

## TJC Emphasizes Emergency Management

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*"... TJC has not just raised the bar on EM but catapulted it . . ."*

Healthcare facilities are faced with new challenges every year. Sometimes those new challenges are intended to alleviate even harsher alternatives. Such is the case with the large increase in The Joint Commission's (TJC) 2008 Emergency Management (EM) Standards. There is a substantially increased emphasis on EM in 2008.

With this new emphasis, TJC has not just raised the bar on EM but catapulted it from a total of two Standards and 32 Elements of Performance (EPs) in 2007 to nine Standards and 82 EPs in 2008.

TJC's increased focus on EM was to be expected when one considers recent disasters and the lessons learned from them. In fact, this also reflects some previous toughening of the accreditation standards. Before 2001, the emergency standards were relatively inflexible and singular, focusing primarily on the initial response to major events. In 2001 the emergency preparedness requirements evolved into the more dynamic four-pronged emergency management approach and required more dynamic and flexible responses to community issues and ongoing emergencies. The 2008 EM revisions reflect many of the lessons learned since 2001, key among them, the necessity for flexibility to respond to multiple escalating events.

TJC advises that among the major lessons learned to be reflected in the new EM standards are: problems with communications, inadequate utility management plans, faulty incident command systems, facilities ignoring the local Emergency Operations Centers (EOCs), and emergency planning based primarily on recent local memory. Common issues were sustained disasters, disasters affecting multiple communities and public services, and a stressed federal and/or state response. As other delivery avenues disappeared (home care, long term care, physician offices, pharmacies, dialysis and outpatient centers among them), hospital admissions increased and discharges chose to stay, finally resulting in a threat in some areas to the entire healthcare delivery system. Citizens looking for refuge and civil unrest aggravated already difficult situations. *(Continued on page 2)*

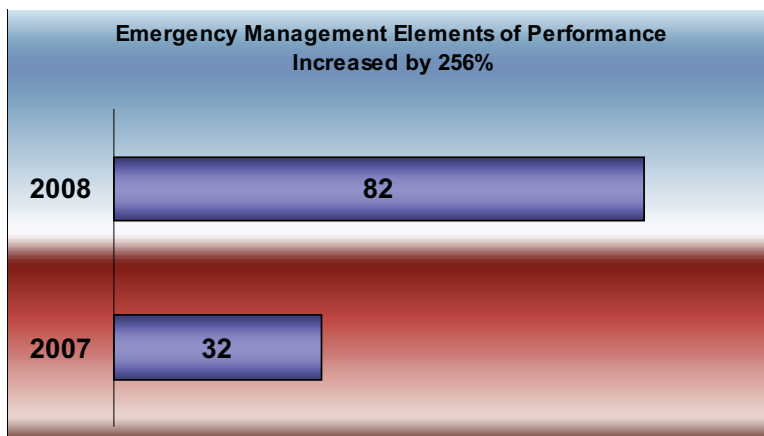


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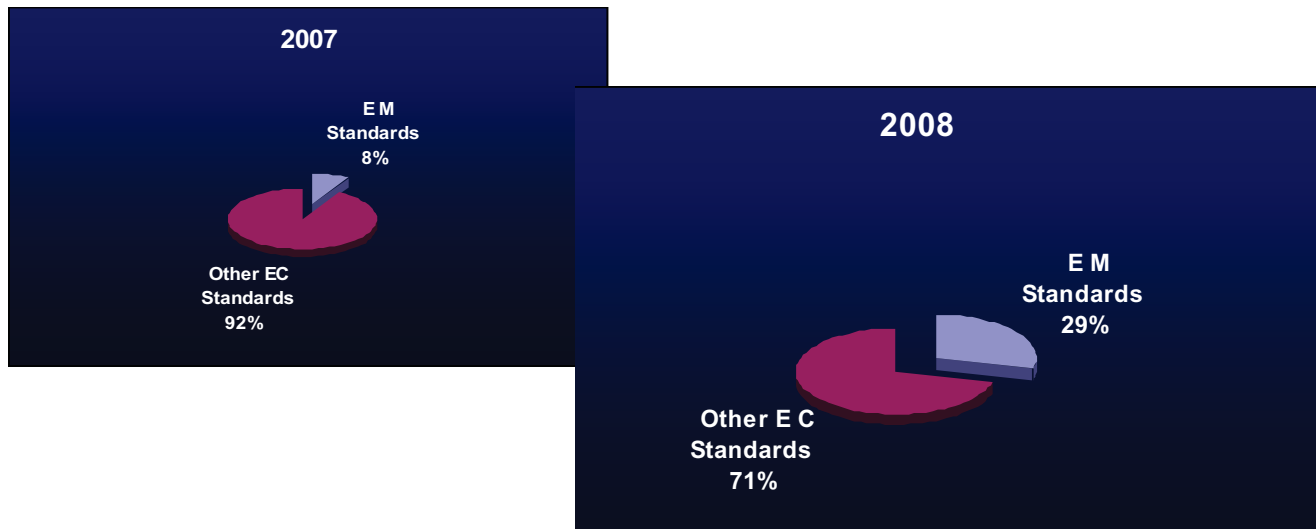
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The 2008 Emergency Management Standards break down is illustrated below:

EC.4.11 Managing consequences of emergencies	11 EPs (2 new EPs)
EC.4.12 Emergency Operations Plan with six critical areas	6 EPs (1 new EP)
EC.4.13 Managing emergency communications	14 EPs (4 new EPs)
EC.4.14 Managing resources and assets	11 EPs (1 new EP)
EC.4.15 Managing safety and security	8 EPs (5 new EPs)
EC.4.16 Managing staff roles and responsibilities	4 EPs (3 new EPs)
EC.4.17 Managing utilities during emergencies	5 EPs (1 new EP)
EC.4.18 Managing patient clinical and support activities	6 EPs (5 new EPs)
EC.4.20 Testing the Emergency Operations Plan	17 EPs (4 new EPs)

Major new requirements in the 2008 EM standards include but are not limited to the items listed below. In addition, the separation of previously combined items into multiple individual EPs in 2008 substantially raises the consequences of noncompliance on previous requirements.

- EC.4.11: Communicate needs and vulnerabilities to community emergency response agencies and identify community capabilities to meet those needs; documented inventory of assets and resources needed in an emergency, annual evaluations of the inventory, and methods for monitoring its quantities during the emergency
- EC.4.12: Written Emergency Operations Plan (EOP) that describes an “all-hazards” command structure for coordinating six critical areas (communications, resources and assets, staff roles and responsibilities, safety and security, utilities and clinical activities); identifies capabilities and establishes response efforts when the organization cannot be supported by the local community for at least 96 hours in the six critical areas
- EC.4.13: Ongoing communication to staff, external authorities, patients and their families, community, suppliers of essential supplies, services and equipment, notification of patient relocation
- EC.4.14: Sharing of resources and assets outside of the community for a regional or prolonged disaster
- EC.4.15: Internal safety and security; roles of community agencies; managing hazardous materials and waste; controlling individuals’ movement
- EC.4.16: Staff roles and responsibilities for six critical areas, staff training, communication with licensed independent practitioners
- EC.4.17: Managing fuel required for building operations or essential transport
- EC.4.18: Clinical services for vulnerable populations, patient personal hygiene and sanitation needs, mental health services, mortuary services, documenting and tracking patient clinical information. *(Continued on page 3)*



**EMERGENCY  
OPERATIONS  
PLAN**



**96 HOURS**

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- EC.4.20: Escalate at least one exercise/year to evaluate how effectively the organization performs when it cannot be supported by the local community; also monitor safety and security, staff roles and responsibilities, and utility systems during exercises

While most organizations struggle to finalize their new Emergency Operations Plan, one of the more worrisome tasks faced by compliance officers has been to reorganize previous planning and documentation to show clear compliance with the new standards and each of the new EPs. Identifying specific areas of noncompliance in the new standards and new EPs may provide the best approach for attaining full compliance with all of the new requirements.

Many organizations are also struggling with the new 96-hour requirement in EC.4.12. The new language does not mean that fuel storage tanks or other supplies need to be increased to provide 96 hours of onsite storage. It does mean the organization needs to understand and manage the onsite levels of supplies and assets that are presently available. The organization also needs to plan what actions are to be taken in each of the six critical areas to extend facility operations in the event that community support is not available for 96 hours. These actions could include:

- Conservation of resources
- Curtailment of services
- Supplementing of resources from outside the local community
- Staged evacuation
- Total evacuation

## Disputed Survey Findings

By Dean Samet, CHSP - DSamet@ssr-inc.com



Whenever you feel The Joint Commission (TJC) surveyors have mistakenly cited you for a Life Safety Code® violation or Environment of Care (EC) standards issue, what steps should you take before this issue becomes a part of the official accreditation report as a Requirement for Improvement (RFI)? The following suggestions might help avert any unwarranted citations.

1) If you have any additional information that would demonstrate compliance with a Life Safety Code® or EC standard that a surveyor has indicated may be an RFI, you should supply that information to your surveyor(s) as soon as possible. The Hospital Accreditation Manual's chapter, "The Accreditation Process," has a section entitled "Feedback Sessions" and states, "Surveyors will communicate their observations at daily briefings, if requested to do so by the organization. If the organization has additional information that would demonstrate compliance that a surveyor has indicated may be an RFI, the organization should supply that information to the surveyor(s) as soon as possible."

2) At your earliest opportunity, refer to the Life Safety Code® or your accreditation standards manual and, together with the surveyor, review and discuss the applicable section(s) and specific requirements. If this does not resolve the matter, ask that the survey team leader be brought into the discussion. If the issue is still not resolved, and you feel you are clearly (Continued on page 4)

## Disputed Survey Findings

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meeting the code or standard's requirements, then you need to request that the surveyors contact TJC's Standards Interpretation Group (SIG). Ask the surveyors to initiate the call and use their special 800 number which should put your call to the head of the SIG calling queue. With the surveyor present, you may state your case and ask the appropriate SIG unit member to provide the necessary clarification for all who are part of the conference call.

In order to avoid any unwarranted RFIs: a) be proactive and don't be afraid to request that the surveyors communicate their observations at daily briefings; b) provide whatever additional information, data, or other documentation that might validate your compliance efforts; c) ask the surveyor(s) to look at the Life Safety Code or accreditation manual with you to discuss the specific requirements; and finally, d) if necessary, ask your surveyor to call TJC Standards Interpretation Group to get the needed clarification and final word.

### PUBLICATIONS & SEMINARS

#### Speaking Engagements/Seminars in 2008

- |                     |  |
|---------------------|--|
| <b>March 20</b>     | Facility Care Magazine Audio Conference, "Planning for Power Failures"   |
| <b>May 8</b>        | HCPPro BHS Symposium, Las Vegas, NV, "Environment of Care Survey Focus"  |
| <b>May 14-16</b>    | Alabama Society for Healthcare Engineering Spring Meeting, Pensacola Beach, FL, "TJC 2008 Emergency Management Standards"  |
| <b>May 15</b>       | Oregon Society for Healthcare Engineers Spring Conference, Bend, OR, "TJC EC Update and Survey Focus 2008"   |
| <b>June 2-5</b>     | NFPA World Safety Conference & Exposition, Las Vegas, NV, "Rx for Emergency Power Reliability"   |
| <b>June 4-6</b>     | GSHE Annual Meeting, Savannah, GA, "2008 Emergency Management Standards"   |
| <b>June 18</b>      | Nebraska Hospital Association Webinar, "Planning for Power Failures"   |
| <b>July 20-23</b>   | ASHE 45th Annual Conference & Technical Exhibition, Washington, DC, "Taking Care of Business - How Power Shutdowns Can Facilitate Emergency Management" and "NFPA 110 Update - Paying More Attention to the Business of Emergency Power Reliability" |
| <b>October 7-10</b> | New England Healthcare Engineers Society Fall Conference, New Haven, CT, "EOC Survey Focus 2008-2009"  |
| <b>November 20</b>  | Colorado Association of Hospital Engineers & Directors, Denver, CO, "TJC Newly Expanded 2008 Emergency Management Standards"   |

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#### *Compliance News*

A newsletter dedicated to accreditation, regulatory compliance and facility management issues for healthcare executives and facility managers.