Revised EM standards mesh with CMS final rule on Emergency Management

On Sept. 8, 2016, the Centers for Medicare and Medicaid Services (CMS) issued its final rule on emergency preparedness for participating providers and suppliers. To correspond with these new rules, The Joint Commission has updated its Emergency Management (EM) standards.

CMS is expected to approve the updated standards soon, with implementation of both the final rule and the corresponding standards scheduled to go into effect on Nov. 15 for Joint Commission deemed status surveys. The affected settings are: hospitals, ambulatory surgery centers, critical access hospitals, home health agencies, and hospices. In addition, enhanced requirements also will be applied to rural health clinics and federally qualified health centers to support consistency of implementation across ambulatory settings.

The aim of the final rule is to establish national emergency preparedness requirements designed to aid health care organizations in properly planning for natural and human-caused disasters and coordinating with federal, state, tribal, regional and local emergency preparedness systems. This also is meant to help prepare providers and suppliers to meet the needs of patients, residents, clients, and participants during emergency events and throughout recovery.

After reviewing current Medicare emergency preparedness requirements for providers and suppliers, CMS determined that its existing regulations weren’t as broad and all-inclusive as needed to cover the complications that can arise with emergency preparedness. Deficiencies identified across various health care settings included lack of contingency planning, personnel training, and communication to coordinate with other systems of care within cities, rural areas and states.

The final rule addresses these and other areas and obligates CMS deemed status organizations to comply with key, best practice standards, including:

- **Emergency plan**: After conducting a risk assessment, create an emergency plan employing an all-hazards approach targeting capabilities and capacities essential to preparedness emergencies and disasters particular to the location of a provider or supplier. Policies and procedures support implementation of the emergency plan.

- **Communication planning**: As part of emergency planning, create and maintain a communication strategy that conforms to state and federal law, with the goal of patient care being well coordinated within the facility, across health care providers, and with local and state emergency systems and health departments.

- **Training and testing**: Develop and implement training programs (initial and annual trainings included), and conduct exercises that test the plan; evaluate the exercises and responses to actual emergencies to inform improvements in preparedness.

- **Integrated healthcare systems (optional)**: Health care systems that include multiple facilities (that are each separately certified as a Medicare-participating provider or supplier) have the option of developing a unified and integrated emergency preparedness program that supports coordinated preparedness, response, and recovery across system providers.
• **Transplant hospitals:** The hospital in which a transplant center is located would be responsible for ensuring that the transplant center is incorporated in the hospital’s emergency preparedness program.

The Joint Commission has been reviewing standards and revising key requirements to address the CMS rule through new EPs for the EM chapter. A draft of these new EPs was sent to CMS in June for its official review and approval.

The draft standards indicate that hospices, home health agencies and ambulatory surgical centers will have the most new EPs (25 to 30); hospitals and critical access hospitals will have fewer additional requirements. New EPs have been created that address the following areas:

- Continuity of operations and succession plans
- Documentation of collaboration with local, tribal, regional, state and federal EM officials
- Contact information on volunteers and tribal groups
- Annual training of all new/existing staff, contractors and volunteers
- Integrated health care systems
- Transplant hospitals

Many of the new requirements provide more specificity to expectations that organizations are currently meeting — for example, staff training must be performed annually. Also, several new EPs require documentation of existing or new practices.

The proposed draft of this content is currently available to accredited organizations on their Joint Commission Connect™ extranet site. More information will be shared with organizations as it becomes available.

**Patient safety**

*Sentinel Event Alert focuses on inadequate hand-offs, tips to improve them*

Health care professionals work diligently to meet patient needs and provide the best care possible. Unfortunately, too often, this effort and attentiveness falters when a patient is handed off, or transitioned, to another health care provider for continuing care, treatment or services. A common problem regarding hand-offs, or hand-overs, centers on communication.

This problem is the focus of *Sentinel Event Alert*, Issue 58: Inadequate hand-off communication, which includes an infographic of “8 Tips for High-Quality Hand-Offs.” This alert provides advice to senders and receivers of hand-off communication, including communication between:

- Caregivers within hospitals and other health care settings
- Hospital caregivers and those not located in a hospital

“When a patient is handed off to another health care provider for continuing care, treatment or services, the type of information the receiving provider needs may not be the information the sender provides. This misalignment is where the problem often occurs during hand-off communication,” said Ana Pujols McKee, MD, executive vice president and chief medical officer, The Joint Commission. “Failures in hand-off communication can result in a sequence of misadventures and adverse events which can include medication errors, medical complications, readmissions and even loss of life. We encourage health care organizations to use our new *Sentinel Event Alert* to help improve their own hand-off communication process.”

While it sounds simple, a high-quality hand-off is complex. Failed hand-offs are a long-standing, common problem in health care. Read the *Sentinel Event Alert*. 
Resources

Don't miss out: Leaders Facilitating Change Workshop coming up Oct. 12-13
There’s still time to sign up for the Leaders Facilitating Change Workshop, scheduled from Oct. 12-13 at the Dennis S. O’Leary Conference Center, located at The Joint Commission’s headquarters in Oakbrook Terrace, Illinois.

Health care leaders and performance improvement professionals who attend will learn how to implement change management processes into their organizations, as well as important tools and strategies to tackle the toughest challenges in today’s health care environment. The Leaders Facilitating Change™ Workshop also will teach participants how to:

- Create the necessary organizational buy-in for change
- Identify and work through resistance
- Sustain the gains of improvement

Learn more about the workshop. (Contact: Dawn Allbee, dallbee@jointcommission.org)

Learn more about Joint Commission Resources’ offerings online or call 877-223-6866.