

The Joint Commission's Emergency Management Update

Jim Kendig MS, CHSP, HEM
Field Director ACO
The Joint Commission
jkendig@jointcommission.org

Angela Murray MSN, RN
Project Director DSSM
The Joint Commission
amurray@jointcommission.org



1

The Joint Commission's Emergency Management Update

Jim Kendig MS, CHSP, HEM Field Director ACO
Angela Murray MSN, RN Project Director DSSM

October 4, 2023



2

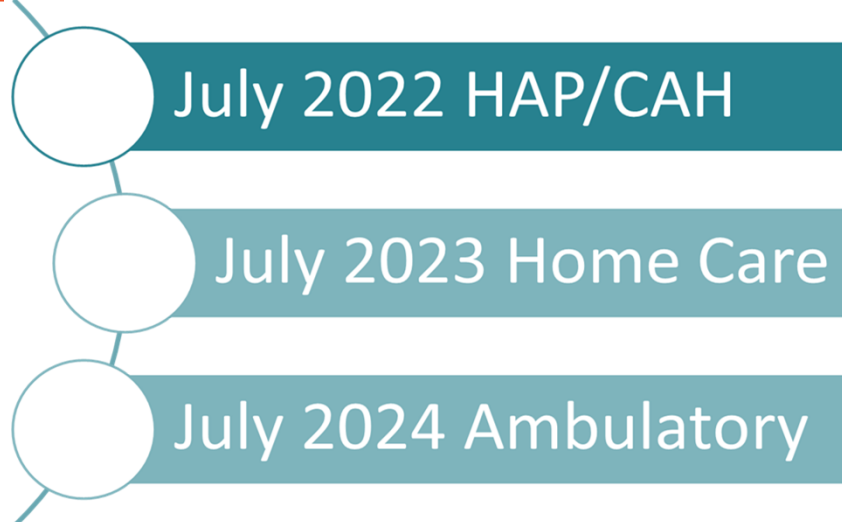
Objectives

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

- ✓ Compare EM standards that are evaluated during the 4-part EM session
- ✓ Explain EM scoring data and use of the SAFER® Matrix
- ✓ Describe EM-related “hot” topics and recommendations
- ✓ Access available resources

3

EM Implementation Dates



4

How to prepare for the EM Session

5

© 2023 The Joint Commission. All Rights Reserved.

5



Opinion Poll

6

© 2023 The Joint Commission. All Rights Reserved.

6

Survey Question

When would it be preferable to have The Joint Commission surveyors conduct the EM session?

- a. Day 1 in the am
- b. Day 1 in the pm
- c. Day 2 in the am
- d. Day 2 in the pm

Who conducts the EM Session?

Who Conducts the EM Session?

Life Safety Code Surveyor (LSCS)

- ✓ 3 or more LSC surveyor days with a clinician
- ✓ CAH, HAP Psych LSCS will conduct
- ✓ 6 or fewer surveyor days – LSCS will conduct

What documents are needed for the EM Session?

Requested Documentation List

Hospitals will need to have the following information and documents available for the surveyor(s) to begin reviewing during the Surveyor Arrival and Preliminary Planning activity.



Hospital Accreditation
Survey Activity Guide
July 2023



11

© 2023 The Joint Commission. All Rights Reserved.

11

Required Written Documents



- EM program
- Hazard vulnerability analysis
- Emergency operation plan and policies and procedures
- Communications plan
- Continuity of operations plan
- Recovery Plan
- Education and training program
- Exercise/Testing program
- Program evaluation (after-action/improvement plans)
- Unified and integrated EM program (if applicable)
- Transplant programs (if applicable)



12

© 2023 The Joint Commission. All Rights Reserved.

12

How will the EM Session be conducted?

EM Session

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 session is approximately 60 minutes. In preparation for the EM session, the surveyor will evaluate written documentation of the following and make certain that the documents have been updated and reviewed at least every two years:

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

Objective
To provide consistent and systematic review of the hospital's emergency management program, the application and use of the emergency operations plan and policies and procedures during an emergency (real or simulated), and to assess the hospital's degree of compliance with relevant emergency management chapter standards and applicable law and regulation.

Overview
The surveyor(s) initiates discussion about the hospital's recent emergency management activities that have occurred in the past 12–36 months that is inclusive of all the hospital settings, services, and programs. The EM session begins with introductions of leadership and other EM multidisciplinary team members and the surveyor will ask that those attending briefly describe their role(s) in the emergency management program. The EM session is broken into four distinct discussion topics and the hospital should be prepared to discuss the following topics.



Hospital Accreditation Survey Activity Guide July 2023



EM Session Objective



To provide a consistent and systematic review of the hospital's emergency management program, the application and use of the emergency operations plan and policies and procedures during an emergency (real or simulated), and to assess the hospital's degree of compliance with relevant emergency management chapter standards and applicable law and regulation.

15

4-part EM Session



16

EM Session: Part 1

17

Part 1: “Actual” Emergencies or Disasters

Discussion-focused

The hospital describes what “actual/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.



18

Part 1: “Actual” Emergencies or Disasters (cont.)

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 (operations, ability to provide some/limited services, length of the incident)

Part 1: “Actual” Emergencies or Disasters (cont.)

Be prepared to discuss:

- ✓ How the recent events were identified, and risk prioritized as part of the hazard vulnerability analysis

EM.11.01.01 HVA

EP 1: Conducting the HVA

EP 2: Hazards that are most likely to disrupt services

EP 3: Risk prioritized, the likelihood of occurring

EP 4: Mitigation/preparedness pre-incident planning

Part 1: “Actual” Emergencies or Disasters (cont.)

Be prepared to discuss:

- ✓ Methods used to notify staff, authorities, and others
- ✓ Maintaining communications or alternative methods used

EM.12.02.01- Communications plan

EP 1: Utilize existing lists (departmental, on-call, etc.)

EP 2: How you will establish & maintain communications

EP 3: Communications with relevant authorities

EP 6: Alternative communication methods

21

Part 1: “Actual” Emergencies or Disasters (cont.)

Be prepared to discuss:

- ✓ Staffing to meet patient care needs/use of additional staff (such as volunteers, etc.)

EM.12.02.03-staffing plan

EP 1: Plan for acquiring additional staff/volunteers, labor pools

EP 2: Reporting processes/structure in place for managing staff

22

Part 1: “Actual” Emergencies or Disasters (cont.)

Be prepared to discuss:

- ✓ Impact on patient care/how were services continued to meet those needs, including at-risk patients

EM.12.01.01- EOP

EP 2: Identify patient populations and types of services

EM.12.02.05- Patient care & clinical support

EP 1: Procedures and arrangements for patient care/
transport/sharing medical information

Part 1: “Actual” Emergencies or Disasters (cont.)

Be prepared to discuss:

- ✓ Implementation of any safety and security measures that were required during the recent events

EM.12.02.07- Safety & security

EP 1: Procedures for increasing security measures and working
with external agencies

EP 2: Tracking systems used to locate staff/patients

Part 1: “Actual” Emergencies or Disasters (cont.)

Be prepared to discuss:

- ✓ Management of resources and supplies
- ✓ How additional supplies were obtained
- ✓ Ability to sustain operations up to 96 hours

EM.12.02.09- Resources & assets

EP 1: documenting, tracking, monitoring, reporting

EP 2: obtaining, allocating, mobilizing, conserving

EP 3: calculating 96-hr sustainability

25

Part 1: “Actual” Emergencies or Disasters (cont.)

Be prepared to discuss:

- ✓ Hospital utility systems impacted
- ✓ How they were maintained & use of alternative means to provide for essential or critical utility systems (water, power)

EM.12.02.11- Utilities plan

EP 2: Maintaining essential or critical utilities

EP 3: Alternative means for provide utilities

EP 4: Maintaining alternate sources of energy (emergency lighting, temperatures, fire detection)

26

EM Session: Part 2

27

Part 2: Emergency Exercises

Discussion-focused

The hospital describes what emergency exercises they recently conducted which should be based on past experiences, known risks/hazards, recent changes to their emergency operations plan, policies or procedures.



28

Part 2: Emergency Exercises (cont.)

Be prepared to discuss:

- ✓ Two annual exercises: One operations-based exercise (either a full-scale, community-based or a functional, facility-based exercise) and one other annual exercise of choice: operations-based or discussion-based exercise (tabletop, seminar, etc.)

EM.16.01.01- Exercises & testing

EP 2: Conducts two annual exercises/year

EP 3: Outpatient care buildings (one exercise/year)

Part 2: Emergency Exercises (cont.)

Be prepared to discuss:

- ✓ Why these exercises were selected and how these exercises stressed (or fully tested) the emergency operations plan and response procedures and how staff and management were involved

EM.16.01.01- Exercises & testing

EP 1: Written plan for when and how the two annual exercises/year will be conducted (based HVA, AAR/IP)

EM Session: Part 3

31

Part 3: EM Training and Education

Discussion-focused

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



32

Part 3: EM Training and Education (cont.)

Be prepared to discuss:

- ✓ Types of EM-related training provided
- ✓ Validating staff knowledge of EM policies and procedures
- ✓ Education and training provided to staff at off-site locations

EM.15.01.01- Training and education

EP 1: Written education and training plan (based on HVA, AAR/Ips)

EP 2: Providing initial education (listed items on topics)

Part 3: EM Training and Education (cont.)

Be prepared to discuss:

- ✓ Any additional or ongoing staff education or training as a result of recent emergency event or exercises. If so, what education or training was or will be provided

EM.15.01.01- Training and education

EP 3: Ongoing education and training provided (every two years, roles change, significant revisions to EM plans, policies and procedures)

EM Session: Part 4

35

Part 4: Program Evaluation

Discussion-focused

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



36

Part 4: Program Evaluation

Be prepared to discuss:

- ✓ After-action reports (AARs) and lessons learned and what was identified as opportunities for improvement

EM.17.01.01- Program evaluation

EP 1: Written After Action Reports & Improvement Plans with recommended changes and follow-through

EP 2: Actionable items sent to senior leaders; follow approval processes & track decisions

Part 4: Program Evaluation

Be prepared to discuss:

- ✓ 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.

EM.17.01.01- Reviews and updates

EP 3: Every 2 years (or as it occurs), review, adjust, or revise listed plans, policies and procedures. Note: Dynamic, living documents should not remain stagnant

EM Session: Unified & Integrated systems

39

Part 4: Unified & Integrated Program

Be prepared to discuss:

- ✓ Participation in the development of the unified and integrated EM program, plans, policies and procedures, communication plan, education, training, and exercises. Includes, the individual hospital's community-based & facility-based risk assessment, unique circumstances, patient population, and services offered

EM.09.01.01- Unified & integrated EM programs

EP 1: If applicable, coordinated and integrated EM program

40

EM Session: Transplant Hospital

41

Part 4: Transplant Hospital

Be prepared to discuss:

- ✓ Transplant program representative involved in the development and maintenance of the hospital's EM program with mutually agreed upon protocols that address the duties and responsibilities of the hospital, each transplant program, and the organ procurement organization (OPO)

EM.09.01.01- Transplant hospitals

EP 1: If applicable, integrated transplant program

42

EM Scoring Data & SAFER[®] Matrix

Scoring Data –Top 10 1/1/2023 to 8/29/2023 - CA



SAFER[®] Matrix



SAFER Matrix Scoring

Likelihood to Harm	Immediate Threat to Health or Safety - 0.0%			
High	0.0%	0.0%	0.0%	0.0%
Moderate	55.6%	0.0%	0.0%	55.6%
Low	38.9%	0.0%	5.6%	44.4%
	Limited 94.4%	Pattern 0.0%	Widespread 5.6%	
	Scope			

“Hot Topics” Evacuation, Cybersecurity, & Workplace Violence

Evacuation - EM.12.01.01 EP1

Why focus on evacuations (full and partial)?

- ✓ Impromptu evacuations – wildfires
- ✓ Impromptu evacuations – generator failure in
 - FL Sept 2017
 - San Diego 2011
 - CT 2011
 - NYC Oct 2012

If not discussing now, when?



© 2023 The Joint Commission. All Rights Reserved.

47

Evacuation (8/22/2023)

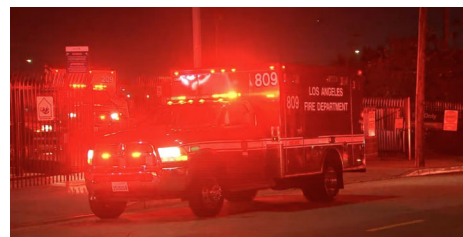
Firefighters evacuate more than 200 patients from a Los Angeles hospital after Hilary-related power outage

(CNN) — A power outage overnight at White Memorial Hospital in Los Angeles prompted the evacuation of more than 200 patients from a building housing neonatal intensive care and OBGYN units, according to the Los Angeles Fire Department and hospital officials.

All patients are safe, including a baby who was born after the hospital's main, six-story building lost power during Tropical Storm Hilary and generators subsequently failed, Adventist Health White Memorial President John Raffoul said at a news conference Tuesday morning.

Doctors and nurses used flashlights to illuminate the room while the mother gave birth, Grace Hauser, a spokesperson for the hospital, said. Mother and baby were transferred to another hospital.

EM.12.01.01 EP1 – Evacuating (partial or complete or relocating services)



48

Evacuation (2/7/2023)



Update on Feb. 7 at 5:22 p.m.:

Associated Press

BROCKTON, Mass. — More than 70 ambulances showed up Tuesday to transfer about 160 patients evacuated from a Massachusetts hospital that lost power after an electrical transformer fire.

The power was shut off at Signature Healthcare Brockton Hospital for safety reasons, officials said.

“We are removing some critically ill and injured patients,” Brockton Fire Chief Brian Nardelli said at a morning news conference.

The Massachusetts Emergency Management Agency said about 160 patients were affected. Firefighters said 77 ambulances assisted in relocating them.



© 2023 The Joint Commission. All Rights Reserved.

Cybersecurity Response & EM Planning



Healthcare as a Target

555

Healthcare data breaches from hacking/ IT incidents in 2022 (HIPAA Journal, 1/24/23)

86%

Increase in Cyberattacks against Healthcare Organizations in 2022 vs. 2021 (Check Point Research, 1/5/23)

\$250-\$1000

Price of healthcare record on the black market/ dark web. (Experian 2017/ Trustwave, Global Security Report 2019)

Impacts of Ransomware on Healthcare Delivery Organizations

70% Delays in procedures and tests have resulted in poor outcomes

36% Increase in complications from medical procedures

22% Increase in mortality rate

(Ponemon, September 2021)

Healthcare organizations need their systems to be operational and the bad guys know some will pay!

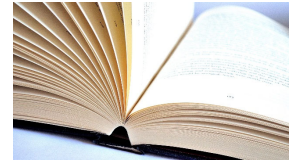
© 2021 The Joint Commission. All Rights Reserved.

Relevant Joint Commission Standards



Cyber risks are addressed in the Hospital Emergency Management (EM) chapter, this includes:

- The Hazard Vulnerability Assessment (HVA) (EM.11.01.01)
- Emergency Operations Plan (EOP) (EM.12.01.01)
- Continuity of Operations Plan (COOP) (EM.13.01.01)
- Testing of the EOP and COOP (EM.16.01.01)



© 2021 The Joint Commission. All Rights Reserved.

51

Tabletop Exercises Are a Must



Preparation

- Tabletop exercises based on real-world attack scenarios help organizations outline the steps they might take during a cyber attack without reacting to the crisis unprepared

Testing

- Testing it out in a safe environment lets you know if your response plan is effective by identifying flaws in the plan, roles, documentation, and procedures

ROI

- Tabletop exercises can potentially save your organization hundreds of thousands of dollars in ransomware or data breach recovery expenses

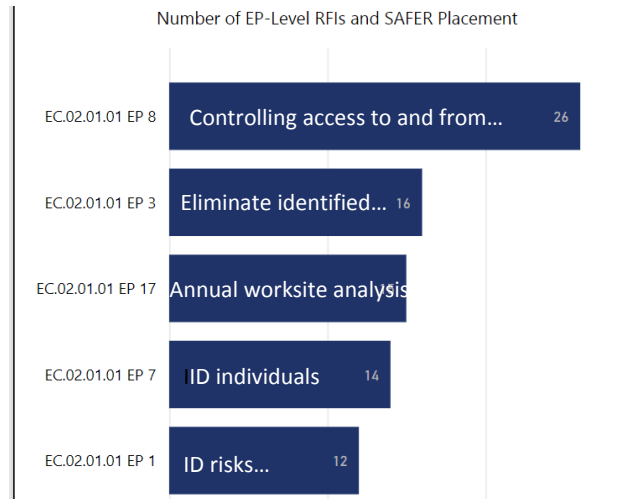
Awareness

- Cyber attacks can affect an entire organization, requiring multiple departments and possibly external partners to come together to resolve the issue. It is important for everyone to be cybersecurity aware and the roles they play

© 2021 The Joint Commission. All Rights Reserved.

52

Workplace Violence – Top 5 from 1/1/2023 to 9/5/2023



What's a QSO?

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).

DEPARTMENT OF HEALTH & HUMAN SERVICES
Center for Medicare & Medicaid Services
700 Security Boulevard, Mail Stop C2-25-04
Beltsville, Maryland 20719

CMS
Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

DATE: September 28, 2020
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

- 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

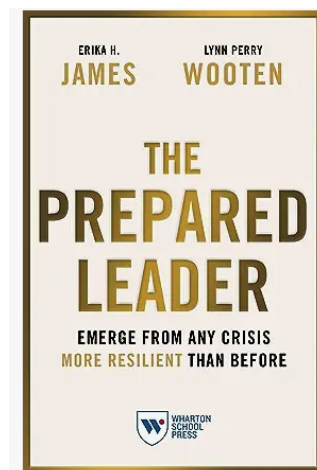
On September 30, 2019, the Centers for Medicare & Medicaid Services (CMS) published the *Medicare and Medicaid Programs; Emergency Preparedness, Tsunami Preparedness, Emergency, Preparedness, and Disaster Reduction, Fire Safety Requirements for Certain Dialysis Facilities, Hospital and Critical Access Hospital (CAH) Change in Primary Information, Flexibility, and Improvement in Patient Care Final Rule* (84 FR 51732) which revised the requirements for emergency preparedness. Revisions in the Final Rule include:

Resources

A Good Read for EM Leaders...

“James and Wooten provide tools and frameworks for addressing and learning from crises, and they provide insight into what you need to know to become a Prepared Leader.”

- Excerpt from the overview of the book



Joint Commission EM Webpage

Emergency Management

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



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



57

© 2023 The Joint Commission. All Rights Reserved.

57

Questions



58

© 2023 The Joint Commission. All Rights Reserved.

58

Thank You

Jim Kendig, Field Director

jkendig@jointcommission.org

Angela Murray, Project Director

amurray@jointcommission.org



59

The Joint Commission (TJC) Disclaimer

These slides are current as of 10/04/2023. The Joint Commission and the original presenters reserve the right to change the content of the information, as appropriate.

These will only be available until 10/04/2024. At that point, The Joint Commission reserves the right to review and retire content that is not current, has been made redundant, or has technical issues.

These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.

These slides are copyrighted and may not be further used, shared, or distributed without permission of the original presenter and The Joint Commission.

The Joint Commission nor the presenter endorses or promotes any company's products or services.

60