



CMS Begins Enforcement of New Rule to Bolster

Emergency Preparedness

It is critically important that health professionals and support staff are prepared to safeguard themselves and their community during disasters. In the US there has been a heightened focus on all types of disaster readiness since the terrorist attacks of September 11, 2001 in New York.

On September 8, 2016 the Centers for Medicare & Medicaid Services (CMS) published the final Emergency Preparedness Rule¹ for healthcare preparedness after an extended comment period that began in 2013. CMS wants to ensure that all healthcare providers and facilities have an effective emergency preparedness plan in place at all times. This new EP Rule has been in development since shortly after Hurricanes Katrina and Rita hit in 2005. Recent disasters, from hurricanes and flooding in eastern and Gulf Coast states to wildfires in western states, have forced the evacuation of many hospitals and healthcare facilities. These disasters put the health and safety of patients and staff—and the public at large—at great risk.

An emergency is an unexpected event that significantly disrupts the organization's ability to provide care or that results in an increased demand for services. Emergencies can be either human-made (terrorist, unrest) or natural (such as an electrical system failure, a hurricane, or a tornado) or a combination of both. A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient care, safety, or security functions.

SEPTEMBER IS NATIONAL PREPAREDNESS MONTH. Sponsored by the Federal Emergency Management Agency (FEMA), it urges Americans to prepare for emergencies in their homes, businesses, and communities.



Lee Tincher, MS, RDN is President of Meals for All, Inc., an emergency nutrition solution created specifically for healthcare facilities. She has served as a corporate dietitian, foodservice director, and consultant dietitian in healthcare facilities for over 40 years. Tincher is a graduate of Loma Linda University coordinated undergraduate program in Administrative Dietetics and earned a Master's Degree in Healthcare Administration from University of LaVerne.

“Situations like the recent flooding remind us in the event of an emergency, the first priority of health care providers and suppliers is to protect the health and safety of their patients,” said CMS Deputy Director and Chief Medical Officer Patrick Conway, MD. “Preparation, planning and one comprehensive approach for emergency preparedness is key. One life lost is one too many.”²

Enforcement of the new EP Rule began November 16, 2017. Coincidentally, 2017 was a record year for US weather and climate-related disasters. In fact, while FEMA recognized 137 separate “Major Disaster Declarations”³ in 2017, about an average number for the past decade, the severity and number of people affected by these disasters made them catastrophic in loss of lives and total costs. Twelve of these disasters cost \$1 billion to \$3 billion, but these top four 2017 disasters were major contributors to the record \$306 billion in 2017 disaster losses.⁴

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FEMA Major Disaster Declarations

2005 = 155	2011 = 242
2006 = 143	2012 = 112
2007 = 136	2013 = 95
2008 = 143	2014 = 84
2009 = 115	2015 = 79
2010 = 108	2016 = 72
	2017 = 137

SECOND INSTALLMENT OF A TWO-PART ARTICLE ON THE NEW CMS DISASTER RULE.

This article expands on a feature in the Jan-Feb 2017 issue of Edge magazine.



Dry Store Room



Storage Room



Director's Office



Trayline: 2-door roll-in refrigerators floated to top of trayline and on top of carts

HOW MUCH DAMAGE CAN STORM WATER DO TO YOUR KITCHEN?

In 2001, a hospital in Houston, Texas was flooded after Tropical Storm Allison dumped over 35 inches of rain in the region. Allison caused approximately \$8.5 billion in damage (2001 USD), making it the costliest tropical cyclone that was never a major hurricane. Char Norton, MS, RDN, LD shares these pictures, stating that while the water had drained, the destruction was massive and took over a year for the foodservice department to rebuild their kitchen, while they continued to operate from makeshift locations.

Hurricane Harvey:
Aug 2017—\$125 billion

Hurricane Maria:
Sept 2017—\$90 billion

Hurricane Irma:
Sept 2017—\$50 billion

California Firestorms
Oct-Dec 2017—\$18 billion

NEW CONDITION OF PARTICIPATION RULE

In 2013, CMS published the proposed emergency preparedness rule for comment by stakeholders. The final rule was

published on September 15, 2016. Elements of the EP Rule that apply to all provider types include requiring a comprehensive emergency plan, policies and procedures, communication plan, and training/testing the

emergency plan by each provider.

CMS SURVEY

The annual survey process is guided by the Interpretive Guidelines for Surveyors which for the EP Rule were published in summer 2017.

These survey guidelines are critical to understanding the expectations from surveyors and how emergency preparedness will be evaluated. The CMS website has many resources for implementation of the new CMS EP Rule where one can download documents such as the surveyor training tools⁵ and Interpretive Guidelines for Surveyors,⁶ FAQs, and the full text of the EP Rule.¹ Visit www.CMS.gov.

The new CMS EP Rule necessitated creation of EP Tags that cross all types of providers (rather than the familiar A-tags or F-tags). There are 44 separate EP tags that were published for the survey process.⁷ Food and nutrition professionals specifically should review:

- EP Tags 0001, 0004, 0006, 0007, 0009 Emergency Preparedness (EP) Program

- EP Tag 0013 Policies and Procedures
- EP Tag 0015 Subsistence needs for staff and patients
- EP Tag 0020 Evacuation
- EP Tag 0022 Sheltering
- EP Tag 0036 EP Training and Testing
- EP Tag 0037 EP Training Program
- EP Tag 0041 Emergency Power

During the first few months of 2018 CMS surveys of this new EP Rule, emphasis has been on the written emergency plan, staff training, and testing the EP plan with drills. Leaders in emergency preparedness expect that the survey process will be ever-evolving with application of new learning from actual disasters. An example of this might be lessons from 2017 Hurricane Irma, when more than 300 Florida

hospitals and skilled nursing facilities evacuated followed by disruption of electricity in other facilities which caused actual harm to vulnerable patients in the days following.^{8,9}

Other annual CMS surveyors have reportedly asked for the nutritional analysis of the disaster menus, what standard and age groups the menus meet (such as the DRIs published in 2011 for adults ages 19-70). The menu plan must accommodate all possible patients at the facility which includes therapeutic and texture-modified diets. Another question has been the food or menu plan for the staff to care for patients during a disaster. Surveyors have reviewed the facility plan for evacuations (especially in light of the 2017 disaster experiences). Expect that surveyors will review the

emergency food storage and ask about temperature and/or humidity of storage areas and shelf life of the stored foods. Be prepared with a documented food inventory that matches the emergency menu and is frequently audited. If you have obtained a MOU (Memorandum of Understanding) for delivery of food, water, and supplies during a disaster as part of your facility emergency plan, the surveyor will review that agreement.

Hospitals, skilled nursing facilities, and other healthcare providers may elect to become certified by a healthcare accrediting organization such as The Joint Commission or other similar private organizations. These organizations develop their own set of standards which are then submitted

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DISASTERS HAPPEN. ARE YOU PREPARED?



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to CMS for approval. Once approved, facilities that meet these standards may receive “deemed status,” which some states accept as evidence of compliance with the CMS Rules. The Joint Commission is still undergoing this CMS process and is expected to publish their Hospital Requirements (EM Chapter) in summer 2018. <https://www.jcrinc.com/>

SUMMING IT UP

Consistent and comprehensive emergency preparedness of all providers across the continuum of health care

will enhance the resiliency of providers and their community, and prevent loss of life while reducing disaster recovery costs. Registered dietitians, certified dietary managers, and foodservice directors must undertake their vital part in CMS-required disaster preparedness and, when called upon, implement disaster recovery for survivors by the provision of life-sustaining food and nutrition to ensure people will stay nourished while experiencing any crisis. **E**

KEY LESSONS LEARNED

During Emergencies

“I regularly hear stories from foodservice professionals who have stepped up during real emergencies or disasters to meet the needs of their patients, staff, and communities,” says Lee Tincher, MS, RDN.

Key lessons they have shared include:

- Staff may have difficulty returning to their healthcare facility due to authorities controlling roadways. Leadership may need to intervene. Provide IDs in advance.
- Staff, including physicians, often bring family members and even pets to shelter at their hospital or facility. Be prepared for this scenario.
- Water becomes very scarce during disasters. Afterwards, facilities often double the amount of water they store.
- Plan a method for retrieving and communicating diet order records when computers are inaccessible.
- Staff feeding will require larger than expected food amounts and lots of snacks. Be ready.
- A key role of facility leadership is caring for the psychological well-being of their staff. Many employees own homes, and families are at risk in a disaster.
- Verify if the electronic medical records system emergency order transmittal includes the diet order in case of an evacuation.
- Garbage and smelly refuse piles up in a disaster. Plan ahead for disposables, a large supply of refuse bags, and a place to store garbage until after the disaster.
- The Nutrition & Foodservice Education Foundation and the Academy of Nutrition and Dietetics Foundation offer assistance to members who have themselves become victims of a disaster.

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