



# Connect Consulting Services

Engage – Prepare – Recover

## CMS Emergency Preparedness Compliance Self-Assessment Tool - Clinic Information

Please complete a separate emergency preparedness survey for each of your clinic sites.

### Corporation Information:

Name of Corporation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Number of Clinic Sites: \_\_\_\_\_ Total Number of Staff: \_\_\_\_\_

### Clinic Information:

Clinic Site: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

### Clinic Type (Check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Primary Care Clinic - Rural Health            | <input type="checkbox"/> Tribal or Urban Indian Health Clinic |
| <input type="checkbox"/> Primary Care Clinic – FQHC or FQHC Look-Alike | <input type="checkbox"/> Specialty Care Clinic                |

Type: \_\_\_\_\_

### Average Annual Patient Encounter Volume for this Clinic:

- |  |  |
|--|--|
| <input type="checkbox"/> 1 – 2,999     | <input type="checkbox"/> 10,000 – 14,999 |
| <input type="checkbox"/> 3,000 – 4,999 | <input type="checkbox"/> 15,000 – 24,999 |
| <input type="checkbox"/> 5,000 – 9,999 | <input type="checkbox"/> 25,000 +        |

Copyright © 2017 Connect Consulting Services, Inc.

[Connect Consulting Services](http://ConnectConsulting.biz)

[Connect@ConnectConsulting.biz](mailto:Connect@ConnectConsulting.biz) 701 12<sup>th</sup> Street, Suite 202, Sacramento, CA 95814  
916 758-3220

This Page Intentionally Left Blank

**Connect Consulting Services**

[Connect@ConnectConsulting.biz](mailto:Connect@ConnectConsulting.biz) 701 12<sup>th</sup> Street, Suite 202, Sacramento, CA 95814  
916 758-3220



# Connect Consulting Services

Engage – Prepare – Recover

## CMS Emergency Preparedness Compliance Self-Assessment Tool

Completing this self-assessment tool will help you determine your organization’s readiness for emergency planning and how your organization can meet the Centers for Medicare and Medicaid (CMS) Emergency Preparedness Final Rule (September 2016) requirements. The scoring rubric will also identify your emergency planning, training, and exercise gaps.

For Section I below, please answer each question with a “Yes” or “No” response to determine your emergency planning readiness. When you are finished, please go to the next page and begin Section II to determine your CMS Compliance Readiness Level.

Section I – Emergency Operations Planning Best Practices	Yes	No	Notes
<b>Emergency Operations Plan (EOP):</b>			
<b>1. Do you have staff that represents each of your Health Center’s (HC) departments such as administration and clinical assigned to an Emergency Management Planning Team responsible for:</b>			
a. Obtaining authorization from upper management;			
b. Obtaining support from all staff to include upper management, clinical and non-clinical support staff;			
c. Identifying the Health Center (HC) role in assisting the community in the event of an emergency;			
d. Developing and keeping the Emergency Operations Plan current and in compliance with State and Federal Regulations;			
e. Coordinating all policies, procedures, plans and trainings to operationalize the HC’s Emergency Management Program.			
<b>2. Has your Health Center:</b>			
a. Reviewed insurance policies including FTCA with a disaster in mind?			
b. Identified which critical services and operations will be needed to continue during an emergency?			
c. Identified the need to increase operational capacity?			
d. Established Mutual Aid Agreements with other organizations?			

Copyright © 2017 Connect Consulting Services, Inc.

To answer the questions below, please assign a value between 0 - 5 to determine your CMS compliance readiness level, with 5 being most complete and 0 not complete at all.

Section II – Emergency Operations Plan Requirements	0 - 5	Notes
<b>Emergency Operations Plan (EOP) Requirements:</b>		
<b>1. Has your Health Center:</b>		
a. Identified internal and external risks to your organization by completing a Hazard Vulnerability Assessment (HVA) for <i>each</i> of your practice sites?		
b. Has the HVA been reviewed and updated within the last 12 months?		
c. Completed an all hazards Emergency Operations Plan (EOP) for <i>each</i> of your practice sites that can guide your disaster response process for both medical and non-medical disasters?		
d. Has the EOP been reviewed and updated within the last 12 months?		
e. Developed a business continuity plan (BCP) to address continuity of patient care?		
<b>2. Health Center Emergency Operations Plan Detail:</b>		
a. Does your EOP contain orders of succession with an Incident Command System (ICS)? (If decision makers are unavailable, who is in charge?)		
b. Require review and update of the HVA annually?		
c. Require review and update of the EOP annually based upon risks identified in the HVA?		
d. Does your EOP contain Policies and Procedures (security, evacuation, staff recall, etc.) that direct personnel during an emergency?		
e. Does your EOP contain provisions for facilities, equipment and supplies needed in an emergency?		
f. Does your EOP address cyber security for all HC patient and operations data?		
g. Does your EOP make provisions for patient overflow and tracking?		
h. Does your EOP make provisions for vulnerable populations' health needs (e.g., elderly, handicapped, children, mental health, substance abuse, homeless, HIV/chronic disease, etc.)?		
i. Does your EOP have a provision to extend regular treatment hours in an emergency or disaster situation?		

Copyright © 2017 Connect Consulting Services, Inc.

[Connect Consulting Services](http://ConnectConsulting.biz)

[Connect@ConnectConsulting.biz](mailto:Connect@ConnectConsulting.biz) 701 12<sup>th</sup> Street, Suite 202, Sacramento, CA 95814  
916 758-3220

<b>Emergency Operations Plan (EOP) Requirements (cont.):</b>		
j. Does your EOP have provisions for housing and feeding key personnel for 72 hours in the event of a significant disaster or terrorism event?		
k. Does your EOP have a provision for relocating services in the event the facility is inoperable?		
<b>Emergency Operations Plan Requirement Section Subtotal</b>		
<b>Communications Plan Requirements:</b>		
1. Does your EOP include a Communications Plan with policies and procedures for communicating with internal stakeholders such as patients, Board, and staff?		
2. Does your Communication Plan address communicating with external stakeholders such as federal, tribal, state, and local agencies?		
3. Does your HC have alternate/redundant communications systems (satellite phones, radios, etc.) in the event standard communications systems become unavailable?		
4. Does your EOP/BCP reference your HC internal and external communication policies and alternate/redundant communication systems?		
5. Do you review and revise your HC Communications Plan annually?		
<b>Communication Plan Requirement Section Subtotal</b>		
<b>Training and Testing Plan Requirements:</b>		
1. Does the HC have a Training and Testing Plan?		
2. Does your emergency preparedness training occur <b>annually</b> focusing on emergency management, personal preparedness, continuity of operations, and business continuity?		
3. Does your HC provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles?		
4. Does your HC maintain documentation of annual training and testing?		
5. Does your HC participate in an operational facility level or community based full –scale exercise annually?*		
6. Does your HC conduct a functional or tabletop exercise annually?*		

Copyright © 2017 Connect Consulting Services, Inc.

<b>Training and Testing Plan Requirements (cont.):</b>		
7. Following drills and exercises, does a process exist to identify successes and opportunities for improvement which are documented as an After-Action Report?		
8. Does the HC create disaster exercise scenarios based upon the risks of the organization as identified in the HVA?		
9. Do you analyze your staff's responses to and maintain documentation of drills, tabletop exercises, and emergency events, and revise their emergency plans, as needed?		
<b>Training and Testing Plan Requirement Section Subtotal</b>		
<b>Total CMS Compliance Score</b>		

Copyright © 2017 Connect Consulting Services, Inc.

\* Section 491.12(d)(2) will require RHCs/FQHCs to participate in a full-scale exercise at least annually. If an RHC or FQHC experienced an actual natural or man-made emergency requiring activation of its emergency plan, it will be exempt from the requirement for a community or individual, facility-based full-scale exercise for 1 year following the onset of the actual event. However, for purposes of determining the burden for these requirements, CMS assumes that all RHCs/FQHCs will have to comply with all of these requirements.

\*\* RHCs/FQHCs will also be required to participate in an additional testing exercise (tabletop and/or functional) of their choice at least annually.

### **Scoring Rubric**

**112 – 150:** Fantastic - You are on well on your way to CMS compliance!

**75 – 111:** Good for you – There are gaps in your emergency management program, but you are on your way!

**37 – 74:** OK - You have a long way to go to get to CMS compliance, let's roll-up our sleeves!

**0 – 36:** You are just getting started – So Let's get going!

[Connect Consulting Services](http://Connect@ConnectConsulting.biz)

[Connect@ConnectConsulting.biz](mailto:Connect@ConnectConsulting.biz) 701 12<sup>th</sup> Street, Suite 202, Sacramento, CA 95814  
916 758-3220