



10

10 Actions

**Healthcare Organizations
Can Take To Improve Their
Emergency Preparedness
And Communications**

Communication is at the core of the CMS Emergency Preparedness Rule, which applies to all healthcare organizations that receive Medicaid and Medicare funding.

[The rule](#) is designed to ensure consistent emergency preparedness requirements, enhance patient safety during emergencies and establish more coordinated responses to disasters, according to the Centers for Medicare & Medicaid Services (CMS).

[Establishing a communications plan](#) is one of the four main pillars of the rule – and it’s the most challenging piece. Communication is cited as the biggest failure in 80% of all training after-action reports.

Most people believe they communicate well because they do it on a regular basis, from sending emails and making phone calls to using structured systems. But in a crisis communication situation, everything becomes increasingly complex.

Among the many things CMS surveyors are looking for, they want to see that your healthcare organization can deliver direct, short, actionable and targeted information to affected groups

in an emergency. Surveyors are also looking for proof that you’ve practiced using your Emergency Notification System (ENS) to contact different groups and are able to communicate effectively during an emergency.

The CMS rule also requires that healthcare organizations include other community providers in their planning and training. This means your communications plan must involve a network of additional resources outside of your organization.

[Communications needs to be front and center](#) in any healthcare emergency preparedness plan. Developing a comprehensive and well-documented communications strategy is key to complying with the CMS Emergency Preparedness Rule.

Which Facilities Must Comply?

The CMS Emergency Preparedness Rule took effect November 16, 2017, and it applies to:

- + Hospitals
- + Critical access hospitals
- + Skilled nursing facilities
- + Long-term care facilities
- + Ambulatory surgical centers
- + Community mental health centers
- + Inpatient psychiatric services
- + Home health agencies



Penalties For Not Complying With The CMS Rule

Healthcare organizations that don't comply with the CMS Emergency Preparedness Rule risk losing Medicare and Medicaid reimbursements.

However, the first step usually involves surveyors issuing a remediation plan, with a set amount of time (less than a year) to fix any issues.

Since this is a new rule, expect a learning process on both sides. Your organization may file an appeal with the CMS if you disagree with issues raised by a surveyor.

Surveyors are looking for documentation, so **make sure every part of your emergency preparedness and communications plan is documented.**

Keep in mind that surveyors want to help you succeed. They're not looking to revoke reimbursements. Their job is to help healthcare providers comply with the new requirements so they're better prepared for natural and man-made disasters.

4 Pillars Of The CMS Emergency Preparedness Rule

+ Assess threats

Start here before establishing or revising your emergency preparedness plan. Examples of possible threats include hazards likely in your geographic area, care-related emergencies, equipment failures, interruptions in communications and loss of your facility.

+ Set policies and procedures

Confirm that your policies comply with federal and state laws. An example includes procedures for safely evacuating the facility (exit signs, staff responsibilities, patient needs, etc.).

+ Develop a communications plan

Build a well-coordinated plan that covers your facility, other healthcare providers, and state and local public departments and emergency management services.

+ Implement training and exercises

Initiate emergency preparedness training for all employees, volunteers and vendors. Maintain documentation of all exercises and emergency events.



Biggest Challenges To Getting Prepared

As you work to ensure your organization is in compliance with the CMS Emergency Preparedness Rule, you'll likely need to put much of your effort into these areas:



Communication:

As mentioned earlier, [communication is the most complicated part](#) of the puzzle. It's not easy to handle the speed and influx of information during an emergency. In addition, you'll often need to tailor messages to specific audiences, so it's not as simple as putting one message out to everyone.



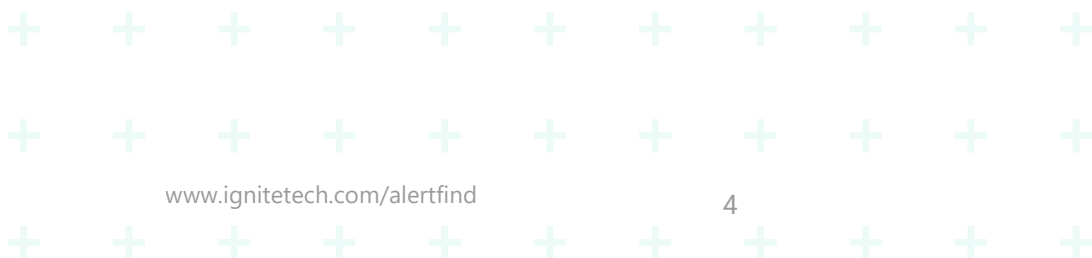
Training:

The primary challenge here is understanding what kinds of training are available. Unlike a FEMA/DHS model, the CMS rule lacks specificity in training and exercises requirements. Surveyors are primarily interested in seeing documented proof that you're doing an annual full-scale communitywide exercise and an additional testing exercise of your choice (tabletop exercise, functional exercise, etc.).



Documentation:

This is going to be the biggest change for most healthcare organizations. The CMS Emergency Preparedness Rule places an emphasis on documentation. Many coalitions have gathered forms and templates that you can use, but you'll need to see if your state's specific requirements go beyond the standard CMS federal requirements. A list of resources to help with documentation is provided near the end of this eBook.



Bridging The Gap:

10 Ways To Improve Your Emergency Preparedness And Communications Plan





How can you help your organization meet the new requirements? Use these 10 tips to ensure you're ready:



Use an Emergency Notification System (ENS):

[An easy-to-use, multi-channel platform for emergency communications](#) allows you to rapidly communicate across your entire organization at any time so everyone is informed. It's the best way to reach the right people at the right time with one-click alerts. It enables your organization to implement many of the following tips.



Take advantage of two-way communication:

In rapidly-evolving situations or where poor situational awareness creates a high degree of risk, two-way communication is essential for relaying information in near real time. It allows for on-the-spot decision-making, so you can push the best information out based on the situation. As a result, your plans don't need to envision every eventuality and every possible modification.

During a disaster, it's critical to remain flexible. Situations like an active shooter or an anthrax infection may not go as you practiced. That's why you want to think less about the threat and more about the effect of that threat. When people have a perspective of "I can't communicate with people" rather than focus on the cause of their inability to communicate, they tend to be more flexible and creative in overcoming those obstacles.



Create sub-groups for communication:

You need the ability to communicate with people in specific locations. For example, you want to be able to lock down the emergency department but let the scrub nurses in an operating room know they're cleared to continue with their procedure.

During your emergency preparedness planning, create sub-groups by roles or communication needs. This way you can send segmented alerts with detailed actions. In the above example, you would contact all of the scrub nurses to provide information about the incident and what they need to do.



Pre-script alerts and frame messages:

For some situations, you can write messages that are ready to be pushed out when needed. Be sure to only include actionable information. If you include too much information, your message will be diluted.

When writing alerts, be clear and concise. Use plain language that your audience will understand as opposed to technical jargon. The goal is to get the necessary information out to people so they can react quickly and stay safe.



Include everyone across the organization in your plan:

It's important to consider all of the people in your organization, such as pharmacists, the janitorial team and food preparation employees. For instance, if you have to transfer patients from the hospital to an alternative site like an ambulatory surgery center, what's your plan for patients' dietary needs? You'll want to outline a strategy for communicating with nutritionists who need to travel with patients to the new location.



Incorporate wellness checks:

These are a great way to check-in with your staff, patients and their families. For example, during a natural disaster you could poll employees: "Are you able to get to the hospital? Do you need a four-wheel drive vehicle to pick you up?" You want to have a variety of methods for contacting people during an emergency, including phone calls, emails and texts, in case some communication channels are unavailable.



Join other healthcare organizations for training exercises

Check with healthcare providers in your area to see what exercises they have planned. This takes the planning burden off you and makes the training better for everyone involved. If you're organizing an event, reach out to the community to see if other providers would like to join. For instance, a hospital and long-term care facility could team up for an evacuation training exercise, allowing both providers to learn about what the other would find most helpful during an emergency and fulfilling the community planning requirements of the CMS rule.



Build relationships ahead of time:

The CMS Emergency Preparedness Rule is designed to get healthcare providers to plan together instead of operating in isolation. As part of your emergency preparedness planning, get to know people at other healthcare providers in your area. Those relationships are vital during a disaster. You need the ability to reach other providers on different channels to coordinate patient care during an emergency.



Get involved with federal agency training opportunities:

FEMA does a major training exercise every two years, and on the alternate year the agency does a capstone. This year, FEMA's exercise is simulating a hurricane on the East Coast. Even if your organization is not located in the direct impact zone, you can still participate by using the training exercise as an opportunity to plan for how a hurricane would disrupt your supply chain.



Make a habit of documenting everything:

This is a critical piece of the CMS Emergency Preparedness Rule. Make documentation easier by having sign-in sheets and gathering pre- and post-test data to show surveyors. You can also use real-world events as your exercise. To do this, document how you put your emergency preparedness training into action. Many hospitals used this year's flu surge as their exercise.





CMS Emergency Preparedness Resources

Many resources are available to help your healthcare organization comply with the CMS Emergency Preparedness Rule. But it's best to start by asking, "What have we already done and don't need to worry about again?"

You may be surprised that many things you've already done for accreditation purposes also fulfill requirements for the CMS Emergency Preparedness Rule. In many cases, it's simply a matter of providing the documentation to prove you meet the new CMS requirements.

[Yale New Haven Health System's Crosswalk](#) details what actions done for joint accreditation also count for the CMS rule. If your facility is accredited, start here and knock those items off your list.

[Another great resource is ASPR TRACIE](#). It's a gateway to comprehensive healthcare emergency preparedness information and a valuable tool for understanding the CMS requirements.

Additional Resources

Overall Information

- + [ASPR Healthcare COOP And Continuity Guide](#)
- + [Mass General Center For Disaster Medicine](#)
- + [Federal Register](#)

Emergency Plans, Communication Plans And Policy/Procedures

- + [California Hospital Association](#)
- + [Conversations With Executive Leadership Toolkit](#)
- + [Kaiser Permanente Hazard Vulnerability Analysis Tool](#)

Training

- + CDPHReady.org
- + [Yale New Haven Health System Training](#)
- + [The Joint Commission's Emergency Management Resources For Healthcare](#)
- + [15 'til 50 Medical Surge Toolkit](#)

Exercises

- + [Homeland Security Exercise And Evaluation Program \(2013\)](#)
- + [Agency For Healthcare Research And Quality, U.S. Department Of Health & Human Services. "Hospital Preparedness Exercises" 2010](#)
- + [Radiological Injury Treatment Network](#)
- + [California Hospital Association](#)



Get Help From Your Local Healthcare Coalition

When it comes to complying with the CMS Emergency Preparedness Rule, help is always available.

In addition to using the resources above, you can always contact your local healthcare coalition or a hospital that has been through the process. Also, the Center for Domestic Preparedness (a FEMA organization) and ASPR TRACIE offer no-cost onsite training.

Just like communication is the cornerstone of a strong emergency preparedness plan, it should be part of your approach when complying with the CMS requirements. Communicating with others who have been in your position will help make the process go smoother and feel less stressful.

Want to learn more about improving your healthcare organization's emergency communications?

Watch our webinar featuring this guide's author, **Meg Nash, MPH.**

[Watch Now](#)

About the author

Meg Nash is a seasoned business continuity professional with a comprehensive background in emergency response, disaster preparedness and public health. She has worked with businesses to implement continuity plans for more than 10 years and has more than 20 years of experience in emergency management and response.

Meg is a certified FEMA instructor, and a highly rated speaker and presenter. She holds a Master of Public Health and graduate certificate in emergency management and public health, both from George Washington University.

