

October 30, 2006

Thomas E. Hamilton
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Dear Thomas:

Thank you for the opportunity for the American Health Care Association (AHCA) to comment on the "Health Care Facility Checklist for Effective Emergency Planning" and the "After Action Report." I was appreciative of your suggestion back in July when we met with Mark McClellan to include AHCA in CMS' emergency planning efforts. My hope is that we can take this collaboration one step further. As currently designed, the CMS stakeholder workgroup's responsibility is limited only to responding to recommendations developed by other CMS internal workgroups. I would like to suggest that CMS reassess the role of the external stakeholder workgroup and expand it from merely commenting on recommendations of internal workgroups to helping to formulate those recommendations.

It would be helpful also if CMS could develop policies that would take effect and provide guidance during disasters. For example, we need a policy on MDS data entry when electricity is limited or non-existent, as well as several policies to govern payment during disasters. It appears that the Survey and Certification Group already coordinates several internal emergency preparedness workgroups that include staff from various CMS offices. You could expand these already existing, internal workgroups to include external stakeholders, such as AHCA, and expand the scope of work to include the development of CMS policy that would govern during times of disaster.

AHCA's comments on the "Health Care Facility Checklist for Effective Emergency Planning" and the "After Action Report" are as follows:

Health Care Facility Checklist for Effective Emergency Planning

Multiple pre-determined evacuation locations ... with a "like" facility have been established: Depending on how it is defined, the term "like" could be too constraining. We are aware of a case where a nursing facility took in clients from an intermediate care facility for persons with mental retardation (ICF/MR) that had to evacuate during Hurricane Rita. While this was challenging, it was also successful.

- *Transportation & Other Vendors: Ensure that transportation vendors and other suppliers/contractors identified in the facility emergency plan have the ability to*

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fulfill their commitments in case of disaster affecting an entire area (e.g., their staff, vehicles and other vital equipment are not “overbooked” and vehicles/equipment are kept in good operating condition and with ample fuel.) Consumers are not in a position to know if busses that they ride in are in good condition or if companies have ample fuel. These are questions for agencies that license the transportation companies, not for facilities who are only consumers. Likewise, facilities are not in a position to know whether a company overbooks its resources. The local emergency operations center would be in a better position for checking that transportation is not overbooked.

- *Contact Ombudsman Program: Contact the local ombudsman program to assign a representative to check on each facility.* It may not be feasible to expect ombudsman representatives to be available during a disaster.

After Action Report

The After Action Report is overly lengthy and burdensome. Facilities already are drowning in paperwork. It is important to conduct emergency planning exercises, but we do not condone lengthy paperwork requirements along with the exercise. The action report has a good amount of unnecessary questions such as the classification of the exercise, supporting organizations and participant roles. It also contains sections more suitable to the Department of Homeland Security than to a health care facility, e.g., “Analysis of Mission Outcomes.”

Thank you for your consideration of my suggestions. I look forward to our organizations working closely together to improve emergency preparedness in the long term care sector.

Sincerely,



Bruce Yarwood
President and CEO

Cc: Susan Larsen