

Eli's Hospice Insider

Emergency Preparedness: Sidestep Emergency Preparedness Land Mines With This Expert Advice

Are you actually capturing 100 percent of your staff in training?

The current COVID-19 situation has underscored the importance of hospices' emergency preparedness preparations.

Reminder: A final rule that took effect last November allows providers to scale back on certain requirements, including training and testing (see Eli's Hospice Insider, Vol. 13, No. 3). But many important - and tricky - duties remain under the EP regulation.

"One of the most difficult requirements for providers to comply with, especially rural providers, is the requirement to conduct full-scale, community-based exercises," notes **Linda Elizaitis**, president of consulting firm **CMS Compliance Group** in Melville, New York.

The good news is that the **Centers for Medicare & Medicaid Services** final rule provides "flexibility to providers ... by expanding the types of acceptable testing exercises," Elizaitis cheers.

But "if it is feasible, the ... hospice should participate in larger-scale exercises where possible since they will provide the most 'real-life' experience for what could occur in an emergency," Elizaitis urges.

Participating in an annual community-based, full-scale exercise is well worth it, "as these are excellent learning opportunities," says **Sharon Litwin** with **5 Star Consultants** in Camdenton, Missouri. "Remember, the more prepared you are, the more you are able to mitigate effects of a disaster and protect your patients and staff."

In cases where "participation in a large-scale drill/ exercise is probably not going to happen, internal drills

should be done," Elizaitis continues. Although a tabletop exercise may be easier, "an actual drill versus a tabletop exercise at the individual agency may yield more useful information where weaknesses are that require corrective actions," she tells **Eli**.

Another common problem area is having rank-and-file staff know how to react in the event of an emergency. "Often on mock surveys, I have asked field staff, 'what is your role in the agency if there is an emergency?' and I get the 'deer in the headlights' look," Litwin relates.

Do this: "Although formal training occurs on hire and every two years," under the new rule, "it is important that the basics are known to all staff in the event of an emergency," Litwin counsels. "And definitely involve all staff in the emergency drills, in which they know what their role is."

Paying close attention to EP training may help solve this problem. "The 100 percent training on hire and annually is often lacking," Litwin tells **Eli**. "Agencies often have the inservices, however do not capture 100 percent of staff."

Even with training now required every two years, "the agency has to ensure that 100 percent of staff is trained," Litwin emphasizes.

Tip: "It is effective to do the training after the annual drill as this is on everyone's mind and can be more easily absorbed and remembered," Litwin recommends.

Keep Your Eye On The EP End Goal

Yet another frequent trouble area is the requirement to perform an "after-action review process to analyze the agency's response to the event," offers **Carolyn Grandell** with **Qualidigm** in Wethersfield, Connecticut.

At 482.15(d)(2)(iv), CMS requires providers to "analyze [their] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise [their] emergency plan, as needed," notes the previous EP final rule CMS published in the Sept.15, 2016 Federal Register.

Doing the after-action review "can be an extremely constructive activity, beneficial to the success of the emergency management, that gains insight into aspects that may otherwise not be recognized for improvement," Grandell says. "It provides valuable information that leads to greater success in future situations."

The problem: "Staff are busy during the recovery phase of the event," Grandell cautions. "It can be easily forgotten as normal operations resume."

The solution: "Implementing a structured process with a designated responsible party to organize and schedule this activity as soon as feasible following the event can ensure compliance," Grandell advises.

Bottom line: "The key advice I have for ... hospice agencies is to ensure that their emergency preparedness programs are robust and not just in place to pass survey," Litwin says. "Disasters occur all of the time," whether it's something "minimal" like an office flood or a big event such as a hurricane, earthquake, or wildfire - or a viral epidemic.

Note: The final rule containing the EP regulatory changes is at www.govinfo.gov/content/pkg/FR-2019-09-30/pdf/2019-20736.pdf. CMS' original EP requirements final rule is at www.govinfo.gov/content/pkg/FR-2016-09-16/pdf/2016-21404.pdf and more EP information is at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.