

Healthcare Facility Challenges With the CMS Rule



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KEY TOPICS:

- ▶ Staff Engagement
- ▶ Training / Exercises
- ▶ Funding

STAFF ENGAGEMENT: STAFFING & TURNOVER

“Strength does not come from winning. Your struggles develop your strengths.” ~ Arnold Schwarzenegger

- ▶ Pop-Up Quiz!
- ▶ It is all about the numbers
 - ▶ Need for quality care but limited resources
 - ▶ With compounding costs from a highly competitive market and constant turnover of experienced employees, EM training is more important than EVER!
- ▶ #ArnoldKnowsEM, #CHEMquizYikes, #EMShepherdOfPatientsNotSheep

STAFF ENGAGEMENT: GETTING THE “BUY IN”

“Lead me, follow me, or get out of my way.”

~ General George Patton

- ▶ Ensure you are collaborating with key stakeholders
 - ▶ Establish and follow a communication plan
 - ▶ Consider formalizing the process for updating CEMPs
 - ▶ Use the Emergency Management Committee for further corroboration of updates to your EM plan

- ▶ #GenPattonKnowsEM, #BuyIntoEM, #EMmakingItHappen, #CostsofEMplanning

Burns, L.; Bradley, B., & Weiner, B. (2012). Health Care Management: Organization Design & Behavior. *Delmar, Cengage Learning*. 6th Ed.

STAFF ENGAGEMENT: STAFF EMPOWERMENT

“People want guidance, not rhetoric. They need to know the plan and how to implement it. They want responsibility to help solve the problem and act on it.” ~Howard Schultz

- ▶ Empowerment through training and education.
- ▶ Organizational culture
- ▶ Lean tools for identifying waste and opportunities for process improvement

- ▶ #StarbucksKnowsEM,
#EMimprovementByEmpowerment,
#EMgoesLean

Wilkins, D. (30 January 2018). Six healthcare leadership development trends for 2018. Becker's Hospital Review.

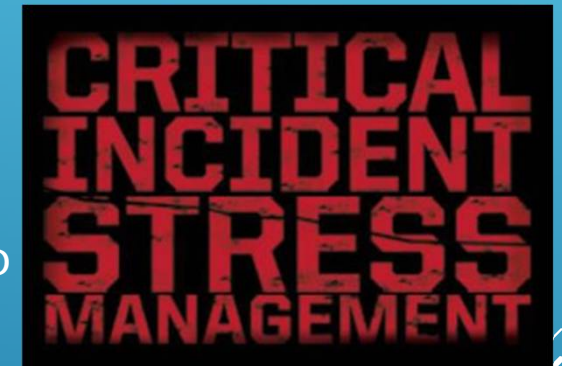
STAFF ENGAGEMENT: PSYCHOLOGICAL FIRST AID / CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

“Businesses often forget about culture and they suffer for it, you can’t deliver good service from unhappy employees.”

~ Tony Hsieh

▶ CISM composed of:

- 1.) Mitigate the impact of a traumatic event
- 2.) Facilitate normal recovery processes in the non-affected people, who are having normal reactions to traumatic events
- 3.) Restore individuals, groups and organizations to adaptive function
- 4.) Identify people within an organization or a community who would benefit from additional support services



▶ #ZapposKnowsEM, #4StepsOfCISM

- www.info-trauma.org
- The Governance Institute. (2009). Leadership in Healthcare Organizations: A Guide to Joint Commission Leadership Standards.

Training / Exercises

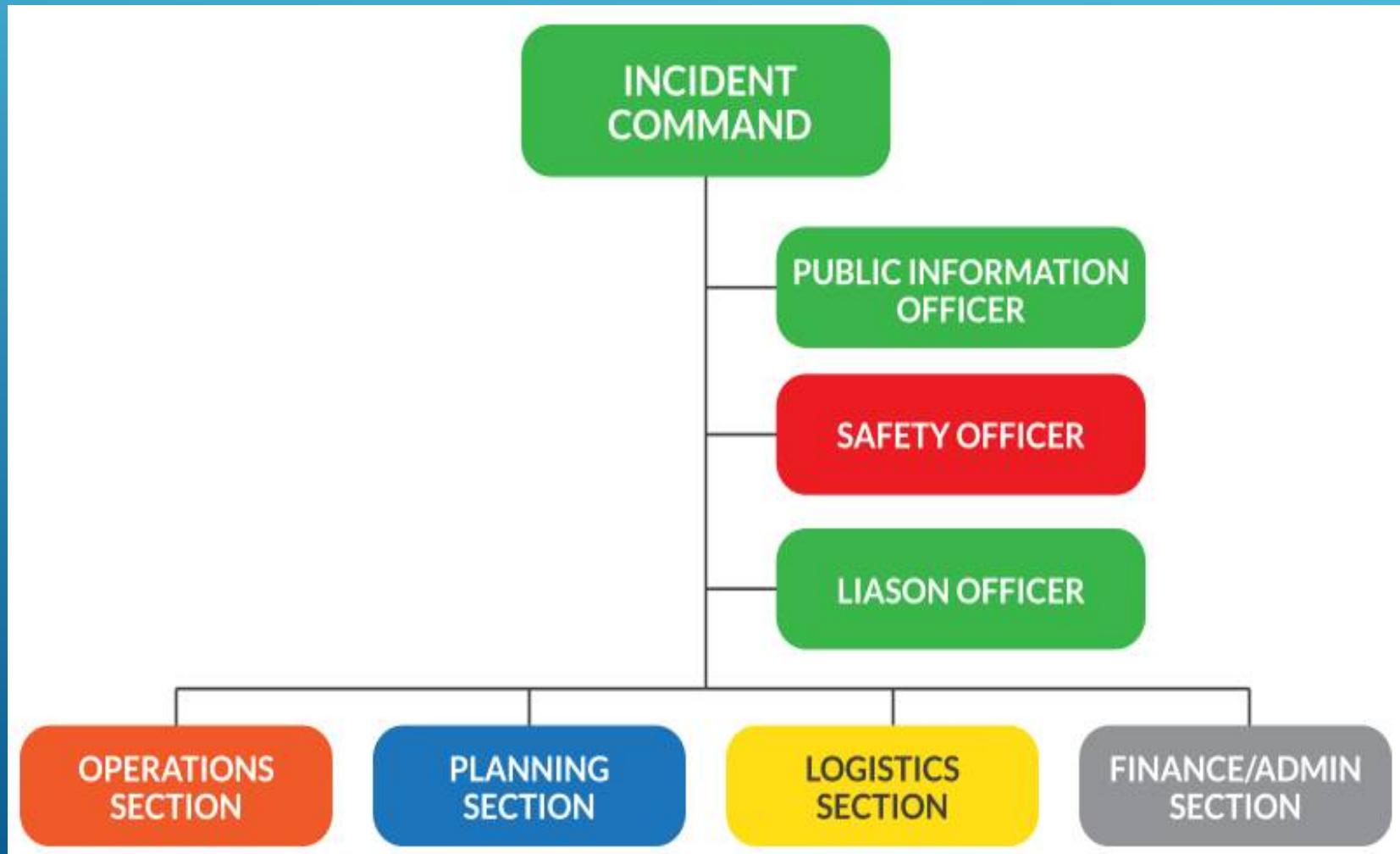
- ▶ Understanding HICS
- ▶ Priority of EM vs Daily Work
- ▶ AAR / IP – Solutions for the Future / Lessons Learned

Understanding HICS

- **Hospital Incident Command System (HICS)**
- A incident command system (ICS) designed for hospitals and intended for use in both emergency and non-emergency situations.
- It provides hospitals of all sizes with tools needed to advance their emergency preparedness and response capability
- Both individually and as members of the broader response community.

Understanding HICS

Facilities must apply the Hospital Incident Command System to your organization.



Emergency Management Priorities

- The **first priority** is always life safety
- The **second priority** is the stabilization of the incident.
- There are many actions that can be taken to stabilize an incident and minimize potential damage.



Daily Work Priorities

“What is important is seldom urgent and what is urgent is seldom important”

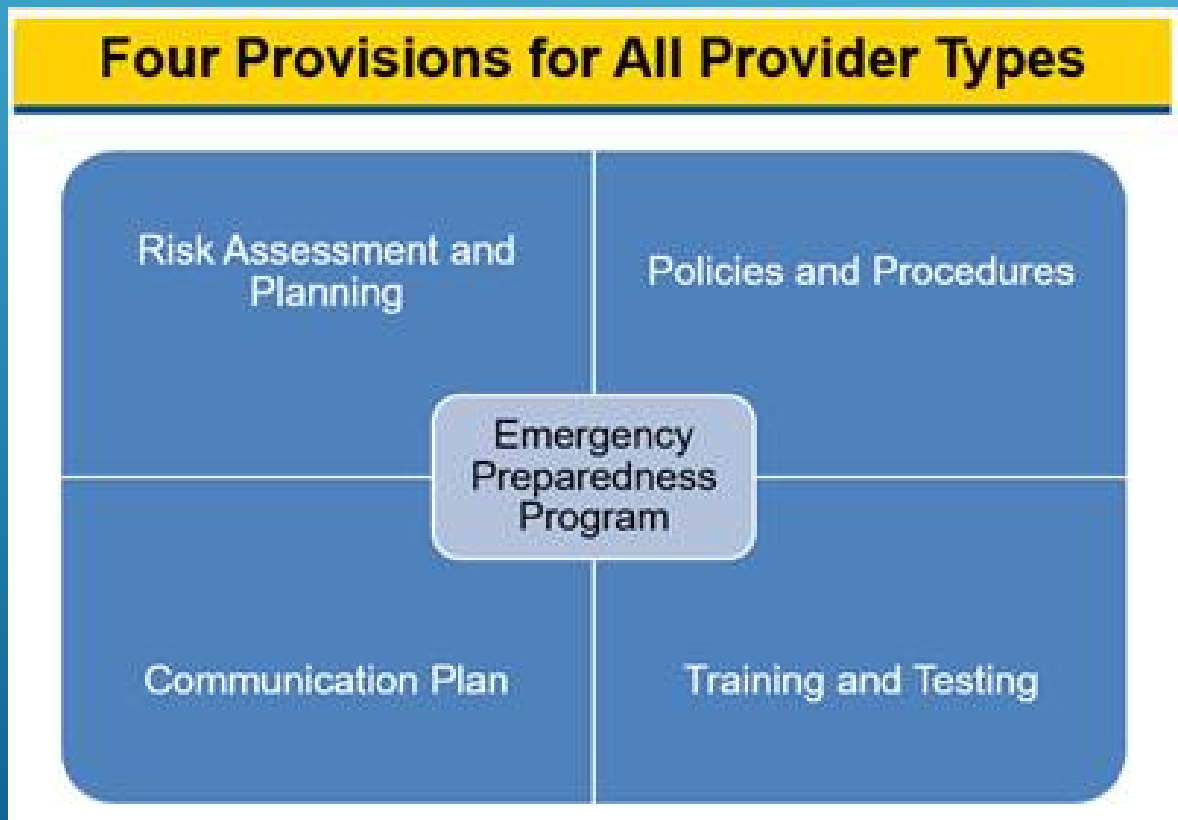
*Dwight Eisenhower,
34th President of the US*



Training and Testing

Facilities must develop and maintain an emergency preparedness training and testing program that is based on these Four Provisions:

The training and testing program must be reviewed and updated at least annually



Training Program Elements:

- **Initial training** for new and existing staff in emergency Preparedness policies and procedures
- **Annual refresher training.**
- **Documentation** of training.
- **Demonstrate staff knowledge** of emergency procedures.



Testing Elements:

The facility must conduct **drills and exercises** to test the emergency plan to **identify gaps and areas for improvement**.

- The facility must participate in a full-scale exercise that is *community-based* or when a community-based exercise is not accessible, an individual, facility-based.
- **The facility must conduct *an additional annual exercise* that may include, but is not limited to the following:**
 - A second full-scale exercise that is community-based or individual, facility-based
 - A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
- **Analyze** drills, exercises, and actual emergencies and **revise** emergency plan as needed.

After Action Reports/Improvement Plan

Solutions for the Future / Lessons Learned

The After-Action Report/Improvement Plan (AAR/IP) has two components:

- After-Action Report (AAR), which captures observations of an exercise and makes recommendations for post-exercise improvements; and an
- Improvement Plan (IP), which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion.

Simply put:

The PAST is where you learned the lesson

The FUTURE is where you apply the lesson

WHAT IS ONE OF THE SINGLE, LARGEST CHALLENGES WE ALL FACE?





#EMshowmethemoney

▶ Emergency Response Equipment

- ▶ evacuation equipment such as medslides
- ▶ emergency lighting systems,
- ▶ baby equipment for evacuations (Pediatrics = 25% of pop)
- ▶ Command Center resources (technology, ICS system)
- ▶ Decontamination equipment/PPE
- ▶ Proper training
- ▶ Daily medical supplies



EQUIPMENT and SUPPLIES

- ▶ Inventory & Replenishment of Supplies
- ▶ Space/Storage
- ▶ Who maintains?



INVENTORY AND REPLENISHMENT

#EMhasnoboundaries

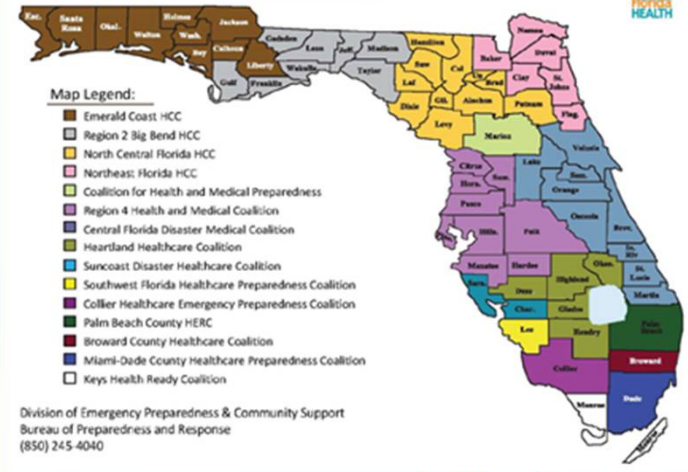
A person wearing a dark blue suit jacket and a light-colored shirt is holding a white rectangular sign with both hands. The sign has the word "QUESTIONS?" written on it in a large, bold, dark blue, sans-serif font. The background is a solid light blue color.

QUESTIONS?

WHAT CAN WE DO?

- Healthcare Coalitions
- Create Strategic partnerships locally
 - grant writing process
 - expanding capabilities not supplanting. Ex: expired hoods or batteries
 - Challenge of project consideration, prioritize, planning advisory group Create strategic partnerships

Florida Healthcare Coalition Map



Thank you

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