

The Joint Commission's 2012 Emergency Management Standards and HRSA Health Center Emergency Management Program Expectations

NACHC Webex Training

February 2, 2012



Presented by:
Virginia McCollum, MSN, RN
Associate Director, Standards Interpretation
Lon Berkeley, MS
Project Director, CHC Accreditation
The Joint Commission



© Copyright, The Joint Commission



2012 Emergency Management for Accredited Health Centers AGENDA

- ▶ Definitions
- ▶ Foundation for the Emergency Management Plan
- ▶ Planning-related Standards
- ▶ Evaluation-related Standards
- ▶ On-site Survey Process
- ▶ HRSA's Emergency Management Program Expectations (PIN #2007-15)
- ▶ Questions???



NACHC Webex: TJC 2012 Emergency Management Stds 2/2/12

© Copyright, The Joint Commission

The Joint Commission's Mission Statement

The Mission of The Joint Commission is
to continuously improve health care for
the public, in collaboration with other
stakeholders,

- by evaluating health care organizations, and
- inspiring them to excel in providing safe and effective care of the highest quality and value.

Emergency Management



Prepare for the worst.....Hope for the best!

May 2, 2011 Joplin, Missouri - Tornado



TORNADO EMERGENCY

The deadliest tornadoes in United States history since record keeping 1950.

Killing 158 people and injuring over 1,000.

The tornado, rated EF-5 on the Enhanced Fujita Scale, with maximum winds over 200 mph (1% of tornadoes), ...affected a significant part of a city with a population of more than 50,000 and a population density near 1,500 people per square mile.

Was the first single tornado in the United States to result in over 100 fatalities since the Flint, Michigan, tornado of June 8, 1953.

Before and After Areal Shots



The Joint Commission
Accreditation
Ambulatory Care

NACHC Webex: TJC 2012 Emergency Management Stds 2/2/12

© Copyright, The Joint Commission

Smithville MS (pop 850) Tornado – April 27, 2011

**Access Family Health Services:
Medical Clinic before tornado hit**



After Tornado hit



Access Family Dental (Before & After)



The Joint Commission
Accreditation
Ambulatory Care

NACHC Webex: TJC 2012 Emergency Management Stds 2/2/12

© Copyright, The Joint Commission

What is an Emergency?

“An unexpected or sudden event that significantly disrupts the Health Center’s ability to provide care, or the environment of care itself,

or that results in a sudden, significantly changed or increased demand for the Health Center’s services.”

What is a Disaster?

“A type of **emergency** that, due to its complexity, scope, or duration, threatens the Health Center’s capabilities

...and requires outside assistance to sustain patient care, safety, or security functions.”

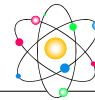
Emergencies can be **Natural Events**....

- Climate related
 - Hurricanes
 - Severe Flooding
 - Tornadoes
 - Ice Storms
 - Severe heat
- ▀ Geologic
 - Volcanic Eruptions
 - Earthquakes
 - Landslides
 - Avalanche
- ▀ Other
 - Disease Outbreaks
 - Drought
 - Fires



Emergencies can be **Human-made Events**

- ▀ Technological/Industrial
 - Radiation
 - Hazardous Chemicals
 - Biological
 - Transportation
- ▀ Terrorism
 - Chemical
 - Biological
 - Radiological
 - Nuclear
 - Explosion



The “Critical Six” Functions to Manage

- ▀ Communications
- ▀ Resources and Assets
- ▀ Safety & Security
- ▀ Staff Responsibilities
- ▀ Utilities Management
- ▀ Patient Clinical & Support Activities

EM Chapter Outline

- ▀ **I. Foundation for the Plan (EM.01.01.01)**
- ▀ **II. The Plan for Emergency Response and Recovery**
 - A. General Requirements (EM.02.01.01)
 - B. Specific Requirements (see next slide)
- ▀ **III. Evaluation (EM.03.01.03)**

EM.01.01.01 Planning

- ▶ Leaders participate in planning
- ▶ Identify potential emergencies
 - Hazard Vulnerability Analysis tool
 - Influx of potentially infectious patients

(see Infection Control chapter: IC.01.06.01)
- ▶ Prioritize these emergencies
 - Use prioritized emergencies to organize and mobilize essential resources.
 - Include business continuity plan to manage interruptions to information processes

(see Information Management chapter: M.03.01.01)

EM. 01.01.01 Planning (con't)

- ▶ The Health Center determines what role, ***IF ANY***, they play in the community response plan
- ▶ The Health Center uses its priorities to determine mitigation and preparedness activities
- ▶ Must be delivery site specific

EM Chapter Outline

- I. Foundation for the Plan (EM.01.01.01)
- **II. The Plan for Emergency Response and Recovery**
 - A. General Requirements (EM.02.01.01)
 - B. Specific Requirements (see next slide)
- III. Evaluation (EM.03.01.03)

EM Chapter Outline

II. Plan for Response and Recovery

- B. Specific Requirements
 1. Communications (EM.02.02.01)
 2. Resources and Assets (EM.02.02.03)
 3. Security and Safety (EM.02.02.05)
 4. Staff (EM.02.02.07)
 5. Utilities (EM.02.02.09)
 6. Patients (EM.02.02.11)
 7. Disaster Volunteers
 - a. Volunteer Licensed Independent Practitioners (EM.02.02.13)
 - b. Volunteer Practitioners (EM.02.02.15)

EM.02.01.01 Emergency Management Plan

(also called Emergency Preparedness & Emergency Operations Plan)

- ▶ The Health Center has a **written** emergency plan that describes response procedures during emergencies
- ▶ Plan includes: **Preparedness, Response, Mitigation, & Recovery** procedures
- ▶ Describes who has authority to initiate and terminate emergency operations
- ▶ If you experience an actual emergency the Health Center implements its plan related to care, treatment, or services for its patients

NIMS-National Incident Mgt. System

- ▶ **The NIMS Mandate**
- ▶ •HSPD-5 requires all Federal departments and agencies to: Adopt NIMS and use it in their individual incident management programs and activities
- ▶ Make adoption of NIMS by State, tribal, and local Health Centers a condition for Federal preparedness assistance (through grants, contracts, and other activities)

Integration of Partners: **WHO DO WE NEED?**

- ▀ **Feds**
- ▀ **State/Regional, Local/Tribal**
- ▀ **Non-Profit (voluntary) and CERT**
- ▀ **Social Services**
- ▀ **Healthcare and Public Health**
- ▀ **Police/Fire/EMS**
- ▀ **Private Sector/Industry**
- ▀ **Schools and Academia**
- ▀ **Churches**
- ▀ **Animal Welfare Orgs**
- ▀ **The Community**

Health Center's Role

- ▀ Plan-define role within their local community prior to an emergency
- ▀ Partner-be proactive in engaging leaders, Health Centers, and developing relationships
- ▀ Training-reduces staff's anxiety and promotes understanding of roles and responsibilities
- ▀ Exercise-participate in State, local and community emergency exercises to develop linkages.

EM.02.02.01 Communications Part of EM Plan

- ▶ How will staff be notified
- ▶ How will external authorities be notified
- ▶ Health Center establishes backup communications systems or technologies when normal systems fail
- ▶ Health Center implements components which require advance preparation.

EM.02.02.03 Resources & Assets Part of EM Plan

For Health Centers that **plan to provide services during and post emergency**

- Plan describes how to obtain & replenish meds & related supplies
- Plan describes how to obtain & replenish non-medical supplies
- Plan describes how to obtain & replenish medical supplies

EM.02.02.05 Safety & Security Part of EM Plan

- ▶ Plan describes how internal safety & security will be provided.
- ▶ For Health Centers which remain open, Plan describes how it will provide for radioactive, biological, and chemical isolation & decontamination

EM.02.02.07 Staffing Part of EM Plan

- ▶ How staff will be managed staff during emergencies
- ▶ Roles & Responsibilities of staff during an emergency
- ▶ The process for assigning staff to all essential functions
- ▶ To whom staff report during emergencies
- ▶ For Health Centers providing services during emergencies, the plan describes how it will identify LIP's, staff, and authorized volunteers

EM.02.02.09 Utilities Part of EM Plan

- ▶ For Health Centers that **plan to provide services during and post emergency**: The Plan describes how the Health Center will provide for alternative means of meeting essential building utility needs
- ▶ This could include for example: Heating, Ventilation, and Air Conditioning, water, electric, telephone, sewer, medical gases, radios, internet connectivity

EM.02.02.11 Managing Patients Part of EM Plan

- ▶ How will the Health Center manage patient care-related activities
 - Includes scheduling, modifying, or discontinuing services, controlling patient information, making referrals, transporting patients, and providing security
- ▶ How will the Health Center evacuate its occupied space

EM.02.02.13 & EM.02.02.15 Disaster Volunteers

- Standards DO NOT apply if:
 - 1) the Health Center does not plan to grant disaster privileges to volunteer licensed independent practitioners (LIPs)
 - 2) the Health Center does not plan to grant disaster privileges to volunteer practitioners who are not LIPs

EM Chapter Outline

- I. Foundation for the Plan (EM.01.01.01)
- II. The Plan for Emergency Response and Recovery
 - A. General Requirements (EM.02.01.01)
 - B. Specific Requirements (see next slide)
- **III. Evaluation (EM.03.01.03)**

EM.3.01.03 Emergency Exercises

- ▶ Health Center must test plan twice per year, **except business occupancies, which are once per year** (most Health Centers are classified as business occupancies)
 - Can be actual emergency (as long as EM plan is activated)
 - At least one of the two exercises must include an influx of real or simulated patients
 - Tabletop sessions helpful but not sufficient

EC.03.01.03 Emergency Exercises (con't)

- ▶ Planned exercises are realistic and consistent with the Health Center's threat assessment.
- ▶ Monitor and evaluate:
 - communications activities
 - resource and asset allocation activities
 - safety & security
 - staff roles & responsibilities
 - utilities

EC.03.01.03 Emergency Exercises (con't)

- ▶ Exercises are evaluated with representatives from administration, clinical (including physicians), & support staff
- ▶ Evaluation includes identification of deficiencies & opportunities for improvement
- ▶ Evaluation is documented
- ▶ Health Center modifies its plans based on evaluation

EC.03.01.03 Emergency Exercises (con't)

- ▶ Subsequent exercises reflect modifications & interim measures described in modified Plan
- ▶ Planned exercises evaluate the effectiveness of improvements that were made in previous critiques
- ▶ Strengths and weakness of the plans are communicated to the multi-disciplinary improvement team responsible for monitoring Environment of Care Issues

Key Critical Concepts

- ▶ Planning– Planning-- Planning!!
- ▶ Communications
- ▶ Resources and assets
- ▶ Safety and security
- ▶ Staff Responsibilities
- ▶ Utilities
- ▶ Patient Clinical and support activities
- ▶ Evaluation and Improvement

On-site Survey Process for EM: Agenda

Survey Activity List			
Activity Name	Suggested Duration of Activity	Suggested Scheduling of Activity	Key Organization Participants (Refer to Survey Activity Guide for more info.)
Surveyor Arrival and Preliminary Planning	60 minutes	1 st day, upon arrival	
Opening Conference	15 minutes	1 st day, as early as possible	
Orientation to Organization	45 minutes	1 st day, as early as possible	
Surveyor Planning Initial	30-60 minutes	1 st day, as early as possible	
Individual Tracer	60-120 minutes	Individual Tracer activity occurs throughout the survey, the number of individuals who surveyors trace varies by organization.	
Lunch	30 minutes	At a time negotiated with the organization	
Issue Resolution	30 minutes	End of each day except last, can be scheduled at other times as necessary	
Team Meeting/Surveyor Planning	30 minutes	Mid-day and/or end of each day except last	
Daily Briefing	30-45 minutes	Start of each survey day except the first day, can be scheduled at other times as necessary	
Competence Assessment and Credentialing/Privileging	60 minutes	After some individual tracer activity has occurred, at a time negotiated with the organization	
Environment of Care and Emergency Management	60-90 minutes	After some individual tracer activity has occurred, at a time negotiated with the organization	
System Tracer--Data Management	60-90 minutes	After some individual tracer activity has occurred, at a time negotiated with the organization. If this is the only system tracer taking place during survey, the topics of Infection Control and Medication Management will be covered in this discussion.	
Leadership	60 minutes	Towards the middle or end of survey at a time negotiated with the	

Home | Contact Us | Change Password | JointCommission.org | QualityCheck.org | Org Search | Log Out

The Joint Commission
Connect™

Northeast Ohio Neighborhood Health Services, Inc.
4800 Payne Avenue Cleveland, OH 44103
HCO ID: 21

> Accreditation Home

WHAT'S DUE Nothing due for submission at this time

NEW REPORTS No new reports posted in last 30 days

Notification of Scheduled Events [Click Here](#)

Join the Center for Transforming Healthcare's Healing Healthcare Partnership™ campaign [Learn More.](#)

Your Accreditation Account Executive
Zordan, Rex
(630) 792-5509
rzordan@JointCommission.org
Account Executives are available for support Monday - Friday 8:30 a.m. - 5 p.m. CT

Accreditation Tools

Continuous Compliance Tools

- ▶ Periodic Performance Review (PPR)
- ▶ e-Statement of Conditions
- ▶ Complaint Response
- ▶ Self-Report Sentinel Event
- ▶ Sentinel Event Activities
- ▶ E-dition
- ▶ Standards BoosterPaks™
- ▶ Laboratory Tools
- ▶ Perspectives

Application for Accreditation

- ▶ General Application for Accreditation
- ▶ Laboratory Application for Accreditation
- ▶ Quality Check Service Profile

Quicklinks

- ▶ Official Email
- ▶ Update Contacts/Access
- ▶ Guest Login Admin
- ▶ Update S3 Corporate Access

Reports

- ▶ Accreditation Report
- ▶ Priority Focus Process
- ▶ Accreditation Quality Report
- ▶ ORYX Performance Measure Report
- ▶ Correspondence

Pre-Survey

- ▶ Survey Planning Tools
- ▶ Survey Activity Guide

Accreditation Contracts and Fees

- ▶ Contracts
- ▶ Fee, Billing and Invoice Information

Post-Survey

- ▶ Evidence of Standards Compliance
- ▶ Measure of Success
- ▶ Publicity Kit
- ▶ Evaluations
- ▶ Certificates

The Joint Accreditation Ambulatory Care

2/2/12

© Copyright, The Joint Commission

Quicklinks

- ▶ Official Email
- ▶ Update Contacts/Access
- ▶ Guest Login Admin
- ▶ Update S3 Corporate Access

Reports

- ▶ Accreditation Report
- ▶ Accreditation Quality Report
- ▶ ORYX Performance Measure Report
- ▶ Correspondence

Pre-Survey

- ▶ Survey Planning Tools
- ▶ Survey Activity Guide

Accreditation Contracts and Fees

- ▶ Contracts
- ▶ Fee, Billing and Invoice Information

Post-Survey

- ▶ Evidence of Standards Compliance
- ▶ Measure of Success
- ▶ Publicity Kit
- ▶ Evaluations
- ▶ Certificates

Quality Improvement Tools

- ▶ Strategic Surveillance System
- ▶ Customer Value Assessment
- ▶ Targeted Solutions Tool
- ▶ Leading Practice Library
- ▶ Core Measure Solution Exchange

Performance Measurement (ORYX)

- ▶ ORYX Measure Selection
- ▶ ORYX Performance Measure Report
- ▶ Documentation and Related Links
- ▶ National/State Core Measures Comparison Data

What's New

Are you signed up for E-alert updates to The Joint Commission Website? You can receive daily or weekly e-mails for updates to Standards FAQs, Sentinel Event Alerts, Joint Commission Online and more. [Sign Up Today!](#)

- ▶ Dear Colleague letter for the Long Term Care Accreditation Program (12/12/11)
- ▶ New 2012 Pricing Schedule now available (12/1/11)
- ▶ Enhanced Electronic Joint Commission Application for Accreditation (11/16/11)
- ▶ Read about The Flu Vaccination Challenge 2011-2012 (11/10/11)
- ▶ Accreditation and Certification Manual Updates Mailed (10/3/11)

For a list of past new items, see the [What's New Index](#).

Top Spots

- ▶ Guest Access for the Joint Commission Connect [Read the FAQs.](#)
- ▶ 2012 Telephone Conference Calls
- ▶ Standards Online Question Form
- ▶ FAQs about The Joint Commission Connect

Notice: If your organization is affected by a natural disaster, please notify your account executive.

The Joint Commission Accreditation Ambulatory Care

2/2/12

© Copyright, The Joint Commission

Survey Activity Guide

For Health Care
Organizations



Be prepared to discuss your organization's performance addressing the emergency management requirements including performance in:

- Conducting the required proactive risk assessment (Hazard Vulnerability Analysis)
- Identifying your role in relation to the community's, county's, or region's emergency management program
- Identifying processes for the timely sharing of information with other health care organizations that provide services within the contiguous geographic area (*for hospitals and long term care organizations only*)
- Identifying an "all hazards" command structure that links with the community's command structure and
- Making any necessary improvements to its emergency management based on critiques of emergency management drills

Environment of Care and Emergency Management Session

Joint Commission Participants

Surveyor

Organization Participants

Suggested participants include individuals familiar with the management of the environment of care and emergency management in all major areas within your organization. This may include the safety management coordinator, security management coordinator, facility manager, building utility systems manager, and the person responsible for emergency management.

Objective

The surveyor will assess your organization's degree of compliance with relevant standards and identify vulnerabilities and strengths in your organization's environment of care management and emergency management processes.

Overview

The duration of this session is approximately 45-90 minutes depending on the type of organization, services provided and facilities, and will consist of two parts: Environment of Care / Emergency Management discussion and Environment of Care tracer. In preparation for this session, the surveyor evaluates the Environment of Care management plans, any Environment of Care multidisciplinary team meeting minutes for the previous 12 months on re-surveys, and the annual evaluation of the environment of care management plans from the previous year on re-surveys.


During the first part, there is a group discussion that takes approximately 70% of this session. Surveyors are not the primary speakers during this time; they are listeners to the discussion, it is not intended to be an interview. The surveyors review the Environment of Care risk categories as indicated in the matrix below, and safety data analysis and actions taken by your organization.

The remaining time is spent as the surveyor observes and evaluates your organization's performance in managing a particular risk or management process in the environment of care. The management process or risk selected for observation is based on the environment of care documents previously reviewed, observation by other surveyors, and knowledge gained during the group discussion of this session.

Environment of Care Discussion and Emergency Management (Approximately 70% of session time) – Be prepared to discuss how the various Environment of Care risk categories¹ and construction activities, when applicable, are addressed in each of the following six management processes.



¹ The environment of care risk categories include: general safety and security, hazardous materials and waste, fire safety, medical/laboratory equipment, and utilities (see matrix on the next page for applicability of risk categories to each accreditation program).



Plan

- What specific risks related to its environment of care have been identified by your organization?

Teach

- How have roles/responsibilities for staff/volunteers been communicated by your organization.

Implement

- What procedures and controls (both human and physical components) does your organization implement to minimize the impact of risk to patients, visitors, and staff?

Respond

- What procedures does your organization implement to respond to an environment of care incident/failure?
- How, when, and to whom are environment of care problems, incidents, and/or failures reported within your organization.

Monitor

- How is environment of care performance (both human activities and physical components) monitored by your organization
- What monitoring activities have taken place within the last 12 months (on re-surveys)?

Improve

- What environment of care issues are currently being analyzed?
- What actions have been taken as a result of monitoring activities?

The following matrix is provided to assist in determining patterns of management process or risk category areas of concern and strengths.

	SAFETY and SECURITY ²	HAZMAT ²	EMG. MGT ²	FIRE ²	MED/LAB. EQ. ¹	UTILITIES	CONSTRUCTION ²
PLAN							
TEACH							
IMPLEMENT							
RESPOND							
MONITOR							
IMPROVE							

The Joint Co Accreditation Ambulatory Care


stds 2/2/12

© Copyright, The Joint Commission

200715 re Emerg Managemt Aug 2007.pdf - Adobe Reader

Edt View Document Tools Window Help

1 / 14 102% Find



POLICY INFORMATION NOTICE


DOCUMENT NUMBER: 2007-15

DATE: August 22, 2007

DOCUMENT TITLE: Health Center Emergency Management Program Expectations

TO: Health Center Program Grantees
 Federally Qualified Health Center Look-Alikes
 Primary Care Associations
 Primary Care Offices
 National Cooperative Agreements

Health centers are a vital component of our Nation's health care safety net. As such, health centers are positioned to play an important role in delivering critical services and assisting local communities during an emergency. To do so, they must be adequately prepared to deal with emergencies including having a plan in place to prevent, prepare for, respond to, and recover from emergencies.




HRSA/BPHC PIN #2007-15 Health Center Emergency Management Program expectations

- ▶ Expectations = Guidance (“should”)
- ▶ Mostly Consistent with Joint Commission Standards:
 - Environment of Care/Emergency Management
 - Infection Control
 - Human Resources
 - Information Management




BPHC DEFINITION: EMERGENCY

An event affecting the overall target population and /or the community at large, which precipitates the declaration of a state of emergency at a local, State, regional, or national level by an authorized public official (e.g. governor).




HRSA/BPHC PIN #2007-15 Health Center Emergency Management Program Expectations

- ▶ Above and Beyond Joint Commission:
 - Approval/revision of Emergency Management Plan (EMP) by Governing Board
 - Community Linkages: explore “mutual aid agreements”
 - EMP: address pt/staff behavioral needs and add'l resources (note: hospital std)



HRSA/BPHC PIN #2007-15 Health Center Emergency Management Program Expectations

- ▶ Above and Beyond Joint Commission:
 - On-going training on emergency management
 - Annual testing/exercises with community if possible
 - Develop standard reporting protocols
 - In emergency, **MUST** submit data to HRSA Project Officer (e.g. capacity, resource needs)



HRSA/BPHC PIN #2007-15 Health Center Emergency Management Program Expectations

- ▶ Above and Beyond Joint Commission:
 - “Financial and Operational Stability”
 - Business Plan addresses:
 - Financial response to emergency
 - Annually review insurance coverage
 - Strategies to resume key functions (e.g. billing,
 - Collect reimbursement from appropriate public/private sources



Resources Available:

- ▶ Standards Interpretation Group:
 - 630-792-5900 option 6
 - Ginny McCollum
 - George Mills
- ▶ www.jointcommission.org/standards
- ▶ Frequently Asked Questions

OTHER CONTACTS

- For BPHC-specific ambulatory accreditation information, call:
 - Rex Zordan, Account Representative
630-792-5509
(rzordan@jointcommission.org)
 - Lon Berkeley, Project Director
630-792-5787
(lberkeley@jointcommission.org)

Questions.....

