



Kidney Community  
Emergency Response



# CMS Emergency Preparedness Rule Training

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# The KCER Team



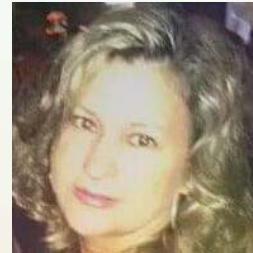
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# Objectives

- Discuss KCER as a resource for facility emergency preparedness
- Examine the Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Rule to:
  - Review considerations for end stage renal disease (ESRD) patients and dialysis facilities.
  - Establish familiarity with the requirements of the rule and timeline for compliance.
  - Understand the training and exercise requirement and methods for demonstrating compliance.
  - Apply practical solutions to updating emergency preparedness policy and procedures.



## Kidney Community Emergency Response

[A Resource for Emergency Preparedness](#)

[www.KCERCoalition.com](http://www.KCERCoalition.com)



# Overview: CMS Emergency Preparedness Rule

National Association of Nephrology Technicians (NANT) Presentation



# Overview: Purpose of the Rule

To establish national emergency preparedness requirements, consistent across provider and supplier types

2016

- **September 15:** Rule published
- **November 15:** Rule goes into effect

2017

- **June 2:** Advance Copy of Interpretive Guidance released
- **November 15:** Rule must be implemented

# Four Core Elements



## Emergency Plan

- Based on a risk assessment
- Using an all-hazards approach
- Update plan annually



## Policies and Procedures

- Based on risk assessment and emergency plan
- Must address:
  - Subsistence of staff and patients
  - Evacuation
  - Sheltering in place
  - Tracking patients and staff



## Communications Plan

- Complies with Federal and State laws
- Coordinate patient care:
  - Within facility
  - Across providers
  - With state and local public health and emergency management



## Training and Exercise Program

- Develop training program, including initial training on policies & procedures
- Conduct drills and exercises





# CMS ESRD Conditions for Coverage (CFCs)

NANT Presentation





# CMS ESRD CFCs

The CMS ESRD CFCs state that:

- Regularly-scheduled treatments are essential for dialysis patients.
- In the event of a natural or man-made disaster, immediate action must be taken to ensure prompt restoration of these treatments or to plan for the safe transfer of patients to alternate location(s) for their treatments.
- Each dialysis facility must have a facility-specific disaster/emergency plan and be able to respond accordingly.
- Disaster/emergency plans should address failure of basic systems such as power, source water, air conditioning or heating systems, as well as treatment-specific failures such as the facility water treatment system or supply delivery.



# Mandated Components of the Rule

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# Risk Assessment and Emergency Plan

- Perform a risk assessment using an “all-hazards” approach
- Develop an emergency plan based on the risk assessment
- Update emergency plan at least annually



## ESRD Provider Requirement:

- Must contact local emergency preparedness agency annually to ensure dialysis facility’s needs in an emergency (existing requirement) EA2

## Slide 11

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**EA2**

doesn't really make sense the way this reads. Suggest "ESRD service providers must ... to ensure the agency understands the dialysis facility's needs in the event of an emergency."

Ellen Anderson, 3/7/2018



# Policies and Procedures: ESRD Requirement

## Facilities must:

- Develop and implement policies and procedures that:
  - Are based on the emergency plan, risk assessment, and communication plan.
  - Address a range of issues, including:
    - Evacuation and shelter in place plans.
    - Medical documentation.
    - Use of volunteers and emergency.
    - Tracking patients and staff during an emergency.
    - Processes to develop arrangements with other providers/suppliers.
- Review and update policies and procedures at least annually.





# Policies and Procedures: EA3 ESRD Requirement (cont.)

- Policies and procedures must include, but are not limited to, emergencies regarding:
  - Fire equipment.
  - Power failures.
  - Care-related emergencies.
  - Water supply interruption.
  - Natural disasters.
- Tracking during *and* after the emergency applies to on-duty staff and sheltered patients.

## Slide 13

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**EA3**

is this meant to be a continuation of the previous slide? should ESRD REquirement be added to slide 12 and (cont.) be added to this slide

Ellen Anderson, 3/7/2018





# Communication Plan

Each facility must:

- Develop a communication plan that complies with both federal and state laws and includes:
  - Contact information for staff, entities providing services under other arrangements, patients' physicians, other hospitals, and volunteers.
  - Current contact information for regional and/or local emergency preparedness agencies.
  - A means, in the event of evacuation, to release patient information
- Coordinate patient care within the facility, across healthcare providers, and with state and local public health departments and emergency management systems.
- Review and update the communication plan annually.

**Note:** A facility's emergency plan does not need to include occupancy information.

# Training and Testing Program: ESRD Requirements



Dialysis facilities must:

- Develop and maintain training and testing programs, to include:
  - Initial training on emergency preparedness policies and procedures.
  - Training for all new and existing staff, including volunteers
  - Maintenance of training documentation.
- Demonstrate staff knowledge of emergency procedures.
  - Provide training at least annually.
- Conduct drills and exercises to test the emergency plan.



# Training and Testing Program: ESRD Requirements (cont.)



Dialysis facilities must conduct training with staff:

- On patient orientation for emergency preparedness.
- At the time of onboarding and at least yearly thereafter in order to:
  - Ensure staff can demonstrate a knowledge of emergency procedures, including informing patients of:
    - What to do.
    - Where to go, including instructions for occasions when the dialysis facility must be evacuated.
    - Who to contact if an emergency occurs while the patient is not in the dialysis facility.
    - How to disconnect himself/herself from the dialysis machine if an emergency occurs.
- Conducting required exercises.

Training and Testing
Ensure staff demonstrate knowledge of emergency procedures, informing patients what to do, where to go, whom to contact if emergency occurs while patient is not in facility (alternate emergency phone number), how to disconnect themselves from dialysis machine. Staff maintain current CPR certification, nursing staff trained in use of emergency equipment & emergency drugs, patient orientation (existing requirements).



# The Exercise Requirement

Exercises must be:

- “Community-based” or “Facility-based.”
- Full Scale, meaning it is a multi-agency, multijurisdictional, multi-discipline exercise involving responses that are **both**:
  - “Functional” (e.g., joint field office, emergency operation centers) **and**
  - “Boots on the ground” (e.g., firefighters decontaminating mock victims).
- Tabletop (TTX), which is defined as 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. TTXs:
  - Involve key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting.
  - Can be used to assess plans, policies, and procedures.
- Can be modeled after a response to an actual emergency event.



# Interpretive guidelines

- The Survey and Certification Group (SCG) has released an advanced copy of the Interpretive Guidelines (IGs).
- State surveyors will use the IGs and survey procedures in the State Operations Manual to assist in implementing the rule.
- The State Operations Manual can be located at:
  - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>
  - <http://www.kcercoalition.com/en/resources/professional-resources/cms-emergency-preparedness-rule/>

## State Operations Manual Appendix M - Guidance to Surveyors: Hospice -

*(Rev. 149, 10-09-15)*

### Transmittals for Appendix M

#### Part I – Investigative Procedures

I - Introduction

C - Post Survey Revisit

#### Part II – Interpretive Guidelines

Subpart C - Conditions of Participation: Patient Care

§418.3 Definitions

§418.52 Condition of Participation: Patient's Rights

§418.52(a) Standard: Notice of Rights and Responsibilities

§418.52(b) Standard: Exercise of Rights and Respect for Property and Person

§418.52(c) Standard: Rights of the Patient



# Auditing and Enforcement

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# Auditing and Enforcement: How Will the Rule Be Audited?

## The rule will be audited using:

- Compliance monitoring by:
    - State Survey Agencies (SAs)
    - Accreditation Organizations (AOs)
    - CMS Regional Offices (ROs)
- Use IGs and State Operations Manual*
- Checklists for surveyors, SAs, and providers
  - The ESRD-specific surveyor guidance tool

**The SCG is developing web-based training for surveyors and providers and suppliers.**

## What are the consequences for not complying?

- Same process as for CfCs
  - Termination of agreement with Medicare and Medicaid





# Resources and Solutions for Updating Emergency Preparedness Policies and Procedures

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# Important Resource: Healthcare Coalitions

Healthcare coalitions are an important resource for community preparedness. They provide:

- Source of preparedness expertise
- Regional risk assessments and hazard vulnerabilities
- Template or example plans and policies
- Help close planning gaps
- Plan integration with healthcare facilities and local authorities
- Training and exercises



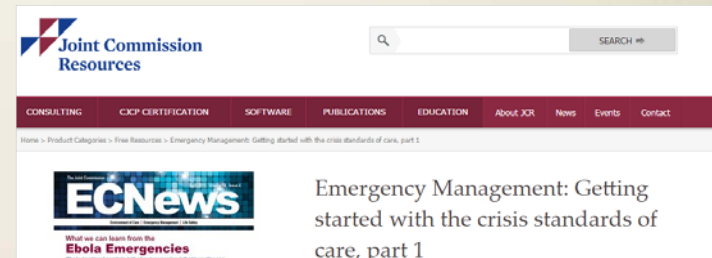
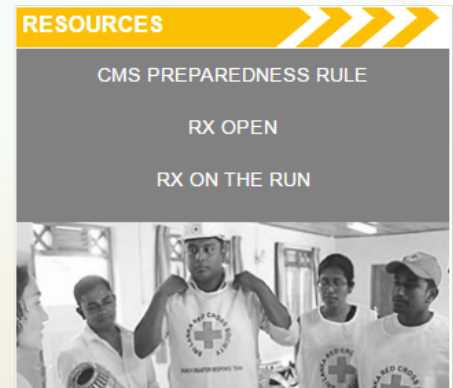
# More Resources (cont.)



- **KCER Coalition CMS page**
  - Federal resources listed in one place
  - Relevant resources from local stakeholders
  - Healthcare Coalitions
- **Healthcare Ready CMS Knowledge Center**
  - Running list of relevant articles
  - Perspectives from healthcare coalitions
- **Federal and accrediting organizations resources**
  - Joint Commission
    - Emergency Management Portal
  - Federal Emergency Management Agency
  - Emergency Management Institute
    - Independent study online courses



## Kidney Community Emergency Response





# More Resources (cont.)

- **CMS Website**

- Outline of requirements by provider type
- Links to aggregated EP resources
- Routinely updated **Frequently Asked Questions** document

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

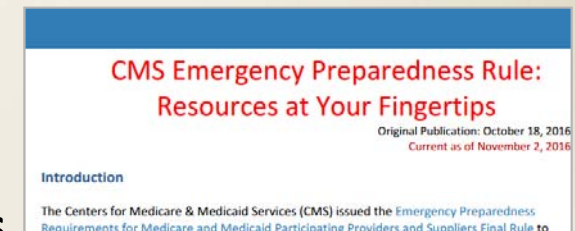
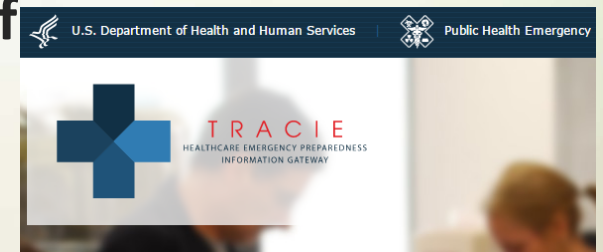


- **Health and Human Services (HHS)/Office of the Assistant Secretary (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE)**

- Web-based resource for healthcare stakeholders
- Topic Collections
  - General Emergency Management & Provider- and Supplier-Specific

- Routinely updated **CMS Resources at Your Fingertips**
- Submit technical assistance requests:

<https://asprrtracie.hhs.gov/cmsrule>







# More Resources (cont.)

- **CMS Survey and Certification Group, Integrated Surveyor Training Website**

- EP Basic Surveyor Training Course for Providers

<https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMSEmPrep> ONL





# Thank you!

# Questions?

Additional questions can be sent to: [KCERinfo@hsag.com](mailto:KCERinfo@hsag.com)

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