



Joint Commission Emergency Management Projects - 2017

- ▶ **CMS Emergency Management
Final Rule**
- ▶ **Cyber Emergencies**

2017 1st quarter



CMS Emergency Management Final Rule

Joint Commission focus on deemed settings:

- Deemed Home Health Agencies
- Deemed Hospices
- Deemed Hospitals
- Deemed Critical Access Hospitals
- Deemed Ambulatory Surgical Centers

Plus: Rural Health Clinics and Federally Qualified Health Centers



CMS Emergency Management Final Rule

- ▶ CMS Final Rule Overview
- ▶ Updating standards internally and with CMS
- ▶ CMS sponsored portal:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>



CMS Emergency Management Final Rule

Structure

- Emergency Plan
- Policies & Procedures
- Communication Plan
- Training and Testing
- Integrated Healthcare Systems (option)
- Transplant Hospitals



Emergency Plan

- ▶ Annual review and update –
HHA/Hospice; ASC(RHC/FQHC)
- ▶ Community-based risk analysis –
HHA/Hospice



Emergency Plan

- ▶ Continuity of operations & succession plans – HAP/CAH; ASC(RHC/FQHC); HHA/Hospice
- ▶ Document collaboration with local, tribal, regional, state, & federal EM officials – HAP/CAH; ASC(RHC/FQHC); HHA/Hospice



Policies & Procedures

- ▶ Annual update of P&Ps related to emergency management plan – ASC(RHC/FQHC); HHA/Hospice
- ▶ Scope of responsibilities for evacuated patients – ASC(RHC/FQHC); HHA/Hospice
- ▶ Communication with external sources of assistance for emergency response – ASC; HHA/Hospice



Policies & Procedures

- ▶ Role of volunteers & integration of federal health care workers – ASC(RHC/FQHC); HHA/Hospice
- ▶ Subsistence needs of sheltered/evacuated employees & staff – HHA/Hospice
- ▶ Inform state/local officials of on-duty staff & patients that can't be located – HHA



Communication Plan

- ▶ Annual review and update –
ASC(RHC/FQHC); HHA/Hospice
- ▶ Contact information on volunteers and
tribal groups – HAP/CAH;
ASC(RHC/FQHC)



Communication Plan

- ▶ Contact information on sub-contractors, physicians, volunteers and tribal groups – HHA/Hospice
- ▶ Specify primary/secondary means of communicating w/external authorities – HHA/Hospice
- ▶ Means of providing information on condition/location of patients to community & local ICS – HHA/Hospice



Training & Testing

- ▶ Train all new/existing staff in emergency procedures annually & document training
– ASC(RHC/FQHC); HHA/Hospice
- ▶ Train all new/existing staff, contractors, volunteers annually & document training
– HAP/CAH



Training & Testing

- ▶ Number and Types of exercises:
Facility/Community, Functional/Tabletop –
HAP/CAH; HHA/Hospice; ASC(RHC/FQHC)



Additional Areas

- Integrated Healthcare Systems option –
HAP/CAH; ASC(RHC/FQHC);
HHA/Hospice



Additional Areas

▶ Transplant Hospitals – HAP/CAH



CMS Emergency Management Final Rule – Next Steps

- ▶ Submit draft requirements for iterative CMS review/feedback: March-May 2017
- ▶ Final standards approval from CMS anticipated: June 2017
- ▶ Publish standards to field: July 2017
- ▶ Surveyor education: October 2017
- ▶ Standards effective for survey: November 15, 2017



Cyber Emergencies

- Scope of 2017 research - Enhanced preparedness, response, and recovery related to cyber emergencies that could impact an organization's ability to provide patient care, treatment, or service



Cyber Emergencies

Current Risks and Threats

- Email
- Phone Calls
- Internet/ Web Sites
- Wi-Fi
- Public Access Spaces
 - Meeting Rooms
 - Waiting Rooms
 - Cafeteria

Cyber Emergencies

Current Risks and Threats



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Cyber Emergencies

- ▶ Paradigm Shift - Build upon information management and clinical record confidentiality issues, into realm of internet-connected clinical information, equipment, devices, and implantables.

Cyber Emergencies

Essential health care organization strategy:

▀ Risk Awareness

- HVA

▀ Incident Detection

- How long does it take to identify an incident has occurred?

▀ Incident Response

- Incident Remediation
- Incident Repair
- Incident Recovery

Survey

- ▶ Current Key Sessions:
 - Orientation to the Organization
 - Individual Tracer
 - Emergency Management
 - Leadership

Current Key Standards

- ▶ IM.01.01.03, EP 1, 2, 3, 4
- ▶ EM.01.01.01, EP 2, 5, 6
- ▶ EM.02.01.01, EP 4
- ▶ EM.02.02.01, EP 1, 2, 4, 14
- ▶ EM.02.02.09, EP 1, 7
- ▶ EM.02.02.11, EP 8
- ▶ EM.03.01.03, EP 14, 15
- ▶ RC.01.02.01, EP 1, 5

Orientation to the Organization

- ▶ Review information management, including format & maintenance of medical records (paper, electronic, hybrid)
- ▶ Contracted services – vendors, telemedicine
- ▶ Leadership's role in EM planning, preparedness, & improvement

Individual Tracer

Review:

- Staff navigation of medical record; how & where they locate clinical info.
- What information is not easily accessible – workarounds?
- Who to call in systems regarding system support of clinical records, devices & equipment? How responsive is help?
- Environment of Care – mitigating, responding to, and reporting incidents.

Emergency Management

Review IT representation in EM

- Planning
- Risk identification
- Emergency management plan
 - Information management & communications
 - Utilities
 - Patient care & support
- Staff training
- Drills & exercises

Leadership

Review:

- How IT system integrity supports efforts to be high reliability organization
- How leadership fosters IT system resilience through EM preparedness to mitigate risk of cyber attacks that might impact patient care

Cyber Emergency – Summary

- ▶ Cyber attacks can be everything from a nuisance to a full organizational disruption
- ▶ Hackers and fraudsters will continue to seek out the most vulnerable systems, least prepared employees, and most defenseless devices
- ▶ Cyber attacks must be included in EM planning

Cyber Emergency - Summary

- ▶ DSSM Research
- ▶ EC News - November 2016 article on cyber preparedness
- ▶ JCR Emergency Preparedness Conference, New Orleans April 19-20, 2017 – Keynote presentation on Medstar Ransomware Attack
- ▶ Joint Commission Emergency Management Portal – Resources added throughout 2017 in Cyber Attack section of webpage

Cyber Emergency – Resources

- ▶ Joint Commission Emergency Management portal
https://www.jointcommission.org/emergency_management.aspx
- ▶ Assistant Secretary of Preparedness and Response article on cybersecurity best practices for health care organizations:
 - www.jointcommission.org/assets/1/6/ASPR-TRACIE-Newsletter-The-Exchange-Cyberattack.pdf
- ▶ US Food and Drug Administration page on medical devices and cybersecurity:
 - www.fda.gov/MedicalDevices/DigitalHealth/ucm373213.htm
- ▶ National Institute of Standards and Technology's (NIST's) framework to reduce cyber risks to critical infrastructure:
 - www.nist.gov/programs-projects/cybersecurity-framework

Cyber Emergency – Resources

- ▶ US Centers for Medicare & Medicaid Services policy for information security and privacy:
 - www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Downloads/IS_Policy-.pdf

- ▶ American Hospital Association cybersecurity portal:
 - www.aha.org/advocacy-issues/cybersecurity.shtml

- ▶ US Computer Emergency Readiness Team:
 - www.us-cert.gov

- ▶ FBI Internet Crime Complaint Center:
 - www.ic3.gov

- ▶ Federal Trade Commission page on online security:
 - www.consumer.ftc.gov/topics/online-security



Thank you!!

Questions??

Questions Asked

Two related questions were raised during the call regarding the inclusion of clinical volunteers in emergency management training:

- **Q: Do interns and residents need to be included in emergency management training? In some cases they are onsite once a month, in other cases as often as twice a week.**
 - Answer: Each organization defines for itself whether and how it will use volunteers based on the organization's risks, populations served, and anticipated needs during emergency response; volunteers are provided with emergency preparedness training based on their anticipated roles. Interns and residents may be oriented in advance that, in case of emergency, they are to report to a particular department or area for instructions and potential just-in-time training if needed; this approach will be especially useful for interns and residents who are infrequently (monthly) on-site. Interns and residents who are on-site more frequently (on a weekly basis) and who have been assigned roles in emergency response should be oriented or trained in advance consistent with their anticipated roles.
- **Q: How does scope of licensure impact how volunteer practitioners in federally qualified health centers participate in emergency response?**
 - Answer: Joint Commission standards require practitioners to perform within the scope of their licensure; during emergencies exceptions are recognized as determined by state laws, and by federal regulations that govern public health entities and waivers that relax licensure requirements so that immediate patient care needs can be met.

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