

Emergency Management Chapter Revisions

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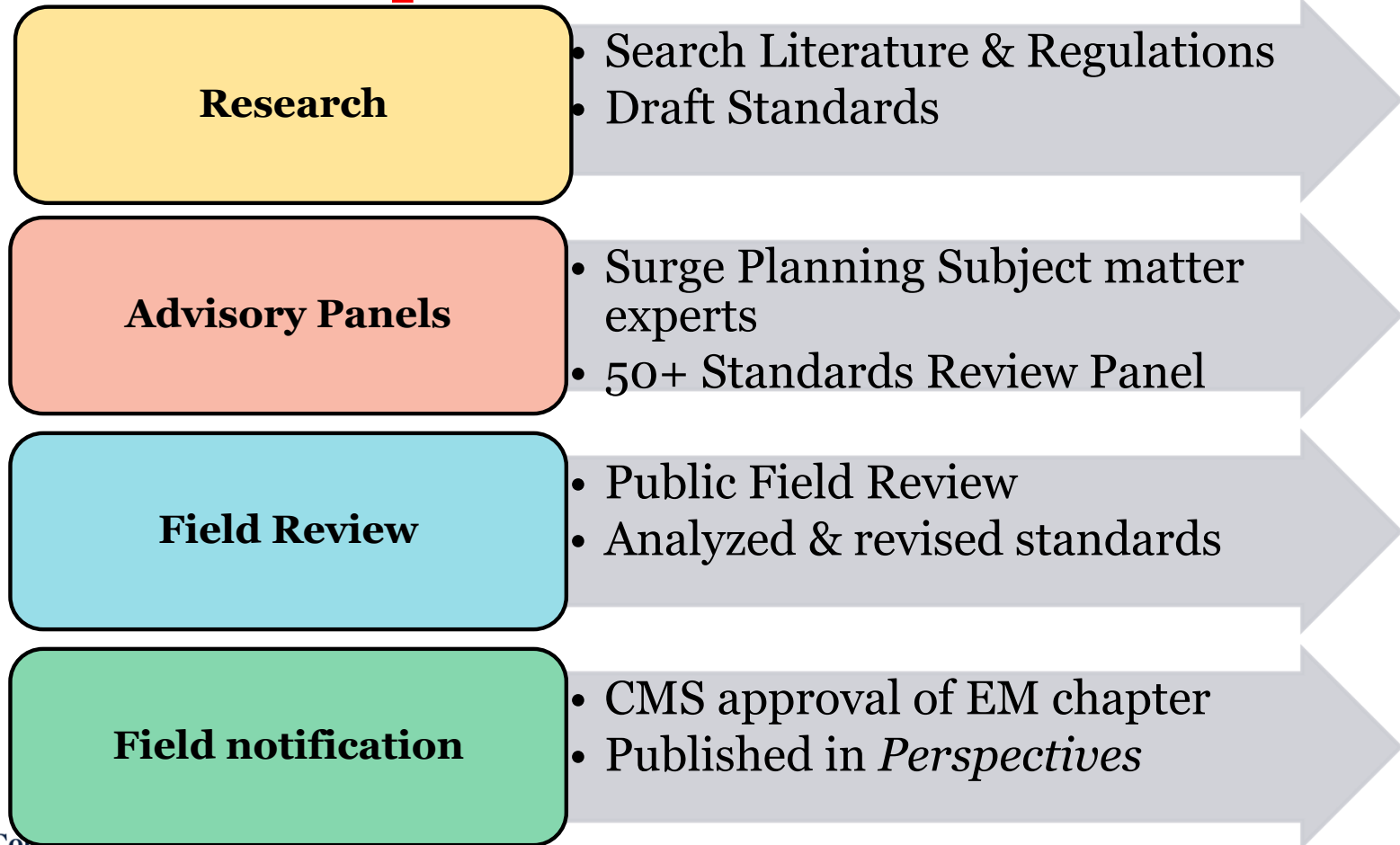
Objectives

At the conclusion of this webinar, participants will be able to:

- Understand standards development process
- Describe new EM chapter outline and reference guide
- Describe new and revised EM chapter standards
- Understand revised survey process
- Identify EM chapter resources available

Standards Development Process

Standards Development Process



New & Revised EM Standards

- **22 New & 38 revised EPs**
- **49 out of 60 EPs** require written documentation (~82%)
- *Establishes **comprehensive EM program***
- *Greater emphasis on the development and use of a **hazard-vulnerability analysis***
- *Increased focus on **leadership participation & oversight***



Streamlined 124 elements of performance down to 60!

Implementation

**July 1, 2022 for Hospital & Critical Access
Hospital Programs**



New EM Chapter Structure

New EM CH Structure for HAP/CAH



Emergency Management Program	EM.09.01.01
Emergency Management Leadership	EM.10.01.01
Hazard Vulnerability Analysis	EM.11.01.01
Emergency Operations Plan	
- Planning	EM.12.01.01
-Six Critical Areas	EM.12.02.01-EM.12.02.11
Continuity of Operations	EM.13.01.01
Disaster Recovery	EM.14.01.01
Staff Education and Training	EM.15.01.01
Testing the EOP	EM.16.01.01
Evaluation of the EM Program	EM.17.01.01



New Reference Guide: EM Standards

Reference Guide: Emergency Management Standards						
<i>Effective July 1, 2022, for Hospitals (HAP) & Critical Access Hospitals (CAH) Only</i>						
New EM Standards	EP	Area	Emergency Management Topic	Apply		Prior EM Standards
				CAH	HAP	
EM.09.01.01	1	EM Program	Written EM Program w/all-hazards approach	X	X	N/A
EM.09.01.01	2	EM Program	Separately certified Hospitals (unified/integrated EM Program)	X	X	04.01.01/1,2,3
EM.09.01.01	3	EM Program	Complies with laws and regulations	X	X	N/A
EM.09.01.01	4	EM Program	Transplant program (inclusion in the EM Program)	n/a	X	02.01.01/13
EM.10.01.01	1	EM Leadership	Senior leaders provide oversight & support	X	X	01.01.01/1; 02.01.01/1
EM.10.01.01	2	EM Leadership	Qualified individual to lead the EM Program	X	X	N/A
EM.10.01.01	3	EM Leadership	Multidisciplinary committee oversees EM Program	X	X	N/A
EM.10.01.01	4	EM Leadership	Multidisciplinary committee provides input	X	X	N/A

New & Revised Standards

EM.09.01.01

**Emergency Management
Program**

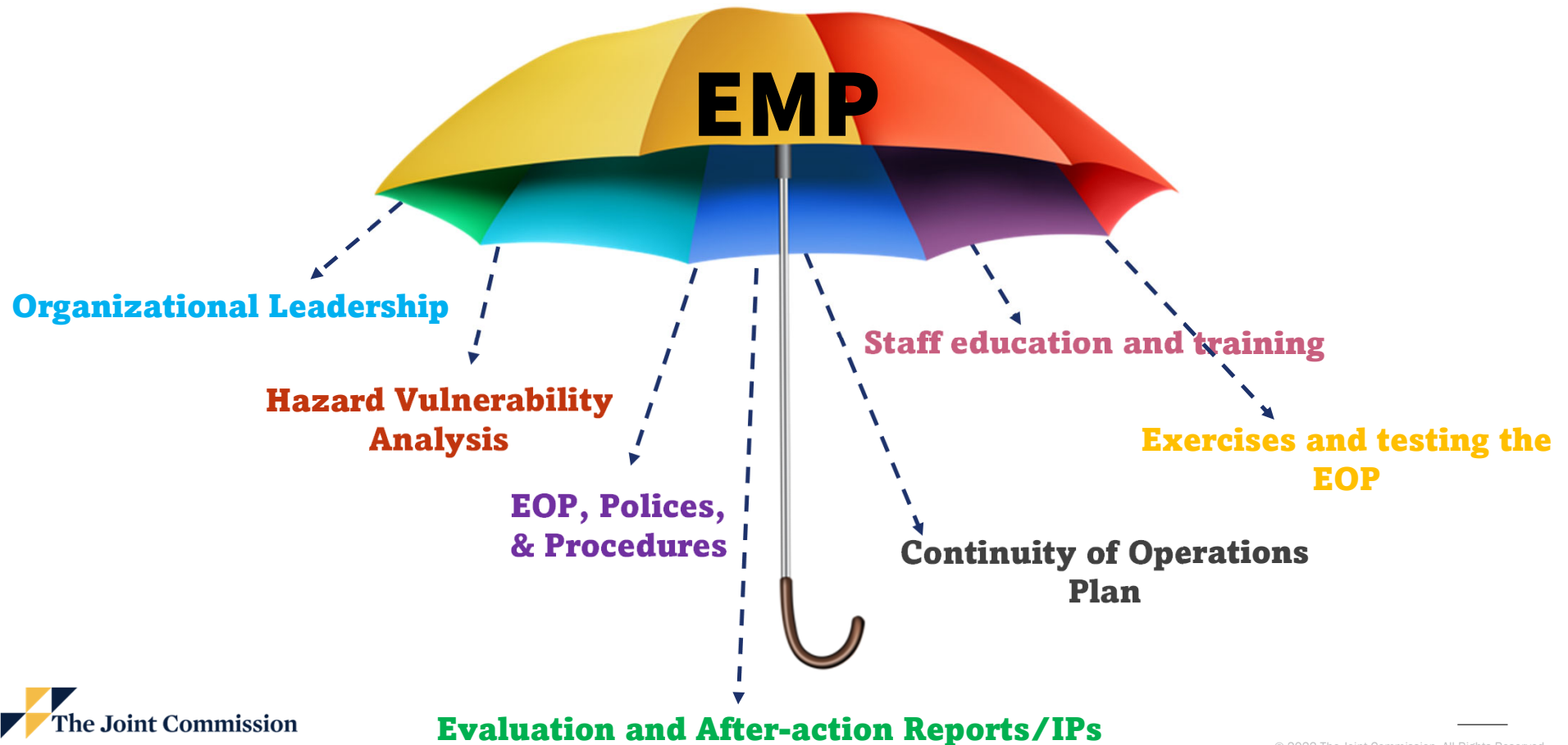
Emergency Management Program



Standard EM.09.01.01: The hospital has a comprehensive emergency management program that utilizes an all-hazards approach.

- **EP 1-** Written Comprehensive Emergency Management Program
- **EP 2-** Unified and integrated EM program
- **EP 3-** Compliance with all applicable federal, state, and local EM laws and regulations
- **EP 4-** Addresses organ transplant programs (n/a CAH)

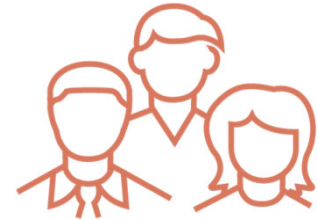
Emergency Management Program



EM.10.01.01

Emergency Management Leadership

EM Leadership



Standard EM.10.01.01: Hospital leadership provides oversight and support of the emergency management program.

- **EP 1-** Responsibilities of senior leaders
- **EP 2-** Selecting a qualified individual to lead the EM program
- **EP 3-** Multidisciplinary committee with objectives for EM
- **EP 4-** Activities and actions the multidisciplinary committee is responsible for managing

EM.11.01.01

Hazard Vulnerability Analysis

Hazard Vulnerability Analysis (HVA)

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

- **EP 1-** Conduct a facility-based HVA, includes community-based risk assessment
- **EP 2-** HVA must includes - Natural & Human-caused, Technological, Hazardous Materials & Emerging Infectious Diseases
- **EP 3** - HVA must be evaluated and prioritized
- **EP 4-** Mitigation and preparedness actions based on the HVA



EM.12.01.01

Emergency Operations Plan



Emergency Operations Plan (EOP)

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

- **EP 1-** Written, All-Hazards EOP – guidance for staff, volunteers, physicians, and other licensed practitioners
- **EP 2-** Identifies patient populations, including at-risk populations and the types of services it will provide during an event
- **EP 3-** Procedures for shelter-in-place vs. evacuation
- **EP 4-** Providing essential needs to staff and patients



Emergency Operations Plan (EOP)

Standard EM.12.01.01 (cont.)

- **EP 5-** Incident Command (IC) structure including operations, roles, responsibilities
- **EP 6-** Cooperating and collaborating with other health care facilities, coalitions, EM officials
- **EP 7-** Identify who has authority to activate EOP/ICS
- **EP 8-** Identify primary and alternate sites for IC operations
- **EP 9-** 1135 waiver process

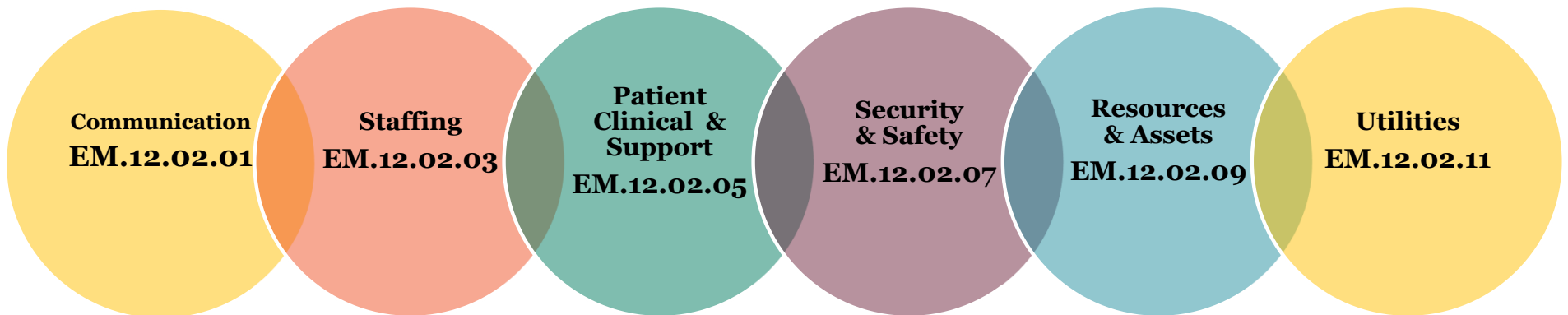
EM.12.02.01-12.02.11

The Six Critical Areas

Emergency Operations Plan (EOP)

Standards EM.12.02.01 – 12.02.11- The hospital has a plan for...

- Includes addressing the six critical areas



Communications Plan

Standard EM.12.02.01

- **EP 1-** Maintain a contact list (staff, physician, relevant authorities, other healthcare organizations)
- **EP 2-** Must establish and maintain communications
- **EP 3-** Reporting organizational needs, occupancy, & ability to provide assistance to relevant authorities
- **EP 4-** EM warning and notification alerts
- **EP5-** Sharing and/or releasing information
- **EP 6-** Primary and alternate communication methods

Staffing Plan

Standard EM.12.02.03

- **EP 1-** Staffing plan for managing all staff and volunteers
- **EP 2-** Reporting process, roles & responsibilities, & integrating staffing agencies, volunteer staffing, deployed medical assist teams
- **EP 4-** Managing volunteer licensed practitioners (verifies identify, primary source verification of licensures, & monitoring)
- **EP 5-** Disaster privileging procedures and authority
- **EP 6-** Supporting staff needs during emergencies or disaster incidents

Patient Clinical & Support

Standard EM.12.02.05

- **EP 1-** Sharing patient care & medical documentation, and transfer arrangements with other hospitals
- **EP 2-** Managing individuals that present who are not in need of medical care (such as visitors, worried-well persons)
- **EP 3-** Coordinating with local medical examiner, local mortuary, or other local, regional, state services for surge of unidentified or deceased patients

Safety & Security

Standard EM.12.02.07

- **EP 1-** Plan for safety and security measures & coordinating security activities with external agencies
- **EP 2** -Systems to track and/or locate on-duty staff and patients when sheltering-in-place, relocating, or evacuating & document relocation

Resources & Assets

Standard EM.12.02.09

- **EP 1-** Plan for *how* resources & assets are documented, tracked, monitored, and *how* to locate more resources
- Note: Emergency inventory list & annual review of list not required
- **EP 2-** *How* resources & assets are obtained, allocated, mobilized, replenished and conserved (coordinating within the health care system, vendors/supply chains, health care coalitions)
- **EP 3-** 96-hour Sustainability Plan (not a checklist of items) – Based on resource consumption, calculations & monitoring

Utilities

Standard EM.12.02.011

- **EP 1-** Plan for managing essential or critical utility systems (may include emergency power; heating, ventilating, air conditioning)
- **EP 2-** Maintaining essential or critical utility systems
- **EP 3-** Alternative means for providing essential or critical utilities (such as water supply, emergency power, fuel storage tanks, emergency generators)
- **EP 4-** Alternate sources of energy to maintain temperatures, emergency lighting, fire detection & alarms, sewage & waste disposal

EM.13.01.01

**Continuity of Operations Plan
(COOP)**

Continuity of Operations Plan (COOP)



Standard EM.13.01.01: The hospital has a continuity of operations plan.

- **EP 1-** Written COOP developed with key executive leaders, business and finance leaders, and other departments
- **EP 2-** How and where will continue to provide essential business functions
- **EP 3-** Written order of succession plan
- **EP 4-** Delegation of Authority plan (legal authorizations)

EM.14.01.01

Disaster Recovery Plan

Disaster Recovery

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

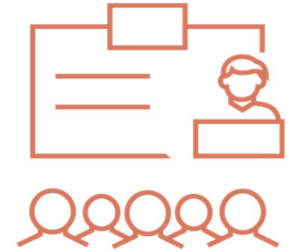
- **EP 1-** Written disaster recovery plan including damage assessments, restoring critical systems and returning to full operations
- **EP 2-** Addresses family reunification and coordinating with local community partners



EM.15.01.01

EM Education & Training

Staff Education & Training



Standard EM.15.01.01: The hospital has an emergency management education and training program

- **EP 1-** Written education and training program
- **EP 2-** Initial EM education and training to all staff
- **EP 3-** Ongoing education that defines frequency/time frames
- **EP 4-** Specific education and training for incident command roles

EM.16.01.01

EM Exercises & Testing

Exercises and Testing

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

- **EP 1-** Written plan for conducting annual testing/exercises
- **EP 2-** Hospital conducts two (2) exercises per year

One operations-based exercise

- Full-scale community-based exercise
- Functional, facility-based

Other annual exercise operations or discussion based-exercise
(seminar, workshop, tabletop)

 **EP 3-** Outpatient care buildings conduct one (1) exercise per year

EM.17.01.01

EM Program Evaluation

Program Evaluation



Standard EM.17.01.01: The hospital evaluates its emergency management program, emergency operations plan, and continuity of operations plans.

- **EP 1-** Committee reviews and evaluates all exercises/emergencies after-action report /improvement plans (AAR/IPs)
- **EP 2-** Senior leadership review all AAR/IPs
- **EP 3-** Reviews & updates **every two (2) years** (HVA, EM program, EOP, P&Ps, communications plan, COOP, education and training, exercises)

Survey Process

Focus discussion areas ...

- COOP plan plans
 - Not a separate plan per se ...
- Emerging Infection Diseases
 - Added in 2019 preface statement (see QSO19-06-ALL)
- Why focus on evacuations?
 - Impromptu evacuations – wildfires
 - Impromptu evacuations – generator failure in FL Sept 2017; San Diego 2011; CT 2011; NYC Oct 2012 and more!
- 1135 Waivers...

Reminder: QSO Memo from CMS 5/26/22

Memorandum Summary


Emergency Preparedness Training and Testing Program Exemption - CMS regulations for Emergency Preparedness (EP) require facilities to conduct exercises to test the facility's EP plan to ensure that it works and that staff are trained appropriately about their roles and the facility's processes. During or after an actual emergency, the regulations allow for a one-year exemption from the requirement that the facility perform testing exercises.

This worksheet presents guidance for surveyors, as well as providers and suppliers, with assessing a facility's compliance with the EP requirements, in light of many of the response activities associated with the COVID-19 Public Health Emergency (PHE).

As the PHE continues, many facilities continue to operate under their respective activated emergency plans. Therefore, CMS is providing additional guidance related to the exercise requirements (full-scale/functional drills and exercises) for **inpatient and outpatient providers/suppliers**.

This exemption only applies to the next required full-scale exercise (not the exercise of choice), based on the facility's 12-month exercise cycle. The cycle is determined by the facility (e.g. calendar, fiscal or another 12-month timeframe).



<small>DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop C2-21-16 Baltimore, Maryland 21244-1850</small>		
Center for Clinical Standards and Quality/Quality, Safety & Oversight Group		
DATE:	September 28, 2020	Ref: QSO-20-41-ALL REVISED 06.21.2021 REVISED 05.26.2022
TO:	State Survey Agency Directors	
FROM:	Director Quality, Safety & Oversight Group	
SUBJECT:	Guidance related to Emergency Preparedness- Exercise Exemption based on A Facility's Activation of their Emergency Plan *** Revised to provide additional guidance and clarifications due to the ongoing COVID-19 public health emergency (PHE) ***	
Memorandum Summary		
<ul style="list-style-type: none">• Emergency Preparedness Training and Testing Program Exemption - CMS regulations for Emergency Preparedness (EP) require facilities to conduct exercises to test the facility's EP plan to ensure that it works and that staff are trained appropriately about their roles and the facility's processes. During or after an actual emergency, the regulations allow for a one-year exemption from the requirement that the facility perform testing exercises.• This worksheet presents guidance for surveyors, as well as providers and suppliers, with assessing a facility's compliance with the EP requirements, in light of many of the response activities associated with the COVID-19 Public Health Emergency (PHE).• As the PHE continues, many facilities continue to operate under their respective activated emergency plans. Therefore, CMS is providing additional guidance related to the exercise requirements (full-scale/functional drills and exercises) for inpatient and outpatient providers/suppliers.• This exemption only applies to the next required full-scale exercise (not the exercise of choice), based on the facility's 12-month exercise cycle. The cycle is determined by the facility (e.g. calendar, fiscal or another 12-month timeframe).		
Background		
<small>On September 30, 2019, the Centers for Medicare & Medicaid Services (CMS) published the <i>Medicare and Medicaid Programs; Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction; Fire Safety Requirements for Certain Dialysis Facilities; Hospital and Critical Access Hospital (CAH) Changes To Promote Innovation, Flexibility, and Improvement in Patient Care Final Rule</i> (84 FR 51732) which revised the requirements for emergency preparedness. Revisions in the Final Rule include:</small>		

Voice Of Customer Survey Process

Voice of Customer & Survey Process

Conducted 4 Voice of Customer Sessions

- ✓ SMEs from DSSM project team
- ✓ Critical Access Hospital representation
- ✓ International Assoc. for Healthcare Security & Safety (IAHSS)
- ✓ American Society for Health Care Engineering (ASHE)
- VOC feedback – “surveyors were very inconsistent!” & “prefer clinician and LSCS to co-facilitate EM session”
- Implemented interim process - June 2021 to July 2022
- Formally adopted new process - July 2022

Updated Survey Activity Guide-July 2022

#1 Priority-Provide consistent and systematic review for all HAP/CAH surveyors

Provide Consistent review:

- HAP/CAH's EM Program
- HAP/CAH's EOP, policies & procedures

Revised EM Session

Change #1– Added a LSCS and Clinical surveyor to co-conduct the EM session together when LSCS ≥ 3 days.

Also, LSCS will conduct EM session for all HAP Psych, CAHs, and ASCs.

Participants

One surveyor

NOTE: A Life Safety Code surveyor will conduct this session on surveys with a hospital clinical surveyor team complement* of 6 or fewer surveyor days, and of all psychiatric hospitals.

*This is core hospital team only and does not include any AMB add-on or tailored program surveyor days.

Revised EM Session

Change #2- Consistency when conducting the EM session

- Four distinct discussion topics
 - Part 1: “Actual” emergencies or disaster incidents
 - Part 2: Emergency exercises
 - Part 3: Training and education
 - Part 4: Evaluation, After-action and improvement plans, and review & approval process
- Hospitals should be prepared to discuss recent events, exercises, education & training, program improvements

Customer Feedback

EM Standards & Survey Process

Feedback on new/revised EM Standards

- “These are the most clearly written standards and elements of performance I have seen in my 24 years of reading and interpreting standards.”
- “Much better organization for the chapter.”
- “Well written and should be very clear to the organizations what their responsibilities are in this chapter”

Feedback when LSCS and Clinician conduct EM session...

All I can say is thank you!!! The surveyors were great, and they did a great job! I really liked the new approach as it wasn't focused on documents but on the overall program and it was actually a great discussion where I felt like we were really able to collaboratively speak about not only the standard but what we have done, are doing, and will be doing. I really appreciate this new process not being a check in the box (HVA done and shared – check.....next...). How is your overall program, how involved is leadership and senior leadership and do they support it, collaboration with others, talking about nation wide issues in EM, etc. I also appreciated having two surveyors in the session as it added a new different and challenging dynamic (two people, two thought processes, two different focus areas and conversations). All I can say is great job and thank you so much for taking EM seriously and helping others hospitals understanding the programs importance! Thank you for listening, making changes, and including me through the process!

Workplace Violence

Standards & Survey Process

Workplace Violence & OQPS

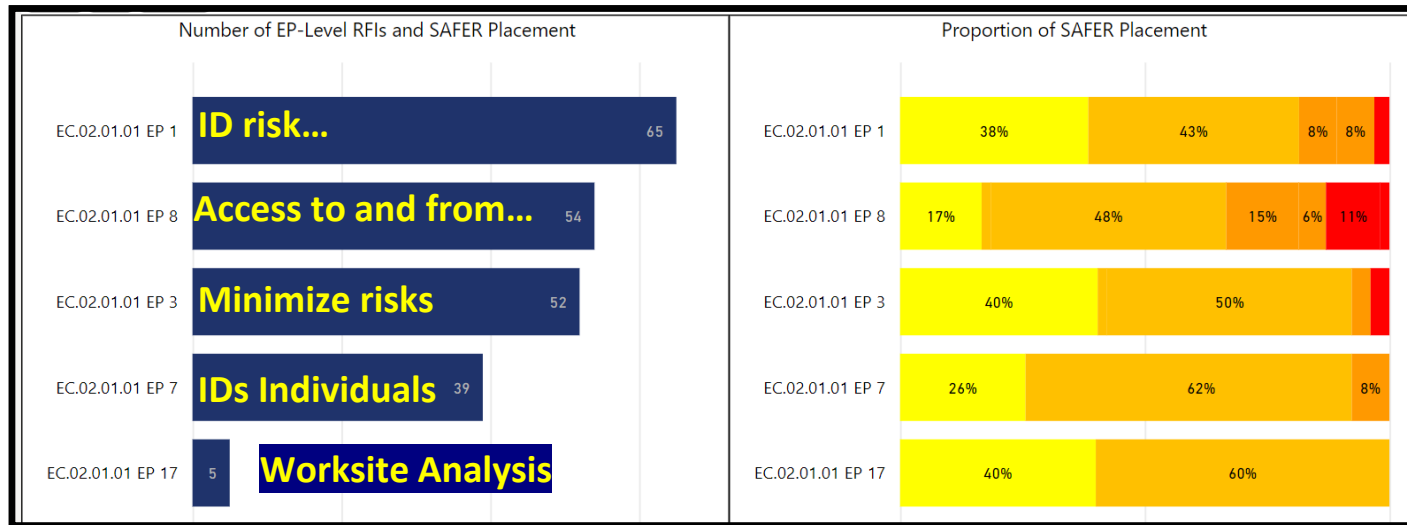
New & revised WPV standards effective-Jan 1, 2022

Office of Quality & Patient Safety (OQPS)

Purpose: triage and review complaints received from a variety of sources

- Since release of WPV standards – 407 total surveys & **51** (13%) included an allegation associated with Workplace Violence - 1/1/2022-7/25/2022

Workplace Violence & OQPS



Top 5 most cited WPV standards (1/1/22 – 6/8/22):

- EC.02.01.01, EPs 1, 8, 3, 7, & 17 (above)

Others:

- LD.04.01.05, EP 4 & HR.01.05.03, EP 29 (lack of training)

Resources

Emergency Management Website



Our Websites: ▾

Search this site.



Login

Emergency Management

This section includes resources from The Joint Commission enterprise, as well as external sources.



Patient Safety Topics

▶ Emergency Management

Health Equity

Infection Prevention and Control +

Pain Management +

Patient Safety +

Report a Patient Safety Concern or Complaint

Sentinel Event



[Overview](#) [EM Webinars](#) [Two EM Chapters](#) [EM Standards](#) [Disclaimer](#) [Standard FAQs](#)

<https://www.jointcommission.org/resources/patient-safety-topics/emergency-management/>



EM Reference Guide

Two EM Chapters

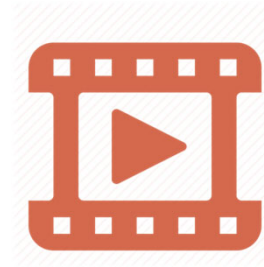
As of July 1, 2022, there will be two distinct emergency management chapters. For hospitals (HAP) and critical access hospitals (CAH) those programs will follow the new EM chapter standards/EPs and new EM chapter outline that begin with EM.09.01.01- EM.17.01.01. For non-hospital programs (all other program manuals) will continue to follow the current EM standards EM.01.01.01-EM.04.01.01.

A reference guide for hospitals has been developed to assist in cross-referencing the new and revised EM chapter standards to the current standards.

[Download the reference guide](#)



On-Demand Webinars

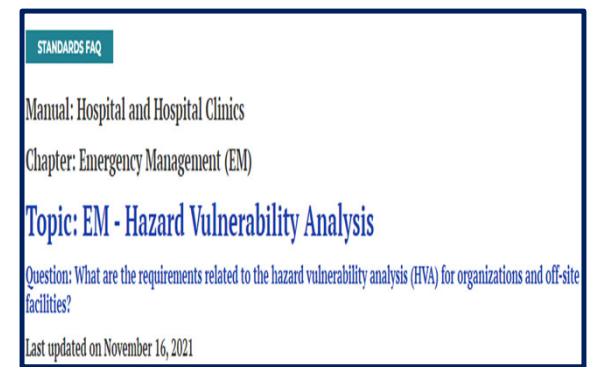
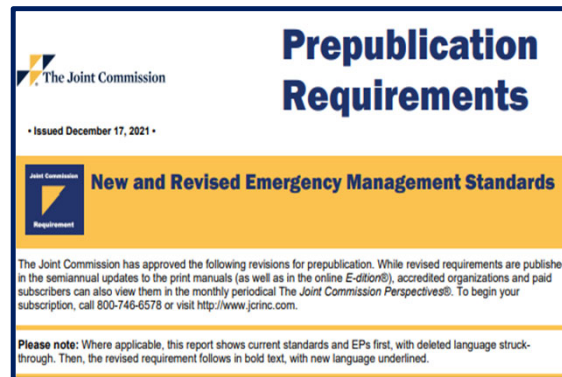
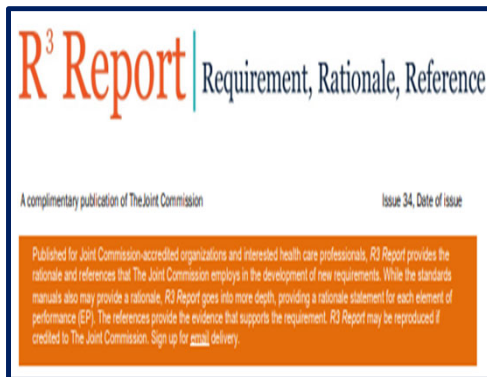


Details of the on-demand webinars include:

1. One Full EM-Chapter overview (20 min)
2. Each section of the EM chapter (5-10 min)
3. Provides the EM standard/EPs
4. Provides implementation strategies
5. Select topics of interest

<https://www.jointcommission.org/resources/patient-safety-topics/emergency-management/>

Supporting Resources



<https://www.jointcommission.org/resources/patient-safety-topics/emergency-management/>

Thank you

For more information, please contact the Department of Standards and Survey Methods (DSSM) using the form located at dssminquiries.jointcommission.org



Questions



Contact

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