

## **PART 418--HOSPICE CARE**

7. The authority citation for part 418 continues to read as follows:

**Authority:** Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

### **§ 418.110 [Amended]**

8. Amend § 418.110 by removing paragraph (c)(1)(ii) and the paragraph designation (i) from paragraph (c)(1)(i).

9. Add § 418.113 to read as follows:

### **§ 418.113 Condition of participation: Emergency preparedness.**

The hospice must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospice must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

***Tip #1 – When developing your emergency response plans, write them as if the target audience knows nothing about your organization, the larger community, or your specific facility. Assume everyone who’s familiar with your operations are unavailable and the response actions are handled by others totally unaware of your circumstances.***

- ***Include the name, address, and contact information for all key partners.***
- ***Ensure your local emergency management agency name, address, phone numbers, email address, and GIS coordinates (if you can get them) are included.***
- ***Include contact information and other details for your local health & medical lead agency (ESF8)***
- ***Ensure these contact names, addresses and contact information is verified at least annually***
- ***Be as specific as possible with every detail***

### **(A) Emergency Plan**

The hospice 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.
- (2) Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care.
- (3) Address patient population, including, but not limited to, the type of services the hospice 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, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the hospice's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

***Tip #2 – Florida-based hospice facilities are already required to develop a Comprehensive Emergency Management Plan (CEMP) and have that plan reviewed and approved by their local emergency management agency. We recommend ensuring the above elements are included in your existing CEMP. There's no need to create a completely new response plan to satisfy these CMS requirements.***

***Tip#3 – The Tampa Bay Health & Medical Preparedness Coalition (TBHMPC) already performs a regional hazard vulnerability assessment every year. We recommend using our hazard assessment as a basis for your internal risk assessment. Remember to include specific threats or hazards that your facility or specific location pose to your operations.***

***Tip #4 – TBHMPC requires all “members in good standing” to sign a Memorandum of Agreement (MOA) committing the organization to helping / supporting / assisting other members during disasters. This MOA should be included as a strategy for addressing emergency events. It also means your organization should have a signed MOA on file with TBHMPC. If not, contact us to get that process started.***

***Tip #5 – Your organization’s active participation in the TBHMPC should be mentioned to specifically explain paragraph (4) above. The TBHMPC is established specifically to focus on the areas and functions mentioned above.***

## **(B) Policies and Procedures**

The hospice 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) Procedures to follow up with on-duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. The hospice must inform State and local officials of any on-duty staff or patients that they are unable to contact.

***Tip #6 – Your local health & medical lead agency (usually called ESF8) will be active at the local Emergency Operations Center (EOC). Ensure you have reliable contact information for these individuals and the EOC since they are the “State and local officials” you’ll need to contact if you’re unable to make contact with home-bound patients. Also ensure you have primary and back-up contact information for staff. Consider a tertiary level communications process. If all other options fail, sending a runner is still an effective strategy. Ensure these details are included in your CEMP.***

- (2) Procedures to inform State and local officials about hospice patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment.

***Tip #7 – See Tip #6 above.***

- (3) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.

***Tip #8 – If your organization uses electronic medical records, consider how your staff would access those medical records if you lost both primary and back-up electrical power (this advice comes from recent real-world experience). Do your staff know how to complete paper medical records? Are there emergent procedures in-place to perform manual or paper patient charts? How would you medically transfer patients to another facility if there were no medical records available to send with the patient?***

- (4) The use of hospice employees 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.

***Tip #9 – Do you have the means to provide emergency credentialing to licensed volunteers? Is there a system in-place to provide clinical oversight to these volunteers? How would you ensure during a disaster that someone who presents as an MD or RN actually holds that medical license? Would a Federal or State level disaster declaration change your volunteer credentialing? It's best to have these issues answered in advance, and have them detailed in your CEMP, so your staff isn't faced with addressing these challenges when the stakes are highest.***

***Tip #10 – Could your staff assist with other medical surge needs within the community without impacting services to existing patients? If so, there are a number of medical surge staffing needs from Special Needs Shelters to Alternate Care Sites. Encourage staff to join their local Medical Reserve Corps (MRC) or State Medical Response Team (SMRT) to ensure they are getting the proper training and credentialing to participate in these activities.***

- (5) The development of arrangements with other hospices and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to hospice patients.

***Tip #11 – As mentioned in Tip #4 above, the TBHMPC already requires “members in good standing” to sign an MOA committing to helping / assisting each other during emergencies. This MOA could be referenced as one element to address paragraph (5) above. Hospices within larger corporate structures can also cite internal policies and procedures that require them to assist and support each other as evidence toward this CMS rule requirement.***

- (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following:
- (i) A means to shelter in place for patients, hospice employees who remain in the hospice.
  - (ii) Safe evacuation from the hospice, 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.
  - (iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:
    - (A) Food, water, medical, and pharmaceutical supplies.
    - (B) Alternate sources of energy to maintain the following:
      - (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.
      - (2) Emergency lighting.
      - (3) Fire detection, extinguishing, and alarm systems.
    - (C) Sewage and waste disposal.

***Tip #12 – Most Florida based hospice in-patient facilities already have a process in-place to ensure there's ample food and water available in your facility to support patients and staff during tropical weather threats or events. Ensure these specific details are included in your plan. Make sure the vendors you use and their full contact information is included in the plan.***

- (iv) The role of the hospice 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.

***Tip #13 – The Florida Department of Health has developed an Alternate Treatment Site (ATS) plan that's designed to support any ATS operation at any location. Plus, there are State Medical Response Teams (SMRTs) across the state with volunteer staff and equipment capable of setting up a mobile hospital in a parking lot on your campus or nearby. The issue for in-patient hospice facilities to consider is two-fold. First, the liability and volunteer credentialing (see Tip #9 above). These details together with recommended locations for an ATS should be addressed in detail in your CEMP. Second, could your staff assist others during a large-scale medical surge event? See Tip #10 above.***

- (v) A system to track the location of hospice employees on-duty and sheltered patients in the hospice's care during an emergency. If the on-duty employees or sheltered patients are relocated during the emergency, the hospice must document the specific name and location of the receiving facility or other location.

***Tip #14 – A "system to track the location of hospice employees on-duty and sheltered patients" could be as simple as pen and paper, a hand-written form, or a laptop based spreadsheet. The important factor is that you have a reliable and robust process to track the location and assignments on-duty staff and patients. This process is necessary to ensure the safety and health of ALL patients and staff. It also gives facility leaders quick access to this information in case of an unforeseen emergency.***

## (C) **Communication Plan**

The hospice 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:

- (1) Names and contact information for the following:
  - (i) Hospice employees.
  - (ii) Entities providing services under arrangement.
  - (iii) Patients' physicians.
  - (iv) Other hospices.

***Tip #15 – Be specific and include these details in your CEMP. Ensure they are verified and updated at least annually. “Entities providing services” typically means any and all outside vendors that support your internal operations. This includes those providing direct patient care, maintenance and repair vendors, the vendor that picks up the trash, food vendors, and all others.***

- (2) Contact information for the following:
  - (i) Federal, State, tribal, regional, and local emergency preparedness staff.
  - (ii) Other sources of assistance.

***Tip #16 – See Tip 15 above. Include names and contact information for your emergency operations center and the health & medical lead agency (ESF8). In Florida, the local health department is usually the health & medical lead agency. When making initial contact with them, ask for the disaster preparedness staff.***

- (3) Primary and alternate means for communicating with the following:
  - (i) Hospice's employees.
  - (ii) Federal, State, tribal, regional, and local emergency management agencies.

***Tip #16 – Telephones and cell phones are probably your primary and back-up communication methods. What if they're not functioning? We recommend a third level of emergent communication capability. If all other options fail, sending a runner is a viable strategy.***

- (4) A method for sharing information and medical documentation for patients under the hospice's care, as necessary, with other health care providers to maintain the continuity of care.

***Tip #17 – See Tip #8 above.***

- (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).

***Tip #18 – See Tip #8 above.***

- (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).

***Tip #19 – See Tip #14 above.***

- (7) A means of providing information about the hospice's inpatient occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

***Tip #20 – The Florida Department of Health maintains a healthcare facility tracking system for bed capacity and facility operational status. Your facility's regular updates in that system would address the above requirement (daily updates preferred). All "authorities having jurisdiction" have access to this state-wide healthcare facility tracking system. The Agency for Healthcare Administration (AHCA) also mandates healthcare facility participation to ensure there's rapid information sharing during emergent events. If your facility isn't participating in this system, or if you're unsure, contact your local ESF8 lead agency for more information.***

#### **(D) Training and Testing**

The hospice 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**.

***Tip #21 – In Florida we refer to "training and testing" as training and exercises or drills. CMS has clearly indicated they want to see robust training and disaster drills of ALL healthcare facility staff. This includes staff who work nights and weekends. Ensure your facility maintains detailed records on ALL training and testing activities.***

***Tip #22 – Additionally, CMS is also expecting to see healthcare executives (CEOs, COOs, CNOs, and other senior leadership) DIRECTLY involved in training and drills. Ensure After Action Reports from emergency drills include detailed specifics on any senior executive involvement in that drill.***

***Tip #23 – Ensure all real-world emergencies and training drills are documented using the Homeland Security Exercise and Evaluation Program (HSEEP) standards and formats. If your facility is unaware of the HSEEP process contact the TBHMPC for assistance and / or training on the process. Using the HSEEP processes will show great benefit when CMS, ACHA, or accrediting agencies review your records.***

- (1) **Training program.** The hospice must do all of the following:
- (i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles.
  - (ii) Demonstrate staff knowledge of emergency procedures.
  - (iii) Provide emergency preparedness training at least annually.
  - (iv) Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others.
  - (v) Maintain documentation of all emergency preparedness training.

**Tip #24 – We recommend incorporating the above training into your new-hire and annual training processes. Documentation should include details (by name) of who participated in the training and what they were trained on. The term “demonstrate staff knowledge of emergency procedures” can be accomplished by ensuring 100% of staff are directly involved in emergency drills. To accomplish a 100% participation in emergency drills will require having more than 2 drills per year and performing those drills at different times of the day (for all shifts) and on different days of the week to catch all work schedules.**

- (2) **Testing.** The hospice must conduct exercises to test the emergency plan at least **annually**. The hospice must do 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 hospice 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.
    - (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.
  - (iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospice's emergency plan, as needed.

**Tip #25 – While the CMS Emergency Management rules only require 2 exercises per year (1 full-scale and 1 table-top) you may find a need for a more frequent exercise schedule to ensure all staff on all shifts are given an opportunity to demonstrate their emergency duty skills (see Tip #24 above).**

**Tip #26 – Actively seek opportunities to participate in community-wide exercises and drills. These events are typically designed and executed by others reducing the burden on your staff. Plus, they'll involve a wider range of community partners that a single hospice facility can recruit. Then, ensure your organization participates in the After Action Report process and obtains a copy of that final report. This documentation will address the expectations spelled out in paragraph (iii) above.**

#### **(E) Integrated Healthcare Systems**

If a hospice is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the hospice may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do the following:

- (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.

(Continued on next page)

- (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.

***Tip #27 – If a multi-facility healthcare organization elects use this provision we recommend the following:***

- ***Establish a corporate level emergency preparedness committee chaired by someone from executive leadership and hold meetings at least quarterly***
- ***Ensure active attendance and participation from key staff at all participating healthcare facilities***
- ***Maintain detailed records of meeting agendas, meeting minutes, and formal presentations of each meeting. The regulatory and accrediting agencies will want to review these files.***