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Health care providers prep for disaster-relief requirements

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Since the 9/11 terrorist attacks, increased attention has been given to disaster preparedness.

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Health law attorney William Keefer says the federal government remains diligent about emergency preparedness for health care providers.

With that came a push to improve emergency preparedness for health care providers, according to attorney William Keefer of Phillips Lytle LLP. Such initiatives as the Hospital Preparedness Program, which was funded at a national level, were put into place. In recent years, however, some of the programs and efforts have seen funding decrease.

Keefer said that doesn't mean the federal government is any less serious about making sure that there are emergency-preparedness requirements for health care providers and suppliers.

In fact, a new federal law regarding disaster-relief requirements for 17 provider and supplier organizations such as hospitals, hospice services and long-term-care facilities was enacted last month. Every provider and supplier that participates in the Medicaid and Medicare programs now has to abide by new federal requirements instituted by the Center for Medicare and Medicaid, or CMS.

"In a way, this CMS program may be part of an effort to make up for some of the cuts in other programs by devolving the compliance and cost down to the individual hospital and provider level," said Keefer, a partner in the firm's health law practice.

Since virtually all health care providers require the services and funding of the CMS, they will be responsible to comply with this program, which went into effect Nov. 15 and has a one-year implementation period.

National emergency-preparedness requirements were established to ensure adequate planning for natural and manmade disasters and coordination with federal, state, tribal, regional and local emergency-preparedness systems.

Each type of health care organization will be subject to a specific regulation. It requires that certain training be put into place so that if a provider uses such things as a generator or alternative sources of energy that they participate in simulations of emergencies, tabletop demonstrations and engage in communication between the community and other health care providers.

Plans should be documented and will be subject to review by the CMS, which will conduct surveying to determine compliance after November 2017.

Brian Meyers, emergency-preparedness coordinator at Wyoming County Community Hospital & Nursing Home, said the goal is to safeguard business continuity and protect physical resources at places such as hospitals and nursing facilities.

He said there may be some heavy lifts in terms of plan development but the organization started working on this effort a year and a half ago and already exercised some of the draft plan last month. When events such as Hurricane Irene and Hurricane Sandy hit Downstate in 2011 and 2012, respectively, it made health care providers look into the continuity of their operations and examine how business will be continued if an internal or external event occurs, Meyers said.

“With these regulations, there are more strict standards,” he said. “There weren’t the same standards before this, but we did recognize the need based on events that have happened.”

Mario Rodriguez of Forseti Protection Group said the CMS requirements are an indicator that the federal government is prioritizing public health through emergency preparedness and taking into account the strain a disaster can have on a local facility. He sees this as an opportunity for health care providers and suppliers to take their emergency-preparedness plans to the next level.

“By putting something like this in place, it allows them to have an exact protocol and plan and is a long-term resolution,” he said. “It’s an indicator that they’re not just preparing for IT threats but also preparing for things like weather disasters, whether it is snow, like we get here, or tornadoes or hurricanes. When public health is affected, you see residual effects for a long time if the proper plans aren’t in place.”

This approach makes health care providers take many scenarios into consideration, even one that would include an active shooter, according to Rodriguez. It also forces leadership and staff to be held accountable for knowing what to do in these situations, he said.

The law requires health care providers to take on a full-scale exercise in their building of a potential-emergency preparedness scenario. Typically that is only offered by a private firm such

as Forseti Protection Group. It allows the public sector to incorporate the private sector to help enhance capabilities, he said.

“It should open up a lot of people’s eyes so that the businesses realize you should think about security on a larger scale. It protects not only assets but also human life,” Rodriquez said.

The CMS law expands on much of the requirements already in place through The Joint Commission, which is the main accreditor of hospitals. Since there are already robust emergency-preparedness requirements in place for hospitals, Keefer said those organizations should need only a tweak rather than an overhaul.

“There may be certain things that hospitals are not doing that they’ll have to do now,” he said. “But they probably aren’t going to require significant new resources, although they’re certainly going to have to look at these requirements.”

While hospitals won’t be starting from scratch, Rodriguez said the Joint Commission standards are not specific to all hazards. The CMS offers a template to apply, and from there, further action is required by health care providers and suppliers. Each will have its own set of emergency-preparedness regulations incorporated into its set of conditions or requirements for certification.

Other places such as nursing homes, ambulatory surgery centers and end-stage renal disease facilities may be looking at more significant new requirements, which could require a hefty cost to reach compliance, Keefer said.

“I don’t know that some of these facilities are currently subject to the same level of review in their emergency-preparedness plans as hospitals are,” he said. “I can’t imagine that they have this level of detail and compliance in their current system. So it’s clearly going to require additional resources than they’re currently deploying for emergency preparedness.”

Meyers said the process of ensuring compliance includes refining the emergency plan and making revisions based on lessons learned from real-life events and exercises and drills, as well as meeting with leaders from other health care facilities to gather feedback in helping create policies and procedures that meet requirements.

According to Donald Eichenauer, CEO of Wyoming County Community Hospital & Nursing Home, the organization is conducting drills in conjunction with regional disaster-preparedness coordinators and the Department of Health. A few years ago, the nursing facility had an emergency in which it had to evacuate a number of people and that played a role in the organization being prepared for this type of planning and these kinds of incidents, he said.

Rodriguez said Forseti Protection Group not only can assist organizations in getting into compliance with these types of laws but can reduce insurance premiums by implementing enhanced policies, emergency operation plans and business continuity plans. The six-year-old company changed its focus this year to emergency preparedness.

“The communication on that level is going to reduce and mitigate loses during a catastrophic event,” he said. “To be a part of that as a business is fantastic, and as a member of the community, the opportunity to do that and give back is even better.”

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