

Crosswalk of new Joint Commission Standards, HPP requirements and NIMS elements in priority order

Joint Commission Standard	HPP Requirement State of Oregon Level 1 Capabilities	NIMS Element
EC.4.11-The Organization plans for managing the consequences of emergencies	G 1. Interoperable Communication systems	1. Adopt NIMS at the organizational level as the emergency management system
B 1. Organization's leaders, administrators, medical directors, nursing etc. actively participate in emergency planning	Objective 1. 90% of Hospitals will have active HAN membership of ED Managers, Infection Control Prac, safety and security, CEOs, lab staff etc. by August 2008	2. Use of ICS for disasters, pre-planned and special events.
B 2. The organization conducts a Hazard Vulnerability Analysis	O 2. Implementation of the new Oregon Hospital Cap. Web system at 100% hospitals. August 08	Use of the Incident Action Plan into ICS
A 3. The organization with community partners prioritize those hazards, threats as identified in the HVA	O 3. Use of HAN data exchange all hospitals for real time sharing of information. June 2008	3. Multi-agency coordination: Connectivity within hospital, EOC, command post
A 4. When developing its EOP the organization communicates its needs and vulnerabilities to community partners and identifies the capabilities of the community in meeting their needs	O 4. Produce a comprehensive state-wide assessment of all hospital interoperable communication capabilities and gaps by August 2008	4. Public Information Systems. Hospitals must have PIO. Must coordinate messages with other agencies
A5-A9 Mitigation, Preparedness, Response, Recovery (see standards)	O 5. Establish equipment standards for all communications equipment in hospitals by August 08	5.Hospitals must track and document their NIMS training and compliance progress
A 9. A documented inventory of all on-site emergency supplies. Annually reviewed.	O 6. State radio comms. With all Portland and metro hospitals August 2008	6. Hospitals must implement a system to coordinate preparedness funding toward NIMS

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<i>EC.4.12 The organization develops and maintains an Emergency Operations Plan</i>	<i>Goal 1 cont.</i> O7. Enhance Satellite capabilities all hospitals August 08	7. Hospitals must revise and update EOPs to incorporate NIMS components/corrective
B 1. The organization develops and maintains a written EOP that describes an all hazards command structure	O 8. Hire a contractor, inspect all hospital interoperable comms equipment August 08	8. Hospitals need to have at least on inter-hospital MOU in place
B 2. The EOP establishes an incident command structure that is consistent with the community command structure	O 9. Maintain involvement in existing interoperable initiatives.	9.IS/700 Train command and general staff, then move toward bench strength.
A 3. The EOP identifies to whom staff report in the organization's incident command structure	O 10. Implement interoperable equipment approval Jan. 08	10. IS/800 training for person(s) responsible for EP program
The EOP describes processes for initiating and terminating response and recovery. A4-A5 Who has the authority to activate the plans and how are the phases to be activated?	O.11 Establish GETS program at 90% hospitals	11. ICS 100 &200 by the same group indicated for IS/700
B 6. (paraphrased) The EOP must describe how the hospital can stand alone for 96 hours* (evac/close)	O 12. Ensure all hospitals have plain old telephone systems and audit each hospital	12. Incorporate NIMS into all internal and external training and exercise programs
A 7 EOP identifies alternate sites for care, treatment, or services	O 13. Train stakeholders who serve at-risk populations to communicate with their local hospitals and public health in every Oregon County August 2008	13. Each hospital should have an all-hazards exercise program based on NIMS
<i>EC.4.13 The organization establishes emergency communications strategies</i>	Exercise interoperable communications	14. Incorporate the use of corrective actions into preparations, plans, and exercises

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B 1. Plans for notifying staff when emergency response measures are initiated	<i>Goal 1 cont.</i> O 14. 50% of all hospital personnel (preparedness staff) will attend HAN training, ½ day.	15. Each hospital should complete an inventory of organizational response assets and create a comprehensive
B 2. Plans for ongoing communication of info and instruction for staff	<i>Goal 2 Bed Tracking System</i> O 1. State to design new HOSCAP	16. Equipment purchased with federal dollars should be in alignment with the NIC
B 3. Defines processes for notifying external authorities when emergency measures are initiated	O 2. The basic site will be live by December 2007	17. Hospitals must go to standardization in terminology consistent with NIMS guidance
B 4-B 7 Communications plans ongoing for authorities, patients, families, including notification when patients are relocated to alternate care sites	O 3. State will initiate training on new HOSCAP October 07	
B 8-B11. Communicates timely with other healthcare organizations (see standards)	O 4. HOSCAP exercise required	
B12-B14 plans to communicate patient info, with alternate care sites and has backup comms in place	O 5. 80% of all hospital personnel responsible for preparedness will attend and pass a HOSCAP course	
<i>EC.4.14 The organization establishes strategies for managing resources/assets during emergencies (cont.)</i>	O 6. 80% of hospital staff responsible for preparedness activities, including bed capacity management will demonstrate the ability to readily ascertain bed numbers	
B 1. Obtaining supplies that will be required at the onset of emergency response, ie medical, pharmaceutical non-medical	<i>Goal 3 ESAR-VHP</i> O 1.ESAR-VHP will be live December 07	
B 2. Plans for replenishing supplies including PPE	Note: All other ESAR-VHP objectives are for the state to complete	

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B 3. Replenishing pharmaceutical supplies throughout the response. Access to caches, local, state and federal	<i>Goal 4 Fatality Management Plans</i> O 1. Initiate complete surveys of currently available resources	
B 4. Replenishing non-medical supplies throughout response and recovery, ie water, fuel for generators and transport vehicles	O 2. Hospital personnel to attend mass fatality management training	
B 5. Staff support activities, ie housing, transportation, incident stress debriefing	O 3. Hospitals to participate in mass fatality exercise	
B 6. Staff family support, ie child care, elder care communication	<i>Goal 5. Hospital Evacuation Planning</i>	
B 7. Potential sharing of resources, personnel, beds, linens, fuel etc with other healthcare organizations	O 1. State will develop policies and procedures for evacuation or shelter in place and create a template for hospitals December 08?	
B 8. Potential sharing of resources and assets with healthcare organizations outside of the community	O 2. State will conduct one statewide training on hospital evacuation March 08	
B 9. Evacuating (both horizontally and vertically when the environment cannot support care	O 3. Hospitals must exercise these plans conducted by the state	
B 10. Transporting patients, their medication and staff to an alternate care site when the environment cannot support care	O 5. After action reports will be completed following exercise	
B 11. Transporting pertinent information, including essential clinical and medication information.		

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<i>EC.4.15 The organization establishes strategies for managing safety and security during emergencies</i>		
B 1. The org. establishes internal security and safety operations that will be required When emergency is initiated		
B 2. The org. identifies the roles of community security agencies (police, fire etc) and coordinates with these groups		
B 3. The org. identifies processes that will be required for managing HazMat and waste once emergency measures are initiated		
B 4. The plan identifies means for radioactive, biological and chemical isolation and decontamination		
B 5. for LTC B 6. Processes for controlling access and egress in facility		
B 7 –B 8. Controlling movement of people within the hospital/controlling outdoor		
<i>EC 4.16 The organization defines and manages staff roles and responsibilities.</i>		
B 1. Staff roles are defined in the EOP.		
B 2. Staff are trained for their assigned roles during an emergency		

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B 3. The organization communicates to Licensed independent practitioners their roles in emergency response and to whom they report		
B 4. A process is established for identifying care providers and other personnel. (such as I D cards, wrist bands, hats, vests etc		
<i>EC.4.17 Organizations identify an alternative means of providing for the following utilities in the event their supply is compromised</i>		
B 1. Electricity		
B 2. Water needed for consumption and essential care activities		
B 3. Water needed for equipment and sanitary purposes		
B 4. Fuel required for building operations or essential transport activities		
B 5. Other essential utility needs (ventilation, medical gas/vacuum systems		
<i>EC.4.18 The organization establishes strategies for managing patient clinical and support activities during an emergency</i>		

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B 1. The clinical activities required as part of patient scheduling, triage, assessment and treatment , admission, transfer, and evacuation		
B 2. Clinical services for Vulnerable Pops. (pediatric, geriatric, disabled/chronic/addiction)		
B 3. Personal hygiene and sanitation needs of its patients		
B 4. The mental health service needs of its patients		
B 5. Mortuary Services		
B 6. The organizations plans for documenting and tracking patient's clinical information		
<i>EC.4.20 The Organization regularly tests its emergency operations plan</i>		
A 1. Tests EOP twice per year in response to an actual emergency or exercise		
A 2. Conduct at least one exercise a year that has influx of actual or simulated patients.		
A 3. At least one exercise per year is escalated to evaluate how the organization perform without community support		
A 4. Organizations participate in at least one community wide exercise per year. Tabletops are acceptable in this exercise type.		

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Exercise to the HVA. Have one individual who documents opportunities for improvement		
The Six critical areas must be monitored during exercise at minimum (refer to standards for more information on exercises)		