



Understanding Emergency Preparedness Final Rule Teleconference Series

June 29, 2017: Staff Training and Evaluation 11:00am-12:00pm

August 15, 2017- Table Top- Exercise Planning 11:00am -12:00pm

The final rule for the requirements regarding Emergency Preparedness for all 17 Provider and Supplier types went into effect on November 15, 2016 with an implementation date of November 15, 2017. Compliance is required to participate in Medicare. For home care and hospice providers the biggest challenge will be the training and testing programs that will need to be implemented. This **MUST** be completed by November 15, 2017. Beginning the following day, surveyors will be checking! This teleconference series will provide you with the information and resources to complete this compliance requirement. It is imperative your organization begin planning for this **NOW!**

Objectives June 29, 2017:

- A. Brief overview on the CMS COP Emergency Preparedness Rule for Hospice and Home Health
- B. Overview of the role of the Virginia Hospital & Healthcare Association, the Hospital Preparedness Program, and Healthcare Coalitions
- C. Components and examples of a Training and Testing plan based on your facilities emergency preparedness plan.
- D. Resources available at your fingertip
- E. Q & A session

Objectives August 15, 2017:

- A. Overview of the exercise requirements in the CMS COP Emergency Preparedness Rule for Hospice and Home Health
- B. Understanding the difference between a Table Top Exercise, Functional Exercise, and Full scale exercise
- C. Overview of HSEEP
- D. Virginia resources and community exercises
- E. Q & A session



Presenter: Kelly Parker

Kelly is the Director of Emergency Preparedness at the Virginia Hospital & Healthcare Association (VHHA). In this role she oversees the Virginia Healthcare Emergency Preparedness Program funded by the Hospital Preparedness Program(HPP) Grant and the Ebola/ Infectious Disease grant through the Assistant Secretary for Preparedness and Response (ASPR) and oversees Virginias 6 healthcare coalitions. Previous to this role she was the State Hospital Coordinator with the Virginia Department of Health and has worked with many local, state, and federal partners to advance emergency preparedness for Virginia healthcare facilities. She is a graduate of George Mason University where she earned a degree in Healthcare Administration and Policy.



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Registration: (Payment must be included with registration- check or credit card accepted)

Members: \$99.00 for the series
Non-members: \$189.00 for the series

Convenience: Enjoy the convenience and cost-efficiency of a teleconference. There is no limit to the number of attendees from your agency who may participate at your site using one phone line.

REGISTRATION INSTRUCTIONS:

- 1. Use a separate form for each registration. Photocopy of original is acceptable. Each registration is for one (1) phone connection only. SHARING OF REGISTRATION OR FEES WITH OTHER AGENCIES AND/OR INDIVIDUALS IS PROHIBITED.
2. No registration will be accepted without payment in full by either a credit card or business check. Visa and MasterCard are acceptable forms of credit card payments. The teleconference fee must be paid in full before the registrant will be allowed to participate in the program. A confirmation will be sent via email to verify site registration, as will any handouts, and 800 number for joining the teleconference. If your Contact Person does not receive the E-mail confirmation two (2) business days prior to the teleconference, please contact our office to verify your status.
3. Faxed registrations will be accepted only with payment by a credit card (Visa or MasterCard). Credit card information must be complete and contain the authorized signature.
4. Please note our cancellation policy: There are No refunds. Mail and/or faxed registrations represent your commitment to attend.

Organization: _____

Address: _____ City, State, Zip _____

Name: _____ Email: _____

Phone: _____ Fax: _____

Payment Information:

o Enclosed is my check in the amount of _____ (payable to VAHC) o Visa o MasterCard

Credit Card Number: _____ Security Code _____ Exp. Date _____

Name (as it appears on card): _____

Address of Cardholder: _____

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Signature (required): _____

Fax completed registrations to (804)288-3303, Scan and email: dblom@vahc.org or mail with payment to VAHC, 3761 Westerre Pkwy, Suite B, Henrico, VA 23233 Please contact the VAHC office at 804-285-8636 with any questions.