

CMS Preparedness Workshop

March 20, 2018

CMS Preparedness References



*Note each logo links to the specified reference associated with the corresponding slide content.



COMMUNICATION PLAN DEVELOPMENT

Communication Plan - Overview

- From 2016 CMS Final Rule, Executive Summary
 - “We are requiring facilities to develop and maintain an emergency preparedness communication plan that complies with both federal and state law. **Patient care must be well-coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies and systems to protect patient health and safety in the event of a disaster...During an emergency, it is critical that hospitals, and all providers/suppliers, have a system to contact appropriate staff, patients’ treating physicians, and other necessary persons in a timely manner** to ensure continuation of patient care functions throughout the facilities and to ensure that these functions are carried out in a safe and effective manner.”

- **Communication Plan:**
 - Develop and maintain a communication plan that complies with both Federal and State law
 - Patient care must be well-coordinated within the facility, across health care providers, and with State and local public health departments and emergency systems
 - Must be reviewed at least annually
 - Include contact information for other like facilities
 - Collect and Share information
 - Strict requirements, flexible implementation

Conditions of Participation

- (c) 1: Internal Contact Information
- (c) 2: External Contact Information
- (c) 3: Primary and alternate means of communication
- (c) 4: Sharing patient info with other health care providers
- (c) 5: Release patient info during evacuation
- (c) 6: General condition and location of patients
- (c) 7: Communicate facility needs/occupancy/ability to assist
- (c) 8: Sharing emergency plan with residents/families

(c)1: Internal Contact Information

- Must include names and contact info for:
 - Staff
 - Entities providing services under arrangement
 - Patients’ physicians
 - Other like facilities
 - Volunteers
- No set formatting standard, but must be “easily accessible”
- If using electronic data storage, must be able to provide back-up data with hard copies
- Should update throughout the year as needed, plus wholesale annual review

(c)2: External Contact Information

- Must include contact info for:
 - Federal Emergency Preparedness Agencies/Staff
 - State Emergency Preparedness Agencies/Staff
 - Regional Emergency Preparedness Agencies/Staff
 - Local Emergency Preparedness Agencies/Staff
 - Tribal Emergency Preparedness Agencies/Staff (if applicable)
 - Other sources of assistance
- No set formatting standard, but must be “readily accessible”
- If using electronic data storage, should be able to provide back-up data with hard copies
- Should update throughout the year as needed, plus wholesale annual review

(c)3: Primary and Alternate Means of Communication

- Must include primary and alternate means of communicating with:
 - Facility Staff
 - Federal Emergency Management Agencies
 - State Emergency Management Agencies
 - Regional Emergency Management Agencies
 - Local Emergency Management Agencies
 - Tribal Emergency Management Agencies (if applicable)

(c)4: Sharing Patient Info w/other Health Care Providers

- Must include method for sharing patient info and medical documentation with other providers to ensure continuity of care
 - Patient name, age, and DoB
 - Allergies and current medications
 - Medical diagnoses
 - Blood Type
 - Advance directives
 - Next of kin and emergency contacts
 - Current reason for admission (if inpatient)



(c)5: Release patient info during evacuation

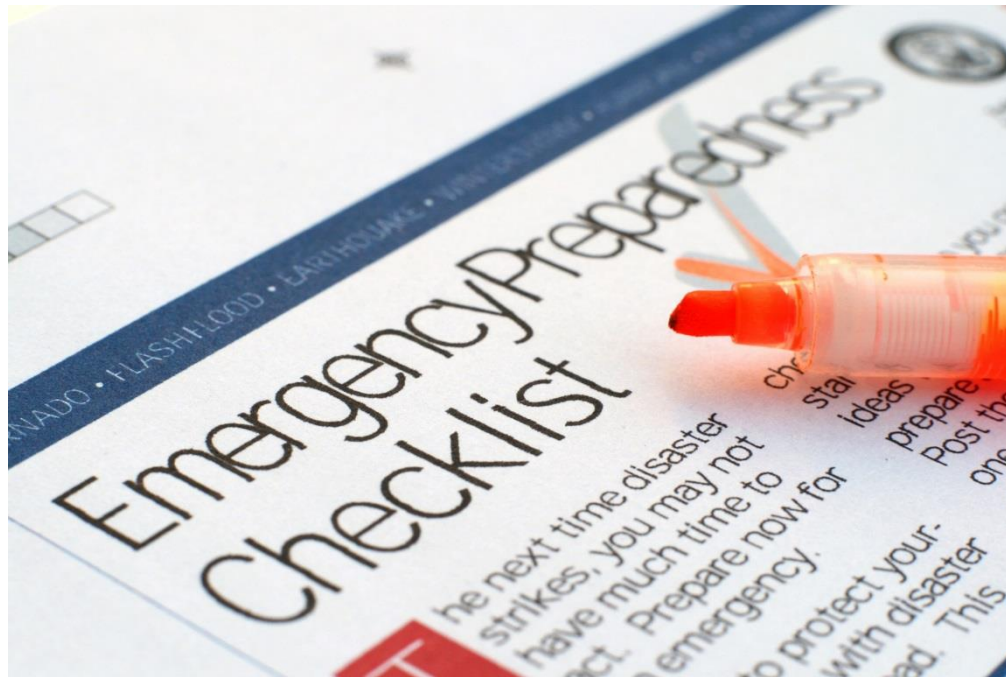
- Must include means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).
 - “A covered entity may use or disclose protected health information to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual’s location, general condition, or death.”
 - CFR 164.510(b)(4) specifically mentions disaster situations
- Facilities need to have a communication system in place capable of generating timely, accurate information that could be disseminated, as permitted, to family members and others.

(c)6: General condition and location of patients

- Must include means to provide information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4)
 - *“Uses and disclosures for disaster relief purposes. A covered entity may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures permitted by paragraph (b)(1)(ii) of this section.*
 - Closely related to (c)5

(c) 7: Communicate facility needs/occupancy/ability to assist

- Must include means of providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.



(c)8: Sharing emergency plan with residents/families

- Must include a method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families and representatives.
- Only applies to LTC and ICF/IID
- Facility has flexibility on:
 - What components of the plan that it shares
 - The method and timing of information sharing

Transplant Centers

- While transplant centers are not specifically named in the CMS rule, they should be involved in the development of the hospital's communications plan.
- If a hospital has a transplant center, communications plan should also include OPOs that serve the transplant center



Communication Plan – Survey Procedures

- General Plan and all Conditions of Participation:
 - Ask to see copy of written plan
 - Verify that specific Condition of Participation is included in the plan
 - Verify that plan and components are reviewed and updated at least annually
- (c)1 & (c)2:
 - Ask to see a list of specific contact information
- (c)3:
 - Verify that communications equipment/systems listed in the plan are installed/operable
- (c)4:
 - For RNHCIs, surveyors will be looking for specific language in plan about sharing patient information based on the written election statement made by the patient/legal representative

Communication Plan – Survey Procedures (Cont.)

- (c)8:
 - Ask staff to demonstrate how facility shares emergency plan information with residents
 - Interview residents, clients, and their families or representatives and ask if facility provided information regarding its emergency plan



Template Review

- Sources:
 - [California Association of Health Facilities \(CAHF\)](#) –
“Emergency Operations Program and Plan (EOP) Template for Skilled Nursing Facilities”
 - [Massachusetts Department of Public Health \(MDPH\)](#) –
“Hospital Evacuation Toolkit”
 - TSA-E specific information
- References:
 - [Emergency Preparedness Basic Surveyor Training Course](#)