


New and Revised Requirements Address Emergency Management Oversight

The Joint Commission recently approved new and revised requirements addressing leadership accountability for hospitalwide emergency management in **hospitals** and **critical access hospitals**. Research indicates that hospitals plan and respond more effectively when accountability for hospitalwide emergency management is assigned to leadership at a high level of the organization. While the “Emergency Management” (EM) chapter in the accreditation manuals already outlines a comprehensive approach to planning, preparedness, testing, and other essential emergency management activities, The Joint Commission determined that a clearer description of leadership-level oversight of emergency management was necessary.

The new and revised elements of performance, which are **effective January 1, 2014**, accomplish the following:

- Require the organization to identify a leader to oversee emergency management
- Require the organization to consider input from staff at different levels when evaluating exercises and responses to events
- Require senior hospital leadership to review the organization’s emergency management planning activities, performance in exercises, and responses to actual events to facilitate improved communication of problem areas and implementation of hospitalwide solutions

The box on page 15 displays the revised requirements; new text is underlined. These requirements will appear in the *2013 Update 2* to the *Comprehensive Accreditation Manual* for the hospital and critical access hospital programs as well as their fall 2013 E-dition® update. For more information, contact Lynne Bergero, MHSA, project director, Department of Standards and Survey Methods, at lbergero@jointcommission.org. 

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Joint Commission
Requirement

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Requirements for Emergency Management Oversight

APPLICABLE TO HOSPITALS AND CRITICAL ACCESS HOSPITALS

Effective January 1, 2014

Leadership (LD)

Standard LD.04.01.05

The [critical access] hospital effectively manages its programs, services, sites, or departments.

Element of Performance for LD.04.01.05

A 12. Leaders identify an individual to be accountable for the following:

- Staff implementation of the four phases of emergency management (mitigation, preparedness, response, and recovery)
- Staff implementation of emergency management across the six critical areas (communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities)
- Collaboration across clinical and operational areas to implement emergency management [critical access–] hospital-wide
- Identification of and collaboration with community response partners

Note: *This role addresses matters of emergency management that are not within the responsibilities of the incident commander role.*

Emergency Management (EM)

Standard EM.03.01.01

The [critical access] hospital evaluates the effectiveness of its emergency management planning activities.

Element of Performance for EM.03.01.01

A 4. The annual emergency management planning reviews are forwarded to senior [critical access] hospital leadership for review. (See also LD.04.04.01, EP 25)

Note: *Senior [critical access] hospital leadership refers to those leaders with responsibility for organization-wide strategic planning and budgets (vice presidents and officers). The [critical access] hospital may determine that all senior [critical access] hospital leaders*

participate in reviewing emergency management reviews, or it may designate specific senior [critical access] hospital leaders to review this information.

Standard EM.03.01.03

The [critical access] hospital evaluates the effectiveness of its Emergency Operations Plan.

Elements of Performance for EM.03.01.03

- A 13.** Based on all monitoring activities and observations, including relevant input from all levels of staff affected, the [critical access] hospital evaluates all emergency response exercises and all responses to actual emergencies using a multidisciplinary process (which includes licensed independent practitioners).
- A 15.** The deficiencies and opportunities for improvement, identified in the evaluation of all emergency response exercises and all responses to actual emergencies, are communicated to the improvement team responsible for monitoring environment of care issues and to senior [critical access] hospital leadership. (See also EC.04.01.03, EP 1; EC.04.01.05, EP 3 [reference new for CAH only]; LD.04.04.01, EP 25)

Leadership (LD)

Standard LD.04.04.01

Leaders establish priorities for performance improvement. (Refer to the “Performance Improvement” [PI] chapter.)

Element of Performance for LD.04.01.01

A 25. Senior [critical access] hospital leadership directs implementation of selected [critical access–] hospital-wide improvements in emergency management based on the following:

- Review of the annual emergency management planning reviews (See also EM.03.01.01, EP 4)
- Review of the evaluations of all emergency response exercises and all responses to actual emergencies (See also EM.03.01.03, EP 15)
- Determination of which emergency management improvements will be prioritized for implementation, recognizing that some emergency management improvements might be a lower priority and not taken up in the near term.