Taina Lopez:

So good morning, good afternoon, good day, wherever time of the day you are. Welcome to the National Association of Community Health Center's Webinar, Emergency Preparedness Equals Disaster Resilience. And before I pass this over to our presenter, let me go through some housekeeping. Can I have the next slide? You can't hear me. Is there anyone else who can't hear me yet? I can. So whoever that was, I don't know if it was John Paul. Okay, so I am seeing that plenty can hear me, so maybe you might have to log off and log on or try playing with your settings.

So I want to go through our HRSA acknowledgement. This training is supported by the Health Resources and Services Administration, HRSA, of the US Department of Health and Human Services, as part of an award with zero percentage financed by non-governmental sources, the contents of those of the author and do not necessarily represent the official view of nor an endorsement by HRSA, HHS or the US government. For more information, please visit HRSA.gov. If we can go to the housekeeping slide.

Next, I'd like to say this meeting is going to be recorded so you'll be able to access it afterwards. We will also send out a PDF of the slides to be shared with everyone after the webinar. If you could go ahead and please introduce yourself in the chat, your name, your organization location, that'd be really helpful and nice to hear from people. And we ask throughout the presentation that you put in your questions in the Q&A box during the presentation and we'll be taking a look at that box and asking those questions. At the end of the presentation, we will have an opportunity to unmute and share and we definitely welcome everyone to share at that time. Next slide.

I'd just like to introduce myself since I am still meeting many people here. My name is Taina Lopez. I'm the director of Emergency Management for NACHC. I have over 10 years of public health and healthcare emergency management experience. It ranges from public health emergencies with UN, United Nations agencies, local government and working with federal and state private partners. Prior to this, I was a director of Public Health Emergencies at Orange County, New York, and a senior manager for Healthcare Coalition Planning with New York City's Department of Health and Mental Hygiene. And I have worked on public health and healthcare emergencies in New York, Kurdistan, Iraq and supporting the West Africa Ebola epidemic. I'm happy to join you here. If we can go to the next slide.

I'd like to introduce our presenter for today, Karen Garrison. Karen is the Vice President of Planning and Strategy for Connect Consulting. Karen has directed many programs that serve seniors and disabled adults in community-based and clinical settings in the San Francisco Bay Area. These programs have included skilled nursing, residential dementia care, adult day care, health programs, supportive senior housing, clinical management, and many others. Karen has been with Connect for six years and she specializes in emergency preparedness, CMS and the joint commission compliance.

Karen has also developed comprehensive emergency management programs, business continuity programs and more. She oversees all projects in this space at Connect Consulting and leads a planning team of experienced staff. So we'd like to welcome her and we're thankful for her expertise. I do also want to mention Brandon Jones is on the line, Director for Health Center Training Operations. So Brandon, I and Karen have worked together on building this training for you. And with that I'm going to pass it over to Karen.

Karen Garrison:

Thank you so, so much. Really appreciate. Let's go to the next slide. Yes, my name is Karen Garrison. I'm really happy to be here on behalf of NACHC to give you this training today. That was a great intro by the way. So thank you so much. And I really appreciate the team at NACHC who helped to really form ... Training is really about customizing it to the needs of the participants. And so that's what I think we really did. Hope you really liked this deck and this will be recorded. So hope that you're also going to be passing this on to your staff. There's a requirement guide that came out that NACHC actually commissioned us to

do so. We're going to be talking about all of that stuff, but really I think it's very ... Disaster resilience, you really do that by developing your emergency preparedness, emergency management programs.

And so a couple of just comments from there. There's a little link in there. Disaster resilience is really the ability of individuals, community and organizations and really can even get bigger than that to adapt and recover from hazards, shocks, stresses without compromising long-term prospects. FQHCs are responsible for many, many, thousands, you're representing thousands of patients. And so as you are more compliant with emergency preparedness, you'll become naturally more disaster resilient.

Regular emergency preparedness activities provide organizations with the opportunity to continually improve their internal emergency preparedness processes. And so really it's like all of those compliance strategies you look to in terms of infection control or HR or whatever that is, that really applies. And so much of this, I'm hoping that this presentation, you'll kind of get that. These are strategies that will help you with your emergency preparedness program. And lastly, I hate to say it, but EP compliance is required by CMS and Joint Commission and so embrace it. You do that with so many other systems. So let's go onto the next slide.

Okay. So in terms of training objectives today. We really have about six, which is a lot. So we're going to cover a lot of territory. We're going to understand EP concepts and principles. I think that's just so foundational. And so you might've heard of these before, but others were like, "Oh, okay, I'm going to learn that." You're going to discover strategies to build a robust EP framework within your own organization. We're going to review CMS and joint commission compliance regulations to foster really teamwork, but it's also to really develop that understanding of what is really required.

And I think also to understand how to use EP requirements to prepare and mitigate, respond and recover, which I think is super important. To learn about local resources. You might have resources you don't even know about. So today we'll talk a little bit about resources and really your internal and your external resources. And learn key strategies to build an effective emergency preparedness culture in your organization. If it's part of your culture, everybody gets into it and it becomes much easier to prepare, get through surveys and all of that. So let's go to the next slide, please.

We're going to have three main training sections today, and I really like kind of separating things into sections. It's just easier to understand. And then you kind of got an overview of everything. So the overview of basic EP principles, terminology and all of that, we're going to talk about again, those requirements. And we're also going to learn about some strategies to incorporate EP throughout your whole organization. It might be stuff you're doing already, but it's always good to hear about it again. Let's go to the next one.

Okay, so section one, got to work on the overview of really those principles. So terminology, concepts and HIPAA considerations. Yes, HIPAA, that doesn't come up as much, but it's good to talk about. So let's go in the next slide, please. There you go. So you might think I know what a disaster is, but really the definition of a disaster is a sudden calamitous, I love that word, event that seriously disrupts the functioning of a community and causes human material or economic losses.

I bet many of you have already kind of experienced hurricanes, tornadoes in California, we have wildfires. To me, that's floods all of that. And so it's the thing that shuts everything down. And in terms of a healthcare perspective, any situation where the incident numbers of patients, it's going to affect really your overall operations of the patients or clients that you actually work with every day. So maybe it's something that is directly coming to your site, your program site, or it could be an event that is happening across town, which is shuttling business in different ways. Not business, but traffic and congestion and all of that. So let's go to the next slide, please.

A natural disaster. Again, these are catastrophic events from any of the Earth's natural phenomena. So wildfires, California, earthquakes, wildfires, floods, extreme weather. I'm hearing about tornadoes, which as a Californian makes me nervous because I've never been in one, but I know that any of the East Coast Midwest people are used to that. And then human cause disasters. And I got to say we're hearing more

and more about this, and those are things like crime, arson, civil disorder, terrorism, but they can also be things like hacking, cybersecurity breaches, things like that. And those are the ones that are really top on many of our clients' lists. And so let's go on to the next one.

And then risk assessment. We often call it hazard vulnerability, but another word for it is risk assessment. And you'll see that in the joint commission standards as well as CMS. And it's really a process for identifying a health center's highest vulnerabilities to natural and man-made hazards and the direct or indirect effects that these hazards may have on the community. Now you are, as an FQHC, you need to do your HVA twice every other year. And I have to say I'm a huge fan of the new ASPR ... It's called the RIST tool, R-I-S-T, and it's now in its second version, so it's a 2.0 version.

Great, great tool, very interesting, really lets you look at your preparedness and mitigation and it actually has a lot of great information that is within the online platform. So it'll look at literally GIS mapping and hazards in your own community. So it does it all. It's an online platform. I'm a big fan. CMS or Joint Commission, they don't say which one you need. There's also the Kaiser Permanente tool. And so I think it's really up to organizations to figure out which kind of HVA tool they're going to use that really works for them. Let's go to the next slide, please.

I'm looking at the clock over there. So if I'm taking my glasses off, it's because of that. More terminology, and of course, this is really big. So discussion-based exercises, and we're going to talk about exercises further down the line, but these are tabletops. Sometimes they're called drills, but most of the time they're called tabletop exercises or TTX. And really they're discussion-based, low threshold, discussion. And so you're kind of going through there and they include a scenario. They'd include exercise objectives, and they also give you almost like a script to go through based on that scenario and those objectives.

And it's a great learning opportunity for staff. They take a few hours to do. It's a great thing to plan together with your safety committee or your emergency preparedness or emergency management committee. And again, we'll talk more about this. And then operations-based exercises. Those are full-scale exercises with lights and irons and potentially people in what they call mulage, which is fake blood, fake injuries, that kind of thing, to a functional exercise, which is basically, I'm doing a tabletop, but I've got some functional elements, so I might be communicating with another program site. I'm testing out my systems. And so it might actually take you, those are more complex and they take more coordination, but they're really, again, great learning opportunities. So let's go to the next slide, please.

Okay. Disasters always, always happen locally, and I know that's a silly thing to say, but it's true. And I think when I was a program director, I didn't think about emergencies, disasters in terms of that. But yes, they start locally, they start with a fire, they start with an accident that came into your building, and then what you do is really you're going to call 911. You're going to call your police, your fire. This has an animation on it. Sorry. You're going to call really your local officials first, and you're going to probably call your insurance company as well. So as they get bigger, so just remember that we're starting here and I'll use the example of a wildfire. They get bigger, they become regional, they become statewide, and sometimes they become national. Not too often. And so really it's calling in those resources as the disaster gets bigger and bigger. So let's go to the next slide.

Okay, something's happening there. There you go. And my apologies, I am not the best at animation, but that's kind what it looks like. Okay, so of course, FEMA is the last to call because that's federal. State, you might be calling actually your state office of emergency services, so Cal OES in California, but I'm sure in your other states, it's got a different designation as your state agency. And then you might actually even be working with tribal nations. And so you might be talking to the Bureau of Indian Management, Indian Affairs, excuse me, or your local tribal nations or your local community. So it really can grow and get bigger. And as it does, your resources can also increase. So let's go to the next slide.

There it goes. It keeps popping up. Okay, go back. Okay, so this is our first poll and we're going to experiment with this, everybody. So what we want you to do is we want your ... Okay, there you go. Considering that all emergencies start locally, what partners or emergency management officials do you

coordinate with? We would love your answer because we really just want to understand more about that specific topic. And so you've got, what is it, Claire? We talked about 45 seconds to put in your responses. If everybody can write a short answer, it could be very bulleted, but it really helps us to understand who are you relying on during an emergency and who are you reaching out to? Okay. And then the magic of the internet, we're going to have answers pop up in just a little bit. Do you coordinate with police fire? Still coming in. Okay, we've got that. They're coming in, they're coming in, they're coming in, which is great. And so if you can just bear with us for just a little bit.

Brandon Jones:

Here, while we're waiting, in the meantime, folks in the chat, if you have questions, feel free to post those in the Q&A tab at the bottom of your session player, and we'll address those as we go along. There will be a Q&A segment, but if you have any questions, go ahead and load those into the Q&A tab.

Karen Garrison:

Thank you, Brandon. Oh wow, a hundred percent answered. Excellent, excellent.

Taina Lopez:

Are we able to see those answers?

Karen Garrison:

I think all the magic is happening in the back. So we are working on that right now. They've been shared to attendees. They've been shared to attendees. Okay. Oh wow. Lots of chat. I'm seeing that. Okay, the meeting is being transcribed, so we'll get those answers. And does anyone have any answers ... Maybe feel free to share. Any pop-up that you were surprised by in all of the answers? Supply vendors. Okay. Any more?

Yeah, because if you need supplies and they're running short, only semi-answer, not all the answers. In our DCR local health government, sorry. So you'd call your health department. I'm hearing regional coalitions, county emergency management. Excellent, guys. Any others? Hospitals, other health centers, fire, police and EMS. Excellent. And Rogie was like, "EOC via Web EOC." Okay, that's amazing. Not everybody knows about Web EOC, so that's a much more complex. And we have raised hand. Oh, EOC is an Emergency Operations Plan. Excuse me, Emergency Operations Center. It's kind of the brainchild of all of the emergency management people, fire, police, there's usually one set up in the county when there's a big emergency. Community organizations, homeless shelters, local government, state government, and again, your emergency operations center. Thank you.

Really good answers, everybody. Okay, I'm going to close this and we're going to go on to the next one. Just so you know, all those answers are going to actually be available to you, so you're going to see the complete list, but there was not one that ... I was expecting all of those, and those are all the ones that you should have done. But let's see the complete list later. So let's go to the next slide. Okay. So this is very true. I know in my days when I was running programs for older adults and vulnerable populations, it is really often they are the ones that actually feel the brunt of disaster because they have more needs. And so vulnerable populations includes individuals from racial or ethnic minorities, children, elderly, socioeconomically disadvantaged, intellectually disabled, underinsured or people with chronic health conditions. So all of these people, vulnerable populations, they have their own challenges.

And so there may be on multiple medications, they might be on dialysis. So whatever those conditions are, individuals who experience a decreased mobility and chronic health conditions or have an intellectual disability, have specialized care needs, can experience increased challenges. And then transportation. If you have a person with mobility who is used to riding paratransit because they have, I'm just making, maybe they have MS or some other kind of thing that affects mobility and they need a specialized ride to

evacuate, that stuff really needs to be thought of before a disaster strikes. And then due to these chronic health conditions and physical limitations, residents or patients or clients may require an enhanced medical services. So there are special needs shelters for those people, but those actually are the ones that get set up after a regular shelter. And so if people have specialized needs, just understanding what those needs are and planning ahead is really important. Okay, let's go to the next slide, please.

Okay. This is actually my favorite emergency preparedness concept because it is so kind of organic to how systems are monitored and updated. So the preparedness cycle is a continuous cycle of planning, organizing, training, lots of action verbs, equipping, exercising, evaluating, and taking corrective action to ensure that effective coordination happens during an emergency. So what I mean by that is let's say you are doing an exercise for your FQHC, that is going to actually drive the preparedness cycle because it's an activity. You're planning it, you're doing it, you're evaluating it, and then you might find that you need to update your EOP, your Emergency Operations Plan because you found that something did not work. So emergency preparedness is really a continuous cycle of process improvement. So it's not just really a one shot deal, it's what you learn and then how you operationalize what you learn during any of these activities.

It could be during a training, it could be during an exercise, it could be when you're updating your plans, it's all good stuff. It's important to document gaps in your emergency preparedness capacity and your documentation for improvement. So this is really how you're going to evaluate where you are in terms of compliance and you're going to put a plan in place to be able to improve your system of emergency preparedness in terms of your infrastructure, staffing, whatever you need. And so again, the activities kind of push that cycle along and prompt you to take the next step. And that's really the preparedness cycle. I like it because kind of linear, it's like you figure something out, you make a plan, you fix it, and then you kind of go on. It's kind of very logical. I like that. Let's go to the next one.

Okay. An emergency management program allows FQHC organizations to do a lot of things. First of all, you're enhancing your ability to respond to disaster, which is a big statement right there, with a coordinated, well-planned response. It allows you to also kind of use a all hazards approach to preparing and responding to disaster. So what I mean by all hazards, it's like I'm kind of looking at whatever can happen within my health center, but I'm kind of taking a holistic look now. And that could be, I always do the same things for any severe weather incident or I do that for cyber. And so it's really kind of looking at all hazards and not just one single one that may affect you.

It allows you to also coordinate with local emergency management agencies and partners to prepare for disaster because you already have an emergency management program, you already have your communications plan, you know how to call. Then it just helps so much during a disaster to really understand who to call and it's not Ghostbusters. Sorry about that. Bad joke. And then lastly, it allows providers, community groups and local EM officials to use the same rule book, the same nomenclature, and the same best practices. So everybody is kind of on the same page. Not sure if your organization is using incident command, but I'll tell you, police and fire and EMS definitely are. So it really helps to kind of tie that all together. So let's go to the next one.

Okay. HIPAA, I did a training a few weeks ago and this came up and it could have been a whole training in and of itself, but HIPAA considerations during disaster are really important because HIPAA standards are not automatically waived during disaster. Not sure if everybody knew that, but it makes sense. If you're in a big huge disaster, that rules might change, but HIPAA is not thinking that way. And so it's important to safeguard a patient's personal health information or PHI that's part of your responsibility, but it is just really important to be on the lookout for potential HIPAA breaches because I think in a time of disaster, things feel a little more chaotic, easy to have a HIPAA breach. Organizations need to determine how they will communicate with local EM officials, residents, patients, external partners, and other health organizations. In terms of PHI, you can be vague, but you can't be specific about a specific person and their health conditions.

That is a HIPAA fine right there. Effective planning around post disaster communication is key to be able to message important details about the disaster while maintaining your patient's PHI. Very important. And I think really it's about thinking about things in advance. So you might even have pre-crafted, pre-designated messages that you can post onto your website or that when you're dealing with press or when you really are talking to family members and giving them information, it's just really important that you kind of think about that before a wildfire strikes. But I think it's just an important thing.

And then lastly, utilize your ... I bet everybody has a privacy officer or a team of people working on HIPAA compliance. If you do, really rope them in, bring them into the discussion because they actually can help you craft those scenarios when you can actually ... what you can release and what you can't. And I think I have a lot of faith in privacy officers that they actually know the correct language to use and all of that. And so that's how you use your internal resources to really craft those messages in a HIPAA-compliant way. Very important.

Taina Lopez:

Hey, Karen, did we lose you?

Karen Garrison:

I think I'm still here. Okay.

Taina Lopez:

You're here. Great.

Karen Garrison:

Yes, I'm so sorry. Let's go on to the next one. Okay, so this is our second chunky section of this discussion. And so really we're going to talk about CMS requirements. We're going to talk about Joint Commission requirements, and we're going to talk about the crosswalk that was developed in 2022 to really kind of pull these and correlate these two requirements for emergency preparedness and emergency management. So I think it's really important as you're the ones that are running these organizations to really have a good foundation of those requirements. And so let's go to the next slide.

Okay. So yes, this is a crosswalk, that's what that is. And so I just wanted to kind of bring it up because we actually, Connect Consulting, with NACHC actually developed a Joint Commission and CMS crosswalk. And so you might say, what the heck is a crosswalk? A crosswalk is really intended as an easy reference to compare emergency management requirements for the Joint Commission and CMS. And you might say, "How did those correlate? I'm not quite sure." So I really think as the more I look at both of these accreditation models, I'll put it that way, they're kind of saying the same thing. They have many of the same requirements. They're just saying it with different languages and different standards. I'll put it that way. You should have gotten this crosswalk, this document, which is about 50 pages that we developed. I do believe it was on the website of the NACHC website I believe, but I could be wrong about that.

And really what I think is really important is that it's three parts to it. So one is a comparison, standard by standard of Joint Commission and CMS. They're going to send the link out so you can actually see this. Then the second part is if you are only Joint Commission, which most organizations are both, if they're Joint Commission and CMS, then you actually have those requirements by themselves, which I think is important. If you're CMS only, go to the last section, which is CMS requirements just for FQHCs. Now these are tailored, these only are requirements for FQHCs. So I think it makes it easy and it's a great handy tool to have when you're confused about how many exercises do I have to do, how often do I have to do those? And so really use this tool. It's a great tool and it's kind of a one-stop kitchen sink kind of document, but hopefully, you enjoy it and it works for you. Let's go to the next slide.

Okay. We are starting with CMS. Okay? I believe the majority of the FQHC staff that are here are CMS. So there's 44 E-tags, electronic tags, CMS, and if anybody has read an Appendix [inaudible 00:36:06], it's all in Times Roman and it's like 50 pages as well. So you have 21 out of 44, really, they apply to you, 22 if you are an integrated healthcare system, I got to say. So if you are part of a hospital system and then you have 22 E-tags, and so really CMS is looking at the six key areas, which I think are really important to think about. They want to look at your emergency plan and your risk assessment. We talked a little bit about the risk assessment before using the risk tool or the Kaiser tool. You got to do that. You actually have four policies and procedures that are mandated for FQHCs as opposed to if you were a PACE program, you'd have 10.

If you were a hospital, you'd have nine, skilled nursing would have nine, home health would've five or six depending on or home-based. So every provider type actually has kind of a different combination, but you have four. And so we're going to kind of do a deeper dive on all of these requirements. You have to have a communications plan, super important, and we'll get to that. Staff training about emergency preparedness, testing, they call it testing, but it's really an exercise and then an emerging infectious disease response plan. And those are the big requirements that if you get surveyed, that's what they're looking for. Let's go to the next slide. Excuse me. The purpose of an EP, and I specifically say emergency preparedness because CMS specifically calls it emergency preparedness where Joint Commission calls it emergency management. So anyway, it's just nomenclature. So they're really coming out and they're looking at this.

They established these national emergency preparedness requirements in, I wonder if anybody ... that would be interesting, 2017, those went into effect across CMS providers to ensure adequate EP planning, both for natural and manmade disasters. That's really what it's all about, everybody. And EP program allows FQHC providers to keep their organizations operational during times of disaster so they can continue to provide necessary services to their communities and for FQHC organization staff to develop an understanding of EP practices so that the organizations become disaster resilient. Oh, there's that word again, disaster resilience. And I really appreciate the fact that CMS infuses that throughout the requirements. So let's go to the next slide.

So these are the six core pieces, and again, a risk assessment, policies and procedures, communications plan, staff training, exercises and an infectious disease response plan. Let's get to all of them. Let's go to the next one, Claire. There you go. An EOP. Some people call them emergency plans, people call them emergency operations plans, whatever you're going to call them. I've heard emergency response plans, so I'm not hooked up on the title, but CMS is looking for the following. First of all, you have to review it and update it every two years for an FQHC. The plan must be based on your organization and community-based all hazards risk assessment. We talked about the HVA and the risk assessment. That's why it's really important that you actually do one of those on a regular basis so that you can actually base your plan on potential hazards.

I mean, there could be a hundred hazards, but if you're in Kansas, you're not going to get a tsunami. So no planning around tsunamis for the Midwesterners. Include your patient population in terms of the type of service that you can provide in an emergency. Include your program site information so that you know that you've got all that contact information for your site director and whoever's in charge of the emergency. Having that at your fingertips, very, very important. Also, including continuity of operations, delegations of authority, which is I'm giving permission to this person who's the incident commander to be able to give them the authority to actually run that activation. And then EP program documentation must be updated and reviewed every two years, everybody. And that is, I would always say actually annually for as a best practice, but CMS only requires it every other year, which means your safety committee, you're going to go through your EOP and all your documents, you're going to look at what was upgraded and updated, and then you're going to sign off.

And that is really what they're asking. Excuse me. Next requirement is ... Okay, and I know there's lots of chats going on down here, and I find that the moment I touch it, then that's when my phone kind of goes

crazy. So I am actually going to not do that. Let's go to the next slide, please. Okay. I have to say when I was a program director, I love writing policies and procedures. I'm kind of a nerd in that way. And I say that because I like the simplicity of it. Really a policy is of course why I'm doing it. A procedure is really how I'm doing that, and I always like to attach objectives in there as well, which really tells you what I'm trying to accomplish. So CMS is asking you just to do four, okay? And that is safe evacuation. So you need to have a plan to evacuate your site.

You need to have an assembly point. Where am I going to meet? It might be in the parking lot in front of your building. I live in San Francisco. We don't have parking lots here. I know that sounds strange, but I would have to really think about that. If I was wanting to have QHC in a really urban center, where am I really going to evacuate to and how do I also tell people about that? How do I message that? So that's what that policy and procedure is about. Sheltering in place. I can't leave my building because there's a storm outside. We have patients in the waiting room, in exam rooms, we have staff there and it's three o'clock in the afternoon and we can't get out of our building, where are we going to shelter in place, everybody?

Let's say there's 50 people in the building. Do you have enough space to shelter 50 people for a few hours? Probably is a few hours, but it could be longer. And then a process to develop a system of medical documentation. I got to say, I bet you're pretty good at documenting all the medical care because that is really what you do. And so really, if I lost power, how would that happen? My electronic medical record, it's gone. I can't access that. So you really need a go-to paper protocol that actually I can't put it in a computer, but I can actually have a blank file. I can write a progress note and then I can go and put that progress note in my electronic medical record when that gets restored. And lastly, to develop a use of volunteers. That sounds really nice. You might have volunteers. But I just have to tell you, that's really a policy and procedure about emergency medical credentialing.

It is quite often during emergencies that up to 50% of your staff are not able to get to your building. Maybe it's the middle of the night, maybe there's a fire on the other side of town and they can't get across the road. And so it's really, long-term especially, how do I shore up the capacity of my staff by bringing in a person in, a nurse or a doc? I need that service because my staff are not around. How do I credential them quickly and accurately? And so that I would share with whoever does credentialing within your organization, they would write that policy just to make sure that the process that you have in place already is working. So those are four FQHCs and that's it, as opposed to 10. So that's a good thing. Anyway, let's go to the next one.

All right. Communications plan. I have to say the one thing that really tends to go first in a disaster is communication systems. Sorry about that. Landlines and cell phones. And I think it's really an important thing to think about beyond landlines and cell phones. And a comms plan is not just about how I talk to somebody. It's all the information that I need to connect with somebody. This has to be reviewed and updated every two years, again. However, I would make that much quicker if it was me. And then you need the names and contact people for your staff, your vendors. If you have a physical therapy organization that comes in and does PT, you need to be able to have that information at your fingertips and it needs to be updated and it needs to be just correct and accurate. Contact information for federal, state, tribal, regional and local emergency management officials.

Has anyone here ever tried to get ahold of CMS? They don't have a phone number, but you can email them. And so that should be part of your communication plan in terms of your contacts or local, if you have a local licensing agency that you need to pass on information. But having that information in your comms plan is really, really helpful. Also, strategies to communicate with local EM officials such as advanced messaging, contact information and communication policies. So again, if you have a communications team, have them helping you with this on the messaging and the organization and who should be.

So use your internal resources within your own organization to help develop these plans. And then a process to provide information about the general condition and location of patients under your organization's care. So if you have to shelter in place and you need to communicate with somebody at public health or local emergency management or even fire or police, you really have to have a process and really think about what you're going to be saying in advance. Remember, HIPAA is not waived, and so let's say you did have people who were injured during some kind of disaster and you're sheltering in place, you want to be very careful. So crafting that, again, thinking about that stuff in advance, super, super, super helpful. Okay, let's go to the next one.

EP staffing, very, very, very important. I can't say that enough how important staffing is, and we're going to talk when we get to survey stuff, we'll talk about that. Okay, so CMS requirement is that they really need an initial ... I'm not sure how many organizations here do a very small organizational, like a new hire orientation as part of that around a tour of the building where your exits are, basic emergency preparedness information when you're onboarding people. It's very helpful, very helpful. You want to do that so that you get them on the foundation of your organization's information and the site. Any FQHC staff must be able to show emergency preparedness knowledge when they're being surveyed. I have to say that is sometimes forgotten when you're looking at documentation during a survey, but really they can go to any staff person and ask them any EP question and sometimes that can be a toughie.

Maintain documentation of all trainings. I'm a huge fan of a training book or a place of central repository where you keep your training materials, your training calendar and your sign-in sheets, super important. That's what surveyors are looking for. And then provide emergency. If there are any major changes to an existing policy or procedure or something in your emergency operations plan, then you need to update your plan and then pass that on to staff. So if there's major changes in the way that you're actually doing emergency preparedness best practices, you need to train people on that so that they're aware of those changes. Okay, let's go to the next one please. Okay, exercises. You must conduct one tabletop exercise.

Speaker 4:

[inaudible 00:50:46].

Karen Garrison:

One tabletop exercise every two years. Again, exercises are a great way to learn about your emergency preparedness plan. If FQHC providers experience an emergency and they complete the after action report and improvement plan, then you get to count that towards your exercise requirement. And what a lot of our providers have done is they've done an exercise around COVID because you've definitely activated many of your systems in-house. And as long as you document that you evaluated those systems, you can count that towards your requirement, which is a really helpful thing. Okay. And let's go conduct a participant in a ... Yeah, I'm seeing the bottom of a chat, so I kind of want to see it all, but I won't. I'm going to keep on going, everybody. Let's go to the next slide.

This is an example of an after action report. So again, if there's a wildfire in your community or any kind of disaster, if you are hacked, that's a good one, you can actually document all the aspects using the after action report template. You can get them from FEMA, you can get them from us, and then create an improvement plan, which is actually to me, an organization's to-do list. So the after action actually documents what you did and what you discussed and what you learned. And then your improvement plan really is I need to fix this and this. I'm assigning this person, this person, this person, and here's my timeline to accomplish these various aspects of what I learned with this evaluation. So it's a really great thing. We can share a template. Yes. Okay, let's go to the next one.

Last but not least, an infectious disease response plan. And you might go, "Wow, that came out just in time for COVID." It did. This came out in March of 2019, kind of bizarre. And really this response plan is not a COVID plan, but it could be a COVID plan, and I bet all your COVID protocols, there's most of

your plan right there. And so CMS requirement is that you developed this plan and emerging infectious diseases are those whose incidences in humans has increased a lot. And obviously, we just went through a pandemic. This response plan allows staff to plan all aspects of the response as it happens. This could be applicable to seasonal influenza, Zika, Ebola, COVID, whatever that is. So I think COVID really is a good template to write this plan based on because it's a lot about infection control, mitigation and reporting. So those are really big elements of this kind of plan. Anyway, and it's under E-tags 0004. Okay, let's go to the next.

Okay, now we're going to talk about Joint Commission. Okay, so there's 12 Joint Commission emergency management standards. Again, EM as opposed to EP. The four key areas really are preparedness, response, recovery and mitigation. That's kind of hardwired into the regulations. And so let's go to the next one. We'll kind of unpack that a bit. Okay, so again, the purpose, very important to always start out with the purpose of this EM program is to establish the strategy for emergencies and disasters that could disrupt normal operations to healthcare organizations. This program aims to ensure effective coordination during incident response by following a continuous cycle of planning, organizing, training, equipping, exercising, which is, this is basically the preparedness cycle we had talked about 10 or 15 slides further back. And so I think it is really important to kind of look at the purpose of both CMS and Joint Commission, and you'll kind of see there's a real alignment of these two plans, which is one reason why we did the crosswalk, which I would like everybody to read. This week would be great. Anyway, let's go on.

Okay, and again, TJC four areas preparedness, very big, developing plans, training personnel and organizing resources to be ready for potential emergencies. Response, very important. I have these actions that are already planned. My staff are trained. My incident command team is tight, and really it's about responding to the incident in a coordinated way. That's really what it comes down to. Recovery is really restoring normal operations and getting back on track. Okay? And so I think one of the big differences I see from Joint Commission to CMS is there's more focused on recovery and coup plans and business continuity plans than with CMS. I think there's more on Joint Commission. That's in my opinion. And mitigation, reducing the impact of future emergencies through preventative measures.

I've identified a hazard, I'm going to have a mitigation strategy that is going to decrease the impact of that actual hazard, and that could actually be ... Let's say there's been a few active shooter episodes in your regional area. You see that that could be a hazard for whatever reason, and then you are doing a safety assessment to determine how safe your building is, and then you put in plexiglass and you put in key fobs and all of that. That's a mitigation strategy based on a risk which you've identified through a hazard vulnerability analysis. So it all kind of goes back to that preparedness cycle. Okay, let's go. There you go. Any questions? Okay, any questions? And I have been ignoring chat.

Taina Lopez:

I'm glad you've been ignoring them. We've been monitoring them. There are a lot of questions. I don't think we'll get through all of them, but I'm going to pull a couple and I will let people know that we'll try to answer some offline because I know there are some really great questions.

Karen Garrison:

I can always go through them later.

Taina Lopez:

Eliana says, "We were recently surveyed by the Joint Commission and they told us that we need to update the emergency operation plan every year. CMS requires the update completed every two years for FQHCs." What should we do?

Karen Garrison:

Should update it every year because it's the same organization and you've got two requirement tasks. I hate to use the word taskmaster, so I think you should actually do it annually because if you have to do it all, you're covering your CMS requirement. You're automatically updating it every year. You've got that one covered. And I think from a compliance strategy perspective, if you did that, because you have to do the Joint Commission every year just the way it is, so then you're covered. Does that make sense?

Taina Lopez:

Jane does comment she's confused why the Joint Commission would say that because of the requirements state every years. Nevertheless, I guess that's what they were told by surveyors, so we appreciate the comment.

Karen Garrison:

I think going back to that requirement grid is helpful, but yeah, and I think requirements, I think you have to get just on a regular basis of doing that and then it makes sense. But yeah.

Taina Lopez:

I'll go through another question. "I agree that HIPAA is not waived, but it is important to understand the provisions within the law of that state when information can and should be shared with authorities. Example, with public health authorities and imminent danger." So I know that Amy made a comment on imminent danger previously, but if you could speak to these provisions and I'm going to-

Karen Garrison:

Right. And HIPAA, I believe is you can release specific information if it is emergency and if it is about payment. There's two situations and I think the best thing, everybody, I gave a talk like this a few weeks ago and it actually came up and I think the best thing is to go back to your privacy officer, your staff that actually looks at HIPAA and actually weigh in with them. It's really hard to give hypotheticals and I think Joint Commission is looking not for one person's PHI. They're looking at how you manage all that health information and what you release. I don't think that's it, but use your internal team. They are HIPAA experts and I think it's easier-

Claire:

You're on mute, Karen.

Taina Lopez:

Unmute. There you go.

Karen Garrison:

I just muted myself. I'm not going to touch my phone. We had some tech issues this morning, so I was saying check in with your internal privacy officers to really drill down more because I think if you are organized at that level, then training can happen from there and then you'll not have, hopefully, HIPAA violations.

Taina Lopez:

Do we have time for one more question?

Karen Garrison:

Sure.

Taina Lopez:

How can community health workers prepare to treat the injuries and illnesses of workers who respond to disasters and perform cleanup?

Karen Garrison:

Oh, you mean during recovery? I think that goes back to training, everybody. It's like thinking about it before, I mean, that is a great training right there is your direct staff are really understanding what their jobs are, really having maybe detailed checklists of what they can do or what they should be doing and putting structure around that. I think it also starts with identifying the people who will be asked to do that cleanup and providing specific training to those people. I can't say enough about training. It's very important, not just because I do a lot of trainings, but I know when I was running programs, training was something that sometimes is expensive, sometimes you don't have the opportunity, sometimes there's no time, but I think what do they say during blue sky days, do all your planning.

So when you have time to do this, then I think really focusing on that and I think it's very easy to think about what's happening at the top in terms of activating the emergency operations plan or all of that stuff, but also your direct service staff have to know what to do as well. So training, I think is the way to go. If you identify an issue or a question, then develop training around that, and that doesn't have to be a four-hour training. It could be 30 minutes of targeted training and then you get to count that towards your exercise, your training requirement as well.

Taina Lopez:

Thanks, Karen. We'll try to address additional questions in follow up.

Karen Garrison:

Absolutely. Absolutely. We have also one more section where you can ask more questions. Questions are not over, but I got a feeling there's a lot there because I have actually seen a lot of things kind of filter through. Okay, let's go to the next slide. We have one more section to cover guys, and oh, we got a poll. I love polls. What are your organization's biggest challenges? The poll is opening right now. And with operationalizing your emergency management program and maybe bullets are great on this one. Yeah. So is it staffing? I don't want to put words in your mouth, but I'm going to actually just see what comes up and please list your organization's biggest emergency management program challenges. What are those challenges?

Taina Lopez:

I will share that we will take this feedback back and we'll be looking at them here at NACHC and then we'll be thinking about them and how we can use them for our next webinar that we're hosting. So I appreciate everyone taking the time to do these polls.

Karen Garrison:

It's also fun to see what everybody's doing.

Brandon Jones:

And of course, while we wait, folks in the chat, there's been some really great links to resources shared. Our Connect Consulting friends here also helped us develop that really great document earlier around the

... and I'm forgetting what I put in there [inaudible 01:05:45] but just be sure to go through those links. There's some really great resources, relevant topics that align very well with Karen's presentation. Thanks.

Karen Garrison:

I think the poll's about to close.

Brandon Jones:

And you can continue to load questions into the Q&A. That's what Taina will be reviewing with Karen. So if you put your response in, feel free to add questions to the Q&A and we'll try to address those as well.

Karen Garrison:

Is the poll still open, Claire or Brandon?

Claire:

It's closed.

Karen Garrison:

Okay, great. Disclosing protected health information. So we had 77 people who answered. That's pretty good everybody. It's fabulous, actually. Any questions or comments over there? Because I think you get the list, but I don't. So any things that popped up?

Taina Lopez:

If there's anything that popped up, you can just drop it in the chat. I appreciate it.

Karen Garrison:

Oh wow. Great links, everybody. Okay, I think we're going to move. Should we move on to the next slide, everybody? Okay, so the last section for today is really incorporating emergency preparedness throughout your organization and it's really kind of making it part of your culture. I think that's really important. You may already be doing all of these things, but I think it is always good to review them. So we're going to do strategies to encourage EM participation as well as prepping for a survey, which is either CMS Origin Commission. Let's go to the next slide.

Okay. These are just some ideas. Really forming a safety team, and we're going to talk a little bit about that in the next slide, but really a safety team sometimes is called an Emergency Preparedness Committee, whatever you call it, it's that group of people who come together to work on emergency management activities throughout your organization and really conducting regular, I cannot say this enough, conducting regular meetings. Put it on your calendar. I know with me, it's not on my calendar, I'm not going. It has to be there. Send key staff out to local emergency management trainings. I don't know if you know that every county has a healthcare coalition. It's hospitals, skilled nursing, FQHCs, community groups. They all come together usually once a week. Usually the hospital is kind of hosting the party. I'll put it that way, but it's an excellent opportunity to get training. I love it, free and also you are connecting with all of those providers in your neighborhood.

You might also be doing this already, but it's a great opportunity. There's free training through FEMA, everybody, so you could take four FEMA classes, the first four, which are online, 100, 200, 700, 800, send your EM people to do that. It's 12 and a half hours of online education, but it's free and it's through FEMA and you learn about incident command and emergency management. Pretty good resource right there. You just need the time, but it is free and it's online. Make emergency preparedness activities

doable, so don't make them too complicated. I've seen a lot of emergency plans that are way too complicated and 400 pages, so make it simple and easy. Make an annual plan for training and exercises. You do that for training for infectious disease or HR manager training or whatever compliance strategies you are already doing, add EP. I know it's a hard thing to add one more thing to the plate.

I totally get that, but it is really important. And then compliance is a licensing requirement. I hate to say that, but it is super true and for some providers, that's kind of what pushes all of this stuff. I hope it's about building resilience. That's really what it is. EP compliance ultimately increases an organization's disaster resilience. You see, by building the team, doing doable activities, it all kind of builds into disaster resilience, which is all about today's conversation. Okay, let's go to the next slide and we're almost done. We're kind of at the end, everybody. Your safety team, now maybe call something else. I'm just calling it a safety team, but really those are the people who are planning your exercises, who are updating your EOP, who are really thinking ahead to really plan your emergency preparedness program. Now, you may have a person that's an emergency preparedness person, FEMA trained, all of that.

Most organizations have a person that, in my experience, that maybe have half their responsibilities during emergency and half is something else. A lot of times this falls to facilities and operations, but you want to assemble a multidisciplinary team to coordinate with all departments to implement all aspects of your EP program. That's quite a big statement, everybody. Break it down and use your team to look at that. Include members of your operational staff, senior leadership and clinical staff that serve to be your incident commanders. I got to say facilities directors, facilities managers are great to add on here. They know every bit of the building and they really have a great sense of things like generators. If you have a generator, they're the ones who know all about that stuff, so bring them into the fold. I'll put it that way. Incident command team members need the authority to act and to authorize resources and actions when responding to the emergency.

If members of your incident command are on your safety team, it just makes it so much easier. So it's very important that you have something in place because you cannot do this by yourself. If you're one person doing it all, that's not great. Okay, let's go to the next slide. Together, it's all about teamwork, okay? EP activities should not be done in a silo. I just said that. Very easy to just kind of be over there, but you don't want to do that. EP committee members should be individuals from different disciplines. We talked about that.

A multidisciplinary group, you do that for things like case conferences or patient care. Do that in this situation. Meet on a regular basis. It could be once a month, but don't make it once a quarter. I don't think you need to do this probably once a week, but really have a regular meeting where you talk about this stuff and you plan things and you put it on the calendar. And I know this sounds a little hokey, but emergency preparedness is a team sport. You can't do it by yourself, guys, so don't do that. Okay? Very important because if one person you need, that's a big EP concept is redundancy. So if you have one person and that one person is going to Tahiti for a month, what happens to your EP program if there's a natural disaster or you get audited? So do it together. It's always better. Okay, let's go to the next slide.

Okay. So CMS or Joint Commission survey prep. When I was a director, I always, always ... I'm kind of a survey nerd and there's a lot of prep that goes into really making sure that you're ready for that. And not only are they looking at your emergency preparedness stuff, they're looking at your infectious control stuff or they're looking at ... It's way more, and so this is just part of the survey, so understand all the aspects of your emergency preparedness program that would be evaluated during your regular survey process. And then also document all trainings. Can't say this enough. The golden rule, you didn't write it down, didn't happen. Document all trainings and exercises. Keep training documents and sign-in sheets. I like to keep them in training binder. I'm very old school when it comes to that, but I also like to scan them and put them in the cloud so I have redundancy.

You're generally given a window, so we're working with a client now who is waiting for their Joint Commission and HRSA, excuse me, surveys, and they have a window, and that window can be from now

till July. And so they are working hard right now, and so pay attention to those windows. And then surveys, assess staff, this is the part where I think a lot of providers did dinged, is they're going to go up to a CNA. So they're going to go a medical assistant or a facilities person and ask them an EP question. If they don't know it, that's a ding. So I want to make sure that's where staff training, basic emergency preparedness staff training really comes in handy because you've already talked about it when you hired them, when you oriented them, and in your regular staff trainings. So very important that staff get the message about all the EP practices in your organization.

Okay, so let's go to the next slide. We're almost done, everybody. And identifying close gaps in your documentation and process, pretty important stuff. So you're going to identify an issue. So I'm a former case management supervisor, and I always think of emergencies and documentation as a case management client. I know that sounds odd, but so I'm going to identify what the ear issues are. I'm going to look on my documentation. I'm going to look at what I've done in the past year, and I'm going to identify gaps where maybe I missed my exercise window. Maybe I could be doing an exercise in the next three months to kind of get back on track. Revise sections of your EOP based on EP activities.

So I do that exercise, I realized I had a gap there, and I learned all this stuff about communication or how I'm using information or whatever it is, I'm going to update my EOP so that I've actually already got that covered. I documented that there is a change. This is the new way that we're going to do it. And then as I revise it, I'm going to have my senior leadership review it, review the changes and sign that they have actually approved them. Very important stuff. And CMS surveyors will be looking for documentation from as back as far back as November, 2017 because that's actually when those requirements were in place. So anyway, that's it. Let's go to the next slide. Any questions? And I got a feeling there's questions out there because I've seen them coming through the chat.

Taina Lopez:

Yeah, there are still some in the chat ,Karen. Gianna had asked before are we aware of any FQHCs that have been surveyed for Emergency Preparedness Compliance by CMS? So someone shared their Joint Commission experience. I wonder if anyone else has any experience, you might raise your hand or drop it in the chat. I'm not seeing a response. Do you have any comments-

Brandon Jones:

You're muted, Karen, by the way.

Karen Garrison:

Sorry.

Taina Lopez:

Karen, do you have any comments on that?

Karen Garrison:

No, I mean, I think it's ... What I've heard from providers is that they come unannounced. You have a window, but you don't quite know when they're going to come. And so it's usually they're looking at life safety issues. They're looking at your building, they're looking at your documentation, and they're going to check in with your staff. Joint Commission has a very similar kind of cadence, I'll put it that way, but that's what I can say. And so it's really building that program and your documentation and really just making sure you've hit the mark [inaudible 01:20:37].

Taina Lopez:

Thanks, Karen. I think, Gianna, to your point, we will try to explore that more and I'll learn from other health centers. So I appreciate that question. I think it's sort of an ongoing one that we have and we'd like to continue to learn from. So Joanne Wong asks, "Are there particular requirements of how the tabletop exercise is conducted?"

Karen Garrison:

No. If you look at the language, they're not saying you have to do a tabletop with this format, with this time, for how long. They're asking you to do a tabletop, document a tabletop, and if you need to update your plan, they're going to look for that as well. And so it's really about kind of doing it and learning from it. That's kind of what they're looking for and you want to document the heck out of it frankly. I'm a big one for documentation. So I think it's just really, really important that all aspects of that exercise is documented. You have a template, you fill it out, and that's it. So it's the same with-

Taina Lopez:

[inaudible 01:21:57].

Karen Garrison:

Yeah, I was going to say it's the same with HVAs and risk assessments. They're not asking you to use a specific risk tool versus the Kaiser tool versus another public, there's [inaudible 01:22:09] which counties use a lot. Anyway, so ...

Taina Lopez:

Yeah, to Karen's point, they're not prescriptive about those certain requirements. However, there were tools available to you to help you guide you through that process. I had dropped in the chat before the HC templates, so it's basically resources that FEMA uses to do their exercises. So that would be an example of what you can pull for your tabletop exercise. Are there other questions? Does anyone want to raise their hand and come off mute?

Brandon Jones:

Here's a raised hand, by the way. Aruni.

Taina Lopez:

Can you unmute Aruni?

Aruni:

Good afternoon, everyone. Can you hear me?

Karen Garrison:

Yes. Nice to hear your voice.

Aruni:

Oh, thank you. Thank you. We really appreciate this great presentation actually. It's very helpful, especially when it comes to the delineation of the requirement. I've run into two different questions, one related to annual review and every two years. So there is a delineation between the two. The annual review is required for the plans to be reviewed on annually because titles will change, structure will change, work chart will change. However, the requirement for two years is the exercise, meaning, excuse

me, the activation of the plan is every two years, meaning exercising the plan itself. The other thing is, I think ... I'm sorry, I got to go back to ... Oh, the tabletop versus the exercise. So sometimes they ask you to do the exercise is mandatory. The tabletop is not mandatory, it's optional. You can add it, but it's not required. But the exercise itself is required. The full scale exercise of the plan is required. So it's great to have a tabletop, but it's not necessarily a requirement. That's what I've read, only reading the regs.

Karen Garrison:

Well, when I'm looking at the regs, I think you do have to review your plan. So I think often it's called, exercises are called testing. They call it Training and Testing, which is testing is really, you're testing the plan, you're not testing your staff, you're testing the plan. And so a tabletop I think is a really good way to kind of poke holes in your plan to see maybe your communications plan's not working well. And it's a great way to kind of figure out what's not working well. Does that make sense?

But yeah, that review of your plan, I think if you are doing regular emergency preparedness activities, you're doing an exercise when you should be, you're updating your policies as needed, then it makes sense to update your plan. You don't have to, but I like doing it more often than not. And it also brings in your senior leadership to have more ownership of the plan. But I think I can totally see at least sticking to your requirements. But I think as you do those activities, your plan's going to shift, plan's going to change. Not a whole lot, but enough where you do need to update them. Hopefully that's hopeful.

Aruni:

Absolutely.

Karen Garrison:

Great.

Taina Lopez:

I do want to add that ... I can't remember the name. Someone entered their idea. Was it Amy? I could be getting the name wrong. So many chats. For the small kind of ...

Brandon Jones:

Beth.

Taina Lopez:

Beth. Was it like a six by nine tabletop card you were able to sort of shrink your emergency operation plan down to that card and you started a firestorm in the chat. And everybody wants to see that. I will give a plug for the next session, which will be June 6th. So please save the date for that. And we'll be sharing some best practices from health centers. So Beth, maybe we can talk about sharing that. Not to put you on the spot, but maybe we could talk about sharing that June 6th meeting.

Karen Garrison:

And speaking of that, we are having a June 6th meeting, so please save the date, put this on your calendar, block it out. You have to come. Very important. And the NAP team are going to be ... They want to hear directly from you. That is super important. And that's part of why we're here today, is to kind of understand how those issues or challenges, have them bubble up to the service so you can kind of look at them and figure them out. Anyway, so really while facilitating a listening session for health center staff to share their experiences, challenges, successes, what worked and what really didn't work always. But it's really all a learning experience and I think that's just really important. If there are more questions or chat,

I'm happy to kind of go through that. No problem. And I suggest that you look at the crosswalk and you look at the different requirements. There's quite a lot there. And so if you're CMS only, go to the CMS only grid. If you are a Joint Commission and CMS, use the crosswalk.