Collaboration, Chaos, and Compliance: A Pilot Study Merging Clinical Practice and Academia

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Conflict of Interest

- Both authors are employed by Indiana State University in Terre Haute, Indiana. The authors received no funding or monetary compensation for this project and have no conflicts of interest.
Objectives

• The learner will be able to examine the Centers for Medicare and Medicaid Services 2016 Emergency Preparedness Rule for healthcare facilities.

• The learner will be able to explain an in situ simulation.

• The learner will be able to identify one benefit of merging clinical practice and academia.
Overview

On September 8, 2016 the Federal Register posted the final rule *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers.*

The rule requires seventeen types of Medicaid and Medicare participating providers and suppliers, including home health and hospice providers, to implement and comply with all standards, conditions of participation, and interpretive guidelines November 16, 2017 and update plans annually thereafter.

VNA & Hospice of the Wabash Valley and Indiana State University School of Nursing worked in collaboration to design, develop, plan, implement, and facilitate a full scale in situ disaster exercise. Kolb Adult Learning Theory was used for the leadership and staff education. The Chaos Theory was used in the planning and implementation of the disaster exercise.

This pilot study addresses the importance and benefit of partnerships between clinical practice and academia and the benefit to vulnerable populations. These benefits translate from a local to a global perspective (Sinclair, 2014).
Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Rule

Purpose

To establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems.

(Centers for Medicare & Medicaid Services [CMS], 2017b)
Why is the CMS Emergency Preparedness Rule Important?

By failing to prepare, you are preparing to fail.

Benjamin Franklin

(Goodreads, Inc., 2018).
Recent Disasters Raise Preparedness to Forefront

La Vita Bella Nursing Home, 2017
Hurricane Harvey, Texas

The Rehabilitation Center at Hollywood Hills, 2017
Hurricane Irma, Florida

(CNN, 2017)  
(NBC, 2017)
CMS Emergency Preparedness Rule

The Fundamentals

• Requirements apply to seventeen (17) provider and supplier types.
• Each provider and supplier has its own set of Emergency Preparedness regulations incorporated into its set of conditions or requirements for certification.
• Providers and suppliers must be in compliance with Emergency Preparedness regulations to participate in the Medicare or Medicaid program.
<table>
<thead>
<tr>
<th>Number</th>
<th>Type of Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hospitals</td>
</tr>
<tr>
<td>2</td>
<td>Religious Nonmedical Health Care Institutions (RNHCIs)</td>
</tr>
<tr>
<td>3</td>
<td>Ambulatory Surgical Centers (ASCs)</td>
</tr>
<tr>
<td>4</td>
<td>Hospices</td>
</tr>
<tr>
<td>5</td>
<td>Psychiatric Residential Treatment Facilities (PRTFs)</td>
</tr>
<tr>
<td>6</td>
<td>Transplant Centers</td>
</tr>
<tr>
<td>7</td>
<td>Long-Term Care (LTC) Facilities</td>
</tr>
<tr>
<td>8</td>
<td>Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)</td>
</tr>
<tr>
<td>9</td>
<td>Programs all-Inclusive Care for Elderly (PACE)</td>
</tr>
<tr>
<td>10</td>
<td>Home Health Agencies (HHAs)</td>
</tr>
<tr>
<td>11</td>
<td>Comprehensive Outpatient Rehabilitation Facilities (CORFs)</td>
</tr>
<tr>
<td>12</td>
<td>Critical Access Hospitals (CAHs)</td>
</tr>
<tr>
<td>13</td>
<td>Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services</td>
</tr>
<tr>
<td>14</td>
<td>Community Mental Health Centers (CMHCs)</td>
</tr>
<tr>
<td>15</td>
<td>Organ Procurement Organizations (OPOs)</td>
</tr>
<tr>
<td>16</td>
<td>Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)</td>
</tr>
<tr>
<td>17</td>
<td>End-Stage Renal Disease (ESRD) Facilities</td>
</tr>
</tbody>
</table>

(Centers for Medicare & Medicaid Services, 2018)
CMS Emergency Preparedness Rule: **Four Core Elements**

<table>
<thead>
<tr>
<th>Emergency Plan</th>
<th>Policies &amp; Procedures</th>
<th>Communications Plan</th>
<th>Training &amp; Exercise Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Based on a risk assessment</td>
<td>• Based on risk assessment and emergency plan</td>
<td>• Complies with Federal and State laws</td>
<td>• Develop training program, including initial training on policies &amp; procedures</td>
</tr>
<tr>
<td>• Using an all-hazards approach</td>
<td>• Must address: subsistence of staff and patients, evacuation, sheltering in place, tracking patients and staff</td>
<td>• Coordinate patient care within facility, across providers, and with state and local public health and emergency management</td>
<td>• Conduct drills and exercises</td>
</tr>
<tr>
<td>• Update plan annually</td>
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</tbody>
</table>

(Centers for Medicare & Medicaid Services [CMS]. 2017a).
Exemptions from Compliance

NOTICE ON TRAINING & EXERCISES

If a facility activates their emergency plan due to a disaster, the facility is exempt from one full-scale/individual based exercise for that year. However, the secondary requirement for a table-top exercise or exercise of choice still applies. Facilities must demonstrate completion of two exercises per annual year.

(Centers for Medicare & Medicaid [CMS], 2018)
CMS Emergency Preparedness Rule

Final CMS Emergency Preparedness Rule: **Length 186 pages**
CMS Emergency Preparedness Rule: Compliance Timeline

2016
- September 16: Published Final
- November 15: Effective Date

2017
- June 2: Interpretive Guidance
- November 15: Implementation Date

(bParati, LLC., 2018)
Partnership with Indiana State University Nursing

All Staff In-situ Active Shooter Drill
Identify and Address Needs

- Expertise
- Funding
- Resources/Finances
- Staffing shortfalls
Benefits: VNA & Hospice of the Wabash Valley

• Meet compliance of emergency preparedness rules.
• Add realism to disaster simulation.
• Risk reduction of disaster at the organizational level and employee level.
• Provide a cost effective solution during all phases of a full-scale disaster exercise.
Success Stories: Translate Theory to Practice

Kolb’s Experiential Learning Theory

Chaos Theory
Success Stories: Merging Academia & Clinical Practice

- Meet policy and or regulatory compliance requirements
- Professional and student practitioner benefit
- Translate theory to practice
- Partnership with both Masters and Baccalaureate levels
- Future exercise partners
Post Exercise Participant Survey Responses: Top Themes

- Realism
- Education
- Practiced/Testing
- Preparedness
Lessons Learned

• What worked well?
• What can we do to improve?
• What should we do differently next time?
Questions?
References


Everbridge, Inc. (2018). Retrieved from https://www.google.com/search?client=firefox-b-1-ab&tbm=isch&q=emergency+preparedness+communication+plan+images&chips=q:emergency+preparedness+communication+plan+images,online_chips:cms+emergency&sa=X&ved=0ahUKEwiF1vfsm5LaAhVK74MKHSkmA2YQ4IYIligG&biw=1267&bih=572&dpr=1#imgrc=mYNufsoVMqcOT:
References


