



HEALTH QUALITY INNOVATORS

June 5, 2024

Emergency Preparedness Plan Assessment for Nursing Homes

About Health Quality Innovators

- Independent, nonprofit consulting organization helping health care providers and communities improve care delivery and patient outcomes since 1984
- Federal contractor for over 35 years
- HQI-led programs have improved outcomes for millions of Americans
- Headquartered in Richmond, Virginia



Quality Innovation Network - Quality Improvement Organization

What are QIOs?

A **Quality Improvement Organization (QIO)** is a group of health quality experts, clinicians and consumers organized to improve the quality of care delivered to people with Medicare.

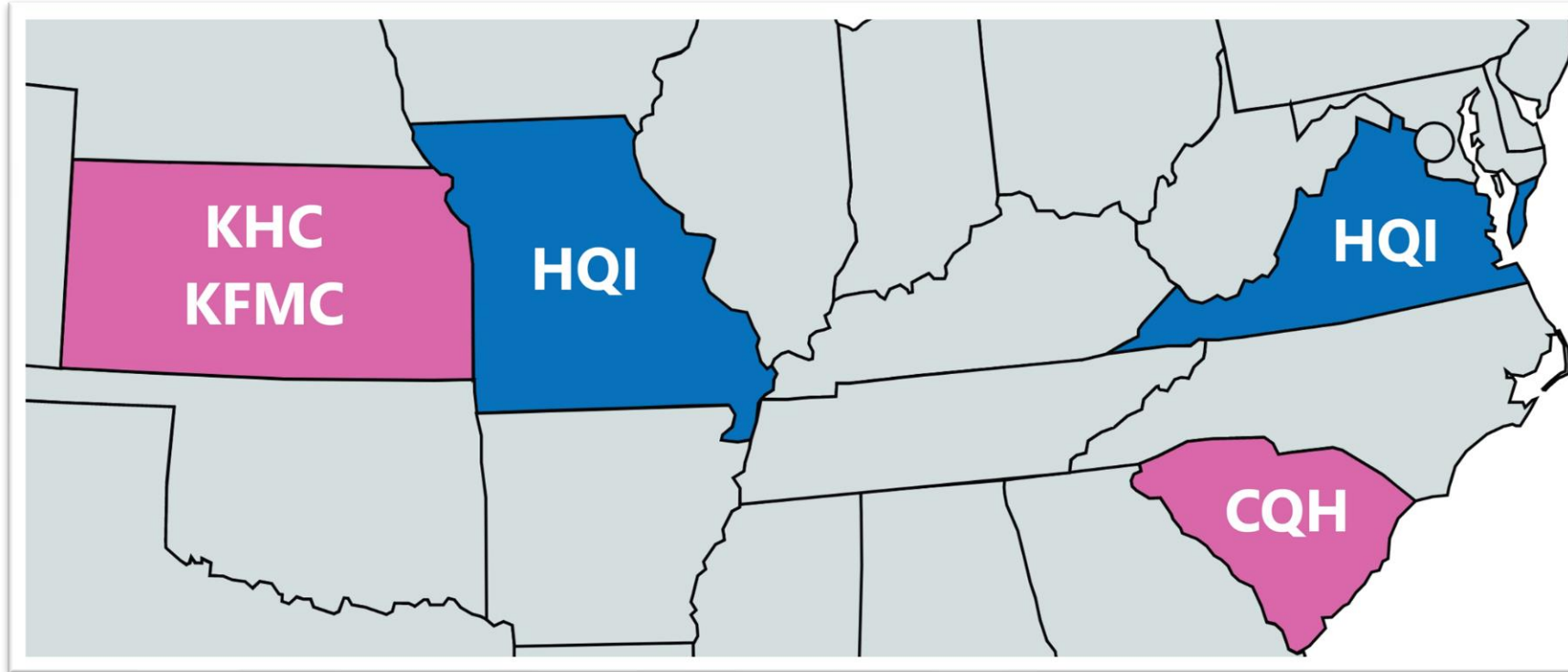
Two types of QIOs work under the direction of CMS to support the QIO Program:

BFCC-QIO
Beneficiary and Family
Centered Care

QIN-QIO
Quality Innovation Network
– Quality Improvement
Organization



Health Quality Innovation Network



Missouri Nursing Home Team



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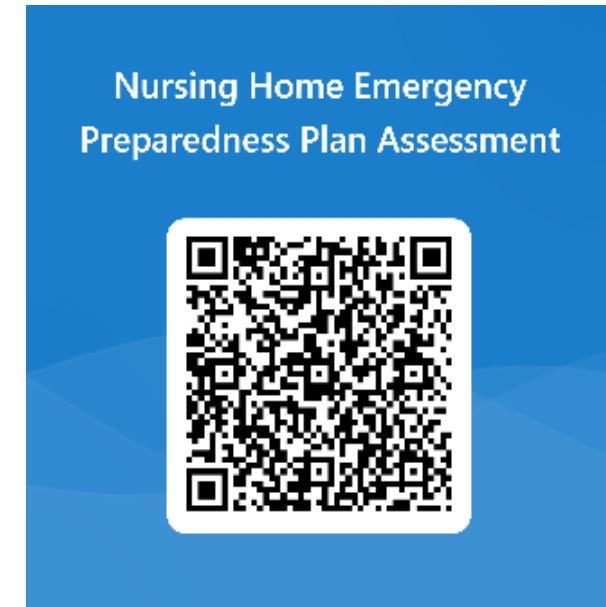
Emergency Preparedness Plan Review for Nursing Homes

- CMS asked HQI to provide a **no-cost** review of nursing homes' emergency preparedness plans (EPPs)
- We **provide support** to enhance emergency response and survey readiness
- Our **assessment tool** was developed based on Appendix Z of the CMS State Operations Manual



Emergency Preparedness Plan Review (Options)

- Facilities can choose how they would like the review to be conducted:
 - **Independent** review (facilities send us their EPP plan)
 - Interactive **virtual** review (via Teams/Zoom)
 - **Self-assessment** review (access via QR code)



HQI EPP Assessment Template

Emergency Preparedness Plan Assessment Template

Facility: _____ CCN: _____

Name of Administrator: _____

Facility Point of Contact/Title: _____

Facility Review Participants (name/title): _____

HQIN Representative: _____ Review Date: _____

RISK ASSESSMENT AND EMERGENCY PLANNING REVIEW

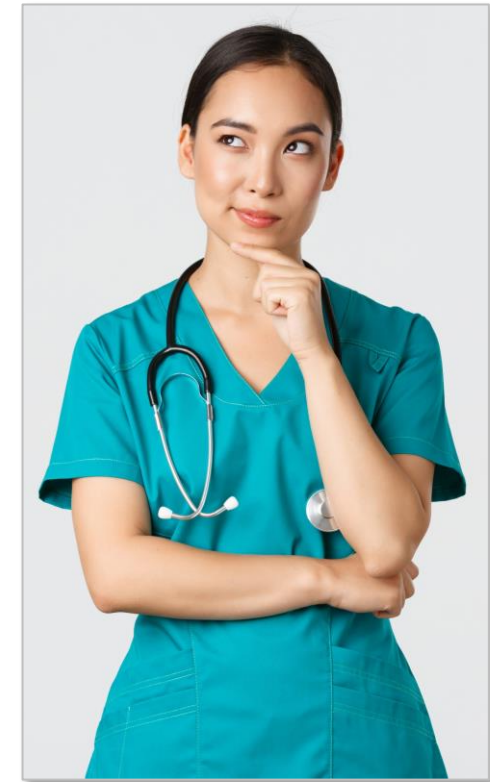
ELEMENT	Tag #	Yes/No	Location of Information within the Written Plan (Section of Plan)	Facility Response Notes	Recommendations (HQIN Representative Completes)
The facility has completed an annual risk assessment (Hazard Vulnerability Assessment) that takes into consideration all potential internal and external emergency situations relevant to the facility's operations and geographical area. Date of last review _____	E0001 E0006				
The facility completes the annual CMS Facility Assessment Tool that assesses the resources needed to provide support and care during emergencies. Date of last review _____	F883				

Probing Question(s)

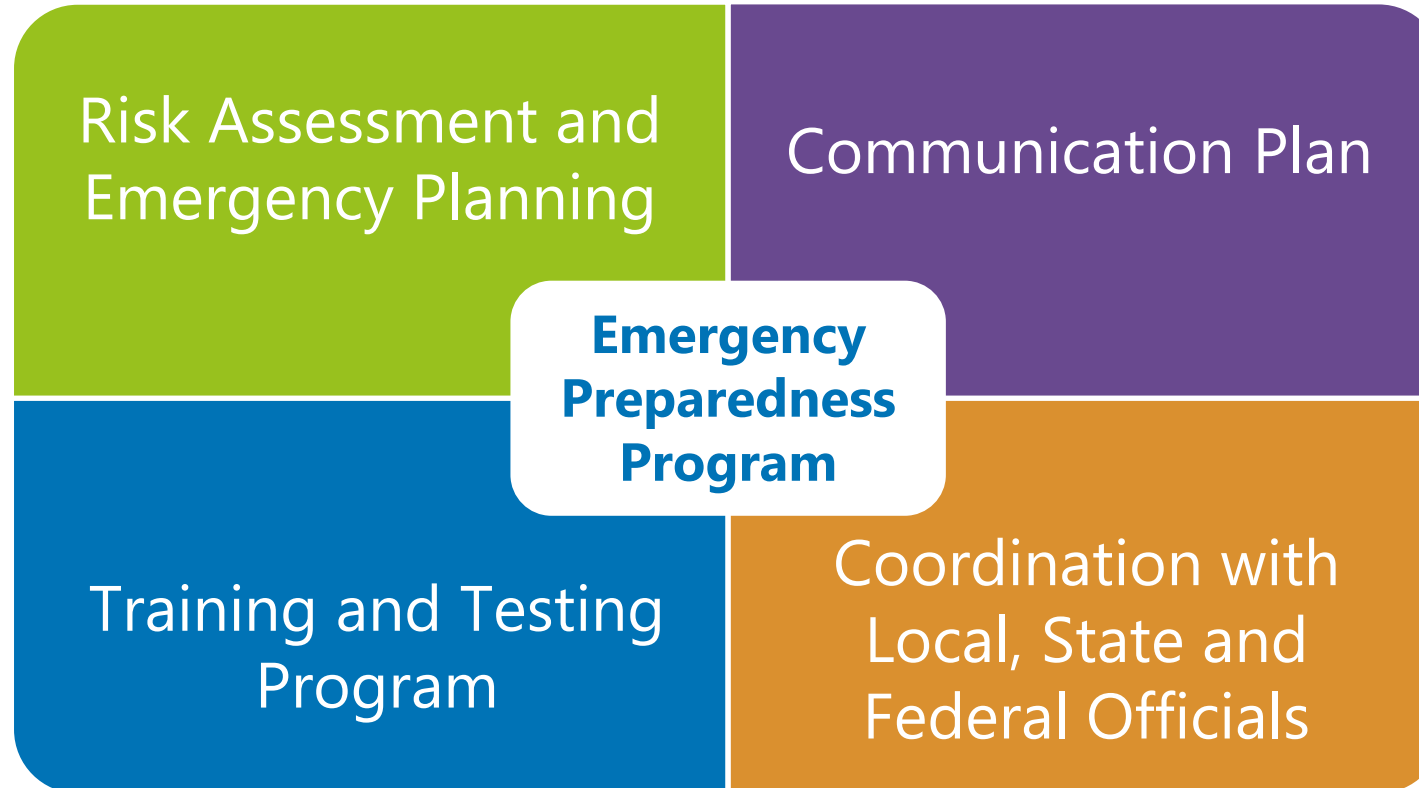
- Describe the process the facility used to identify the potential hazards that are likely to impact their geographical region, community, facility and resident population.
- How do you identify gaps and challenges that should be considered and addressed in developing the emergency preparedness program?

EPP Process Review: Questions to Consider

- How might emergencies limit or stop our operations?
- Which functions do we need to carry out our operations? What must continue in an emergency?
- What risks or emergencies could we expect to face? Does our geographic location add any new risks or challenges?
- What arrangements with other health care facilities do we need to make?



4 Key Elements for All Providers



Risk Assessment and Emergency Planning

- Develop an emergency plan based on a **risk assessment**
- Perform a **risk assessment** using an “**all-hazards**” **approach**, focusing on capacities and capabilities
- Update the emergency plan at least annually



All-Hazards Approach

Focuses on capacities and capabilities critical to the preparedness for a full spectrum of emergencies or disasters



This includes internal emergencies and a man-made emergency (or both) or natural disaster, such as care-related emergencies, equipment and power failures, interruptions in communications (including cyber-attacks), loss of a portion or an entire facility, and interruptions in the normal supply of essentials, such as water and food.



Risk Assessment and Emergency Planning

MO LTC Facility HVA Tool – Natural Hazards

HAZARD AND VULNERABILITY ASSESSMENT TOOL NATURALLY OCCURRING EVENTS								
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						
	Likelihood this will occur	HUMAN IMPACT Possibility of death or injury	PROPERTY IMPACT Physical losses and damages	BUSINESS IMPACT Interruption of services	PREPARED-NESS Preplanning	INTERNAL RESPONSE Time, effectiveness, resources	EXTERNAL RESPONSE Community/Mutual Aid staff and supplies	RISK 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%
Tornado								0%
Severe Thunderstorm								0%
Snow Fall								0%
Blizzard								0%
Ice Storm								0%
Earthquake								0%
Heat/Humidity								0%
Drought								0%
Flood, External								0%
Wild Fire								0%
Landslide								0%
Dam Inundation								0%
Subsidence								0%
Epidemic								0%
AVERAGE SCORE								0%
	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



Risk Assessment and Emergency Planning

MO LTC Facility HVA Tool – Human Hazards

HAZARD AND VULNERABILITY ASSESSMENT TOOL								
HUMAN-RELATED EVENTS								
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	Likelihood this will occur	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	Possibility of death or injury 0 = N/A 1 = Low 2 = Moderate 3 = High	Physical losses and damages 0 = N/A 1 = Low 2 = Moderate 3 = High	Interruption of services 0 = N/A 1 = Low 2 = Moderate 3 = High	Preplanning 0 = N/A 1 = High 2 = Moderate 3 = Low or none	Time, effectiveness, resources 0 = N/A 1 = High 2 = Moderate 3 = Low or none	Community/Mutual Aid staff and supplies 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%
Hostage Situation								0%
Active Shooter								0%
Missing Resident								0%
Bomb Threat								0%
AVERAGE								0%
*Threat increases with percentage.								
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

RISK =
PROBABILITY * SEVERITY
0.00 0.00 0.00

Risk Assessment and Emergency Planning

Policies and procedures must be based on the risk assessment and the emergency plan must address:

- Providing basic necessities for survival, alternate energy sources, waste disposal, procedures for evacuating or sheltering in place
- System to track patients and staff during an emergency
- Safe evacuation considerations
- Means to shelter in place
- System to preserve medical documentation (ensures confidentiality in compliance with HIPAA)
- Use of volunteers and role of state and federal health officials
- Arrangements with other providers to receive patients in the event of limitation or stopping operations, as well as a method for sharing medical documentation with the receiving provider



Communications Plan

The **communications plan** consists of policies, procedures and an incident command structure. It is the primary tool management uses to ensure that employees follow protocols during an emergency to contact management, local, state, regional and other agency officials.

Develop a written communication plan that complies with both federal and state laws.

Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.

Review and update the plan annually.

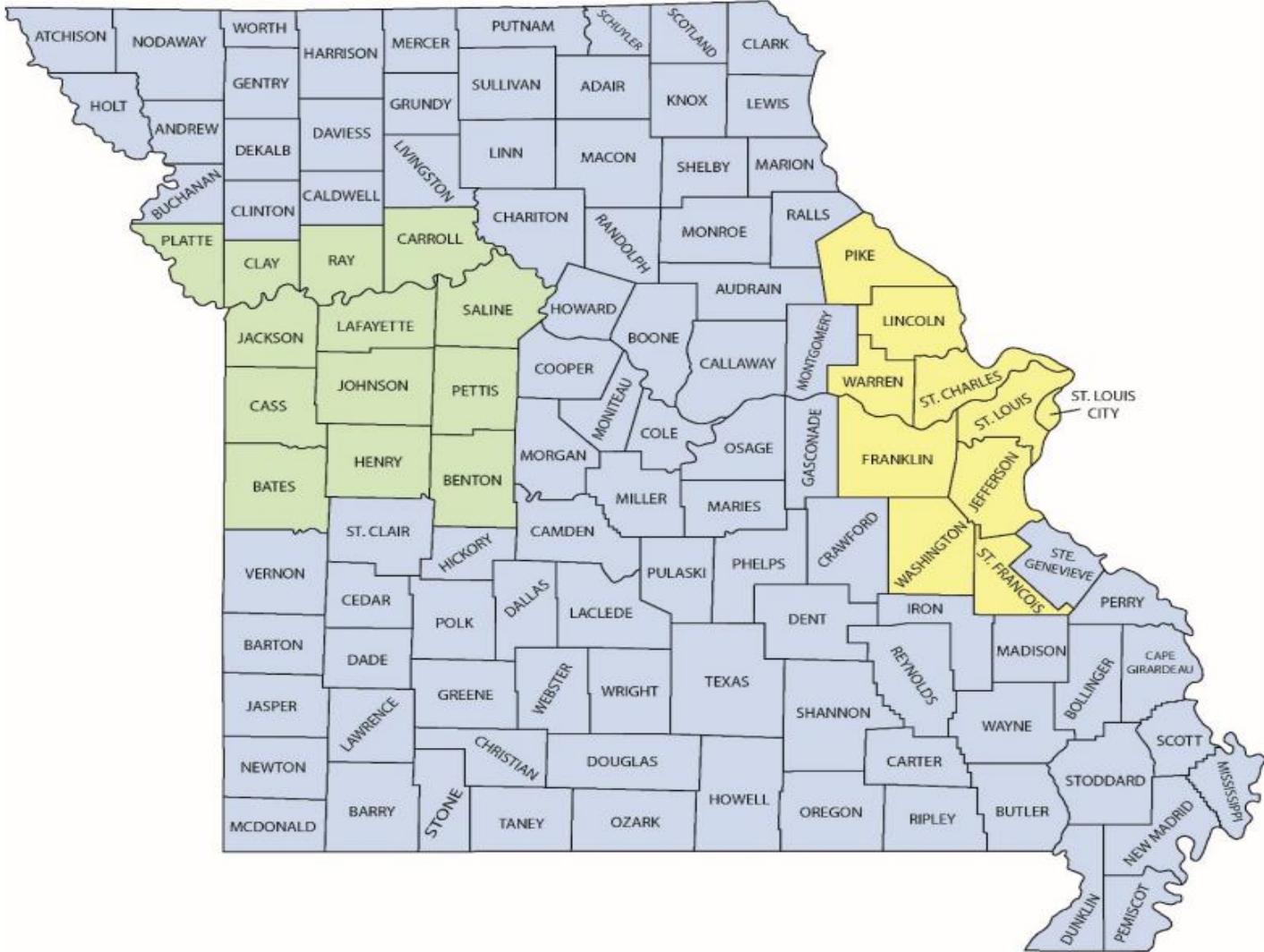
Training and Testing Program

- Training program for all staff
- Initial and ongoing
- Conduct drills and exercises per annual requirements
- Exercise requirements to test the emergency plan include:
 - Conducting unannounced staff drills
 - Conducting a full-scale exercise that is community-based
 - Conducting an additional exercise
 - Second-full scale exercise or tabletop exercise led by a facilitator
 - Analyzing response to tests and updating plan as needed



Coordination with Local, State and Federal Officials

MISSOURI HEALTHCARE COALITIONS



Coordination with Local, State and Federal Officials

Healthcare Coalition (HCC) Contacts		
Region A	Non-Urban Rural	Region C
Jennifer Sutherlin Mid-America Regional Council jsutherlin@marc.org 816-701-8362	Kara Amann-Kale Missouri Hospital Association KAmann-Kale@mhanet.com 573-893-3700	Brad Zoref St. Louis Area Regional Response System Brad.Zoref@ewgateway.org 314-421-4220

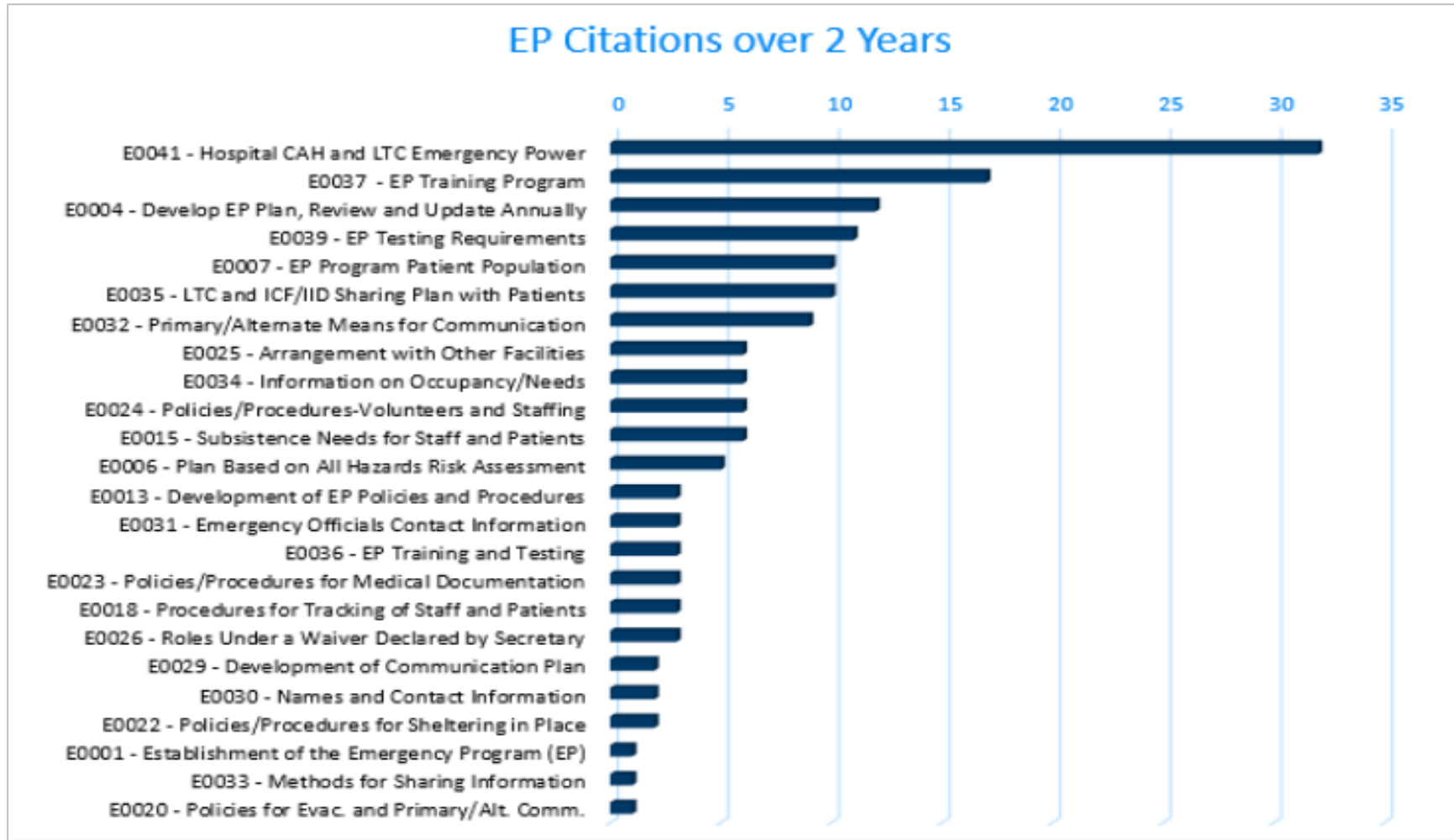
HQI Gains an Emergency Preparedness Expert

Jordan Rennie, owner and principal of Rennie Consulting, assists with nursing home emergency preparedness plan reviews and emergency preparedness education.

Jordan began his career in emergency services working first as a volunteer firefighter/EMT. Through the years, Jordan has held many positions in the emergency services and preparedness profession including as a paramedic, critical care/emergency department registered nurse, regional EMS administrator and senior level positions in healthcare coalitions.



Citation Overview



Most Frequently Cited Deficiencies – Emergency Preparedness

January 1, 2024 – March 31, 2024

- E004 - Develop EP Plan, Review and Update Annually
- E039 - EP Testing Requirements
- E015 - Subsistence Needs for Staff and Patients
- E030 - Names and Contact Information
- E037 - EP Training Program
- E018 - Procedures for Tracking of Staff and Patients
- E026 - Roles Under a Waiver Declared by Secretary
- E001 - Establishment of the Emergency Program (EP)
- E007 - EP Program Patient Population
- E013 - Development of EP Policies and Procedures
- E020 - Policies for Evacuation and Primary/Alternate Communication
- E041 - Hospital CAH and LTC Emergency Power



E004 – Develop EP Plan, Review and Update Annually

- The plan must be reviewed and updated at least annually
- The annual review must be documented to include the date of the review and any updates made to the emergency plan based on the review
- The format of the emergency preparedness plan updates is at the facility's discretion



E039 – EP Testing Requirements

These include:

- ✓ Documentation of plan testing
- ✓ Two community-based exercises or one community-based and one tabletop exercise
- ✓ Evidence of plan activation
- ✓ After-action analysis
- ✓ Plan revision based on the after-action analysis



E015 – Subsistence Needs for Staff and Patients

- Facilities must be able to provide for adequate subsistence for all residents and staff for the duration of an emergency or until all residents have been evacuated and operations cease
- The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:
 - Food, water, medical and pharmaceutical supplies
 - Alternate sources of energy to maintain temperatures to protect patient health and safety and for the safe and sanitary storage of provisions; emergency lighting; fire detection, extinguishing and alarm systems; sewage and waste disposal



E030 – Names and Contact Information

The communication plan must include names and contact information for all the following:

- Staff
- Entities providing services under arrangement
- Patients' physicians
- Other facilities
- Volunteers



Survey Procedures

- ✓ Contact verification
- ✓ Evidence of review

E037 – EP Training Program

Regulation Summary

- Training must be specific to the facility and plan
- Training is required initially and annually
- Documentation of training must be maintained

Expectations

- Staff must demonstrate knowledge of training
- Be prepared to show training for volunteers and contracted staff
- Be prepared to review staff education files that show training

E037 – EP Training Program: What?

Specific to facility

Initial and annual training to all staff

Maintain documentation of training

Demonstrate staff knowledge

E037 – EP Training Program: Who?

Regular staff

Volunteers

Contracted staff

E018 – Procedures for Tracking of Staff and Patients

- Develop a tracking system to track residents and on-duty staff in the facility's care during an emergency event
- In the event of relocating residents and staff, document the specific name and location of the receiving facility or other location for sheltered residents and on-duty staff who leave the facility during the emergency
- Tracking can be in the form of an electronic database, hard copy documentation or some other method
- Information must be readily available, accurate and shareable among officials
- Facilities using an electronic database should consider backing up their computer system with a secondary source, such as hard copy documentation, in the event of power outages

E001 – Establishment of the Emergency Program (EP)

- The emergency preparedness program must describe a facility's comprehensive approach to meeting the health, safety and security needs of their staff and resident population during an emergency or disaster situation
- The program must also address how the facility would coordinate with other healthcare facilities, as well as the whole community during an emergency or disaster (natural, man-made, facility)



E007 – EP Program Patient Population

- The emergency plan must specify the population served within the facility, including their unique vulnerabilities in the event of an emergency or disaster
- The emergency plan must address the types of services that the facility would be able to provide in an emergency
- Resident populations unique to the facility that are most at risk should be identified and the EPP should document how continuity of operations will be provided for these residents

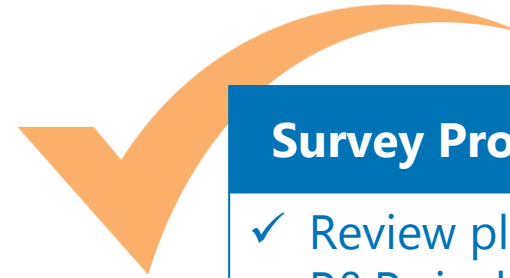


E013 – Development of EP Policies and Procedures

- Policies and procedures are expected to align with the identified hazards within the facility's risk assessment and the facility's overall emergency preparedness program
- Ensure P&Ps include strategies and succession planning, as well as contingencies that support response to any disaster or public health emergency
- Plan for an emergency event with a duration longer than expected
- Facilities should ensure their programs have policies in place to update or provide additional emergency preparedness procedures to staff
 - This may include a policy delegating an individual to monitor guidance by public health agencies and issuing directives and recommendations to staff such as the use of PPE when entering the building, isolation of patients under investigation (PUIs) and any other applicable guidance in a public health emergency

E020 – Policies for Evacuation and Primary/Alternate Communication

- Ensure policies and procedures address:
 - Safe evacuation of residents, staff members and families/patients
 - Staff responsibilities during evacuations
 - Resident population needs, as well as their care and treatment
- Consider designated transportation services that would be most appropriate for the resident population
- Communicate resident care requirements to the in-taking facility without violating HIPAA
 - Example: Hard copy of a standard abbreviated resident health condition/history, injuries, allergies and treatment rendered
 - Example: Color coordination of triage levels (i.e., green folder for less critical residents, red folders for critical and urgent evacuated residents, etc.)



Survey Procedures/Intake

- ✓ Review plan to verify if P&Ps include safe evacuation from the facility and that it includes all required elements
- ✓ Ask staff to describe how they would handle a situation in which a resident refused to evacuate

E041 – Hospital CAH and LTC Emergency Power

- Currently the most commonly cited EP citation is Emergency & Standby Generators
- CMS requires LTC facilities to comply with the 2012 edition of the National Fire Protection Association (NFPA) 101 – Life Safety Code (LSC) and the 2012 edition of the NFPA 99 – Health Care Facilities Code in accordance with the Final Rule (CMS–3277–F)
- Most common concerns include:
 - Missing weekly visual inspections
 - Missing monthly run tests



Recommendations & Tips

- If policies come from a compliance store or website, ensure the following are included and up to date:
 - Shelter in place
 - Communication plan and medical records policy that includes HIPAA
 - Staffing strategies that include contracted staff and use of volunteers
- Verify and keep records that EPP training is done at orientation and annually for staff, including contracted staff and volunteers
- Ensure copies of the EPP binder are kept in other locations, such as the kitchen and nurses' stations



Recommendations & Tips, continued

- Ensure EPP documentation includes arrangements with other facilities to receive residents if the facility is unable to care for them during an emergency
- Share that the facility has an emergency preparedness plan at family and resident council meetings
- Verify an emergency power source and know how long the facility can run on a generator
- Ensure that the facility assessment is complete and being reviewed annually



Summary

- Disasters can happen anytime, anywhere
- Emergency preparation is everyone's role
- A plan is needed and vital
- There are four key elements of the plan
- Understand your role and your team's role



Resources

- [Survey Readiness Toolkit | HQIN](#)
- [After Action Report Improvement Plan Template | HQIN](#)
- [HQIN Resource Center](#)
- [Resident Evacuation Tracking Form | CAHF](#)
- [Kaiser Permanente Hazard Vulnerability Analysis | HHS](#)
- [Infectious Disease Self-Administered Tabletop Exercises \(Exercise in a Box\) | VDH](#)
- [CDC Personal Protective Equipment \(PPE\) Burn Rate Calculator | CDC](#)
- [1135 Waivers and The Emergency Preparedness Rule | CMS](#)

Cleaning Assignments

In healthcare settings, all staff are responsible for maintaining a clean and safe environment. Cleaning assignments may not always be clearly defined and as a result, surfaces/objects or areas may be inadvertently overlooked.

To ensure surfaces and objects are routinely cleaned, facilities should form a team to identify potential gaps in cleaning and establish protocols. The team should include environmental services/housekeeping personnel, kitchen personnel, maintenance, infection preventionists and clinical staff.

Measures to Ensure a Clean and Safe Environment

- Assess your facility's routine cleaning protocols.
- Identify which surfaces/objects may not be on a cleaning routine or assigned to a particular department and as a result may not be cleaned as often as needed. For example:
 - Nurse's station/charting area.
 - Medication cart/medication room.
 - Supply rooms.
 - Portable/mobile computer charting stations.
 - Medical equipment such as blood pressure cuffs, electronic thermometers, glucometers, wheelchairs, lifts, oxygen carts.
 - Activity equipment/supplies such as bingo cards, balls, etc.
 - Resident personal items such as electronics, mobility devices, etc.
 - Resident common areas such as dining room, lobby, porch, designated smoking areas, etc.
 - Staff support areas such as offices, break rooms, storage areas, etc.
- Discuss assignments and establish who will be responsible for cleaning specific items or areas. Include these assignments in your cleaning policy or schedule.
- Develop cleaning checklists.
- Educate staff regarding cleaning assignments. Education should include:
 - Proper cleaning technique including contact time
 - Personal protective equipment (PPE) use
 - Cleaning products approved and utilized by the facility
- Develop 'quit' surfaces/obje
- Reassess the

After Action Report Improvement Plan

Real Event or Exercise:

Exercise/Event Name:	Type:
Date & Location:	<input type="checkbox"/> Tabletop <input type="checkbox"/> Functional <input type="checkbox"/> Full Scale <input type="checkbox"/> Real Event
Emergency Planning Team Primary Point of Contact:	Name: _____ Organization: _____
	Phone: _____ Email: _____
Capabilities Tested:	<input type="checkbox"/> Community/Healthcare System Preparedness <input type="checkbox"/> Community/Healthcare System Recovery <input type="checkbox"/> Emergency Operations Coordination <input type="checkbox"/> Emergency Public Info. and Warning <input type="checkbox"/> Fatality Management <input type="checkbox"/> Information Sharing <input type="checkbox"/> Mass Care <input type="checkbox"/> Critical Infrastructure/Secure Dispensing <input type="checkbox"/> Critical Infrastructure Failure <input type="checkbox"/> Cybersecurity <input type="checkbox"/> CBRNE (Chemical, Biological, Radiological, Nuclear, Explosive) <input type="checkbox"/> Foreign Animal Disease <input type="checkbox"/> HazMat <input type="checkbox"/> Medical Surge
Scenario Type:	<input type="checkbox"/> Medical Material Management and Distribution <input type="checkbox"/> Medical Surge <input type="checkbox"/> Non-Pharmaceutical Interventions <input type="checkbox"/> Public Health Laboratory Testing <input type="checkbox"/> Public Health Surveillance and Epidemiological Investigation <input type="checkbox"/> Responder Safety and Health <input type="checkbox"/> Volunteer Management <input type="checkbox"/> Natural Hazard/Weather <input type="checkbox"/> Workplace Violence/Active Shooter <input type="checkbox"/> Highly Communicable Disease <input type="checkbox"/> Novel Outbreak <input type="checkbox"/> Pandemic <input type="checkbox"/> Biohazard Waste <input type="checkbox"/> Other: _____
Basic Infection Control Activities Affected by This Scenario:	<input type="checkbox"/> Cleaning Protocols <input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Transmission-Based Precautions <input type="checkbox"/> Safe Food and Drink Distribution <input type="checkbox"/> Other: _____
Participating Organizations:	

Is Your Emergency Preparedness Plan Survey Ready?


Added Bonus: Facilities that complete the assessment will receive a free Tabletop Exercise, complete with an after-action report.

the Health Quality Innovation Network (HQIN) ensure your facility's emergency preparedness survey criteria.

ment, which guides you through a series of 15 identify what could be missing in your current ess plan. After you submit your responses, an ill review your responses and provide you with help support survey readiness.

and information, please contact us at tte@hqin.org

Get Started



HQIN
Health Quality Innovation Network



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