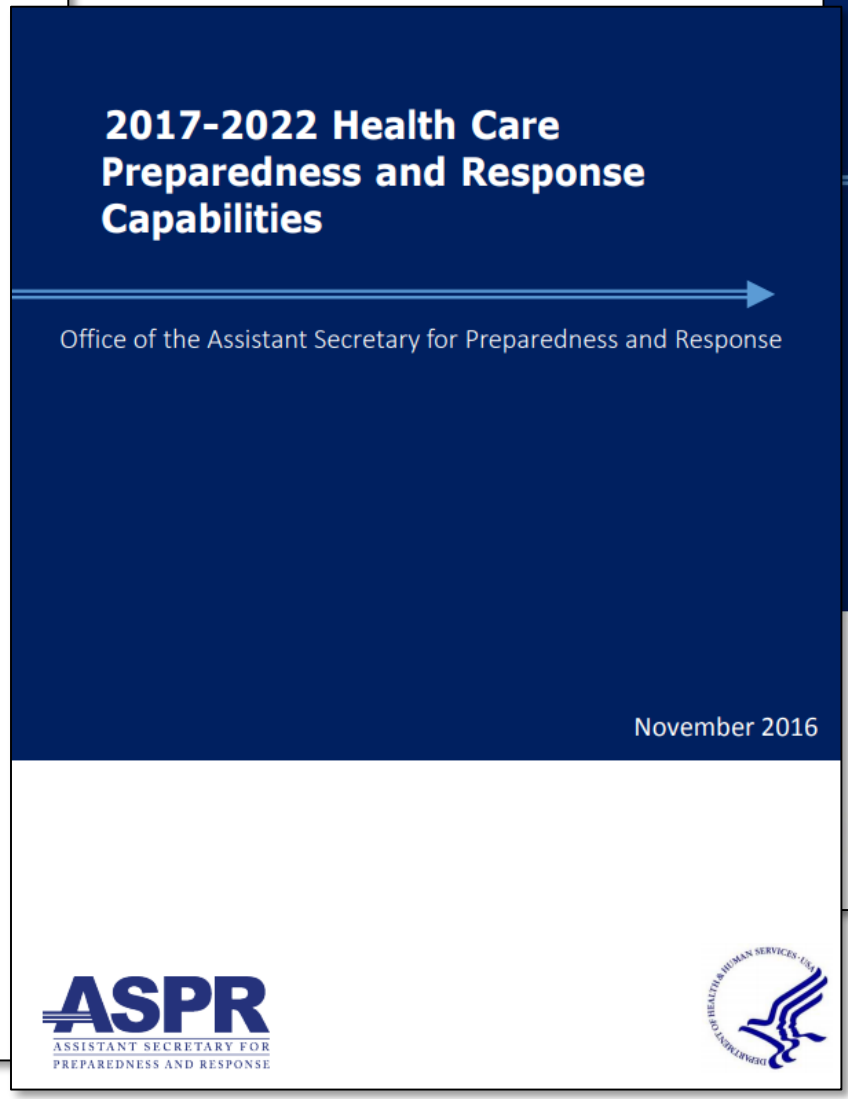
- Wednesday, February 8, 1:30 p.m. to 3 p.m. EST
- Monday, February 13, 1:30 p.m. to 3 p.m. EST

Application Submission Requirements

Following is a list of attachments awardees **must** upload as PDF files as part of their application at www.grants.gov. Awardees may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Table of Contents for Entire Submission
- HPP Project Abstract
- PHEP Project Abstract
- HPP Project Narrative
- PHEP Project Narrative
- HPP Work Plan (high-level plan)
- HPP Domain Work Plan
- PHEP Work Plan (high-level plan)
- PHEP Domain Work Plan

1

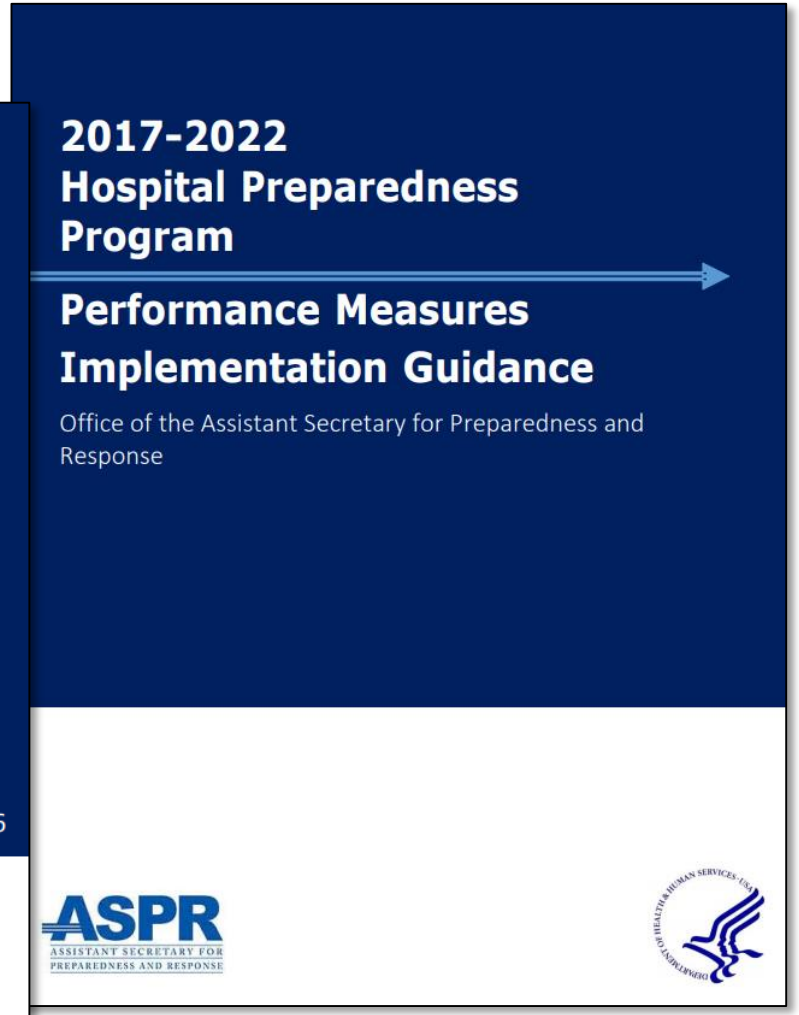


2017-2022 Health Care Preparedness and Response Capabilities

Office of the Assistant Secretary for Preparedness and Response

November 2016

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE



2017-2022 Hospital Preparedness Program

Performance Measures Implementation Guidance

Office of the Assistant Secretary for Preparedness and Response

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ASPR
ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE
Office of the Assistant Secretary for Prepared ness and Response
Hospital Preparedness Program

2017–2022 Healthcare Preparedness and Response Capabilities

- Foundation for health care and medical readiness
- Health care and medical response coordination
- Continuity of health care service delivery
- Medical surge management
- Strengthen information management

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SUMMARY

For the past five years, the PADOH/HAP Hospital Preparedness Partnership has:

- Promoted health care facility preparedness
- Built the foundation for regional Healthcare Coalitions
- Established information-sharing capabilities that have been recognized as best practices
- Responded to, and successfully managed, a wide array of emergencies and events impacting health care facilities with no to minimal impact on the ability to provide quality health care to the commonwealth's residents

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Questions?

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EVENTS

Lessons Learned, Best Practices

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Hurricane Katrina

St. Rita's Nursing Home
St. Bernard Parish

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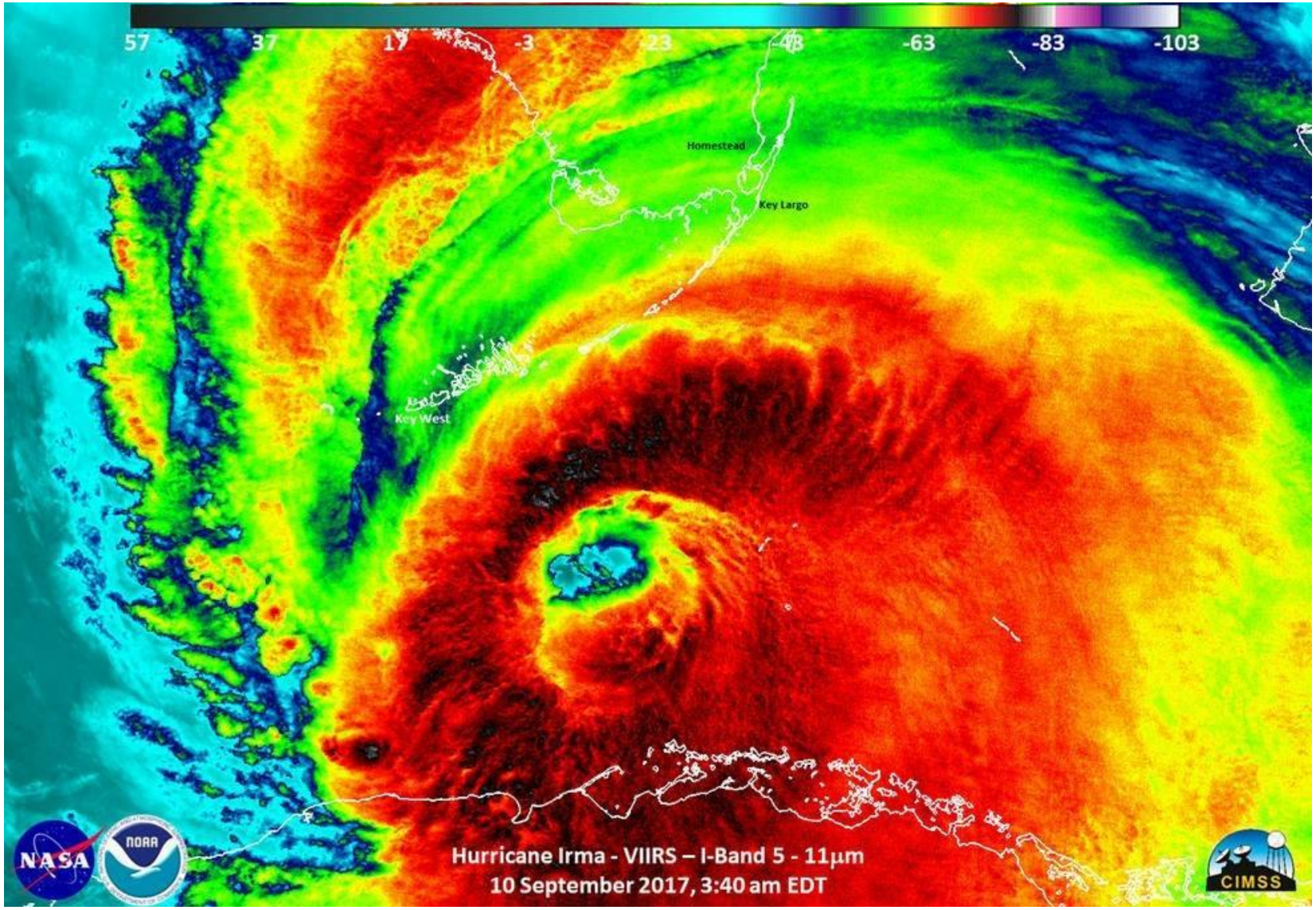
HAP Evolve Hurricane IRMA



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HAP Evolve Hurricane Harvey

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The Hospital + Healthsystem Association of Pennsylvania

The Hospital + Healthsystem Association of Pennsylvania

The Hospital + Healthsystem Association of Pennsylvania

La Vita Bella
Dickinson, TX.

The Hospital + Healthsystem Association of Pennsylvania

The Hospital + Healthsystem Association of Pennsylvania

Cypress Glen
Port Arthur, TX.

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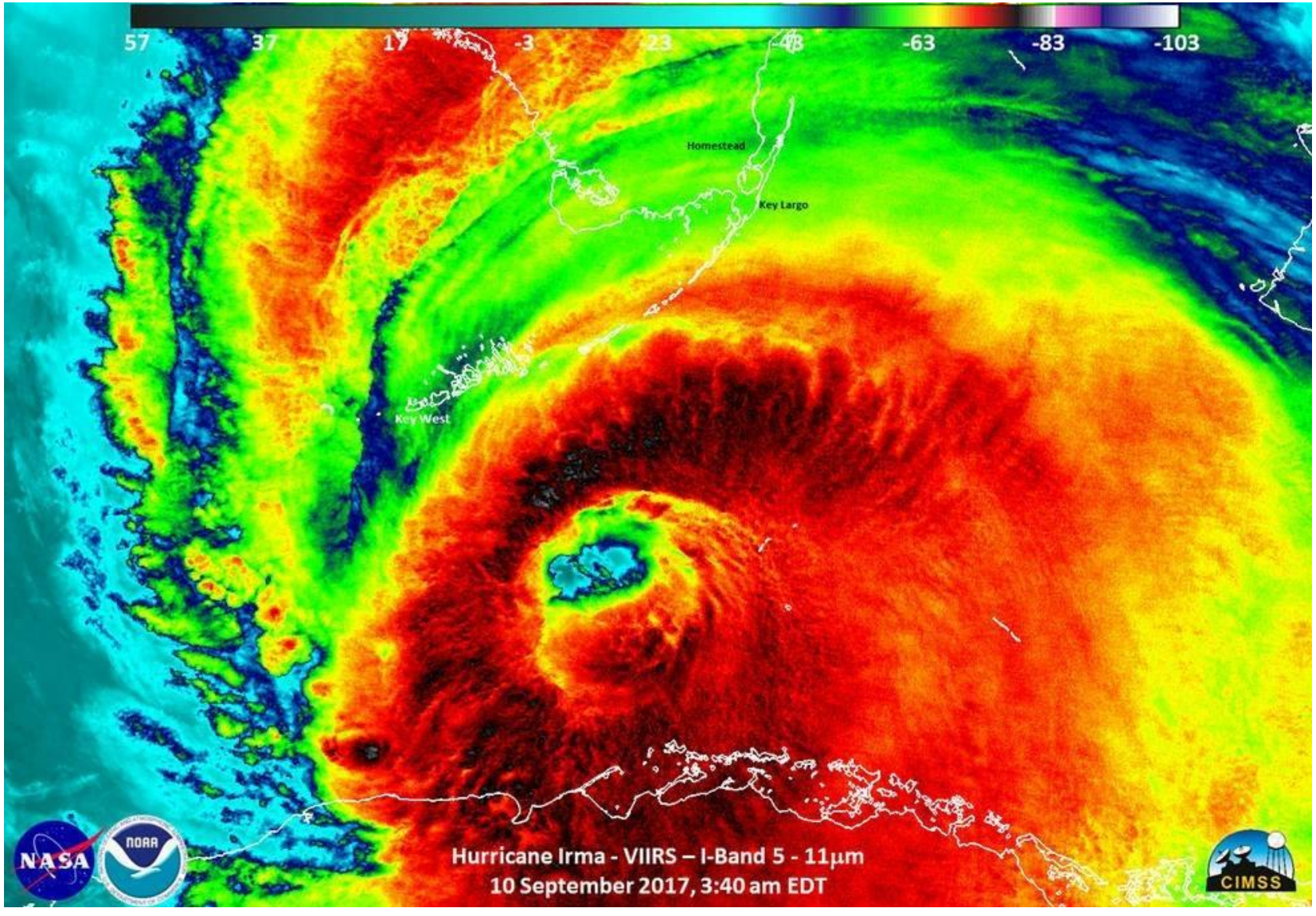
HAP Evolve Hurricane IRMA



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Hollywood Hills

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HAP evolve

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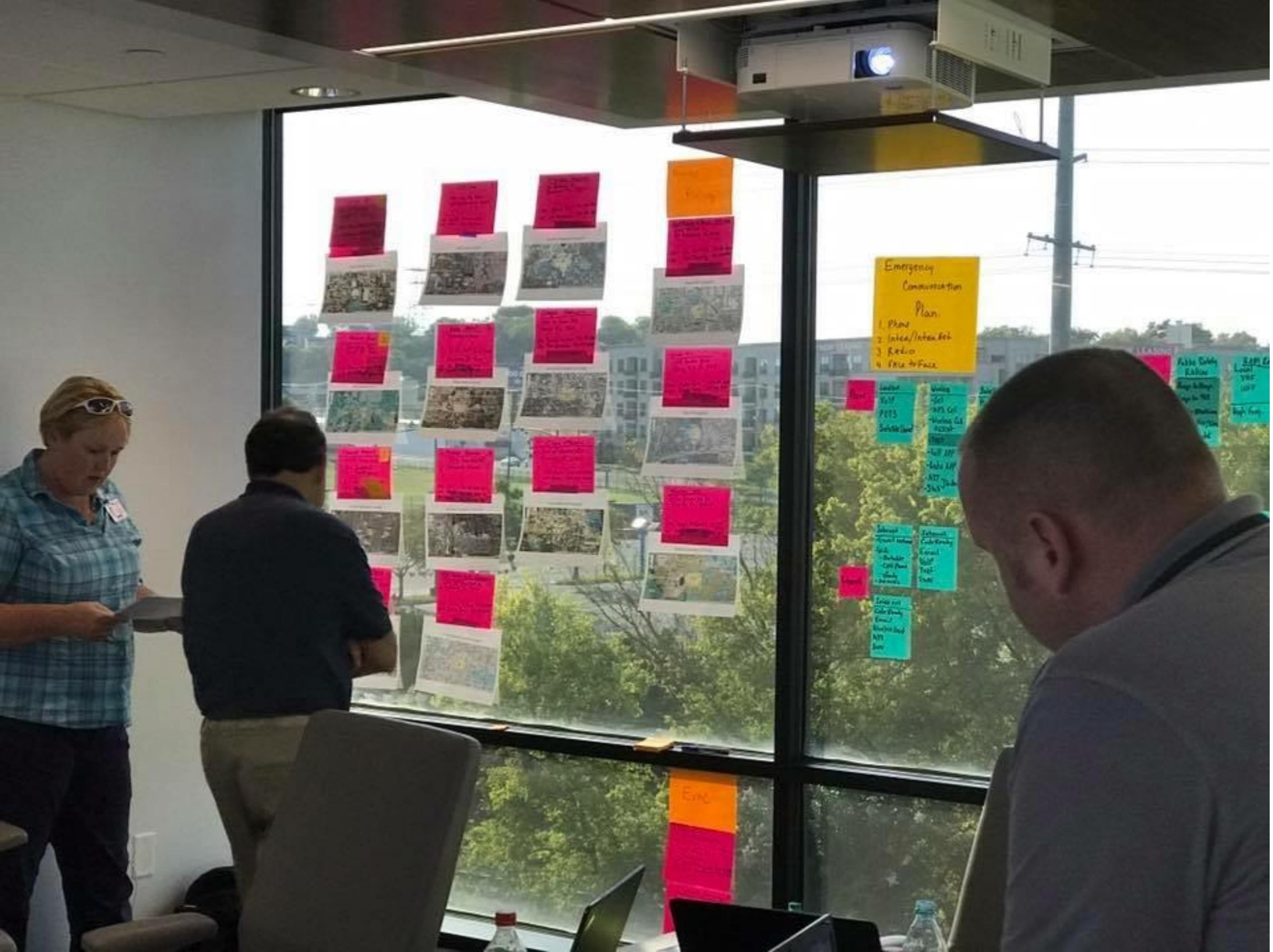

HAP evolve

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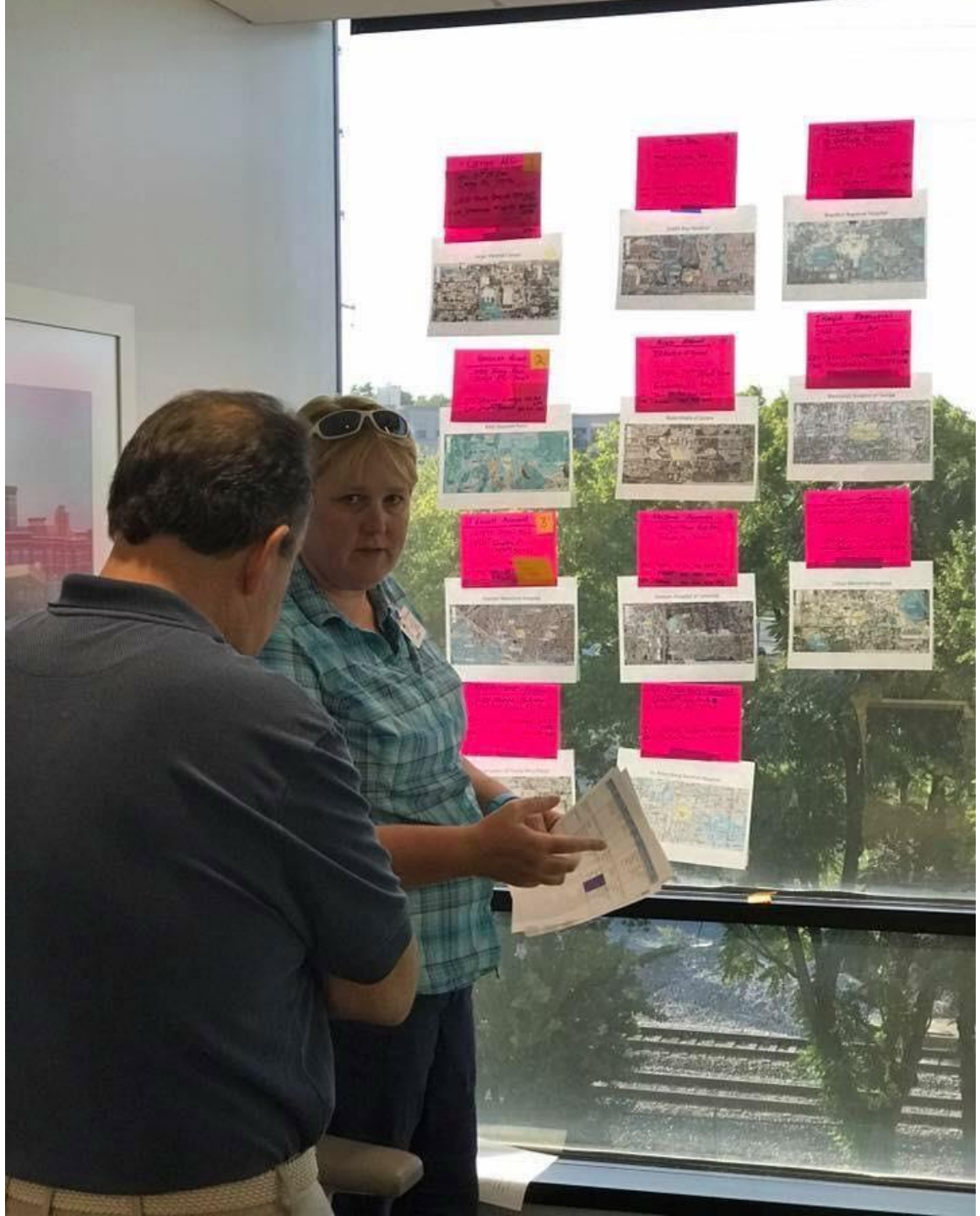
Association of Pennsylvania



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By failing to prepare, you are preparing to fail.
Benjamin Franklin

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Thank you!

Mark R. Ross

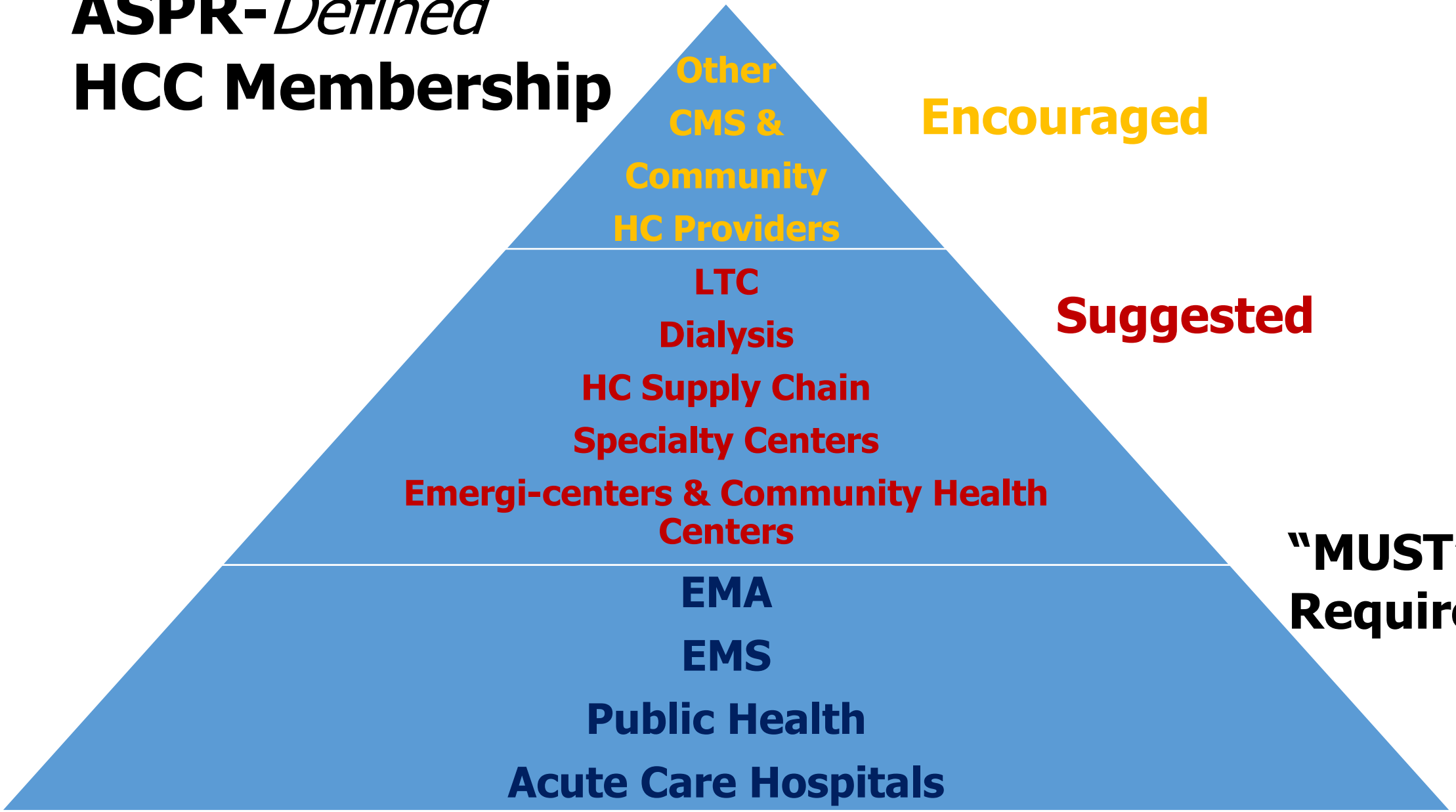
Vice President, Emergency Preparedness

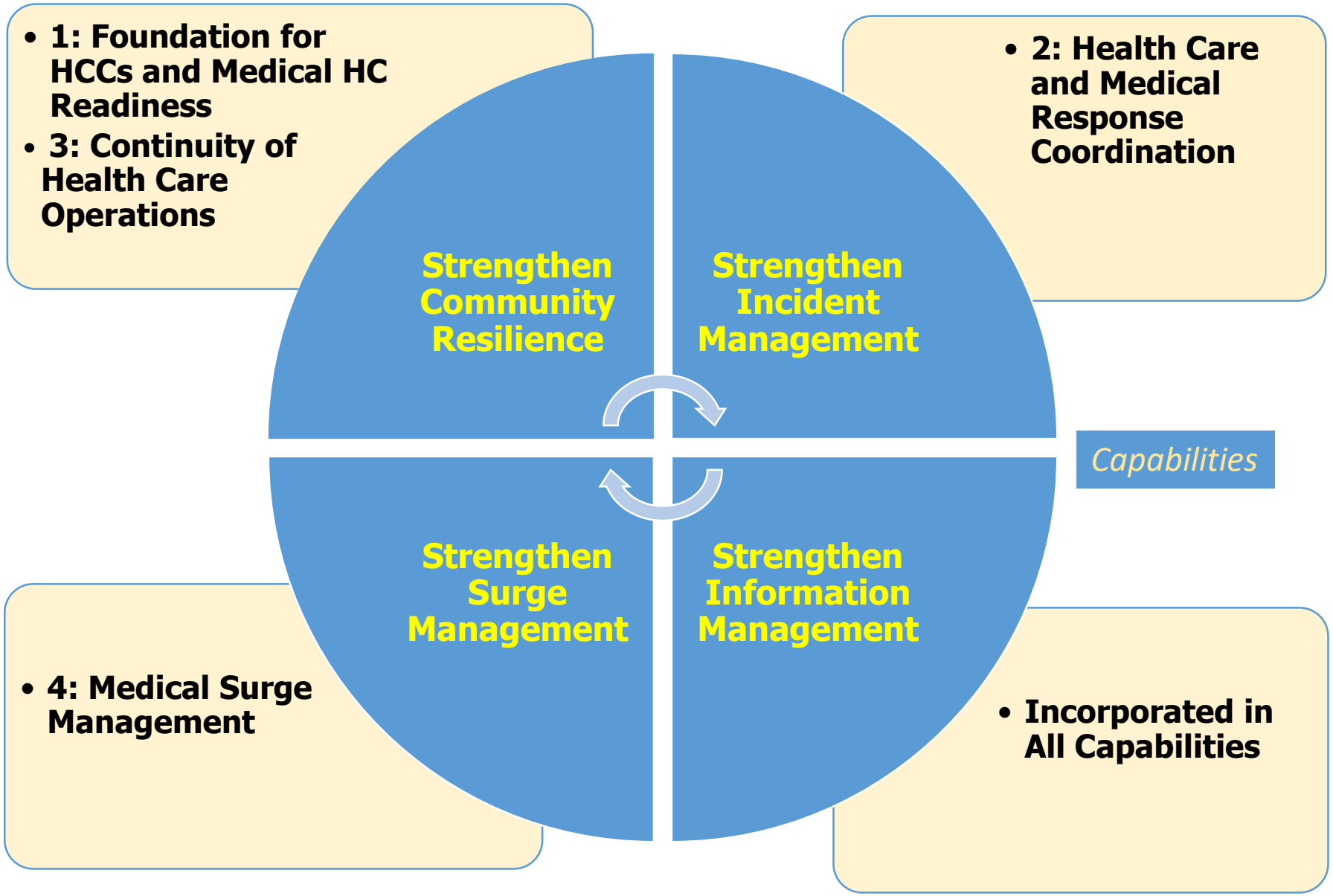
mross@haponline.org

610-656-2497

The Hospital + Healthsystem Association of Pennsylvania

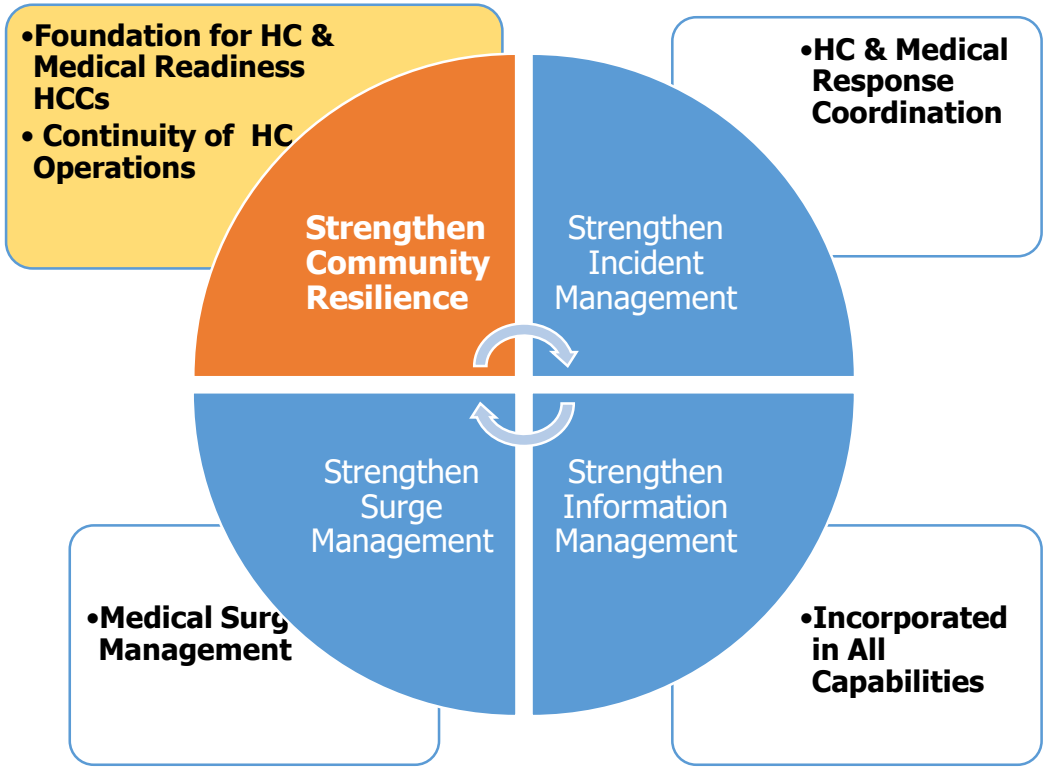
ASPR-*Defined* HCC Membership




• 1: Foundation for HCCs and Medical HC Readiness
• 3: Continuity of Health Care Operations
• 2: Health Care and Medical Response Coordination
Strengthen Community Resilience
Strengthen Incident Management
Strengthen Surge Management
Strengthen Information Management
Capabilities
• 4: Medical Surge Management
• Incorporated in All Capabilities

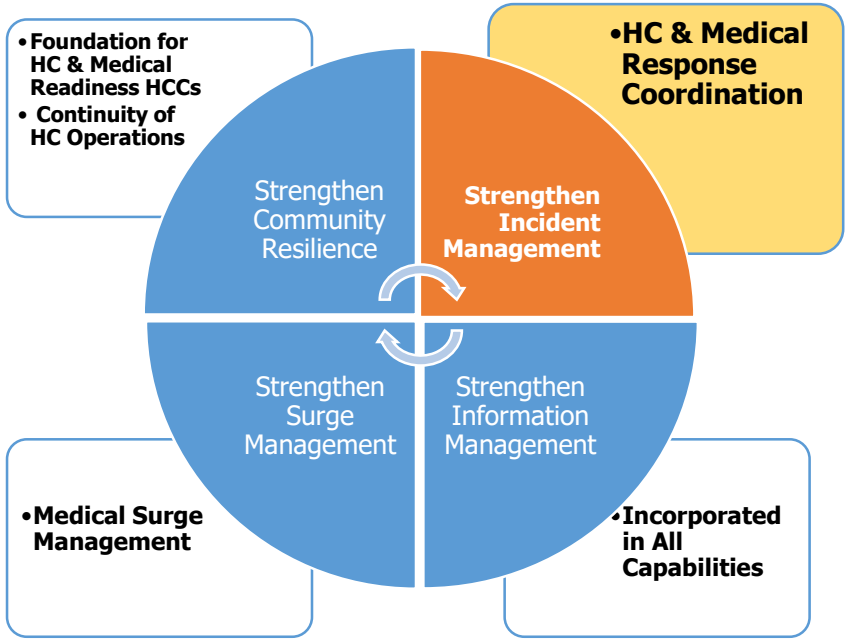
Capability 1: Foundation for HC and Medical Readiness

Objective 1: Establish and Operationalize HCCs
Objective 2: Identify Risk and Needs
Objective 3: Develop a HCC Preparedness (strategic) Plan
Objective 4: Train and Prepare Healthcare and Medical Workforce
Objective 5: Ensure Preparedness is Sustainable



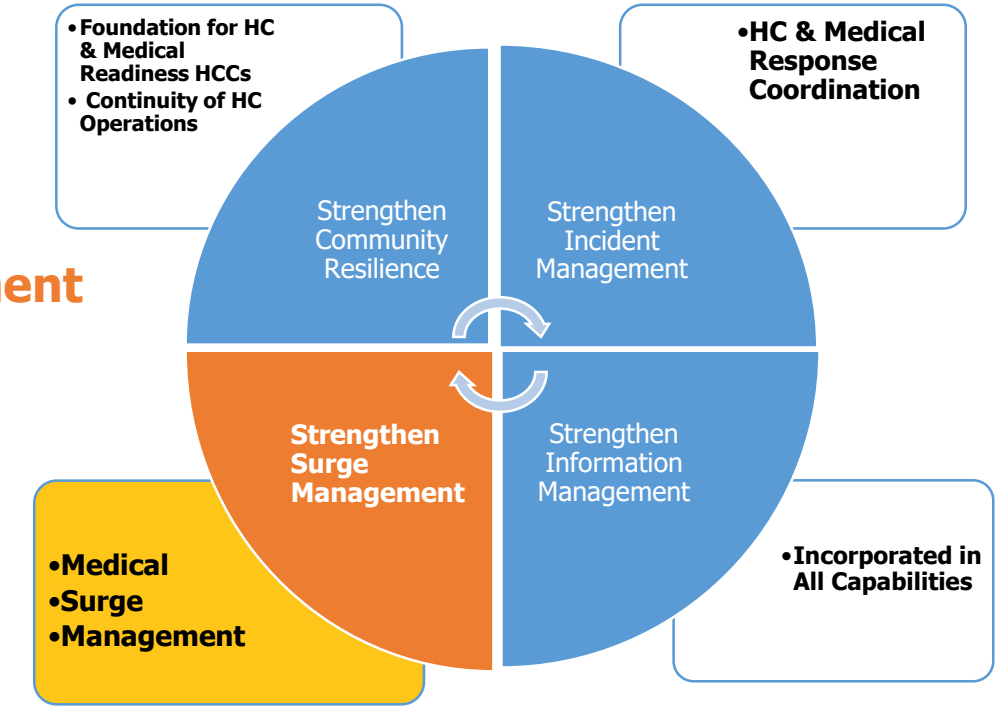
Capability 3: Continuity of Health Care Services Delivery

Objective 1: Identify Essential Functions for Health Care Delivery
Objective 2: Plan for Continuity of Operations
Objective 3: Maintain Access to Non-personnel Resources during an Emergency
Objective 4: Develop Strategies to Protect Health Care Info Systems and Network
Objective 5: Protect Responders' (Receivers') Safety and Health
Objective 6: Plan for Coordination of HC Evacuation and Relocation
Objective 7: Coordinate Health Care Recovery



Capability 2: HC and Medical Response Coordination

Objective 1: Develop and Coordinate HC Organization and HCC Response Plan
Objective 2: Utilize Information Sharing Procedures and Platforms
Objective 3: Coordinate Response Strategy, Resources, and Communications

Capability 4: Medical Surge Management

Objective 1: Plan for a Medical Surge
Objective 2: Respond to a Medical Surge