Focus on emergency management – five important questions to ask when assessing risk

Maryanne Popovich, B.S.N., M.P.H., consultant, Joint Commission Resources, outlines five key questions to ask as you assess your home care organization’s emergency management plan.

- **Does your emergency plan go beyond natural disasters and surges in infectious patients?** Workplace violence and community police actions may affect the ability of your staff to provide services or use office space. Also, a fire or natural disaster that destroys your office will test your emergency plan differently than a natural disaster that occurs within your general service area.

- **Does your home care organization’s emergency plan address activities that should occur when there might be advance notice of an emergency?** Sometimes, emergencies can be predicted (hurricanes, for example), and there are activities that better prepare your organization and the community for that emergency. Be sure these activities are outlined in your plan.

- **If your home care organization is part of a larger health care system or hospital, do you have the ability to call or respond to an emergency in your service area even if it doesn't affect the system or hospital?** Home care services usually cover a larger geographic area than a hospital campus, so an emergency in the home care service area may not affect the hospital. In addition, the health care system or hospital’s emergency plan should include home care services in a realistic and meaningful way with appropriate modifications.

- **Does your plan clearly inform staff and patients that any regulatory directives should be followed before the organization’s emergency management plan?** If appropriate authorities indicate that evacuation of the area is to occur, then the first direction from home care staff must be evacuation, and not a directive that may counteract civil authorities’ actions.

- **Does your hospice’s emergency plan address all three potential settings of care for hospice patients?** Hospice patients are treated in private residences, nursing homes or acute care facilities for general inpatient care. During an emergency, the procedures immediately following a patient’s death may need to be modified for a period of time. For example, if a hospice
patient dies in his or her own home in a flooded area that cannot be accessed by motor vehicles, how will you communicate with the family if the body cannot be removed for hours or days?

Continuous compliance

Intracycle Monitoring conference call – this is not a test!
The Joint Commission’s Intracycle Monitoring (ICM) process, including the Focused Standards Assessment (FSA) tool, is designed to help home care organizations with their continuous compliance efforts. Call it a performance improvement tool, a validation of standards compliance, or a gap analysis – the end result will provide you with a better understanding of the risk points at your organization.

Lynette Gibbney, associate director, Standards Interpretation Group (SIG), believes that many home care organizations are missing a key benefit of accreditation by not taking advantage of the ICM call. “The ICM call is a great educational opportunity – where home care leaders can talk confidentially with Joint Commission experts on any number of clinical issues.”

If your organization is 100 percent compliant (based on the FSA) you can still request an ICM call. “While we ask that one person from your organization facilitates the call, you can have a room full of staff listening in,” Gibbney adds. Here are three tips that she suggests to make the most of your ICM call:

- Be honest about your findings when completing the FSA. The goal of the call is not only to review your action plan, but also to provide suggestions for meeting any ongoing safety and quality issues.
- Don’t be nervous – this is not a test! This is your time to get answers to tough questions. The information you share during the ICM call is kept completely confidential, and nothing gets communicated with surveyors.
- For the most part, you can direct the topics for discussion. Some organizations want to talk only about organization-specific issues; others want to hear about general risk areas on a national level. Gibbney says topics range from IT, the plan of care, infection control, physician orders, sentinel events, communication, survey preparation, and more.

When submitting an FSA, you will be prompted to check whether or not you want to participate in an ICM call. Most ICM calls last about one hour. “During any ICM call, I think of myself as an organization’s coach,” says Gibbney. "My job is to help home care staff look at things in a different way – through a slightly different perspective.”

For more information about the ICM call, visit the Joint Commission Connect™ extranet.

News briefs

Changes for organizations participating in the home health deemed status option
Read the recent Joint Commission Online article to find out how observances of noncompliance with the hand hygiene protocol are now being documented by surveyors. This change follows expectations set forth by the Centers for Medicare & Medicaid Services (CMS).

Labson appointed to AAMI committee
Margherita Labson, home care executive director, has been appointed to the Association for the Advancement of Medical Instrumentation’s (AAMI) Medical Devices and Systems in Home Care Applications Committee. Margherita Labson and The Joint Commission are important partners on this committee,” says Mary K. Logan, J.D., CAE, president, AAMI. “Hospitalized patients are going home to recover in greater numbers and they are often accompanied by medical equipment in order to continue therapy. Margherita also has a uniquely strong connection to and understanding of hospitals, where the transition of care is vitally important as patients leave and go into all kinds of ‘home’ settings.”
Accreditation resources

Transitions of Care portal – Check out the latest content, including a new Take 5 with The Joint Commission podcast on understanding transitions of care featuring Margherita Labson, R.N., and Ron Wyatt, M.D.

Leading Practice Library – These real-life solutions address challenging patient safety and quality issues that have been successfully implemented by other health care organizations and reviewed by Joint Commission standards experts. Access the Library through your Joint Commission Connect™ extranet.

Simplified Guest Access for Joint Commission Connect™ – Anyone with an email address from a Joint Commission accredited health care organization can self-register for Guest Access on The Joint Commission Connect™ extranet. To sign up, go to the Connect site, search for your organization by city, state or zip code, and then enter your work email address. Note: Guest Access does not include entry to any organization-specific data or reports.

Look for us

Upcoming Conferences
CAHSAH, May 13-15, Palm Springs, Calif., booth 106
Home Care and Hospice LINK, June 3-5, Chicago, Ill.
NJ Home Care Association, June 12-13, Atlantic City, N.J.*
Florida Home Care Association, July 22-24, Orlando, Fla.
National Association for Home Care and Hospice (NAHC), October 19-23, Phoenix, Ariz., booth 1133
Medtrade, October 21-23, Atlanta, Ga., booth 2553

*Speaking engagement