How to Prepare for The Joint Commission EM Survey Now and in the Future

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Goals of Presentation

- Why change the EM survey process?
- Voice of the Customer (VOC) feedback
- Overview of review tool
- Next Steps for Emergency Management
  - update Standards and Elements of Performance (Eps)

Background

- Survey process Improvement initiative for Environment of Care (EC) and Emergency Management (EM)
- EC session eliminated
  - Now included in the Life Safety Code Surveyor (LSCS) document review
  - Now included in LSCS building tour
  - Added to clinical tracer activity
- EM session remains but inconsistent process
- Update EM session based on feedback from surveyors and the field - limited value of sit-down session
VOC Feedback

Scheduled 4 VOC sessions with following groups

- IAHSS – International Association for Healthcare Security and Safety
- ASHE – American Society for Healthcare Engineering
- CAH group – Critical Access Hospitals
- Select Hospital Field Experts in EM
VOC Feedback (cont.)

- Overview of Feedback from the four groups
  - Consistency
    - Too much variation from surveyor to surveyor
    - Session also varies greatly
  - Organization Leadership involvement needed
  - Scoring is rare (1% vs 98% for EC and LS)
    - As a result, leadership believe no investment in EM is required

NEW EM Session Evaluation Tool
NEW EM SESSION TOOL

To provide a consistent and systematic review of Emergency Management

The tool is broken into 3 distinct sections (using existing SAG – no changes to SAG)

- PART I: Review of recent emergency events or exercises
- PART II. Training and Education
- PART III. Evaluation and Planning

PART I: Review of recent emergency events or exercises

Review of recent emergency events or exercises

The organization describes what “real” events occurred in the past 12-24 or 36 months that impacted their organization in which the emergency operations plan was activated or what number of exercises have been completed

Required documents:
- After-action or summary reports
- HVA & response procedures
- Utilities plan/resource calculations/96hr sustainability
PART II. Training and Education

- The organization describes what education and training they provide to their staff, LIPs, and volunteers in the past 12-24 or 36 months

- Required documents:
  - Training policies or procedures (if applicable)
  - Training or education program (if applicable)

PART III. Evaluation and Planning

- The organization summarizes the EM cycle through evaluation and should provide some future planning objectives
  - Policies and/or response procedures
  - Committee meeting minutes
  - After-action report/Improvement plans
    (including interim measures)
Next Steps

- This is a 'bridge' process from 'now' through July 1, 2022 (anticipate the new standards and Elements of Performance (EP) for EM).

- Life Safety Code Surveyor (LSCS) and Clinical survey with greater than or equal to 3 Life Safety Code Surveyor days to complete EM session together.

- No other changes in who does the Emergency Management (EM) session – refer to the Survey Activity Guide (SAG).

Feedback from a customer regarding LSCS and clinician conducting the EM session with the three focus areas ...

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

Goal: to learn from events and to share lessons learned with customers and update Standards/Elements of Performance (EPs)

- Critiques have covered ...
  - Pulse Nightclub Shooting
  - Florida, Puerto Rico, and Texas hurricanes
  - Active Shooter
  - Cyber events
  - Pandemic
  - Many others ...
- How do we share?
  - *Environment of Care News* & EM web page - quarterly
  - Feedback from advisory groups

COVID - the elephant in the room!

- The next deadly disease that will cause a global pandemic is coming. We’re not ready. An illness like the pandemic 1918 influenza could kill 30 million people within six months,” Bill Gates said during a presentation in 2015. He added that the next disease might not even be a flu, but something we’ve never seen. “The world should prepare as it does for war,” Gates later said in 2017. We now all know that Bill was right!
Some data …

- Surge
  - Most did not experience!
  - Others devastated!
- Financial Impact
  - Loss of revenue due to ceasing of elective cases
  - Occupancy in some areas 40%
- Access to PPE and related issues!

1135 Waivers and a comment …

– TJC authored Inspection, Testing, and Maintenance (ITM) Waivers on your behalf!

– Comment from a TJC customer:

“Overall, the standards have helped our agency prepare for this situation. Our infection control plan, our environment of care processes and our performance improvement program have resulted in systems which were adaptable to the pandemic. The only area in which I wish we had been more prepared was videoconferencing. I wish we had the technology and equipment to implement telehealth services in a much broader spectrum”
Hazard Vulnerability Analysis/Risk Assessment

- What could possibly go wrong?
- What should you plan for if you are the receiving hospital?

My hometown port ... Port Canaveral

What can go wrong with a cruise?

1996 - Shigella event -> 500 patients...and then there was the 2nd wave...

July 18, 2006 – expect ‘1,800 patients’—cruise ship extreme tilt
The hurricanes … what about your ‘neck of the woods?’

Ebola scare prompts lockdown at Denver hospital and hazmat teams are rushed in before tests come back negative for the deadly virus

- Tests indicate that a possible Ebola patient in Colorado is negative for the virus
- Denver Health Medical Center received the patient on Sunday morning
- Patient had recently helped Ebola victims in Democratic Republic of Congo
- Isolation protocols and a temporary lockdown were immediately put in place
- Emergency crews in hazmat-style suits were seen responding to the hospital
- The hospital is one of 10 regional facilities with CDC designation for Ebola
My street after a tsunami

Why the focus on evacuation?
- Generator failure
- Wildfire
- Tornado
- Hurricane
- Loss of HVAC
No need to title ...

Pulse Nightclub Shooting

When my phone rang early in the morning of June 12, 2016, it was my colleague, Carlos Carrasco, the chief operating officer of Orlando Health Orlando Regional Medical Center (ORMC). He explained there had been a shooting at a downtown nightclub with multiple gunshot victims and they were headed to ORMC’s Level One Trauma Center. Unfortunately, it’s not uncommon for us to receive a patient with a gunshot wound, or several for that matter. But I could tell in his voice something was different. He was calm, but he was clear — I needed to get to ORMC quickly. The decision had been made to activate the Hospital Incident Command System (HICS). Heading toward the hospital, I saw red and blue flashing lights ahead. The closer I got, the brighter the lights became, until it was almost blinding. I had never seen so many first responders assembled in one place. I was still about a half mile from the hospital, but the roads were closed. Officers redirected me, but still, all roads led to closure after closure. It was then that I realized the “downtown nightclub” was Pulse — a club located just three blocks from ORMC, a club I pass every day on my way to work. While I drove, different scenarios played through my head. As it turned out, none of them were on the scale of what we would be dealing with that day.

Mark Jones, Senior Vice President  www.orlandohealth.com/campaigns/g6iv8jzop719/administrationa/mark-jones/how-i-heard
Emergency Management Tip

- Use zip codes to know where your employees live ... why?
  - Mainland hospital – 80% of employees lived on the mainland
  - Beachside hospital – 80% of employees lived beachside
  - The huge implications of opening the beachside hospital post hurricane!
  - What side of the river do you live on?

Pediatric Readiness

Hospital Disaster Plans

Less than half (47%) of all US hospitals have written disaster plans addressing issues specific to the care of children

Don’t forget the kids ...
(and elders and pets)
Help from Disaster Medical Assistance Team (DMAT)

Other emerging issues ...

- Impact of a hospital being a crime scene ...
- We have a propensity to NOT learn from others ... why?
- New Workplace Violence Standards January 1, 2022.
Who knows what to do?

“It is not sufficient for a few key officials and planners to know their roles and responsibilities during a disaster; the roles of everyone involved must be clearly understood.”

Source: A Comparison of Nurses’ Needs/Concerns and Hospital Disaster Plans Following Florida’s Hurricane Floyd” (French, Sole, Byers, et al).

Debate over codes – What is your Current Practice?

- Plain language
  - Active Shooter, Bomb Threat, Infant/Pediatric abduction
- Coded announcement
  - Code Silver, Code Black, Code Pink
- Or mix of both?
  - Active Shooter
  - Code Black, Code Pink
Call to action ...

– Dust off the Emergency Management Plan!
– Who “owns” the plan and chapter?
– New focus – make sure you include evacuation as a result of your HVA (full and partial)! Why ... wildfire, tornado, hurricane, earthquakes, etc.)! Just do it!
– Test to failure – escalating event

Questions? (I finally get to use acronyms!)

NDMS

NIMS

EOC

CDP

DMAT

HICS

NFA

CBRNE

DMORT

Chempak

FEMA

ESF 8
Thank You

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