

**Emergency Preparedness Update**  
**Rural Health Clinic Technical Assistance Series Webinar**  
**November 2, 2017**  
**2:00 – 3:00 pm ET**

Operator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question-and-answer session of today's conference. At that time to ask a question, press Star 1 on your phone and record your name at the prompt.

This call is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the call over to Bill Finerfrock. Sir, you may begin.

Bill Finerfrock: Thank you, operator and I want to welcome all of our participants today. My name is Bill Finerfrock and I'm the Executive Director of the National Association of Rural Health Clinics and I'll be the moderator and I'll also be doing some participation in today's call.

Our principal speaker will be Nathan Baugh who's the Director of Government Affairs for the National Association of Rural Health Clinics. Our topic is the new emergency preparedness requirements that are effective for rural health clinics and other providers beginning November 15th of 2017.

This series is sponsored by the Health Resources and Services Administration's federal Office of Rural Health Policy and is done in conjunction with the National Association of Rural Health Clinics. We're supported by a cooperative agreement and as you can see on your screen through the federal Office of Rural Health Policy and that allows us to bring you these calls free of charge.

The purpose of this series is to provide RHC staff with viable technical assistance and RHC-specific information. Today's call is the 78th in the series which began in late 2004. Over the years there have been over 21,000 combined participants on this national teleconference and Webinar series now being done as a Webinar.

As you know there is no charge to participate and we encourage you to refer others who might benefit from this information to sign-up to receive announcements regarding dates, topics and speaker presentations. They can go to [www.hrsa.gov/ruralhealth/policy/confcall/index.html](http://www.hrsa.gov/ruralhealth/policy/confcall/index.html).

During the Q&A period today we ask that you identify yourself by name, city and state when you ask your question or you can type your question in a chat box that will appear on your screen once we go to the Q&A session. With that I'd like to introduce our speaker today, our primary speaker Nathan Baugh. We're going to talk about the emergency preparedness requirements.

Nathan Baugh: Thank you, Bill and we will dive right into it. There is both my contact information as well as Bill's contact information. That is the same phone number. We work in the same office so if one of us is not in, the other one should cover for him.

All right, so what are we going to cover today? Obviously we're going to go over the emergency preparedness rule and the specific regulations which hopefully everyone knows by now are found in 42 CFR 491.12. That's the rural health clinic and emergency preparedness rule citation.

In addition there's five sections to 491.12 A, B, C, D and E and we're going to go over each section and then after each section we're going to talk about the interpretive guidance for that section so the full interpretive guidance is found in state operations manual Appendix Z and this is guidance to surveyors so it's the instructions to the surveyors who will be making sure that you are complying with these rules.

And so we've just tipped some quotes that help color-in some of the rules in various sections and then at the end we're going to go over and (unintelligible) we've developed and that (template) will be available for everyone to use as kind of a guideline to creating your own emergency plan and then of course we're going to have some time for question and answers at the end.

And obviously I know that one of the most commonly-asked questions is where is the slides and the audio and the transcript? They will all be posted at the link that you can see on your screen after as well as if you're logged-in on the Webinar, there's a file share that you see that you should see at the bottom (right). You can click that and also download just this I think the slides are there.

Wakina Scott: Hi, Nathan, this is Wakina. I just want to let you know that you were just a bit choppy so I'm not sure if there's a slightly bad connection on your end but just wanted to give you a heads-up about that.

Nathan Baugh: Okay, Wakina can you let us know if it gets worse?

Wakina Scott: Okay, I sure will. Sounds good now, though.

Nathan Baugh: Okay, all right so this screenshot here, obviously I don't expect anybody to read anything off of this slide. However I just wanted to demonstrate what we have to comply with today if a surveyor showed-up, you have to comply with those three little things on the left and it used to be located at those Code of Federal Regulations 491.16.

Now obviously it's a much more comprehensive set of rules that we have to deal with and they're much longer and that's on the right so we are ramping-up what we have to do in terms of emergency preparedness. As Bill mentioned when he did his intro, the implementation date for this rule is November 15th, 2017.

If you see the date November 15th, 2016, that's because that's when these rules were finalized but CMS made it clear that they weren't enforcing it until a year after they rules were finalized.

So that's why the enforcement date if you will begins on November 15th, 2017 and Bill do you want to talk about what would happen if you potentially aren't in compliance on November 16th?

Bill Finerfrock: Well, I think first you know, there's been a lot of concern as Nathan mentioned the rule is effective on November 15th. We are not anticipating that you're going to see surveyors showing-up en masse at rural health clinics on November 16th to begin surveying to see if you're adhering with these new conditions so I don't want folks on the one hand to, you know, think that this is something that is going to happen (right away).

What we anticipate is that these will be done as you go through a normal course if you're an existing RHC and you come-up for recertification, surveyors come-out as part of a normal process, this would be part of the requirements you're expected to meet.

New rural health clinics if you're getting certified after November 15th you're going to have to show in your policy and procedures manual in all the various documentation and papers that you've met all the requirements.

I think here hopefully all of you have at least done some of the activities required here but I think, you know, you're going to need to be able to show the surveyors if you have written documents that you're required, you're going to want to have those in your policies and procedures manual.

In terms of some of the activities, in terms of doing a tabletop exercise we're going to talk about or some of the other planning that you have a date scheduled for that that you can show a surveyor should you be surveyed in the near future that you have it scheduled and when it is planned for and that you have all of the documents necessary.

You may be cited for deficiency but it would be one where you would be given an opportunity to submit a plan of correction which again would be what date will you have all your documents in place, will you have your training exercises done, etcetera, so we don't want people kind of getting scared here but we do want you to become compliant as quickly as possible.

Nathan Baugh: Right, the message is the sky is not falling if you are out of compliance on some part of this when the survey happens but it's also at the same time you urgently do want to fix that deficiency so here I have let's say what I call the old regime which again was those three data points that I had listed on the previous slide which we had to if you have got surveys today, all you would have to do is demonstrate that your training staff in handling emergencies, replacing exit signs in the proper location and take other appropriate measures.

So it's very, you know, only three points here and not really that comprehensive. As I have mentioned before, the new regime what I call the new regime of an emergency preparedness rules is again found at 491.12 and that's 42 CFR 491.12.

I know this is not going to focus on critical access hospitals and how they have their requirements are a little different but I know that there's a lot of overlap and if you are a part of a call or, you know, you're associated with a call, that their rules emergency preparedness rules are located at 485.625.

Okay, so like I said we're going to go through each of the sections here, the five sections A, B, C, D and E and then the interpretive guidance for each section so the first subsection here is 491.12A which is what they call the emergency preparedness plan.

It's pretty straightforward. You have to create a plan and you have to update it every year and so in our template you'll note that we have a little log where you can document that you edited X, Y or Z thing within the plan on this date. Then when a surveyor shows-up you can show them hey, we updated our plan within the last year. There's a lot of leeway.

I'm going to probably say this several times throughout this presentation but CMS is not dictating a particular plan. If you use our template, it is not the only way to go about satisfying these requirements so there's a lot of leeway and they're very clear about that throughout the interpretive guidelines.

What you do have to do is you have to have a strategy to address all the various emergency events the clinic is at risk for. The term in the rule is utilizing an all-hazards approach so, you know, if you're in the State of Washington and you're located near Mt. what is the mountain there, what is it, Mt. Helena and so you might want to have something for volcanic, you know, emergency.

But if you're in Kansas I doubt that you're going to need something on volcanos so but you do want to address all the various emergency events that you could potentially face and we have examples of those in our template and at the end we'll go over some.

The other thing that you're going to have to do is you want to analyze your capability during and after each of the potential hazards that your clinic would face and then finally as a part of the plan portion, well this whole thing is what you would consider emergency plan but is there some general things that you're going to have to have in this particular section?

And one of those is a process to cooperate with the broader community on emergency preparedness so you know, you're going to reach-out to X, Y or Z office within your community every year to engage with (Sam) on what you need to be doing to be ready for emergency preparedness.

Bill Finerfrock: So that would include local fire, police. You may have a county emergency preparedness department in your county. Who are the other individuals or organizations within your community who you would want to partner with as part of an emergency preparedness so maybe other healthcare providers or maybe a nursing home in your community, other medical practices?

These requirements are unique to providers under Medicare who are under a survey or a certification process.

So in your community you may have a private physician's office that sees Medicare patients. They do not have to do an emergency preparedness so if you reach-out to them and say hey, we want to partner with you on the new emergency preparedness requirements, they may not know what you're talking about. They still might be somebody you want to partner with so who are logical individuals within your community who would have a common interest or a shared interest in doing emergency planning.

Nathan Baugh: All right, so on your screen is some of the interpretive guidance for this section in state operations manual Appendix Z, I did not write any of these things that are on your screen. These are direct quotes from the guidance and I just want to go over a couple.

Obviously that first one there like I said there is no one format. You can use whatever format works best for you for in terms of the emergency preparedness plan. One thing that I'll point-out is the second bullet point.

If you're going to evaluate a potential interruption so let's say the hazard is power's down or water's down, the facility meaning the rural health clinic needs to take into account the duration of such interruptions.

So that's the instructions to surveyors so when you show a surveyor like this is what we're going to do when the power's out, that surveyor is supposed to look at the duration that you've considered duration of the power being out, right, so that when you write your plan, you want to think about okay, what is the surveyor looking for and those answers are often going to be found in the Appendix Z, right?

There's nothing in the actual rule in 49 that should say 491. I apologize, it's not 492, 491.12. There's nothing in 491.12 that indicates that you have to consider duration of an interruption. That's only in the appendix but that the surveyor is instructed to look for that so that's just an example.

They don't define community in order to give you flexibility to kind of you know, define what you would consider community for the purposes of a community-based risk assessment. I will point-out that when you do your all-hazards risk assessment you want to have two.

And one is for your broader community, something that everyone in your town or your community might face and the other would be specifically for your facility so if your facility is located near a river or on some sort of hill or there's trees that go a treeline that's very close to your facility, those might be facility-specific hazards and so the guidance says to surveyors that you have to have two all-hazard risk assessments.

One is community-based and one is just for your building and is facility-based and the final thing here and this kind of runs together with some of the other requirements and some of the other subsections but and it's the last bullet point on your screen, while the responsibility for ensuring a coordinated disaster response does reside with the emergency planning authorities, you must document all your efforts to contact these officials, right?

So if they are not particularly well-organized in your area, document that you've reached-out to X, Y or Z authority and try to initiate them on a conversation about emergency planning.

Bill Finerfrock: This is one of those areas where with the process starting here soon, you should be able to do, where you want to at least show in your records that you've done this outreach, that's something that you could do now prior to November 15th to at least try to engage those local officials in a conversation about it. We have heard that a lot of state officials in particular are becoming inundated with requests from local providers who want to engage in these activities.

So that we're hearing are reports that they are behind depending upon the size of your county, some county officials are getting behind because of inquiries and requests at numbers and at levels they've not heard before but at least have documented that you've reached-out and tried to get in touch with them.

Nathan Baugh: I'm just going to make a quick note on the Appendix Z. That appendix applies to every single facility type that has to comply with emergency preparedness and there's a lot of crossover.

However, it can be confusing because there's stuff in there for hospitals and other facility types that is not applicable to rural health clinics while the official document is still Appendix Z and you couldn't figure it out, there are resources out there that kind of pull the non-rural health clinic stuff out and so it can be a little easier to follow.

And I'll have a link anywhere in this presentation to a RHC-specific interpretive guidance document but I know that that is available and it's something that we could potentially put on the list-serve so I just wanted to make that note.

So moving-on to the second subsection here, 491 not 2, 12B which is policy and procedures so this is not a separate - it can be theoretically a separate - document but this is not you can also put this within the emergency plan that you were required to create in Subsection A, right?

It's pretty straightforward. You have to again review and update your policies and procedures annually. Some policies that you are required to have as you must have a policy on evacuation signs and you have to have staff responsibility during an evacuation.

You have to have a policy on sheltering in place. You have to have a system of medical documentation that preserves patient info and I have some interpretive guidance language on that in the next slide and then finally you have to have a plan or a strategy to use volunteers during an emergency and again I have some interpretive guidance on that.

So I'm going to go ahead and just skip right to that so the first thing I have here is that facilities must and again this is a quote from the state operations manual, facilities must consider in their development of policies and procedures the needs of their patient population and what designated transportation services would be more appropriate.

So that's just a straightforward it's pretty straightforward but you want to have some sort of policy on how you might transport patients that are in need to a different facility. One of the things that you're going to make sure that you need to have is two ways to contact whoever's going to be responsible for that transportation.

And this kind of bleeds over into one of the requirements in the next subsection but it's a primary and a secondary means of communication meaning that you're not reliant purely on the Internet or you're not purely reliant on your cellphone or you have two ways to contact the people you needed to contact including whoever might be responsible for transporting any patient or needs it or anyone that needs it to a different facility.

The last bullet point if you look on this page says that in addition to any existing requirements for patient records found in existing logs under this standard facilities are required to ensure that patient records are secure and readily available to support continuity of care during an emergency so this requirement a lot of people have viewed it as a de factor EHR requirement.

I'm not sure how you could satisfy that necessarily via paper. I've heard some people say well, we'll have very secure file cabinet that won't get burned down and is I guess resistant to water damage maybe and you know, that will suffice but I think the easiest and the way that most people are going to comply with this requirement is backing things up to some sort of cloud system.

Bill Finerfrock: Yes, I think we do have to recognize that in the RHC community many of you may not have an EHR and then that kind of a cloud backup capability. So I do think that ensuring that the file cabinets you have are secure, that the file cabinets are fireproof and the file cabinets can sustain a certain level of whatever damage.

I had a conversation yesterday with Kate Hill from The Compliance Team about this question and you know, I think there's a question of reasonableness. What reasonable steps are you taking to ensure that records are available? You know, if your building, you know, blows away because of a hurricane, is the expectation that the file cabinet is still going to be sitting there and secure?

I mean, obviously there are circumstances that you're simply not going to be able to ensure that it is preserved in lieu of everything else being destroyed but have you taken reasonable, responsible steps to ensure that in light of a fire, in light of floods that there is an opportunity to be able to preserve those records.

So I think EHR may be or electronic file or an offsite system where you could have a backup set of files is great if that's feasible but I also think taking reasonable steps to secure them in file cabinets would also be sufficient to meet this requirement.

Nathan Baugh: Right, and I think that's a good example of at the end of the day even within with all the guidance release, some of this does come-down to a judgment call of what the surveyor thinks is appropriate so it's just the quote I have (unintelligible) the instructions to the surveyor so that's the most details that the surveyor is looking for.

All right, so we're going to go to the third subsection here which is Subsection C which is communication plan. Again communication plan must be updated annually, could potentially be a separate document from the emergency plan, could also be within the emergency plan.

You just definitely need to have one. Pretty straightforward, you need to have contact information for all of those entities that I have listed there and as I mentioned earlier you have to have the primary and alternate means of communication. On the next slide I have some interpretive guidance language on what exactly primary and alternate means as communication means.

There's the a part of your communication plan must be a way to provide info about your you must include a plan to provide info about your ability to help during an emergency as well as the condition of your RHC.

Is it damaged, you know, where your patients are sheltering in place or where your patients evacuate to, if you did evacuate? You are going to have all of those the ability to communicate that information to the local emergency preparedness authorities.

So here's some guidance from the Appendix Z. The first point here is that if you're in a rural or remote area which most rural health clinics are, you need to ensure that your communication plan addresses how you would communicate and comply with this requirement in the absence of Internet, right, and they list satellite phones, radios and shortwave radios.

I think the key here is if you don't have Internet and you don't have the cell tower that you use is down, how are you going to communicate? Also if you don't have power how are you going to communicate so something that is like a satellite (unintelligible) or a radio that can be charged and will still function without power, without Internet, that would be key to having that secondary means of communication, right?

And the second bullet point is kind of along those same lines. It just gives you some various ideas of how they might expect you to show that you have met this requirement.

All right, so now we're on to the fourth subsection of the rules and this is training and testing and this is perhaps what we've heard is the hardest to implement and to comply with. This is the kind of section that takes the most time. You must train your staff all staff and contractors consistent with their expected roles and you have to have one documented training for all those staff members every year.

When the surveyor comes I think I don't have it in the slides but the surveyor will ask staff what their role is during an emergency, a hypothetical emergency and they're going to evaluate whether or not the staff is aware of their responsibility, right? You have to do two drills or exercises. Now this gets a little complicated so bear with me.

One of your exercises must be a full-scale community-based exercise and you have to do that once a year. Then you can do another community-based exercise or you can do a tabletop exercise for your second exercise so it's either two full-scale community-based exercises or one full-scale community-based exercise and a tabletop exercise.

On all of these anytime you do an exercise or a tabletop exercise or a community-based drill, document, document, document and because if you don't document it, the surveyor's not going to know that you did it, right?

Include a section within your emergency plan where you will document this, you know, say we've documented all our exercises on tab whatever and every time you do an exercise document it, include any valuation of how your clinic did, what things you can learn from the exercise, etcetera, all in that section.

I will note that if you have an emergency and you execute some portion of your emergency preparedness plan, if you actually put this into place that does count for one of your community-based exercises so there's a little silver lining. Hopefully it's not too serious but if you implement your emergency plan that will count for one of your drills.

There's a lot of resources already available and there will be more and more resources available on drills and exercises I think over the years and so CMS just be on the lookout for those from CMS and I have some links at the end of this slide where those will be posted.

This is important. CMS clarified in one of the FAQs Round 5, FAQ Round 5 that the two exercises must be performed before November 15th so even though this is starting to be enforced, this November 15th they will have if you get a surveyor at your doorstep on November 16th, they will have expected you to have done these two exercises within the previous year.

Right, so you don't get a year starting November 15th to perform these exercises, right, so you need to do those now. Bill?

Bill Finerfrock: Yes, and this is one of those areas where you know, I think there's a lot of concern. Obviously here we are November 2nd and you know, if you haven't done it, you've got technically 13 days to get this done and you know, you're simply not going to be able to do that. I think this is an area where you want to get on this, you don't want to delay.

I would put together a calendar as soon as possible identifying the dates at which this will occur, again who you have reached-out to, so, in the event that you do have a surveyor show-up within the, you know, next month or so that you are in the process of getting this done and you will have a date on which this will occur as part of your plan of correction.

I think also for new RHCs obviously it is not possible for them to have done this already so for those who are coming newly into the program it is prospective rather than retrospective but for those of you who are existing RHCs this is something I would not continue to put off and at least get something on your calendar so that in the event you are surveyed, you can document and show that you are in the process of getting this done.

Nathan Baugh: Thank you, Bill so here's some quotes from the Appendix Z. The first one here is facilities are expected to contact their local and state agencies and healthcare coalitions.

This is something that we've kind of mentioned already, make sure you document when you reach-out to your local and state agencies in this scenario that your community has a little bit behind or they're not very helpful, at least show that you've documented, you're tried to reach-out to the appropriate authorities.

Now if you are in the scenario where there's not a good community-based exercise happening on your timeline like maybe you do reach-out and they're like yes, we have a community-based exercise scheduled for March, right, but you know that you have a survey before then, then well you might want to consider doing this if you look at the second bullet point, you could do what they're calling an individual facility-based exercise.

So you would contact, you would basically document and say hey, I reached-out and the community-based exercise isn't occurring until too late or we can't do the community-based exercise because their community is on top of it or whatever the reason is and then you are allowed to do what they're calling an individual-based exercise.

And again you have to document that but you can basically use your imagination to and there's guidance online and there's a link at the end that will kind of give you some ideas of how what these drills are supposed to look like but you come-up with a scenario and you do it, right, and you can be individual facility-based.

So the lack of a community-based exercise occurring in your area is not an excuse for not doing this section and then finally at the bottom here is that you again document everything. One of the things that the surveyor is looking for is that you have some sort of after-action report on ways that you can improve for next time and it's just very important that you document anytime you do a test, yes.

Bill Finerfrock: And there are tests that can be even smaller in scale for example you could do an active shooter scenario in your clinic which does not necessarily involve significant participation.

You may from the local police or certainly want to make them aware and this is one of those areas you want to communicate to a lot of people that if you're doing an active shooter drill that, you know, you make people aware that there's a drill so you don't create unnecessary panic.

But there are smaller-scale activities that you can engage in that don't necessarily involve your emergency preparedness folks who are at a county level or in a community level but may be smaller in scale to police, potentially fire and rescue in the event that there are injuries, things of that nature but don't always think about these as large-scale initiatives.

Some of them you can scale-down that it would literally be just involving your clinic and some local law enforcement officials.

Nathan Baugh: Right, thanks Bill so last subsection here Subsection E is about integrating healthcare systems and I know a lot of rural health clinics are looking at this section as way or is doing an integrated healthcare system plan. I think the proper name is coordinated emergency preparedness program. If you participate in that, you will satisfy the rural health clinic rules.

However, you need to be very careful that you are meeting all the requirements and that your broader systems emergency preparedness program is meeting all of your requirements and they've very keen - CMS is very keen - on emphasizing that every single facility that is a part of that broader coordinated program must demonstrate that they are compliant.

If one facility is not in compliance, technically the entire system's coordinated emergency program is out of compliance so if you don't trust someone else in here in your broader system then, you know, you might not want to do this.

I will say that this is completely optional. Just because you belong to a healthcare system does not mean you have to take this approach but you can, completely optional and I'm going to go into some of the guidance on that. They are very keen on ensuring that there are participants from every single facility within the system.

The surveyor is going to ask that the coordinated preparedness plan demonstrate that there was one person from each facility at let's say the meeting where they do the planning and you're going to have to document that every single facility was actively participating and setting-up this plan.

Again the second bullet point here is kind of reiteration of there is no one format, no one size all fits a model that can be prescribed. However, again each facility participating must be in

full compliance or else the entire emergency preparedness - the unified emergency preparedness - program is out of compliance. Bill?

Nathan Baugh: All right, so that is our summary of the rules and some of the guidance. The next thing that we're going to go into is a template because I know that going over the rules and some of the guidance sometimes it's easier to just get into the actual work, okay, what do I need to do and we have to give a huge shout-out if you will to the Louisiana Department of Health who really did a lot of the work in developing a template.

I know that there's other great templates out there that other folks have developed so this is by no means the one and only template but it's one of the first ones that we've seen and they really did a great job and theirs is geared obviously specifically towards Louisiana and you can read or you can see their plan at the link that I have in the Webinar.

We've gone through and made some minor edits just trying to remove the Louisiana-specific references and create a little bit more of a generic version which you can download on our Website. You can also download it at that link. If you click it or you put it into your browser, it will I think it'll just it won't take you to a Webpage. It's just going to start downloading through your browser a Word document, okay?

Again this is not a guarantee that oh, if you use our template, you know, you're going to be totally fine and a surveyor won't mark you up on something. It's just simply an example to help you get started and you can pick and pull pieces of this that you like and if you see a different template that you like, you can pull pieces out from that as well. No long format required.

So with that I'm going to just go into a few characteristics of the template that Louisiana developed and now we're kind of using here and all this obviously this is a table of contents page and all I'm trying to do here is show that when you're writing, when you're going section by section, one way to organize it is to think okay, I just went through A, B, C, D and E of the rules, right?

Well, when you're writing your plan just write your plan, okay, read the rule, how are we addressing that particular aspect in our plan, right, so I kind of have cross walked the regulation with the subsection, right, and the section in your emergency plan.

If you look at the template that we've developed online, I got even into the more detailed sections within the code and kind of given you the reference so when you're writing it, you can see what rule you need to satisfy in that particular section when you're writing your own emergency plan.

Bill Finerfrock: And it may seem obvious here but I think, you know, all the first thing you all have to do and it's highlighted there but it is your emergency plan and it's the first thing, the risk assessment. What are the risks that are likely or potentially going to occur in your community?

As Nathan said, if you're in the Pacific Northwest, it might be a volcano. If you're in the Midwest, it might be a tornado. If you're in the Gulf region, it might be a hurricane. If you're in the Far West it might be fires and then there are other local events that can occur

but you have to do that and sit down and come-up with a reasonable list of what are the potential risks that might occur in your community and then do everything from there so you've got to do that risk assessment first.

Nathan Baugh: All right, again, this is just the way we designed or really Louisiana designed our template. It's - they kind of have the narrative section which is what you see here and then they have tabs and situational risk annexes that they put at the end, right, and so the first section is what you would write for that's kind of in general stuff that is applicable across every single type of emergency.

You have to have a shelter-in-place plan regardless of the, you know, your various risk assess let's say you're even you're not in a place that has tornadoes so you might not couldn't think that you would need a shelter-in-place plan. Well, that is a part of the policy and procedure requirement so everyone's going to need a shelter-in-place plan regardless, right?

So those are the kind of things that we put in the narrative section and then you have tabs that you can swap in and out as necessary so a good example of this is your organizational chart and your contacts, right, you might not want to bake all that information into your more narrative section of your plan.

You might want to have that standalone in its own tab so you can swap it in and out as the contacts change. As your organizational structure changes, you can swap in and out that tab and you don't have to re-edit your narrative portion so that's just a suggestion, that's how Louisiana structured it.

And then of course at the end here we have situational risk annexes which are specific to the particular type of hazard, right, and this is what you would include for obviously anything that you're going to do specifically for X, Y or Z hazard or risk and so I have an example of the fire.

Then this was again is exactly what Louisiana put together but this is just Annex A fire, right, and their procedure is RACE, so first you go to rescue, R, then you have to alert the fire department, A, C is contain the fire and then E is extinguish the fire if the fire is small and then they have little notes in here, right?

Never aim at the top of the flames because it's going to cause the fire to spread. If you can't extinguish the fire, evacuate the building immediately. The most common cause of death in fire is smoke, not the flames so be aware of that. You want to stay low to the floor to avoid inhaling too much smoke and so this is just their fire procedure.

You can have a different fire procedure but this is, you know, everything that is specific to a fire would go in this annex. This is again one way to structure it. That's how this template is structured. There are other ways to structure it as well. I'm going to pull out I'm just going to skip over that side real quick.

This ASPR (TRACIE) link which is the bottom link on this page has resources that I think are particularly good for the specific hazard section so you can search on that Website and you can find facilities, plans for X, Y and Z emergency and I think it's a good resource when

you're looking for okay, well, what am I going to do during a bioterrorism or a radiological event? There's good resources on that ASPR (TRACIE) link.

Bill Finerfrock: Yes, and I think, you know, many of you this is a great point because several of these hazards are things that you can pretty well predict are going to and how you might respond, fire, some of the natural disasters but as Nathan points-out, there you can go and get some insight and perspective on things that hopefully may never occur, a biohazard, terrorism, things of that nature.

But, you know, you have to think about that type of an activity unfortunately in the world today so those are good resources for that.

Nathan Baugh: Yes, so I skipped over this slide briefly and all of the quotes that I pull on the interpretive guidance come from this language in the state operations manual Appendix Z. This is the instruction to the surveyors, I think it's very good for everyone to have this document up and on your screen as you are writing your emergency preparedness plan, right, because that is that the service the guidance or what the surveyors are going to be looking for so that is the link to that, again state operations manual Appendix Z.

And then the other two links that I have on this page, obviously first bullet point has an e-mail and that's to CMS so if you have questions and year-over-you want an official answer from CMS there is an e-mail address where you can submit your questions, SCG emergency grab that's cms.hhs.gov and then finally that middle link is kind of just the it's what comes-up if you Google CMS emergency preparedness.

It's not anything crazy. It's the main kind of hub for a senior (mass). It has all the useful FAQs. That's where I got the, you know, information that you have to be ready on November 15th, 2017, right, that came from FAQ (foss). I got FAQ five from that link, right, so that's good information there and they have a lot of other useful information on that page as well.

So I believe that concludes our presentation and we're going to open it up for questions. We could get the chat box active and as well as operator if you want to give the instructions for submitting a question or for asking a question over the phone?

Operator: Thank you. If you'd like to ask a question over the phone, please press Star 1 and make sure your phone is unmuted and record your name clearly when prompted. Your name will be required to introduce your question. If you need to withdraw your question, you may press Star 2.

Again to ask a question, please press Star 1 and record your name. We'll take a moment for questions to come through. Please standby.

Nathan Baugh: And what, oh, there it is. I think the chat box should have appeared if you're on the Webinar and we'll try to get to questions on that as well but we'll start on the phones first. Operator, do we have anybody ready?

Operator: Yes, our first question comes from (Mary). Your line is open.

Nathan Baugh: Hi (Mary) where are you from?

(Mary): Hello yes and I also have (Bob) here. He's going to ask you a question. Go ahead (Bob).

Nathan Baugh: Where are you ...

((Crosstalk))

(Bob): Where do you get the list of names CFRs or where it's spelled-out. We're part of a critical access hospital. The clinic's located in the hospital and they're part of the emergency management plan within the community and such as that.

But I was looking at trying to find again a list of the specific list of the rules or the standards for this so that can just create a small manual that addresses those items instead of the file (unintelligible) that's in our environment or care policies so I can address them by number in a separate manual that's for easy reference?

Nathan Baugh: Yes, I think our template if you take a look at our template, it kind of crosses (unintelligible) the, you know, the emergency plan kind of section with the rules. Is that what you're asking ...

((Crosstalk))

(Bob): Yes, do you have, I mean, it has a list of outline (unintelligible) 459.3 is that how they, I mean, do they list that in that way or is it so we can make a crosswalk from my ...

((Crosstalk))

Nathan Baugh: ...does that where it can so if you, I'm going to go back to that ...

(Mary): Yes, go back to the slides so we can copy the ...

Nathan Baugh: ...so ...

Bill Finerfrock: And you can download those slides and get them electronically and just follow the links but that is all in there. Those links will take you there and the same, right, with the guidance, the emergency the interpretive guidance will show you the particular section of the reg.

Nathan Baugh: What state are you in?

(Bob): Illinois.

Nathan Baugh: Because some of the states are also developing I know we've used Louisiana. I've heard other states. You may want to check to see if your state has created a template as well.

(Bob): To my knowledge they haven't yet. We have an attached long-term care facility and a couple of clinics that are within the hospital and were surveyed on the long-term care part this summer and they were fine with everything that we do with the hospital emergency

preparedness and the nursing home and things being part of the hospital response plan because they are, the clinics are as well.

Bill Finerfrock: The problem with the regulations and I think either the template or the interpretive guidelines are better documents is the regulations are written for everybody and then they will have a footnote that says well this section does not apply to but so it's easier if you follow the template or things of that nature I think.

(Bob): Okay, that's kind of what we're trying to do is just put out what we already have. I know we already have all the items and we have, you know, the drills, the full-blown community and the individuals but just put something together that's easy to follow that's out of this that utilizes what we already have.

Nathan Baugh: Okay. All right.

(Bob): All right thank you.

(Mary): Thank you.

Nathan Baugh: Thank you.

Bill Finerfrock: Thank you.

Nathan Baugh: Okay, so we have a bunch of questions in the chat that we're going to try to get to in kind of rapid fire here. (Billy) asks if we have any recommendations on generators. Unfortunately we don't. Generators is not a real health clinic requirement, that is something that I know hospitals and other facility types are required to have but I do not believe that rural health clinics are required to have generator at least from the emergency preparedness plan standpoint.

(Donna) asks if we can confirm that her plan will count for the community drill. (Donna), I'm just going to need more details on that. You can e-mail me. My contact information is at the beginning. I can't confirm that because I need more information from you.

Well, I don't know if what they've implemented wouldn't be counted as a community ...

((Crosstalk))

Nathan Baugh: ...yes, you're going to have to give me more information, (Donna), I'm sorry. Moving on to (Kim)'s question, do we have to have a policy on how we ensure that the patient records are secure?

Yes, so as Bill was saying earlier, you know, he thinks that if you have very good sturdy file cabinet that's in a secure location that's going to withstand fire and water damage, that that would suffice in terms of keeping patient records secure during an emergency event.

I think the other way that most people or many folks are going to satisfy this requirement is to effectively backup to the cloud.

Bill Finerfrock: Yes, on that point too on the backup, when folks say backup to the cloud or whatever, it's kind of a neat marketing term but it's not always clear, what's important is wherever you're doing your backup that it be in a location that is not likely to be affected by the same emergency that is causing you to trigger your plan.

So let's say you're across the street from the hospital, you're an RHC and you're backing your files up on the server of the hospital and you go well, we have our servers here in the clinic and our backup is across the street at the hospital.

Well, there's going to be an outage in the area that power outage may more than likely is going to affect the hospital as well as your clinic so your backup plan isn't very good because you haven't got it in a location where the same emergency that's affecting you is also affecting where you have your backup so just give a little bit of thought.

If you are using electronic backup, where is that site located and whether or not that site is vulnerable to the same emergency.

Nathan Baugh: But yes, you have to have a policy. You have to develop something to keep your patient records secure. We're going to do a few more in the chat and then we'll go back to over the phone. (Elizabeth) asks a question about if she just passed certification and is pending CMS approval for CMS, then we are not yet held to have exercises done by 11/16.

Bill Finerfrock: If you've had your inspection, if the surveyors have already been there, you're inspected based on the criteria that exists at the time of your inspection, you would not then be subject to a retroactive reinspection once we're past the 15th so hopefully you'll get your approval and you've submitted your plan of correction if there were any deficiencies but once you have been inspected and determined to be in compliance, you're good to go.

Nathan Baugh: (Brenda Huggins) asked if we can print the info today? Yes, I think the suggested way to do that would be to either go to the link that I have in the very first slide or the download the file that's at the bottom right box and once you download it, you should be able to print it.

Bill Finerfrock: And then also the template will be available on the Office of Rural Health Policies' Website. It's available on the National Association of Rural Health Clinics' Website. If you've got the notice about this meeting, you should have also received a link to the template as it is up on the NARHC site.

If you're unable in any event to still get something in the way of a printed document, contact Nathan, you have his contact information on the first slide and we'll make arrangements to get that information to you but there are a number of places you can get that information, download it so you can print it.

Nathan Baugh: Operator, can we take a call over the phone?

Operator: Yes, our next question comes from (Nick). Your line is open.

Nathan Baugh: Hi (Nick), where are you from?

(Nick): Hi, calling from Washington.

Nathan Baugh: Great.

(Nick): Regarding the community disaster participation, is there a degree of participation required or is that something a couple of representatives from the RHC can attend and then report back to the rest of the staff?

Nathan Baugh: This is a good question and it's actually we did a presentation earlier in the year and it was asked as well then. There's no requirement as to a minimum number of people or maximum number of people from your facility required to participate in the X, Y or Z exercise.

A lot of that requirement will be up to the individual exercise, the nature of the exercise, you know, I think my example that I've created in my head is if we're going to have an emergency drill, a community-based drill where we say the west side of town is completely destroyed by a fire or by a tornado and everything on that side is shut down, obviously you can't you're going to want to move everyone to the other facility on the east side of town, right?

Conversely if your side of town is the side of town that's maybe receiving a higher volume of patients because the emergency event is happening on the other side of town, then you don't have to have anyone leave the facility because everyone's coming to you.

So it's all just dependent what I'm trying to say is it's dependent on the nature of the drill, the nature of the community-based exercise so what you're saying sounds like it would be compliant. I will note that everyone needs to be trained on what to do; however, not everyone in your rural health clinic there's no language that requires a certain percentage or certain number of participants from each rural health clinic.

Bill Finerfrock: And I would add to that I think you know, if you look at Nathan's example you also have to factor-in the possibility of what happens to your staff in this situation? Let's say you're on the side of the town that is not armed by whatever the emergency is but a number of your staff have homes on the part of town that is damaged under your exercise.

Can you reasonably expect that those individuals are going to be available to assist with the emergency or are they going to be dealing with you know, their own families, their own homes, you know, so think about all the various aspects of a scenario even to the point of are the people that you are thinking are going to be available actually going to be available or are they going to be dealing with their own circumstances relative to that emergency?

Nathan Baugh: And I think the concern that was expressed before and I know people have is that well am I going to have to shut down my clinic for a day? I can't afford to shut down my clinic so we all can go participate in a community-based exercise. Well, if the design of the exercise would require you to shut down your clinic, then maybe you do have to do that.

But if the exercise says no, we don't want you to shut down, in fact we would want you to continue to operate, then you wouldn't have to shut so there's not really it's just dependent on the, all right, so we're going to jump back to some questions in the chat box.

There's not even a name here but somebody asked regarding the community drill, does this include the emergency - did that satisfy your question - I'm sorry? Are you still on the line?

(Nick): Yes, yes, thank you very much.

Nathan Baugh: All right, thank you. Somebody asked community drill, does this include emergency management team, police, fire, or does it have to include receiving sites as well? Again this is variable. You might be doing something where you're receiving extra patients or you're transferring patients and it just depends on the community drill so I can't really answer this for you.

Again like if it's an active shooter and it might be just a facility-based drill. That would not really require, you know, the shooter is at your location, you're not going to get necessarily other receiving sites involved in a situation like that so it depends on the community drill. (Marcie Villanueva) asked I'm not clear on the transportation of patients. We're a small office. Would we be required to use our own vehicles to transport patients?

You might have a policy, I understand that you're a small office but if there was an emergency event at your small office, how would you transfer patients to the closest hospital let's say there's a fire, that could be your policy.

If there's a fire and patients are severely burned, you know, the best way to get them to the place that they need, we can't take care of them in the clinic because there's a fire in there we would use our cars to take them to the hospital. That would be something that you could put in your plan.

Again CMS is not prescriptive on this. They give you that option to kind of use logic to figure-out how you would help in X, Y or Z scenario.

Bill Finerfrock: Yes, I mean, the question is it has to be yes, how did the patients get to the clinic in the first place? Maybe they drove their own vehicles in which case they could depending again as Nathan suggested the type of emergency they can drive their own vehicles.

They don't necessarily have to evacuate. I think the evacuation plan's a little bit more complicated and difficult if you're talking about a nursing home? If you're talking about a hospital where you have patients who are hooked-up to equipment, who are immobile.

In a clinic situation, the evacuation plan may be we clear the building and the individuals disperse if it's an event inside the building. If it's a hurricane, you know, we get people out, they can go home. It's not asking you to take-on a level of responsibility that is beyond your capacity but simply think about it in the context of a circumstance that occur.

If we had to evacuate, what would we do? How would people get out of the building? How would they get out of this area and it may involve use of your vehicles but it may also just involve use of their own vehicles because that's how they got to the clinic in the first place.

Nathan Baugh: Okay, so we're in I'm trying to do as many of these, I'll do a few more on the chat and then we'll go back to the phones. (Donna) asked if we have a fire drill involving the fire department, can this count as a drill? Again, you're going to have to give me extra details.

It could definitely count but it might not count if you're just, you know, doing like oh let's ring the bell, everybody go stand outside for five minutes. That might not count. It just depends on what kind of a fire drill you're having.

(Jeanette) asks are there similar requirements at the community government level to give us better chance of their participation at the local level? This is a good question. I'm not entirely sure if local governments are under some sort of federal law to be ready for, you know, to provide assistance to you.

I think most cases the answer is yes that your community government whether they're required to or not will be ready to assist you in the emergency preparedness requirements but I'm not aware of a federal mandate that the county let's say or your local city it might vary I think some states organize this by county.

Some states organize it by region. In Louisiana they organize it I think by like parish so it's variable ...

((Crosstalk))

Bill Finerfrock: ... federal grant programs that state and local governments may obtain for emergency management planning forces many counties to have emergency planning program. I think that what you need to do is reach-out to the local officials to the extent that they're not under any kind of an obligation, simply try to explain to them what your situation is and come-up with a plan.

Much as you're concerned I suspect with you know, the consumption of resources and time, your local police and fire are going to be as well. You may have a local volunteer fire department in your community as opposed to a paid fire department. Your police officers and sheriffs may be covering a large geographic area.

I think as Nathan has pointed-out on a number of occasions, there's flexibility here in trying to work out what is reasonable in the context of your community and what you can do but the point here is think about the emergencies that might occur, do your planning, make sure your folks understand the plan of what to do.

To the extent possible, create a scenario where you can test the plan, see where the weaknesses are, see where the strengths are. You obviously cannot anticipate every possible scenario. You're not going to, you know, you may plan for one and you get something different.

What they're asking is give some thought, do some training, do some effort to try and get yourself prepared and make sure your staff understand that you do have plans and what those plans are.

I think one of the most critical ones is this communication tool. What do you do because we are so Internet-dependent, because we are so electronic-dependent, what do you do if the phone goes down? What do you do if the Internet goes down? Do you have a communication backup? At a minimum how do you reach anybody?

There are some simple things that you can do. I wouldn't overanalyze, I wouldn't overstress on it but think of what are some reasonable things, some things that are likely or potentially going to happen in your community, how would you plan for it, how would you prepare for it and make sure that your staff is prepared.

Nathan Baugh: So I know we've ran over our time or it's past 3:00. We're going to go about maybe 15 more minutes, try to answer as many questions as we possibly can on the phone and through the chat but we might not get to everyone. Operator, do we have a call on the line?

Operator: I show no questions in the queue at this time.

Nathan Baugh: No questions online, okay, so we're going to I'm going to try to get through as many of these questions in the chat box. (Mary) asks we have six clinics that are under our hospital. Does each clinic need an EPP per clinic besides the hospital? I'm not exactly sure what EPP means ...

((Crosstalk))

Nathan Baugh: ... okay, emergency policy and procedures or emergency preparedness person, I'm not sure what your acronym of EPP means. You're going to need to review 491.12E if you're going to do the integrated plan, right, you're going to need a person from each facility to participate in the development of the integrated plan.

You're going to need policies potentially policies and procedures that address your facility situation specifically while other policies and procedures are a part of the larger integrate plan, right, so you could maybe have a shared community-based hazards analysis and then individual facility-based hazards analysis for each of the clinics under your hospital.

(Ken Moyer) asks does the statewide earthquake shake-out drill count as a community-based drill? Can (unintelligible) again send me more details. Potentially I'm not sure what the shake-out drill is and maybe you could send me more details and I could give you a better answer.

(Linda) asks how will fire drills be looked at by the surveyors as part of the prescribed two exercises and drills? Will they be accepted or frowned on? I mean, I think a fire is perhaps one of the most common emergencies or hazards that rural health clinics will face so I don't think that fire drills will be frowned upon.

However, there's a difference between implementing a full, you know, community-based exercise and just ringing the alarm, standing out like what we all did in school, there's a difference there, right, so it just I think the surveyors, you know, looked for more than oh well, in a fire we all just evacuate and we all go stand on the other side of the road. They're going to be looking for more than that.

Bill Finerfrock: Yes, say for example you do have a fire so the first step is okay, you evacuate the building but what if the fire does damage to your refrigeration and you have drugs and biologics that you're storing there and you have patients who are going to need those drugs or biologics. What are you going to do?

What if it destroys your exam rooms and you're not going to be able to see patients? What if there are there oxygen tanks in the building? Are there materials in the building that if they catch fire are going to emit a noxious smoke that could cause damage?

So you know, a fire drill as Nathan said that we had when were all in school where you simply all get in line and go out onto the football field or the soccer field and get in line probably isn't sufficient because you haven't thought through all of the consequences of a fire that could be a part of it evacuating the building but what are all the other events that can occur or consequences that can occur as a result of a fire in your building?

Nathan Baugh: (Virginia) adds November 16th is a hard date for completion but CMS may not get to it immediately. Is this new? Yes, as Bill said surveyors are not going to be able to show-up at all, you know, 4100 rural health clinics on November 16th and demand your emergency preparedness plan.

November 15th is the day from every survey going forward. The surveyor is going to be looking for this but, you know, and you shouldn't delay but you need to be compliant for your next survey so it's not the sky is falling if on November 16th, you know, you're gearing-up for a community-based drill in December, you know, (unintelligible) done your plan.

And technically you haven't (unintelligible) the drill but you have one coming-up and it's going to be a good community-based drill and, you know, so again it's the hard date from which surveyors are going to be asking for proof that you've implemented 491.12.

Bill Finerfrock: And that doesn't mean there isn't some facility where they aren't going to show-up in order to for no other reason to send a message to others and publicize that hey we turned-up at, you know, XYZ facility and they were in non-compliance and put that word out.

So, you know, it sends a message to the communities that they're serious about getting this enforced but, you know, as I said earlier, these requirements apply to every type of facility that comes under a survey and certification process.

So it's all hospitals, all critical access hospitals, all skilled nursing facilities, home health agencies, rural health clinics, federally-qualified health centers, ambulatory surgical centers, dialysis treatment facilities, on and on and on so we know based on that there simply is insufficient manpower to go out and begin doing these things on a wide scale.

So that is why we're saying, you know, they're realistically not going to be showing-up on the 16th but that also shouldn't be seen as oh okay, I really don't have to do this. They're probably not going to be here for a couple of years. I'll worry about it later. I think this is something you need to get onto immediately but it's not a, you know, stop seeing patients and make sure we get this done, otherwise we're going to be shut down.

Nathan Baugh: All right, so I'm going to skip some of the questions that are a little repetitive such as (Kim)'s I think we've covered the fire drill stuff. You know, someone asked if they met with the emergency management and discussed what they would do in different scenarios and stuff, will that count as a community drill?

And can then do tabletop? I'm not entirely clear on what you mean. It sounds like a discussion with the emergency management authority.

Sounds like more like a tabletop because if it's just a discussion. A community-based drill again and if you go to the interpretive guidance state operations manual Appendix Z, it has a lot more color on what would count as a community-based drill and what would count as a tabletop drill.

Bill Finerfrock: Yes, and my sense is that's more of a tabletop thing but my question would be was there any documentation, you know, of what was talked about what discussed, what plans were made or not made and.

It's the same thing in the medical record as many of you know, if it's not in the medical record, it didn't happen. If you didn't document what went on in that community meeting with those local officials, if you don't have a record of it, it didn't happen.

Nathan Baugh: (Kim) has a good question that I know that I've gotten before. We're in RHC within the walls of a CAH. Are we required to have a separate plan/booklet of policies for ourselves or can we be named within the CAH plan?

The answer is well, you can be a part of the integrated healthcare plan which you need to do even though you're within the walls of the CAH, I think it's technically considered a separate facility. So you might want to consider, you know, what the CAH space can do that your RHC space can't. You can be named in the CAHs plan but you got to be careful here.

I would just my recommendation to you (Kim) would be to read 491.12E which goes over the integrated health stuff and make sure that someone from your facility is participating with the CAH as they create their plans, make sure that you've done some special considerations to what's in the rural health clinic wing of the building and, you know, how that might differ from the CAH the rest of the building at large.

But it's I don't think I would advise you not to just say oh well, our plan is the same as the CAH and we're just named in it and that's really all you have. I think that you would want to show that your kind of (unintelligible) facility and staff is participating.

Bill Finerfrock: Yes, and I think here not just for you but for the critical access hospital leadership, one of the things that surveyors are instructed to do is contact and communicate with various staff within a facility if it's an RHC (unintelligible) staff, within the CAH - with the CAH staff to say, you know, are you aware of the plan?

Where would you find the plan? Have you participated in any of the exercises and so if they come down to the rural health clinic and you're part of the critical access hospital's plan and they say okay, I want to meet with a manager of the clinic, well where's your emergency plan? Oh, it's somewhere up in administration.

Well, have you ever read it? Are you familiar with it? What are you going to do, just say well we just rely on the folks from the hospital to tell us? You know, the hospital is going to have a problem as well as you're going to have a problem so while being inside the hospital.

It's probably easier to be part of an integrated hospital plan. There has to be documentation and evidence that you are part of that plan, you're familiar with that plan and you have been part of the development of the plan or potential carrying-out of that plan as part of any exercise you might have had there for the hospital.

Nathan Baugh: And the key for you is 491.12E, 491 to everyone that's going to do this with their hospital, with their CAH, go over 491.12E and read the interpretive guidance on that section in Appendix Z, read the rules on that sector and make sure that your facility is still participating. Don't just put all the responsibility on the hospital.

All right, (Sheila) asked and I think we've addressed this, our full-scale base exercise is scheduled for November 17th. If a surveyor shows-up and we show the documentation, will we be okay? I would hope that a surveyor doesn't shut down your RHC because you have a full-scale exercise one day late so I think you'll be okay.

(Karen), yes, you will be able to get a copy of these slides. It's in the bottom right. There's a link and there's also links online. Just Google it. You will find it. (Carla), if you cannot get community involvement for a drill, can you document this and then do two in-house drills? Again, (Carla) I'm going to (unintelligible) to the section quickly that covers this.

The training and testing. Read that second bullet point here. This is the interpretive guidance on this. If you are not able - and this is from the interpretive guidance - not able to identify full-scale community-based exercise, you can instead fulfill this part of the requirement by conducting an individual facility-based exercise so I think that answers your question.

Can you do both this way? Yes, but I wouldn't. Just note that continue to document that you are trying to reach-out to the broader community to do the community-based exercise, right, so I don't just go straight to oh, well, I'm not going to deal with the broader community, I'm going to do my own in-house drill.

You need to show that you've at least tried to reach-out and get a community-based drill started before you do the in-house. (Tiffany) asks if we only have an EHR that is cloud-based, what other options for backup are there? We are an independent RHC in a small community with no hospital.

Bill Finerfrock: Your cloud-based backup should be fine. The only point I was making earlier is where is that backup, you know, that the word cloud has little in the way of meaning. Do you know where that is so when you backup in the cloud, you're essentially saving that information is on a server that is located someplace else.

Where is that someplace else? Is that server in the town that you're located in? Is it in another state so if you had to get access to that information, what is your process for accessing that? So just simply saying it's in the cloud I think you need to get a little bit more information, talk to your Internet Service Provider, talk to whoever is doing your, you know, electronic systems and say, you know, where is this being backed-up so that if I have to, if we have an emergency, what is the mechanism for me to access that information?

And then put that into your plan and document that of okay, here's what would happen. If we lost access to our files here because of our in-house server, this information is backed-up in Kaspersky or this information is backed-up someplace and this is how I would go about getting it.

Nathan Baugh: Okay, that's now we're going to ask to get a few more in and then we'll probably have to end it. Operator, do we have any calls on the line?

Operator: I show no questions in the queue at this time.

Nathan Baugh: All right, we're just going to get one or two more questions in and if there are more questions obviously the list-serve is always a good resource and our contact information, I'll put that back up. You can feel free to e-mail Bill or myself or call us and we will do our best to assist you.

(Stephanie) asks can our coordination with local emergency preparedness officials take place via representatives from our CAH? No. In my interpretation of what you're asking, I would say that you need to have someone from your (unintelligible) so I think while it can be as a group, you can do it with the CAH, your representative can go with the CAHs representative.

Each separate facility has to have someone at the place and again I'll go through that section of the interpretive guidance and I think it might color-in a little bit of that so right here, if you read on the first bullet point, second sentence, each facility should designate personnel who will collaborate with the healthcare system to develop the plan.

I don't I think that that person would need to participate in all the meetings and all the coordination. I don't that's how I would interpret it and so I would advise you to have your representative from your RHC go with the representative from the CAH. That's how I would interpret it.

And (Jeannette) asked does actual water electric outages we encounter at our RHC as an exercise or count as an exercise if we perform an after-action assessment for our emergency plan (bill), yes, but you must execute your emergency plan.

So if the power goes out for a very short period of time and you don't really take emergency plan steps, it probably wouldn't count as an exercise. However if the electrical outage goes out for, you know, a whole afternoon and you start executing aspects of your plan, that would potentially count as an exercise if you again as you point-out do the after-action assessment and document that.

That one's a little bit of a gray area. I think that what does implementing your emergency plan mean? You know, that's a gray area but that's what it says so if you don't implement your emergency plan, if it just goes-out briefly, you haven't really implemented it, I don't think it would count.

If you can claim with a straight face to the surveyor that you honestly implemented your emergency plan because you didn't know how long the power was going to be out, then I think that that would count if you have the proper documentation so again it's a little

subjective there so I think we might be running out on time Bill, do you want to close this out?

Bill Finerfrock: Yes, I do, I mean, I think we've tried to provide you with as much information and perspective as we can at this point in time. I think the one last point I would make is that these are human beings who will be conducting these surveys who will be, you know, looking at your clinic in the same way that they do your regular rural health clinic survey and certification.

And as we know with the survey and certification process, how a surveyor views this and what the surveyor's expectations may be are critically important. So Nathan and I can tell you well this is our interpretation and this is what we think is reasonable and we can share with you what the CMS guidance may be, but that individual surveyor is the person that you're going to ultimately have to satisfy and they may focus-in on different things.

They may focus-in on things that we've not talked about. They may give a very short shrift to some things. You have to understand that there is a human component, a human element to all of this, which is impossible to predict.

What we've tried to do is give you what we think are some reasonable guidelines and reasonable interpretations and application of these. Obviously this is brand new. As this goes on and we've seen more of what surveyors, what kinds of question, what kinds of examples of what they find will or will not be acceptable, we'll be able to do more

This presentation in a year from now may be able to be more explicit in terms of the questions. This is what we know now. This is what we wanted to get out there and hope you found it helpful.

Nathan Baugh: Thank you, everyone and good luck with November 15th.

Bill Finerfrock: And I just want to close by saying that you know, the National Association of Rural Health Clinics in conjunction with the Federal Office of Rural Health Policy you know, we put this on with the idea of trying to help educate as we said. Please encourage others who may be interested to register for the RHC technical assistance series.

In addition we welcome you to e-mail us with your thoughts and suggestions for future call topics. Send those to [bf@narhc.org](mailto:bf@narhc.org) and be sure to put RHC TA topic in the e-mail subject line. We anticipate scheduling the next RHC TA call in about a month and a notice will be sent by e-mail for those who have registered for this call series with the details on that. Again, thank you for your participation. This concludes today's call.

Operator: Thank you. That concludes today's conference. Thank you for participating. You may disconnect at this time. Speakers please standby for post conference.

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