

CA Rural Health Clinic Conference

Emergency Preparedness: We Have Limited Resources. So What Do We Do?

Presented by:
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June 25-27, 2018



AGENDA

- + CMS Emergency Preparedness Rule
- + Core Components
- + Rural Planning – What's Different?
- + Establish and Leverage Partnerships
- + Sustainable Practice
- + Information Sharing
- + Med Surge Challenges
- + Summary



Introductions

- Name
- Agency
- Position
- Course expectation
- Experience with Emergency Preparedness?

Kimberly Baldwin, Senior Consultant

Kimberly is an experienced management professional who has worked with national, regional, state, local and private-sector organizations in the areas of hospital emergency management, business continuity and public health preparedness. Her expertise includes project management, planning, policy development, facilitation and evaluation related to catastrophic incidents, mass-care, evacuation, active shooter response, medical counter-measures and exercise development. Kimberly has facilitated multi-event training and exercise programs supporting more than a dozen tabletops, functional and full scale exercises within a fiscal year.

Kimberly was instrumental in the preparedness, response and recovery for California's third worst devastating fire "Valley Fire" in 2015, where she was the Emergency Preparedness Manager for a local Public Health Department as well as played a role in the Lake/Mendo/Napa/Sonoma fires recently. She was the county Medical Health Operational Area Coordinator (MHOAC) for resource requesting during various disasters over the years. Kimberly has developed, trained and exercised the Medical Reserve Corps Volunteers and has assisted with evacuations of a hospitals, clinics and SNF's.



CMS Emergency Preparedness Rule

CMS Emergency Preparedness Rule

Final Rule

Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers

- Published September 16, 2016
- Applies to all 17 provider and supplier types
- Implementation date November 15, 2017
- Compliance required for participation in Medicare
- Emergency Preparedness is one new CoP/CfC of many already required

17 Provider Types Impacted

1. Hospitals
2. Religious Nonmedical Health Care Institutions (RNHCIs)
3. Ambulatory Surgical Centers (ASCs)
4. Hospices
5. Psychiatric Residential Treatment Facilities (PRTFs)
6. All-Inclusive Care for the Elderly (PACE)
7. Transplant Centers
8. Long-Term Care (LTC) Facilities
9. Intermediate Care Facilities for Individuals With Intellectual Disabilities

17 Provider Types Impacted

10. Home Health Agencies (HHAs)
11. Comprehensive Outpatient Rehabilitation Facilities (CORFs)
12. Critical Access Hospitals (CAHs)
13. Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
14. Community Mental Health Centers (CMHCs)
15. Organ Procurement Organizations (OPOs)
16. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
17. End-Stage Renal Disease (ESRD) Facilities

Requirements Vary by Provider Type

- Outpatient providers are not required to have policies and procedures for the provision of subsistence needs.
- Home health agencies and hospices are required to inform officials of patients in need of evacuation.

Additional Requirements

Generators – Develop policies and procedures that address the provision of alternate sources of energy to maintain:

- Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.
- Emergency lighting.
- Fire detection, extinguishing, and alarm systems.

Additional requirements for hospitals, critical access hospitals, and long-term care facilities are located within the Final Rule under Standard (e) for Emergency Power and Stand-by Systems.



Core Components of the EP Rule

Four Core Components



Online Survey/Poll

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Four Core Components



Online Survey/Poll

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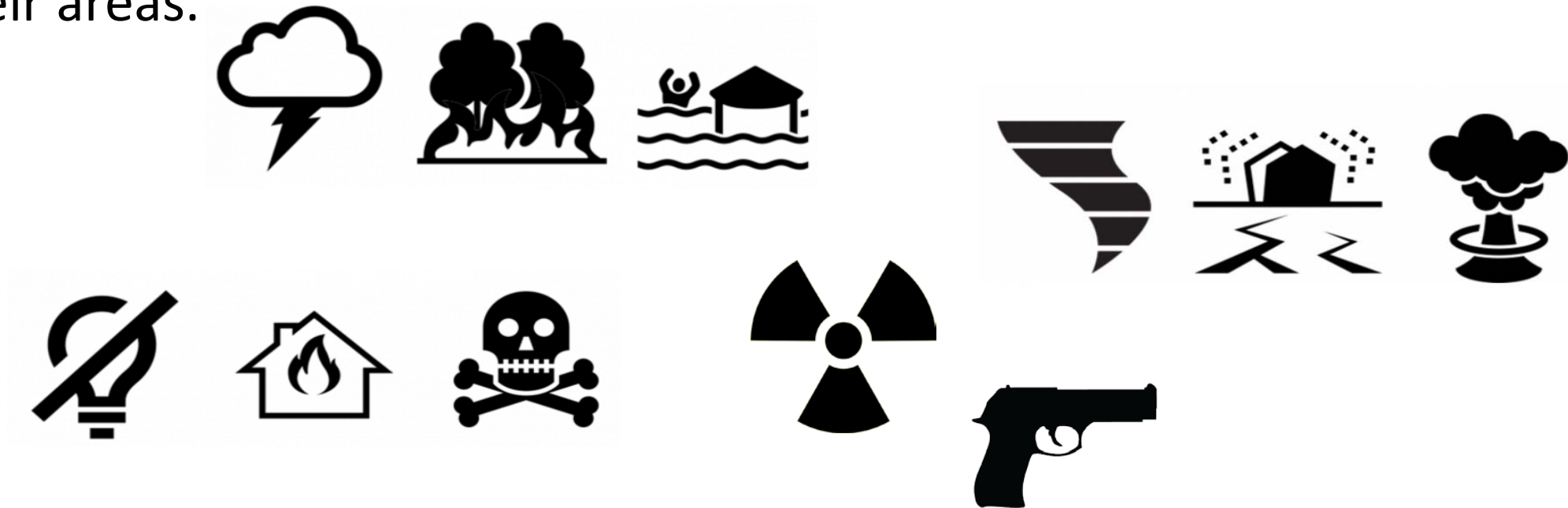
Risk Assessment and Planning

- Develop an emergency plan based on a hazard vulnerability (risk assessment).
- Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities.
- Update emergency plan at least annually.



All Hazards Approach

An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters, including internal emergencies and a man-made emergency (or both) or natural disaster. This approach is specific to the location of the provider or supplier and considers the particular type of hazards most likely to occur in their areas.



All Hazards Approach

Table 1: Potential all-hazards for rural communities

Natural Disasters	Floods Severe Thunderstorms Tornadoes Excessive Heat Drought Severe Winter Storms
Biological Emergencies	Pandemic Influenza Foreign Animal Diseases Emerging and Zoonotic Diseases Emerging Crop Diseases and Pests Food Safety Recalls
Technological Threats	Bio- and Agro-terrorism Agrochemical Issues Power Outages

Disaster Impacts on Rural Communities



- Human Life
- Property
- Damage to Agricultural Commodities (livestock, crops, business)
- \$\$\$\$
- Recovery
- Limited Resources = Self-Sufficient



Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment.
- Ensure policies and procedures address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, and tracking patients and staff during an emergency.
- Ensure policies and procedures reference the plans, which direct your execution of specific plans.
- Review and update policies and procedures at least annually.

Online Survey/Poll

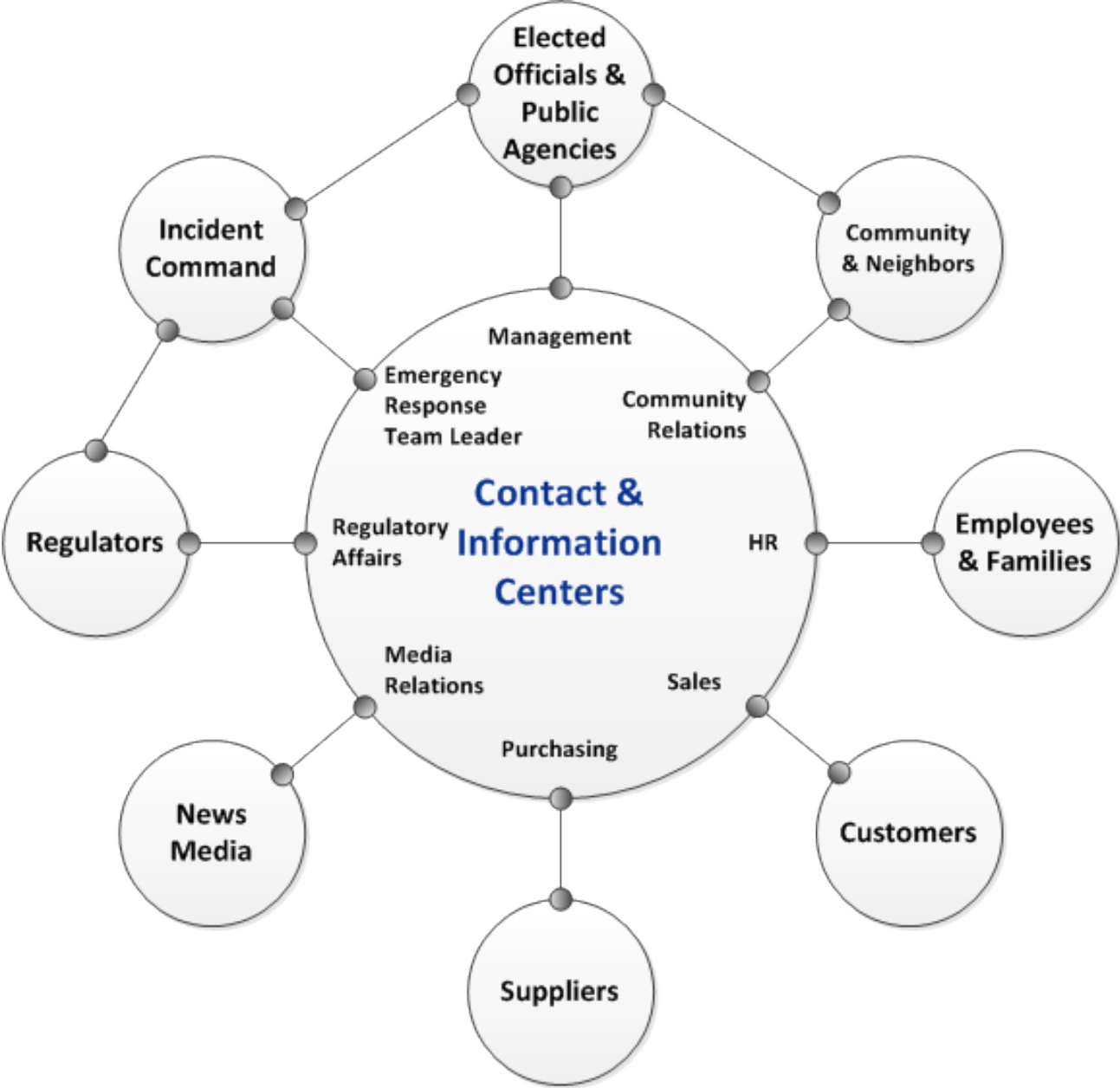
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Communications Plan

- Develop a communication plan that complies with both federal and state laws.
- Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.
- Review and update plan annually.

Communications Plan



Online Survey/Poll

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Training and Exercise

Facilities are expected to meet all Training and Exercise Requirements by the implementation date (11/15/17).

- Participation in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise.

Conduct a second exercise that may include but is not limited to the following:

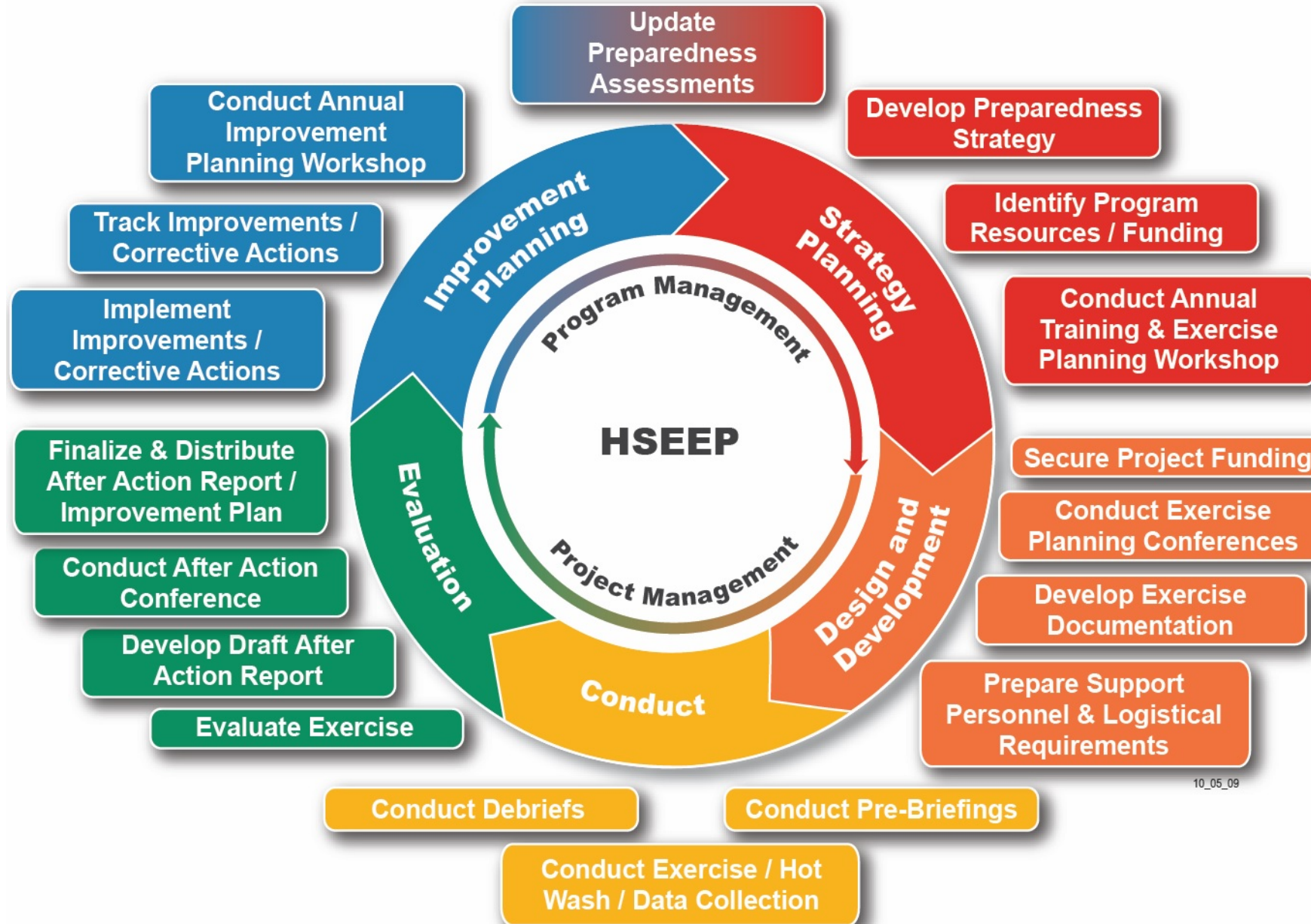
- A second full-scale exercise that is individual, facility-based.
- A tabletop exercise that includes a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

Online Survey/Poll

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Training and Exercise



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Training and Exercise

- Develop and maintain training and testing programs, including initial training in policies and procedures.
- Demonstrate knowledge of emergency procedures and provide training at least annually.
- Ensure all staff levels demonstrate knowledge of emergency procedures (trained annually).
- Conduct drills and exercises to test the emergency plan.
- Perform the required TWO exercises per year.
 - Full Scale and TTX

Training and Exercise

Tabletop Exercise (TTX) defined: A tabletop exercise is a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.



Training and Exercise

Facility-Based: When discussing the terms “all-hazards approach” and facility-based risk assessments, CMS considers the term “facility-based” to mean that the emergency preparedness program is specific to the facility. Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location; patient/resident/client population; facility type; and potential surrounding community assets (i.e., rural area versus a large metropolitan area).

Full-Scale Exercise: A full-scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional response (for example, joint field office, emergency operation centers, etc.) and “boots on the ground” response (for example, firefighters decontaminating mock victims).



Rural Planning

What's the difference?

Rural Planning

- Limited Resources = Self-Sufficient
- Capabilities
- Funding
- Geographical Barriers
- Limited Access to Real Time Info
- Med Surge





Establish and Leverage Partnerships

Establish and Leverage Partnerships

Traditional Partnerships:

- Local Health Departments (they connect to state, federal)
- Hospitals
- Long-Term Care Facilities
- Clinics, Dialysis Centers
- RHCs/FQHCs
- Emergency Medical Services
- Pharmacies



Establish and Leverage Partnerships

Non-Traditional Partnerships:

- Religious Institutions
- Schools
- Community Centers
- Nonprofits
- Grocery Stores
- Animal Rescue Agencies
- Service Clubs (Rotary, Lions, etc.)
- Business Associations (Chamber, Local BA)
- Private Practice Practitioners (BH, FP, Peds, DDS)



Activity

Take a few minutes and write down Non-Traditional Partners in your community that you are not currently working with.



Identify how they can support your organization's preparedness.

Establish and Leverage Partnerships

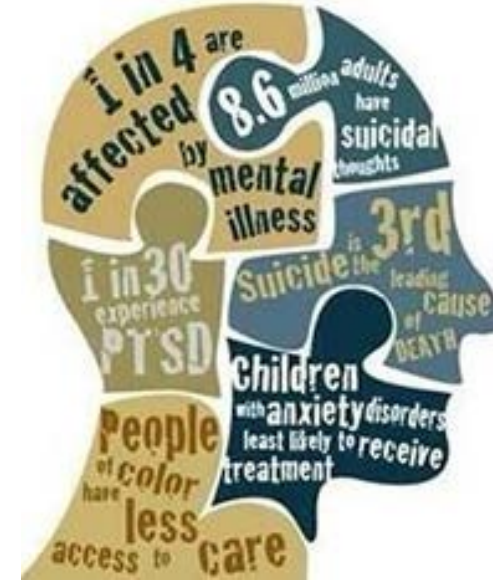
Making the most of the partnerships:

- Shelter
 - Food
 - Volunteers
 - Funding
 - Animal Services
 - Medical Services
 - Training
 - Communication
 - Medical Surge
- Space
 - Equipment and Supplies
 - Tribal



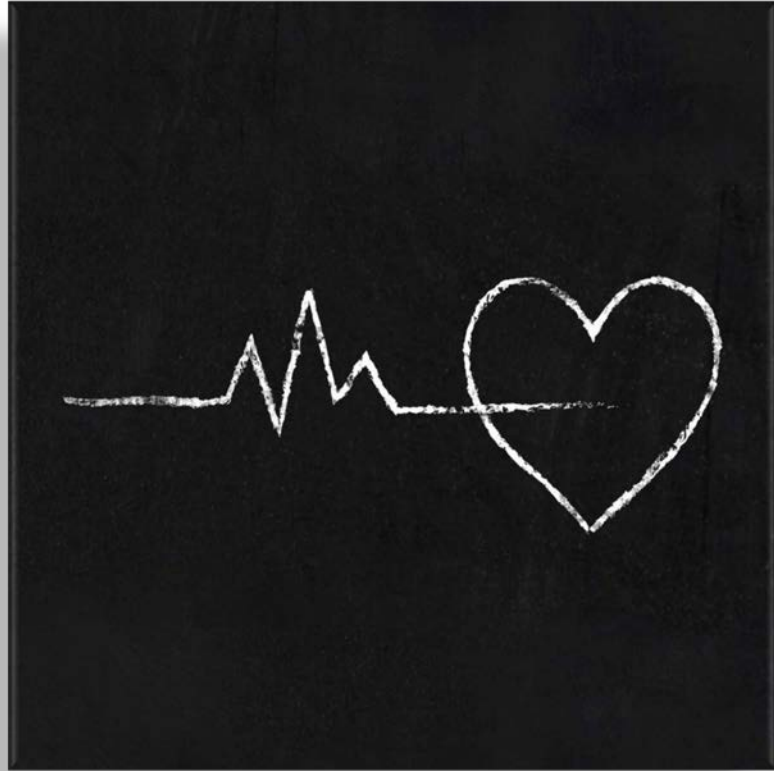
Behavioral Health

- Mutual aid will not arrive for AT LEAST three days!
- Shortage of providers across the U.S.
 - Telemed MOU
 - Utilize private practitioners
- Psychological first aid
- National disaster hotline
- Volunteer response team



Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746



Sustainable Practices

What are some sustainable practices you can establish at your facility?

Sustainable Practices

- Participation in LHD community-based exercises
- Resource sharing
 - Developing MOUs with partners
 - Knowing your community's resources and capabilities
- Volunteer utilization
- Leveraging innovative technology
 - Telehealth
- Info sharing
- Efforts to define crisis standards of care
- Closing the gap on challenges of medical surge response





Information Sharing

Information Sharing

- Core component of IBA is continuous, real time monitoring of health care capacity, services, and patient acuity.
- “Real time” situational awareness is possible through automated information sharing.
- If automation is not an option through state or local
 - Identify Public Information Officer.
 - Have a communications plan.
 - Implement a patient tracking process.
 - Practice redundant communications.
 - Utilize other agencies and volunteers to support communication.



What do you do when all your
communications fail?
What is your plan?

Communication Resources Available in Rural Areas

Sharing key information through verbal or written means is important for effective response. Selected resources for emergency communication include:

[Crisis and Emergency Risk Communication Tool Kit](#), from the California Department of Health Services

[Public Health Communications](#), from the Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response

[Rural Risk Communication Toolkit](#), from the Georgia Department of Community Health, Division of Public Health, Southeast Health District

[Texting for Public Health: Emergency Communication, Health Promotion, and Beyond](#), from the Northwest Center for Public Health Practice



Med Surge Challenges

Med Surge Challenges in Rural Communities

- Resource constraints
- Funding
- Space/Equipment
- Medical preparedness personnel
- Geographical barriers
- Limited access to real time information
- Lack of practical guidance for altered standards of care



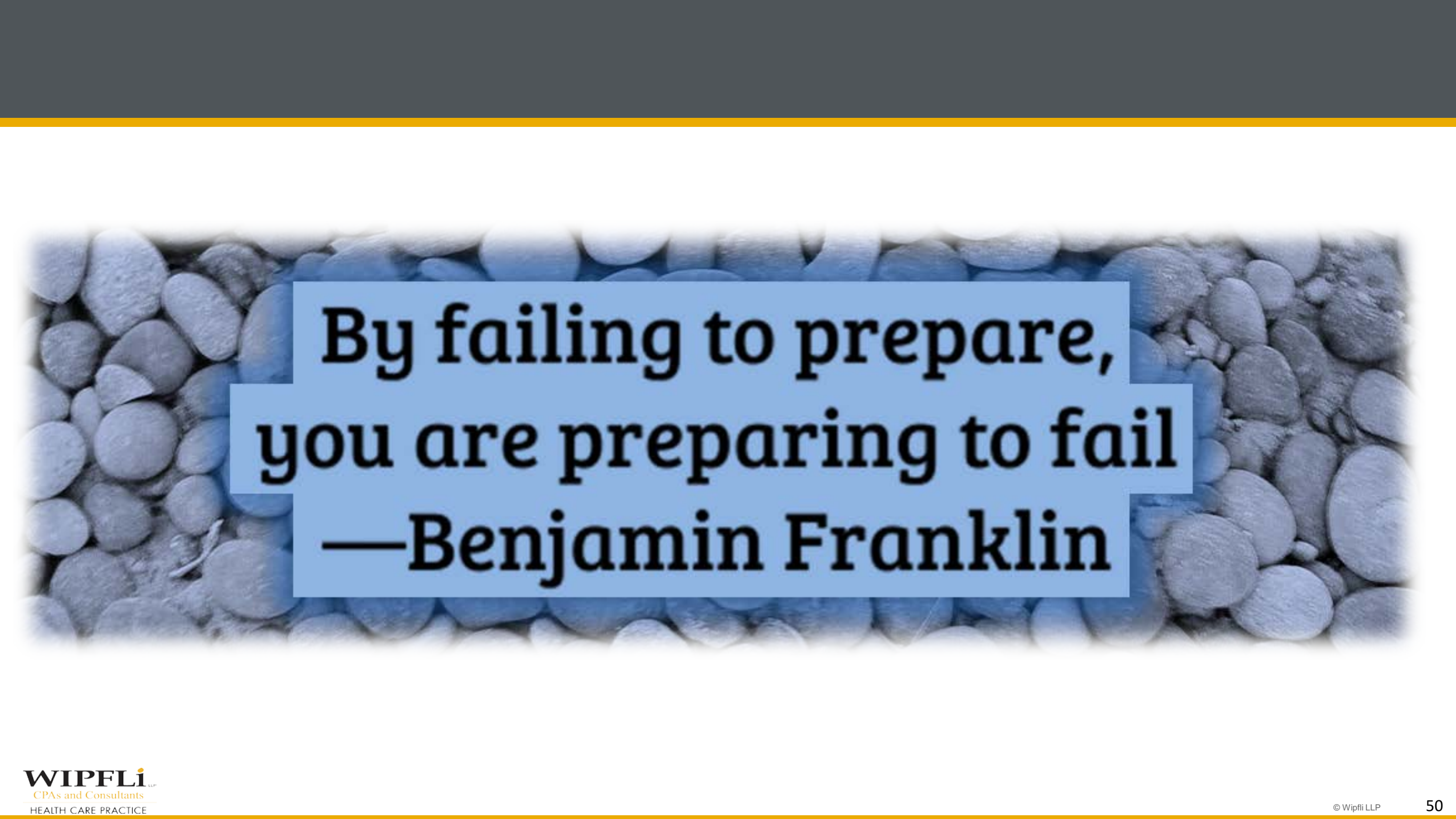
How can your facility overcome Med Surge challenges?

Rural Preparedness

- Be creative
- Develop partnerships
- Expand and grow partnerships
- Improvise as needed
- Provide training
- Exercise and practice!!!
- Establish sustainable practices
- Utilize resources around you
- Communicate
- Have plans, know your plans, talk about your plans



“Together we can
accomplish
more!”



**By failing to prepare,
you are preparing to fail
—Benjamin Franklin**

Questions?

Thank you!

Today's Presenter:



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