Joint Commission Emergency Management Standards

CMS Emergency Management Final Rule
Bureau of Primary Health Care

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The Joint Commission
CMS Emergency Management Final Rule

- Joint Commission focus on deemed settings:
  - Deemed Ambulatory Surgical Centers
  - Deemed Home Health Agencies
  - Deemed Hospices
  - Deemed Hospitals
  - Deemed Critical Access Hospitals

- Plus: Federally Qualified Health Centers and Rural Health Clinics
CMS Emergency Management Final Rule

Structure
- Emergency Plan
- Policies & Procedures
- Communication Plan
- Training and Testing
- Integrated Healthcare Systems (option)
CMS Emergency Management Final Rule

- All issues apply to both federally qualified health centers and rural health clinics
- In most cases, a new EP was developed rather than revision of an existing EP
- All new/revised content indicated in red
- In publications and e-dition, EP text will be presented with lead-ins specifying FQHC, RHC, and ASC as appropriate
Survey Fundamentals Apply

New content, but usual approach applies; confirm that:

- HVA was performed and is relevant to organization and community
- EM Plan covers critical areas and supports response to prioritized risks
- Staff training aligns with response plans
- Exercises test & stress the plan & surface gaps, weaknesses, opportunities for improvement
- Exercises and responses to actual emergencies are reviewed and inform improvements to plan
Emergency Plan

EM.02.01.01, EP 10 - The Emergency Management Plan, including the communication plan, must be reviewed and updated at least annually.
Emergency Plan

EM.01.01.01, EP 9 - The Emergency Management Plan includes documentation of potential risks in the community that could impact the organization’s ability to provide care for its patients.
Emergency Plan

EM.02.01.01, EP 11 - The Emergency Management Plan describes the patient population served by the organization and the extent to which additional populations may be cared for during an emergency based on the organization’s capabilities (staff, space, supplies, equipment).
Emergency Plan

Continuity of Operations (COOP)

“The plan must…address continuity of operations, including delegations of authority and succession plans” (Source: CMS)

“The health care organization’s COOP may be an annex to the organization’s EOP, and during a response should be addressed under the ICS” (Source: ASPR)
Emergency Plan

EM.02.01.01, EP 12 - The Emergency Management Plan includes a continuity of operations strategy that covers the following:

- Continuity of facilities and communications to support organizational functions at the original site or alternate site(s), in case the original site is incapacitated.
EM.02.01.01, EP 12 cont.

- A **succession plan** that lists who replaces the key leader(s) during an emergency if the leader is not available to carry out his or her duties

- A **delegation of authority plan** that describes the decisions and policies that can be implemented by authorized successors during an emergency and criteria or triggers that initiate this delegation
Emergency Plan

EM.02.02.01, EP 22 - The organization maintains documentation of completed and attempted contact with the local, state, tribal, regional, and federal emergency preparedness officials in its service area. This contact is made for the purpose of communication, and where possible collaboration, on coordinated response planning for a disaster or emergency situation.
Emergency Plan

EM.02.02.01, EP 22, cont.

Note: Examples of these contacts may be written or email correspondence; in-person meetings or conference calls; regular participation in health care coalitions, working groups, boards, and committees; or educational events sponsored by a third party (such as a local or state health department).
Emergency Plan

Incident Command Structure - Essential structure flexes to size of organization & type of emergency

- Incident Commander
  - Safety Officer
  - Public Information Officer
  - Liaison Officer
  - Medical/Technical Specialists
  - Operations Chief
  - Planning Chief
  - Logistics Chief
  - Finance/Admin Chief
EM.02.01.01, EP 10 - The Emergency Management Plan, including the communication plan, must be reviewed and updated at least annually.
Policies & Procedures

Current key requirement addressing organization policy:

LD.04.01.07, EP 1 - Leaders review and approve policies and procedures that guide and support patient care, treatment, or services.
Policies & Procedures

Survey:

- During document review evaluate EM plan for annual review and update.
- Existing EM and LD requirements sufficiently cover the need for policies.
- To avoid possible redundancy or conflict with plans / procedures required in EM, EC, COOP & ICS, no additional policy EPs were added for AHC.
Policies & Procedures

EM.02.02.07, EP 11 - The organization has a system to track the location of on-duty staff during an emergency.
Policies & Procedures

EM.02.02.11, EP 12 - The organization has a system to track the location of patients sheltered on site during an emergency. This system includes documentation of the name and location of the receiving facility or alternate site in the event a patient is relocated during the emergency.
Note: The name and location of receiving facilities or alternate sites may be defined in the emergency management plan, formal transfer agreements, or other accessible documents.
Policies & Procedures

EM.02.02.11, EP 13 - Procedures for evacuating patients from the organization during an emergency address, at a minimum, the following:

- Care and treatment needs of patients when deciding where they will be evacuated to (for example, transfer to a higher level of care, transport to an alternative site in the community, discharge to home)
Primary and alternate means of communication with external sources of assistance regarding patient care

Transportation for the evacuated patient to an alternative site
Policies & Procedures

EM.02.02.01, EP 7 - The Emergency Management Plan describes how the organization will communicate with suppliers of essential services, equipment, and supplies during an emergency.
Policies & Procedures

EM.02.02.03, EP 3 - For organizations that plan to provide service during an emergency: The Emergency Management Plan describes how the organization will obtain and replenish nonmedical supplies (including food, bedding, and other provisions consistent with the organization’s plan for sheltering on site) that will be required in response to an emergency.
IM.01.01.03, EP 5 - The organization implements a system of medical documentation that preserves patient information during an emergency.
Policies & Procedures

EM.02.02.07, EP 12 - The Emergency Management Plan describes how volunteers and state and federally designated health care professionals will be incorporated into the staffing strategy for addressing a surge in needs during an emergency. The staffing strategy will vary depending on the type of emergency, whether the organization chooses to use volunteers, and the organization’s role, if any, in community response plans.
Communication Plan

EM.02.01.01, EP 10 - The Emergency Management Plan, including the communication plan, must be reviewed and updated at least annually.
EM.02.02.01, EP 20 - As part of its communication plan, the organization maintains the names and contact information of the following:

- Staff
- Physicians
- Volunteers
Communication Plan

EM.02.02.01, EP 20 cont.

- Other potential response partners (depending upon services provided, these may be rural health clinics, federally qualified health centers, or other sources of collaboration or assistance)

- Entities providing services under arrangement

- Relevant federal, state, tribal, regional, and local emergency preparedness staff
Communication Plan

EM.02.02.01, EP 21 - The Emergency Management Plan describes the following:

- The organization’s **primary and alternate means of communicating** with staff and federal, state, tribal, and local emergency management agencies.
Communication Plan

Process for communicating information about the general condition and location of patients under the organization’s care to public and private entities assisting with disaster relief.

How the organization will communicate information about its needs and ability to provide assistance to the authority having jurisdiction, the incident command center, or designee.
Communication Plan

EM.02.02.01, EP 21 cont.

Note: Depending upon the type of emergency, the authority having jurisdiction might be the municipal, county, or state health department, or another governmental entity.
Communication Plan

EM.02.02.01, EP 12 - The Emergency Management Plan describes how, and under what circumstances, the organization will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the Federal Bureau of Investigation [FBI]).
Training

EM.02.02.07, EP 7 - For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The organization trains staff for their assigned emergency response roles.
Training

EM.02.02.07, EP13 - Initial and ongoing training relevant to their emergency response roles is provided to staff, volunteers, and individuals providing on-site services under contracts and other arrangements. This training is documented and then reviewed and updated annually and when these roles change…
Training

EM.02.02.07, EP13, cont.

...Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests, participation in instructor-led feedback (for example, questions and answers), or other methods determined and documented by the organization.
Training

EM.03.01.03, EP 10 - During emergency response exercises, the organization monitors its management of the following: Staff roles and responsibilities.
Testing - Exercises

One of the two annual exercises must be operations based – with community or as individual organization

- CMS requires documentation of attempt to participate in community exercise
- An actual emergency response can suffice

Other annual exercise must be operations based – **tabletop will not count** toward this requirement
Integrated System EM Program

- Optional requirement for all settings
- Applies to organizations that choose to be members of their systems’ integrated EM program
Integrated System EM Program

New Standard EM.04.01.01

If the organization is part of a health care system that has an integrated emergency preparedness program, and it chooses to participate in the integrated emergency preparedness program, the organization participates in planning, preparedness, and response activities with the system.
Integrated System EM Program

EM.04.01.01, EP 1 - The organization demonstrates its participation in the development of its system’s integrated emergency preparedness program through the following:

- Designation of a staff member(s) who will collaborate with the system in developing the program
Integrated System EM Program

EM.04.01.01, EP 1 cont.

- Documentation that the organization has reviewed the community-based risk assessment developed by the system’s integrated program

- Documentation that the organization’s individual risk assessment is incorporated into the system’s integrated program
Integrated System EM Program

EM.04.01.01, EP 1 cont.

- Documentation that the organization’s patient population, services offered, and any unique circumstances of the organization are reflected in the system’s integrated program

- Documentation of an integrated communication plan, including information on key contacts in the system’s integrated program

- Documentation that the organization participates in the annual review of the system’s integrated program
Integrated System EM Program

EM.04.01.01, EP 2 - The organization has implemented communication procedures for emergency planning and response activities in coordination with the system’s integrated emergency preparedness program.
Integrated System EM Program

EM.04.01.01, EP 3 - The organization’s integrated emergency management policies, procedures, or plans address the following:
Integrated System EM Program

EM.04.01.01, EP 3 cont.

- Identification of the organization’s emergency preparedness, response, and recovery activities that can be coordinated with the system’s integrated program (for example, acquiring or storing clinical supplies, assigning staff to the local health care coalition to create joint training protocols, and so forth)

- The organization’s communication and/or collaboration with local, tribal, regional, state, or federal emergency preparedness officials through the system’s integrated program
Integrated System EM Program

EM.04.01.01, EP 3 cont.
- Coordination of continuity of operations planning with the system’s integrated program
- Plans and procedures for integrated training and exercise activities with the system’s integrated program
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- ASPR TRACIE: [https://asprtracie.hhs.gov/](https://asprtracie.hhs.gov/)

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