



Hospital Emergency Preparedness and Response

Background

Hospitals play a key role in the nation's emergency preparedness and response as part of America's health care infrastructure. In times of disaster, communities look to hospitals not only to mobilize resources to care for the ill and injured but also to provide food and shelter, and coordinate relief and recovery efforts. As part of this standby role to communities, hospitals are pivotal to disaster-response activities, whether they are rural, critical access hospitals (CAHs) or Level 1 trauma centers. While hospitals have always had emergency operations plans in place, disasters such as the terrorist acts of September 11, Hurricane Katrina, the Joplin tornado, the threat of pandemic influenza and, most recently, the devastation caused by Hurricane Sandy, have broadened expectations about the type and impact of disasters that hospitals could experience and raised the bar for emergency preparedness and response.

Emergency preparedness requires a significant investment in staff and resources. Hospitals must be prepared to provide care and, as a result, they are expected to develop and test disaster response plans, train clinical and support staff, maintain and replace disaster response equipment and supplies, ensure communication and surveillance capabilities and enable patient transport and care. Yet, hospitals must shoulder this expanding challenge while also facing additional costs associated with the *Patient Protection and Affordable Care Act*, growing uncompensated care, labor shortages, rising pharmaceutical and technology expenses, increasing Medicaid pressures and decreasing reimbursements from Medicare and private payers.

AHA View

In this difficult financial environment, hospitals depend on federal hospital emergency preparedness funding to help support their preparedness activities. Unfortunately, federal preparedness funding has not kept pace with the increasing demands placed on hospitals to ensure they are ready to respond to any disaster that hits their community. The federal government must help protect the nation by providing greater resources to hospitals to meet the challenges of emergency preparedness and ensuring that these resources are made available in a timely manner.

Sustained Funding for Hospital Preparedness. The Hospital Preparedness Program (HPP), the primary grant program for hospital emergency preparedness, has provided funding to enhance hospital preparedness and response for the past 11 years and is critical to hospitals' ability to continue to be prepared. While the recently passed *Pandemic and All-Hazards Preparedness Reauthorization Act of 2013* addresses our national medical and public health preparedness and response capabilities, the AHA is disappointed that the bill reauthorizes funding at \$375 million per year, a level that is nearly \$100 million less than the amount authorized in the 2006 *Pandemic and All-Hazards Preparedness Act*. Furthermore, the annual appropriations for the HPP have declined nearly 30 percent since the program began in fiscal year 2003.

Cuts of this magnitude undermine preparedness and diminish the ability of the nation's hospitals to respond in the event of a large-scale disaster. **The AHA will continue to work with Congress and the Obama administration to ensure that funding earmarked for hospital preparedness is sustained.**

Aligning the Process for Updating Hospital Safety Standards. In light of the hospital lessons learned from Hurricane Sandy, particularly those involving widespread power outages and the failure of generators, federal agencies and accrediting bodies are examining whether changes need to be made to existing regulations and accreditation standards. The Centers for Medicare & Medicaid Services (CMS) is examining the physical environment requirements for hospitals under the Medicare Conditions of Participation (CoPs). In addition, The Joint Commission (TJC) is analyzing the impact of Hurricane Sandy on hospitals and other health care organizations in order to compile lessons learned from this natural disaster. These lessons learned will inform future decisions about whether changes should be made to TJC standards or survey processes for hospitals. **The AHA has strongly encouraged CMS to review TJC's analysis before the agency proposes changes in the physical environment CoPs.**

Another organization that consistently updates its standards to reflect new knowledge stemming from provider organizations' experiences in disasters is the National Fire Protection Association (NFPA), via its Life Safety Code (LSC). The LSC contains building safety standards for hospitals. Currently, the Medicare CoPs require hospitals to follow the 2000 LSC edition, despite the fact that the LSC has been updated four times since then. **The AHA has repeatedly recommended that CMS defer to the most up-to-date LSC standards, which include updated standards for emergency lighting and emergency power for health care facilities, as a way to ensure that hospitals maintain a safe environment of care.** The AHA has advised that CMS adopt a regulatory process that requires hospitals to stay current with the LSC as it is updated every three years. In addition to emergency lighting and power, adopting the most current LSC will update CMS references to many other vital hospital infrastructure systems, including medical gas, fire alarm, sprinkler, electrical distribution, ventilation and standards for emergency management.