Emergency Management (EM) Discussion Tool

This EM Discussion Tool complements the EM Documentation Review Tool and is intended to provide an overview of EM-discussion and related topics

Introduction of EM Leadership & other Team Members

Interview

- ☐ Ask participants to introduce themselves and briefly describe their role in emergency planning and preparedness and their role in incident command (if applicable). **(not scored)**
- ☐ Ask who has **authority and oversight of the EM program** and ask them to describe how they support the EM program and program lead. **(NPG.03.01.01, EP 1)**
- ☐ Ask leaders to describe how the **EM (or similar) committee** is defined and represented **(NPG.03.01.01, EP 3)** and how the committee plans, evaluates, and maintains the EM program **(NPG.03.01.01, EP 4)**

Personnel/Credential File

- ☐ Review the EM program leader's job description, qualifications, and responsibilities **(NPG.03.01.01, EP 2)**

Part 1: EM Program and Hazard Vulnerability Analysis (HVA)

CMS CoP 482.15 & 482.15 (a) 1-2

Interview

- ☐ Ask leaders to describe the hospital's **emergency preparedness program** and how the hospital used an all-hazards approach when developing its program. **(EM.09.01.01, EP 1)**
- ☐ Ask leaders to **identify the hazards** (for example, natural, human-made, facility, geographic) that were identified in the hospital's **risk assessment** and how the risk assessment was conducted. **(EM.11.01.01, EP 2)**

Document Review

- ☐ See Part 1 - required written documentation in the Documentation Review Tool to assess compliance with EPs

Part 2: Emergency Operations Plan (EOP)

CMS CoP 482.15 (a) 3-4

Interview

- ☐ Ask leaders to describe plans for the following:
  - The **patient populations** that would be at risk during an emergency event **(EM.12.01.01, EP 2)**
  - **Services they will continue to provide**, services that cannot be provided, and plans for continued operations during an emergency or disaster incident. **(EM.13.01.01, EP 1)**
  - **Succession plans (EM.13.01.01, EP 3)** and process for **delegating authority (EM.13.01.01, EP 4)**
- ☐ Ask leaders to describe their process for **cooperation and collaboration** with local, tribal, regional, state, and federal emergency preparedness officials **(EM.12.01.01, EP 6)**
- ☐ Ask leaders to describe the **incident command structure (NPG.03.02.01, EP 1)**
  - Activation procedures (**NPG.03.02.01, EP 2)**
  - Primary and alternate command sites **(NPG.03.02.01, EP 3).**

Document Review

- ☐ See Part 2 - required written documentation in the Documentation Review Tool to assess compliance with EPs

Part 3: EM Policies and Procedures
CMS CoP 482.15 (b) & 482.15 (b) 1-8

Interview

- ☐ Ask leaders to describe policies/procedures for the following:
  - Providing **subsistence needs** for staff and patients (food, water, medical, pharmaceutical supplies) **(EM.12.01.01, EP 4)**
  - How they **monitor and track resources** needed during an emergency **(EM.12.02.09, EP 1)** and how the plan to replenish or conserve resources during an emergency **(EM.12.02.09, EP 2)**
- ☐ Ask leaders to describe policies/procedures for the following:
  - **Shelter in place and evacuation** procedures **(EM.12.01.01, EP 3)**
  - **Coordinating care/transferring** to other hospitals (transportation arrangements, care considerations, staff responsibilities, evacuation locations). **(EM.12.02.05, EP 1)**
  - Role in providing care at **alternate care sites (1135 waiver) (EM.12.01.01, EP 7)**
  - **Tracking systems** used to locate patients and staff. **(EM.12.02.07, EP 2)**
- ☐ Ask leaders to describe staffing strategies:
  - Use of **volunteers or emergency staffing** agencies for surge events? **(EM.12.02.03, EP 1)**
  - Procedures for reporting in, **roles and responsibilities**, integration of staffing agencies **(EM.12.02.03, EP 2)**
  - Managing **volunteer licensed practitioners (NPG.03.02.03)**
    - Documenting/ verifying and licensure primary source verification **(EP 1)**
    - Granting disaster privileges to disaster volunteer physicians **(EP 2)**
  - **Supporting staff needs** (housing, transportation, family support needs, mental health and wellness) **(NPG.03.02.03, EP 3)**
- ☐ Ask leaders to describe policies/procedures for the following:
  - **Managing non-ill & non-injured persons** presenting during a disaster **(NPG.03.02.04, EP 1)**
  - Coordination with local mortuaries/medical examiners **surge of unidentified or deceased** patients. **(NPG.03.02.04, EP 2)**
  - Coordinating and planning **safety and security** during an emergency **(NPG.03.02.05, EP 1)**
  - Planning for **96-hour sustainability** of resources and assets **(NPG.03.02.06, EP 1)**
  - Planning for **disaster recovery** assessments and restoration **(NPG.03.03.01, EP 1)**
  - **Family reunification** procedures **(NPG.03.03.01, EP 2)**

Document Review

- ☐ See Part 3 - required written documentation in the Documentation Review Tool to assess compliance with EPs

Part 4: Communications Plan
CMS CoP 482.15 (c) & 482.15 (c) 1-7

Interview

- ☐ Ask leaders to describe communications plan and procedures as follows:
  - How they maintain **contact lists (EM.12.02.01, EP 1)**
  - How they **communicate with relevant authorities** & provide occupancy **(EM.12.02.01, EP 3)**
  - Methods for **sharing / releasing** patient information **(EM.12.02.01, EP 4)**
  - **Primary and alternate** methods for communicating **(EM.12.02.01, EP 5)**
  - Providing coordinated messages to staff, patients, external stakeholders **(NPG.03.02.02, EP 1)**
  - Use of warning and notifications procedures specific to emergencies or disaster incidents **(NPG.03.02.02, EP 2)**

Document Review

- ☐ See Part 4 - required written documentation in the Documentation Review Tool to assess compliance with EPs

Part 5: EM Training and Testing (Exercises)
CMS CoP 482.15 (d) & 482.15 (d) 1-2

Interview

- ☐ Ask the following related to the education and training program:
  - Ask leaders to describe the EM education and training program **(EM.15.01.01, EP 1)**
  - Ask various staff about the hospital's **initial education & training received**-verify staff knowledge **(EM.15.01.01, EP 2)**
  - Ask various staff about **ongoing education & training received** (at least every 2 years) **(EM.15.01.01, EP 3)**
  - Ask leaders with **incident command** responsibilities to describe **education and training** they have received **(NPG.03.04.01, EP 1)**
- ☐ Ask the following related to emergency preparedness exercises:
  - Ask leaders to describe the annual exercises they are **planning** to conduct, why they were selected, and how staff and management are involved **(EM.16.01.01, EP 1)**
  - Discuss the previously documented **annual exercises** (at least 2 exercises per year) **(EM.16.01.01, EP 2); *and***
  - Discuss exercises conducted at the freestanding outpatient care buildings (if applicable)
    Note: one exercise per year is required to test staff roles/responsibilities at these sites **(NPG.03.05.01, EP 1)**
- ☐ In response to an emergency or disaster incident (real or simulated), ask leaders to describe their role in **evaluating after-action reports**, identified opportunities for improvement, and recommendations needed to improve the EM Program **(NPG.03.06.01, EP 1)**

Document Review

- ☐ See Part 5 - required written documentation in the Documentation Review Tool to assess compliance with EPs

Personnel/Credential File

- ☐ Review a sample of staff training files to verify that staff have received initial and subsequent (at least every 2 years) emergency preparedness training. Note: For ease of demonstrating compliance that the hospital has updated its training program at least every 2 years, hospitals should retain, at a minimum, the past 2 cycles (generally 4 years) of emergency training documentation for both training and exercises.

Part 6: Emergency Generator and Fuel
CMS CoP 482.15 (e) & 482.15 (e) 1-3

Interview

- ☐ Ask hospital or facility leaders to describe how they determined the **emergency power and stand-by systems** based on their risk assessment /HVA. **(EM.12.02.11, EP 1)**
- ☐ Ask hospital or facility leaders to describe
  - How they monitor and track **onsite fuel sources (EM.12.02.09, EP 1)** to power emergency generators and how they will **replenish** fuel sources **(EM.12.02.09, EP 2)**
  - Plans for how they will **keep emergency power systems operational (EM.12.02.11, EP 3)** during the duration of emergencies, unless it evacuates.
  - Providing **alternate sources of energy** to maintain temperatures, emergency lighting, fire detection systems and sewage/waste disposal **(EM.12.02.11, EP 4)**

Document Review

- ☐ See Part 6 - required written documentation in the Documentation Review Tool to assess compliance with EPs

Part 7: Integrated Healthcare Systems (if applicable)

CMS CoP 482.15 (f) & 482.15 (f) 1-4

Interview

- ☐ Verify if the hospital has opted to be part of its health care system's unified and integrated emergency preparedness program **(EM.09.01.01, EP 2)**
- ☐ Ask leaders to describe how the program is updated (at least every 2 years) based on changes within the health care system **(EM.17.01.01, EP 3)**

Document Review

- ☐ See Part 7 - required written documentation in the Documentation Review Tool to assess compliance with EPs

Part 8: Transplant Hospital (if applicable)

CMS CoP 482.15 (g) & 482.15 (g) 1-2

Interview

- ☐ Verify if the hospital has a transplant program and ask the transplant program representative (if available) how they are involved in the development and maintenance of the hospital's emergency preparedness plans, policies, procedures, communications plan, as well as involvement in training and testing (exercises). **(EM.09.01.01, EP 4)**

Document Review

- ☐ See Part 8 - required written documentation in the Documentation Review Tool to assess compliance with EPs

Emergency Management (EM) Documentation Review Tool – HAP/CAH

This EM Documentation Review Tool complements the EM Discussion Tool and is intended to provide a checklist of required written documentation

Assessment Item	Applicability	Joint Commission Standards	CMS CoP	Comments
Part 1: Emergency Management Program				
☐ Written emergency management program (may be incorporated with EOP or other policies and procedures) (See listed items to ensure comprehensive program requirements)	All hospitals and CAHs	**EM.09.01.01, EPs 1 & 3**	HAP 482.15 CAH485.625	**Current Review Date:** _____ **Updated at least every 2 years? (EM.17.01.01, EP 3)** **Yes No**
Part 1: Hazard Vulnerability Analysis (HVA)				
☐ Written all-hazards HVA that include: ☐ Facility-based and community-based risk assessment ☐ Strategies for addressing events identified by the risks ☐ HVA includes All-hazards: • Natural hazards • Human-caused hazards • Technological hazards • Hazardous materials • Emerging infectious diseases	All hospitals and CAHs	**EM.11.01.01, EPs 1-4**	HAP 482.15 (a)(1) - (a)(2) CAH485.625 (a)(1) - (a)(2)	**Current Review Date:** _____ **Updated at least every 2 years? (EM.17.01.01, EP 3)** **Yes No**
Part 2: Emergency Operations Plan (EOP)				
☐ Written EOP that include: • Addresses patient population & persons at-risk • Type of services provided in an emergency • Continuity of operations • Delegation of authority • Leadership succession • Cooperation and collaboration with external authorities	All hospitals and CAHs	**EM.12.01.01, EPs 1 -2 & 6** **EM.13.01.01, EPs 1-4**	HAP 482.15 (a), (a)(3) - (a)(4) CAH485.625 (a), (a)(3) - (a)(4)	**Current Review Date:** _____ **Updated at least every 2 years? (EM.17.01.01, EP 3)** **Yes No**
Part 3: EM Policies and Procedures				
☐ Written Policies & Procedures that include: ☐ Provision of subsistence needs for staff and patients • food, water, medical and pharmaceutical supplies ☐ Alternate sources of energy to maintain: • temperatures to protect patient health & safety & safe and sanitary storage of provisions • emergency lighting, • fire detection, extinguishing and alarm systems ☐ Sewage and waste disposal	All hospitals and CAHs	**EM.12.01.01, EPs 1, 3, 4 & 7** **EM.12.02.01, EP 5** **EM.12.02.03, EPs 1 & 2** **EM.12.02.05, EP 1** **EM.12.02.07, EP 2** **EM.12.02.11,**	HAP 482.15 (b), (b)(1) – (b)(8) CAH485.625 (b), (b)(1) - (b)(8)	**Current Review Date:** _____ **Updated at least every 2 years? (EM.17.01.01, EP 3)** **Yes No**

Assessment Item	Applicability	Joint Commission Standards	CMS CoP	Comments
☐ System to track location of on-duty staff and sheltered patients ☐ Safe evacuation from the hospital (needs of evacuees, staff responsibilities, transportation, evacuation location(s) ☐ Means to shelter in place ☐ System of medical documentation to preserve PHI ☐ Use of volunteers and other staffing strategies ☐ Arrangements and/or agreements with other hospitals and providers to receive patients if needed ☐ Role of the hospital in providing care and treatment at alternate care sites under an 1135 waiver		**EP 4** **IM.11.01.01. EP 1** **PE.03.01.01, EP 4**		
Part 4: Communications plan				
☐ Written communication plan that includes: ☐ Names & contact information for: • Staff • Entities providing services under arrangement • Patient physicians • Other hospitals • Volunteers ☐ Contact information for: • Federal, state, tribal agencies • Other sources of assistance ☐ Primary and alternate means for communicating with: • Hospital staff • Federal, state, tribal agencies ☐ Method for sharing information & medical documentation with other healthcare providers ☐ Means of providing/releasing information under 45 CFR 164.510(b)(1)(ii) ☐ Means of providing information about occupancy needs and ability to provide assistance	All hospitals and CAHs	**EM.09.01.01, EP 3** **EM.12.01.01, EP 1** **EM.17.01.01, EP 3** **EM.12.02.01, EPs 1, 3 - 5** **EM.12.02.05, EP 1**	HAP 482.15 (c), (c)(1) – (c)(7) CAH485.625 (c), (c)(1) - (c)(7)	**Current Review Date:** _____ **Updated at least every 2 years? (EM.17.01.01, EP 3)** **Yes No**
Part 5: EM Education & Training				
☐ Written education and training program Documented education & training occurs: ☐ Initially to all new/existing staff, those providing services under contract, volunteers ☐ At least every 2 years ☐ Staff demonstrate knowledge in EM procedures ☐ Conducts training when: • When roles & responsibilities change	All hospitals and CAHs	**EM.15.01.01, EPs 1, 2, 3** **EM.16.01.01, EP 1**	HAP 482.15 (d), (d)(1) - (d)(1)(v) CAH485.625 (d), (d)(1) - (d)(1)(v)	**Current Review Date:** _____ **Updated at least every 2 years? (EM.17.01.01, EP 3)** **Yes No**

Assessment Item	Applicability	Joint Commission Standards	CMS CoP	Comments
• When significant revisions are made to P&Ps • When procedural changes are made during an event				
Part 5: EM Testing (Exercises)				
☐ Two annual emergency exercises are documented and conducted as follows: ☐ Participation in one operational-based exercise (full-scale community (if avail) or a functional facility-based) ***and*** ☐ One additional exercise of choice operations-based or discussion-based ☐ Has exemption from conducting its next operations-based exercise due to a real event in which the EOP was activated	Applies to all hospitals and CAHs	**EM.16.01.01, EP 2**	HAP 482.15 (d)(2) - (d)(2)(ii)(C) CAH485.625 (d)(2) - (d)(2)(ii)(C)	**Exercise Date(s) #1** **Exercise Date(s) #2** **Additional Exercise Date(s):**
Part 5: EM Program Evaluation				
☐ Documents and reviews of all emergency exercises, emergency or disaster incidents (After-action reports) ☐ Documentation, review, & update of improvement plans, actions taken, and any revisions made to plans/policies and procedures	Applies to all hospitals and CAHs	**EM.17.01.01, EP 1**	HAP 482.15 (d)(2)(iii) CAH485.625 (d)(2)(iii)	**Current Review Date:** _____ **Updated at least every 2 years? (EM.17.01.01, EP 3)** **Yes No**
Part 6: Emergency & Standby Power Systems (may be incorporated with LS document review/LS building tour)				
☐ A written plan for managing essential or critical utilities during an emergency that includes: • Emergency & standby power systems • Emergency generator location • Emergency generator inspection & testing • Emergency generator fuel source	Applies to all hospitals and CAHs	**EM.12.02.09, EPs 1 - 2** **EM.12.02.11, EPs 1–3** **PE.03.01.01, EP 3** **PE.04.01.01, EP 1** **PE.04.01.03, EP 3**	HAP 482.15 (e)(1) - (e)(3) CAH485.625 (e)(1) – (e)(3)	**Current Review Date:** _____ **Updated at least every 2 years? (EM.17.01.01, EP 3)** **Yes No**
Part 7: Unified and Integrated EM Program (if applicable)				
If hospital is part of health care system and chooses to participate in a unified and integrated emergency management program: ☐ Program accounts for the hospital's unique circumstances, patient population, and services offered	Applies to Hospitals and CAHs that are part of a system that has a unified and	**EM.09.01.01, EPs 2-3** **EM.11.01.01, EPs 3-4** **EM.12.01.01, EPs 1, 2 & 6**	HAP482.15 (f), (f)(1) - (f)(5) CAH485.625 (f), (f)(1) - (f)(5)	**Current Review Date:** _____ **Updated at least every 2 years? (EM.17.01.01, EP 3)** **Yes No**

Assessment Item	Applicability	Joint Commission Standards	CMS CoP	Comments
☐ Documented community-based & individual facility-based risk assessment ☐ Unified and integrated EOP ☐ Integrated P&Ps ☐ Coordinated communication plan ☐ Training and testing program ☐ Reviews and evaluates exercises and emergency events ☐ Documentation of improvement plans, actions taken, revisions to plans/policies and procedures	integrated EM program	**EM.13.01.01, EPs 1-4** **EM.15.01.01, EP 1** **EM.16.01.01, EP 1**		
Part 8: Transplant Hospitals (if applicable)				
☐ Protocols address duties and responsibilities of the hospital, transplant program(s), and OPO	Applies to Deemed Hospitals, only	**EM.09.01.01, EP 4**	HAP 482.15 (g), (g)(1) - (g)(2)	**Current Review Date:** _____ **Updated at least every 2 years?** **Yes No**