Q1 ADVOCACY LIAISON WEBINAR 3/4/14

NEXT ADVOCACY LIAISON WEBINAR

- June 17, 2014 11:00-12:00 CT

HOUSEKEEPING

- Please mute your line to reduce background noise
- Do not put us on hold if you have background music on your hold line.
- At the end of the presentation we will do regional updates.
- This session will be recorded and the slides will be distributed after the meeting.

A TWO-WAY STREET

- The ASHE advocacy highway is a two-way street of communication between ASHE and chapter advocacy liaisons

- The goal of the advocacy highway is to support communication and improve advocacy efforts at the national, state and local level

A TWO-WAY STREET

- Gives us the opportunity to share national issues at the local level

- Gives us the opportunity to share your local advocacy issues nationally

LEARNING FROM ASHE

- ASHE will keep chapter advocacy liaisons up-to-date about national advocacy efforts and issues affecting health care facilities

- ASHE will provide practical tools and resources to empower chapter advocacy liaisons

CMS EMERGENCY PREPAREDNESS PROPOSED RULE

- CMS released proposed rule Dec. 20; published in *Federal Register* Dec. 27
- Proposed rule recommends emergency preparedness requirements for 17 types of Medicare/Medicaid providers and suppliers
- Revises the Medicare/Medicaid Conditions of Participation (CoPs) for providers and Conditions of Coverage (CfC) for suppliers

- **Comments now due on or before 31 March**

SUMMARY OF MAJOR PROVISIONS

- **Five core elements**
  - Emergency Preparedness Program & Plan
    - Based on Risk Assessment
  - Policies and Procedures
  - Communication Plan
  - Training and Testing of Program/Plan
  - Emergency Power Systems
    - Emergency and standby power systems regulations proposed only for inpatient providers (Hospitals, CAHs, LTC/SNFs)

Comments now due on or before 31 March

CMS REQUESTS COMMENTS ON THE FOLLOWING ISSUES

1. Targeted approaches to emergency preparedness: Should CMS cover one or a subset of provider classes to learn from implementation prior to extending the rule to all groups?

2. A phase in approach: Should CMS implement the requirements over a longer time horizon, or differential time horizons for the respective provider classes? CMS proposes to implement all of the requirements 1 year after the final rule is published.

3. Variations of the primary requirements: E.g., CMS has proposed requiring two annual training exercises. Should both should be required annually, semiannually, or should training be an annual or semiannual requirement?

4. Integration with current requirements: How can the proposed requirements be integrated with, or satisfied by, existing policies and procedures which regulated entities may have already adopted?

MAJOR POINTS OF CONCERN

1. The Proposed Rule is Very Vague for On-site Waste and Sewage Requirements
2. Proposed Rule Would Require Retrofit of Systems
3. Other Regulations Already Adopted
4. Substantive Assistance Required to All Evacuees
5. Proposed Rule is Unclear on the All Hazards Approach
6. Proposed Rule Requires Tracking of Patients After a Disaster

COMMENTS NOW DUE ON OR BEFORE MARCH 31!

Submit electronically at
http://www.regulations.gov/#!submitComment;D=CMS-2013-0269-0002

Or by regular mail to the following address ONLY:

Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-3178-P,
P.O. Box 8013,
Baltimore, MD 21244-8013.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

COMMENT SUBMISSION

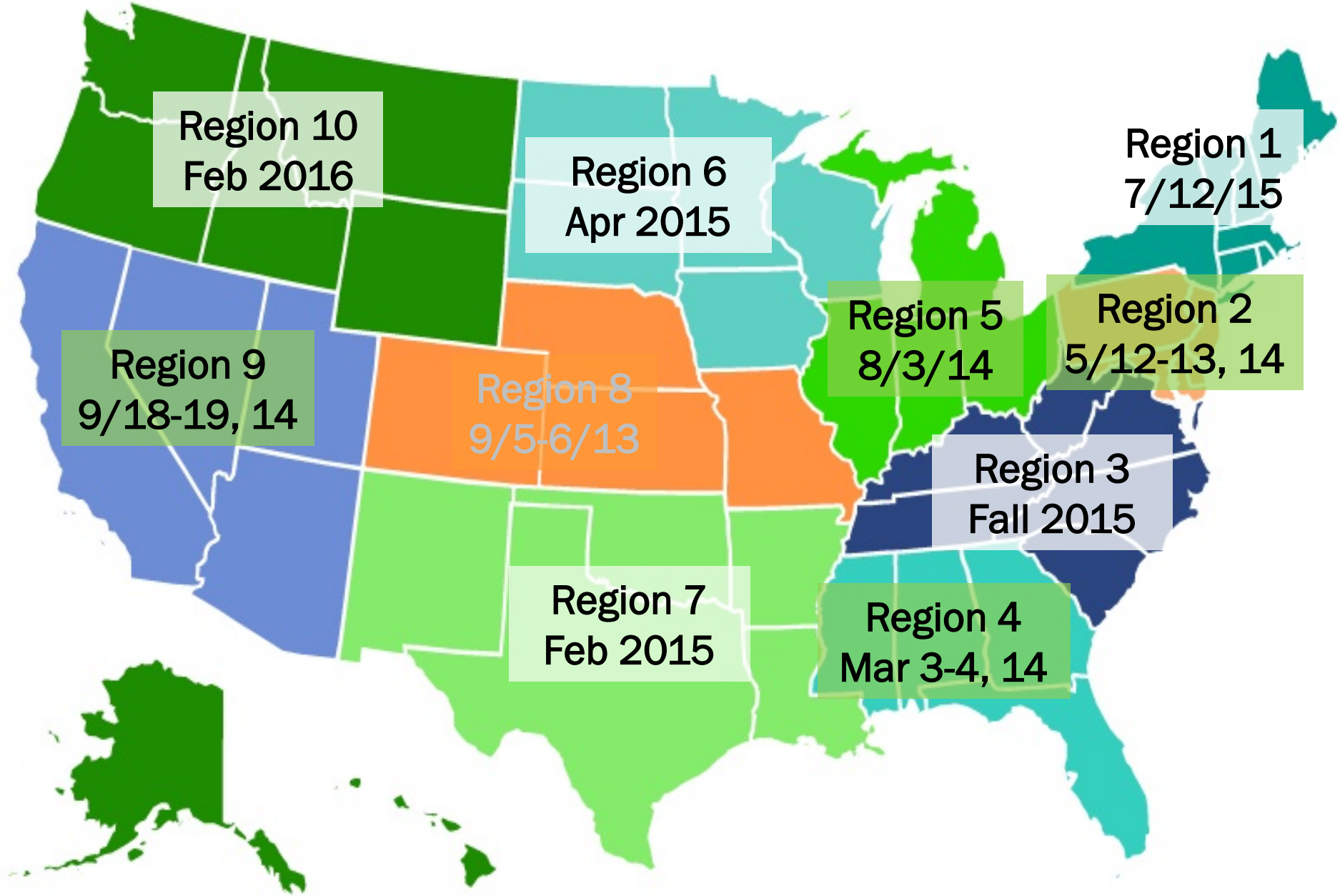
Express or overnight mail. You may send written comments to the following address ONLY:
Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Mail Stop C4-26-05,
7500 Security Boulevard,
Baltimore, MD 21244-1850.

Comments now due on or before 31 March

BARRIER MANAGEMENT SYMPOSIUM

The Design, Installation, Inspection and Maintenance (DIIM) of Rated Barrier Systems in Healthcare Environments.

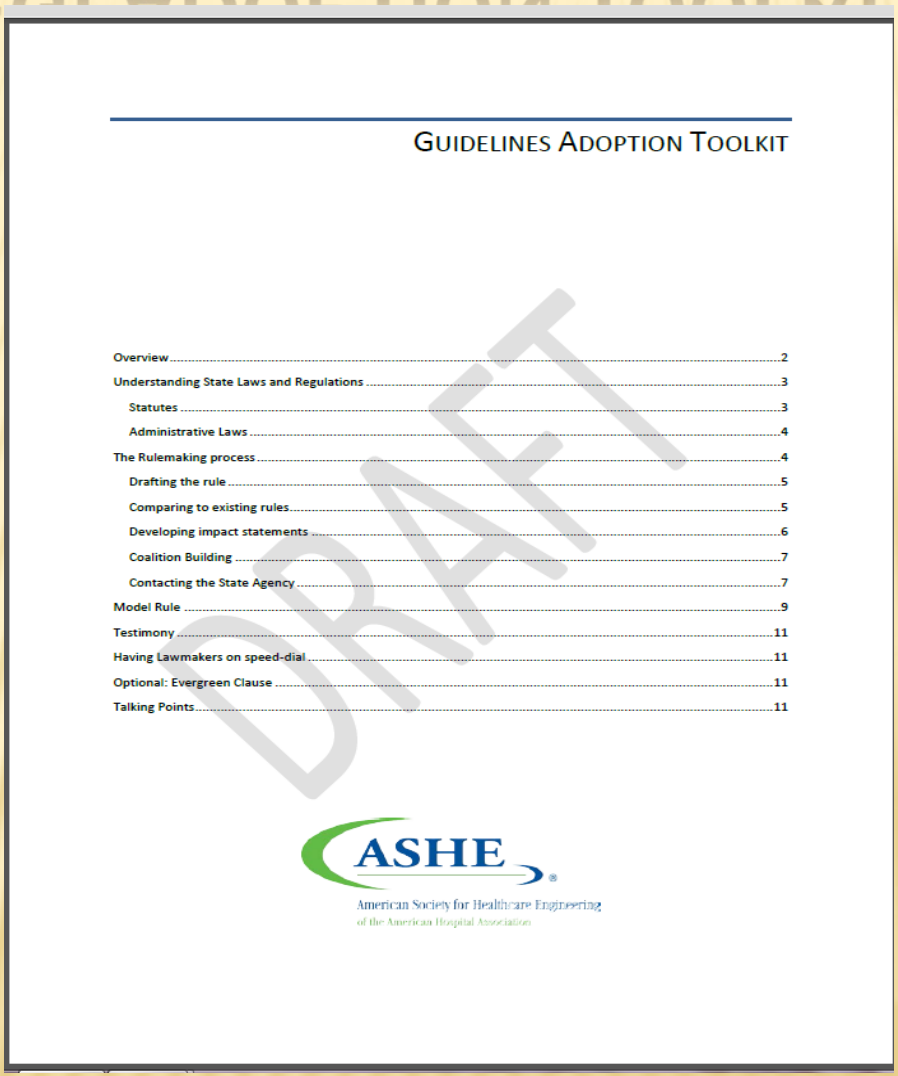
- **D = Design**: Design of Barrier Systems based on accepted practice & compliance with NFPA Codes
- **I = Installation**: Correct installation of protective systems provides continuity to breached rated barriers
- **I = Inspection**: Ensuring the existing barrier is properly protected using commissioning, ongoing survey & documentation
- **M = Maintenance**: Maintaining existing barriers based on sound management strategies, such as restricting access & routine maintenance surveys


Region 10
Feb 2016
Region 6
Apr 2015
Region 1
7/12/15
Region 5
8/3/14
Region 2
5/12-13, 14
Region 9
9/18-19, 14
Region 8
9/5-6/13
Region 3
Fall 2015
Region 7
Feb 2015
Region 4
Mar 3-4, 14

NFPA® 101 ADOPTION UPDATE

- 101 adoption is out of CMS' hands and was filed with the Office of Management and Budget (OMB) and is in the proposed rule stage.
- The next step is the final rule stage and we are monitoring for that
- The focus right now is on the Emergency Preparedness rule

FGI ADOPTION TOOLKIT



GUIDELINES ADOPTION TOOLKIT

ASHE
American Society for Healthcare Engineering
of the American Hospital Association

ASHE

ASHE ADVOCACY HIGHWAY

FGI ADOPTION TOOLKIT

- Overview
- Understanding state laws and regulations
- Statutes
- Administrative laws
- The rulemaking process
- Drafting the rule
- Comparing to existing rules
- Developing impact statements
- Coalition building
- Contacting the State Agency
- Model rule
- Testimony
- Having lawmakers on speed-dial
- Optional: Evergreen Clause
- Talking points

ASHE APP FOR IPHONE AND ANDROID

- Access ASHE news, regulatory updates, acronyms, monographs, education events and other resources.
- Go to the iTunes store or Google Play from your mobile device and search “Mobile ASHE” to download

JUST ASK ASHE

Get compliance clarification using either:

1.The ASHE Listserv http://www.ashe.org/connect/member/listserv.html or

2.The Just Ask ASHE site http://www.ashe.org/connect/ask-ashe/

JUST ASK ASHE

Question #1463-Using household appliances in hospitals

Many devices have the UL listing and warning of "Household Use Only".

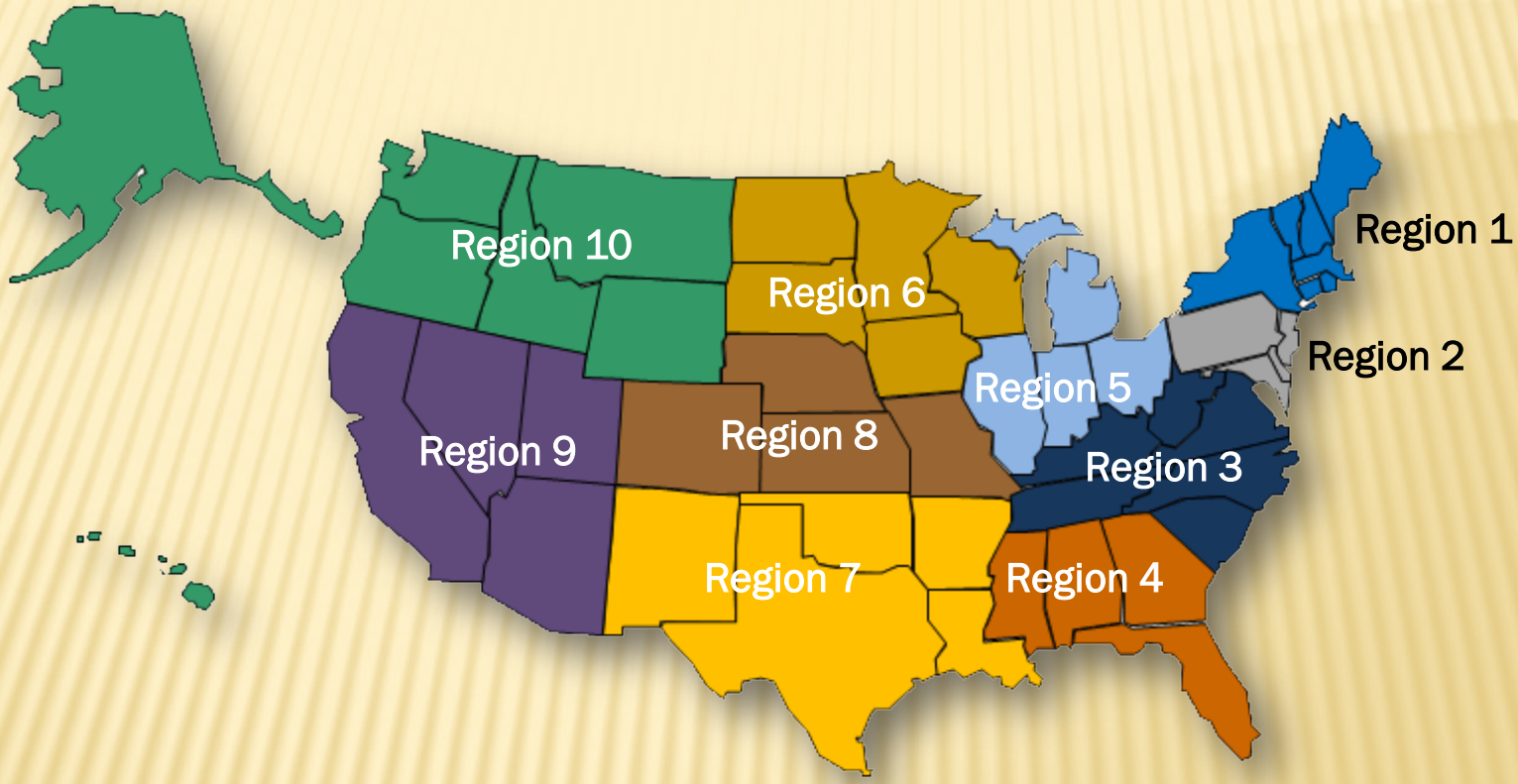
Please advise if there is any code, regulatory or other guidance on the use of these appliances in health care occupancies. Are they permitted or not? References would be helpful as some surveyors are requiring they be removed.

JUST ASK ASHE

Answer #1463-Using household appliances in hospitals

There is no formal regulation, code or standard that disallows "Household Use Only" items from being used in a hospital, although these items should be used as intended by the manufacturer and their use may not be appropriate for every situation or space. In order to determine if these would be appropriate the facility should have a policy and risk assessment procedure to determine the use of “outside” equipment within the facility.

ASHE REGIONAL UPDATES



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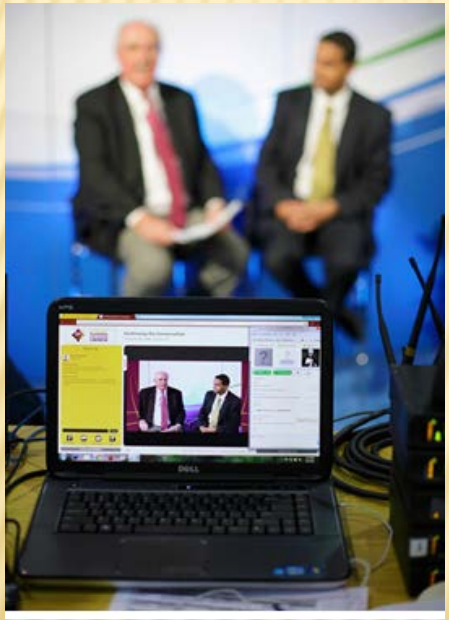

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