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Offering quality consulting & management services to the medical community...

Emergency Preparedness: ***Post Pandemic Public Health Emergency***

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Emergency Preparedness Resources

- **Federal Register**

- <https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid>

- **Code of Federal Regulations Title 42**

- https://ecfr.io/Title-42/se42.5.491_112
- https://www.ecfr.gov/cgi-bin/text-idx?node=pt42.5.491&rgn=div5#se42.5.491_111

- **State Operations Manual**

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-29.pdf>
- <https://www.cms.gov/files/document/appendix-g-state-operations-manual>



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Emergency Declarations

- **Public Health Emergency**
 - **Secretary of HHS**
 - **5/11/2023**

- **National Emergency**
 - **Presidential**



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Post Pandemic

Rural Health Clinic Waivers...What changed?

- **Locations – Allowed to expand their permanent location to provide services.**
- **Staffing – 50% requirement for NP, PA, or CNM**
- **Home Nursing Visits – Home Health Shortage Area**
- **Provider-based RHCs – Hospital bed count**



Post Pandemic

Rural Health Clinic Waivers...What changed?

- **HIPAA – Telehealth**
 - **Platforms**
- **Physician Supervision**



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Post Pandemic

Other Waivers that may have impact?

- **Telehealth – distant site provider**
 - **Extension**
 - **Billing**
 - **Cost Report**
 - **Rates**
 - **Delivery location**



Post Pandemic

Other Waivers that may have impact?

- **Mental Health Telehealth**
 - **In-person visit requirement**
 - **Cost Report**
 - **Rates**
 - **Other**



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Post Pandemic

Vaccines, administration and testing:

- **Payment**
- **Cost report**
- **HRSA**
- **Vaccine mandate**



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A

**Write a Plan based
on HVA's.**

B

**Include Policy &
Procedure**

C

**Include a
Communication Plan.**

D

Training & Testing



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Emergency Plan

Risk Assessments – HVA

- Facility-based

- Community-based*

- EID's

All Hazards Approach

Strategies*



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

RISK ASSESSMENT TOOL

| Event | PROBABILITY | ALERTS | ACTIVATIONS | SEVERITY = (MAGNITUDE - MITIGATION) | | | | | | 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 | Interruption of services | Preplanning | Time, effectiveness, resources | Community/Mutual Aid staff and supplies | * Relative threat |
| 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% |
| Active Shooter | | | | | | | | | | |
| Acts of Intent | | | | | | | | | | |
| Bomb Threat | | | | | | | | | | |
| Building Move | | | | | | | | | | |
| Chemical Exposure, External | | | | | | | | | | |
| Civil Unrest | | | | | | | | | | |
| Communication / Telephony Failure | | | | | | | | | | |
| Dam Failure | | | | | | | | | | |
| Drought | | | | | | | | | | |
| Earthquake | | | | | | | | | | |
| Epidemic | | | | | | | | | | |
| Evacuation | | | | | | | | | | |
| Explosion | | | | | | | | | | |
| External Flood | | | | | | | | | | |
| Fire | | | | | | | | | | |
| Flood | | | | | | | | | | |

<https://www.calhospitalprepare.org/hazard-vulnerability-analysis>

Emergency Plan

Strategies

Interruptions

Patients & Services

Delegations & Succession

Staffing & Evacuation

Cooperation &
Collaboration

EIDs



Policy & Procedure

- iv. A facility lockdown could also apply to mitigate an Emerging Infectious Disease (EID) or pandemic event, such as influenza, COVID-19, SARS-CoV-2, Ebola, Zika Virus, hazardous waste or bioterrorism, where isolation and quarantine, social distancing and screening procedures are necessary to deploy. EID planning includes surge needs, PPE, screening and testing, patient transfers, distancing and addressing home-based health care settings.
- a) Considerations include supply contracts, inventory and PPE needs and management, critical care equipment, transportation options and continued care during patient surges or service disruptions.
 - b) Continuity of Care planning includes (1) essential personnel and functions, (2) critical resources, (3) vital records, (4) data protection, (5) alternate locations and (6) financial resources.



Policy & Procedure

- Access
- Evacuation & Shelter
- Responsibilities →
- Transfers
- Medical Documentation
- Volunteers
- EIDs, Continuity, Surge

Purpose: The emergency plan and its provisions herein, describe activities and arrangements that ensure patients, staff, and visitors of the facility are kept safe from harm. Patients and staff should always remain [CLINIC]'s priority during any emergency event. The plan also addresses how the facility will coordinate internally and with other healthcare facilities, as well as with the whole community during an emergency event.

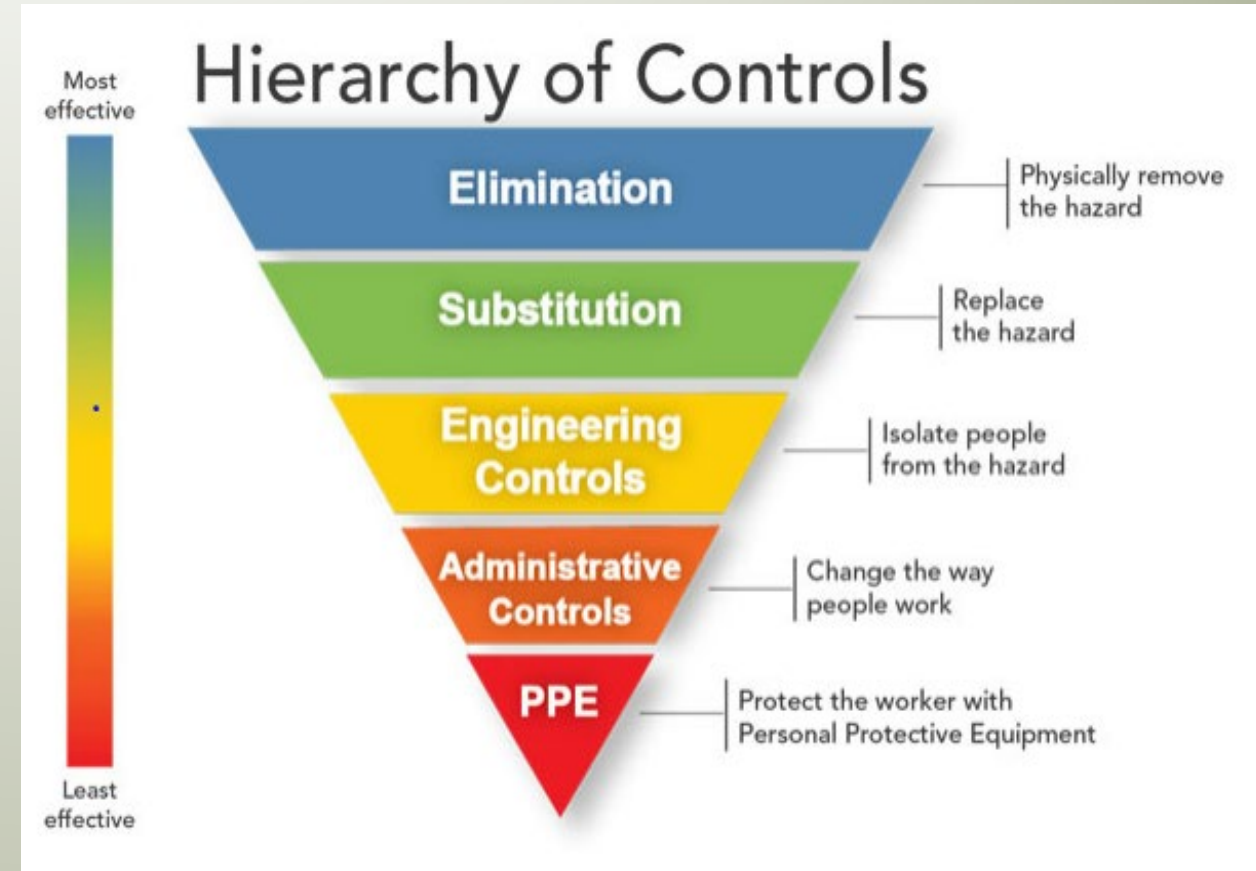
Emergency Preparedness Coordinator (Coordinator): Clinic Director
Communications Officer: Medical Director



EMERGING INFECTIOUS DISEASE

□ Plan development strategies–

- **Mitigation**
 - **Infection & Source control**
- **Distancing / Isolation**
- **Home-based settings**



Policy & Procedure

Surge Planning

resource capabilities. The following plans are developed to minimize disruptions or their duration and to continue services and mitigate challenges during a surge event.

- i. Reducing non-essential health care visits:
 - Instruct patients to use available advice lines, portals or other online tools;
 - Provide call-in options and identify staff responsible for phone interactions (Administrative personnel; medical providers, if applicable)
 - Triage and assess patients quickly upon arrival;
 - Identify patients that can be managed by phone, advised to stay home or need to be sent for emergency care.



Surge Planning

- **Evacuations**
- **Staffing**
- **Transfers**
- **Protect health care personnel**
- **Preserve system functioning**
- **Minimize transmission**



Continuity of Care

Surveyors are asked to verify plans to address services needed that cannot be provided by the facility during an emergency...

- **Contracts**

- **Inventory, PPE, Critical care equipment, Transportation, Surge**

- **Planning**

- **Essential personnel and functions, Critical resources, vital records, data protection, alternate locations, financial resources**



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Communication Plan

Internal - Facility

- **Staff, Volunteers, Providers, entities providing services**

External - Other facilities & agencies

- **Federal, State, tribal, regional and local emergency staff**
- **Other RHC's and facilities**
- **Needs; ability to provide assistance**

Alternate communication

- ***Include procedures regarding when and how communication methods are used and who will use them. - E0032 SOM App Z***



Monitoring and Reporting

- i. The **Communications Officer** will *monitor* public health agencies and report updates and recommendations to organizational leadership and staff. Monitored agencies may include:
- iv. During widespread disasters, the **Communications Officer** will prepare to report the following to other health care facilities, emergency agencies and officials and health departments:
 - i. External contact information will document the various levels of emergency officials' contact information to expedite cooperation and planning for an integrated emergency response with these agencies during an emergency event.



Monitoring and Reporting

Collaboration

a) Plan development – Coordination and engagement:

- Local health care systems and facilities
- Alternate emergency care sites
- State and local health departments
- Federal agency staff
- Health care coalitions
- State pandemic plans

ii. Any preemptive, cooperative planning efforts will be documented accordingly.



Training

- Initial training**
- Ongoing training**
- Demonstrate Knowledge**
 - “Describe Your EP Program”**
 - “Identify hazard events that were identified in your risk assessment, why they were included, and how the risk assessment was conducted.”**



Testing

- **Full-scale Community-based exercise; and**
- **A Tabletop exercise***

- **Risk Assessments**
- **Participation**
- **Scenarios**
- **Documentation**
- **Exemption**





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*Credentialing & Enrollment, Medical Billing,
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