Beyond the Survey: Creating Shareable Practices Through Compliance & Emergency Management Collaboration

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Outline for Today's Presentation

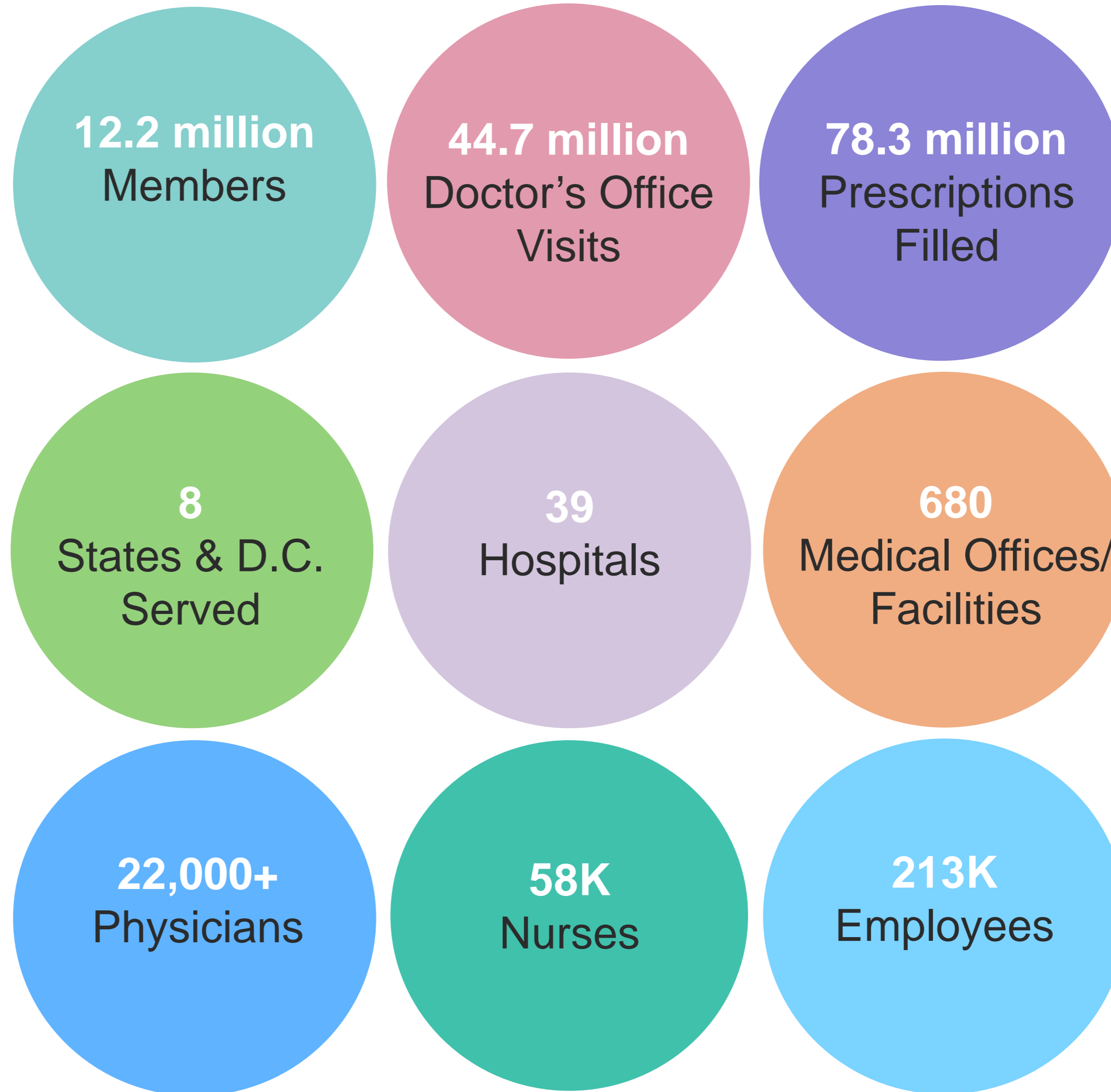Kaiser Permanente "By the Numbers"

Emergency Preparedness Final Rule

Emergency Preparedness Community of Interest Activity

Challenges in Implementing the Final Rule

Key Success Factors and Things to Share
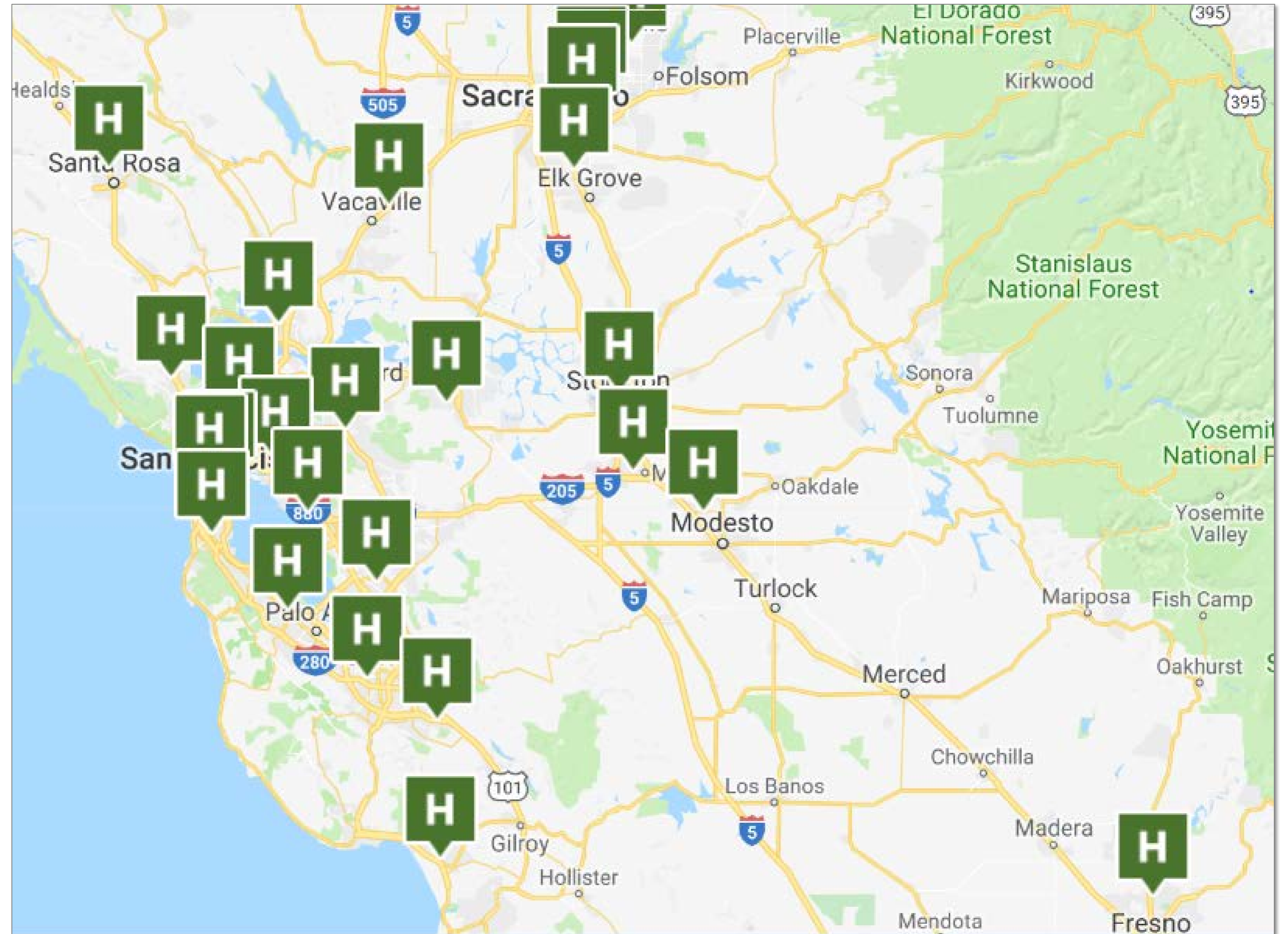
Kaiser Permanente Nationally by the Numbers:

12.2 million Members

44.7 million Doctor's Office Visits

78.3 million Prescriptions Filled

8 States & D.C. Served

39 Hospitals

680 Medical Offices/ Facilities

22,000+ Physicians

58K Nurses

213K Employees
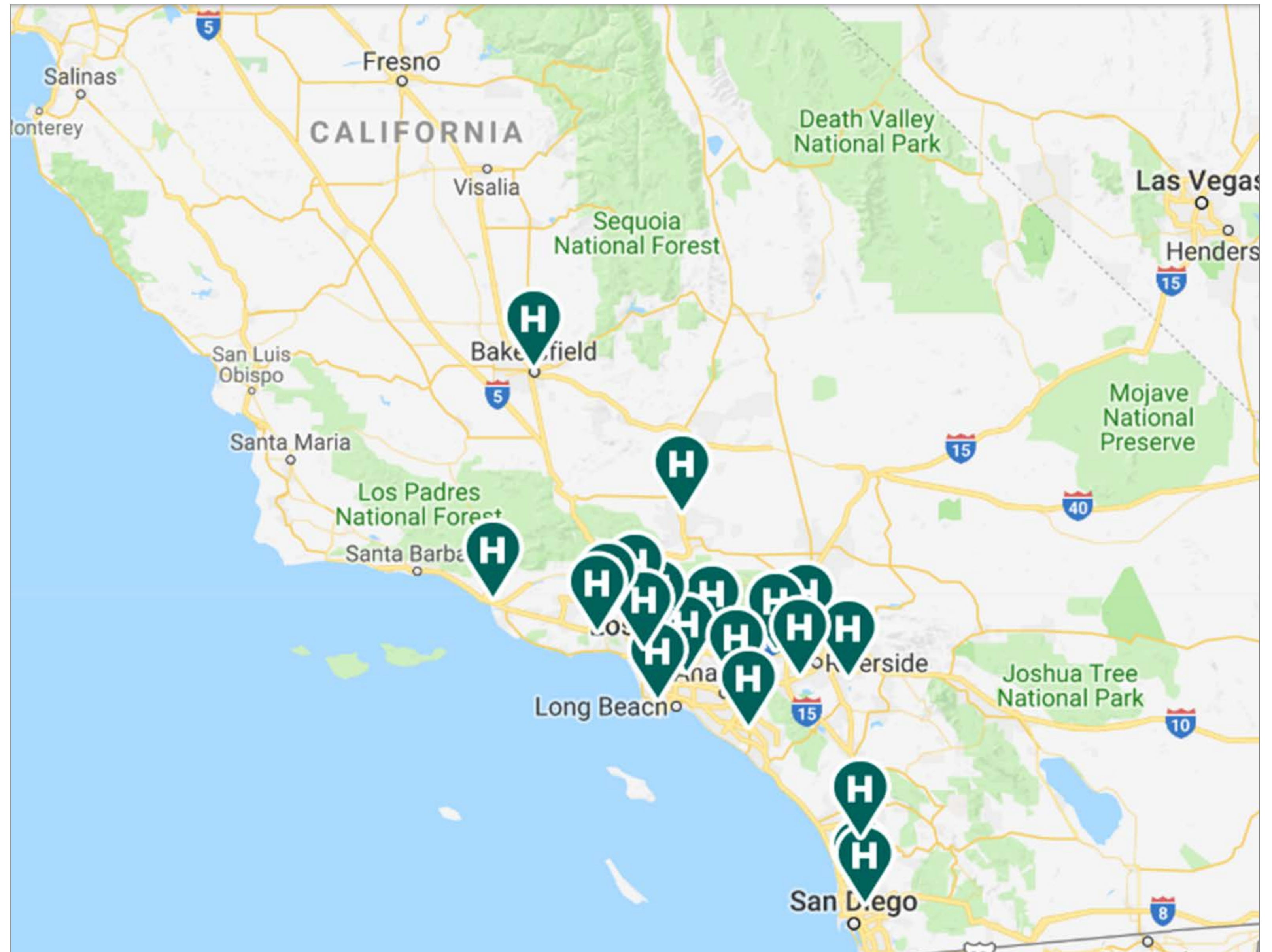
Northern California

📍 21 Hospitals

*19 Licenses

Southern California

 15 Hospitals

*12 Licenses

Emergency Preparedness Final Rule – CMS 3178-F – "42 CFR"

- Establishes **national preparedness requirements** for participating providers and certified suppliers to plan adequately for both natural and man-made disasters, and coordinates with federal, state, tribal, regional, and local emergency preparedness systems.

- The rule also assists providers and suppliers to adequately prepare to meet the needs of patients, clients, residents, and participants during disasters and emergency situations, and strives to provide consistent requirements across provider and supplier-types, with some variations.

- Rule became effective on Nov. 16, 2016
- CMS began surveying new rule across all healthcare facilities on Nov. 15, 2017

Emergency Preparedness Final Rule: National Compliance Office Considerations

- Applicability to Kaiser Permanente
- 17 Provider and Supplier Types

- Same enforcement as for other conditions or requirements cited for non-compliance

- Compliance required for participation in Medicare
- Adds or modifies Conditions of Participation (CoP) or Conditions for Coverage (CofC)

- Complexities of other requirements, such as HIPAA Rule

# Facility Types Impacted at Kaiser Permanente

- Hospitals

- Ambulatory Surgery Centers (ASC)

- Hospices

- Long-term Care Facilities

- Home Health Agencies (HHA)

- End-Stage Renal Disease (ESRD) Facilities

- Rural Health Clinic (RHC)

- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)*

- Critical Access Hospitals (CAH)*

Through relationship with Maui Health Systems in Hawaii

Emergency Preparedness Final Rule Implementation:
National Compliance / Emergency Management Considerations
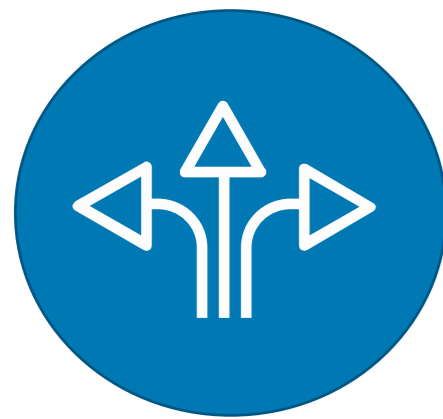
- Ensure clarity for accountability
- Large, often fragmented structure
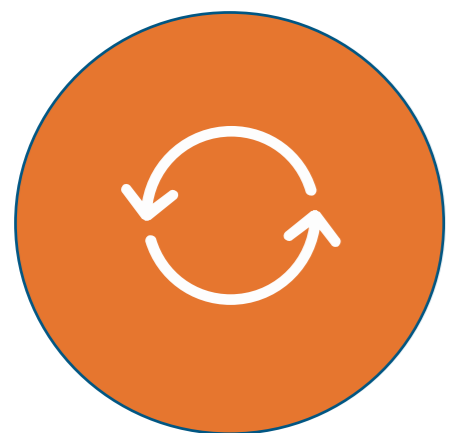- National > Regional > Local

- Sustainability of Plans
- Ongoing Readiness
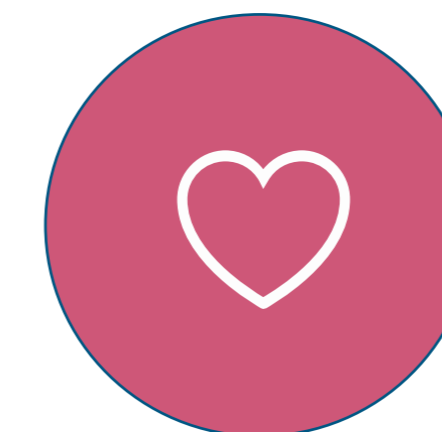- Staff Training and Drills

- Facilitate intra and inter-departmental collaboration
- Leverage expertise, optimize outcomes and ensure compliance

- Integrate culture of compliance
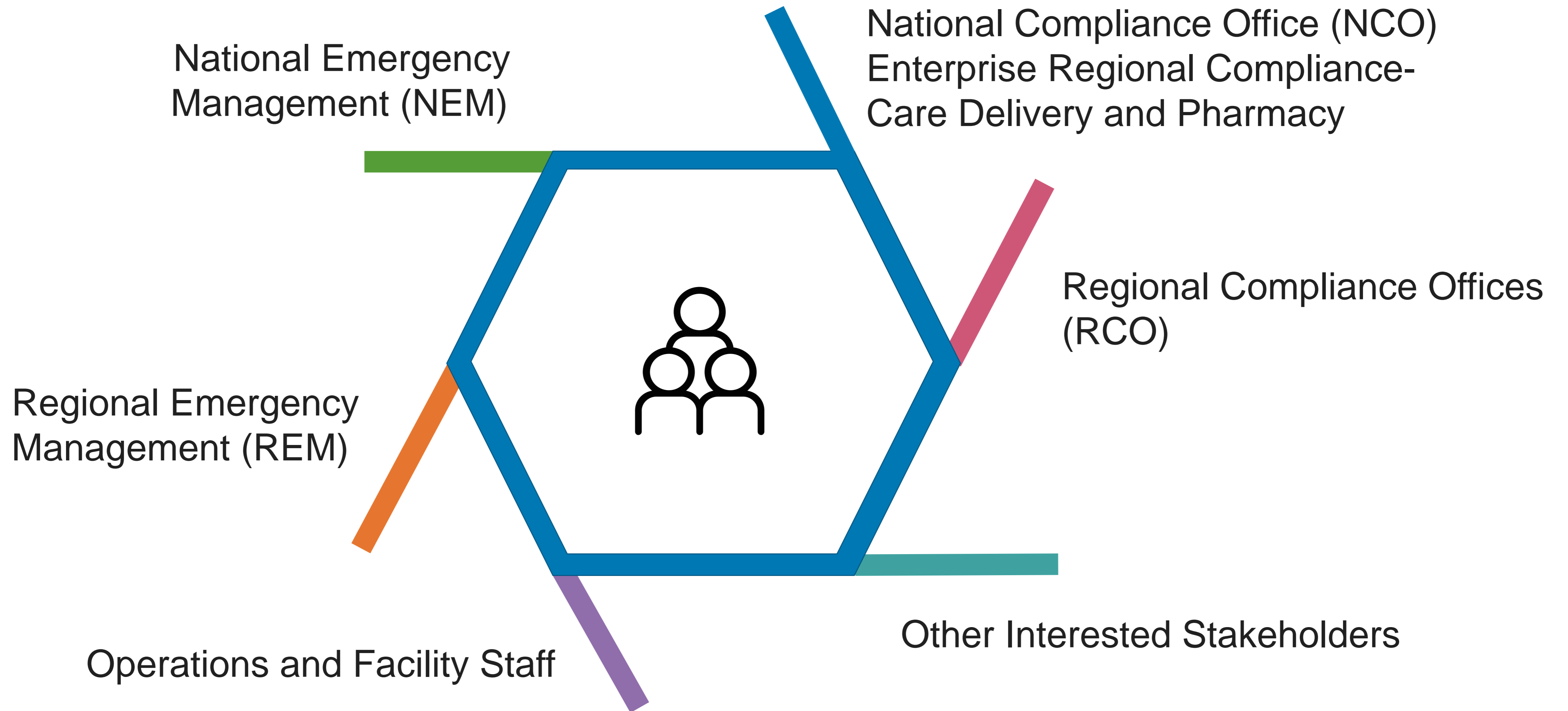- Easy to do the right thing
- Ongoing monitoring

- Ensure integration of federal requirements with state and local regulations, accreditation standards
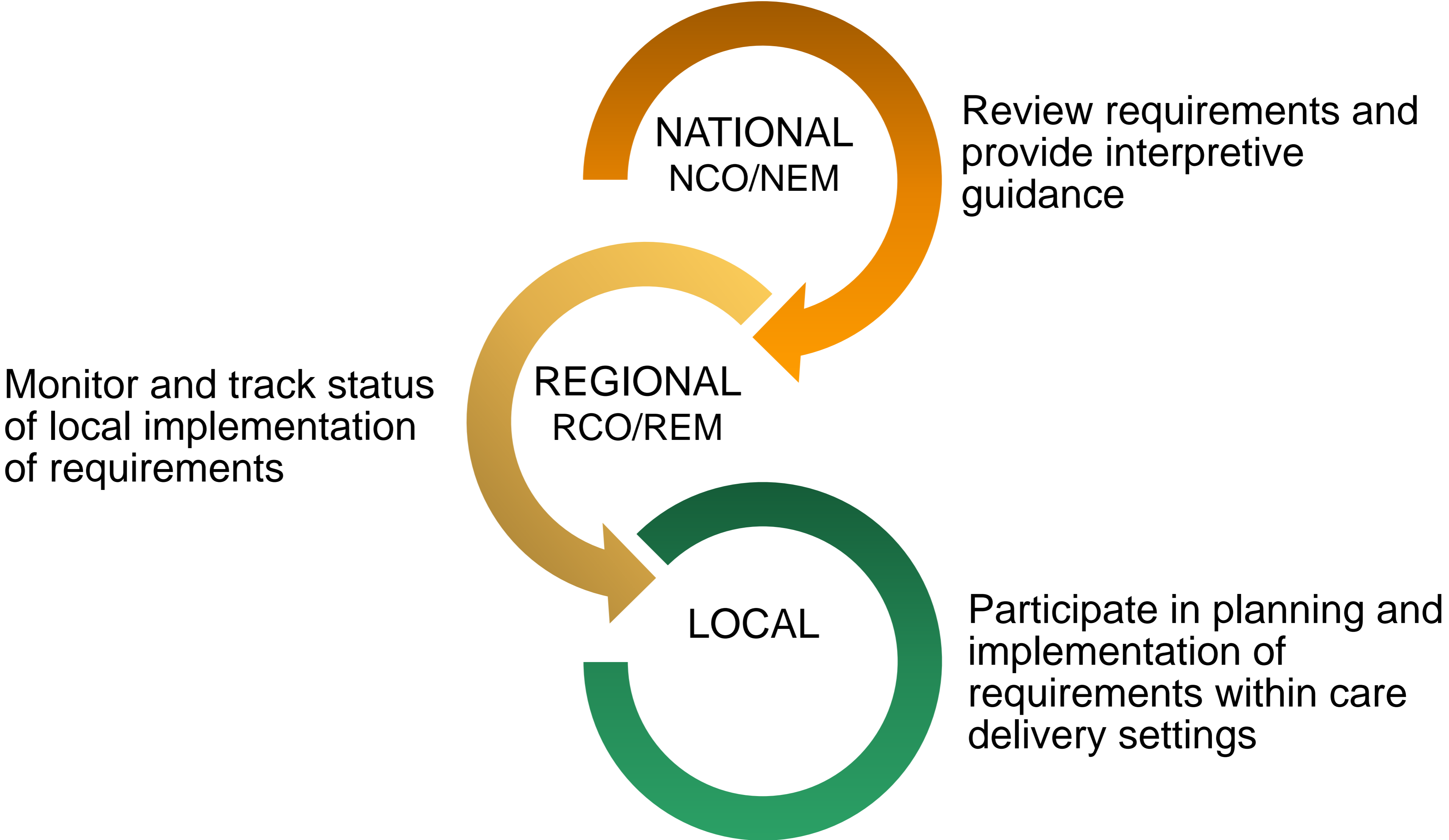
- Members and patients at the center of everything we do

Emergency Preparedness Final Rule Community of Interest

National Emergency Management (NEM)

National Compliance Office (NCO) Enterprise Regional Compliance-Care Delivery and Pharmacy

Regional Compliance Offices (RCO)

Regional Emergency Management (REM)

Operations and Facility Staff

Other Interested Stakeholders

Community of Interest Clarifying Roles

NATIONAL
NCO/NEM

Review requirements and provide interpretive guidance

REGIONAL
RCO/REM

Monitor and track status of local implementation of requirements

LOCAL

Participate in planning and implementation of requirements within care delivery settings

Objectives: Emergency Preparedness Final Rule Community of Interest

Objective 1	Objective 2	Objective 3

Pre-Implementation

| Ensure awareness of requirements and impact on care settings under purview of NCO-Care Delivery | Inform and update care delivery compliance community of work underway by emergency management representatives | Facilitate information sharing and knowledge across departments and regions. |

Post-Implementation

| Ensure continued monitoring and compliance with regulations in care settings impacted by Final Rule | Inform group of regulatory or accreditation action to date related to emergency preparedness requirements | Facilitate spread of "shareable practices" |

Condensed Timeline of Key Dates

Final Rule Published — SEPT 16, 2016

Effective Date of Final Rule — NOV 15

CMS releases Interpretive Guidance on Final Rule — JUNE 02

First Monthly Meeting of Community of Interest — JULY 14, 2017

The Joint Commission publishes final standards — NOV 1

Implementation Date of Final Rule – survey of requirements begin — NOV 15

First Quarterly Meeting of Community of Interest — MAR 16, 2018

JUN 15

Community of Interest Activity & Deliverables

In addition to initial monthly and now quarterly meetings, a series of resources were created to assist regions with requirements:

- Kaiser Permanente Hospital Emergency Operations Plan (EOP) Template
- Emergency Preparedness Compliance Tracking and Monitoring Tool
- Emergency Preparedness SharePoint Site
- Emergency Management Training

Hospital Emergency Operations Plan (EOP) Template

- Designed for California, but customizable for local adoption:
  - Operational plans
  - Policies
  - Annexes & Appendices for 1135 Waiver, Alternate Care Sites, etc.
- Includes TJC & CMS language
- Medical Office Building – specific EOP Tempate recently completed

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Emergency Operations Plan

TABLE OF CONTENTS
Insert page numbers when document is completed

Emergency Preparedness Final Rule Compliance Tracking and Monitoring Tool

CMS Emergency Preparedness Requirements for Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)

Region: _____

Facility: _____

CMS CoP	Standard	Accreditation Reference (as applicable)	Interpretive Guidelines / Survey Procedures (per Appendix Z of SOM)	Current Status: indicate with "x"			Evidence of Compliance with Requirement (provide name of document, policy,	GAPS Identified	Action Required to Resolve Gap	Completion Date	Persons Responsible
				Complete	In process	Incomple					
§ 483.475	The Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) must comply with all applicable Federal, State, and local emergency preparedness requirements. The ICF/IID 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:		Survey Procedures • Interview the facility leadership and ask him/her/them to describe the facility's emergency preparedness program. • Ask to see the facility's written policy and documentation on the emergency preparedness program.								
§ 483.475	(a) *Emergency plan.* The ICF/IID must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do all of the following:		Survey Procedures • Verify the facility has an emergency preparedness plan by asking to see a copy of the plan. • Ask facility leadership to identify the hazards (e.g. natural, man-made, facility, geographic, etc.) that were identified in the facility's risk assessment and how the risk assessment was conducted. • Review the plan to verify it contains all of the								
	1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach including missing clients		Survey Procedures • Ask to see the written documentation of the facility's risk assessments and associated strategies.								

② Facilitates ongoing monitoring of gaps and action items to resolve them

① Facility specific tabs contain regulatory requirements, CMS Interpretative guidelines

③ Resource Tabs

Instructions | Hospital | ASC | Home Health | Hospice | ESRD | LTC | CAH | RHCFQHC | **ICF-IID** | Crosswalk

[Click here to view excel file](#)

CMS CoP	Standard	Accreditation Reference (as applicable)	Interpretive Guidelines / Survey Procedures (per Appendix Z of SOM)
482.15(a)	(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:	EM 01.01.01 EM 02.01.01	**Survey Procedures** • Verify the facility has an emergency preparedness plan by asking to see a copy of the plan. • Ask facility leadership to identify the hazards (e.g. natural, man-made, facility, geographic, etc.) that were identified in the facility's risk assessment and how the risk assessment was conducted. • Review the plan to verify it contains all of the required elements. • Verify that the plan is reviewed and updated annually by looking for documentation of the date of the review and updates that were made to the plan based on the review.
482.15(a)(1)	(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.	EM 01.01.01 EP 2	**Survey Procedures** • Ask to see the written documentation of the facility's risk assessments and associated strategies. • Interview the facility leadership and ask which hazards (e.g. natural, man-made, facility, geographic) were included in the facility's risk assessment, why they were included and how the risk assessment was conducted.

- Facility specific regulations
- Accreditation reference
- Survey Procedures (excerpt)
- CMS Survey and Certification SOM

Click here to view excel file

② Tracking and Monitoring Compliance

Current Status: indicate with "x"			Evidence of Compliance with Requirement (provide name of document, policy, etc.)	GAPS Identified	Action Required to Resolve Gap	Completion Date	Persons Responsible
Complete	In process	Incomplete					

- Current Status (e.g. complete, in-process)
- Evidence of Compliance with Requirement
- Gaps Identified
- Action Required to Resolve Gap
- Completion Date
- Person(s) Responsible

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③ Resource Tabs at End of Worksheet

AMBULATORY SURGERY CENTERS	HOSPICE	HOME HEALTH
Amend § 416.41 by removing paragraph (c). Add § 416.54 to subpart C to read as follows:	Amend § 418.110 by removing paragraph (c)(1)(ii) and the paragraph designation (i) from paragraph (c)(1)(i). Add § 418.113 to read as follows:	Add § 484.22 to subpart B to read as follows:

§ 416.54 **Condition for Coverage-Emergency Preparedness**

The Ambulatory Surgical Center (ASC) must comply with all applicable Federal, State, and local emergency preparedness requirements. The ASC must establish and maintain anemergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

§ 418.113 Condi...

The ho...
local e...
establ...
meets...
prepa...
follow...

> **Crosswalk** compares requirements across facility setting types
>
> **Survey and Certification Surveyor Tool**, includes Interpretative Guidelines and Survey Procedures

(a) *Emergency Plan.* The ASC must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:

(a) *Emergency plan.* The hospice must develop and maintain a emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:

(a) *Emergency plan.* The HHA must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do all of the following:

Tabs: ASC | Home Health | Hospice | ESRD | LTC | CAH | RHCFQHC | ICF-IID | **Crosswalk** | Surveyor Tool_IG

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Click here to view excel file

Emergency Preparedness SharePoint Site

Sharing of information and materials

Emergency Preparedness Training

KP LEARN

- Overview of CMS Emergency Preparedness Rule

- Meets training requirements

Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness

Course description : This course provides an overview of the new CMS Emergency Preparedness Rule, discusses the Core Elements, highlights individual response roles using interactive scenarios and meets the annual training requirement.

Class ID : **00774360**
Web Based Training

Language : English
Duration : 00:20
Attachments >

Free

ENROLL

ACTIVITIES

CMS Emergency Preparedness_v3

How Have We Performed So Far?

- No Emergency Preparedness findings to date on The Joint Commission surveys!

- Surveyors' focus:

  - Collaboration with health care coalitions

  - Hazard Vulnerability Analysis (HVA), drills and After Action reports

  - Staff interviews as they conduct rounds

  - Interface between Home Health, Clinics and Long Term Care centers and the healthcare community

  - Emergency Operation Plans (EOPs) include:

    - ✓ Succession of authority

    - ✓ Clear communication plans

    - ✓ 1135 Waiver process (alternate care sites)

Challenges in Implementing the Final Rule

While Kaiser Permanente has been successful to date, there were some challenges to overcome:

Structural Challenges

- Large, complex system
- Multiple facilities
- Eight geographical regions
- Fragmented departments
- Decentralized oversight for EP Compliance

- Outreach and communicate
- Cascade information through multiple forums

Learning Curve/ New Role

- EP not a primary focus for Care Delivery Compliance
- Learning and awareness of new requirements and their applicability
- Different stages of EP

- Sharing and collaboration
- Minimize effort "KISS"
- Reinforce learning

Sustainability

- Competing priorities
- Time constraints
- Sustaining "energy" for EP

- Assign resources
- Make it easy to do "right"
- Prioritize

Key Success Factors:

- Partnership between national emergency management and national compliance
- Community of interest
- Shared responsibility for activity and deliverables
- Support from senior leaders
- Access to multiple forums to share information
- Expertise and dedication of staff
- Influence culture of compliance, patient safety
- Multiple "real-life examples"
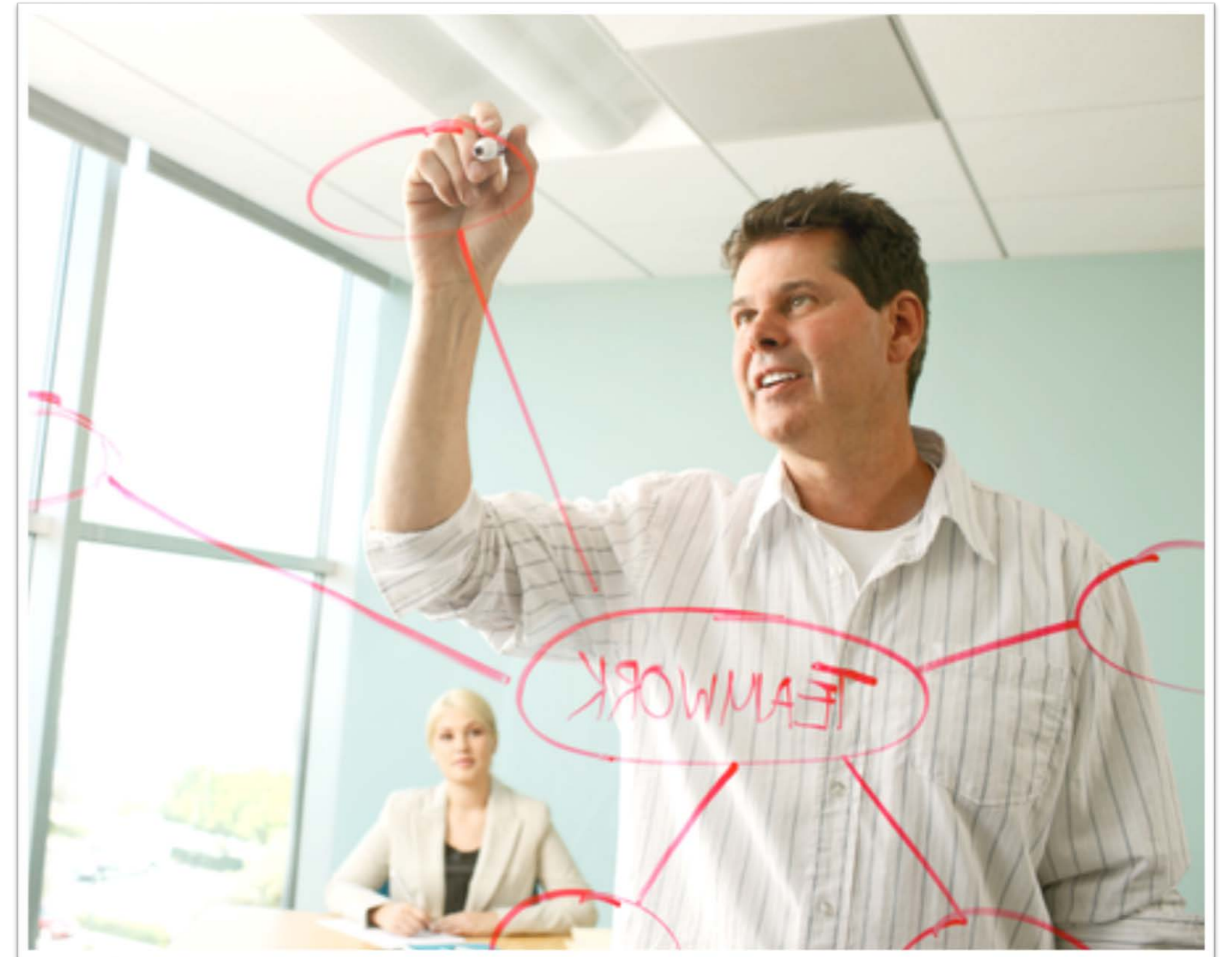
Kaiser Permanente Santa Rosa is now urgently evacuating patients as fire gets close to hospital. Live coverage: abc7news.com

LIVE

BREAKING NEWS
SANTA ROSA
BICENTENNIAL WAY

4:40 AM - 9 Oct 2017

40 Retweets 16 Likes

2   40   16

October 2017 – Evacuation patients from Kaiser Permanente Santa Rosa arrived in ambulances, cars, and city buses

Things to Remember

- **We are in this together**

- Leverage the expertise of your emergency management and compliance partners

- Reach out, coordinate, collaborate

- Ask questions, draft a plan, engage stakeholders

- Active engagement, planning, mitigation, response and recovery

- Ensure ongoing compliance readiness
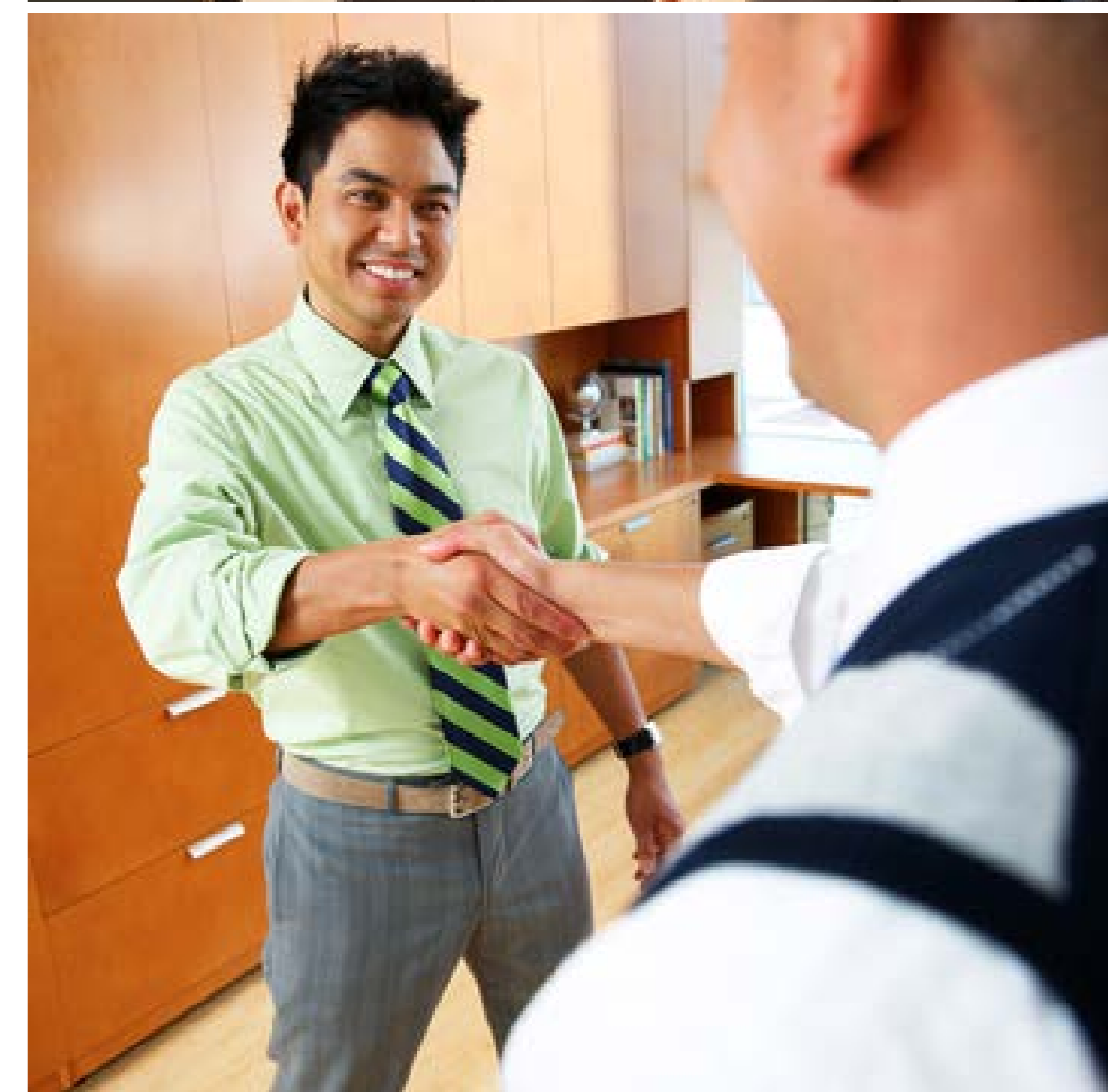
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