

# The Joint Commission's: Emergency Management Update 2024

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Standards

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## Presenter



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Angela Murray is a Senior Product Director for Healthcare Standards Development. Her background includes over 25 years as an ER/Trauma nurse at Level I and II Trauma Centers in the Chicagoland area. She has also served as adjunct faculty in the College of Nursing at the University of St. Francis in Joliet, IL and now leads The Joint Commission's Emergency Management Chapter standards for all accreditation programs as well as manages the cardiac certifications programs offered by The Joint Commission.



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## Disclosure of Relevant Financial Relationships

Angela Murray, MSN, RN reports no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.



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## Learning Objectives

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

- Identify ways to prepare for The Joint Commission's emergency management (EM) survey session
- Understand how the EM survey session will be conducted
- Identify top emergency management scoring and opportunities for improvement



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## Polling Question-Show of Hands

How long have you been in your current role as the EM program lead?

- a. 0-3 years
- b. 4-9 years
- c. 10-15 years
- d. 16-24 years
- e. 25+ years



## EM Document Review

# Hospital Accreditation Survey Activity Guide July 2024



## Joint Commission Participants

Clinical surveyor and/or Life Safety surveyor

### Organization Participants

Participants include leaders and other individuals familiar with all aspects of the Emergency Management (EM) program within your hospital. Participants may include the following EM multidisciplinary team members (as available):

- EM program lead
- Senior leadership
- Nursing leadership
- Medical staff
- Pharmacy
- Infection prevention and control
- Facilities engineering
- Safety & security
- Ancillary staff
- Information technology

### Logistics

The suggested duration of the Emergency Management (EM) session, the surveyor will make certain that the documents have been up to date.

- Emergency management program
- Hazard vulnerability analysis
- Emergency operation plan and policies
- Communications plan
- Continuity of operations & recovery plan
- Education and training program
- Testing program
- Program evaluation (after action/improvement)
- Unified and integrated EM program (if applicable)
- Transplant program (if applicable)

### Objective

To provide consistent and systematic review of the application and use of the emergency operations emergency (real or simulated), and to assess the emergency management chapter standards and

### Overview

The surveyor initiates discussion about the EM program. The EM session begins with introduction to the EM program and the surveyor will ask that the hospital should be prepared to discuss the following:

The hospital describes what "real" events impacted them and how they utilized their risk assessment, emergency operations plan, policies and procedures, and the six critical areas to prepare for these events.

#### Be prepared to discuss:

- Recent emergencies or disaster incidents that have occurred in the past 12/24/36 months in which the emergency operations plan was activated
- The impacts the recent events had on the hospital
- How the recent events were identified, and risk prioritized as part of the hazard vulnerability analysis

#### The communication methods that were used:

- The communication methods that were used

#### How the hospital collaborated with their community partners of the recent events

- How the hospital collaborated with their community partners of the recent events

#### How patient care was impacted and how the hospital responded

- How patient care was impacted and how the hospital responded

#### How the hospital responded to the recent events

- How the hospital responded to the recent events

#### How resources and supplies were managed

- How resources and supplies were managed

#### How the hospital can sustain operations

- How the hospital can sustain operations

#### If any of the hospital's utility systems were impacted during the recent events

- If any of the hospital's utility systems were impacted during the recent events

#### Note: Review of emergency and standby plan during documentation review and building to

#### Part 2: Emergency exercises

As part of planning and preparedness, the hospital conducted and should be based on past experience emergency operations plan, policies or procedures.

Note: Review of emergency and standby plan during documentation review and building to

#### Be prepared to discuss:

- One annual operations-based exercise (either facility-based or community-based)
- One other annual exercise of choice, either (tabletop, seminar, etc.) that was conducted

Why these exercises were selected and how emergency operations plan and response plan involved

The exercises that were conducted at the hospital

#### Part 3: Training and education

The hospital describes what education and training they provided to their staff, volunteers, physicians, etc. in the past 12-36 months.

#### Be prepared to discuss:

- The types of emergency preparedness training that the hospital provided (for example, classes, seminars, self-study modules, conferences) and how you validated staff knowledge of emergency response procedures

If the hospital has determined a need for any additional staff education or training because of recent emergency event or exercises. If so, what education or training was or will be provided

Education and training that was provided to staff at off-site facility locations

#### Part 4: Evaluation, After-action and improvement plans, and review

The hospital describes the evaluation process, lessons learned, and actions taken to improve the program.

#### Be prepared to discuss:

- The after-action reports (AARs) include evaluations that include any gaps in the plan that were identified

The lessons learned and what was identified as opportunities for improvement as a result of recent events and/or exercises

The multidisciplinary team's efforts to incorporate lessons learned to review, revise, or update the EM program, including HVA, EOP, policies and procedures, communications plan, etc.

Senior leaders' involvement in the EM program and their support for needed changes and program improvements

#### For hospitals that participate in their health care system's unified and integrated emergency management program

In addition to the above, be prepared to discuss:

- The hospital's participation in the development of the unified and integrated emergency management program, emergency operations plan, policies and procedures, communication plan, education, training, emergency exercises

How your hospital considers its unique circumstances, patient population, and services offered

Your hospital's capabilities to actively use the unified and integrated emergency management program and its compliance with the program

The hospital-specific community-based and facility-based risk assessments

#### For hospitals only that use Joint Commission accreditation for deemed status purposes and has one or more transplant programs

Be prepared to discuss:

- Involvement of the transplant program representative in the development and maintenance of the hospital's EM program

How the hospital develops and maintains mutually agreed upon protocols that address the duties and responsibilities of the hospital, each transplant program, and the organ procurement organization (OPO) for the designated service area where the hospital is situated, unless the hospital has been granted a waiver to work with another OPO, during an emergency

# NEW EM Document Review Tool

## Emergency Management Documentation Review Tool

Hospital and Critical Access Hospital

Assessment Item	Applicability	Joint Commission Standard	CAH QIP	Comments
<b>Emergency Management Program</b>				
1. Written emergency management program	All hospitals and CAHs	EM.08.01.01, EP 1.6.3	HAP 482.15 (6)(2) to (6)(2)(iv)(C) CAH 485.625 (6)(2) to (6)(2)(iv)(C)	Reviewed and updated every 2 years Not reviewed and updated every 2 years
<b>Hazard Vulnerability Analysis (HVA)</b>				
1. Written HVA that includes: a. Facility-based and community-based risk assessment b. Strategies for addressing events identified by the risks c. HVA includes all hazards: • Natural hazards • Human-caused hazards • Technological hazards • Hazardous materials • Emerging infectious diseases	All hospitals and CAHs	EM.11.01.01, EP 1.4 EM.17.01.01, EP 3	HAP 482.15 (6)(1)(ii) CAH 485.625 (6)(1)(ii)	Reviewed and updated every 2 years Not reviewed and updated every 2 years
<b>Emergency Operations Plan (EOP)</b>				
1. Written EOP that includes: a. Addresses patient population & persons at risk b. Type of services provided in an emergency c. Continuity of operations d. Delegation of authority e. Leadership succession f. Cooperation and collaboration with external authorities	All hospitals and CAHs	EM.12.01.01, EP 1.4 EM.13.01.01, EP 1.4 EM.17.01.01, EP 3	HAP 482.15 (6)(1)(ii) CAH 485.625 (6)(1)(ii)	Reviewed and updated every 2 years Not reviewed and updated every 2 years
<b>Policies and Procedures</b>				
1. Written Policies & Procedures that include: a. Provision of subsistence needs for staff and patients b. Food, water, medical and pharmaceutical supplies c. Alternate sources of energy to maintain: • Temperature to protect patient health & safety & safe and sanitary storage of: • Emergency lighting • Emergency life-supporting and alarm systems d. Single and multi-stage threat e. System to track location of on-duty staff and maintain personnel health & safety f. Safe evacuation from the hospital (means of egress, staff responsibilities, transportation, evacuation locations) g. Means to shelter in place h. System of medical documentation to preserve PHI	All hospitals and CAHs	EM.12.01.01, EP 1.3, 4 & 5 EM.12.02.01, EP 4 EM.12.02.01, EP 2 EM.12.02.01, EP 6 EM.12.02.01, EP 1.6.2 EM.12.02.05, EP 1 EM.01.01.03, EP 1.6.2 EM.02.01.01, EP 1.6.4 EM.02.01.03, EP 1.6.5	HAP 482.15 (6)(1)(ii) CAH 485.625 (6)(1)(ii)	Reviewed and updated every 2 years Not reviewed and updated every 2 years

## Emergency Management Documentation Review Tool—Hospital and Critical Access Hospital

Assessment Item	Applicability	Joint Commission Standard	CAH QIP	Comments
<b>Use of volunteers and other staffing arrangements</b>				
1. Written communication plan that includes: a. Names & contact information for: • Staff • Entities providing services under arrangement • Patient physicians • Other hospitals • Volunteers b. Contact information for: • Federal, state, local agencies • Other sources of assistance c. Primary and alternate means for communicating with: • Hospital staff • Federal, state, local agencies d. Means for sharing performance & medical documentation with other healthcare providers e. Means of providing/releasing information under 45 CFR 164.512(a)(1)(ii) f. Means of providing information about occupancy needs and ability to provide assistance	All hospitals and CAHs	EM.09.01.01, EP 3 EM.12.01.01, EP 1 EM.12.02.01, EP 1 EM.12.02.01, EP 1.5, 5 & 6 EM.12.02.05, EP 1	HAP 482.15 (6)(1)(ii) CAH 485.625 (6)(1)(ii)	Reviewed and updated every 2 years Not reviewed and updated every 2 years
<b>Education and Training Program</b>				
1. Written education and training program Documented education & training occurs: a. Initially to all new/transfering staff, those providing services under contract, volunteers b. At least every 2 years c. Staff demonstrates knowledge on EM procedures d. Conduct training when: • When roles & responsibilities change • When significant revisions are made to EOP • When procedural changes are made during an event	All hospitals and CAHs	EM.15.01.01, EP 1.2, 3 EM.16.01.01, EP 1 EM.17.01.01, EP 3	HAP 482.15 (6)(1)(ii) CAH 485.625 (6)(1)(ii)	Reviewed and updated every 2 years Not reviewed and updated every 2 years
<b>Testing Program</b>				

## Emergency Management Documentation Review Tool—Hospital and Critical Access Hospital

Assessment Item	Applicability	Joint Commission Standard	CAH QIP	Comments
<b>Two annual emergency exercises are documented and conducted as follows:</b> a. Participation in one operational-based exercise (full-scale community drill or a functional facility-based) and one additional exercise of choice (operations-based or discussion-based) b. Has exemption from conducting its next operations-based exercise due to a real event in which the EOP was activated	Applies to all hospitals and CAHs	EM.15.01.01, EP 2	HAP 482.15 (6)(2) to (6)(2)(iv)(C) CAH 485.625 (6)(2) to (6)(2)(iv)(C)	
<b>Evaluation Program</b> 1. Documents and reviews all emergency exercises, emergency or disaster incidents (after-action reports) 2. Documentation, review, & update of improvement plans, actions taken, and any revisions made to plans/policies and procedures	Applies to all hospitals and CAHs	EM.17.01.01, EP 1.6.3	HAP 482.15 (6)(2)(iv) CAH 485.625 (6)(2)(iv)	Plans/policies are reviewed and updated every 2 years Plans/policies not reviewed and updated every 2 years
<b>Emergency &amp; standby power systems are incorporated with all document systems for testing</b>	Applies to all hospitals and CAHs	EM.12.02.01, EP 1.8 EM.12.02.06, EP 1.8.2 EM.02.06.05, EP 1.8.2 EM.02.05.07, EP 1.8.1	HAP 482.15 (6)(1)(ii) CAH 485.625 (6)(1)(ii)	
<b>Unified and Integrated EM Program (if applicable)</b> If hospital is part of health care system and participates in a unified and integrated emergency management program: a. Program accounts for the hospital's unique circumstances, patient population, and services offered b. Facility-based risk assessment & individual facility-based risk assessment c. Unified and integrated EOP d. Integrated EOP e. Consolidated communication plan f. Training and testing program g. Reviews and evaluates emergency and emergency events h. Documentation of improvement plans, actions taken, revisions to plans/policies and procedures	Applies to hospitals and CAHs that are part of a system that has a facility-based risk assessment & individual facility-based risk assessment integrated EM program	EM.09.01.01, EP 1 EM.11.01.01, EP 1 EM.13.01.01, EP 1 EM.15.01.01, EP 1 EM.16.01.01, EP 1	HAP 482.15 (6)(1)(ii) CAH 485.625 (6)(1)(ii)	Written documentation No written documentation Reviewed and updated every 2 years Not reviewed and updated every 2 years
<b>Transplant Program (if applicable)</b> 1. Written protocols addressing duties and responsibilities of the hospital, transplant programs, and OPO	Deemed hospitals only	EM.08.01.01, EP 3	HAP 482.15 (6)(1)(ii)	

# E-dition Access to Standards

[Home](#)[Help](#)

Site: The Joint Commission

Program: Hospital

[Accreditation Process](#)[Chapter Resources](#)

E-dition - Standards & EPs · Hospital

Standard Effective: July 1, 2024

Filters: EP AttributesService Profile

[Collapse All](#)[Expand All](#)

Accreditation Participation Requirements (APR)

Environment of Care (EC)

**Emergency Management (EM)**

Human Resources (HR)

Infection Prevention and Control (IC)

Information Management (IM)

Leadership (LD)

Life Safety (LS)

Medication Management (MM)

Medical Staff (MS)

Standard Label	Standard Text	Print / Email
EM.09.01.01	The hospital has a comprehensive emergency management program that utilizes an all-hazards approach.	<a href="#">Print</a> <a href="#">Email</a>
EM.10.01.01	Hospital leadership provides oversight and support of the emergency management program.	<a href="#">Print</a> <a href="#">Email</a>
EM.11.01.01	The hospital conducts a hazard vulnerability analysis utilizing an all-hazards approach.	<a href="#">Print</a> <a href="#">Email</a>
EM.12.01.01	The hospital develops an emergency operations plan based on an all-hazards approach. Note: The hospital considers its prioritized hazards identified as part of its hazards vulnerability analysis when developing an emergency operations plan.	<a href="#">Print</a> <a href="#">Email</a>
EM.12.02.01	The hospital has a communications plan that addresses how it will initiate and maintain communications during an emergency. Note: The hospital considers prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency response communications plan.	<a href="#">Print</a> <a href="#">Email</a>

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# Required Written - Example of “D” Icon

ID

Elements of Performance (EP)

Collapse All EPs

Crosswalk

EP Attributes

1

The hospital has a written all-hazards emergency operations plan (EOP) with supporting policies and procedures that provides guidance to staff and volunteers on actions to take during emergency or disaster incidents. The EOP and policies and procedures include, but are not limited to, the following:

- Mobilizing incident command
- Communications plan
- Maintaining, expanding, curtailing, or closing operations
- Protecting critical systems and infrastructure
- Conserving and/or supplementing resources
- Surge plans (such as flu or pandemic plans)
- Identifying alternate treatment areas
- Sheltering in place
- Evacuating (partial or complete)
- Safety and security
- Securing information and records

[Read Less](#)

§482.15(f)(5)  
§482.15(a)  
§482.15(b)...

R

D

ESP-1

Written Documentation Required

D

This icon is used to indicate when written documentation is needed to demonstrate compliance. In addition, the word “written” is usually indicated in the text of the EP when documentation is required.

[Close](#)

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# The EM Session

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## Goals/Objectives of EM Session

To provide consistent and systematic review of the hospital's emergency management program

Application and use of the EOP, policies, and procedures during an emergency (real or simulated)

Assess compliance with relevant emergency management chapter standards and applicable law and regulation

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# Part 1: Actual Events

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## Part 1: “Actual” Events



Be able to Describe  
what “actual” events  
occurred in the past  
12/24/36 months



Be able to discuss the  
HVA, use of EOP,  
policies and  
procedures; the six  
critical areas

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## Part 1: HVA Discussion EM.11.01.01



- ✓ Were the recent events identified on the HVA? (EP 1)Ⓢ
- ✓ HVA comprehensively address all risk types? (EP 2)Ⓢ
- ✓ Were risks prioritized & how/what method was used (EP 3)Ⓢ
- ✓ What mitigation/preparedness actions were in place (EP 4)

## Part 1: Six Critical Areas



## Part 1: Communications Plan EM.12.02.01



- ✓ How are contact lists maintained. What methods were used to notify staff, authorities, and others (EP 1)®
- ✓ How did you establish & maintain communications (EP 2)®
- ✓ Were local authorities notified in? (EP 3)®
- ✓ What, if any alternative communication methods were used? (EP 6)®

## Part 1: Staffing Plan EM.12.02.03



- ✓ Did your staffing plan sufficiently meet patient care needs? (EP 1)®
- ✓ Were there any issues related to reporting processes/staff roles & responsibilities (EP 2)®
- ✓ Were there any issues related to verifying volunteer licensed practitioners (EP 4)® Who is the designee (EP 5)®
- ✓ Were there any staff needs that needed to be met? (EP 6)®

## Part 1: Patient Clinical & Support EM.12.02.05



- ✓ Were there any impacts on the delivery of care? Any issues for transfer of services? (EP 1)<sup>Ⓢ</sup>
- ✓ For major/community-wide disasters, were there any non-ill/injured persons (EP 2)<sup>Ⓢ</sup>
- ✓ Did the event require coordination of mortuary services (EP 3)

## Part 1: Safety & Security Plan EM.12.02.07



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- ✓ How/what safety and security measures were implemented during the recent events (EP 1)<sup>Ⓢ</sup>
- ✓ Were any staff/patients relocated? Who is responsible and how would this be tracked? (EP 2)<sup>Ⓢ</sup>

## Part 1: Resources & Assets EM.12.02.09



- ✓ How were resources and supplies managed and how do you track? (such as fuel on hand) (EP 1)Ⓢ
- ✓ If needed, how were additional supplies obtained & from where? (EP 2)Ⓢ
- ✓ How did you assess resources & actions take to sustain operations up to 96-hours? (EP 3)Ⓢ

## Part 1: Utilities Plan EM.12.02.11



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- ✓ Which (if any) essential or critical utility systems were impacted (EP 1)Ⓢ and how were they managed? (EP 2)Ⓢ
- ✓ What alternative means were provided (water, power) (EP 3)Ⓢ
- ✓ What are the procedures for maintaining alternative sources of energy? (EP 4)Ⓢ

# Part 2: EM Exercises

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## Part 2: Exercises



'Running shoes?'

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Be able to describe  
recently conducted  
EM exercises/drills



Be able to  
discuss/describe  
how/why the exercises  
were selected

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## Part 2: Emergency Exercises EM.16.01.01



- ✓ What is the written plan for conducting exercises (last year, this year, next year) (EP 1)®
- ✓ Did your organization conduct at least two annual exercises? (EP 2)®
- ✓ If applicable, how were exercises conducted at outpatient or offsite locations? (EP 3)®

## Part 3: Education & Training

## Part 3: Education & Training



Be able to describe education & training provided to staff



Be able to discuss/describe how/why the education & training were selected

## Part 3: EM Education and Training



- ✓ What is your education and training plan for EM? (EP 1)<sup>®</sup>
- ✓ What types of initial EM-related education and training do staff receive (including off-site locations)? (EP 2)<sup>®</sup>

## Part 3: EM Education and Training (cont.)



- ✓ What is your ongoing education plan for EM? And how do you validate staff knowledge of EM policies & procedures? (EP 3)®
- ✓ What types of education and training do senior leaders and incident command staff receive (EP 4)®

## Part 4: Program Evaluation



## Part 4: Program Evaluation



Be able to describe processes for evaluating exercises or events



Be able to describe recent after-action & improvement plans

## Part 4: After-Action & Improvement Plans



- ✓ What were the wins, opportunities, lessons learned identified by the EM committee? (EP 1)®
- ✓ What recommendations have been forwarded to senior leaders for improvement status? (EP 2)®



## Part 4: Updated Plans, Policies, & Procedures



- ✓ Based on lessons learned what documents were reviewed, revised, and/or updated? (EP 3)®
- ✓ HVA, EOP, policies and procedures, communications plan, etc. must be updated & reviewed at least every 2 years.

## EM Scoring Data

## What is the SAFER® Matrix?

S: Survey

A: Analysis

F: for

E: Evaluating

R: Risk

A scoring approach is used for surveys of health care organizations.

Our approach for identifying and communicating risk levels associated with deficiencies cited during surveys.

If an EP is determined to be out of compliance, then it will be cited as an RFI (Requirement for improvement)

60 days to provide evidence of survey compliance (ESC)

	<b>Immediate Threat to Life</b>		
<b>HIGH</b>			
<b>MODERATE</b>			
<b>LOW</b>			
	<b>LIMITED</b>	<b>PATTERN</b>	<b>WIDESPREAD</b>

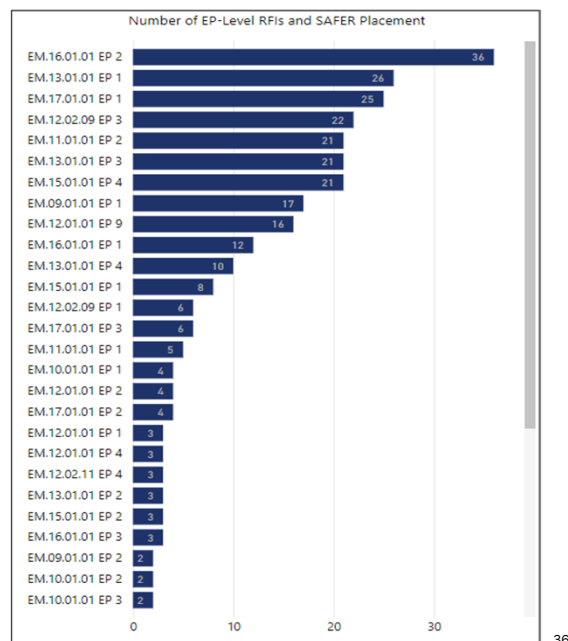
[SAFER Matrix Scoring Process Fact Sheet](#)

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## Most Frequently Cited

<b>SAFER Matrix Scoring</b>				
Likelihood to Harm	Immediate Threat to Health or Safety ~			0.0%
High	0.3%	0.3%	1.0%	1.6%
Moderate	23.3%	3.6%	6.6%	33.4%
Low	56.1%	4.9%	3.9%	64.9%
	Limited	Pattern	Widespread	
	79.7%	8.9%	11.5%	
	Scope			



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## EM.16.01.01-#1 Most Cited

**Standard EM.16.01.01:** Organization plans and conducts exercises

**EP 2:** Organization conducts two exercises per year to test the EOP (one operations-based & one of choice either operations-based or discussion-based)

Immediate Threat to Life			
	HIGH		
	0%	0%	0%
	MODERATE	22.2%	5.6%
	LOW	52.8%	5.6%
		LIMITED	PATTERN
			WIDESPREAD

*“Organization did not conduct the two required exercises”*

**Action:** Planning and conducting requires buy-in from various levels of leadership. Be clear on the objectives and the impact to operations if X was not tested.

## Examples of Corrective Action Plans



1. Implemented a yearly calendar to track exercises/drills
2. Add exercises/drill dates standing items for EOC meetings
3. Educate and discuss with teams the importance of annual drills
4. Developed a tracking dashboard which is reviewed monthly of completed drills/exercises
5. Staff turnover impacted annual drills/develop interim processes (EM position vacant for 1 year)

## EM.13.01.01- #2 Most Cited

**Standard EM.13.01.01:** Organization has a continuity of operations plan

**EP 1:** Written COOP that identifies and prioritizes services and functions that are considered essential or critical

Immediate Threat to Life		
HIGH	0%	0%
MODERATE	38.5%	0%
LOW	50%	0%
	LIMITED	PATTERN

*“Organization did not have a written continuity of operations plan”*

**Action:** Identify and include key leaders in discussing or planning. Consider utilizing pre-defined templates/tools when developing the COOP

## Examples of Corrective Action Plans



1. Update policy software program to send alerts to leaders to trigger annual review of COOP
2. Schedule annual review of COOP/EM plans, policies, and procedures and make changes/corrections as need with COOP plan to be reviewed and approved by committee
3. Convened CEO, facilities manager, regional facilities director, quality to develop a COOP with specific operations included in the plan
4. An EOC sub-committee will annually review/revise the COOP and include key leaders as described in EP 1

## EM.17.01.01-#3 Most Cited

**Standard EM.17.01.01:** Organization evaluates its EM program, EOP, COOP

**EP 1:** Committee reviews and evaluates all exercises and after-action reports & identifies opportunities for improvements

Immediate Threat to Life		
HIGH	0%	0%
MODERATE	12%	8%
LOW	48%	24%
	LIMITED	PATTERN

*“Organization did not document any after-action or improvement plans; no detailed summary of what took place during the exercise(s); did not document follow-up or plans for implementation.”*

**Action:** Consider utilizing pre-templated forms/tools for After-action and improvement plans. ALL exercises and events must be documented. The outcomes of those events tell the story and actions taken to improve.

## Examples of Corrective Action Plans



1. A root-cause-analysis was conducted, and the issue identified. The disaster committee will now conduct a bi-monthly review of after-action reports and address suggested corrective actions that resulted from the incident/drill. The committee will establish responsibility and timelines for addressing the action items.
2. EOC/Safety committee identified that the responsibility for drafting AARs had not been assigned related to recent staffing changes. Dir of Quality and Risk was assigned duties for AAR/IPs. This duty will be completed within 14 days of exercise and/or actual emergency or disaster incidents.

## EM.12.02.09-#4 Most Cited

**Standard EM.12.02.09:** Organization's plan for resources and assets

**EP 3:** Plan for 96-hour sustainability

Immediate Threat to Life			
	HIGH	0%	0%
	MODERATE	27.3%	4.5%
	LOW	50%	0%
		LIMITED	PATTERN
		WIDESPREAD	

*"The 96-hour sustainability plan lacked elements for critical planning (such as generator fuel) and how resources would be calculated or attained."*

**Action:** Based on all-hazards planning, consider critical resources that would be needed during an emergency/disaster incident. Consider resource calculation tools and identify critical resources management. Pre-determine when evacuation would be imminent.

## Examples of Corrective Action Plans



1. The disaster feeding plan and disaster water requirements for 96-hour was in the nutrition department and not the EOP. Same for disaster pharmaceuticals. The policies were added to EOP. Incident command was provided education about 96-hour sustainability.
2. Identify elements required for 96-hour sustainability – such as dietary fuel, pharmacy. Inventories will be reviewed quarterly and keep inventories current.
3. A sub-committee was formed to assess 96-hour sustainability chart- committee to use the average. Daily census to estimate usage of critical resources is to be used by ICS during emergencies.

## EM.11.01.01-#5 Most Cited

**Standard EM.11.01.01:** Organization conducts hazard vulnerability analysis

**EP 2:** Conducts HVA that includes natural, human-caused, technological, hazmat, infectious diseases

Immediate Threat to Life			
HIGH	0%	0%	0%
MODERATE	23.8%	0%	0%
LOW	71.4%	0%	4.8%
	LIMITED	PATTERN	WIDESPREAD

*"The organization's HVA did not include analysis of emerging infectious diseases (EIDs)."*

**Action:** Coordinate with your infection control practitioner and identify who in the organization maintains surveillance. Do not identify specific IDs, keep in broad-based; such as respiratory or high-consequence infections

## Examples of Corrective Action Plans



1. The EOC/Safety committee was unaware that the HVA needed to include Emerging Infectious Diseases. The HVA is completed annually and if new hazards are identified, this is reported to the committee.
2. Obtained a new hazards toolkit to help determine probability of event based on their regional location. The spreadsheet now includes possible events, probability, and risks for natural, technological, human-caused, hazardous, and infectious diseases. Leadership was trained on the new toolkit.

## EM.13.01.01- #6 Most Cited

Standard EM.13.01.01: Organization has a continuity of operations plan

EP 3: Written order of succession plan

Immediate Threat to Life			
HIGH	0%	0%	0%
MODERATE	19%	0%	0%
LOW	81%	0%	0%
	LIMITED	PATTERN	WIDESPREAD

*“Organization did not have a written plan for leader's orders of succession”*

**Action:** Identify critical roles, determine skills/access, pre-position access/authority, develop successors, teach/train. Levels of succession vary by hospital needs.

## Examples of Corrective Action Plans



1. A succession plan was created and added to the EM plan. Identified key leaders for replacement during an emergency.
2. A visual chart was developed for the succession plan to be used by IC during emergencies/disasters. The Plan identifies who is authorized to assume a particular leader or manager role when the person is unable to fulfill their function or perform duties.
3. Identified succession planning for the incident commander  
CEO> CNO>CFO>Dir of Risk.  
(suggest succession planning for other key units/  
departments to be included)



## EM.15.01.01-#7 Most Cited

**Standard EM.15.01.01:** Organization has an EM education and training program

**EP 4:** Organization provides education specifically for incident command staff

Immediate Threat to Life		
HIGH	0%	0%
MODERATE	9.5%	19.0%
LOW	42.9%	9.5%
	LIMITED	WIDESPREAD

*"The organization did not provide education & training or define who in leadership should take ICS 100/200/700/800 or process for ICS"*

**Action:** TJC does *not* mandate specific education for leaders. However, based on their incident command role consider what training should be provided/acquired to be successful during a disaster.

## Examples of Corrective Action Plans



1. Leadership team met to discuss lack of participation in completing NIMS courses. Many leaders had been promoted or acquired externally. The education department will ensure competencies for new hires are completed within 90 days.
2. A list of Incident Commanders is kept on file in the EM office including certificates of completion from NIMS.
3. Due to turnover, those that hold key positions were not included on IC education. Identified Director of Safety to be the owner of the program and ensure timely training. Training files will be kept in HR.

## EM.09.01.01-#8 Most Cited

**Standard EM.09.01.01:** Organization has a comprehensive EM Program

**EP 1:** Develops a comprehensive EM Program including all the listed items

Immediate Threat to Life			
HIGH	0%	0%	0%
MODERATE	29.4%	0%	11.8%
LOW	41.2%	5.9%	11.8%
	LIMITED	PATTERN	WIDESPREAD

*"The hospital was missing several elements from its program- therefore was not comprehensive in nature."*

**Action:** See listed items at EM.09.01.01, EP 1 – make certain that your EM program includes all concepts when developing/revising policies & procedures.

## Examples of Corrective Action Plans



1. A multidisciplinary team was assembled to revise and update the EM Plan- objectives were developed. Establish a comprehensive approach to providing consistent, effective, efficient coordination across a spectrum of disaster response activities. The comprehensive plan now addresses all elements listed under EP 1.
2. Updated the EM Binder to include new TJC standards (hint: new in July 2022).

## EM.12.01.01-#9 Most Cited

**Standard EM.12.01.01:** Organization develops an emergency operations plan

**EP 9:** Develops policies and procedures for 1135 waivers for care and treatment at alternate care sites

Immediate Threat to Life			
HIGH	0%	0%	0%
MODERATE	0%	0%	0%
LOW	100%	0%	0%
	LIMITED	PATTERN	WIDESPREAD

*“The organization did not have procedures for 1135 waivers or a process for how to apply”*

**Action:** Identify a process. Understand the role of 1135 waivers and review CMS’ guidance on 1135 waivers.

## Examples of Corrective Action Plans



1. The EM policy and procedure for requesting 1135 waivers was approved for use and identified alternate care sites
2. Annual review and approval process was added to committee agendas.

CMS: Policies and procedures in place that address the following:

- Knowledge of how to request a Section 1135 waiver;
- The circumstances when a Section 1135 waiver might be granted based on the risk analysis (i.e. temporarily expanding licensed bed capacity due to prolonged surge) ;
- The role of the hospital in providing care at an alternate care site and how to operate under an 1135 waiver (i.e. communicating relocation to an alternate site);
- Download or have immediate access to the CMS Section 1135 website.

## EM.16.01.01-#10 Most Cited

**Standard EM.16.01.01:** Organization plans and conducts exercises

**EP 1:** Written plan for when and how it will conduct its annual exercises

Immediate Threat to Life			
HIGH	0%	0%	0%
MODERATE	16.7%	8.3%	0%
LOW	75%	0%	0%
	LIMITED	PATTERN	WIDESPREAD

*“Organization did not include the 6-critical areas when planning and conducting exercises.”*

**Action:** Consider the impact of testing/not-testing the 6 critical areas. All 6 critical areas should be accounted for even if “n/a” to the drill scenario on the after-action.

## Examples of Corrective Action Plans



1. The organization's After-action report was updated to include the six critical areas. Key areas will be addressed after every drill and/or actual emergency to better understand strengths, weakness, gaps in the EOP and COOP.
2. Written exercise program has been added that is based on the HVA. Review will occur every 2 years.

CMS: Hospitals are required to maintain an emergency preparedness training and testing program that is based on the organization's risk assessment (HVA) and has incorporated policies and procedures, communications plan when training and conducting exercises.

# Summary of The Joint Commission's Update

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## Tools and Resources

1. Do I have access to E-dition to review EM standards/EPs?

☐ Yes

☐ No

2. Do I have access to the most current Hospital Accreditation Survey Guide (July 2024)

☐ Yes

☐ No

3. Who in my organization disseminates information from The Joint Commission's *Perspectives* articles when there are revisions to EM?

☐ Name of accreditation specialist/primary contact: \_\_\_\_\_



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## Tools and Resources-cont.

4. Have I downloaded a copy of the EM Document Review Tool?

☐ Yes

☐ No

5. How will I use the EM Document Review Tool to make sure my organization is prepared for its next Joint Commission survey?

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6. Do I have a process for reviewing and revising EM plans, policies, and procedures at least every 2 years?

☐ Yes

☐ No



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## Tools and Resources-cont.

7. Do I have a process for providing & tracking EM education and training to staff at least every 2 years on listed items at EM.15.01.01, EPs 1-3?

☐ Yes

☐ No

8. Do I have a process for developing & tracking at least 2 annual EM exercises or drills that include staff as listed at EM.16.01.01, EPs 1-3?

☐ Yes

☐ No

9. What has changed internally/externally that would impact operations at my facility? Is the HVA current and/or relevant to my organization? Has it been reviewed and updated at least every 2 years?

☐ Yes

☐ No



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## Tools and Resources-cont.

10. Has my organization undergone significant changes in leadership? Do they know their roles & responsibilities during an emergency or disaster incident? Has IC staff been trained?

☐ Yes

☐ No

11. Do I have a representation for a multidisciplinary committee – do we meet often enough to meet the objectives/goals for the EM program to be successful?

☐ Yes

☐ No

12. Do I have the support of my leadership team to do my job well?

☐ Yes

☐ No



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# Questions?



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## Thank you

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