

Your Disaster Preparedness Plan After the End of Federal Emergency Declarations

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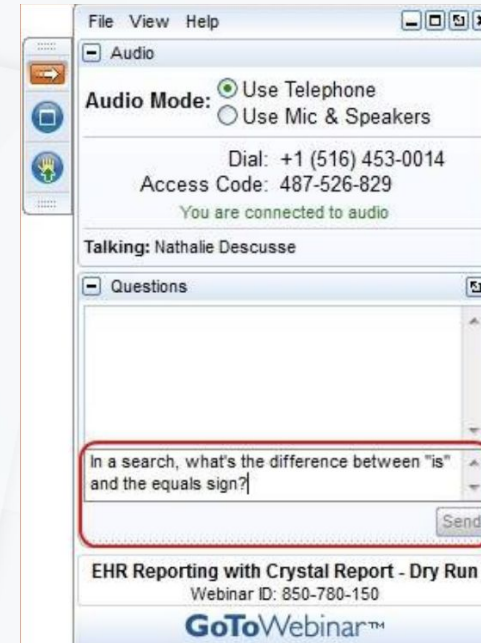
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Meet the Speakers



Evan Fehler

Host
MedTrainer



Brian Williams

VP of Compliance
MedTrainer

What We'll Cover Today

1 EXPIRING 1135 WAIVERS, CHANGES TO THE BURDEN REDUCTION FINAL RULE

2 IDEAS TO INCORPORATE LEARNINGS FROM RECENT DISASTERS

3 BEST PRACTICES FOR DISASTER PREPAREDNESS PLANS

Federal COVID-19 Public Health Emergency Declarations End

May 11, 2023

Poll Question

- ▶ Do you currently have a disaster preparedness plan and is your staff trained on it?
 - ▶ **No, I don't have a plan**
 - ▶ **Yes, I have a plan but staff is not trained**
 - ▶ **Yes, I have a plan and staff is trained**

CMS Provider Types Requiring a Disaster Plan

- ▶ Hospital
- ▶ Critical Access Hospital
- ▶ Long-Term Care Facility
- ▶ Psychiatric Residential Treatment Facility
- ▶ Intermediate Care Facilities for Individuals with Intellectual Disabilities
- ▶ Religious Non-Medical Healthcare Institutions
- ▶ Transplant Center
- ▶ Hospice
- ▶ Ambulatory Surgery Center
- ▶ Pace
- ▶ Home Health Agency
- ▶ Comprehensive Outpatient Rehabilitation Facilities
- ▶ Community Mental Health Centers
- ▶ Organ Procurement Organization
- ▶ Clinics, Rehabilitation, and Therapy



- ▶ Physician practices and groups not listed need an OSHA Emergency Action Plan

CMS Emergency Preparedness Plan Core Requirements



RISK ASSESSMENT AND EMERGENCY PLAN

Develop an emergency plan based on your community risk assessment and using an “all-hazards” approach, and update the plan at least every-other year.

POLICIES AND PROCEDURES

Develop and implement policies and procedures based on the emergency plan and your risk assessment. Surveyors will be looking for documentation that indicates you have reviewed and updated the plan at least every-other year.

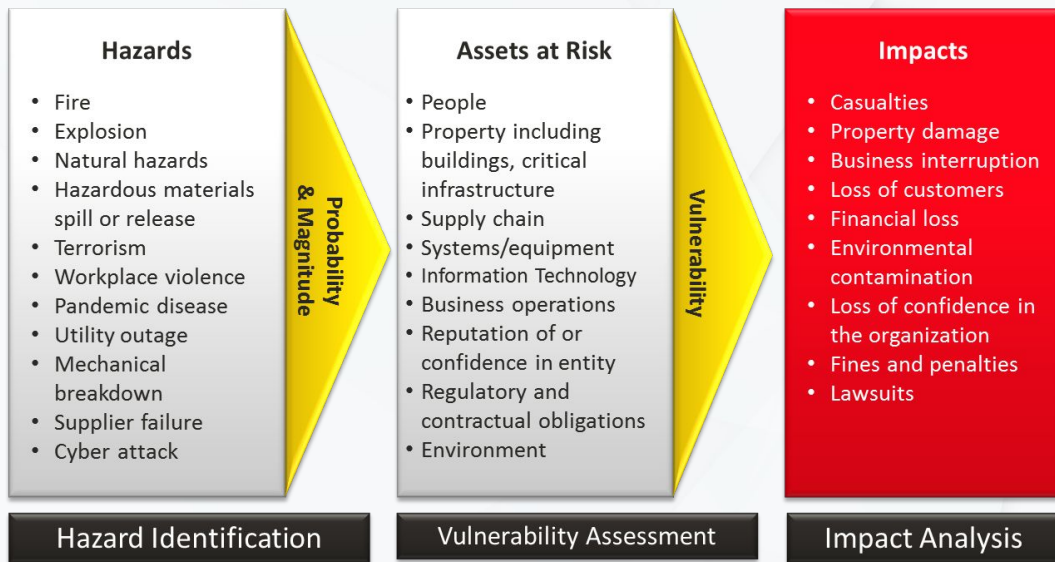
COMMUNICATION PLAN

Develop and maintain an emergency preparedness communication plan that complies with federal, state, and local laws.

TRAINING AND TESTING PROGRAM

Develop and maintain training and testing programs, including initial training on policies and procedures. Staff will have to demonstrate knowledge of the facility's emergency procedures.

All-Hazard Risk Assessment



Local Hazards

- Industrial facilities
- Nuclear power plants
- Fault zones
- Prisons
- Active shooter

Important Considerations

- Capacity to withstand impact
- Mobility of patients
- Community needs
- Resources needed to recover

Source: Ready.gov

Loosened Requirements for the CMS Burden Reduction Final Rule (84 FR 51732)



- ▶ Biennial review of emergency program
- ▶ Emergency plan no longer needs to include documentation of efforts to contact local, tribal, regional, state, or federal emergency preparedness officials or a facility's participation in collaborative and cooperative planning efforts
- ▶ Training on the facility emergency plan is decreased from annually to every two years (*except nursing homes*)
- ▶ Inpatient testing requirement flexibility is increased (*one annually-required exercise can be facility's choice*)
- ▶ Outpatient testing requirements relaxed from two testing exercises to one testing exercise, annually

Poll Question

- ▶ When is the last time you updated your disaster preparedness plan?
 - ▶ **It's not updated**
 - ▶ **Within the last year**
 - ▶ **Within the last two years**
 - ▶ **Before the pandemic**

Penalties

CMS

- Condition-level deficiencies
- Loss of CMS funding
- Termination from CMS program
- Denial of initial application
- Fines

Accreditation

- Deemed-Medicare condition-level deficiencies
- Deficiencies requiring a Plan of Correction
- Loss of accreditation

Recent Situations to Learn From



Multiple Disasters
Simultaneously



Healthcare Workforce
Issues Magnified



Prolonged Emerging
Infectious Disease
(EID)



Supply Chain
Disruptions

Use Recent Disasters to Improve Your Plan

Build Workforce Capacity and Resilience

23%

of hospitals reported
to the government
that they were
experiencing critical
staffing shortages

Source: [AHA, 2022](#)

56%

of public health
workers reported at
least one symptom
of post-traumatic
stress disorder
(PTSD)

Source: [de Beaumont, 2021](#)

Use Recent Disasters to Improve Your Plan

Plan for Concurrent Disasters

“Preparing for one type only partially prepares us for other types, and focusing solely on the common elements leaves gaps for specific actions or capabilities required for each type of event.”

Source: [Framework for Healthcare Disaster Resilience](#)

Poll Question

- ▶ What is the biggest adjustment your plan needs?
 - ▶ **Alternate supply chain resources**
 - ▶ **Address potential staffing shortages**
 - ▶ **Update communication plan**
 - ▶ **Develop a more realistic recovery plan**
 - ▶ **Everything. It needs everything.**

When Developing a Plan, Start Analyzing:

- What was included in your plan versus actual resources
- The most unexpected issue(s)
- Your communication plan
- Access to county & state resources
- Your organization's recovery: Did your plan address the survival of your organization?
- Your city, county, and state emergency action plans

Best Practices for Emergency Preparedness Plans

- ▶ State, county, and local action plans
- ▶ Local departments of health
- ▶ ASPERTRACIE
- ▶ Ready.gov
- ▶ FEMA
- ▶ CMS

Overview of Expiring CMS 1135 Waivers



- ▶ Access to COVID-19 vaccines through federal, state, and private insurance at no cost has been extended through December 31, 2024
- ▶ Most federal telehealth flexibilities extended through December 31, 2024
- ▶ State telemedicine rules are now in effect for Medicaid and other state programs
- ▶ Reinstatement of EMTALA Section 1867(a)
- ▶ Full privileging requirements will need to be followed by location and state
- ▶ Physical environment space regulations and utilization reviews are being enforced
- ▶ All standards related to nursing and support staff qualifications, licensure, procedures, and scope of care are being enforced across state lines

Key Takeaways

- 1 The expiring PHE creates an opportunity & obligation to update policies & plans that must be shared with leadership & staff

- 2 The experiences from the pandemic can be incorporated into the disaster preparedness plan and other key policies

- 3 Avoid penalties and fines by creating / updating emergency plans prior to the PHE expiration

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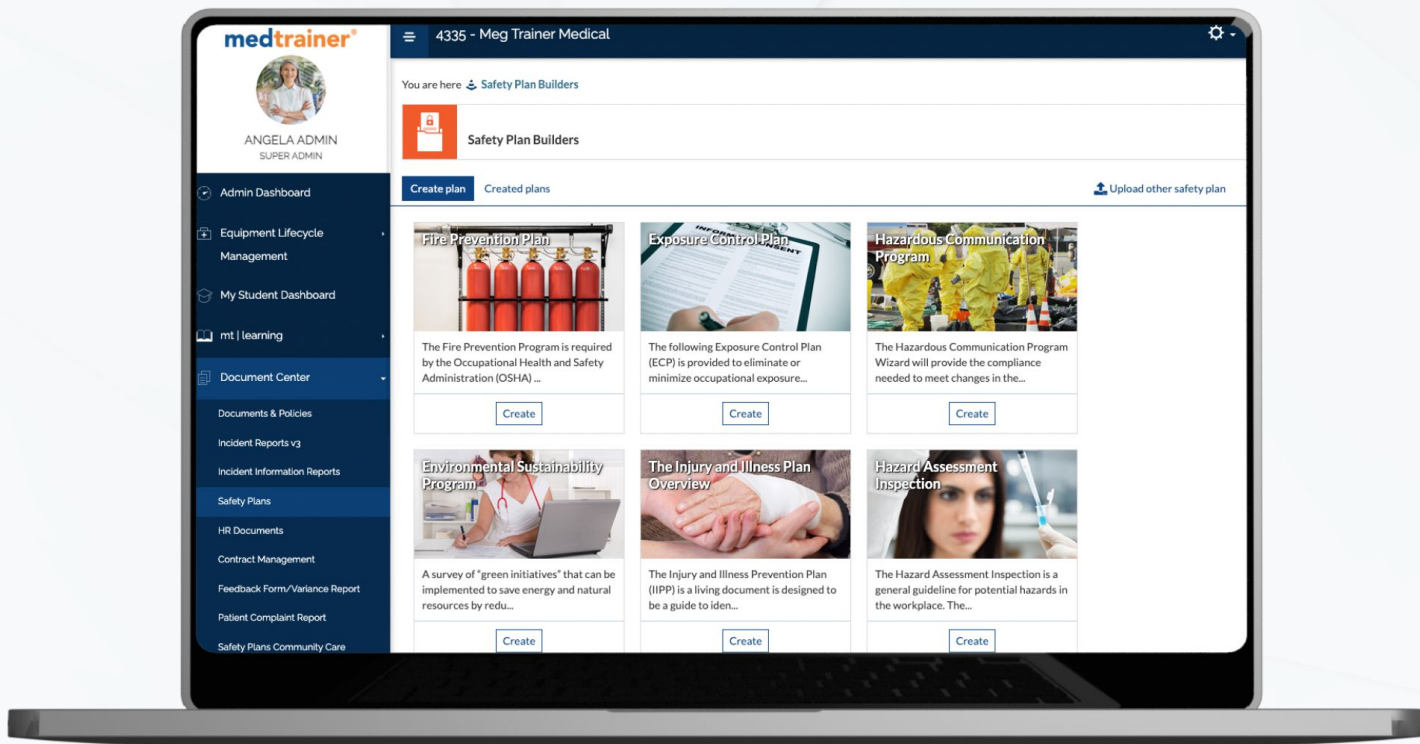
Documents Bundles Conversations Escalation workflow

Search Owner Lifecycle Status Workflow state **More**

Document multiselect

| Title | Version | Owner | Lifecycle | Status | Workflow state |
|-----------------------|---------|---------------------|-----------|---------------------------------|----------------|
| Leave Policy | 1 | Angela Admin Puente | Draft | Authoring | - |
| Employee Handbook | 1 | Angela Admin Puente | Published | Acceptance requested (42 users) | Waiting |
| Facility Policy | 1 | Angela Admin Puente | Published | Accepted (1 user) | Final |
| New Employee Handbook | 1 | Angela Admin Puente | Published | Accepted (1 user) | Final |
| Termination Policy | 1 | Angela Admin Puente | Published | Accepted (1 user) | Final |
| Leave Policy | 2 | Angela Admin Puente | Draft | Authoring | - |
| Leave Policy | 1 | Angela Admin Puente | Published | Accepted (1 user) | Final |
| Policy | 1 | Angela Admin Puente | Draft | Authoring | - |
| New Policy | 1 | Angela Admin Puente | Draft | Authoring | - |
| Word draft | 1 | Angela Admin Puente | Draft | Authoring | - |

MedTrainer Safety Plan Templates



Poll Question

- ▶ Would you like more details on how MedTrainer can help your organization?
 - ▶ Yes
 - ▶ No

Questions

Join Us Next Time!

Credentialing Is Evolving. Are You?

- ▶ **Thursday, April 13 at 11 a.m. PT**
- ▶ Today's process for credentialing and enrolling providers is becoming obsolete. Join credentialing veteran, Joyce Siow-Yazzie, and Brent Althoff, MedTrainer Director of Credentialing Operations, to explore the credentialing evolution and prepare for the future.

Get in Touch



Brian Williams

brian@medtrainer.com