Beyond the Survey: Creating Shareable Practices Through Compliance & Emergency Management Collaboration

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Outline for Today’s Presentation

- Kaiser Permanente “By the Numbers”
- Emergency Preparedness Final Rule
- Emergency Preparedness Community of Interest Activity
- Challenges in Implementing the Final Rule
- Key Success Factors and Things to Share
Kaiser Permanente Nationally by the Numbers:

- 12.2 million Members
- 44.7 million Doctor’s Office Visits
- 78.3 million Prescriptions Filled
- 8 States & D.C. Served
- 39 Hospitals
- 680 Medical Offices/Facilities
- 22,000+ Physicians
- 58K Nurses
- 213K Employees
- 8 States & D.C. Served
- 39 Hospitals
- 680 Medical Offices/Facilities
- 22,000+ Physicians
- 58K Nurses
- 213K Employees
Northern California

21 Hospitals

*19 Licenses
Southern California

15 Hospitals

*12 Licenses

• Establishes **national preparedness requirements** for participating providers and certified suppliers to plan adequately for both natural and man-made disasters, and coordinates with federal, state, tribal, regional, and local emergency preparedness systems.

• The rule also assists providers and suppliers to adequately prepare to meet the needs of patients, clients, residents, and participants during disasters and emergency situations, and strives to provide consistent requirements across provider and supplier-types, with some variations.

- Rule became effective on Nov. 16, 2016
- CMS began surveying new rule across all healthcare facilities on Nov. 15, 2017
Emergency Preparedness Final Rule: National Compliance Office Considerations

- Applicability to Kaiser Permanente
- 17 Provider and Supplier Types
- Compliance required for participation in Medicare
- Adds or modifies Conditions of Participation (CoP) or Conditions for Coverage (CofC)
- Same enforcement as for other conditions or requirements cited for non-compliance
- Complexities of other requirements, such as HIPAA Rule
Facility Types Impacted at Kaiser Permanente

- Hospitals
- Ambulatory Surgery Centers (ASC)
- Hospices
- Long-term Care Facilities
- Home Health Agencies (HHA)
- End-Stage Renal Disease (ESRD) Facilities
- Rural Health Clinic (RHC)
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)*
- Critical Access Hospitals (CAH)*

* Through relationship with Maui Health Systems in Hawaii

- Ensure clarity for accountability
- Large, often fragmented structure
- National > Regional > Local
- Facilitate intra and inter-departmental collaboration
- Leverage expertise, optimize outcomes and ensure compliance
- Ensure integration of federal requirements with state and local regulations, accreditation standards
- Sustainability of Plans
- Ongoing Readiness
- Staff Training and Drills
- Integrate culture of compliance
- Easy to do the right thing
- Ongoing monitoring
- Members and patients at the center of everything we do
Emergency Preparedness Final Rule Community of Interest

- National Emergency Management (NEM)
- Regional Emergency Management (REM)
- Operations and Facility Staff
- National Compliance Office (NCO)
- Enterprise Regional Compliance-Care Delivery and Pharmacy
- Regional Compliance Offices (RCO)
- Other Interested Stakeholders
Community of Interest Clarifying Roles

- **NATIONAL NCO/NEM**: Review requirements and provide interpretive guidance
- **REGIONAL RCO/REM**: Monitor and track status of local implementation of requirements
- **LOCAL**: Participate in planning and implementation of requirements within care delivery settings
Objectives: Emergency Preparedness Final Rule Community of Interest

**Objective 1**
Ensure awareness of requirements and impact on care settings under purview of NCO-Care Delivery

**Objective 2**
Inform and update care delivery compliance community of work underway by emergency management representatives

**Objective 3**
Facilitate information sharing and knowledge across departments and regions.

Pre-Implementation
- Ensure continued monitoring and compliance with regulations in care settings impacted by Final Rule

Post-Implementation
- Inform group of regulatory or accreditation action to date related to emergency preparedness requirements
- Facilitate spread of “shareable practices”
Condensed Timeline of Key Dates

Final Rule Published

<table>
<thead>
<tr>
<th>SEP</th>
<th>NOV</th>
<th>JUNE</th>
<th>JULY</th>
<th>NOV</th>
<th>NOV</th>
<th>MAR</th>
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2016 2017 2018

Effective Date of Final Rule

First Monthly Meeting of Community of Interest

Implementation Date of Final Rule – survey of requirements begin

CMS releases Interpretive Guidance on Final Rule

The Joint Commission publishes final standards

First Quarterly Meeting of Community of Interest
Community of Interest Activity & Deliverables

In addition to initial monthly and now quarterly meetings, a series of resources were created to assist regions with requirements:

- Kaiser Permanente Hospital Emergency Operations Plan (EOP) Template
- Emergency Preparedness Compliance Tracking and Monitoring Tool
- Emergency Preparedness SharePoint Site
- Emergency Management Training
Hospital Emergency Operations Plan (EOP) Template

• Designed for California, but customizable for local adoption:
  • Operational plans
  • Policies
  • Annexes & Appendices for 1135 Waiver, Alternate Care Sites, etc.
• Includes TJC & CMS language
• Medical Office Building – specific EOP Template recently completed
Facility specific tabs contain regulatory requirements, CMS Interpretative guidelines

Facilitates ongoing monitoring of gaps and action items to resolve them

Resource Tabs
### Regulatory / Accreditation References

<table>
<thead>
<tr>
<th>CMS CoP</th>
<th>Standard</th>
<th>Accreditation Reference (as applicable)</th>
<th>Interpretive Guidelines / Survey Procedures (per Appendix Z of SOM)</th>
</tr>
</thead>
</table>
| 482.15(a) | (a) Emergency plan. The hospital must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following: | EM 01.01.01 EM 02.01.01 | Survey Procedures  
- Verify the facility has an emergency preparedness plan by asking to see a copy of the plan.  
- Ask facility leadership to identify the hazards (e.g. natural, man-made, facility, geographic, etc.) that were identified in the facility’s risk assessment and how the risk assessment was conducted.  
- Review the plan to verify it contains all of the required elements.  
- Verify that the plan is reviewed and updated annually by looking for documentation of the date of the review and updates that were made to the plan based on the review. |

- Facility specific regulations  
- Accreditation reference  
- Survey Procedures (excerpt)  
- CMS Survey and Certification SOM

Click here to view excel file
## Tracking and Monitoring Compliance

<table>
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<tr>
<th>Current Status: indicate with &quot;x&quot;</th>
<th>Evidence of Compliance with Requirement (provide name of document, policy, etc.)</th>
<th>GAPS Identified</th>
<th>Action Required to Resolve Gap</th>
<th>Completion Date</th>
<th>Persons Responsible</th>
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<td>In process</td>
<td>Incomplete</td>
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</table>

- Current Status (e.g. complete, in-process)
- Evidence of Compliance with Requirement
- Gaps Identified
- Action Required to Resolve Gap
- Completion Date
- Person(s) Responsible

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### Resource Tabs at End of Worksheet

#### AMBULATORY SURGERY CENTERS

Amend § 416.41 by removing paragraph (c).
Add § 416.54 to subpart C to read as follows:

**§ 416.54 Condition for Coverage-Emergency Preparedness**

The Ambulatory Surgical Center (ASC) must comply with all applicable Federal, State, and local emergency preparedness requirements. The ASC 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:

(a) **Emergency Plan.** The ASC must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:

#### HOSPICE

Amend § 418.110 by removing paragraph (c)(1)(ii) and the paragraph designation (i) from paragraph (c)(1)(i).
Add § 418.113 to read as follows:

**§ 418.113 Emergency Plan.** The hospice must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:

(a) **Emergency Plan.** The hospice must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:

#### HOME HEALTH

Add § 484.22 to subpart B to read as follows:

**Crosswalk** compares requirements across facility setting types

**Survey and Certification Surveyor Tool**, includes Interpretative Guidelines and Survey Procedures

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Emergency Preparedness SharePoint Site

Sharing of information and materials
Emergency Preparedness Training

- Overview of CMS Emergency Preparedness Rule
- Meets training requirements
How Have We Performed So Far?

• No Emergency Preparedness findings to date on The Joint Commission surveys!

• Surveyors’ focus:
  o Collaboration with health care coalitions
  o Hazard Vulnerability Analysis (HVA), drills and After Action reports
  o Staff interviews as they conduct rounds
  o Interface between Home Health, Clinics and Long Term Care centers and the healthcare community
  o Emergency Operation Plans (EOPs) include:
    ✓ Succession of authority
    ✓ Clear communication plans
    ✓ 1135 Waiver process (alternate care sites)
Challenges in Implementing the Final Rule

While Kaiser Permanente has been successful to date, there were some challenges to overcome:

**Structural Challenges**
- Large, complex system
- Multiple facilities
- Eight geographical regions
- Fragmented departments
- Decentralized oversight for EP Compliance
- Outreach and communicate
- Cascade information through multiple forums

**Learning Curve/ New Role**
- EP not a primary focus for Care Delivery Compliance
- Learning and awareness of new requirements and their applicability
- Different stages of EP
- Sharing and collaboration
- Minimize effort “KISS”
- Reinforce learning

**Sustainability**
- Competing priorities
- Time constraints
- Sustaining “energy” for EP
- Assign resources
- Make it easy to do “right”
- Prioritize
Key Success Factors:

- Partnership between national emergency management and national compliance
- Community of interest
- Shared responsibility for activity and deliverables
- Support from senior leaders
- Access to multiple forums to share information
- Expertise and dedication of staff
- Influence culture of compliance, patient safety
- Multiple “real-life examples”
October 2017 – Evacuation patients from Kaiser Permanente Santa Rosa arrived in ambulances, cars, and city buses
Things to Remember

• **We are in this together**
• Leverage the expertise of your emergency management and compliance partners
• Reach out, coordinate, collaborate
• Ask questions, draft a plan, engage stakeholders
• Active engagement, planning, mitigation, response and recovery
• Ensure ongoing compliance readiness