

Crosswalk for The Joint Commission®'s Emergency Management Standards 2008 to 2007

2008 Standards	2007 & Earlier Standards
<p>Standard EC.4.11 The organization plans for managing the consequences of emergencies. <i>(CAH: Corresponds to COP 485.623 (c)(3) and (c)(4))</i></p>	
<p>B¹ 1. The organization's leaders (HAP: including those of the medical staff) (LTC, LT2: including the administrator, the medical director, the nursing leader, and other clinical leaders) actively participate in emergency management planning.</p>	<p>4.10.4. At a minimum, an emergency management plan is developed with the involvement of the hospital's leaders including those of the medical staff.</p>
<p>B 2. The organization conducts a Hazard Vulnerability Analysis (HVA) to identify events that could affect demand for its services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. <i>Note: The HVA is evaluated at least annually as part of EP 11.</i></p>	<p>4.10.1. The hospital conducts a hazard vulnerability analysis to identify potential emergencies that could affect the need for its services or its ability to provide those services. Note: Hazard vulnerability analysis The identification of potential emergencies and the direct and indirect effects these emergencies may have on the organization's operations and the demand for its services.</p>
<p>A 3. The organization (CAH, HAP: together with its community partners) prioritizes those hazards, threats and events identified in its HVA.</p>	<p>4.10.2. The organization establishes the following with the community:</p> <ul style="list-style-type: none"> • Priorities among the potential emergencies identified in the hazard vulnerability analysis
<p>A 4. When developing its emergency operations plan (<i>see</i> 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.</p> <p>For each emergency identified in its HVA, the organization defines (EPs 5–8):</p>	<p>NEW</p>
<p>A 5. Mitigation activities designed to reduce the risk of and potential damage due to an emergency</p>	<p>4.10.5. The plan identifies specific procedures that describe mitigation, preparedness, response, and recovery strategies, actions, and responsibilities for each priority emergency</p>
<p>A 6. Preparedness activities that will organize and mobilize essential resources</p>	<p>4.10.5. The plan identifies specific procedures that describe mitigation, preparedness, response, and recovery strategies, actions, and responsibilities for each priority emergency</p>

¹ The "alpha" indicator that precedes the element of performance (EP) number is the "scoring criterion category" – "A," "B" or "C". Additional information on how EP's are scored will be found in The JC's CAMH.

Crosswalk for The Joint Commission®'s Emergency Management Standards 2008 to 2007

<p>A 7. Response strategies and actions to be activated during the emergency</p>	<p>4.10.5. The plan identifies specific procedures that describe mitigation, preparedness, response, and recovery strategies, actions, and responsibilities for each priority emergency.</p> <p>4.10.6. The plans includes processes for initiating the response and recovery phases of the plan, including a description of how, when, and by whom the phases are to be activated.</p>
<p>A 8. Recovery strategies and actions designed to help restore the systems that are critical to resuming normal care, treatment and services</p>	<p>4.10.5. The plan identifies specific procedures that describe mitigation, preparedness, response, and recovery strategies, actions, and responsibilities for each priority emergency</p> <p>4.10.6. The plans includes processes for initiating the response and recovery phases of the plan, including a description of how, when, and by whom the phases are to be activated</p>
<p>A 9. <u>The organization keeps a documented inventory of 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, (CAH, HAP: surgical,) and pharmaceuticals resources and assets).</u> <i>Note: The inventory is evaluated at least annually as part of EP 11.</i></p>	<p>NEW</p>
<p>B 10. <u>The organization establishes methods for monitoring quantities of assets and resources during an emergency.</u></p>	<p>NEW</p>
<p>B 11. The objectives, scope, performance and effectiveness of the organization's emergency management planning efforts are evaluated at least annually.</p>	<p>9.10.5 The objectives, scope, performance and effectiveness of each of the environment of care management plans are evaluated at least annually.</p>

Crosswalk for The Joint Commission®'s Emergency Management Standards 2008 to 2007

2008 Standards	2007 & Earlier Standards
<p>Standard EC.4.12 The organization develops and maintains an Emergency Operations Plan. <i>(CAH: Corresponds to COP 485.623 (c)(3) and (c)(4))</i></p>	
<p>B 1. The organization develops and maintains a written Emergency Operations Plan (EOP) that describes an “all-hazards” command structure for coordinating six critical areas (<i>see EC.4.13.through EC.4.18</i>) within the organization during an emergency.</p>	<p style="text-align: center;">NEW</p> <p><i>Editor’s Note: The traditional management plan is not identified in the new standard, but the essential sections in the existing management plans (i. e., scope, objectives, performance) must be evaluated in EC.4.11.11 and EC.9.10.5 at least annually. Continuing the practice of developing a management plan as in the past allows you to meet the requirements of other Elements of Performance.</i></p>
<p>B 2. The EOP establishes an incident command structure (CAH, HAP: that is integrated into and consistent with its community’s command structure).</p>	<p>4.10.2 The hospital establishes the following with the community:</p> <ul style="list-style-type: none"> • An “all-hazards” command structure within the organization that links with the community’s command structure
<p>A 3. The EOP identifies to whom staff report in the organization’s incident command structure.</p>	<p>4.10.19 Alternate roles and responsibilities of staff during emergencies, including to whom they report in the organization’s command structure and, when activated, in the community’s command structure.</p>
<p>The EOP describes processes for initiating and terminating the response and recovery phases, including the following (EPs 4 and 5):</p> <p>A 4. Who has the authority to activate the phases</p>	<p>4.10.6. The plans includes processes for initiating the response and recovery phases of the plan, including a description of how, when, and by whom the phases are to be activated</p>
<p>A 5. How the phases are to be activated</p>	<p>4.10.6. The plans includes processes for initiating the response and recovery phases of the plan, including a description of how, when, and by whom the phases are to be activated</p>

Crosswalk for The Joint Commission®'s Emergency Management Standards 2008 to 2007

<p>B 6. <u>The EOP identifies the organization's 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.</u></p> <p><i>Note: An acceptable response effort would be to temporarily close or evacuate the facility, consistent with their designated role in their community response plan.</i></p>	<p>NEW</p>
<p>A 7. The EOP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies</p>	<p>4.10.13. Establishing an alternate care site(s) that has the capabilities to meet the needs of patients when the environment cannot support adequate care, treatment, or services including processes for the following:</p> <ul style="list-style-type: none"> • Transporting patients, staff, and equipment to the alternative care site(s) • Transferring to and from the alternative care site(s), the necessities of patients (for example, medications, medical records) • Tracking of patients • Interfacility communication between the organization and the alternative care site(s)

Crosswalk for The Joint Commission®'s Emergency Management Standards 2008 to 2007

2008 Standards	2007 & Earlier Standards
<p>Standard EC.4.13 The organization establishes emergency communications strategies. <i>(CAH: Corresponds to COP 485.623 (c)(3) and (c)(4))</i></p>	
<p>B 1. The organization plans for notifying staff when emergency response measures are initiated.</p>	4.10.7. Processes for notifying staff when emergency response measures are initiated.
<p>B 2. <u>The organization plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.</u></p>	NEW
<p>B 3. The organization defines processes for notifying external authorities when emergency response measures are initiated.</p>	4.10.8. Processes for notifying external authorities of emergencies, including possible community emergencies identified by the organization (for example, evidence of a possible bio-terrorist attack).
<p>B 4. <u>The organization plans for communicating with external authorities once emergency response measures are initiated.</u></p>	NEW
<p>B 5. <u>The organization plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.</u></p>	NEW
<p>B 6. The organization defines the circumstances and plans for communicating with the community and/or the media during emergencies.</p>	4.10.10. The plan provides processes for managing the following under emergency conditions: <ul style="list-style-type: none"> • Communication with the news media
<p>B 7. The organization plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated.</p>	4.10.10. The plan provides processes for managing the following under emergency conditions: <ul style="list-style-type: none"> • Logistics relating to critical supplies (for example, supplies, food, linen, water)
<p>The organization plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding the following (EPs 8–11):</p> <p>B 8. Essential elements of their command structures and control centers for emergency response</p>	4.10.15. Co-operative planning among healthcare organizations to facilitate the timely sharing of information about the following: <ul style="list-style-type: none"> • Essential elements of their emergency command structures and control centers

Crosswalk for The Joint Commission®'s Emergency Management Standards 2008 to 2007

<p>B 9. Names and roles of individuals in their command structures and command center telephone numbers</p>	<p>4.10.15. Co-operative planning among healthcare organizations to facilitate the timely sharing of information about the following:</p> <ul style="list-style-type: none"> • Names and roles of individuals in their command structures and command center telephone numbers
<p>B 10. Resources and assets that potentially could be shared in an emergency response</p>	<p>4.10.15. Co-operative planning among healthcare organizations to facilitate the timely sharing of information about the following:</p> <ul style="list-style-type: none"> • Resources and assets that could be shared in an emergency response
<p>B 11. Names of patients and deceased individuals brought to their organizations in accordance with applicable law and regulation, when requested</p>	<p>4.10.15. Co-operative planning among healthcare organizations to facilitate the timely sharing of information about the following:</p> <ul style="list-style-type: none"> • Management of names of patients and deceased individuals brought to their organizations to facilitate identifying and locating victims of the emergency
<p>B 12. The organization defines the circumstances and plans for communicating information about patients to third parties (such as other health care organizations, the state health department, police, Federal Bureau of Investigation).</p>	<p>4.10.15. Co-operative planning among healthcare organizations to facilitate the timely sharing of information about the following:</p> <ul style="list-style-type: none"> • Management of names of patients and deceased individuals brought to their organizations to facilitate identifying and locating victims of the emergency
<p>B 13. The organization plans for communicating with identified alternative care sites.</p>	<p>4.10.13. Establishing an alternate care site(s) that has the capabilities to meet the needs of patients when the environment cannot support adequate care, treatment, or services including processes for the following:</p> <ul style="list-style-type: none"> • Interfacility communication between the organization and the alternative care site(s)
<p>B 14. The organization establishes backup communication systems and technologies for the activities identified above.</p>	<p>4.10.18. Backup internal and external communication systems in the event of failure during emergencies.</p>

Crosswalk for The Joint Commission®'s Emergency Management Standards 2008 to 2007

2008 Standards	2007 & Earlier Standards
<p>Standard EC.4.14 The organization establishes strategies for managing resources and assets during emergencies. <i>(CAH: Corresponds to COP 485.623 (c)(3) and (c)(4))</i></p>	
<p>B 1. Obtaining supplies that will be required at the onset of emergency response (medical, pharmaceutical and non-medical)</p>	<p>4.10.10. The plan provides processes for managing the following under emergency conditions:</p> <ul style="list-style-type: none"> • Logistics relating to critical supplies (for example, supplies, food, linen, water)
<p>B 2. Replenishing medical supplies and equipment that will be required throughout response and recovery, including personal protective equipment where required</p>	<p>4.10.10. The plan provides processes for managing the following under emergency conditions:</p> <ul style="list-style-type: none"> • Logistics relating to critical supplies (for example, supplies, food, linen, water)
<p>B 3. Replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the organization or its affiliates, local, state or federal sources) to which the organization has access</p>	<p>4.10.10. The plan provides processes for managing the following under emergency conditions:</p> <ul style="list-style-type: none"> • Logistics relating to critical supplies (for example, supplies, food, linen, water)
<p>B 4. Replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles)</p>	<p>4.10.10. The plan provides processes for managing the following under emergency conditions:</p> <ul style="list-style-type: none"> • Logistics relating to critical supplies (for example, supplies, food, linen, water)
<p>B 5. Managing staff support activities (for example, housing, transportation, incident stress debriefing);</p>	<p>4.10.10 The plan provides processes for managing the following under emergency conditions:</p> <ul style="list-style-type: none"> • Staff support activities (for example, housing, transportation, incident stress debriefing)
<p>B 6. Managing staff family support needs (for example, child care, elder care, communication)</p>	<p>4.10.10 The plan provides processes for managing the following under emergency conditions:</p> <ul style="list-style-type: none"> • Staff support activities (for example, housing, transportation, incident stress debriefing)
<p>B 7. 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</p>	<p>4.10.15. Co-operative planning among healthcare organizations to facilitate the timely sharing of information about the following:</p> <ul style="list-style-type: none"> • Resources and assets that could be shared in an emergency response

Crosswalk for The Joint Commission®'s Emergency Management Standards 2008 to 2007

<p>B 8. <u>Potential sharing of resources and assets with health care organizations outside of the community in the event of a regional or prolonged disaster</u></p>	<p>NEW</p>
<p>B 9. Evacuating (both horizontally and, when required by circumstances, vertically) when the environment cannot support care, treatment, and services</p>	<p>4.10.12. Processes for evacuating the entire facility (both horizontally and, when applicable, vertically) when the environment cannot support adequate care, treatment, and services.</p>
<p>B 10. Transporting patients, their medications and equipment, and staff to an alternative care site or sites when the environment cannot support care, treatment, and services</p>	<p>4.10.13. Establishing an alternate care site(s) that has the capabilities to meet the needs of patients when the environment cannot support adequate care, treatment, or services including processes for the following:</p> <ul style="list-style-type: none"> • Transporting patients, staff, and equipment to the alternative care site(s)
<p>B 11. <u>Transporting pertinent information, including essential clinical and medication-related information,</u> for patients to an alternative care site or sites when the environment cannot support care, treatment, and services</p>	<p>4.10.13. Establishing an alternate care site(s) that has the capabilities to meet the needs of patients when the environment cannot support adequate care, treatment, or services including processes for the following:</p> <ul style="list-style-type: none"> • Transferring to and from the alternative care site(s), the necessities of patients (for example, medications, medical records)

Crosswalk for The Joint Commission®'s Emergency Management Standards 2008 to 2007

2008 Standards	2007 & Earlier Standards
<p>Standard EC.4.15 The organization establishes strategies for managing safety and security during emergencies. <i>(CAH: Corresponds to COP 485.623 (c)(3) and (c)(4))</i></p>	
<p>B 1. <u>The organization establishes internal security and safety operations that will be required once emergency measures are initiated.</u></p>	NEW
<p>B 2. <u>The organization identifies the roles of community security agencies (police, sheriff, national guard) and defines how the organization will coordinate security activities with these agencies.</u></p>	NEW
<p>B 3. <u>The organization identifies process that will be required for managing hazardous materials and waste once emergency measures are initiated.</u></p>	NEW
<p>B 4. (CAH, HAP only) The plan identifies means for radioactive, biological, and chemical isolation and decontamination.</p>	4.10.21. Means for radioactive, biological, and chemical isolation and decontamination.
<p>B 5. (LTC, LT2 only) <u>The organization identifies residents who might be susceptible to wandering once emergency measures are initiated.</u></p>	<i>Not Applicable to Hospitals</i>
<p>The organization establishes processes for the following (EPs 6–8): B 6. Controlling entrance into and out of the health care facility during emergencies</p>	4.10.10 The plan provides processes for managing the following under emergency conditions: <ul style="list-style-type: none"> • Security (for example, access, crowd control, traffic control)
<p>B 7. <u>Controlling the movement of individuals within the health care facility during emergencies</u></p>	NEW
<p>B 8. Controlling traffic accessing the health care facility during emergencies</p>	4.10.10 The plan provides processes for managing the following under emergency conditions: <ul style="list-style-type: none"> • Security (for example, access, crowd control, traffic control)

Crosswalk for The Joint Commission®'s Emergency Management Standards 2008 to 2007

2008 Standards	2007 & Earlier Standards
<p>Standard EC.4.16 The organization defines and manages staff roles and responsibilities. <i>(CAH: Corresponds to COP 485.623 (c)(3) and (c)(4))</i></p>	
<p>B 1. Staff roles and responsibilities are defined in the Emergency Operations Plan <u>for all six critical areas (communications, resources and assets, safety and security, utilities and clinical activities).</u></p>	4.10.19. Alternate roles and responsibilities of staff during emergencies, including to whom they report in the organization's command structure and, when activated, in the community's command structure.
<p>B 2. Staff are trained for their assigned roles during emergencies.</p>	NEW
<p>B 3. The organization communicates to Licensed Independent Practitioners their roles in emergency response and to whom they report during an emergency.</p>	NEW
<p>B 4. The organization establishes a process for identifying care providers and other personnel (such as identification cards, wrist bands, vests, hats, badges, computer print-outs) assigned to particular areas during emergencies.</p>	4.10.14. Identifying care providers and other personnel during emergencies.

Crosswalk for The Joint Commission[®]'s Emergency Management Standards 2008 to 2007

2008 Standards	2007 & Earlier Standards
<p>Standard EC.4.17 The organization establishes strategies for managing utilities during emergencies. <i>(CAH: Corresponds to COP 485.623 (c)(3) and (c)(4))</i></p>	
<p>Organizations identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted (EPs 1–5): B 1. Electricity</p>	4.10.20. Alternative means of meeting essential building utility needs when the organization is designated to provide continuous service during an emergency (electricity, water, ventilation, fuel sources, medical gas/vacuum systems).
<p>B 2. Water needed for consumption and essential care activities)</p>	4.10.20. Alternative means of meeting essential building utility needs when the organization is designated to provide continuous service during an emergency (electricity, water, ventilation, fuel sources, medical gas/vacuum systems).
<p>B 3. Water needed for equipment and sanitary purposes</p>	4.10.20. Alternative means of meeting essential building utility needs when the organization is designated to provide continuous service during an emergency (electricity, water, ventilation, fuel sources, medical gas/vacuum systems).
<p>B 4. <u>Fuel required for building operations or essential transport activities</u></p>	NEW
<p>B 5. Other essential utility needs (for example, ventilation, medical gas/vacuum systems)</p>	4.10.20. Alternative means of meeting essential building utility needs when the organization is designated to provide continuous service during an emergency (electricity, water, ventilation, fuel sources, medical gas/vacuum systems).

Crosswalk for The Joint Commission®'s Emergency Management Standards 2008 to 2007

2008 Standards	2007 & Earlier Standards
<p>Standard EC.4.18 The organization establishes strategies for managing [patient] clinical and support activities during emergencies. <i>(CAH: Corresponds to COP 485.623 (c)(3) and (c)(4))</i></p>	
<p>B 1. The clinical activities required as part of [patient] scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation;</p>	<p>4.10.10. The plan provides processes for managing the following under emergency conditions:</p> <ul style="list-style-type: none"> • Activities related to care, treatment, or services (for example, scheduling, modifying, or discontinuing services; controlling information about patients; referrals; transporting patients)
<p>B 2. <u>clinical services for vulnerable populations served by the organization, including [patient]s who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions;</u></p>	<p>NEW</p>
<p>B 3. <u>personal hygiene and sanitation needs of its [patient]s;</u></p>	<p>NEW</p>
<p>B 4. <u>the mental health service needs of its [patient]s; and</u></p>	<p>NEW</p>
<p>B 5. <u>mortuary services.</u></p>	<p>NEW</p>
<p>B 6. <u>The organization plans for documenting and tracking [patient]s' clinical information.</u></p>	<p>NEW</p>

Crosswalk for The Joint Commission®'s Emergency Management Standards 2008 to 2007

2008 Standards	2007 & Earlier Standards
<p>Standard EC.4.20 The organization regularly tests its emergency operation plan.</p>	
<p>A 1. (CAH, HAP, LTC only) The [organization] tests its <u>Emergency Operations Plan</u> twice a year, either in response to an actual emergency or in a planned exercise. <i>Note 1: Staff in freestanding buildings classified as a business occupancy (as defined by the Life Safety Code®) that does not offer emergency services nor is community-designated as a disaster-receiving station need to conduct only one emergency preparedness exercise annually.)</i> <i>Note 2: Tabletop sessions, though useful, are not acceptable substitutes for exercises.</i></p>	<p>4.20.1 The hospital tests its emergency management plan twice a year, either in response to an actual emergency or in a planned exercise. <i>Note 1: Staff in freestanding buildings classified as a business occupancy (as defined by the Life Safety Code®) that does not offer emergency services nor is community-designated as a disaster-receiving station need to conduct only one emergency preparedness exercise annually.)</i> <i>Note 2: Tabletop sessions, though useful, are not acceptable substitutes for exercises.</i></p>
<p>A 2. (CAH, LTC only) [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].</p>	<p>4.20.2. Hospitals that offer emergency services or are community- designated disaster receiving stations must conduct at least one drill a year that includes an influx of volunteers or simulated patients.</p>
<p>A 3. (CAH, HAP, LTC only) At least one exercise a year is escalated to evaluate how effectively the organization performs when it cannot be supported by the local community. <i>Note: Tabletop sessions are acceptable in meeting the community portion of this exercise.</i></p>	<p>NEW</p>
<p>A 4. (CAH, HAP, LTC only) [Organizations] that have a defined role in the community-wide emergency management program participate in at least one community-wide exercise a year. <i>Note 1: "Community-wide" may range from a contiguous geographic area served by the same health care providers to a large borough, town, city, or region.</i> <i>Note 2: Exercises for EC.4.20, EPs 2 and 3 may be conducted separately or simultaneously.</i> <i>Note 3: Tabletop sessions are acceptable in meeting the community portion of this exercise.</i> <<EP.5. Not Applicable>></p>	<p>4.20.3. Hospitals that have a defined role in the communitywide emergency management program participate in at least one communitywide exercise a year. <i>Note 1: "Communitywide" may range from a contiguous geographic area served by the same health care providers, to a large borough, town, city, or region.</i> <i>Note 2: Exercises for Element of Performance 2 and 3 may be conducted separately or simultaneously</i> <i>Note 3: Table top sessions are acceptable in meeting the community portion of this</i></p>
<p>B 6. (CAH, HAP, LTC only) Planned exercise scenarios are realistic and related to the priority emergencies identified in the [organization]'s Hazard Vulnerability Analysis. <<EP.7. Not Applicable>></p>	<p>4.20.5. Planned exercise scenarios are realistic and related to the priority emergencies identified in the organization's hazard vulnerability analysis.</p>
<p>A 8. (CAH, HAP, LTC only) 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.</p>	<p>4.20.7. 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.</p>

Crosswalk for The Joint Commission®'s Emergency Management Standards 2008 to 2007

<p>During planned exercises, the [organization] monitors, at a minimum, the following <u>six</u> critical areas (EPs 9–14):</p> <p>A 9. (CAH, HAP, LTC only) 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</p>	<p>4.20.9. During planned exercises the hospital monitors at least the following core performance areas: Communication including the effectiveness of communication both within the hospital as well as with response entities outside of the hospital such as local governmental leadership, police, fire, public health, and other healthcare organizations within the community.</p>
<p>A 10. (CAH, HAP, LTC only) Resource mobilization and allocation, including responders, equipment, supplies, personal protective equipment, and transportation</p>	<p>4.20.10. During planned exercises the hospital monitors at least the following core performance areas: Resource Mobilization and Allocation including responders, equipment, supplies, personal protective equipment, transportation, and security</p>
<p>A 11. (CAH, HAP, LTC only) <u>Safety and security</u></p>	<p>NEW</p>
<p>A 12. (CAH, HAP, LTC) <u>Staff roles and responsibilities</u></p>	<p>NEW</p>
<p>A 13. (CAH, HAP, LTC) <u>Utility systems</u></p>	<p>NEW</p>
<p>A 14 (CAH, HAP, LTC) Patient clinical and support care activities</p>	<p>4.20.11. During planned exercises the hospital monitors at least the following core performance areas: Patient Management including provision of both clinical and support care activities, processes related to triage activities, patient identification and tracking processes.</p>
<p>B 15 (CAH, HAP, LTC) Exercises are critiqued to identify deficiencies and opportunities for improvement based upon monitoring activities and observations during the exercise.</p>	<p>4.20.12. All exercises are critiqued to identify deficiencies and opportunities for improvement based upon all monitoring activities and observations during the exercise.</p>
<p>B 16 (CAH, HAP, LTC) Completed exercises are critiqued through a multi-disciplinary process that includes administration, clinical (CAH, HAP: (including physicians)), and support staff.</p>	<p>4.20.13. Completed exercises are critiqued through a multi-disciplinary process that includes administration, clinical (including physicians), and support staff.</p>
<p>B 17 (CAH, HAP, LTC) The [organization] modifies its emergency operations plan in response to critiques of exercises.</p>	<p>4.20.14. The hospital modifies its emergency management plan in response to critiques of exercises.</p>
<p>B 18. (CAH, HAP, LTC) Planned exercises evaluate the effectiveness of improvements that were made in response to critiques of the previous exercise. <i>Note: When improvements require substantive resources that cannot be accomplished by the next planned exercise, interim improvements must be put in place until final resolution.</i></p>	<p>4.20.15. Planned exercises evaluate the effectiveness of improvements that were made in response to critiques of the previous exercise. <i>Note: When improvements require substantive resources that can not be accomplished by the next planned exercise, interim improvements must be put in place until final resolution.</i></p>
<p>B 19. (CAH, HAP) The strengths and weaknesses identified during exercises are communicated to the multidisciplinary improvement team responsible for monitoring environment of care issues. (See Standard EC.9.20)</p>	<p>4.20.16. The strengths and weaknesses identified during exercises are communicated to the multidisciplinary improvement team responsible for monitoring environment of care issues (See Standard EC.9.20).</p>