



Preparedness Survey Readiness in Rural Health Clinics

Indiana Rural Health Association
Rural Health Clinic Workshop
Kate Hill, RN
Thursday, August 23, 2018

The Compliance Team
Exemplary Provider Accreditation

Learning Objectives

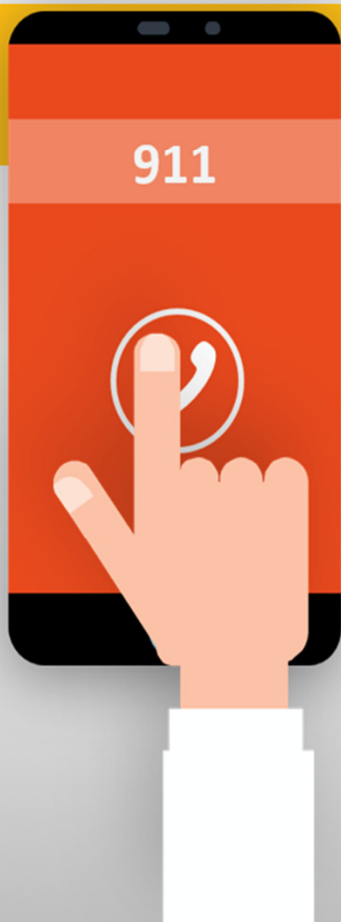
Attendees will:

- **Be able to state the requirements of CFR §491.12 (Emergency Preparedness (EP) for the RHC)**
- **Be able to identify resources to complete a customized EP Plan**
- **Be able to state the rationale for creating an After-Action Report**

Emergency Preparedness Plan



Planning for things we hope will never happen.



On-Site Events and Emergencies which may put staff and patients at risk.

Off-Site Events and Emergencies which may impact the delivery of service to RHC patients.

Contingency planning for interruption of healthcare services.



Lessons Learned 2005



A lesson learned from Hurricane Katrina: In 2005, only 25% of office-based providers were using electronic medical records. Entire lifetimes of healthcare documentation were lost forever for many critically and chronically ill patients. EMR is now the standard.

Lessons Learned 2013



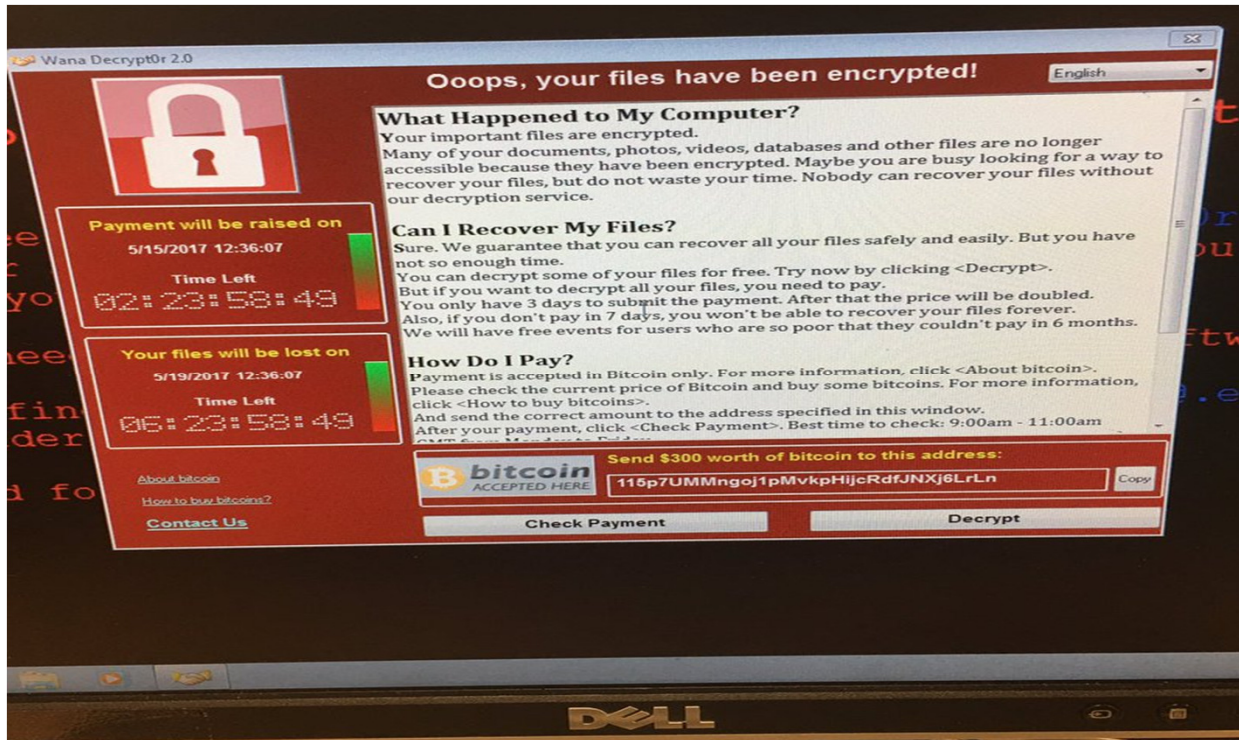
A lesson learned from Moore Medical Center, OK: Approximately 50 patients/staff and 300 community members survive the EF-5 tornado May 20th, 2013. Displacement for staff/patients. 4 years to rebuild.

Lessons Learned 2015



A lesson Learned from Inland Regional Center, CA:
After 14 people killed and 22 injured, we now teach healthcare
staff “Run/Hide/Fight” when immediate threat noted

Lessons Learn 2017



A lesson learned from the UK's NHS:
Slashing the budget set for IT updates/security is not acceptable.
Malware is a real risk for loss of records and interruption of healthcare service.

The Final Rule

EP Requirements for Medicare and Medicaid Participating Providers/Suppliers

- Published September 16, 2016
- Applies to all 17 provider/supplier types
- Compliance required for participation in Medicare

- Implementation November 16, 2017

Emergency Preparedness

Effective Nov. 15, 2017:

The Rural Health Clinic/Federally Qualified Health Center (RHC/FQHC) must comply with all applicable Federal, State, and local emergency preparedness requirements. The RHC/FQHC 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:



Outpatient Providers

Outpatient providers are not required to provide subsistence needs for staff and patients.

Provider Type	Emergency Plan	Policies and Procedures	Communication Plan	Training and Test	Additional Requirements
OPO	Address type of hospitals OPO has agreement (additional requirement).	Needs to have system to track staff during & after emergency and maintain medical documentation (additional requirement).	Does not need to provide occupancy info, method of sharing pt. info, providing info on general condition & location of patients.	Only tabletop exercise	Must maintain agreement with other OPOs & hospitals.
Clinics, Rehabilitation, and Therapy	Must develop emergency plan with assistance from fire, safety experts. Address location, use of alarm systems and signals & methods of containing fire (existing requirements).	*Not required to track staff and patients.	Does not need to provide occupancy information.	*	
RHC/FQHC	*	Does not have to track staff and patients, or have arrangements with other RHCs to receive patients or have alternate care sites.	Does not need to provide occupancy information.	*	

RISK ASSESSMENT & PLANNING

42 CFR 491.12(a)

All Hazards Risk Assessment



**Community-Based
Clinic-Based**

Revised HVA Tool from Kaiser Permanente

January 2017

Kaiser Permanente has developed a revised [Hazard Vulnerability Analysis tool](#) and [instruction sheet](#). Available as a planning resource only; if sharing publicly please credit Kaiser Permanente. This tool is not meant for commercial use.

Kaiser Permanente

Emergency Management

Hazards - Enter name of hospital
 Hazard and Vulnerability Assessment Tool
 Naturally Occurring Events



Event	PROBABILITY	ALERTS	ACTIVATIONS	SEVERITY = (MAGNITUDE - MITGATION)						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	Interuption of services	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	Number of Alerts	Number of Activations	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	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 =High 2 = Moderate 3 = Low	0 - 100%
Transportation Failure										
Trauma										
Tsunami										
VIP Situation										
Water Contamination										
Water Disruption										
Weapon										
Workplace Violence / Threat										

**AN ACTIVATION MAY COUNT AS ONE
 OF THE REQUIRED EXERCISES**

RHC Emergency Preparedness Risk Assessment All- Approach Development Tool

(To be used with the Risk Assessment Tool)

The purpose of this tool is to help identify the types of emergency situations which could occur in your community or in your RHC service area. These situations should then be addressed in your emergency preparedness plans, written policies and employee training materials to comply with 42 CFR §491.12.

Weather-related Emergencies

1. What types of weather-related emergencies are common to your geographic area?
What is the risk based on historic events or current conditions?

<input type="checkbox"/>	Thunderstorm	<input type="checkbox"/>	Tornados	<input type="checkbox"/>	Hurricane	<input type="checkbox"/>	Flooding
<input type="checkbox"/>	Drought	<input type="checkbox"/>	Wildfires	<input type="checkbox"/>	Snowstorm/Blizzard	<input type="checkbox"/>	Tropical Storms
<input type="checkbox"/>	Other (List)						

2. What types of emergency situations could develop because of a weather-related emergency? List all situations that could occur in each type of weather-related emergency.

Example provided by InQuiseek Consulting

Emergency Preparedness Resource Center

Welcome to the Indiana State Department of Health (ISDH) Emergency Preparedness Resource Center. This Resource Center is directed towards the issues of all hazards emergency preparedness in health care facilities, particularly long term care facilities. This page provides information, tools, plan templates, and resources for emergency preparedness in long term care facilities.

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Health Care Quality and Regulatory Commission
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(317) 233-7154 [Fax]

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Alabama Hazard Mitigation Plan as of September 2010

HAZARD RANKING		RISK			IMPACT		
		HIGH	MED	LOW	HIGH	MED	LOW
NATURAL HAZARDS							
1	Flooding	H			H		
2	Tornados/Wind Storms	H			H		
3	Hurricanes	H			H		
4	Winter/Ice Storms	H				M	
5	Lightning	H					L
6	Drought		M				L
7	Hail		M				L
8	Extreme Temperatures		M				L
9	Wildfire			L			L
10	Urban Fire			L			L
11	Earthquakes			L		M	
12	Landslides/Subsidence			L			L
TECHNOLOGICAL HAZARDS							
1	Energy Crisis		M			M	
2	Transportation (Air/Sea/Rail)		M			M	
3	Terrorism			L	H		
4	Radiological (Attack)			L	H		
5	Radiological (Fixed Facility)			L		M	
6	Dam Failure/Breach			L		M	
7	Hazmat (Fixed Facility)			L		M	
8	Cyber-Terrorism			L		M	
9	Hazmat (Transportation)			L			L
10	Civil Disturbance			L			L
11	Radiological (Transportation)			L			L

Deadline Thursday to apply for FEMA assistance for flooding

The Indiana Department of Homeland Security reminds Hoosiers impacted by the historic floods earlier this year that they have until **Thursday, July 5, to apply for federal assistance.**

To register for flood damage assistance, residents can go online at www.DisasterAssistance.gov/ or call the Federal Emergency Management Agency Helpline at 800-621-3362 for voice, 711 and Video Relay Service. If you are deaf, hard of hearing or have a speech disability and use a **TTY**, call **800-462-7585**. Helpline numbers are open from **7 a.m. to 10 p.m. ET, (6 a.m. to 9 p.m. CT), seven days a week.** You also may download the [FEMA app](#) for smartphones.

“(IDHS and FEMA) continue to get the word out to people across the state to apply by Thursday’s deadline,” said Erin Rowe, Indiana’s state coordinating officer for the disaster. “State and federal resources can go a long way in helping Hoosiers recover from this historic event.”



INDIANA DEPARTMENT OF HOMELAND SECURITY

Email Updates

* To sign up for updates or to access your subscriber preferences, please enter your contact information below.

1. Subscription Type

- Email Address _____



INDIANA DEPARTMENT OF HOMELAND SECURITY

Ready: Whenever, Wherever

“Ready: Whenever. Wherever.” is a public service campaign which encourages Hoosiers to practice reasonable awareness and develop a plan for action in the event of an emergency.

- * Hoosiers are asked to pause and consider potential safety risks in their surroundings and to identify possible actions they could take to increase their personal safety in the event of an emergency.

Such as:



INDIANA DEPARTMENT OF HOMELAND SECURITY

[Ready: Whenever, Wherever General Information](#)

[Large Event Safety Information](#)

★ [Community Event Guidelines for Organizers](#)

[Home Protection Information](#)

[Workplace Violence Information](#)

[Active Shooter Resources](#)

[School Safety Information and Resources](#)

Clinic-Based Hazards Assessment

What top five events are most likely to impact the services your organization delivers to patients?

- **Short-term Inclement Weather Events**
- **Power or Water Interruptions**
- **Provider/Staff Illness**
- **Technological/Communication Failures**
- **On-site Events Requiring Evacuation (Fire, Threat)**

Clinic-Based Hazards Assessment

Short-term Inclement Weather Events

Ice Storms – Usually forecast in advance. Clinic leadership will activate the EP Plan and determine whether the clinic will close for some period or if services will begin later than routine patient care hours. Communication plan will be used to notify staff. Staff will notify patients for the affected day(s) via phone calls or text alerts. Signage, website, voicemail, and social media will be updated. Any refrigerated medications and vaccines will be relocated if there is a chance of power interruption.



Icy Weather Plan Activation

1

An Event is at Play

3/4 Inch of Ice Predicted
Schools are Closing

2

EP Plan is Consulted

Inclimate Weather (ICE)
Clinic Closes
When School System Closes

3

Communication Occurs

Staff Called / Texted
Patients Called
"Office Closed" Messaging
Snow Code TV / Radio

4

Change in Operations

Exposed Pipes Covered
Generator Checked
Supplies for Ice Treatment
Planning for After-Event

5

The Event Occurs

CLOSED

6

Evaluation of Event

After-Action Report
EP Plan Updated



If the RHC experiences an actual natural or man-made emergency that requires activation of the EP plan, the RHC is exempt from engaging in a community-based or individual, facility-based full-scale exercise for one year following the onset of the actual event.

Clinic-Based Hazards Assessment

Short-term Inclement Weather Events

Tornados – Usually some advanced warning. Clinic leadership will be on alert, then EP Plan would be activated if clinic services are suspended or if staff and patients are evacuated from routine care areas to an interior area or exterior safety shelter until the tornado has passed. Immediately following the event, emergency assistance will be called and victims assessed and evacuated for further treatment if needed. Only after preserving life, preserve patient health records and clinic equipment and assets.

Clinic-Based Hazards Assessment

Power or Water Interruptions

Usually unpredictable, may occur outside of business hours. Activation of the EP Plan. Clinic leadership will contact utility provider to determine if the clinic will activate the EP Plan to suspend RHC services due to an extended period without power or water supply. Refrigerated medications and supplies should be managed if power is off and the clinic doesn't have a generator. Communication tree will be used to notify staff. Staff will notify patients for the affected day(s) via phone calls or text alerts. Signage, website, voicemail, and social media will be updated.

Clinic-Based Hazards Assessment

Provider/Staff Illness

Clinic leadership will activate the EP Plan to see if temporary coverage can be attained, but ultimately will determine if clinic services will be temporarily suspended. Communication plan used to notify staff. Staff will notify patients for the affected day(s) via phone calls or text alerts. Signage, website, voicemail, and social media will be updated.

Clinic-Based Hazards Assessment

Technological/Communication Failures

Usually unpredicted and may occur outside of business hours. Activation of the EP Plan. Clinic leadership will contact technology or communication provider to determine if the clinic will activate the EP Plan to suspend RHC services due to an extended period without ability to document/communicate. Communication tree will be used to notify staff via text or phone calls. Staff will notify patients for the affected day(s) via phone calls or text alerts. Signage, website, voicemail, and social media will be updated.

Clinic-Based Hazards Assessment

On-site Events Requiring Evacuation

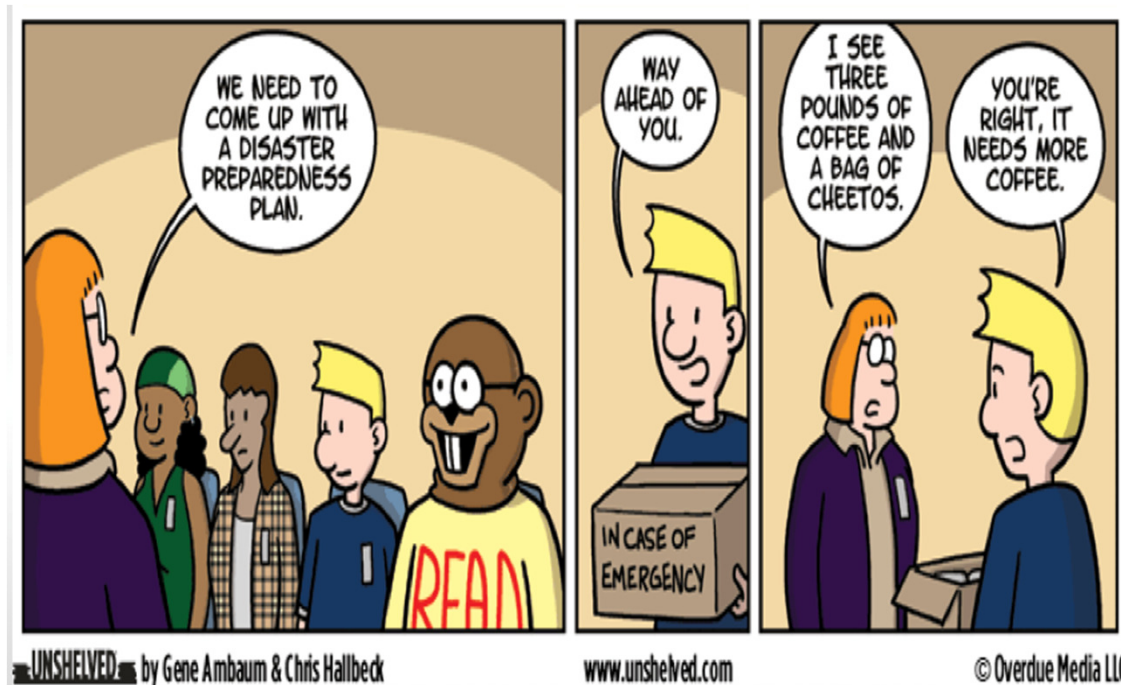
Fire - The EP Plan would be activated if the clinic acts to decrease a threat of harm (use of fire extinguishers), calls 911, or if the clinic staff and patients are evacuated from routine care areas to a safer interior room or an exterior location. Only after preserving life, preserve patient health records and clinic equipment and assets.

Clinic-Based Hazards Assessment

On-site Events Requiring Evacuation

Violence - The EP Plan would be activated if the clinic determines there is an imminent threat of violence, 911 is called, and the clinic staff and patients are moved from routine care areas to a safer interior room or evacuated an exterior location until the threat is contained or eliminated. Only after preserving life, preserve patient health records and clinic equipment and assets.

EP Policies and Procedures



EP Plan is Developed Based Upon the Hazards Assessments



**<Insert Name of Facility>
Rural Health Clinic/Federal Qualified
Health Center**

Emergency Operations Plan

<Insert Date Template is Completed/Revised>
Supersedes Previous Version
This plan covers license year <insert year>
<License Number>

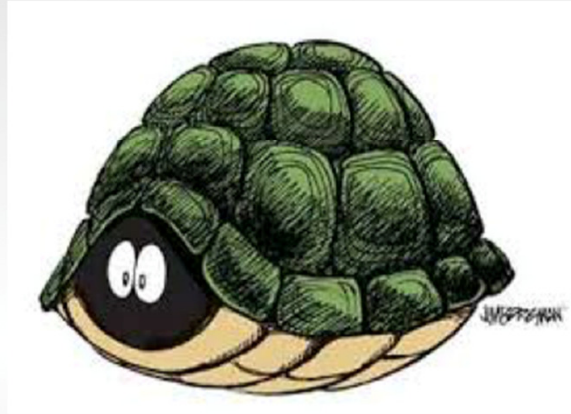
POLICIES & PROCEDURES

42 CFR 491.12(b)

Essential Policies and Procedures

- **Evacuation Routes and Outside Meeting Location**
- **Placement of Exit Signage**
- **Responsibility of Staff (activate 911, assist patients)**
- **Sheltering In-Place (tornados)**
- **Preserving Medical Documentation**
- **The Use of Volunteers or Emergency Responders**

SHELTER IN PLACE



For RHCs, it means to “seek immediate shelter inside a building”. It is only for patients, staff, and volunteers who remain in the RHC in the event that an evacuation cannot be executed. ***THINK: Tornados***

Are clinics required to have volunteers as part of their Emergency Preparedness Plan?



RHCs have the flexibility to include volunteers in the emergency plan as indicated by the individual risk assessment. **HOWEVER**, if volunteers are included, the policies should address their use and they must be trained on the EP Plan.

Policies and Procedures

- RHC will comply with all Federal, State, and local laws regarding community-wide and RHC emergency preparedness
- EP Plan will be reviewed at least annually and updated with any changes arising from findings with After-Action Report (AAR)
- Address Patient Population
 - Example: patients with limited mobility in a clinic on 3rd floor
- Services Offered during Emergency Events
 - RHCs provide out-patient service, so this will be addressed for providing these services or closing

Policies and Procedures

- **Include the policy for how refrigerated medications and vaccines would be handled with a power outage**
- **Address the continuity of services – where patients would be transferred after an emergency or where patients would be referred if the RHC would have to be closed for repair**
- **Address End of Emergency Operations – AAR findings and how the EP Plan would be updated**

COMMUNICATION PLAN

42 CFR 491.12(c)

Communication Plan

- **Comply with Federal and State laws – see State EOP requirements**
- **Update the EP Plan at least Annually**
- **Include required Contact Information**
- **Include Alternative Means of Communicating – Text, Email, Phone, Social Media platforms**
- **Provide Information about Patients – RHC Patient Tracking Form for Transfers and the American Red Cross Patient Reunification Program**
- **Determine Clinic Needs and/or the Clinic's Ability to Provide Assistance to the Community**

Communication Plan

Names and Contact Information

- **Staff**
- **Providers**
- **Entities Providing Services Under Arrangement**
- **Other RHCs/FQHCs**
- **Volunteers**
- **Federal/State/Tribal/Regional/Local EP Staff**

DON'T FORGET TO INCLUDE THE OTHER RHCs IN YOUR AREA – YOU MUST INCLUDE CONTACT INFORMATION EVEN IF THEY ARE NOT IN YOUR HEALTHCARE SYSTEM.

Communication Plan

Primary and Alternate Means of Communication with

- **Other RHCs/FQHCs**
- **Federal/State/Tribal/Regional/Local EP Staff**

LANDLINE COMMUNICATION

MOBILE PHONE COMMUNICATION

TEXT MESSAGING

EMAIL

SOCIAL MEDIA



INDIANA DEPARTMENT OF HOMELAND SECURITY

Listing of City / County Emergency Management Directors

(in alphabetical order, COUNTIES then CITIES)

County / City Name

Adams County

911 W. Peacekeepers Way

Decatur 46733

John August

260-724-5320

E-Mail: jaugust@co.adams.in.us

Allen County

1 E. Main Street


Fort Wayne 46802

Bernie Beier

260-449-4663

E-Mail: Bernie.beier@allencounty.us

County and District-Based Technical Assistance Contacts

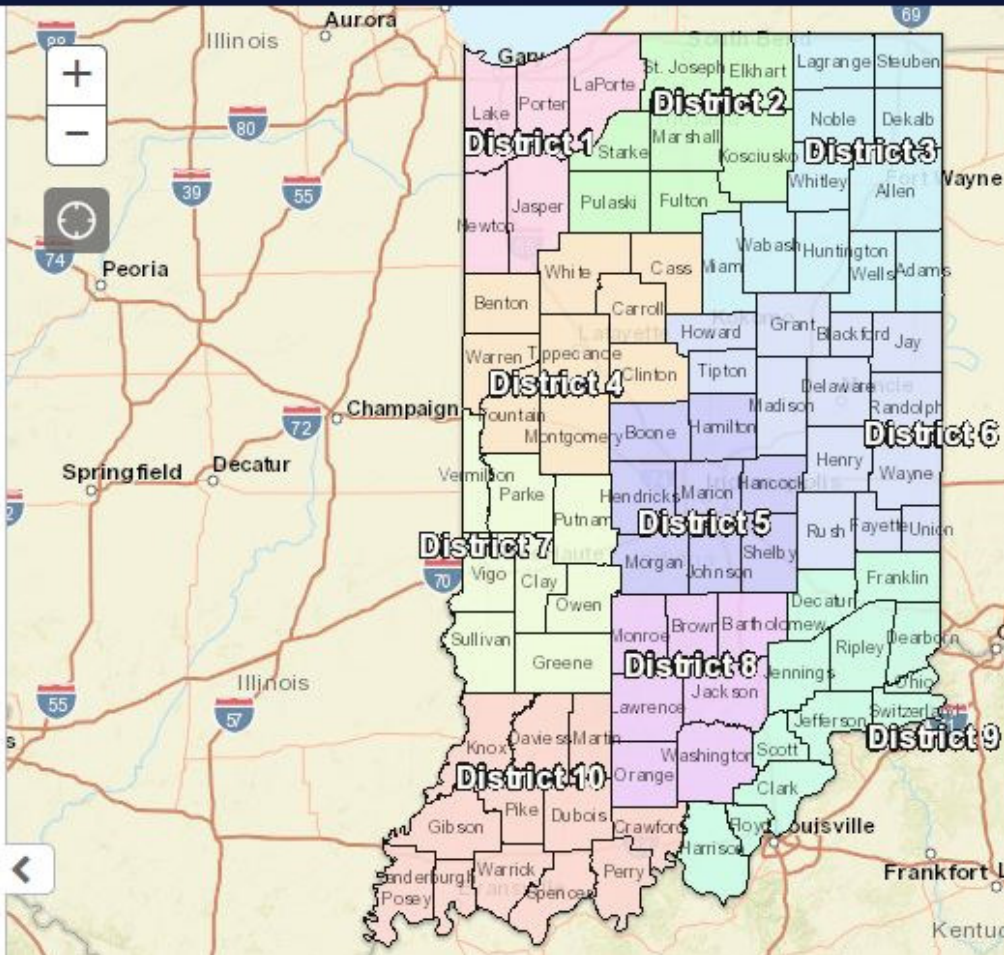


Statewide Contact Information

Look up contact information for County EMAs or IDHS points of contact

- Map Legend
- Map Layers
- Zoom to an Indiana County

Select a County:





INDIANA DEPARTMENT OF HOMELAND SECURITY

Location

Indiana State Department of Health

Division of Emergency Preparedness

2 North Meridian Street, 6-Selig

Indianapolis, IN 46204

Telephone

DEP Administration 317-233-7121

DEP Fax 317-234-3724

ISDH Main Line 317-233-1325

After Hours Emergency 317-233-1325

Indiana Native American Indian Affairs Commission

Contact Us

Attention: MeLissa J. Williams, Director of the Indiana American Indian Affairs Commission

Indiana Native American Indian Affairs Commission

100 North Senate Avenue, Room N300

Indiana Government Center North

Indianapolis, IN 46204

317-234-4887

MelWilliams@icrc.in.gov

TRAINING & TESTING

42 CFR 491.12(d)

**What we train for, we
succeed in...
“Muscle Memory”**

EP Training Requirements

- **Initial training to all new and existing employee staff, contracted staff, and volunteers**
- **Training is consistent with expected roles**
- **Training occurs at least annually**
- **Training is documented and demonstrates knowledge of EP procedures**

EP Testing Requirements

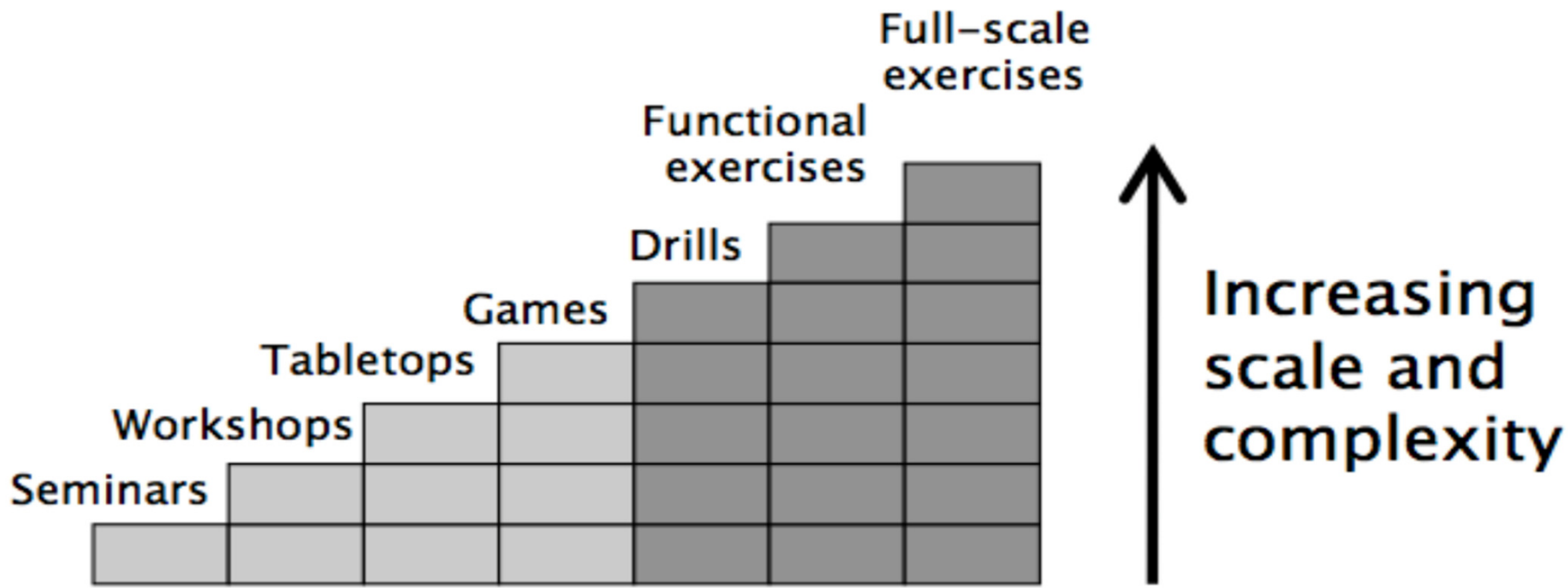
Annual Testing - 1st Exercise

- Full-scale exercise that is community-based, unless it is not available (*if unavailable, clinic has evidence of the attempt*)
- An actual activation of the emergency plan exempts the clinic from the above exercise for 1 year

EP Testing Requirements

Annual Testing - 2nd Exercise Option

- **Second Full-scale exercise that is community-based or individual, facility based**
- **A table-top exercise using a narrated, clinically relevant emergency scenario, with a set of problems designed to challenge the existing EP Plan**



Discussion-based
 Operations-based

Operations-Based Exercises

- Involve deployment of resources and personnel.
- Are more complex than discussion-based types.
- Require execution of plans, policies, agreements, and procedures.
- Clarify roles and responsibilities.
- Improve individual and team performances.
- Include drills and both functional and full-scale exercises.

HINT:

Exercises involve opening up the communication plan and moving something or someone.

Discussion-Based Exercises

- Provide a forum for discussing or developing plans, agreements, training and procedures.
- Are generally less complicated than operations-based types.
- Typically focus on strategic, policy-oriented issues.
- Include seminars, workshops, tabletops, and games.
- Do not involve deployment of resources.





FEMA

Emergency
Management
Institute



Frequently Asked Questions

IS-42: Social Media in Emergency Management

Course Date

10/31/2013

Course Overview

Social media is a new technology that not only allows for another channel of broadcasting messages to the public, but also allows for two way communication between emergency managers and major stakeholder groups. Increasingly the public is turning to social media technologies to obtain up to date information during emergencies and to share data about the disaster in the form of geo data, text, pictures, video, or a combination of these media. Social media also can allow for greater situational awareness for emergency responders. While social media allows for many opportunities to engage in an effective conversation with stakeholders, it also holds many challenges for emergency managers.

TAKE THIS COURSE

[Interactive Web Based Course](#)

TAKE FINAL EXAM

Please note that the IS Program now requires a FEMA SID to be used instead of your SSN. If you do not have a SID, [register for one here](#).

[Take Final Exam Online](#)

NOTICES

<https://training.fema.gov/>

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EP Testing Requirements

- **Document the response to all drills, exercises, and emergency activations**
- **Analyze the responses and utilize findings to alter the EP Plan when and where appropriate**
- **Important to ensure any alterations to the EP Plan is communicated to staff**

SIMPLE AFTER ACTION REPORT (AAR) TEMPLATE

AFTER ACTION REPORT

Name of Facility:		
Name/Title of Person Completing Report:		
Date:	Start Time:	End Time:
Drills/Exercises or Incident response: <input type="checkbox"/> Drill or Exercise <input type="checkbox"/> Actual Event/Incident		
<input type="radio"/> Fire <input type="radio"/> Power Outage <input type="radio"/> Evacuation <input type="radio"/> Flood <input type="radio"/> Lockdown <input type="radio"/> Extreme Weather		
<input type="radio"/> Other (specify): _____		
Participation: Provide a list of individuals and agencies participating in the event:		

Timeline of events: Provide description of events and activities

Lessons learned: Provide an overview of lessons learned related to personnel, training, coordination, logistics, etc.

Discussion and recommendations: Provide any recommendations for improvements or changes to the emergency plan and procedures and how they will be addressed.

Signature of Person Completing the Report: _____

ANNUAL REVIEW OF THE EP PLAN

- **May coincide with the Annual Program Evaluation for overall RHC compliance**
- **Review alerts/activations to see if the risks have changed since last year**
- **Allow enough time to review/verify all phone numbers and review the risk assessment data**
- **Ensure training and exercises were completed, plan for next 12 months**
- **Attain signature(s) for documenting the review**

Common EP Plan Deficiencies

- **Not meeting the exercise requirements**
- **Having the EP Plan, but not training the staff**
- **Omitting required contact information**
- **Lacking an all Hazards Vulnerability Assessment**
- **Provider-Based Clinics stating they are part of an integrated healthcare system, but not meeting higher level of documentation**



THANK YOU



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**The Compliance Team, Inc.
RHC Accreditation
PCMH Accreditation**

www.thecomplianceteam.org