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CRITICAL COMMUNICATION POINTS

FOR CMS EMERGENCY PREPAREDNESS

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Overview

The Interpretative Guidelines (IGs) for the CMS Emergency Preparedness Final Rule are released. The 72-page document clarifies several issues about communication as hospital and healthcare facilities work towards meeting criteria by the November deadline.

Below is a breakdown of the critical communication points to consider, along with excerpts from the IGs. We know some planners are still getting up to speed and we invite you to read through this blog post, and also check out our CMS Emergency Preparedness Library for additional resources.

Broad-impact or localized events, community cooperation is key.

Our overall impression is the IGs emphasize two important aspects of preparedness:

Planners needs to think of the worst-case scenarios related to a myriad of threats and plan for those. The IGs repeatedly emphasized things like evacuations, power failures and supply and staff shortages. While large emergencies are rare, that is what causes the greatest threat to facilities and puts the most lives at risk. CMS wants you prepared for the worst, so take those scenarios into serious consideration when you're doing risk assessments.
The IGs strongly emphasize planning with the response community outside of the healthcare facility. They want to see active drills that include responders from local and state agencies and other healthcare facilities. That was repeated several times and you must document the reason why you can't have a multi-organization active drill or risk not being accredited.

Now let's dive into the communication points that are emphasized in the IGs.

Communications for Essential Personnel

Whether on-duty or off-duty, planners need to take into consideration who needs to be at the facility for each planned hazard, and there needs to be a succession plan in place in case the planned responder is unavailable. You should develop primary and secondary means of communication with your essential personnel, contractors, and volunteers) and you'll need to think about how to contact them before, during, and after an incident.
Excerpts from the IGs:

On-Duty Staff: E-0018, Facilities must have “a system to track the location of on-duty staff and sheltered patients in the [facility’s] care during an emergency.” (pg. 25)

Off-Duty Staff: “Facilities are expected to include in its emergency plan a method for contacting off-duty staff during an emergency and procedures to address other contingencies in the event staff are not able to report to duty which may include, but are not limited to, utilizing staff from other facilities and state or federally-designated health professionals.” (pg. 35)

Succession Planning: “The Emergency plan must identify which staff would assume specific roles in another’s absence through succession planning and delegations of authority … Succession planning increases the availability of experienced and capable employees that are prepared to assume these roles as they become available … At a minimum, there should be a qualified person who ‘is authorized in writing to act in the absence of the administrator or person legally responsible for the operations of the facility.’” (pg. 13)

Communications for Essential Functions

There are many essential functions for a healthcare facility, you need to think about aspects of business continuity as well as patient care. Beyond adequate staffing, you need to think about power supplies, vendors that provide essential services such as food, water, medical equipment, and medicine. Do you have a way to reach them before, during, and after an incident? Are there things you can stockpile? And things that you can bring on site as needed? Do those requirements change depending on the threat you’re preparing for (i.e. a chemical spill vs. a natural disaster).

Facilities must be able to provide for adequate subsistence for all patients and staff for the duration of an emergency or until all its patients have been evacuated and its operations cease. There are no set requirements or standards for the amount of provisions to be provided in facilities. Provisions include, but are not limited to: (pg. 22)

- Food
- Pharmaceuticals
- Medical Supplies

Communications with the Local Community

The definition of local community was purposely left vague so planners could consider what is available in their region, but planners are expected to work with various agencies and responders in their area. They should also take into groups such as public health, neighboring states, any group that could aid or coordinate with a facility during an incident. Again, there must be primary and secondary means of communication. This was emphasized several times in the IGs, below is one excerpt that summarizes the expectations.

Facilities must have a written emergency communication plan that contains how the facility coordinates patient care within the facility, across healthcare providers, and with state and local public health departments. The communication plan should include how the facility interacts and coordinates with emergency management agencies and systems to protect patient health and safety in the event of a disaster. The development of a communication plan will support the coordination of care. (pg. 41)

Facilities are required to have primary and alternate means of communicating with staff, Federal, State, tribal, regional, and local emergency management agencies. Facilities have the discretion to utilize alternate communication systems that best meets their needs. (pg. 46)

Communications During Evacuations

If the worst happens and a facility needs to evacuate, planners need to keep several things in mind. [Page numbers in the numbered list below are summary reference, not direct quotes]

1. What staff are needed to help with the evacuation and if staff travel with patients to maintain care (pg. 28)
2. What essential resources (food, water, medical supplies, etc.) are needed during an evacuation (pgs. 6, 10)
3. What outside agencies would assist in a patient move (pg. 31)
4. What facilities would receive the patients (sometimes this means a primary receiving facility and a secondary receiving facility (pg. 14) as well as transport options pg. 37)
5. Planning to maintain HIPAA while relaying patient information, including the sharing of medical documentation (pg 48)
6. Planning to be the receiving facility – thinking about staffing and supply needs and other aspects of a patient surge (pg. 11)

7. Facilities also need to have the ability to include and share occupancy information including bed availability (pg. 49)
8. Logging all the information in a way that is trackable and reviewable (pgs. 27-29, 32, 54)

Facilities are encouraged to leverage the support and resources available to them through local and national healthcare systems, healthcare coalitions, and healthcare organizations for resources and tools for tracking patients. (pg. 27)

Facilities must develop a means to track patients and on-duty staff in the facility's care during an emergency event. In the event staff and patients are relocated, the facility must document the specific name and location of the receiving facility or other location for sheltered patients and on-duty staff who leave the facility during the emergency. (pg. 26)

Facilities are expected to provide patient care information to receiving facilities during an evacuation, within a timeframe that allows for effective patient treatment and continuity of care. (pg. 48)

Critical Communications and Your Emergency Preparedness Plans

We recommend taking the following steps to review your emergency preparedness communication plans to meet the CMS criteria:

1. Perform a risk assessment of your facility using an all-hazards approach
2. Reach out to other facilities and local agencies to ensure a primary and secondary means of communication
3. Ensure you have a primary and secondary way to reach staff, contractors, and volunteers in the event of an emergency, make sure the lists are regularly updated
4. Ensure you have a system in place to log steps during an event for review purposes and to submit to federal, state, and local agencies as needed
5. Ensure you have a system in place to track patients during an emergency including hand-offs to other facilities, ways to notify family members, and maintain HIPAA-compliance.

Working with healthcare emergency preparedness leaders, Everbridge has developed a CMS Emergency Preparedness Library to help facilities achieve compliance with CMS' new rule. You can also contact us for more information with a specific issue.

About Everbridge

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