

# R<sup>3</sup> Report | Requirement, Rationale, Reference

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Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth. The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for [email](#) delivery.

## New and Revised Emergency Management Standards for Ambulatory Care Programs

Effective **July 1, 2024**, new and revised emergency management requirements will apply to all Joint Commission-accredited ambulatory care organizations. The Joint Commission began conducting a critical analysis of its “Emergency Management” (EM) chapter in late 2019. During the height of the COVID-19 pandemic, The Joint Commission received numerous inquiries pertaining to emergency plans and response procedures. Based on the work already being performed on the EM chapter and the questions and issues that arose during the pandemic, the entire EM chapter has been restructured to provide a meaningful framework for a successful emergency management program. The changes in the EM chapter include a new numbering system, elimination of redundant requirements, and the addition of new requirements. This restructuring resulted in a reduction in the number of elements of performance (EPs) by over 40% in the Ambulatory Care Accreditation Program (AHC).

### Engagement with stakeholders, customers, and experts

In addition to an extensive literature review and public field review, The Joint Commission sought expert guidance from the following groups:

- [Standards review panel](#) included representation from pharmaceutical organizations, telemedicine providers, medical clinics, supply chain organizations, ambulatory surgical centers, and hospitals/health care systems. The members provided a frontline point of view and insights into the practical application of the proposed emergency management requirements.
- **Joint Commission workgroup** included AHC field directors and staff from the Standards Interpretation Group, the Department of Standards and Survey Methods, and the Department of Research.

The prepublication version of the EM requirements will be available online until June 30, 2024. After July 1, 2024, please access the new requirements in the E-dition or standards manual.

## Emergency Management (EM) Chapter

### Requirement

**Standard EM.09.01.01:** The organization has a comprehensive emergency management program that utilizes an all-hazards approach.

### Rationale

A comprehensive emergency management program provides a systematic analysis for planning, shared decision making, internal and external collaborations, and assignment of available resources (staff, space, supplies) to effectively prepare for, respond to, and recover from all incidents and emergencies. The critical components of the program include emergency policies and procedures; communication and coordination of response activities; education and training; testing and evaluation of exercises; and resources needed to continue to provide care, treatment, and services. The structure should be designed to respond to any type of emergency (all-hazards)

approach) because of the wide array of possible emergencies and the impossibility of predicting all emergencies that could impact the organization.

**References:\***

- Centers for Medicare & Medicaid Services. (2021, April 16). State operations manual appendix Z. U.S. Department of Health & Human Services. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_z\\_emergprep.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf)
- The Joint Commission. (2022). Emergency management in health care: An all-hazards approach (5th ed.).

\*Not a complete literature review.

**Requirement**

**Standard EM.10.01.01:** The organization's leader(s) provides oversight and support of emergency management activities.

**Rationale**

The organization's leaders provide oversight in the development and implementation of the emergency management program as they are ultimately responsible for maintaining safe operations during an emergency and often need to make significant and timely decisions. The identification of an individual to lead emergency management activities is also important to ensure that critical components are addressed in the mitigation, preparedness, response, and recovery phases and integrated throughout the organization.

**References:\***

- Drummond, S., & O'Rourke, M. (2020). Emergency preparedness in ambulatory surgery centers and office-based anesthesia practices. In: Rajan, N. (Ed.) *Manual of practice management for ambulatory Surgery Centers*. Springer, Cham. [https://doi.org/10.1007/978-3-030-19171-9\\_19](https://doi.org/10.1007/978-3-030-19171-9_19)
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- Nations, K., & Erb, E. (2021, April). Leadership during a disaster. *Healthcare system preparedness considerations speaker series*. Administration for Strategic Preparedness and Response, Technical Resources, Assistance Center, and Information Exchange. <https://files.asprtracie.hhs.gov/documents/leadership-during-a-disaster.pdf>

\*Not a complete literature review.

**Requirement**

**Standard EM.11.01.01:** The organization conducts a hazard vulnerability analysis using an all-hazards approach.

**Rationale**

Organizations should continually evaluate their known risks and prioritize them to understand their vulnerabilities and prepare to respond to emergencies. The risk assessment includes an evaluation of the natural hazards, human-caused hazards, technological hazards, hazardous materials, and emerging infectious diseases that could impose a significant risk to a health care organization and its off-site locations. The risks are prioritized to determine which of the hazards present the highest likelihood of occurring and the impacts those hazards will have on the operating status of the organization and its ability to provide services.

**References:\***

- Centers for Medicare & Medicaid Services. (2021, April 16). State operations manual appendix Z. U.S. Department of Health & Human Services. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_z\\_emergprep.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf)
- Drummond, S., & O'Rourke, M. (2020). Emergency preparedness in ambulatory surgery centers and office-based anesthesia practices. In: Rajan, N. (Ed.) *Manual of practice management for ambulatory surgery centers*. Springer, Cham. [https://doi.org/10.1007/978-3-030-19171-9\\_19](https://doi.org/10.1007/978-3-030-19171-9_19)

- McNeal, M. S., Daniels, E. C., Akintobi, T. H., Pierson, K. W., Jacobs, D., & Williams, T. M. (n.d.). *Emergency preparedness toolkit for primary care providers*. Morehouse School of Medicine. <https://www.diversitypreparedness.org/~media/files/diversitypreparedness/emergency%20preparedness%20toolkit%20primary%20care%20providers.ashx?la=en>
- Porcaro, J. (2018, December 12). *Disaster preparedness for physician offices*. American Society for Health Care Risk Management. <https://forum.ashrm.org/2018/12/12/disaster-preparedness-for-physician-offices/>

\*Not a complete literature review.

## Requirement

**Standard EM.12.01.01:** The organization develops an emergency operations plan (EOP) based on an all-hazards approach.

Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency operations plan.

Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.

## Rationale

The organization's all-hazards emergency operations plan (EOP) guides the organization in responding to and recovering from a variety of emergency or disaster incidents by providing management structure for the organization to operate under, staff activities to be carried out, and a description of how those activities should interact during an emergency. The EOP identifies what services the organization will continue to provide in the event of an emergency or disaster incident, as well as how the organization will cohesively and effectively work with its emergency management partners.

## References:\*

- Centers for Medicare & Medicaid Services. (2021, April 16). *State operations manual appendix Z*. U.S. Department of Health & Human Services. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_z\\_emergprep.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf)
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- Porcaro, J. (2018, December 12). *Disaster preparedness for physician offices*. American Society for Health Care Risk Management. <https://forum.ashrm.org/2018/12/12/disaster-preparedness-for-physician-offices/>

\*Not a complete literature review.

## Requirement

**Standard EM.12.02.01:** The organization has a communications plan that addresses how it will communicate during an emergency.

Note 1: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan.

Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.

## Rationale

An effective communications plan describes how and when the organization will communicate information to its staff, patients, and key stakeholders. The communications plan should account for the rapid evolution of an emergency or disaster and the need to consistently provide clear information regarding the emergency and the organization's ability to provide services both internally and externally. The resources and tools used for maintaining communications are a critical element of disaster preparedness.

**References:\***

- Centers for Medicare & Medicaid Services. (2021, April 16). *State operations manual appendix Z*. U.S. Department of Health & Human Services. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_z\\_emergprep.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf)
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- Federal Emergency Management Agency. (2014, February). *Lesson 3: Communicating in an emergency*. [https://training.fema.gov/emiweb/is/is242b/student%20manual/sm\\_03.pdf](https://training.fema.gov/emiweb/is/is242b/student%20manual/sm_03.pdf)
- McNeal, M. S., Daniels, E. C., Akintobi, T. H., Pierson, K. W., Jacobs, D., & Williams, T. M. (n.d.). *Emergency preparedness toolkit for primary care providers*. Morehouse School of Medicine. <https://www.diversitypreparedness.org/~media/files/diversitypreparedness/emergency%20preparedness%20toolkit%20primary%20care%20providers.ashx?la=en>
- Porcaro, J. (2018, December 12). *Disaster preparedness for physician offices*. American Society for Health Care Risk Management. <https://forum.ashrm.org/2018/12/12/disaster-preparedness-for-physician-offices/>

\*Not a complete literature review.

**Requirement**

**Standard EM.12.02.03:** The organization has a staffing plan for managing all staff and volunteers during an emergency or disaster incident.

Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a staffing plan.

Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.

**Rationale**

The organization's emergency staffing plan should be activated in response to an emergency or disaster when the organization is unable to meet or maintain the immediate needs of its patients. Organizations that anticipate staffing shortages, based on their prioritized risks, are better prepared to quickly obtain staff from within their health care system, from staffing agencies, or from federally deployed disaster medical assistance teams. Organizations should stand ready to adjust their staffing models to meet the needs of their staff; for example, supporting staff's emotional and mental health needs that may arise during an emergency or disaster.

**References:\***

- Centers for Medicare & Medicaid Services. (2021, April 16). *State operations manual appendix Z*. U.S. Department of Health & Human Services. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_z\\_emergprep.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf)
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- Technical Resources, Assistance Center, and Information Exchange. (2018, September). *Tips for retaining and caring for staff after a disaster*. U.S. Department of Health & Human Services, Administration for Strategic Preparedness and Response. <https://files.asprtracie.hhs.gov/documents/tips-for-retaining-and-caring-for-staff-after-disaster.pdf>
- Porcaro, J. (2018, December 12). *Disaster preparedness for physician offices*. American Society for Health Care Risk Management. <https://forum.ashrm.org/2018/12/12/disaster-preparedness-for-physician-offices/>

\*Not a complete literature review.

**Requirement**

**Standard EM.12.02.05:** The organization has a plan for providing patient care and clinical support during an emergency or disaster incident.

Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for patient care and clinical support.

Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.

## Rationale

A well-thought-out plan that maintains an organization's ability to provide critical services and quickly identify high-risk patients during emergencies or disasters can be a matter of life or death for its patients. Planning for patient and clinical support focuses on equipment and resources that play a direct role in an incident response. The organization's emergency operations plan addresses patient care and clinical support activities, including transfer plans, continuity of care, and rapid acquisition of medication, health care records, and special equipment, especially when evacuation is imminent.

## References:\*

- Centers for Medicare & Medicaid Services. (2021, April 16). *State operations manual appendix Z*. U.S. Department of Health & Human Services. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_z\\_emergprep.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf)
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\*Not a complete literature review.

## Requirement

**Standard EM.12.02.07:** The organization has a plan for safety and security measures to take during an emergency or disaster incident.

Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for safety and security.

Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.

## Rationale

Emergencies and disasters often create new and rapidly changing safety and security concerns. The plan should include the possible need for heightening security measures, tracking of and accounting for staff and patients, and minimizing exposures to hazards.

## References:\*

- Centers for Medicare & Medicaid Services. (2021, April 16). *State operations manual appendix Z*. U.S. Department of Health & Human Services. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_z\\_emergprep.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf)
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- Porcaro, J. (2018, December 12). *Disaster preparedness for physician offices*. American Society for Health Care Risk Management. <https://forum.ashrm.org/2018/12/12/disaster-preparedness-for-physician-offices/>

\*Not a complete literature review.

## Requirement

**Standard EM.12.02.09:** The organization has a plan for managing resources and assets during an emergency or disaster incident.

Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for resources and assets.

Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.

## Rationale

Access to resources can often be difficult when the needs in a community or region are greater than what are available locally; therefore, the organization's plan includes continual assessment on how to obtain, allocate, mobilize, replenish, and conserve its resources and assets during and after an emergency or disaster incident.

## References:\*

- Centers for Medicare and Medicaid Services. (2021, April 16). *State operations manual appendix Z*. U.S. Department of Health & Human Services. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_z\\_emergprep.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf)
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- Rothkopf, L., & Brennan-Wirshup, M. (2013, March/April). A practical guide to emergency preparedness for office-based family physicians. *Family Practice Management*, 20(2), 13–18. <http://www.aafp.org/fpm/2013/0300/p13.html>

\*Not a complete literature review.

## Requirement

**Standard EM.12.02.11:** The organization has a plan for managing essential or critical utilities systems during an emergency or disaster incident.

Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for utilities management.

Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.

## Rationale

Emergencies and disaster incidents can have a detrimental impact on the organization's utility system(s), including loss of the system(s). The list of essential or critical systems that could potentially fail during an emergency includes heating, ventilation, and air conditioning; network connectivity; and refrigeration equipment. The organization must be prepared with alternate ways for providing essential or critical systems to maintain functional operations if it will continue to provide care, treatment, and services during an emergency.

**References:\***

- Centers for Medicare & Medicaid Services. (2021, April 16). *State operations manual appendix Z*. U.S. Department of Health & Human Services. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_z\\_emergprep.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf)
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\*Not a complete literature review.

**Requirement**

**Standard EM.13.01.01:** The organization has a continuity of operations plan.

Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability assessment when developing a continuity of operations plan.

**Rationale**

The continuity of operations plan (COOP) provides guidance on how the organization will continue to perform its essential business functions, deliver essential services, delegate authority, and implement succession plans when there has been a disruption to normal operations. The organization's leaders identify and prioritize those essential services that are deemed necessary to remain operational and make certain that critical business functions continue working during an emergency or disaster incident. The leaders consider costs associated with acceptable and unacceptable levels of risk and prioritize where and when to focus resources, funding, and other assets.

**References:\***

- Centers for Medicare & Medicaid Services. (2021, April 16). *State operations manual appendix Z*. U.S. Department of Health & Human Services. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_z\\_emergprep.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf)
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\*Not a complete literature review.

**Requirement**

**Standard EM.14.01.01:** The organization has a disaster recovery plan.

Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability assessment when developing a disaster recovery plan.

**Rationale**

The disaster recovery plan is an essential part of continuity of operations and provides strategies to quickly handle incidents, reduce downtime, and minimize financial loss so that the organization can continue to operate or return to full functionality after an emergency or disaster incident.

**References:\***

- Centers for Medicare & Medicaid Services. (2021, April 16). *State operations manual appendix Z*. U.S. Department of Health & Human Services. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_z\\_emergprep.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf)
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\*Not a complete literature review.

## Requirement

**Standard EM.15.01.01:** The organization provides emergency management education and training.

Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training.

## Rationale

Organizations that plan education and training related to emergency management are better prepared for their next emergency or disaster incident. An effective education and training program prepares staff to respond to a variety of emergencies and to quickly adjust to changing situations while continuing to provide safe patient care.

## References:\*

- Centers for Medicare & Medicaid Services. (2021, April 16). *State operations manual appendix Z*. U.S. Department of Health & Human Services. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_z\\_emergprep.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf)
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\*Not a complete literature review.

## Requirement

**Standard EM.16.01.01:** The organization conducts exercises to test its emergency operations plan and response procedures.

Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency exercises.

## Rationale

Conducting emergency management exercises improves staff skills and teamwork within a controlled testing environment and refines their knowledge and understanding of the emergency operations plan. This prepares staff for a safe and effective response in the event of a real emergency or disaster incident. These exercises are used to test all facets of the emergency operation plan (communications, safety, transfers, evacuation) and should be comprehensive enough to test the organization's response capabilities to failure in order to identify deficiencies and opportunities for improvement.

## References:\*

- Centers for Medicare & Medicaid Services. (2021, April 16). *State operations manual appendix Z*. U.S. Department of Health & Human Services. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_z\\_emergprep.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf)



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\*Not a complete literature review.

## Requirement

**Standard EM.17.01.01:** The organization evaluates and revises its emergency operations plan.

## Rationale

Organizations that evaluate each event or exercise are better prepared for emergencies because they often find unknown risks or failures through these reviews. It is important to then update the emergency management program and emergency operations plan to correct these deficiencies. Improving the plan makes it more effective at sustaining critical operations and protecting lives.

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**A special thanks to the following contributors:**

**Standards Review Panel (SRP) Members**

Eric Alberts, CEM, CHPP, CEDP, CHEP, FPEM, FPEM-HC, SEM/B.S.  
James Bernardo, USNMRTC-G  
Georgina Birko-Burris, MBA, CHSP, CHEP  
Ryan Bonacci, CHPA  
Allison Bredestege  
Pete Brewster, BS, CPM  
Meggen Brown, MSN, FNP-BC  
Jason Campbell, MPH, CEM  
Robert Carter, MSN, RN, CFRN, CPEN, NRP  
Tracy Case, RN, BSN  
Scott Cormier, BS, CHEP, NRP  
Cari Gilley, RN, MBA  
Melissa Jackson, DHA, MS, BSHA  
Kristin Kearns, MPA  
Stephanie Kuschel, MPA, BS, EMT  
Brent Lewis, CHSP, FF, EMT  
Freda Lyon, DNP, RN, NE-BC, FAEN  
Kevin Martin, CPP, CHEP, CHSP, HEM/BA  
Kelly R. McKinney, CBCP, PE  
David Miller, Jr., MPH, CPH, CEM, CHSO, NHDP-BC, NYS-EMC, EMT-B, FRSPH  
Hazel Philbert, BS, BSN, MBA, MSHS, RN, CPHQ  
Joseph Powell, MBA, CHSP, MLT(ASCP)cm  
Jared Shapiro, DrPH(c), PhD(c), MPH, CEM, HEM, FAcEM, CHSP, CHFM, NRP  
Molly Solitro  
Michael W. Stephens, BS  
Steven Storbakken, MBA, CHEP, CHSP, CHEM, CHPA, HACP, CHPP  
Robert Voliva, BS, CHSP, CHEP, CHEC  
Kay Vonderschmidt, Paramedic (NRP), CEM, MPA, MSEM, D.Sc.  
Thomas Whitehurst