

Is Your Facility Truly Prepared? A Fall Compliance Checklist

As National Preparedness Month arrives every September, healthcare compliance and facility leaders face a dual priority: maintaining operational readiness for unexpected disruptions while preparing for annual survey requirements.

Under the Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Conditions of Participation (CoPs), surveyors continue to scrutinize Emergency Operations Plans (EOPs) for active, updated evidence of compliance rather than static shelf documentation.

Whether managing an acute care hospital, an ambulatory surgical center, or a long-term care facility, September serves as the ideal mid-year checkpoint to audit your four core pillars of CMS Emergency Preparedness before federal fiscal year transitions and winter weather risks hit.

The 4 Pillars of CMS Emergency Preparedness: Audit Checklist

CMS unifies its emergency preparedness standards across 17 provider types under **Appendix Z of the State Operations Manual (SOM)**. Your September audit should evaluate readiness across each of the four core regulatory pillars:

1. Risk Assessment and Planning (All-Hazards Approach)

- **Hazard Vulnerability Analysis (HVA):** Has your facility updated its HVA within the last 12 months to reflect new regional threats, climate dynamics, or infrastructure changes?
- **Cybersecurity Integration:** Does your plan explicitly address extended IT outages, EHR downtime, and ransomware events as emergency operational triggers?
- **Patient Population Tracking:** Are procedures documented to account for vulnerable populations, medical equipment dependencies, and transportation logistics during a facility evacuation?

2. Policies and Procedures

- **Subsistence Provisions:** Are agreements up to date for emergency food, water, medical supplies, fuel, and backup generator services?
- **Shelter-in-Place & Evacuation Protocols:** Are primary and alternate evacuation routes verified, and are staff trained on transfer agreements with receiving facilities?
- **Staffing Continuity:** Do policies establish clear delegation of authority, succession plans, and protocols for managing volunteer healthcare practitioners during an emergency?

3. Communication Plan

- **Contact Roster Verification:** Are contact lists for current staff, attending physicians, local emergency management agencies, and state public health authorities updated and tested?
- **Alternate Communications:** Are primary and secondary communications systems (e.g., satellite phones, two-way radios, cloud-based notification systems) tested for operational readiness?
- **Interoperability:** Is there a process to share patient information and operational status with regional healthcare coalitions and emergency operations centers (EOCs)?

4. Training and Testing Program

- **Annual Training Log:** Have all current employees, contracted staff, and volunteers completed mandatory annual emergency preparedness training?
- **Dual Exercise Requirement:** Has your facility completed its two required annual testing exercises?
- **Exercise 1:** One full-scale community-based exercise (or an actual emergency event documented as an exercise).
- **Exercise 2:** One additional exercise of choice (tabletop exercise, mock disaster, or additional full-scale drill).
- **After-Action Reports (AARs):** Are signed After-Action Reports and Improvement Plans (IPs) on file for every exercise or real-world incident conducted this year?

3 Common Survey Pitfalls to Avoid This Fall

1. Outdated Alternate Care & Vendor Agreements

Surveyors frequently cite facilities for Memorandum of Understanding (MOU) documents that have expired or fail to outline specific delivery timelines for emergency supplies.

2. Missing After-Action Improvement Tracking

Conducting a drill is only half the requirement. Failing to document identified weaknesses and track corrective action plans to completion is a top source of Appendix Z citations.

3. Siloed Cyber Emergency Plans

Cyberattacks are operational emergencies. If your IT department's disaster recovery plan is not fully integrated into the facility-wide Emergency Operations Plan, your facility may fail survey scrutiny during an unannounced inspection.

September Action Steps for Compliance Leaders

- 1. Schedule a Tabletop Exercise:** If your facility still needs to fulfill its second annual exercise requirement, use September to host a tabletop exercise focused on cyber-downtime or supply disruption.
- 2. Re-Verify Vendor MOUs:** Review all third-party emergency supply contracts, fuel delivery agreements, and patient transfer MOUs (Transfer Agreements) for current dates and signatures.
- 3. Conduct a Spot Audit of Training Records:** Randomly audit 10% of employee files across clinical and administrative units to ensure mandatory annual training documentation is complete before Q4.

Regulatory References & Authorities

- **CMS State Operations Manual (SOM):** Appendix Z – Emergency Preparedness Guidance for All Provider Types (42 CFR §482.15 for Hospitals; §483.73 for LTC; §485.623 for CAHs).
 - **ASPR TRACIE:** Technical Resources, Assistance Center, and Information Exchange for Healthcare Emergency Preparedness.
 - **The Joint Commission:** Emergency Management Standards (EM.10.01.01 through EM.15.01.01).
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