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Healthcare Facilities' Communication Needs for Disaster Response

New emergency preparedness requirements for healthcare entities pose opportunity for ARES and other Amateur Service providers.

Because infirm patients are one of the most vulnerable populations, there is a critical need for communications emergency and disaster response in medical facilities to sustain patient safety. There are many fine examples of where Amateur Service communications providers have augmented health care facilities' own telecommunication systems with alternative systems, such as the Hospital Disaster Support Communications System (HDSCS) of Orange County, the Kaiser Permanente Amateur Radio Network (KPARN), and the Los Angeles ARES® (ARESLAX). Programs and opportunities like these have always existed, but now, thanks to new federal government requirements going into effect this November, opportunities for Amateur Service groups to support healthcare facilities should be enhanced significantly.

Requirements for Providers

A year ago, the US Centers for Medicare & Medicaid Services (CMS) issued the Emergency Preparedness Requirements for Medicare- and Medicaid-Participating Providers and Suppliers Final Rule.¹ The ruling states:

[The regulation] establishes national emergency preparedness require-

¹<https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid>



Figure 1 — The Hospital Disaster Support Communications System of Orange County, California, conducted Field Day operations at Huntington Beach Hospital for the 16th year, with stations set up in the yellow surge capacity tents. [Joe Moell, KØOV, photo]

ments for Medicare- and Medicaid-participating providers and suppliers to plan adequately for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It will also assist providers and suppliers to adequately prepare to meet the needs of patients, residents, clients, and participants during disasters and emergency situations.

The regulations must be met by November 15, 2017, and is a condition of participation for CMS. The providers and suppliers are required to meet four core elements:

- 1) Develop an emergency plan based on a risk assessment using an “all-hazards” approach, which will provide an integrated system for emergency planning that focuses on capacities and capabilities.
- 2) Develop and implement policies and

procedures based on the emergency plan and risk assessment that are reviewed and updated annually. For hospitals, critical access hospitals (CAHs), and long-term care (LTC) facilities, the policies and procedures must address the provision of subsistence needs for staff and residents, whether they evacuate or are a shelter in place.

- 3) Develop and maintain an emergency preparedness communication plan that complies with federal, state, and local laws. Patient care must be coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management systems to protect patient health and safety in the event of a disaster.

- 4) Develop and maintain training and testing programs, including initial training in policies and procedures.

Facility staff must demonstrate knowledge of emergency procedures and provide training annually. Facilities must conduct drills to test the emergency plan or “participate in an actual incident that tests the plan.”

Many healthcare entities will be affected by the regulations, and it may be a challenge to develop their plans and provide for emergency communications, but the new rules can also pose a significant opportunity for ARES groups.

Gary Wong, W6GSW, the District Emergency Coordinator for the Northeast District through the Los Angeles Section ARES (ARES-LAX) and Trustee of the Los Angeles Emergency Communications Team, KA6ECT, notes that years ago, the section adopted its primary mission to support the Los Angeles county EMS agency and the county’s 74 “911 receiving” hospitals. Amateur Radio is a formal component of the county EMS Agency’s Communications Plan, and ARES-LAX support is part of its implementation through reference in the county’s Prehospital Care Manual. Accordingly, ARES-LAX provides primary emergency communications support at the county Medical Alert Center (MAC) and at most of the 911 receiving hospitals, except for the Kaiser facilities, which are supported primarily by the KPARN group.

This year’s California Statewide Medical and Health Exercise will be held on Thursday, November 16. ARES-LAX will be deploying at the MAC and at most of the supported hospitals. One of this year’s exercise objectives for hospitals is to test a Joint Commission (a healthcare accrediting entity) Standard that mandates, as part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies. One of the sample tasks is to test redundant backup communications systems (of which Amateur Radio is

listed as an example) to achieve a Joint Commission Element of Performance. In June 2017, the Northeast District of ARES-LAX conducted Field Day at Huntington Memorial Hospital in Pasadena. Hospital Disaster Support Communications System (HDSCS) also conducted Field Day at an Orange County hospital (see Figure 1).

The Kaiser Permanente Amateur Radio Network

Duane Mariotti, WB9RER, has spent 30 years as a biomedical engineer supporting hospitals, has been involved in communications during numerous disasters, and is currently the coordinator of the Kaiser Permanente Amateur Radio Network (KPARN, www.kparn.org) in California. KPARN is an organization of Amateur Radio operators who volunteer time and technical expertise to support the emergency preparedness mission of Kaiser Permanente Health System through redundant communication technologies. Any hospital is welcome to join the radio network. Organizations requesting communications with any KP hospital should contact net control (conducted on the fourth Wednesday of each month, and visitor check-ins from hospital-based stations are welcomed via the linked 6-meter repeater system or the 40-meter net).

Volunteers commit to monthly radio drills, routine web-based instruction and conferences, provide support to a Kaiser Permanente Medical Center, and participate in selected medical events. Extensive professional training helps KPARN operators provide professional alternative radio-communications services to its member-facilities.

Nationally, there are several Amateur Radio teams that solely support hospitals, and they need to review the new regulations and assure the team is meeting the requirements, including answering questions regarding whether Amateur Radio is included in the hospital emergency plan, whether

the inclusion matches the resources provided, and whether the Amateur Radio team has documented policy and procedures for radio operators.

The Amateur Radio communication plan must include pre-determined simplex frequencies (including HF), repeaters available to the team, and instruction for how to contact the local EOC and health departments on a specified amateur frequency(s). Most hospital-based Amateur Radio programs perform monthly or quarterly tests of communications systems at the hospital radio room (or equivalent). It is critical to get into the hospital and test to see that everything is working. Radio operators should complete basic FEMA and HIPAA classes with certificates maintained by team administration.

Opportunity Knocks

KPARN and others, such as Orange County’s venerable Hospital Disaster Support Communications System (www.hdscs.org) and ARES-LAX, present models of excellence for other groups to follow. They have realized the opportunity and challenge for public service-oriented operators and ARES groups in approaching and providing comprehensive alternate communications services to hospitals and other healthcare facilities. Consider the challenge and opportunity as posed by the new federal rules: request a meeting with administrators, offer your services and support as a proven alternative radio-communications provider that will help the entity meet the new requirements, support the most vulnerable population of all — sick patients — and enhance Amateur Radio’s already well-established record as an asset to the public interest in the context of patient safety at hospitals and other healthcare facilities.

For more information on the new rules, see <https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/emergency-prep-rule.html>.