UNIVERSITY of MARYLAND MEDICAL CENTER

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Emergency Management Program Analysis C. Savageau

The Center for Medicare and Medicaid Services Assessment

2016

The CMS Assessment
Emergency Management
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Note: Also includes facilities that provide outpatient care and psychiatric hospitals

Emergency Management: Hospital

Assessment Table

§ 482.15 Emergency Preparedness					
The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements:					
Standard	**Definition**	**Standard Compliant**			**Notes**
		Yes	**No**	**No, but in development**	
A. Emergency Plan	The hospital must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:	☐	☐	☐	
1.	Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.	☐	☐	☐	Not sufficient since specificity is requited to implement responses applicable to specific disaster
2.	Include strategies for addressing emergency events identified by the risk assessment. Also on pp. 60 = "expect hospitals to consider the following: (1) identification of all business functions essential to the hospital operations that should be continued during an emergency; (2) identification of all risks or contingencies my reasonably expect to confront; (3) identification of all contingencies for which the hospital should plan; (4) consideration of the hospital's location, including all locations where the hospital delivers patient care or services or has business operations; (5) assess of the extent to which natural or man-made emergencies may	☐	☐	☐	Page 68 = CMS has not made hazard mitigation a requirement. However, what about those disasters that occur at your hospital or on your campus!? Page 74 = Responsibility of the healthcare provider that is renting a facility to discuss issues of ensuring that they can continue to provide healthcare during an emergency if the structure of the building and it utilities are

	cause hospital to cease or limit operations; and (6) determination of what arrangements with other hospitals, other healthcare providers or suppliers, or other entities might be needed to ensure that essential services could be provided during an emergency. Page 72 = Include plans for the potential of surge activities during an emergency				impacted. Expect providers to include in their risk assessment.
3.	Address patient population, including, but not limited to, persons at-risk (pp. 61 = e.g. individuals who may need additional response assistance, including those with disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, lack transportation, have chronic medical disorders, or have pharmacological dependency) the type of services the hospital has the ability to provide in an emergency; ~~and continuity of operations, including delegations of authority and succession plans~~.	☐	☐	☐	
4.	Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the hospital's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts	☐	☐	☐	
5	Page 62 = Hospitals include delegations and succession planning in their emergency plan to ensure lines of authority during an emergency are clear and that the plan is implemented promptly and appropriately	☐	☐	☐	
B. Policies and Procedures	The hospital must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.	☐	☐	☐	

	At a minimum, the policies and procedures must address the following:				
1.	The provision of subsistence needs for staff and patients, whether they ~~evacuate~~ or shelter in place, include, but are not limited to the following:	☐	☐	☐	Page 80 = Once patients have been evacuated to other facilities, it would be the responsibility of the receiving facility to provide for the patient's subsistence needs. Not specifying the amount of subsistence
i.	Food, water, medical, and pharmaceutical supplies.	☐	☐	☐	
ii.	Alternate sources of energy to maintain the following:	☐	☐	☐	
A.	Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.	☐	☐	☐	
B.	Emergency lighting.	☐	☐	☐	
C.	Fire detection, extinguishing, and alarm systems.	☐	☐	☐	
D.	Sewage and waste disposal.	☐	☐	☐	
2.	A system to track the location of on-duty staff and sheltered patients in the hospital's care during an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the hospital must document the specific name and location of the receiving facility or other location	☐	☐	☐	
3.	Safe evacuation from the hospital, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance	☐	☐	☐	
4.	A means to shelter in place for patients, staff, and volunteers who remain in the facility. Page 76 = Including the criteria for selecting patients and staff that would be sheltered in place and a description of how they ensure their safety	☐	☐	☐	Page 82 = Plans should be made to shelter all patients in the event that and evacuation cannot be executed.
5.	A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records. Page 77 = Ensure that patient	☐	☐	☐	Page 102 = HIPAA requirements are not suspended during a national or public health emergency

	records are secure and readily available during an emergency and be compliant with HIPPA. .				
6.	The use of volunteers in an emergency and other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency Page 77 = Requirement not proposed for transplant centers	☐	☐	☐	
7.	The development of arrangements with other hospitals and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to hospital patients.	☐	☐	☐	Page 77 = Only apply to facilities that provide continuous care and services for individual patients; therefore, we did not propose this requirement for transplant centers, CORFs, OPOs, clinics, rehab agencies. Also hospital policies and procedures apply to provisions of care and treatment at and alternate care site
8.	The role of the hospital 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.	☐	☐	☐	http://www.phe.gov/Preparedness/legal/Pages/1135-waivers.aspx
9	Page 78 = If a hospital is destroyed in an emergency, the medical personnel of that hospital should be able to function within their scope of practice in an alternate care site to provide valuable medical care				
C. Communication Plan	The hospital must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the Following (Page 84 = Expect facilities to track their on-duty staff and sheltered patients during an emergency (and not after the emergency)	☐	☐	☐	Page 112 = Hospitals should consider security, equipment interoperability, and redundancy in their E-P plan. Hospitals should also plan for test interoperability of their communication systems during drills and exercises. CMS is allowing hospitals in how they formalize and operationalize the requirements of the communi-cation plan. CMS has not

					included specific requirements on cyber security and redundancy. However, they encourage facilities to assess whether their specific facility can benefit from such plans.
1.	Names and contact information for the following:				
i.	Staff	☐	☐	☐	
ii.	Entities providing services under arrangement.	☐	☐	☐	
iii.	Patients' physicians.	☐	☐	☐	
iv.	Other hospitals and CAHs	☐	☐	☐	
v.	Volunteers.	☐	☐	☐	
vi.	Page 84 = Patients (sheltered in place and relocated)	☐	☐	☐	
2.	Contact information for the following:				
i.	Federal, State, tribal, regional, and local emergency preparedness staff.	☐	☐	☐	
ii.	Other sources of assistance.	☐	☐	☐	
3.	Primary and alternate means for communicating with the following:				
i.	Hospital's staff.	☐	☐	☐	
ii.	Federal, State, tribal, regional, and local emergency management agencies.	☐	☐	☐	
4.	A method for sharing information and medical documentation for patients under the hospital's care, as necessary, with other health care providers to maintain the continuity of care.	☐	☐	☐	
5.	A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b) (1) (ii).	☐	☐	☐	
6.	A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4).	☐	☐	☐	
7.	A means of providing information about the hospital's occupancy, needs, and its ability to	☐	☐	☐	

	provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.				
D. Training and Testing	The hospital must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.	☐	☐	☐	
1.	Training Program. The hospital must do all of the following (Page 116)				
i.	Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role.	☐	☐	☐	
ii.	Provide emergency preparedness training at least annually.	☐	☐	☐	
iii.	Maintain documentation of the training.	☐	☐	☐	
iv.	Demonstrate staff knowledge of emergency procedures.	☐	☐	☐	
2.	Testing. The hospital must conduct exercises to test the emergency plan at least annually. The hospital must do all of the following.	☐	☐	☐	
i.	Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the hospital experiences an actual natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.	☐	☐	☐	
ii.	Conduct an additional exercise that may include, but is not limited to the following:	☐	☐	☐	
A.	A second full-scale exercise that is community-based or individual, facility-based or # B☐	☐	☐	☐	

B.	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.	☐	☐	☐	
	Page 118 = CMS proposes individual requirements for each provider and supplier type, as well as the needs of their patients, residents, clients and participants, that will be surveyed at the individual facility level. As with the standard surveying process, each provider and supplier type will be individually surveyed for their specific training and testing requirements, rather than in comparison to the capabilities of other healthcare settings affected by this regulation Page 121 = CMS would expect that a hospital would want to provide insightful and meaningful training and would, therefore, tailor its training to the audience receiving the training.				Page 123 = The hospitals will ensure that staff can demonstrate knowledge of their facility's emergency procedures. CMS believes that this requirement, in addition to the annual training requirement requires facilities to ensure that staff is continuously being updated and educated on a facility's emergency procedures … CMS also expects that the results of the knowledge check should produce information that can be used to update the emergency plan and any future training. Page 125 = "Staff" refers to all individuals who are employed directly by a facility and their level of training should be provided consistent with their expected roles. "Individuals providing services under arrangement" means services furnished under arrangement that are subject to a written contract conforming with requirements in section 1861 (w) of the Act. CMS believes that anyone, including volunteers, providing

					services in a facility should be at least annually trained on the facility's E-P procedures.
iii.	Analyze the hospital's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospital's emergency plan, as needed.	☐	☐	☐	
E. Facility Risk Assessment and Emergency and Standby Power Systems	The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section (Page 91 = Plus make necessary plans to maintain these services)	☐	☐	☐	
1.	Fire Safety Requirements for Certain Healthcare Facilities: Adopt the NFPA 2012 edition	☐	☐	☐	
2.	Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.	☐	☐	☐	
3.	Emergency generator inspection and testing. The hospital must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 101 ~~110~~, and Life Safety Code.	☐	☐	☐	Page 139
4.	Emergency generator fuel. Hospitals that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.	☐	☐	☐	
F. Integrated Healthcare	If a hospital is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated	☐	☐	☐	

Systems	emergency preparedness program, the hospital may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must--				
1.	Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.	☐	☐	☐	
2.	Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.	☐	☐	☐	
3.	Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.	☐	☐	☐	
4.	Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following:	☐	☐	☐	
i.	A documented community-based risk assessment, utilizing an all-hazards approach.	☐	☐	☐	
ii.	A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.	☐	☐	☐	
5.	Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.	☐	☐	☐	
G. Transplant Hospitals	If a hospital has one or more transplant centers (as defined in § 482.70)--				
1.	A representative from each transplant center must be included in the development and maintenance of the hospital's emergency	☐	☐	☐	

	preparedness program; and				
2.	The hospital must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the hospital, each transplant center, and the OPO for the DSA where the hospital is situated, unless the hospital has been granted a waiver to work with another OPO, during an emergency.	☐	☐	☐	
H. External Standards	The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51.	☐	☐	☐	
1.	National Fire Protection Association:	☐	☐	☐	
i.	NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.	☐	☐	☐	
ii.	Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.	☐	☐	☐	
iii.	TIA 12-3 to NFPA 99, issued August 9, 2012.	☐	☐	☐	
iv.	TIA 12-4 to NFPA 99, issued March 7, 2013.	☐	☐	☐	
v.	TIA 12-5 to NFPA 99, issued August 1, 2013.	☐	☐	☐	
vi.	TIA 12-6 to NFPA 99, issued March 3, 2014.□	☐	☐	☐	
vii.	NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.	☐	☐	☐	
viii.	TIA 12-1 to NFPA 101, issued August 11, 2011.	☐	☐	☐	
ix.	TIA 12-2 to NFPA 101, issued October 30, 2012.	☐	☐	☐	
x.	TIA 12-3 to NFPA 101, issued October 22, 2013	☐	☐	☐	
xi.	TIA 12-4 to NFPA 101, issued October 22, 2013.	☐	☐	☐	
xii.	N/A	☐	☐	☐	
xiii.	NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009.	☐	☐	☐	

Notes:

Emergency Management: Transplant Center Inside Hospital

§ 482.68 Special requirement for transplant centers.					
A transplant center located within a hospital that has a Medicare provider agreement must meet the conditions of participation specified in §§482.72 through 482.104 in order to be granted approval from CMS to provide transplant services					
Standard	**Definition**	**Standard Compliant**			**Notes**
		Yes	**No**	**No, but in development**	
A.	Unless specified otherwise, the conditions of participation at §§ 482.72 through 482.104 apply to heart, heart-lung, intestine, kidney, liver, lung, and pancreas centers.	☐	☐	☐	
B.	In addition to meeting the conditions of participation specified in §§ 482.72 through 482.104, a transplant center must also meet the conditions of participation in §§ 482.1 through 482.57, except for §482.15.	☐	☐	☐	
Notes:					

Emergency Management: Transplant Center

§ 482.78 Emergency preparedness for transplant centers.					
A transplant center must be included in the emergency preparedness planning and the emergency preparedness program as set forth in § 482.15 for the hospital in which it is located. However, a transplant center is not individually responsible for the emergency preparedness requirements set forth in § 482.15.					
Standard	**Definition**	**Standard Compliant**			**Notes**
		Yes	**No**	**No, but in development**	
A. Policies and procedures.	A transplant center must have policies and procedures that address emergency preparedness. These policies and procedures must be included in the hospital's emergency preparedness program.	☐	☐	☐	
B. Protocols with Hospital and OPO	A transplant center must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the transplant center, the hospital in which the transplant center is operated, and the OPO designated by the Secretary, unless the hospital has an approved waiver to work with another OPO, during an emergency.	☐	☐	☐	
Notes:					