

Joint Commission Survey Tool



Prepare. Respond. Recover.

Emergency Management Standards Supported by Healthcare Coalition Activities

EC 4.11 The organization plans for managing the consequences of emergencies

A3 The organization together with its community partners prioritizes those hazards, threats and events identified in its HVA. King County maintains a HVA that outlines the events most likely to affect facilities in Region 6.

A4 When developing its emergency operations plan (see standard EC.4.12) , the organization communicates its needs and vulnerabilities to community emergency response agencies and identifies the capabilities of its community in meeting their needs.

King County hospitals can communicate needs and vulnerabilities through the RMRC. Regional Response Plans outline the capabilities of community partners.

A5 Mitigation activities designed to reduce the risk of and potential damage due to an emergency

Healthcare agencies store their contact, resource, and pharmaceutical information in the regional incident management software, KCHealthTrac. Regionally coordinated applications for Telecommunications Service Priority (TSP) have provided telecommunications infrastructure insurance. Hospitals have also applied for GETS and WPS as needed. The RMRC produces mitigation newsletters that address planning events (e.g., major highway construction). Regional decisions were made to use ASPR funding to help facilities purchase one-touch lockdown systems. All hospitals in King County are equipped with this technology.

A6 Preparedness activities that will organize and mobilize essential resources

Conducted Evacuation Planning Workshops in 2007 to assist hospitals in creating their own evacuation plans. Purchased evacuation equipment. Purchased decontamination tents. NIMS implementation planning and guidance has been provided at a regional level for consistency.

A7 Response strategies and actions to be activated during emergency

Activation of an ESF-8 Response, to include the RMRC. The RMRC is a centralized coordinating point for healthcare logistics and planning support. An additional capacity is hospital control, in existence for decades in the Seattle area. Hospital control is responsible for MCI patient distribution and is run out of Harborview Medical Center (primary) and Overlake Medical Center (backup). Each municipality activates their emergency response structure, each Emergency Response Zone activates a zone coordination center, and King County activates their Emergency Coordination Center.

A8 Recovery strategies and actions designed to help restore the systems that are critical to resuming normal care, treatment and services.

Coordination with utility providers, mental health providers, and other systems that help restore normal care can be facilitated through the RMRC. The RMRC also coordinates with local emergency management on issues such as FEMA reimbursement for declared disasters.

A9 The organization keeps a documented inventory the assets and resources it has-on-site, that would be needed during an emergency at a minimum, personal protective equipment, water, fuel, staffing, medical, surgical, and pharmaceuticals resources and assets.

The categories will be tracked in KCHealthTrac to meet this standard starting in early 2008. The Software Operational Workgroup will guide the decision-making regarding what to track within these categories.

B10 The organization establishes methods for monitoring quantities of assets and resources during an emergency.

Quantities of assets and resources can be tracked in KCHealthTrac as needed.

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B11 The objectives, scope, performance, and effectiveness of the organization's emergency management planning efforts are evaluated at least annually.

Regional exercises are conducted at least annually to test the organization's emergency operations plan and the hospital regional response plan.

EC 4.12 The organization develops and maintains an Emergency Operations Plan

B2 The EOP establishes an incident command structure that is integrated into and consistent with its community's command structure.

The Region has an Area Command Structure, that includes a Healthcare MAC for ESF-8. Individual hospital and healthcare command centers are included in this structure to represent a community response.

A7 The EOP identifies alternative site for care, treatment or service that meet the needs of its patients during emergencies

The region has established sites and established operations plans for Alternate Care Facilities to support patient surge or relocation within Region 6.

EC 4.13 The organization establishes emergency communications strategies.

B1 The organization plans for notifying staff when emergency response measures are initiated.

KCHealthTrac includes the ability to alert staff regarding regional event or EOC activations.

B3 The organization defines processes for notifying external authorities when emergency response measures are initiated.

Hospitals in King County will contact the Public Health Duty Officer to request activation of the RMRC/ESF-8 response and ESF-8 responders will in turn notify all necessary community partners.

B4 The organization plans for communicating with external authorities once emergency response are initiated.

Hospitals in King County will communicate with the RMRC/ESF-8 response and ESF-8 responders will communicate on behalf of the healthcare system with other community partners. Hospitals will also work directly with their local EOCs for non-medical resource support. Work continues with Communicable Disease division of Public Health Seattle & King County to improve communication channels for surveillance, alerting and reporting, especially during emergency events.

B5 The organization plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites

Patient tracking and family assistance centers would be organized at a regional level in regards to alternate care facilities. Hospitals would coordinate with the RMRC for information and assistance.

B6 The organization defines the circumstances and plans for communicating with community and/or the media during emergencies.

The Joint Information Center for ESF-8 is coordinated through the Public Information Officers at Public Health Seattle & King County.

B7 The organization plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated.

A series of vendor surveys are underway to evaluate vendor interdependencies. These surveys will allow us to see which facilities are relying on which vendors, arming hospital materials managers with better information to negotiate contracts and ensure vendor preparedness. This effort is coordinated by the RMRC. The RMRC also centrally coordinates with oxygen, pharmaceutical, and medical supply vendors and maintains lists of other critical suppliers for outreach during an emergency event.

B8 Essential elements of their command structures and control centers for emergency response

Efforts to coordinate healthcare agencies within Region 6 are organized through the King County Healthcare Coalition, the

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B9 Names and roles of individuals in their command structures and command center telephone numbers
 Efforts to coordinate healthcare agencies within Region 6 are organized through the King County Healthcare Coalition, the RMRC, and the broader ESF-8 response activities.

B10 Resources and assets that potentially could be shared in an emergency response
 Efforts to coordinate healthcare agencies within Region 6 are organized through the King County Healthcare Coalition, the RMRC, and the broader ESF-8 response activities.

B11 Names of patients and deceased individuals brought to their organizations in accordance with applicable law and regulation, when requested
 Efforts to coordinate healthcare agencies within Region 6 are organized through the King County Healthcare Coalition, the RMRC, and the broader ESF-8 response activities.

B13 The organization plans for communicating with identified alternative care sites.
 Hospitals will communicate with regional Alternate Care Facilities through hospital control and the RMRC.

B14 The organization establishes backup communication systems and technologies for activities identified above.
 The RMRC maintains an 800 MHz radio testing schedule and the Regional Response Plan maintains communications capabilities and contact information in priority order. Region 6 coordinates the activation of the ARES Medical Services Team. There have been multiple local HAM radio operator trainings to increase the number of radio operators within the hospitals.

EC 4.14 The organization plans for the following: (EPs 1-11)

B1 Obtaining supplies that will be required at the onset of emergency response (medical, pharmaceutical, and non-medical)
 Hospitals can receive medical resource support from the RMRC and non-medical support from local EOCs, with advocacy and coordination support from the RMRC as needed.

B2 Replenishing medical supplies and equipment that will be required throughout response and recovery, including personal protective equipment where required.
 Hospitals can receive medical resource support from the RMRC and non-medical support from local EOCs, with advocacy and coordination support from the RMRC as needed.

B3 Replenishing pharmaceutical supplies that will be required through out response and recovery, including access to and distribution of caches (stockpiled by the to organization or its affiliates , local, state, or federal sources to which organization has access
 Hospitals can receive medical resource support from the RMRC and non-medical support from local EOCs, with advocacy and coordination support from the RMRC as needed.

B4 Replenishing non- medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles)
 Hospitals can receive medical resource support from the RMRC and non-medical support from local EOCs, with advocacy and coordination support from the RMRC as needed.

B7 Potential sharing of resources and assets (for example, personnel, beds, transportation, linens, fuel, personal protective equipment, medical equipment and supplies) with other health care organizations within the community that could potentially be shared in an emergency response.
 Within the regional disaster plan financial and legal omnibus agreement, healthcare organization can choose to share resources and assets.

B8 Potential sharing of resources and assets with health care organizations outside of the community in the event of a regional or prolonged disaster
 The RMRC would facilitate sharing of medical resources throughout the region and outside the community. Each hospital has final say over their resources. Guidance may be provided by the Healthcare MAC on this area.

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B9 Evacuating (both horizontally and, when required by circumstances, vertically) when the environment cannot support care, treatment, and services.

Region 6 hosted evacuation workshops in 2007 to assist hospitals with developing evacuation plans. A regional patient evacuation plan will be under development in 2008.

B10 Transporting patients, their medications and equipment, and staff to an alternative care site or sites when the environment cannot support care, treatment, and services.

Coordinated through the RMRC/Hospital Control - Regional Mutual Aid Plan (under development)

B11 Transporting pertinent information, including essential clinical and medication-related information, for patients to an alternative care site or sites when the environment cannot support care, treatment, and services.

Coordinated through the RMRC/Hospital Control - Regional Mutual Aid Plan (under development)

EC 4.15 The organization establishes strategies for managing safety and security during emergencies.

B4 The plan identifies means for radioactive, biological and chemical isolation and decontamination.

All hospitals in the region own decon tents and conduct decon training.

B6 The organization establishes processes for controlling entrance into and out of health care facility during emergencies

All hospitals have automatic lock-down systems.

EC 4.17 The organization establishes strategies for managing utilities during emergencies

B1 Electricity

The RMRC works with local electrical utilities to ensure proper prioritization of power restoration during an emergency for hospitals, other healthcare agencies that provide critical support services to hospitals, and facilities who could create great patient surge if they were to evacuate to the hospital.

B2 Water needed for consumption and essential care activities

Some utility providers in the region have contingency plans and equipment for water re-distribution.

B3 Water needed for equipment and sanitary purposes

The RMRC maintains a list of dozens of private suppliers of critical non-medical resources in the greater Puget Sound Area.

B4 Fuel required for building operations or essential transport activities

The RMRC maintains a list of dozens of private suppliers of critical non-medical resources in the greater Puget Sound Area.

B5 Other essential utility needs (for example, ventilation, medical gas/ vacuum systems)

The RMRC maintains a list of dozens of private suppliers of critical non-medical resources in the greater Puget Sound Area.

EC 4.18 The organization establishes strategies for managing {patient} clinical and support activities during emergencies

B5 Mortuary services

Healthcare Fatality Planning work is underway through the Healthcare Coalition and the Medical Examiner's Office

EC 4.20 The organization regularly tests its emergency operation plan.

A1 The {organization} tests its Emergency Operations Plan twice a year, either in response to an actual emergency or planned exercise.

Region 6 organizes a regional exercise annually to test patient influx and emergency operations plans for ESF-8 agencies.

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A2 {Organizations} that offer emergency services or are community- designated disaster receiving stations conduct at least one exercise a year that includes an influx of actual or simulated { patients}.

Region 6 organizes a regional exercise annually to test patient influx and emergency operations plans for ESF-8 agencies.

A4 {Organizations} that have defined a role in the community- wide emergency management program participate in at least one community-wide exercise a year.

Region 6 organizes a regional exercise annually to test patient influx and emergency operations plans for ESF-8 agencies.

A6 Planned exercise scenarios are realistic to the priority emergencies identified in the organization's Hazard Vulnerability Analysis

Regional exercises scenarios are based on regional HVAs.

A8 During planned exercises, an individual whose sole responsibility is to monitor performance (and who is knowledgeable in the goals and expectations of the exercise) documents opportunities for improvement

The region provides a detailed after action report with improvement plan measures to be addressed at a regional level.

A9 Communication, including the effectiveness of communication both within the {organization} as well as with response entities outside of the {organization}, such as local governmental leadership, police, fire, public health, and other health care organizations within the community.

The regional exercises always include a communication element. Each exercise provides an opportunity for healthcare providers to practice emergency communications with local government, public health and other first responders.

B15 Exercises are critiqued to identify deficiencies and opportunities for improvement based upon monitoring activities and observations during the exercise.

The region provides a detailed after action report with improvement plan measures to be addressed at a regional level.

B18 Planned exercise evaluate the effectiveness of improvements that were made in response to critiques of the previous exercise

At a regional level we track regional improvement plan measures on a centralized regional improvement plan for all exercises.

B19 The strengths and weaknesses identified during the exercises are communicated to the multidisciplinary improvement team responsible for monitoring environment of care issues

At a regional level we track regional improvement plan measures on a centralized regional improvement plan for all exercises and shared with the region for implementation.