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Emergency Preparedness: 'Test Your Plan'; Infectious Diseases Are Added

By Nina Youngstrom

When surveyors evaluate compliance with the CMS emergency preparedness regulation, they evaluate how well health care organizations would respond in a real disaster, not just on paper. So far, so good, according to CMS. As of Sept. 30, 2018, 78% of providers surveyed met the emergency preparedness requirements in the Medicare conditions of participation, with only 4% of hospitals cited for deficiencies, although nursing homes didn't fare as well, with 22% of nursing homes tagged. But they also face a new challenge: CMS in February 2019 added infectious diseases like Ebola to emergency operation plan requirements.

The emergency preparedness regulation, which took effect Nov. 15, 2017, requires providers and suppliers to have an emergency preparedness program in case of natural and other disasters and to put it to the test. The regulation applies to 17 types of providers, including hospitals, home health agencies, long-term care facilities and psychiatric residential treatment facilities. Providers must implement an all-hazards approach to emergency preparedness, which includes hurricanes, floods, viruses and terrorism, and coordinate with local, state, federal and tribal agencies, said Nora O'Brien, CEO of Connect Consulting Services.

"CMS wants you not just to have a binder the five people who lead the drills know about, but to develop an overall comprehensive approach to meeting the health and safety needs of patients and also staff and visitors," O'Brien said at a webinar sponsored by the Health Care Compliance Association June 19.

Providers are expected to reach out as they prepare for a crisis. "What is woven into CMS requirements for emergency management and business continuity is that when you know your planning partners in advance of a disaster, your community is more resilient," she said.

Disasters can be unpredictable and have ripple effects. For example, the November 2018 Camp Fire in Paradise, California, which killed at least 85 people and caused total damage of \$18.5 billion, had a secondary issue of a norovirus outbreak across evacuation shelters. "We had to put in much stronger infectious disease procedures to address the outbreak," O'Brien said. "Often in disasters, you don't have just one event but secondary events." Feather River Hospital, a 101-bed acute care hospital in rural Paradise and the largest employer, had to shut down. "It wasn't severely damaged, but there was no housing for staff," she explained. "It would have taken until 2020 to have housing, and it would be too long a recovery time, so the hospital was closed."

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