



Emergency Management Requirement Revisions for Joint Commission Accredited Home Care Programs

Date: June 2023

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The learning objectives for this session are: Describe the Emergency Management Chapter for Home Care Organization requirements and the rationale for each. Locate and use available resources.

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These staff and speakers have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with or ownership of organizations that provide grants, consultancies, honoraria travel or other benefits that would impact the presentation of today's webinar content.

Myself (Susan Funk) and Angela Murray.

00:04:21

Now we will introduce today's presenter. Today's presentation features Angela Murray, Project Director Health Care Standards Development, Department of Standards and Survey Methods. Angela, I will turn things over to you.

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Thank you, Susan. As Susan indicated, I will be sharing with you revisions we have made in the Emergency Management Chapter to help you navigate those revised requirements.

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The Joint Commission undertook a thorough analysis and rewrite of the Emergency Management chapter, which resulted in quite a bit of reorganizing and restructuring the chapter. You will see in the next slides to come how we've renumbered the standards, and to that, we've reduced the overall number of Elements of Performance by over 30% In the Emergency Management Chapter.

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You will also see that at many Standards and Elements of Performance or EPs, we've removed several deemed lead-ins, which makes it more applicable to several Home Care settings and services. You will also notice as we progress through this webinar, that there's greater emphasis on the assessment and incorporation of the Hazards Vulnerability Analysis or the HVA. There are requirements now for leadership involvement and oversight, and there are some greater expectations with regards to staff, education, and training, as well as Emergency Management exercises, and the testing program.

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In January of this year, 2023, the Perspectives Article announced the six-month notification that effective July 1st for the Home Care Program, the new Emergency Management Chapter Standards will be effective.

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Here's the new Emergency Management Chapter structure that I just mentioned. You will first notice that there is a new numbering system. In current state, the Emergency Management Chapter begins with EM.01.01.01 through EM.04.01.01. And now the structure is completely revised. The new EM Chapter has more focused and dedicated sections as you can see. It begins with the Emergency Management Chapter at EM.09.01.01 and it ends with the evaluation of the Emergency Management Program EM.17.01.01. There's dedicated sections as indicated under Leadership. There is a dedicated section for Hazards Vulnerability Analysis of the EM.11.01.01. There are dedicated sections for the Emergency Operations Planning, Continuity of Operations, Disaster Recovery, and now you'll see dedicated sections for Staff Education and Training, such as at EM.15.01.01, and then for testing requirements of your Emergency Operations Plan, EM.16.01.01.

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The reason the numbering system in chapter structure is different in the Home Care Program is that The Joint Commission offers a variety of accredited programs. In which those programs will continue in the current structure of EM.01.01.01 to EM.04.01.01 until those programs are brought up to speed with this new EM Chapter Structure.

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So, we're going to delve into each of these sections to help provide a better understanding of what these look like. EM.09.01.01 is dedicated to the Emergency Management program. Under this Standard, the organization has a comprehensive Emergency Management Program utilizing an all-hazards approach.

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And what we mean by this is sort of this umbrella approach to the Emergency Management Program. It is everything that fits within the contents of an Emergency Management Program. There's Organizational Leadership; your HVA, your Hazards Vulnerability Analysis; Plans, and Policies and Procedures; Continuity of Operations and Recovery; Staff Education and Training; Exercises and Testing the Program; and then it concludes with the Evaluation and your After-action Reports and Improvement Plans or IPs.

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Under the new EM.09.01.01, there are three Elements of Performance. The first one is new, EP 1. That the organization must have a written comprehensive Emergency Management Program. EM.09.01.01 EP 2 is a new optional requirement, if you are part of a larger health care system. These organizations must be separately certified, and your organization can choose to participate in the Unified and Integrated EM program. There are additional requirements under EP 2 that would include things like having an integrated Emergency Operations Plan, Integrated Communications Plan, how you integrate your Exercises and Training and Education for your staff. Those are additional requirements at EP 2. EM.09.01.01 EP 3, the organizations within the Home Care Program must comply with emergency preparedness laws and regulations. In some states, organizations are required to supply to their local authorities, or to the state authorities, a review and a submission of their Emergency Operations Plans.

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EM.10.01.01. This section is dedicated to Emergency Management Leadership.

The standard here states that the organization's leaders or leadership provides oversight and support of the Emergency Management Program. There are four Elements of Performance, under the new EM.10.01.01. EM10.01.01 EP 1, Leaders provide oversight and support for the Emergency Management Program, such as reviewing Emergency Management Policies and Procedures, allocating specific resources for the EM Program as a few examples. EM.10.01.01 EP 2 is new. The organization must identify a person, or an individual or individuals, if that works better for your organization, to lead the Emergency Management Program. An Emergency Program Lead has many responsibilities: developing and maintaining policies and procedures, developing education and training, planning, and conducting Emergency Management exercises. So, we're looking for someone who has either an interest or a specific background in Emergency Management that would qualify them or quantify them to lead out the Emergency Management Program.

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EM.10.01.01, EP 3 and 4 are about having a program committee specific to Emergency Management. It doesn't have to be a separate committee. EP 3 is just about the definition and the members of that committee and EP 4 is really about the goals of your committee developing, revising, evaluating, and making some recommendations with respect to Emergency operations, plans, procedures, education, training and so forth.

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EM.11.01.01 is regarding the Hazards Vulnerability Analysis. The standard states, the organization conducts a hazard vulnerability analysis utilizing an all-hazards approach.

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The HVA should drive your Emergency Management Program. The HVA should be more frequently utilized to determine what exercises need to be done, what additional education and training should be conducted. The HVA should also drive your focus on your policies, procedures and in your Emergency Operations Plans.

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There are four Elements of Performance required at EM.11.01.01. EP 1 is not new, organizations are currently required to conduct a facility and a community-based risk assessment. You're to assess your internal risks as well as your external risks.

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EM.11.01.01, EP 2 is a new requirement. These now require various hazards to be assessed as part of your HVA, such as natural, human caused, hazardous and emerging infectious diseases. EPs 3 and 4 under the standard is about evaluating and prioritizing those findings, as well as identifying and implementing mitigation activities to prevent loss of structure, loss of operational capabilities and others, as you would identify.

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EM.12.01.01 is the new dedicated section for the Emergency Operations Plan. The Standard states that the organization should develop an Emergency Operations Plan based on an all-hazards approach.

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There are several Elements of Performance under Development of the Emergency Operations Plan. EP 1 specifically is that the organization must have a written all hazards plan with policies and procedures that provides guidance to staff on actions to take should an emergency or disaster event occur. EP 2 organizations are required to identify the patient populations that they serve and the types of services that they will continue to provide or be able to provide in the event of an emergency or disaster incident.

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EP 3 and 4 are dedicated for inpatient hospices only. EP 3 is about the evacuation and sheltering in place procedures that must be developed in writing. And EP 4 is that the organization must provide essential needs to staff and patients when sheltering in place or evacuating, such as food, medications, oxygen, and certainly water, or potable water.

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EP 5 is about your incident command structure with defined roles and responsibilities. Who takes command? Who activates the plan? [These] should be well defined for your organization.

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EP 6 is about the processes for cooperating and collaborating with your relevant community partners and those authorities having jurisdiction in your areas. EM.12.01.01, EP 9 is for inpatient hospices only. It's regarding having written 1135 waivers, policies, and procedures. It is not the expectation during your survey that you have 1135 waivers in place. It is that you have processes for how you will obtain and submit for 1135 waivers.

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EM.12.02.01 to EM.12.02.11 are devoted to the Six Critical Areas.

This includes addressing Communications, Staffing, Patient Clinical Support, Safety and Security, Resources and Assets, and Utilities.

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EM.12.02.01, the organization has a communications plan that addresses how to initiate and maintain communications during an emergency.

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EM.12.01.01, EP 1 Organizations are required to have and maintain a contact list for those who are to be notified in response to emergency or disaster incident. EM.12.02.01, EP 2 is that you have a process for establishing and maintaining communications to those within your organizations, to families and to your patients should an event or incident occur in your area.

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EM.12.12.02, EP 3 is reporting your organization's needs, occupancy, and ability to provide assistance to those relevant authorities in the event that you need assistance with transferring patients or assistance with patients in their homes who may be in need of special services and or attention.

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EP 5 is your methods for sharing, and/or releasing, information to relevant authorities, or if you're working with the Red Cross or if you need to release information to families or others. This is that you have a process for how you will do this. EP 6 is about your primary and alternate communication methods and how you communicate with relevant authorities and others. Essentially, it is your backup system for communications.

EM.12.02.03, this section is dedicated to the organization having a staffing plan for managing all staff and volunteers during an emergency.

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The organization is required to have a written staffing plan for how they will manage all staff and their volunteers. The reporting processes, roles, and responsibilities. And if you're integrating any staffing agencies that you have a process for verifying the identities and licensures of any of those who are presenting to assist your organization during a disaster or emergency incident.

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EM.12.02.03, EP6. The organization must have processes in place for how they will support staff needs during emergencies or disaster incidents.

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EM.12.02.05. This section is dedicated to the organization having a plan for providing patient care and clinical support during an emergency.

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There must be written procedures with how you will communicate and provide information with other health care providers. EM.12.02.05, EP 4 is that the organization must provide for those in their homes an individual emergency preparedness plan for those patients. EP 5 is how you will work with your state and local officials about informing patients who are in need of evacuation from their homes. And EP 6 is determining what services you will continue to provide or are needed to be provided during a disaster or emergency incident.

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EM.12.02.07 is dedicated to the organization having a safety and security plan in place. EM.12.02.07, EP 2 is for the inpatient hospices only. The organization must have a system in place to track and or locate its on-duty staff and patients when sheltering in place, relocating, or evacuating and must document where those persons are relocated to. EM.12.02.07, EP 3 are new safety and security measures for staff who are traveling to a patient's home. How do you track your staff? The plan for when and how staff will self-evacuate or shelter in place and that the organization identifies when conditions are unsafe for your staff to travel to those locations.

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EM.12.02.09. The organization has a plan for managing its resources and assets.

EM.12.02.09, EP 1. The organization must have a plan for how resources and assets are documented, tracked, monitored and how they will locate more resources. EP 2, how resources and assets are obtained, allocated, mobilized, and replenished. So really, this is about how you coordinate with a health care system, how you coordinate with vendors and supply chains. And if you're part of a health care coalition, how you coordinate obtaining or accessing additional resources as needed.

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EM.12.02.11, this section is dedicated to the organization having a plan for managing essential or critical utilities during an emergency.

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EM.12.02.11, EP 1, is the organization's plan for managing essential or critical utility systems, which may include emergency power, heating, ventilation, and air conditioning. And for inpatient hospices only, EP 4 is that these organizations are required to provide alternate sources of energy to maintain safe temperatures, emergency lighting, fire detection and alarms and sewage and waste disposal.

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EM.13.01.01 Continuity of Operations Plan.

This Standard says the organization must have a written Continuity of Operations Plan.

EP 1, together with your leaders and others, the organization must develop a Written Continuity of Operations Plan. The organization must determine how and where it will continue to provide essential business functions. EP 3 and 4 are regarding written orders of succession and delegations of authority.

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EM.14.01.01 is your Disaster Recovery Plan. These standard states that the organization has a disaster recovery plan.

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There's only one requirement or element of performance at EM.14.01.01. It's that your organization has a written disaster recovery that includes strategies for when and how it will conduct damage assessments, when and how you'll restore those critical systems and the essential services, and how you plan to return to full operations.

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EM.15.01.01. This new section is dedicated to Emergency Education and Training. The organization has an Emergency Management Education and Training program.

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The requirements at 15.01.01 include at EP 1 that the organization develop a written education and training program for their staff. EP 2 is that you provide initial education and training to all new and existing staff. EM.15.01.01, EP 3 is about ongoing education and training. The organization determines the frequency and time frames in which ongoing education should be provided to their staff.

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EM.16.01.01. This section is dedicated to Emergency Management Exercises and Testing.

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The standard states that the organization plans and conducts exercises to test its Emergency Operations Plan and response procedures. EM.16.01.01, EP1. The organization must have a written plan for when and how it will conduct its annual testing exercises. They should be based off of your HVA, your Emergency Operations Plans, policies and procedures, and should include those identified by after-action reports and improvement plans. For inpatient hospices only, EM.16.01.01, EP 2 is not a new requirement. The organization is required to conduct two Emergency Management exercises per year. EM.16.01.01, EP 4. All organizations, all other Home Care organizations are required to conduct one annual exercise per year. And I would just like to note that fire drills do not count towards Emergency Management exercises.

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EM.17.01.01. The Emergency Management Program Evaluation.

The Standard states that the organization will evaluate its Emergency Management program, Emergency Operations Plan and Continuity of Operations Plans.

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EM.17.01.01 is your committee coming back together and evaluating exercises and real events and developing After-Action Reports and Improvement Plans. EM.17.01.01, EP 2 is then handing that off to your organization's leaders for them to receive and review your committee's work regarding After-Action and Improvement Plans and for them to determine implementation, as necessary.

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EM.17.01.01, EP 3. The organization must review and update its Emergency Operations Plans, policies and procedures, such as your communications plan, education, and training. These must be done at least every two years.

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So now that I've reviewed all of the new and revised Emergency Management chapter requirements, I would next like to provide you with some tips for implementation. So, let's look at some data.

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The Joint Commission tracks the number of RFIs or findings, and these are the Top 5 Most Frequently cited EPs in the Emergency Management chapter for organizations accredited under the Home Care Program. Coming in at number one is EM.03.01.03, EP 14 Identifying Deficiencies and Opportunities for Improvements.

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Number two, most frequently cited is EM.03.01.03, EP 20 Organizations that are not hospice facility based are required to Conduct Annual Exercises. So, this is a finding in which organizations aren't even conducting one annual exercise as required annually.

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Number three, EM.01.01.01, EP 2 Assessing Your Risks, also known as the Hazards Vulnerability Analysis, organizations are required to assess their risks to know what impacts their ability to remain operational during an emergency or disaster incident.

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Number four, EM.02.02.07, EP 13. In current state, Home health agencies and hospices that are deemed under The Joint Commission are required to Provide Education and Training to their staff, specifically on emergency preparedness regarding their roles and responsibilities. They need to have training at least every two years.

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And coming in at number five is EM.03.01.03, EP 13. Organizations are required to Evaluate all of their Emergency Exercises conducted and any actual events that occurred.

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So, let's look at this a little bit further. EM.03.01.03, EP 14. Is currently the number one most cited finding in the Emergency Management chapter as of July 1st, 2023. If you were cited for this, this would now be cited at EM.17.01.01, EP 1.

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The rationale is that organizations must evaluate any identified deficiencies and opportunities for improvement and to use the experience of an emergency event, disaster incident, or an exercise to make changes to the Emergency Operations Plan, any policies or procedures, and any education or training. It requires the actions to be in writing. The organization may also use Improvement Plans, which describe ways to make the Emergency Operations Plan and response procedures better. Create an action plan, identify who's responsible for the identified deficiencies, and follow through should occur. It's not enough just to identify that you have an opportunity for improvement, but it's really about the follow through so that your staff know what to do during the next emergency or disaster incident.

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EM.03.01.03, EP20 was cited as the number two most frequently cited finding. Effective July 1st, 2023, this would now be cited at EM.16.01.01, EP 2, which is about conducting annual exercises. EM.16.01.01, EP 2 requires organizations to conduct exercises and they must be in writing.

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The annual exercise can be either a community-based exercise or a facility-based exercise. For community-based exercise, organizations should consider partnering with others who are conducting those exercises. These are large scale events with a lot of moving parts and players. Takes a lot of coordinating and planning to put these together.

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So, consider partnering with those that are conducting these community-based exercises, such as other health care organizations, coalitions, schools, an airport nearby may be conducting an exercise. Emergency Medical Systems or EMS or fire departments or your local Emergency Management Agencies. If you choose to conduct a facility-based exercise, focus on those top HVA priorities, those risks you've identified for your organization that may render you inoperable during an emergency or disaster event. Also, consider utilizing those after-action reports and improvement plans when considering exercises you could conduct at your own organization.

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Number three for implementation, EM.01.01.01, EP 2, effective July 1st would now be sited at EM.11.01.01 EP 1 and EP 2. Just remember, the HVA is really an effective tool for informing all facets of emergency preparedness and mitigation efforts. It also drives your Emergency Operations Plans, policies and procedures. Any education and training you plan to facilitate for that year for your staff.

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Again, it's an effective tool. It must be in writing. Organizations are required to assess both internal and external risks or hazards. So those external risks may include those that you would find in your community – maybe a railroad nearby, a nuclear power plant and other hazards in your community that may render your organization inoperable should a disaster incident or emergency incident occur. You should include all hazards as part of this HVA assessment, which would include natural, human caused, and technological hazardous materials, and as seen recently with COVID, emerging infectious diseases.

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The number four most cited is standard EM.02.02.07, EP 13. [It] would now be cited effective July 1st, 2023, at EM 15. EM.15.0.01, EP 2 & EP 3. Previously it was required that those deemed by The Joint Commission for Hospice and Home Health Agencies were the only ones that were required to plan and develop education specific to Emergency Management. This is now an applicable requirement for all services and settings for those organizations that are accredited under the Home Care Program. So, organizations should plan education and training related to Emergency Management. Education and training sets your staff up to be better prepared for the next emergency or disaster incident.

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Organizations are required to provide initial education and training in Emergency Management procedures such as your activation procedures. You should review the communications plan, how staff should evacuate or shelter in place, especially for those that are traveling to offsite locations. They should know how they would evacuate or shelter in place, especially if they're providing care in a patient's home. The initial education and training could be specific to their roles or job roles. You could establish specific education and training for your clinical versus your non-clinical staff if you choose.

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Organizations are also required to provide ongoing education so that is EM.15.01.01, EP 3. Organizations should provide education and training at least every two years. Or if the roles were to change for your staff, if there has been any update or revisions to your Emergency Operations Plans, policies and procedures, staff need to know what to do in the event of an emergency or disaster incident. Again, focus the education and training on your top HVA priorities. Consider reviewing those after-action and improvement plans to find opportunities for additional staff education and training.

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In the number five, EM.03.01.03, EP 13, effective July 1st would now be cited at EM.17.01.01, EP1. Although we've already discussed a bit of this. Organizations that evaluate each incident or exercise, small or big, are better prepared for their next emergency. They will often find in these reviews some unknown risks or failures in which to make improvements on. Therefore, when evaluating emergency incidents or exercises you've conducted, they must be in writing. Consider using a pre-templated form. The Joint Commission doesn't require any specific form to be used, but just document the event date.

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When the Emergency Operations Plan was activated, why or under what condition the emergency event occurred, or the exercise you were conducting or focusing. On which hazard or threat was occurring that triggered the activation of your Emergency Operations Plan. Did you have to evacuate? Was there a power outage? Was there an infectious outbreak in your community? Identify who was involved, who was notified, such as your local emergency preparedness agencies, or 911. And then identify when the operations resumed.

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We have provided you with some Additional Resources. For example, at www.jointcommission.org, there is a dedicated Emergency Management Website. Here you will find Overview Standards, links to standards, FAQs, and some Additional Resources.

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There's a new Reference Guide that's been developed for the Home Care Program. As stated, effective July 1st, 2023, there will be two distinct Emergency Management Chapters. On the EM portal page, you will find that we have developed a new Emergency Management Reference Guide with a quick link access. When you click link that access, the Reference Guide is a two-page quick reference guide of the new Emergency Management Standards and EPs and includes which services or settings they would be applicable to as compared to the prior Emergency Management Standards. This is intended to be used for our surveyors as well as our customers. So, you have the same Reference Guide to be used.

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Some additional Supporting Resources for you would include R3 reports that demonstrate our new Requirements and the Rationales and the References, the pre-publication requirements, as well as the FAQs that provide additional guidance and clarification of our revised requirements. The link here provides access to those resources.

This concludes my section of the webinar. I'm going to hand it back to you, Susan. Thank you.

00:35:49

Thanks Angela for presenting the content for this webinar. We just wanted to take a few moments to inform the audience about how to ask questions regarding today's webinar content. To ask questions about the Standards or Resources, please use the inquiry form listed at this address on your screen [dssminquiries.jointcommission.org]. For questions regarding webinar operations or CEs, please submit them via email to pioneersinquality@jointcommission.org.

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All Pioneers in Quality webinar, recording links, slides, transcripts, and Q&A documents can be accessed on The Joint Commission's web page via the link shown on your screen.

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Before this webinar concludes a few words about the CE survey - we use your feedback to inform future content and assess the quality of our educational programs. As explained earlier in the webinar, a pop up will display within this webinar platform that includes the link to the survey. Cut and paste that link into your browser to go immediately into the survey. If you prefer to take the CE survey later, an automated email also delivers the link to the survey. At the end of the survey, when you click "SUBMIT", you will be redirected to a page from which you can print or download a PDF CE Certificate. In case you log off without downloading or printing your certificate, an automated email will also be sent to you that includes the link. This automated email is sent to the email address that you provide within the CE survey.

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Thank you to Angela for presenting this content. We hope the information provided today will help you prepare to meet the Emergency Management Requirements.