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Prepare for What?



CMS Rule

Prepare for “all hazards”

LTCs Are Not Immune



- Even when faced with the certainty of an event – people still form specific responses to perceived threats that may result in negative consequences. Examples?
 - Pandemic H1N1 – Vaccine risk perception vs. availability vs. case fatality rate (what if this was much higher?)
 - Seminole, Oklahoma tornadoes (May 2010) – Despite a week of advance warning, many people disregarded tornado sirens – 5 dead.
 - Hurricane Sandy – Some people refused to evacuate, placing first responders in harms way

Emergency Preparedness



Mission - Improve the ability to prepare for, respond to, and recover from catastrophic health events

The Problems

- Complacency
- Risk Perception/Threat Denial
- Measuring degrees of preparedness
- Lack of familiarity with emergency plans
- Lack of creativity during planning phase
- Lack of “reward” (unless there is an event)
- Over dependence on outside agencies
- Perceived Cost



COMPLACENCY

APATHY COMES BEFORE CALAMITY. LOOK IT UP.

“Big Picture” Problems

LTC has a lack of familiarity with ICS/NIMS

Required drills are often not taken seriously by staff members and are generally too simplistic

Facilities often lack expertise to conduct full scale exercises and these exercises are often time and cost prohibitive

MOUs-MOAs (i.e. – transportation) often with same regional providers as other facilities

Lack of inclusion and coordination with outside partners including OEM, EMS, Public Health, etc... (Health Care Coalitions)

Internal and external communications limitations

No real internal plans to address resident tracking during catastrophic health events or preparation for surge.

New CMS Emergency Preparedness Final Rule

New Requirements for health and safety that must be met by Medicare and Medicaid-participating providers and suppliers (Hospitals, LTCs, Home Health, FQHCs, etc.)

DO NOT apply to assisted living facilities or physician offices

The rule was published on September 16, 2016 and is effective as of November 15, 2016 – one year to implement – enforced November 15, 2017

Source: <https://www.gpo.gov/fdsys/pkg/FR-2016-09-16/pdf/2016-21404.pdf>

Purpose of the new CMS Rule

- Address systemic gaps in preparedness
- Establish a more consistent level of preparedness across the healthcare continuum
- Encourage coordination during response and participation in Healthcare Coalitions

(CMS basically believes that healthcare facilities nationwide do not have the necessary emergency planning and preparation in place to protect the health and safety of their patients)

Emergency Preparedness Program

- Risk Assessment and Planning
- Policies and Procedures
- Communication Planning
- Training and Testing

Risk Assessment and Planning

- All hazards approach (natural and man made) focusing on capacities and capabilities – must address facility population (unique needs of residents)
 - Number of beds
 - Level of care
 - Availability of staff and supplies available during an emergency
- Must review each element of plan annually
- Must ID who is responsible at all times within the facility – delegation of authority and succession plan

All Hazards

Man-made and natural specific to location of the facility and the hazards most likely to occur.

For example – different parts of your state may be subject to differing weather hazards such as ice storms or hurricane.

Your facility HVA will assist you in your planning efforts because it assigns risks and explores your facility capabilities

Policies and Procedures

- Must be based on emergency plan and risk assessment
- Must be reviewed and updated annually
- Must address both evacuation and shelter in place procedures including
 - Subsistence needs (food, water, meds), waste disposal, alternate energy sources, preserving medical records, sharing of medical documentation, use of volunteers
 - Evacuation plans
 - Procedures for sheltering in place (residents/staff/volunteers)
 - A system to track location of on-duty staff and sheltered residents (huge challenge – need to practice!)

What you need to do



Establish a relationship with your local, county, state or tribal emergency management, healthcare and public health partners that might assist you during times of emergency

Communications Planning

- Must comply with both Federal and State laws
- Coordinate patient care within the facility, across healthcare providers and with state and local public health departments and OEM
- Must provide for an alternate means of communication with staff and other officials
- Must provide a means of providing information to local authorities including names and contact info for staff, resident's physicians, other LTC facilities for transfer and volunteers as well as, contact info for local. County, state emergency prep staff, Ombudsman, other sources of assistance – (system to track residents and staff)
- Must provide a means of providing HIPA sensitive medical information including medical condition of residents
- Providing occupancy information
- Ability to provide assistance to other facilities during an emergency

What you need to do



Communications is one of the most important issues to address during an emergency event –
how will you communicate to key partners?

Testing and Training

- Must provide training and education on preparedness to staff and must exercise your capabilities
- Demonstrate knowledge of emergency procedures and provide annual training and documentation of training
- Conduct drills and exercise to test the emergency plan

What you need to do



Conduct initial training in policies and procedures and demonstrate knowledge of emergency procedures & practice

Exercises



- Annual “community based full scale exercise” or “functional exercise” (HSEEP Defined)
- Additional tabletop or full scale exercise
- May count an actual emergency that requires activation of your plan

Emergency Power Systems

- Maintain temperatures to protect resident health, emergency lighting, fire detection, extinguishing and alarm systems, sewage and waste systems
- Locate generators in accordance with NFPA
- Conduct generator testing, inspection and maintenance as required by NFPA
- Maintain sufficient fuel to sustain power during an emergency – (Define sufficient)

What you need to do



Identify power source capacity and capability – Will it power HVAC, refrigeration, medical equipment for life support, elevators, fire systems, etc.

Integrated Healthcare Systems

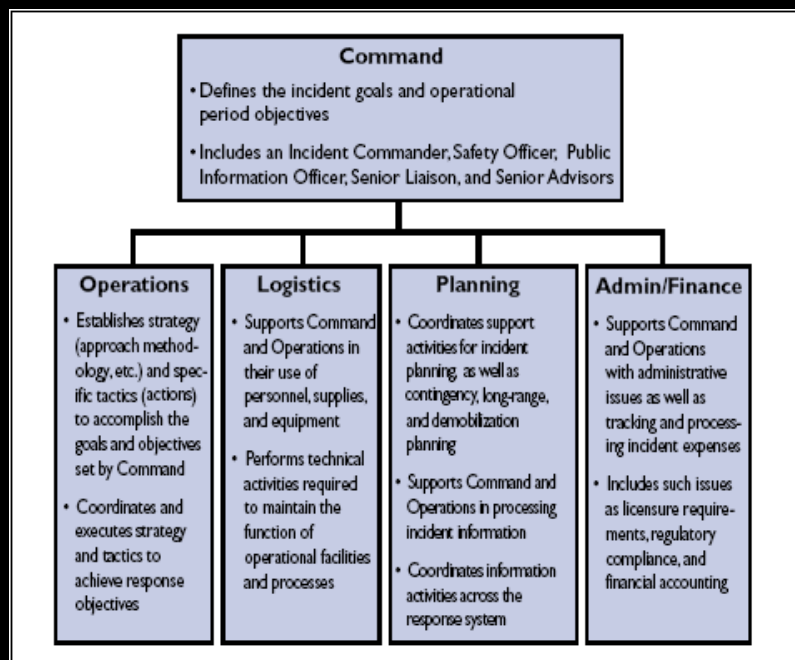
- Must actively participate in the development of the EP program
- Must be developed to take into account each facilities unique circumstances, patient populations and services
- Must demonstrate that each facility is actively using the EP program and is in compliance with the program

CMS Survey & Certification Group

- Currently developing Interpretive Guidelines which will assist facilities in the implementation of the new regulation
- Guidelines should be completed by early 2017
- Will be formatted into one Appendix

How are Emergencies Managed?

Incident Command System



Hazard Vulnerability Analysis (HVA)

A method of hazard identification, risk assessment and analysis of risk control measures.

What is the probability of occurring and what is the impact to my operation?

Probability Issues – How likely is an event to occur?

- Known risk (Coal miner)
- Historical data (Japan's earthquake – 1,000 year event)
- Manufacturer/vendor statistics (BP Gulf Oil Spill Blow Out Preventer failure)

$$P(a) = \frac{\sum_{i=0}^{a-1} \left(\frac{1-p}{p} \right)^i}{\sum_{i=0}^{a+b-1} \left(\frac{1-p}{p} \right)^i}$$

Note: It's really NOT that difficult!

HAZARD AND VULNERABILITY ASSESSMENT TOOL NATURALLY OCCURRING EVENTS



EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane								0%
Tornado								0%
Severe Thunderstorm								0%
Snow Fall								0%
Blizzard								0%
Ice Storm								0%
Earthquake								0%
Tidal Wave								0%
Temperature Extremes								0%
Drought								0%
Flood, External								0%
Wild Fire								0%
Landslide								0%
Dam Inundation								0%
Volcano								0%
Epidemic								0%
AVERAGE SCORE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

*Threat increases with percentage.

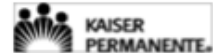
RISK = PROBABILITY * SEVERITY		
0.00	0.00	0.00

Human Impact

- Potential for staff death or injury
- Potential for customer, client, patient injury



HAZARD AND VULNERABILITY ASSESSMENT TOOL TECHNOLOGIC EVENTS



EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	<i>Likelihood this will occur</i>	<i>HUMAN IMPACT</i> <i>Possibility of death or injury</i>	<i>PROPERTY IMPACT</i> <i>Physical losses and damages</i>	<i>BUSINESS IMPACT</i> <i>Interruption of services</i>	<i>PREPARED-NESS</i> <i>Preplanning</i>	<i>INTERNAL RESPONSE</i> <i>Time, effectiveness, resources</i>	<i>EXTERNAL RESPONSE</i> <i>Community/ Mutual Aid staff and supplies</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Electrical Failure								0%
Generator Failure								0%
Transportation Failure								0%
Fuel Shortage								0%
Natural Gas Failure								0%
Water Failure								0%
Sewer Failure								0%
Steam Failure								0%
Fire Alarm Failure								0%
Communications Failure								0%
Medical Gas Failure								0%
Medical Vacuum Failure								0%
HVAC Failure								0%
Information Systems Failure								0%
Fire, Internal								0%
Flood, Internal								0%
Hazmat Exposure, Internal								0%
Supply Shortage								0%
Structural Damage								0%
AVERAGE SCORE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY

0.00 0.00 0.00

Property impact

- Cost to replace
- Cost to set up temporary replacement
- Cost to repair
- Time to recover



HAZARD AND VULNERABILITY ASSESSMENT TOOL HUMAN RELATED EVENTS



EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	<i>Likelihood this will occur</i>	<i>Human Impact</i>	<i>Property Impact</i>	<i>Business Impact</i>	<i>Preparedness</i>	<i>Internal Response</i>	<i>External Response</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Incident (trauma)								0%
Mass Casualty Incident (medical/infectious)								0%
Terrorism, Biological								0%
VIP Situation								0%
Infant Abduction								0%
Hostage Situation								0%
Civil Disturbance								0%
Labor Action								0%
Forensic Admission								0%
Bomb Threat								0%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.00	0.00	0.00

Business impact

- Business interruption
- Employees unable to report to work
- Customers unable to reach facility
- Company in violation of contracts
- Imposition of fines, penalties or legal costs
- Interruption of critical supplies
- Interruption of product distribution
- Reputation
- Financial impact/burden

HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS



EVENT	PROBABILITY <i>Likelihood this will occur</i>	SEVERITY = (MAGNITUDE - MITIGATION)						RISK <i>Relative threat*</i>
		HUMAN IMPACT <i>Possibility of death or injury</i>	PROPERTY IMPACT <i>Physical losses and damages</i>	BUSINESS IMPACT <i>Interruption of services</i>	PREPARED-NESS <i>Preplanning</i>	INTERNAL RESPONSE <i>Time, effectiveness, resources</i>	EXTERNAL RESPONSE <i>Community/ Mutual Aid staff and supplies</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident (From historic events at your MC with >= 5 victims)								0%
Small Casualty Hazmat Incident (From historic events at your MC with < 5 victims)								0%
Chemical Exposure, External								0%
Small-Medium Sized Internal Spill								0%
Large Internal Spill								0%
Terrorism, Chemical								0%
Radiologic Exposure, Internal								0%
Radiologic Exposure, External								0%
Terrorism, Radiologic								0%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.00	0.00	0.00

Preparedness

- Have we done anything to ‘prepare” for the crisis? (Preplanning)
- What is our time structure?
- What else could we do to prepare?

HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS


**KAISER
PERMANENTE**

EVENT	PROBABILITY <i>Likelihood this will occur</i>	SEVERITY = (MAGNITUDE - MITIGATION)						RISK <i>Relative threat*</i>
		HUMAN IMPACT <i>Possibility of death or injury</i>	PROPERTY IMPACT <i>Physical losses and damages</i>	BUSINESS IMPACT <i>Interruption of services</i>	PREPARED-NESS <i>Preplanning</i>	INTERNAL RESPONSE <i>Time, effectiveness, resources</i>	EXTERNAL RESPONSE <i>Community/ Mutual Aid staff and supplies</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
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Chemical Exposure, External								0%
Small-Medium Sized Internal Spill								0%
Large Internal Spill								0%
Terrorism, Chemical								0%
Radiologic Exposure, Internal								0%
Radiologic Exposure, External								0%
Terrorism, Radiologic								0%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.00	0.00	0.00

Response issues

- Time to establish an on-scene response
- Scope of response capability
- Historical evaluation of response success (or failure)?



Assess Internal & External Response Resources

- Do we (internally) have the resources and capabilities (training) to respond to the crisis?
- Will external resources be able to respond to our business during this crisis OR will they have other priority areas to address?

What can you do to mitigate?

- Develop your emergency procedures
- Conduct additional training
- Acquire additional equipment
- Establish mutual aid agreements
- Join your region's Healthcare Preparedness Coalition
- Practice, exercise, drill

Risk=Probability X Severity

(The lower the score-the better!)

- Identified risk
- Unidentified risk
- Total risk (identified & unidentified)
- Acceptable risk (pt. of diminished return has been reached)
- Unacceptable risk (No tolerance =must be eliminated)
- Residual risk (acceptable & unidentified)

Develop the Crisis/Emergency Management Plan

- Establish authority to create, edit and revise the plan



Create a Mission Statement

- What is the goal of establishing the plan to address the future crisis?



Establish a Budget

- How much are you willing to spend to mitigate a future crisis?



Form the Team

- Who are the decision makers and who are the critical players involved in your organization?



Training

- Are your employees trained and educated?
- Do they know what their responsibilities are during an emergency?
- Job action sheets



Practice

- Test, exercise and drill
- Who does what, under what conditions, and to what standard?



Develop After Action Report and Improvement Plan

- Typically, this is one area that often gets neglected. Example – (Recently published Justice Department Preparedness Report)

Why?

- Time, money, personnel, expertise & resources

Evaluate & Modify

- Crisis planning involves organizational change.
- Organizational change is best conducted BEFORE a crisis, but most often occurs AFTER a crisis!
- Resist the dangers of complacency

PREPARE!

Your Plan?

"The best battle plan is good until the first bullet is fired."

Preparedness solutions

- Leadership/Relationship building
- Personal/Professional commitment
- Enhanced communications
- Training/Education/Exercises/Drills
- Planning
- Creativity/Passion
- Sustained funding

- Elevate and promote emergency preparedness
- Identify emergency preparedness training/educational needs
- Develop emergency preparedness educational programs
- Develop and deliver HSEEP compliant exercises
- Improved adoption of Incident Command System (ICS) and National Incident Management System (NIMS)
- Improve professional relationships and communications with our healthcare continuum, public health, homeland security, and other emergency management partners.
- Establish “emergency preparedness/management best practices” that may be implemented within LTC
- Analyze and evaluate post crisis event response and develop “lessons learned” to improve upon response to future events



“Culture of Preparedness”

Preemptive vs. Reactive

Never Forget



In Closing

“By failing to prepare – you are preparing to fail”

---Ben Franklin

“In business or in football, it takes a lot of unspectacular preparation to produce spectacular results”

----Roger Staubach, Hall of Fame Football Player

“In preparing for battle, I have always found that plans are useless, but planning is indispensable.”

----Dwight D. Eisenhower

Thank You!

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Resources

- American Medical Association, National Disaster Life Support Foundation (2004), *Advanced disaster life support provider manual*, ISBN 978-1-57947-879-7
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