

R³ Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission

Issue 40, December 20, 2023

Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth. The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for [email](#) delivery.

New and Revised Emergency Management Standards for Office-Based Surgery Programs

Effective **July 1, 2024**, new and revised emergency management requirements will apply to all Joint Commission-accredited office-based surgery practices. The Joint Commission began conducting a critical analysis of its “Emergency Management” (EM) chapter in late 2019. During the height of the COVID-19 pandemic, The Joint Commission received numerous inquiries pertaining to emergency plans and response procedures. Based on the work already being performed on the EM chapter and the questions and issues that arose during the pandemic, the entire EM chapter has been restructured to provide a meaningful framework for a successful emergency management program. The changes in the EM chapter include a new numbering system, elimination of redundant requirements, and seven new and six revised elements of performance (EPs).

The prepublication version of the EM requirements will be available online until June 30, 2024. After July 1, 2024, please access the new requirements in the E-dition or standards manual.

Emergency Management (EM) Chapter

Requirement

Standard EM.10.01.01: The practice’s leader(s) provides oversight and support of emergency management activities.

Rationale

The practice leaders provide oversight in the development and implementation of the emergency management activities as they are ultimately responsible for maintaining safe operations during an emergency and often need to make significant and timely decisions. The identification of an individual to lead emergency management activities is also important to ensure that critical components are addressed in the mitigation, preparedness, response, and recovery phases and integrated throughout the practice.

References:*

- Drummond, S., & O’Rourke, M. (2020). Emergency preparedness in ambulatory surgery centers and office-based anesthesia practices. In: Rajan, N. (Ed.) Manual of practice management for ambulatory Surgery Centers. Springer, Cham. https://doi.org/10.1007/978-3-030-19171-9_19
- Emergency Management Institute. (2014, February). Leadership and influence (IS-240.b). Federal Emergency Management Agency. https://training.fema.gov/emiweb/is/is240b/sm%20files/sm_01.pdf
- Nations, K., & Erb, E. (2021, April). Leadership during a disaster. *Healthcare system preparedness considerations speaker series*. Administration for Strategic Preparedness and Response, Technical Resources, Assistance Center, and Information Exchange. <https://files.asprtracie.hhs.gov/documents/leadership-during-a-disaster.pdf>

*Not a complete literature review.

Requirement

Standard EM.11.01.01: The practice conducts a hazard vulnerability analysis utilizing an all-hazards approach.

Rationale

The practice should continually evaluate their known risks to better understand their vulnerabilities and prepare to respond to emergencies. Conducting the hazard vulnerability analysis (HVA) is one of the first steps the practice must take in the emergency planning process. The HVA helps guide practice leaders in determining which hazards have the highest likelihood of occurring and the impacts those hazards have on the operating status of the practice. The leaders then can determine a proactive approach to mitigate and respond accordingly.

References:*

- Drummond, S., & O'Rourke, M. (2020). Emergency preparedness in ambulatory surgery centers and office-based anesthesia practices. In: Rajan, N. (Ed.) Manual of practice management for ambulatory surgery centers. Springer, Cham. https://doi.org/10.1007/978-3-030-19171-9_19
- McNeal, M. S., Daniels, E. C., Akintobi, T. H., Pierson, K. W., Jacobs, D., & Williams, T. M. (n.d.). Emergency preparedness toolkit for primary care providers. Morehouse School of Medicine. <https://www.diversitypreparedness.org/~media/files/diversitypreparedness/emergency%20preparedness%20toolkit%20primary%20care%20providers.ashx?la=en>
- Porcaro, J. (2018, December 12). Disaster preparedness for physician offices. American Society for Health Care Risk Management. <https://forum.ashrm.org/2018/12/12/disaster-preparedness-for-physician-offices/>

*Not a complete literature review.

Requirement

Standard EM.12.01.01: The practice develops an emergency operations plan based on an all-hazards approach.

Note: The practice considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency operations plan.

Rationale

A well-developed all-hazards emergency operations plan (EOP) provides guidance to staff on the procedures to follow when responding to and recovering from a variety of emergency or disaster incidents. The EOP provides the structure for how the practice will efficiently and effectively operate during an emergency by providing policies and procedures and activities for staff. The EOP identifies how the practice will communicate; how it will maintain, expand, or decrease services; and how it will shelter in place or evacuate, when necessary, as well as provide plans to maintain safety and security in the event of an emergency or disaster incident.

References:*

- Drummond, S., & O'Rourke, M. (2020). Emergency preparedness in ambulatory surgery centers and office-based anesthesia practices. In: Rajan, N. (Ed.) Manual of practice management for ambulatory surgery centers. Springer, Cham. https://doi.org/10.1007/978-3-030-19171-9_19
- McNeal, M. S., Daniels, E. C., Akintobi, T. H., Pierson, K. W., Jacobs, D., & Williams, T. M. (n.d.). Emergency preparedness toolkit for primary care providers. Morehouse School of Medicine. <https://www.diversitypreparedness.org/~media/files/diversitypreparedness/emergency%20preparedness%20toolkit%20primary%20care%20providers.ashx?la=en>
- Porcaro, J. (2018, December 12). Disaster preparedness for physician offices. American Society for Health Care Risk Management. <https://forum.ashrm.org/2018/12/12/disaster-preparedness-for-physician-offices/>

*Not a complete literature review.

Requirement

Standard EM.12.02.01: The practice has a communications plan that addresses how it will communicate during an emergency.

Note: The practice considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan.

Rationale

An effective communications plan describes how the practice will communicate information to its staff and patients, other health care organizations, and community partners (such as the fire department, emergency medical services, police). The communications plan should account for the rapid evolution of an emergency or disaster incident, identify the procedures for communications (such as a phone tree), and provide clear information especially if cancelling procedures or providing notification about other related changes occurring at the practice (such as wearing masks as social distancing during the COVID-19 pandemic).

References:*

- Drummond, S., & O'Rourke, M. (2020). Emergency preparedness in ambulatory surgery centers and office-based anesthesia practices. In: Rajan, N. (Ed.) *Manual of practice management for ambulatory surgery centers*. Springer, Cham. https://doi.org/10.1007/978-3-030-19171-9_19
- Federal Emergency Management Agency. (2014, February). *Lesson 3: Communicating in an emergency*. https://training.fema.gov/emiweb/is/is242b/student%20manual/sm_03.pdf
- McNeal, M. S., Daniels, E. C., Akintobi, T. H., Pierson, K. W., Jacobs, D., & Williams, T. M. (n.d.). *Emergency preparedness toolkit for primary care providers*. Morehouse School of Medicine. <https://www.diversitypreparedness.org/~media/files/diversitypreparedness/emergency%20preparedness%20toolkit%20primary%20care%20providers.ashx?la=en>
- Porcaro, J. (2018, December 12). *Disaster preparedness for physician offices*. American Society for Health Care Risk Management. <https://forum.ashrm.org/2018/12/12/disaster-preparedness-for-physician-offices/>

*Not a complete literature review.

Requirement

Standard EM.12.02.05: The practice has a plan for providing patient care and clinical support during an emergency or disaster incident.

Note: The practice considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for patient care and clinical support.

Rationale

A well-thought-out plan that maintains the practice's ability to provide critical interventions and quickly identify high-risk patients during emergencies or disasters can be a matter of life or death. Planning for patient and clinical support focuses on equipment and resources that play a direct role in an incident response. The practice's emergency operations plan addresses how and where it will transfer patients when the practice can no longer provide care. This would include procedures to rapidly acquire patients' medications, health care records, and special equipment that may be needed, especially when evacuation is imminent.

References:*

- Drummond, S., & O'Rourke, M. (2020). Emergency preparedness in ambulatory surgery centers and office-based anesthesia practices. In: Rajan, N. (Ed.) *Manual of practice management for ambulatory surgery centers*. Springer, Cham. https://doi.org/10.1007/978-3-030-19171-9_19
- McNeal, M. S., Daniels, E. C., Akintobi, T. H., Pierson, K. W., Jacobs, D., & Williams, T. M. (n.d.). *Emergency preparedness toolkit for primary care providers*. Morehouse School of Medicine. <https://www.diversitypreparedness.org/~media/files/diversitypreparedness/emergency%20preparedness%20toolkit%20primary%20care%20providers.ashx?la=en>
- Porcaro, J. (2018, December 12). *Disaster preparedness for physician offices*. American Society for Health Care Risk Management. <https://forum.ashrm.org/2018/12/12/disaster-preparedness-for-physician-offices/>

*Not a complete literature review.

Requirement

Standard EM.12.02.07: The practice has a plan for safety and security measures to take during an emergency or disaster incident.

Note: The practice considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for safety and security.

Rationale

Emergencies and disasters often create new and rapidly changing safety and security concerns. An emergency operations plan should include the possible need for heightening security measures; accounting for patients, staff, and families; and minimizing exposures to hazards.

References:*

- Drummond, S., & O'Rourke, M. (2020). Emergency preparedness in ambulatory surgery centers and office-based anesthesia practices. In: Rajan, N. (Ed.) *Manual of practice management for ambulatory surgery centers*. Springer, Cham. https://doi.org/10.1007/978-3-030-19171-9_19
- McNeal, M. S., Daniels, E. C., Akintobi, T. H., Pierson, K. W., Jacobs, D., & Williams, T. M. (n.d.). *Emergency preparedness toolkit for primary care providers*. Morehouse School of Medicine. <https://www.diversitypreparedness.org/~media/files/diversitypreparedness/emergency%20preparedness%20toolkit%20primary%20care%20providers.ashx?la=en>
- Porcaro, J. (2018, December 12). *Disaster preparedness for physician offices*. American Society for Health Care Risk Management. <https://forum.ashrm.org/2018/12/12/disaster-preparedness-for-physician-offices/>

*Not a complete literature review.

Requirement

Standard EM.14.01.01: The practice has a disaster recovery plan.

Note: The practice considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a disaster recovery plan.

Rationale

The disaster recovery plan is an essential part of emergency management planning and preparedness that includes procedures for how and when the practice can safely resume operations. The recovery plan provides the actions, strategies, and individual responsibilities needed to quickly handle the incident, reduce downtime, and minimize financial loss. A disaster recovery plan enables the practice to continue to operate or return to full functionality as soon as possible after an emergency or disaster incident.

References:*

- Drummond, S., & O'Rourke, M. (2020). Emergency preparedness in ambulatory surgery centers and office-based anesthesia practices. In: Rajan, N. (Ed.) *Manual of practice management for ambulatory surgery centers*. Springer, Cham. https://doi.org/10.1007/978-3-030-19171-9_19
- McNeal, M. S., Daniels, E. C., Akintobi, T. H., Pierson, K. W., Jacobs, D., & Williams, T. M. (n.d.). *Emergency preparedness toolkit for primary care providers*. Morehouse School of Medicine. <https://www.diversitypreparedness.org/~media/files/diversitypreparedness/emergency%20preparedness%20toolkit%20primary%20care%20providers.ashx?la=en>
- Porcaro, J. (2018, December 12). *Disaster preparedness for physician offices*. American Society for Health Care Risk Management. <https://forum.ashrm.org/2018/12/12/disaster-preparedness-for-physician-offices/>

*Not a complete literature review.

Requirement

Standard EM.15.01.01: The practice provides emergency management education and training.

Note: The practice considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training.

Rationale

Every effort should be made to provide education and training related to emergency management so that staff are better prepared for the next emergency or disaster incident. Effective education and training prepare staff to respond to a variety of emergencies, to know their specific roles and responsibilities during an event, and to quickly adjust to changing situations while continuing to provide safe patient care.

References:*

- Drummond, S., & O'Rourke, M. (2020). Emergency preparedness in ambulatory surgery centers and office-based anesthesia practices. In: Rajan, N. (Ed.) *Manual of practice management for ambulatory surgery centers*. Springer, Cham. https://doi.org/10.1007/978-3-030-19171-9_19
- McNeal, M. S., Daniels, E. C., Akintobi, T. H., Pierson, K. W., Jacobs, D., & Williams, T. M. (n.d.). *Emergency preparedness toolkit for primary care providers*. Morehouse School of Medicine. <https://www.diversitypreparedness.org/~media/files/diversitypreparedness/emergency%20preparedness%20toolkit%20primary%20care%20providers.ashx?la=en>
- Porcaro, J. (2018, December 12). *Disaster preparedness for physician offices*. American Society for Health Care Risk Management. <https://forum.ashrm.org/2018/12/12/disaster-preparedness-for-physician-offices/>

*Not a complete literature review.

Requirement

Standard EM.16.01.01: The practice conducts exercises to test its emergency operations plan and response procedures.

Note: The practice considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency exercises.

Rationale

Conducting emergency management exercises improves staff skills and teamwork within a controlled testing environment and refines their knowledge and understanding of the emergency operations plan. This prepares staff for a safe and effective response in the event of a real emergency or disaster incident. These exercises are used to test all facets of the emergency operation plan (communications, safety, transfers, evacuation) and should be comprehensive enough to test the practice's response capabilities to failure in order to identify deficiencies and opportunities for improvement.

References:*

- Drummond, S., & O'Rourke, M. (2020). Emergency preparedness in ambulatory surgery centers and office-based anesthesia practices. In: Rajan, N. (Ed.) *Manual of practice management for ambulatory surgery centers*. Springer, Cham. https://doi.org/10.1007/978-3-030-19171-9_19
- Federal Emergency Management Agency. (2020, February). *Homeland security exercise and evaluation program*. U.S. Department of Homeland Security. <https://www.fema.gov/emergency-managers/national-preparedness/exercises/hseep>
- McNeal, M. S., Daniels, E. C., Akintobi, T. H., Pierson, K. W., Jacobs, D., & Williams, T. M. (n.d.). *Emergency preparedness toolkit for primary care providers*. Morehouse School of Medicine. <https://www.diversitypreparedness.org/~media/files/diversitypreparedness/emergency%20preparedness%20toolkit%20primary%20care%20providers.ashx?la=en>
- Porcaro, J. (2018, December 12). *Disaster preparedness for physician offices*. American Society for Health Care Risk Management. <https://forum.ashrm.org/2018/12/12/disaster-preparedness-for-physician-offices/>

*Not a complete literature review.

Requirement

Standard EM.17.01.01: The practice evaluates and revises its emergency operations plan.

Rationale

Practices that evaluate each event or exercise are better prepared for subsequent emergencies because they often find unknown risks or failures through these reviews. It is important to then update the emergency operations plan to correct any identified deficiencies. Improving the plan makes it more effective at sustaining critical operations and protecting lives.

References:*

- Drummond, S., & O'Rourke, M. (2020). Emergency preparedness in ambulatory surgery centers and office-based anesthesia practices. In: Rajan, N. (Ed.) *Manual of practice management for ambulatory surgery centers*. Springer, Cham. https://doi.org/10.1007/978-3-030-19171-9_19
- McNeal, M. S., Daniels, E. C., Akintobi, T. H., Pierson, K. W., Jacobs, D., & Williams, T. M. (n.d.). *Emergency preparedness toolkit for primary care providers*. Morehouse School of Medicine. <https://www.diversitypreparedness.org/~media/files/diversitypreparedness/emergency%20preparedness%20toolkit%20primary%20care%20providers.ashx?la=en>
- Porcaro, J. (2018, December 12). *Disaster preparedness for physician offices*. American Society for Health Care Risk Management. <https://forum.ashrm.org/2018/12/12/disaster-preparedness-for-physician-offices/>

*Not a complete literature review.