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Eli's Hospice Insider

Compliance: Choose Which EP Changes You Implement Carefully

Plus: CMS urges providers to incorporate Coronavirus in EP plans.

Don't feel like you need to adopt all the new Emergency Preparedness changes wholesale, experts advise. Use discretion on implementing the changes.

"I would caution providers against loosening their update schedule just because they are allowed to do so from a regulatory perspective," says consultant **Linda Elizaitis** with **CMS Compliance Group** in Melville, New York. "Each agency or hospice's circumstances are different."

Providers should update their EP plans "as dictated by lessons learned during an actual emergency, or if salient information that could benefit from addition to the plan is available," Elizaitis recommends.

"Actual events, such as weather-related events or system outages, occur throughout the year and allow for continuous reinforcement and evaluation of the program," says consultant **Carolyn Grandell** with **Qualidigm** in Wethersfield, Connecticut. "Ensuring that emergency preparedness is an ongoing process supports success."

And it's not just real-life events that should spur sooner-than-biennial updates. "I would recommend that after an emergency drill's critiques, the agency does ensure that any changes need to be made to the program should be made then - and not wait until the biennial review," says **Sharon Litwin** with **5 Star Consultants** in Camdenton, Missouri.

The EP changes provide some flexibility and time savings, but they "shouldn't impact an agency's approach to emergency management," Grandell emphasizes. "Agencies that have successful emergency preparedness programs are ensuring that they are operating based on best practices, and are addressing key components timely in response to lessons learned during daily operations and actual events. The revised requirements reduce the minimum required frequency for program review, training and testing; however, continue to promote implementing appropriate changes as they are indicated."

For example: It's "important to update the plan when there has been a significant need to change its contents," Elizaitis says. "Puerto Rico, for example, has been experiencing a significant volume of earthquakes recently, and if a provider had a plan in place that didn't address earthquakes as one of the major hazards to plan for, it should be revisited."

Another example: The **Centers for Medicare & Medicaid Services** issued a Feb. 6 letter to state surveyors reminding them that Medicare providers should take the new Coronavirus into account in Condition of Participation requirements - including EP mandates.

Bottom line: "Taking advantage of the lighter regulatory requirements finalized in the rule provides increased flexibility, but does not change the overall goal and responsibility to plan and be adequately prepared to meet the needs of patients during emergency situations," Grandell stresses.

No Documentation Doesn't Mean No Contact

And Elizaitis encourages providers to still put effort into working with other area officials. "While the requirement for documenting attempts to contact federal, state, local, and other emergency management officials has been eliminated, providers should still attempt to foster these relationships," she urges. "Emergency management officials have a wealth of knowledge and experience and forging relationships ahead of an emergency can assist all involved parties with working well together should a disaster occur."

Keep in mind: "It is very important for agencies to be able to contact the emergency preparedness officials," Litwin

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stresses. "This allows for an open communication line at the time that an emergency does occur."

Plus: Don't forget to include contacting EP officials in drills, Litwin adds. Test it "so that when an actual emergency occurs, the agency knows whom to contact to notify of patients that need to be evacuated or can't be reached," she says.

Note: The survey letter is at www.cms.gov/files/document/qso-20-09-all.pdf.

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