

CMS17 Agenda
Thursday, June 14, 2018
10:30 AM – 12:00 PM
Knox County Health Department Community Room

Group 2: 10:30 – 12:00

10:30 – 10:45: Welcome and Introductions – Jan Sneed and Laura White

10:45 – 11:15: CMS Requirements/Notebook Creation

NOTE: If your facility already has a notebook, please bring to share. If your facility does not have a notebook, please bring a binder (at least 2 in) and divider tabs so you can create one.

11:15 – 12:00: Sharing/Networking

- Relevant coalition news - Jan
- Regulatory/Compliance Updates – All
- Exercise/Plan Updates – All
- Future Meeting Ideas – All
- Other Items - All

Minutes

Start: 10:30 AM End: 12:00 PM

Welcome	Laura White
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Welcomed group and introduced herself, Wanda, Charity and Angela.

Welcome and Introductions	Jan Sneed
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- Introduced self and gave some background about her inspection experiences. She said you may want to have two separate notebooks, but if you don't they should be clearly labeled.
- Due to the requirement to have a tabletop and a community-wide exercise, as part of their active shooter training, their staff went to the shooting range and listened to what it sounds like when a gun goes off.
- Jan emphasized to document everything including any training, fire drills, or exercises. Keep track of everything – better to do overkill – and put everything in the notebook. She included a hazmat explosion where she contacted every agency with notes about who was called and what the response was. Anything you do, you need to document it.
- In Newport we had an event and wrote that up as our emergency plan.
- Every patient has to have an emergency evacuation plan. She said many places use triage. Some use green, yellow, red, black. She said her facilities use 1, 2, 3.
- Back-up communication is very important. She said they bought two back-up batteries for every office, and ensure they are charged.
- She puts copies of all of her fire evacuation plans for every office in a book she keeps with her along with the county emergency management person contact information.
- She met with every one of her offices to work on their emergency plan. Each office has a go-to person for that emergency plan. This is someone who is computer savvy but will not be overly occupied during the disaster.

Template Information	Jan Sneed
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- Jan reviewed the types of plan she did a plan for:
- Fire plans
 - EMD's
 - Patient emergency plans

- CMS requires facilities to conduct both of the following:
- Tabletop exercise
 - Participate in a live exercise – Jan said the easiest way to meet this requirement is to participate in the Knox East Tennessee Healthcare Coalition exercise – she said everything was very well organized.

Jan asked when the exercises have to be done by – see attached document from CMS website. Full document can be found at the following link and selecting Frequently Asked Questions (FAQs) Round Five file:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

Jan said she participated in the coalition hospital exercise last year as an actor, and the facilitators at the hospital asked Jan to see if she could bring in two nurses. She called them and they came to the exercise. They were immediately incorporated into the exercise. Jan included that in her notebook.

Someone asked about the patient's emergency plans. Blank templates made available by Shannon Masse from UT Hospice Knoxville and Shanda Gonzales CareAll Home Health (see attached)

Jan said you need to be able to identify a staff member who can immediately print a patient list. Someone said they print a list of patients and staff every day to include in the emergency notebook.

Someone said she keeps emergency information in the new employee manual to ensure every new employee knows the plan.

Someone said they keep the weather alerts in their manual and send them out to the staff when they happen. Several methods were discussed to receive alerts including the TEMA app you can get on your mobile devices, FEMA app, Red Cross app, weather radios, news stations will also send alerts as well as joining the Morristown Weather Service twitter feed.

Coalition MOU	Charity Menefee
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The Knox/ East TN Healthcare Coalition has a Memorandum of Understanding (MOU) that all members sign. In lieu of individual MOUs between CMS 17 partners, we recommend the Coalition MOU that establishes a relationship with ALL of our partners. The MOU states that you will be willing to share information and resources as you are able to do so – there are no firm requirements. It’s also a great network of resources at your own disposal if your facility needs support (staff or stuff) during a disaster/event. The MOU was updated in December 2017, and states that it remains in effect until it is terminated. We will send it to review. Wanda Roberts and Charity Menefee (the Regional Hospital Coordinators) maintain the MOU, so all information goes to them. When you receive it, you will get a signature page to sign and return to Wanda (etrhc.health@tn.gov) or Charity (charity.menefee@knoxcounty.org). After your signature page is received, you will then be added to the master list of participating organizations. All the signature pages will be scanned in so you have this documentation if you need it for your licensure.

Wanda will ask Stuart Horwitz at TDH Health Licensure to get his opinion on whether the KET HC MOU will meet the specific dialysis to dialysis requirements as outlined in the state rules and regulations.

HVA Update	Laura White
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The coalition is working on updating the HVA (Hazard Vulnerability Analysis). The last one is still on the website and is considered the current one until the next one comes out. The new one should be available in July and you will be notified so you can include it in your emergency plan. Jan said she submitted the HVA template and gave copies to her human resources representative.

<http://www.ketcoalition.org/hva/>

Exercise	Laura White
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The coalition is working on planning the next exercise. The next meeting in September will focus on the exercise.

Coalition Budget	Charity Menefee
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If there is any training you need or an asset that would benefit everyone, please let Jan or Laura know so she can funnel that up to the coalition so it can be considered for funding in the larger coalition group.

Future Coalition Meeting	Laura White
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- EMA representative to come and talk about what they do (Jan and Charity said you can attend your local LEPC (Local Emergency Planning Committee) meeting as there are usually representatives from local EMA, fire, EMS, law enforcement, schools, health departments, etc.

Notebooks Sharing	Facilitator/Speaker
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Members had free time to share their notebooks with each other.

Next Meeting Date	Thursday, Sept. 13, 2018
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Register online at <http://www.ketcoalition.org/calendar/cms17-quarterly-meeting-group-2-3/>

Or go to the coalition website at www.ketcoalition.org, click on “Calendar” then click on click through the months to get to September, click on “CMS17 Quarterly Meeting Group 2” and register. You should receive a confirmation email. If you do not, please contact Laura.

Survey & Certification Group
Frequently Asked Questions (FAQs)
Emergency Preparedness Regulation

Training Exercises and “Annual” Requirement

Question: If a state or local emergency response agency conducts its annual emergency preparedness exercise the 3rd week of November 2017 (past the CMS implementation date of November 15, 2017), will a facility be out of compliance if it does not participate in a full-scale community based exercise by November 15, 2017, but instead participates in the state/local exercise during the third week of November 2017?

Answer: Facilities must be compliant with the two training exercises requirement by November 15, 2017. The regulation allows for facilities to conduct an individual facility-based exercise if a full-scale community-based exercise is unavailable. If the facility chooses not to participate in a community-based exercise prior to November 15, 2017 and does not complete an individual full-scale facility-based exercise (in place of a community-based exercise), it would be out of compliance.

Surveyors will likely cite the non-compliance as standard-level non-compliance (Level C for Long Term Care facilities) in this first year as modified enforcement. As with any other non-compliance, the facility would submit an acceptable plan of correction which would include plans to participate in the required training exercises. Facilities will be expected to demonstrate to surveyors that it has completed 2 of the required training exercises within the previous 12 months, or between November 15th and November 15th of the following year.

It is important to note that facilities which experience an actual emergency requiring activation of their emergency plan are exempt from the full-scale requirement for that annual year, but must still meet the second exercise requirement (i.e. table-top exercise or exercise of their choice).

Facilities with Multiple Locations versus Integrated Health Systems

Question: What are the requirements for facilities with multiple locations versus a separately certified facility that is part of an integrated health system that elects to have a unified and integrated emergency preparedness program?

Answer: Each separately certified Medicare participating facility (i.e. different Certification Number (CCN) numbers), is responsible for maintaining compliance with the Emergency Preparedness requirements whether the facility is part of an integrated health system or not. If a separately certified facility is part of a health system that has elected to have a unified and integrated emergency preparedness program, the facility may choose to participate in the healthcare system’s unified and coordinated emergency preparedness program. This does not exempt a separately certified facility from demonstrating independent compliance with the emergency preparedness regulations. Rather, it permits a separately certified facility to partner with the health system in meeting the emergency preparedness requirements. Surveyors assess compliance in separately certified facilities. They do not assess compliance of “health systems”. It is important to understand that a separately certified facility can have multiple locations all operating under one CCN. All locations of a facility operating under the same CCN must be included in the facility’s emergency preparedness program and be in compliance with all of the

As of September 2017

Note: The FAQs will be updated on an as-needed basis.

Template for CMS EP Rule Requirements Notebook

Place documents in each section with most recent on top.

1. Tabletop/Exercise Documents – any exercises that your facility has participated in (i.e. fire drill for your facility, community wide Coalition exercises, etc.)
2. Actual Incidents
3. Staff Education/Training – could include minutes/sign-in sheets from Quarterly CMS17 meetings as well as any EP related training your staff participates in.
4. Emergency Evacuation Plan -
5. Regional Hazards Vulnerability Assessment (HVA) <http://www.ketcoalition.org/hva/>
6. List of EMA Directors for covered counties (need to update regularly since these can change)
7. Any other EP related documents you think are pertinent



PATIENT INDIVIDUALIZED EMERGENCY PLAN

Patient Name: _____ Patient ID: _____

DOB: ____/____/____ Male Female Home Phone: _____ Cell Phone: _____

Address: _____

Emergency Contact Name (out of home): _____

Relationship: _____ Phone: _____ Alternate Phone: _____

Address: _____

Patient Instructions: Identify a safe place and how to prepare the home to minimize damage. In the event of an emergency or disaster, take your emergency supply kit to your safe place and notify your out-of-home emergency contact of your location and condition. Contact emergency officials by calling 911 if you are injured. If evacuation is needed, notify CareAll Home Care Services and see instructions below.

Home Fire (specify): _____

Flood (specify): _____

Tornado (specify): _____

Earthquake (specify): _____

Wildfire (specify): _____

Hurricane (specify): _____

Other (specify): _____

In the event of a widespread emergency or disaster, you will be contacted for medical attention based on your priority level:

Level I - Within 24 hours **Level II** - Within 24-48 hours **Level III** - Within 48-72 hours

To facilitate appropriate care, transportation and/or evacuation the patient plans to:

Remain in the home

Evacuate to home of family member or friend with assistance of family and/or caregiver.

Name: _____ Address: _____ Phone: _____

Evacuate with assistance of CareAll Home Care Services to arrange for non-emergency transportation, contact the patient's out-of-home emergency contact and help to locate an available:

Motel/hotel Shelter Special needs shelter Non-emergency inpatient admission

Evacuate with assistance of emergency officials. **Call 911 for emergency transportation.**

Select all special needs:

Patient has restricted mobility: (Select level of mobility)

Bedbound Chair/wheelchair bound Ambulatory with assistance: Maximum Moderate Minimum

Patient requires lifesaving equipment: (Select all that apply)

Insulin requiring diabetic. Insulin administered by: Injection Pump (type: _____)
Insulin type, dose and frequency: _____

Oxygen at ____ liters/minute via: Nasal cannula Mask Tracheal Liquid Concentrator Cylinder
 Requires oxygen continuously Requires oxygen intermittently: hours per day: _____

Portable oxygen cylinder available Portable battery-operated oxygen concentrator available No portable oxygen available

Ventilator dependent: (type: _____)

Ventilator settings: Respiratory rate: _____ Tidal volume: _____ FiO₂: _____ PEEP: _____

Ventilator **is** portable with back-up battery Ventilator **is not** portable

CPAP: _____ cm H₂O

BiPAP: IPAP: _____ cm H₂O EPAP: _____ cm H₂O

BiPAP ST: IPAP: _____ cm H₂O EPAP: _____ cm H₂O Respiratory rate: _____

Suction machine: Suction machine **is** portable with back-up battery Suction machine **is not** portable

Infusion pump: Infusion pump **is** portable with back-up battery Infusion pump **is not** portable

Enteral pump: Enteral pump **is** portable with back-up battery Enteral pump **is not** portable

Apnea monitor: Apnea monitor **is** portable with back-up battery Apnea monitor **is not** portable

Other medical needs:

Wound care: _____

Intravenous medications: _____

Tube feeding: _____

Other: _____

Other special needs:

Communication barriers: _____ Language barrier: _____

Intellectual disability: _____ Special diet: _____

Other: _____

Clinician Signature/Title

Date

Patient or Legal Representative Signature

PATIENT DISASTER PLAN IDENTIFICATION FORM

Care Priority Level	Transport Category	Evacuation Category
<input type="checkbox"/> I-HA Hospital Admit	<input type="checkbox"/> A- Ambulance/Stretcher	<input type="checkbox"/> Serious Help
<input type="checkbox"/> I-HS Hospital Shelter	<input type="checkbox"/> B- Bus/Van	<input type="checkbox"/> Limited Help
<input type="checkbox"/> II Moderate Skill	<input type="checkbox"/> C- Car	<input type="checkbox"/> No Help
<input type="checkbox"/> III Safely Forego Care		

Patient Name: _____

Address: _____

Primary Caregiver/Relationship: _____

Address/Phone: _____

Emergency Contact/Phone: _____ Generator: Yes No

Primary Physician: _____ Phone: _____ Fax: _____

DME in use: _____

Supplier: _____ Phone: _____ Fax: _____

Pharmacy: _____ Phone: _____ Fax: _____

Funeral Home: _____ Phone: _____

Evacuation Destination: _____

Alternate Destination: _____

High Risk Factors (Medical)

- Needs Oxygen
- I.V.
- Seizure Patient
- Daily Sterile Wound Care
- Immobile
- Dialysis
- Unstable Cardiac
- Pumps (type): _____
- Tube Feed
- Sensory Impaired
- Other: _____

High Risk Factors (Environmental)

- No Phone
- Lives Alone
- Elderly or No Caregiver
- Houseboat
- Mobile Phone
- Meals Delivered
- No Transportation
- Other: _____

If an emergency condition arises that requires emergency evacuation, I authorize this agency to contact the authorities to arrange transportation and shelter.

Patient/Caregiver Signature

Date





Sign-In Sheet

CMS 17 Group 2 Meeting

June 14, 2018

Initial	Organization Name	First	Last	Email
<i>KB</i>	Amedisys Home Health Harrogate	Kimberly	Brunsma	kimberly.brunsma@amedisys.com
<i>ALB</i>	Amedisys Home Health of Jefferson City	Divina	Bowlin	divina.bowlin@amedisys.com
	Tennova Hospice	Catherine	Hompesch	catherinehompesch@tennovahospice.com
	Clinch River Home Health	Robert	Kendrick	rkendrick01@gmail.com
<i>GM</i>	University of Tennessee Hospice Knoxville	Shannon	Masse	Shannon.Masse@lhcgroupp.com
<i>MG</i>	CareAll Home Care Services	Shanda	Gonzales	Mishanda.Gonzales@careallinc.com
	University of Tennessee Medical Center Hospice Services Morristown	Traci	Saunders	tracisaunders@lhcgroupp.com
<i>KE</i>	SWEETWATER HOSPITAL HOME HEALTH	Karen	Eller	hsec@sweetwaterhospital.org
<i>KE</i>	Avalon Hospice	Caitlin	Yount	Cyount@curohs.com
<i>KE</i>	Amedisys Home Health	Kimberly	Gregg	kimberly.gregg@amedisys.com
<i>KE</i>	SunCrest Home Health, Hospice and Private Duty	Teresa	Walker	teresawalker@almostfamily.com
<i>KE</i>	University of Tennessee Hospice Knoxville	Tonya	McCarty	tonya.mccarty@lhcgroupp.com
<i>KE</i>	Interim Healthcare of East TN	Jennifer	Sebastian	jsebastian@pss-interim.com
<i>ARB</i>	Tennova Home Hospice	Alma "Ruthie"	Burner	AlmaBurner@TennovaHospice.com
	Tennova Home Hospice	Kristin	Lueking	KristinLueking@TennovaHospice.com
	Amedisys Home Health of Newport	Sharon	Denton	sharon.denton@amedisys.com
<i>AK</i>	Amedisys Home Health Morristown	Julie	Wilder	julie.wilder@amedisys.com
<i>AK</i>	Amedisys Home Health - Sevierville, TN	Jacque	Colclasure	jacque.colclasure@amedisys.com
<i>AK</i>	Amedisys Oak Ridge	MISTY	COLLINS	misty.collins@amedisys.com
<i>AK</i>	University of Tennessee Home Care-Morristown/Hamblen provider	Misty	McCafferty	misty.mccafferty@lhcgroupp.com
	NHC Homecare Knoxville	crystal	williamson	cwilliamson@nhchomecareknoxville.com
<i>AK</i>	Amedisys Hospice- Knoxville	Haylea	Bates	haylea.bates@amedisys.com
<i>AK</i>	Amedisys Home health of Tazewell TN	penny	brashears	penny.brashears@amedisys.com
	Univeristy of Tennessee Home Care Morristown	Samantha	Boyd	samantha.boyd@lhcgroupp.com
	Covenant HomeCare	Vanessa	Massey	vmassey@covhth.com
<i>AK</i>	Amedisys Home Health- Harriman, TN	Ann	Pennycuff	ann.pennycuff@amedisys.com
<i>AK</i>	University of Tennessee Hospice Services	Traci	Saunders	traci.saunders@lhcgroupp.com
<i>AK</i>	Smoky Mountain Home Health & Hospice	Jan	Sneed	jans@smokyhhc.com
	East Tennessee Regional Health Office	Laura	White	laura.white@tn.gov

