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BE READY TO RISE TO THE CHALLENGE

FQHC's PINs
2007-15 & 2007-16

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Policy Information Notice (PIN)

- Applicability: 330 funded Centers
- Health Center Program Grantees
- FQHC Look-Alikes
- Primary Care Associations
- Primary Care Offices
- National Cooperative Agreements



2007-15 Health Center Emergency Management Program Expectations



- Purpose: emergency management expectations related to planning and preparing for future emergencies.
- All-Hazards approach
- 3 key elements-safeguarding human resources, protecting physical resources and ensuring business continuity.
- Protecting health center staff and delivering healthcare.

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Background

- ICS—Incident Command Systems
 - IS 100 and IS 200
- NIMS—National Incident Management System
 - IS 700
- NRP (NRF)—National Response Plan
 - IS 800



NRP

- National, all discipline, all hazards plan that provides the framework and mechanisms to coordinate Federal, State, local, Tribal, private sector, and non-governmental entities during national emergencies.
 - Incident of National Significance, HSPD #5, Stafford Act
 - Emergency Support Functions (HHS #8)



NIMS

- Provides a consistent, comprehensive and nationally recognized framework for incident management.
- Designed to help emergency managers and responders from different jurisdictions and disciplines work together more effectively in the management of domestic incidents regardless of their cause, size or complexity.
- NIMS adoption and NIMS compliancy
- 16 elements



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Elements 1 & 2

- Element 1-Adopt the National Incident Management System (**NIMS**) at the organizational level for all appropriate departments and business units, as well as promote and encourage **NIMS** adoption by associations, utilities, partners and suppliers.
- Element 2-Manage all emergency incidents, exercises and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in **NIMS**. ICS implementation must include consistent application of Incident Action Planning and Common Communication Plans.



Elements 3 & 4

- Element 3-Multi-agency Coordination System
Coordinates and supports emergency incident and event management through the development and use of integrated multiagency coordination systems (MACs). That is, develop and coordinate connectivity capability with Hospital Command Center (HCC) and local Incident Command Posts (ICPs), local 911 centers, local Emergency Operations Centers (EOCs), the state EOC and others as applicable.
- Element 4-Public Information System (PIS)
Implements processes and/or plans to communicate timely accurate information through a Joint Information System (JIS) and Joint Information Center (JIC).



Elements 5 & 6 & 7

- Element 5-Hospitals and healthcare systems will track **NIMS** implementation annually as part of the organization ' s emergency management program
- Element 6-Develop and implement a system to coordinate appropriate hospital preparedness funding to employ **NIMS** across the organization.
- Element 7-Revise and update plans [i.e. Emergency Operations Plan (EOPs)] and standard operating procedures (SOPs) to incorporate **NIMS** components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.



Elements 8 & 9 & 10 & 11

- Element 8-Participate in and promote interagency mutual-aid agreements, to include agreements with public and private sector and/or nongovernmental organizations.
- Element 9-Complete *IS-700: **NIMS**: An Introduction*
- *Element 10-Complete IS-800.A: NRP: An Introduction*
- *Element 11-Complete ICS 100 and ICS 200 Training or equivalent courses*



Elements 12 & 13 & 14

- Element 12- Incorporate **NIMS/ICS** into internal and external local, regional, and state emergency management training and exercises.
- Element 13- Participate in an all-hazard exercise program based on **NIMS** that involves responders from multiple disciplines, multiple agencies and organizations
- Element 14- Hospitals and healthcare systems will incorporate corrective actions into preparedness and response plans and procedures.



Elements 15 & 16

- Element 15-Maintain an inventory of organizational response assets.
- Element 16-To the extent permissible by law, ensure that relevant national standards and guidance to achieve equipment, communication, and data interoperability are incorporated into acquisition programs.



ICS

- ICS is a component of NIMS based on preparedness through implementation of a general chain of command, efficient personnel and resource management, and effective communication and information systems.
- ICS is scalable for small and large events; it is interdisciplinary and organizationally flexible.
- Includes a unified approach for controlling personnel, facilities, equipment, and communications.



ICS Features

- Common terminology (clear text, no jargon)
- Manageable span of control (3-7)
- Use of title positions
- Reliance on an Incident Action Plan (objectives)
- Integrated communications
- Accountability
- Organizational resources (personnel, facilities, and equipment—typed by capability)



Incident Commander

- Ensures incident safety
- Provides info to internal and external stakeholders
- May have DEPUTY



Command Staff

- PIO: Point of contact for the media or other orgs seeking info
- SNO: Monitors safety conditions and develops measures for assuring safety of all assigned personnel
- LNO: Point of contact for other agency reps involved in incident, helps in coordinating their involvement



General Staff

- Operations: conducts tactical operations to carry out the plan, develops tactical objectives and directs resources
- Planning: develops IAP (objectives), collects and evaluates info and maintains resource status
- Logistics: provides support and resources to meet incident needs (food and cots for staff)
- Finance/Admin: monitors costs related to incident, provides accounting, procurement, time recording, and cost analysis



2007-15 Sections

- Expectations:
- A. Emergency Mgt Planning
- B. Linkages & Collaborations
- C. Communications & Information Sharing
- D. Maintaining Financial and Operational Stability



Emergency Mgt Planning

- CHC's should be engaged in an ongoing continuous process to ensure that emergency management plans (EMP) are appropriate.



EMP (EOP)

- EMP is comprehensive, self-contained document that includes the components necessary to guide all emergency activities.
- Is essential to minimize the disruption of services
- Ensure predictable staff behavior during an emergency
- All-Hazards approach
- Review ESF #8
- EMP should be aligned and integrated in local and State EMPs “unified front.”



EMP (4 Phases of Emergency Mgt)

- **Mitigation:** activities that lessen the severity and impact a potential disaster might have on the health center.
- **Preparedness:** activities that build capacity and identify resources that may be used should a disaster occur.
- **Response:** refers to the actual emergency and controls the negative effects of emergency situations.
- **Recovery:** actions begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations. Recovery planning is critical aspect to sustaining the long-term viability of the health center.



EMP

- **BASED ON HAZARD VULNERABILITY ANALYSIS**
- Conducting a risk assessment that identifies potential emergencies and the direct/indirect effects these emergencies may have on CHC's operation and demand for services.
- The risks identified should be prioritized based on likelihood of occurrence and severity.
- Addressed in EMP



Components of EMP (PIN)

- Continuity of Operations
- Command and Control
- Staffing
- Surge Patients
- Medical and Non-Medical Supplies
- Pharmaceuticals
- Security
- Evacuation
- Decontamination
- Isolation
- Power Supply
- Transportation
- Water/Sanitation
- Communications
- Medical Records Security and Access



FQHC's EMP

- Certification of plan approval
- Record of plan and annex revisions
- EMP distribution list
- Introduction
- Phases of emergency mgt
- Scope
- Responsibility
- HVA
- Schedule of exercises
- Corrective Action Plan
- Operational Policies
- Legal basis and references
- Command and control
- Emergency response training
- Continuity of Operations
- Support



Linkages and Collaborations

- Coordinated efforts are necessary to provide comprehensive care during a disaster and integration can increase the CHC's ability to obtain needed resources for continuing care.
- CHC's define their role within their local community prior to an emergency and be proactive in engaging leaders, organizations, and developing relationships.
- Participating in State, local and community emergency exercises will aid in initiating and developing linkages.



Communications and Information Sharing

- CHC's should have policies and procedures for communicating and sharing information with internal and external stakeholders.
- Standard communication goes down and CHC's will have trouble accessing critical information.
- EMP—strategies for communicating with staff, patients, other agencies.



Redundant, Integrated Communication Systems



- Communication is the Achilles' heel in disasters.
- Equipment: landline, two way radios, mobile phones, satellite phones, HAM radios.
- The Government Emergency Telecommunications Service (GETS)
 - Mother's Day Phenomenon
 - The result is a cost-effective, easy-to-use emergency telephone service that is accessed through a simple dialing plan and Personal Identification Number (PIN) card verification methodology.
 - http://gets.ncs.gov/program_info.html
 - TPS (Telecommunications Services Priority) and WPS (Wireless Priority Service)



Decisions

- Quality of key decisions is dependent on availability of current, accessible, accurate and relevant information.
- Data reporting assists decision makers and local community in assessing the current situation.



HRSA Communication

- In the event of an emergency, CHC's will be required to submit data to their HRSA Project Officer.
 - Status of health center operations
 - Patient capacity
 - Staffing/resource/infrastructure needs



Maintaining Financial and Operational Stability

- CHC's business plans should address financial viability in the event of an emergency.
- Recovery can be hours to years.
- Adequate planning for recovery in the assessment, planning and response process will shorten the time it takes a health center to become fully operational.



Business Plans

- Business plans should address the financial response to an emergency including goals for maintaining cash reserves and plans related to managing and insuring against business interruptions, equipment, facilities, and property loss.
- EMP → Business Continuity or Continuity of Operations Plans reduce and minimize potential adverse impacts brought about by an emergency.
- COOP is a good business practice and COOP planning is part of the fundamental mission of gov't as responsible and reliable public institutions.



Elements of COOP

- There are 9 elements of a viable COOP:

1. Essential functions
2. Delegations of authority
3. Alternate facilities
4. Interoperable communications
5. Vital records and databases
6. Human capital management
7. Tests, training, and exercises
8. Devolution
9. Reconstitution



Essential Functions

- Essential functions are the foundation for COOP programs and plans.
- Essential functions are based on the agency's customers and needs.
- Assigning a priority to the customers' needs helps COOP planners distinguish between essential and nonessential functions.



Delegations of Authority

- Delegations of authority specify who is authorized to make decisions.
- Delegations of authority are used for specific purposes during COOP emergencies.
- Delegations should be predetermined and documented in writing. They should state explicitly:
 - What authorities are delegated
 - To whom
 - Exceptions to the successors authority to redelegate
 - Limitations on the delegated authority



Facilities and Communications



- Departments and agencies are required to identify locations other than their normal facilities to carry out essential functions in a COOP situation.
- Selecting a good alternate facility is critical to COOP capability.
- Alternate facility must have interoperable communications.
- Interoperable communications are communications that provide the capability to perform essential functions, in conjunction with other agencies and organizations, until normal operations can be resumed.



Communications



- Must be able to communicate:
- Externally with the org's customers and business partners
- Internally with the org's leadership and coworkers
- Even if the primary means of communication fails.
- Must support the execution of the agency's essential functions
- Provide capability to communicate within the organization
- Provide connectivity to outside agencies and customers
- Ensure access to data, systems, and services
- Compatible



Vital Records

- Review insurance coverage annually
- Review billing system (backup for reimbursement)
- In emergency, CHC grantees can use grant funds to provide services consistent with their approved scope of project and the terms of their grant award.
- Collect reimbursement for services during emergency
- Vital records are those electronic and hardcopy documents, references, and records needed to support essential functions during a COOP situation.
- Every Federal agency must have a vital records program.
- Two types of vital records
 - Emergency operating records
 - Legal & financial records



Vital Records and Human Capital

- Personnel records
- Social Security records
- Payroll records
- Retirement records
- Insurance records
- Contract records
- Ensures that ALL employees have a clear understanding of what they are to do in an emergency.
- Includes specific protocols for identifying and assisting special needs employees.



Tests, Training and Exercises

- TT&E include measures to ensure that an agency's COOP program is capable of supporting the continued execution of its essential functions throughout the COOP operations.



Family Plan

- A COOP situation also will affect you and your family:
- There will be a period of uncertainty about what is happening, how bad the situation is, and what you should do to protect yourself and your loved ones
- You may feel unsure of your job security, especially if the COOP situation is severe
- You may also be concerned for your financial well-being, wondering if and how soon you will be paid
- A comprehensive COOP plan that includes a family support plan will minimize these impacts



COOP

- Normal lines of direction and control may be disrupted
- Normal operations will be disrupted for a brief time or until reconstitution is completed after the emergency ends.
- Normal security arrangements will be disrupted and the organization could be vulnerable to additional disruptions until the COOP site is activated and all employees get home or to a safe location
- Normal communication links and methods will be disrupted until the COOP site is up and running and reconstitution is complete
- A comprehensive COOP capability will minimize those impacts



Conclusion

- CHC's provide exceptional service to vulnerable and underserved populations and in an emergency CHC's will be critical in assuring these groups receive appropriate care.



2007-16 FTCA Coverage for CHC Grantees Responding to Emergencies

- The purpose of this PIN is to clarify the circumstances under which Federal Torts Claims Act (FTCA) deemed CHC;s are covered under the FTCA as they respond to emergencies and to address frequently asked FTCA questions.



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FTCA

- FTCA coverage for eligible HRSA grantees was initially legislated through FSHCAA of Public Health Service Act.
- In the event a medical malpractice lawsuit is filed against a deemed entity or covered provider acting within the scope of his/her employment in grant related activities, the United States is substituted for the deemed entity and the covered employee.
- The CHC and employee are dismissed from case and the case continues against the United States as the sole defendant.



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What is an Emergency?

- Large scale disaster, mass casualty event, public health emergency.
- Federal declaration eminent.



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Scope of Project and FTCA Coverage

- Only eligible for FTCA coverage while providing services within the approved 330 scope of project.
- Emergencies—temporary site within scope
 - 1. Inside CHC's service area and within adjacent areas
 - 2. Outside CHC's service area and beyond

Beyond 90 days from onset of emergency-CHC must submit a change in scope request through HRSA.



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Within Service Area



- Scope of project has 5 core elements (sites, services, providers, target populations, and service area) for which funds have been approved.
- FTCA statute do NOT permit CHC providers to provide care outside of CHC's approved scope.
- In emergency, HRSA recognizes FTCA CHC's may participate in organized State or local response and may be called to temporary locations (shelters, PODs).
- Temporary locations will be considered part of CHC's scope if all the following are met:
 - 1. Services are temporary
 - 2. Temporary locations are within CHC's service area or adjacent areas
 - 3. Services provided are in approved scope
 - 4. All activities of CHC staff is conducted on behalf of CHC (volunteer in individual capacity to respond will not be covered).



Within Service Area

- HRSA Project Officer must be notified by phone, email or fax-
- CHC name
- Name of CHC Rep and info
- Brief description of emergency
- CHC's must submit this info ASAP but no later than 15 days after initiating response activities.
- IF PO is not available then CHC must contact the Bureau of Primary Care's main phone at (301)594-4110 or FTCA Hotline at 1-866-FTCA-help (382-2435)



Within Service Area

- For purposes of FTCA coverage, patients served by FTCA deemed providers at temporary locations included in scope of service (following above process) will be considered health center patients.



Outside Service Area

- Emergency that impacts entire region or State causing wide spread devastation or evacuation of CHC's population-CHC may be called to provide care to its target population which has been displaced.
- If the site of a deemed CHC in impacted area is destroyed or unable to operate, the CHC may submit a request for prior approval to temporarily change its scope of project to include operation of a temporary site within the CHC's general geographic region, outside regular service area, and beyond adjacent areas.



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Outside Service Area



- The purpose of this scope change should be to provide medical care primarily to CHC's target population and other medically underserved populations that may have been displaced.
- The following conditions must be met in order for a temporary site outside the service area:
 1. The CHC must demonstrate that the purpose of temporary site is to provide services to primarily original population as defined in its scope and displaced by disaster.
 2. Services are provided on temporary basis.
 3. Services are provided by CHC staff and are within the approved scope.
 4. All activities of CHC staff are conducted on behalf of CHC (No individual volunteer assignments).

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Outside Service Area

- To ensure that temporary site is considered part of CHC's scope of project and that FTCA coverage will apply, grantees must contact their HRSA PO by telephone, email or fax and submit a request for prior approval to add the new site.
- The request must include a summary of the requested change in scope of project, including verification that the four conditions are met. HRSA will expedite the review of these requests with the goal of notifying the grantee of HRSA's decision (approval/disapproval) by telephone or email within 48 hours of receipt of the request.
- After 90 days, the CHC must submit a change in scope request through HRSA's Electronic Handbooks (PIN 2002-07 and PIN 2007-14).



Outside Service Area: FTCA for Non-Impacted CHCs

- In emergency situations, CHCs that are NOT impacted may assist at temporary sites within the same service area or operate temporary sites within the service area by including the temporary locations within the scope of project using the HRSA Electronic Handbook.
- This is NOT applicable for CHC employees of non-impacted CHCs that seek FTCA coverage to provide care during emergencies outside their service area.



Volunteers

- Volunteers are NOT eligible for FTCA coverage under the CHC FTCA program.
- Volunteers MAY qualify for immunity or limited liability under State of Federal charitable immunity/limited liability statutes:
 - Federal Volunteer Protection Act of 1997
 - National Disaster Medical System (section 2811 of the PHS Act)



Frequently Asked Questions (FTCA)

- Is FTCA Katrina PIN (2005-19) applicable for FUTURE emergencies? **NO**
- Does FTCA coverage apply across State lines? **Yes, if services are within approved scope of project.**



Useful Sites PINs



- All PINs,
<http://bphc.hrsa.gov/policy/default.htm>
- 2007:15,
<http://bphc.hrsa.gov/policy/pin0715/>
- 2007:16,
<http://bphc.hrsa.gov/policy/pin0716/>

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