

2014 CMS Proposed Rule Crosswalk

CMS Proposed Rule	TJC Standard
Emergency Preparedness Plan – Core Element 1	
Require that hospitals have both an emergency preparedness program and an emergency preparedness plan. Hospitals must use an all-hazards approach (42 CFR 482.15)	All EM Standards Note: Although TJC does not specifically state there the need for an emergency management program, this is evident through the multitude of standards required.
All hospitals establish and maintain an emergency preparedness plan that complies with both federal and state requirements. The emergency preparedness plan would have to be reviewed and updated at least annually (§482.15)	EM.02.01.01 EM.03.01.01 (EP 2)
Prior to establishing an emergency preparedness plan, the hospital and all other providers would first perform a risk assessment based on utilizing an “all-hazards” approach. (§482.15)	EM.03.01.01 (EP 1)
The emergency plan includes strategies for addressing emergency events identified by the risk assessment. (§482.15(a)(2))	EM.01.01.01 (EP 5, 6)
A hospital’s emergency plan addresses its patient population, including, but not limited to, persons at-risk. (§482.15(a)(3))	EM.02.01.01 (EP 7, 8)
A hospital’s emergency plan addresses the types of services that the hospital would be able to provide in an emergency. The hospital should base these determinations on factors such as the number of staffed beds, whether the hospital has an emergency department or trauma center, availability of staffing and medical supplies, the hospital’s location, and its ability to collaborate with other community resources during an emergency. (§482.15(a)(3))	EM.02.01.01 (EP 3)
All hospitals include delegations and succession planning in their emergency plan to ensure that the lines of authority during an emergency are clear and that the plan is implemented promptly and appropriately. (§482.15(a)(3))	LD.01.04.01 (EP 11)

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<p>All hospitals have a process for ensuring cooperation and collaboration with local, tribal, regional, state, or federal emergency preparedness officials’ efforts to ensure an integrated response during a disaster or emergency situation, including documentation of the hospital’s efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts. (§482.15(a)(4))</p>	<p>EM.01.01.01 (EP 7) EM.02.02.01 (EP 4)</p>
<p>Policies and Procedures – Core Element 2</p>	
<p>A hospital will be required to develop and implement emergency preparedness policies and procedures based on the emergency plan proposed at § 482.15(a), the risk assessment proposed at § 482.15(a)(1), and the communication plan proposed at § 482.15(c). (§482.15(b))</p>	<p>EM.02.01.01 (EP 2)</p>
<p>A hospital’s policies and procedures would have to address the provision of subsistence needs for staff and patients, whether they evacuated or sheltered in place, including, but not limited to, at (b)(1)(i), food, water, and medical supplies. (§482.15(b)(1))</p>	<p>EM.02.02.07 (EP 5) EM.02.02.09 (EP 3, 4) EM.02.02.11 (EP 5)</p>
<p>The hospital has policies and procedures that address the provision of alternate sources of energy to maintain: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions; (2) emergency lighting; (3) fire detection, extinguishing, and alarm systems. (§ 482.15(b)(1)(ii))</p>	<p>EM.02.02.09 (EP2, 5, 7, 8) EC.02.05.03 (EP 1, 3)</p>
<p>The hospital develops policies and procedures to address provision of sewage and waste disposal. We are proposing to define the term “waste” as including all wastes including solid waste, recyclables, chemical, biomedical waste and wastewater, including sewage. (§482.15(b)(1)(ii)(D))</p>	<p>EC.02.02.01 (All EPs)</p>
<p>The hospital develops policies and procedures regarding a system to track the location of staff and patients in the hospital’s care both during and after an emergency (§ 482.15(b)(2))</p>	<p>EM.02.02.11 (EP 8)</p>

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<p>Hospitals have policies and procedures in place to ensure the safe evacuation from the hospital, which would include standards addressing consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance. (§482.15(b)(3))</p>	<p>EM.02.02.03 (EP 9) EM.02.02.11 (EP 3)</p>
<p>A hospital must have policies and procedures to address a means to shelter in place for patients, staff, and volunteers who remain in the facility. We expect that hospitals would include in their policies and procedures both the criteria for selecting patients and staff that would be sheltered in place and a description of the means that they would use to ensure their safety. (§482.15(b)(4))</p>	<p>EM.02.02.03 (EP 9) EM.02.02.11 (EP 3)</p>
<p>A hospital must have policies and procedures that would require a system of medical documentation that would preserve patient information, protect the confidentiality of patient information, and ensure that patient records were secure and readily available during an emergency. (482.15(b)(5))</p>	<p>EM.02.02.03 (EP 10) EM.02.02.11 (EP 3, 8)</p>
<p>Facilities would have to have policies and procedures in place to address the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of state or federally designated health care professionals to address surge needs during an emergency. (482.15.(b)(6))</p>	<p>EM.02.02.07 (EP 9) EM.02.02.13 (All EPs) EM.02.02.15 (All EPs)</p>
<p>Hospitals would have to have a process for the development of arrangements with other hospitals and other providers to receive patients in the event of limitations or cessation of operations at their facilities, to ensure the continuity of services to hospital patients. (§482.15(b)(7))</p>	<p>EM.02.02.03 (EP 9) Note: This standard addresses transport to alternate care sites, but not specifically designate other hospitals</p>

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Hospital policies and procedures would have to address the role of the hospital under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternate care site (ACS) identified by emergency management officials. (§482.15(b)(8))	EM.02.01.01 Note: This broadly covers the hospital’s written plan for response and management during emergencies.
Communications Plan – Core Element 3	
The hospital will be required to develop and maintain an emergency preparedness communication plan that complies with both federal and state law. The hospital would be required to review and update the communication plan at least annually. (§482.15(c))	EM.02.02.01
As part of its communication plan, the hospital would be required to include in its plan, names and contact information for staff; entities providing services under arrangement; patients’ physicians; other hospitals; and volunteers. (§482.15(c)(1))	EM.02.02.01 (EP 2, 4, 5, 6, 7, 8,)
Require hospitals to have contact information for federal, state, tribal, regional, or local emergency preparedness staff and other sources of assistance. (§482.15(c)(2))	EM.02.02.02 (EP 3, 4)
Hospitals have primary and alternate means for communicating with the hospital’s staff and federal, state, tribal, regional, or local emergency management agencies, because in an emergency, a hospital’s landline telephone system may not be operable. (§482.15(c)(3))	EM.02.02.01 EP 14
Hospitals have a method for sharing information and medical documentation for patients under the hospital’s care, as necessary, with other health care providers to ensure continuity of care. (§482.15(c)(4))	EM.02.02.01 (EP 11)

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<p>Hospitals have a means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510 of the HIPAA Privacy Regulations. Thus, hospitals would need to have a communication system in place capable of generating timely, accurate information that could be disseminated, as permitted, to family members and others. (§482.15(c)(5))</p>	<p>EM.02.02.01 (EP 5)</p>
<p>Requiring hospitals to have a means of providing information about the general condition and location of patients under the facility’s care, as permitted under 45 CFR 164.510(b)(4) of the HIPAA Privacy Regulations. Section 164.510(b)(4), “Use and disclosures for disaster relief purposes,” establishes requirements for disclosing patient information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for purposes of notifying family members, personal representatives, or certain others of the patient’s location or general condition. (§482.15(c)(6))</p>	<p>EM.02.02.01 (EP 12)</p>
<p>A hospital have a means of providing information about the hospital’s occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee. (§482.15(c)(7))</p>	<p>EM.02.02.02 (EP 3, 4)</p>
<p>Training and Testing – Core Element 4</p>	
<p>A hospital to develop and maintain an emergency preparedness training and testing program. We would require the hospital to review and update the training and testing program at least annually. (§482.15(d))</p>	<p>EM.03.01.03 (EP 1)</p>
<p>Hospitals provide such training to all new and existing staff, including any individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of such training. We propose that the hospital ensure that staff can demonstrate knowledge of emergency procedures, and that the hospital provides this training at least annually. (§482.15(d)(1))</p>	<p>HR.01.04.01 (EP 1, 2, 3)</p>

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<p>Requiring hospitals to participate in a community mock disaster drill at least annually. If a community mock disaster drill is not available, we would require the hospital to conduct an individual, facility-based mock disaster drill at least annually. (§482.15(d)(2)(i))</p>	<p>EM.03.01.03 (EP 4)</p>
<p>If a hospital experienced an actual natural or man-made emergency that required activation of the emergency plan, the hospital would be exempt from engaging in a community or individual, facility-based mock disaster drill for 1 year following the actual event. (§482.15(d)(2)(ii))</p>	<p>EM.03.01.03 (EP 1)</p>
<p>Requiring a hospital to conduct a paper-based, tabletop exercise at least annually. The tabletop exercise could be based on the same or a different disaster scenario from the scenario used in the mock disaster drill or the actual emergency. (§482.15(d)(2)(iii))</p>	<p>Note: The Joint Commission does not require tabletop exercises. It requires two activations the plan (real or exercise) but specifically states that tabletops do not satisfy this requirement.</p>
<p>Hospitals analyze their response to and maintain documentation on all drills, tabletop exercises, and emergency events, and revise the hospital's emergency plan as needed. (§482.15(d)(2)(iv))</p>	<p>EM.03.01.03 (EP 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16)</p>
<p>Other Proposed Changes</p>	
<p>Hospitals must store emergency fuel and associated equipment and systems as required by the 2000 edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). We intend to require compliance with future LSC updates as may be adopted by CMS. (§482.15(e)(1)(i))</p>	<p>EM.02.02.09 (All EPs)</p>
<p>Hospitals test their emergency and stand-by-power systems for a minimum of 4 continuous hours every 12 months at 100 percent of the power load the hospital anticipates it will require during an emergency. (§482.15(e)(1)(i))</p>	<p>EM.02.02.09 (EP 8) EC.02.05.07 (EP 7) – Note that this requirement is to run this test every 36 months not every 12 as the rule would be.</p>