

| | | | |
|--|--|------------|---|
| §494.62, Condition for Coverage for End-Stage Renal Disease (ESRD) Facilities <input checked="" type="checkbox"/> DT <input checked="" type="checkbox"/> CC | Chapter Owner(s): Emergency Management | | |
| <p>The “Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers” Final Rule (81 FR 63860, Sept. 16, 2016) (“Final Rule”) establishes national emergency preparedness requirements for participating providers and certified suppliers to plan adequately for both natural and man-made disasters, and coordinate with Federal, state, tribal, regional and local emergency preparedness systems.</p> | Observed | At Risk/NC | Evidence/Action Needed |
| | | | |
| <p>Tag# E-0001 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019). The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must establish and maintain a [comprehensive] emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</p> | <input checked="" type="checkbox"/> | | <p><i>EOC E-01, DIS C-00 MCN Policy Management System, DDP A-59 outlines Inpatient Dialysis, and DDP A-129 outlines Pediatric Dialysis, Also, Emergency Management is represented on the Environment of Care Committee, outlined in: EOC/Safety Committee Charter DIS M-81 Outpatient/Clinic ICS Integration and Activation</i></p> |
| <p>Tag# E-0003 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17). The dialysis facility must comply with all applicable Federal, State, and local emergency preparedness requirements. These emergencies include, but are not limited to, fire, equipment or power failures, care related emergencies, water supply interruption, and natural disasters likely to occur in the facility’s geographic area. The dialysis facility must establish and maintain an emergency preparedness program that meets the requirements of this section.</p> | <input checked="" type="checkbox"/> | | <p><i>DIS C-00, DDP A-59 and DDP A-129, MCN system</i></p> |

| | | | |
|---|-------------------------------------|--|--|
| <p>Tag# E-0004 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019). The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.</p> | <input checked="" type="checkbox"/> | | <i>DIS C-00, MCN system, DIS M-17 and HVA in DIS M-46</i> |
| <p>[For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least annually. Interpretive Guidelines applies</p> | <input checked="" type="checkbox"/> | | <i>DDP A-59 and DDP A-129</i> |
| <p>Tag# E-0006 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019) §403.748(a)(1)-(2), [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:</p> | <input checked="" type="checkbox"/> | | <i>DDP A-59 and DDP A-129</i> |
| <p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.</p> | <input checked="" type="checkbox"/> | | <i>DIS M-46 that feeds DDP A-59 Inpatient Dialysis, and DDP A-129 Pediatric Dialysis.HVA through committee, and AARs</i> |
| <p>Tag# E-0007 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019). [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:</p> | <input checked="" type="checkbox"/> | | <i>DIS C-00</i> |

| | | | |
|--|-------------------------------------|--|---|
| <p>(3) Address [patient/client] population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans. [<i>“Persons at risk” does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC/FQHC, or ESRD facilities.</i>]</p> | <input checked="" type="checkbox"/> | | <p><i>DDP A-59, DDP A-129, and DIS M-17, integration outlined in DIS M-81</i></p> |
| <p>Tag# E-0009 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019) [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:] (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the [facility's] efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.</p> | <input checked="" type="checkbox"/> | | <p><i>DIS M-81, DIS C-00, and DIS J-00. Letter of support from Onondaga County, HEPC MOU, participation in County EM drills</i></p> |
| <p>[For ESRD facilities only at §494.62(a)(4)]: (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the dialysis facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts. The dialysis facility must contact the local emergency preparedness agency at least annually to confirm that the agency is aware of the dialysis facility's needs in the event of an emergency.</p> | <input checked="" type="checkbox"/> | | <p><i>DIS M-81, DIS C-00, and DIS J-00. Letter of support from Onondaga County, HEPC MOU</i></p> |

| | | | |
|--|-------------------------------------|--|---|
| <p>Tag# E-0013 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019) (b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.</p> | <input checked="" type="checkbox"/> | | <p><i>DDP A-59, DDP A-129, DIS J-00, DIS C-00, AND DIS J-12</i></p> |
| <p>[For ESRD Facilities at §494.62(b):] Policies and procedures. The dialysis facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility’s geographic area.</p> | <input checked="" type="checkbox"/> | | <p><i>Updated annually per policy management system</i></p> |
| <p>Tag# E-0018 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019) [(b) Policies and procedures. [(2) or (1)] A system to track the location of on-duty staff and sheltered patients in the [facility’s] care during an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the [facility] must document the specific name and location of the receiving facility or other location.</p> | <input checked="" type="checkbox"/> | | <p><i>eFinds HCS system in DIS M-40 Page 36, Use integrated IC in DIS M-81 and Use Kronos for staff</i></p> |
| <p>[For ESRD at § 494.62(b):] Policies and procedures. (2) Safe evacuation from the dialysis facility, which includes staff responsibilities, and needs of the patients.</p> | <input checked="" type="checkbox"/> | | <p><i>Backup tracking available in DIS M-17</i></p> |

| | | | |
|---|-------------------------------------|--|--|
| <p>Tag# E-0020 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) [(b) Policies and procedures. [(3) or (1), (2), (6)] Safe evacuation from the [facility], which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.</p> | <input checked="" type="checkbox"/> | | <p><i>DIS M 40, and DDP A-59, DDP A-129, DIS J-00</i></p> |
| <p>[For Clinics, ESRD Facilities at §494.62(b)(2):] Safe evacuation from the ESRD Facilities], which includes staff responsibilities, and needs of the patients.</p> | <input checked="" type="checkbox"/> | | <p><i>DIS M-40, DDP, and DIS J-12</i></p> |
| <p>Tag# E-0022 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) (b) Policies and procedures. [(4) or (2),(3),(5),(6)] A means to shelter in place for patients, staff, and volunteers who remain in the [facility].</p> | <input checked="" type="checkbox"/> | | <p><i>DIS M-82, DIS M-79, DIS C-00</i></p> |
| <p>Tag# E-0023 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019) [(b) Policies and procedures. [(5) or (3),(4),(6)] A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.</p> | <input checked="" type="checkbox"/> | | <p><i>Manager uses EPIC per DDP A-59 and DDP A-129, DIS M-40 Page 2, and DIS M-17 for continuity</i></p> |
| <p>Tag# E-0024 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019) [(b) Policies and procedures. (6) [or (4), (5), or (7) as noted above] The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.</p> | <input checked="" type="checkbox"/> | | <p><i>DIS M-25, DIS G-02, and Medical Reserve Corps</i></p> |

| | | | |
|--|-------------------------------------|--|--|
| <p>Tag# E-0025 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) ESRD Facilities at §494.62(b):] Policies and procedures. (7) [or (6), (8)] The development of arrangements with other [facilities] [or] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.</p> | <input checked="" type="checkbox"/> | | <p><i>DDP A -129, Page 7, XIV. (B.) and CNY HEPC MOU</i></p> |
| <p>Tag# E-0026 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) [(b) Policies and procedures. (8) [(6), (6)(C)(iv), (7), or (9)] The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.</p> | <input checked="" type="checkbox"/> | | <p><i>DIS M-79, DIS C-00</i></p> |
| <p>Tag# E-0027 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) [(b) Policies and procedures. At a minimum, the policies and procedures must address the following:] (8) How emergency medical system assistance can be obtained when needed.</p> | <input checked="" type="checkbox"/> | | <p><i>Code Blue on campus, outlined in DDP A-129 Page 7 XII.</i></p> |
| <p>Tag# E-0028 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) (b) Policies and procedures. At a minimum, the policies and procedures must address the following:] (9) A process by which the staff can confirm that emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs, are on the premises at all times and immediately available.</p> | <input checked="" type="checkbox"/> | | <p><i>DIS M-49, and DIS M-17</i></p> |
| <p>Tag# E-0029 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019) (c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.</p> | <input checked="" type="checkbox"/> | | <p><i>DIS J-00</i></p> |

| | | | |
|--|-------------------------------------|--|--|
| <p>Tag# E-0030 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019) [(c) The [facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following:] (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [facilities]. (v) Volunteers.</p> | <input checked="" type="checkbox"/> | | <p><i>DIS J-00 Page 10, DIS M-81, EPIC, and DIS C-00</i></p> |
| <p>Tag# E-0031 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually] The communication plan must include all of the following: (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance.</p> | <input checked="" type="checkbox"/> | | <p><i>DIS J-00, EPIC, Everbridge, Department contact lists, and DDPs. HEPC allows access to contact information for emergency preparedness staff</i></p> |
| <p>Tag# E-0032 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following: (3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.</p> | <input checked="" type="checkbox"/> | | <p><i>DIS J-00, everbridge, GroupWise, vocera, emergency management agencies have previously come to hospital IC</i></p> |

| | | | |
|---|-------------------------------------|--|---|
| <p>Tag# E-0033 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following: (4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care. (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).</p> | <input checked="" type="checkbox"/> | | <p><i>Use eFinds and EPIC to transfers records. DIS M-40 Page 36, and DIS J-00, DIS C-00, and DIS M-81 to communicate patient needs</i></p> |
| <p>Tag# E-0034 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following: (7) [(5) or (6)] A means of providing information about the [facility's] occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.</p> | <input checked="" type="checkbox"/> | | <p><i>DIS J-00, DDPs, and NYSDOH HERDS Survey via HCS system, DIS J-20</i></p> |
| <p>Tag# E-0036 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) (d) Training and testing. The [facility] must develop and maintain an emergency preparedness training, testing and patient orientation program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.</p> | <input checked="" type="checkbox"/> | | <p><i>General overall training and exercise management is outlined in DIS M-83, and M-04 – Page 10, while also in DIS C-00, Page 5. For annual tabletop exercises, the facility is given a .ppt presentation on emergency plans</i></p> |

| | | | |
|---|-------------------------------------|--|---|
| <p>Tag# E-0038 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) (d)(1) Training program. The dialysis facility must do all of the following: (i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.</p> | <input checked="" type="checkbox"/> | | <i>DDPs and M-04, staff orientation</i> |
| <p>(ii) Provide emergency preparedness training at least annually. Staff training must: (iii) Demonstrate staff knowledge of emergency procedures, including informing patients of— (A) What to do; (B) Where to go, including instructions for occasions when the geographic area of the dialysis facility must be evacuated; (C) Whom to contact if an emergency occurs while the patient is not in the dialysis facility. This contact information must include an alternate emergency phone number for the facility for instances when the dialysis facility is unable to receive phone calls due to an emergency situation (unless the facility has the ability to forward calls to a working phone number under such emergency conditions); and (D) How to disconnect themselves from the dialysis machine if an emergency occurs. (iv) Demonstrate that, at a minimum, its patient care staff maintains current CPR certification; and (v) Properly train its nursing staff in the use of emergency equipment and emergency drugs. (vi) Maintain documentation of the training.</p> | <input checked="" type="checkbox"/> | | <i>Unit leader training, and ESRD training through blackboard</i> |
| <p>Tag# E-0039 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019) (2) Testing. The [facility, except for LTC facilities, RNHCIs and OPOs] must conduct exercises to test the emergency plan at least annually.</p> | <input checked="" type="checkbox"/> | | <i>DIS M-83 Multi Year Training and Exercise Plan, yearly AARs from exercises</i> |

Tag# E-0040 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) Patient orientation: Emergency preparedness patient training. The dialysis facility must provide appropriate orientation and training to patients, including the areas specified in paragraph (d)(1) of this section.



Internal orientation occurs to train staff on what to inform patients of; patients are equipped with proper contact numbers when out of the facility through booklet "Preparing For Emergencies: A guide for people on dialysis."

Tag# E-0042 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) Integrated healthcare systems. If a [facility] is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the [facility] may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must- [do all of the following:]



DIS C-00, DDP A-129, DDP A-59, DIS M-81

(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.



Director involved in HVA and planning. Unit Manager involved in EM committee. Proximal to downtown campus, share HVA exposures

(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.



ESRD is on Downtown Campus. DIS M-46

(3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance [with the program].



DDP A-59,DDP A-129, DIS M-81, DIS C-00, and DIS J-00, DIS J-12

| | | | |
|---|-------------------------------------|--|---|
| <p>(4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following: (i) A documented community-based risk assessment, utilizing an all-hazards approach. (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.</p> | <input checked="" type="checkbox"/> | | <p><i>DIS C-00, HEPC and DIS M-46. Onondaga County Hazard Mitigation Plan</i></p> |
| <p>(5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.</p> | <input checked="" type="checkbox"/> | | <p><i>EOP, DIS C-00, DIS J-00, DIS M-83, and M-04, AARs</i></p> |
| | | | |

