This evaluation tool has been formatted consistent with the Joint Commission's Emergency Management chapter. If your organization implemented its emergency management plan in response to the COVID-19 outbreak and you thoroughly critique your actual disaster response, you can eliminate the need to perform one of your two required drills for 2020. It is likely that your organization already has an after-action evaluation tool, in which case there may be portions of this tool that can be added to the tool already in use. The evaluation to these questions has been designed to be ranked on a 5-point scale, but if you already use a different scale you can of course use that ranking system.

1. Needs major improvement or it has been identified as an omission;
2. Needs substantial improvement or redesign;
3. Somewhat addressed and managed but could be better;
4. Adequately addressed but some improvements in design or implementation are needed;
5. Thoroughly addressed and implemented.

More important than waiving a drill requirement is the actual experience hospitals have had managing this emergency and the potential lessons learned, which will be particularly important to preparing for the next influx of infectious patients. The 2020 pandemic has stressed the system across the nation to a far greater extent than drills have previously covered and there are likely improvement opportunities that will result to strengthen future response efforts.

Please contact us at ExpertAdvice@PattonHC.com for any questions, comments, or to request an editable version of this tool. Be well!

EM.01.01.01	Score	Action Items and Assignments	Assigned To	Due Date
1. In February 2019, CMS and TJC required organizations to add emerging infectious diseases (EID) to their emergency management plans. At the time the COVID-19 outbreak was identified and your disaster plan was implemented, did your EOP already contain planning or a document annex for EID?				
2. In 2019, CMS and TJC required organizations to add emerging infectious diseases (EID) to their hazard vulnerability analysis. At the time the COVID-19 outbreak was identified and your disaster plan was implemented, did your HVA already contain a risk assessment for EID?				
3. In hindsight, was the risk ranking for EID on the HVA adequate for your community and organization?				
4. If your organizations role in the community was to accept a potential surge in infectious patients, was this function adequately detailed in your 2020 infection control plan?				
5. If your surge plan anticipated a potential influx of up to 20% more inpatients, did the plan work effectively up to that potential 20% threshold?				
6. Did your surge plan establish a timeframe by which you should be able to accept that 20% influx of infectious patients?				

7. Did you need to exceed an influx of 20% more inpatients and did your plan assume additional phases to the surge?				
8. When elective procedures were canceled, did you open space to provide care for COVID-19 patients and did the staff who previously served elective patients have the skills you required for caring for COVID-19 patients?				
9. Did your influx plan include an expansion of negative pressure bed space and ICU level bed space?				
10. Did your influx plan include an expansion of ED beds and daily visit volume and had you adequately anticipated patient load or demand?				
11. Did your influx plan include an expansion of outpatient visits and had you adequately anticipated patient load or demand?				
12. Did your influx plan include development of, or expansion of, telemedicine services and did you have the capability to quickly develop that service?				
13. When a need was identified to surge patient load in a specific area, were you able to mobilize resources to reconfigure quickly enough to meet demand for ICU bed space, emergency department services and beds, negative pressure space, and outpatient visits? What was the rate limiting aspect for each of these different clinical services?				
14. Did your 2020 EOP have an inventory of resources and assets including PPE, water, fuel, medical, surgical, and medication related resources.				
15. Was the inventory of PPE mathematically sound for a potential 20% influx of infectious patients?				

EM.02.01.01	Score	Action Items and Assignments	Assigned To	Due Date
1. Which medical staff leaders and members had participated in the development of the EOP and did the participation help in planning for the influx of COVID-19 patients?				
2. Did your EOP identify alternate care sites and were agreements and plans in place to operationalize these alternate care sites?				
3. Did your EOP identify a continuity of operations strategy including a succession plan and delegation of authority for key leaders who may be absent during the emergency?				
4. If your organization operates as a transplant center, was your hospitals EOP adequately integrated with the EOP for the transplant center?				
5. Did your EOP or an associated document detail the procedures for requesting an 1135 waiver for care and treatment at an alternate care site?				

6. Did you have someone who was assigned to monitor, track, educate, and communicate with the clinical team about CMS approved blanket waivers that were issued during the emergency?				
7. Did your EOP describe and adequately plan for shelter in place needs of patients, staff, and volunteers who remained in the organization?				

EM.02.02.01 *This standard details the communication procedures which should be detailed in the EOP with various key audiences. The evaluation responses should consider two aspects, did you have a plan in the EOP and did the communications plan work adequately for the following groups?*	**Score**	**Action Items and Assignments**	**Assigned To**	**Due Date**
1. Staff and licensed independent practitioners?				
2. External authorities?				
3. Patients and families treated at the main site or an alternate care site?				
4. Did the EOP provide sufficient guidance on restriction of visitation rights and provision of patient information for families of patients with the emerging infectious disease?				
5. Community information needs, professional media, and social media?				
6. Suppliers of essential services, equipment, and supplies needed for the emergency?				
7. Other healthcare organizations in your community including their respective command structures including names and roles of individuals in that command structure and their telephone numbers?				
8. Other healthcare organizations in your community regarding resources and assets that could potentially be shared/borrowed in the emergency response?				
9. Staff at the alternate care sites?				
10. Communication of information about the general condition of patients and their locations to public and private entities associated with disaster relief?				
11. Did your communications plan include how to get the latest clinical and CDC information to providers about care for patients with the emerging infectious disease?				
12. Did your communications plan include a process on how to obtain medical staff input and consensus around the implementation of new consensus or evidence-based guidelines?				
13. Did your communications plan include a process to disseminate information on clinical trials on how providers could participate in such clinical trials?				

EM.02.02.03	Score	Action Items and Assignments	Assigned To	Due Date
1. Did your EOP describe the process to obtain and replenish medications and related supplies including access to and distribution of caches that may be stockpiled by the hospital, its affiliates, local, state or federal sources?				
2. Did the process described in the EOP work as planned for medications, supplies, and in particular PPE?				
3. Did the EOP describe how to share or borrow resources and assets including medical equipment such as ventilators, with other health care organizations in the community and did this work as planned?				
4. Did the EOP contain any guidance, e.g. (American College of Chest Physicians/American Thoracic Society) on conservation strategies for critical devices such as ventilators?				
5. Did the EOP describe a process for monitoring quantities of resources and assets being utilized and remaining during the emergency?				
6. Did the EOP describe arrangements for transporting patients, their supplies, medications, and equipment to alternate care sites and did the plan work as anticipated?				
7. Did the EOP describe arrangements for transferring information including pertinent clinical and medication related information to alternate care sites and did the plan work as anticipated?				

EM.02.02.05	Score	Action Items and Assignments	Assigned To	Due Date
1. Did the EOP describe the plan for roles that community security agencies, police, sheriff, or national guard would have during the emergency, how these responsibilities would be coordinated, and did the plan work as anticipated?				
2. Did the EOP describe how the organization would manage hazardous materials and waste that might be generated including in alternate care sites and did the plan work as anticipated?				
3. Did the EOP describe how the organization would control entrance in to and out of the facility and within the facility during the emergency and did this work as anticipated?				
4. Did the EOP describe how the organization would control vehicles that access the facility during the emergency and did the plan work as anticipated?				

5. Did the EOP discuss safety procedures for evaluation, isolation, and potential treatment of staff exposed to the emerging infectious disease?				

EM.02.02.07	Score	Action Items and Assignments	Assigned To	Due Date
1. Did the EOP describe the roles and responsibilities for staff responsible for communications, resources and assets, safety, security, utilities, patient management, and evacuation and did the plan work as anticipated?				
2. Did the EOP describe to whom staff should report within the hospitals incident command structure and did the plan work as anticipated?				
3. Did the EOP describe how the organization would manage staff support needs including housing, transportation, stress debriefing, family support needs including child, elder, and pet care, communication, and did this plan work as anticipated?				
4. Did the EOP describe how staff, LIPs, and authorized volunteers would be identified, such as by using arm bands, name tags, vests, or hats, and did the technique planned work satisfactorily?				
5. Did the EOP describe the process to track the location of staff and volunteers on duty within the organization and did the process work satisfactorily?				
6. Staff, LIPs, volunteers, and contractors should all have been trained in their emergency response roles. Did these groups of individuals demonstrate knowledge of their roles and responsibilities during the emergency?				
7. Did your EOP describe a process to provide just in time training to staff who were reassigned to care for the EID population and was the training plan adequate?				
8. Did the EOP describe the use of volunteers in an emergency such as the role and process for integration of state or federally designated healthcare professionals to address surge needs during the emergency and did the process work as anticipated?				

EM.02.02.09 *Did any of the following utility issue arise during this emergency for your organization and did the utility plans work as anticipated?*	Score	Action Items and Assignments	Assigned To	Due Date
1. Electricity and lighting				
2. Potable and non-potable water				
3. Fuel for building operations, generators, and essential transport				
4. Medical gas and vacuum systems				

5. Steam for sterilization				
6. Heating and cooling				

EM.02.02.11 *The EOP should describe anticipated patient management issues during the emergency. Did your EOP adequately describe the needs which arose during this emergency and did the plans for management of the function work satisfactorily?*	**Score**	**Action Items and Assignments**	**Assigned To**	**Due Date**
1. Patient scheduling, admission, transfer, discharge, and movement?				
2. Potential increase in demand for clinical services for vulnerable populations or those with serious conditions such as acute respiratory distress?				
3. Patient mental health needs that occur during the emergency?				
4. How to manage unique ethical issues or discussions in the provision of care to patients with an EID?				
5. Mortuary services?				
6. How the organization will document and track patient clinical information?				
7. The process to track the location of patients as they move within the organization or to alternate care sites?				

EM.02.02.13	**Score**	**Action Items and Assignments**	**Assigned To**	**Due Date**
1. Did your plans for granting disaster privileges to volunteer licensed independent practitioners work as anticipated and did the hospital leaders described in the medical staff bylaws authorize such privileges?				
2. How did you identify (badge, arm band, ID tag) the volunteer LIPs, was the process used consistent with the plan in the EOP, and did it work satisfactorily?				
3. What method for providing medical staff oversight of volunteer LIPs was planned such as direct observation, mentoring, medical record review, and did the plan work as anticipated?				
4. The identity of volunteer LIPs should be verified before authorizing them to provide patient care by viewing a government issued photo ID, plus at least one of the following: current picture ID with professional title from a healthcare organization, current license to practice, primary source verification of licensure, disaster medical assistance team ID, Medical Reserve Corp ID, emergency system for advance registration of volunteer health professionals, or other state or federal response organization or group, or personal confirmation by a member of the medical staff				

with knowledge of the volunteer practitioners ability to act during a disaster. Did this process work satisfactorily?				
5. Was the existing medical staff of the hospital able to oversee the performance of each volunteer LIP as expected?				
6. Based on the medical staff oversight, was the organization able to determine within 72 hours if the volunteer LIP should continue to practice their privileges?				
7. Was the organization able to perform primary source verification of licensure for volunteer practitioners within 72 hours?				
8. If you were not able to perform primary source verification of licensure of volunteer LIPs within 72 hours, did someone document the reason it could not be performed, the documented evidence of the practitioner's ability to perform those privileges, and evidence of the hospitals attempt to perform PSV as soon as possible?				
9. If PSV was not performed within 72 hours for volunteer LIPs, was it eventually performed?				

EM.02.02.15	Score	Action Items and Assignments	Assigned To	Due Date
1. Did your plans for granting disaster responsibilities to volunteer non-LIP practitioners work as anticipated and did the designated hospital leaders authorize such responsibilities?				
2. How did you identify (badge, arm band, ID tag) the volunteer professionals, was the process used consistent with the plan in the EOP, and did it work satisfactorily?				
3. What method for providing professional oversight of volunteer staff was planned such as direct observation, mentoring, medical record review, and did the plan work as anticipated?				
4. The identity and qualifications of volunteer staff should be verified by viewing a government issued photo ID, plus at least one of the following: current picture ID with professional title from a healthcare organization, current license to practice, primary source verification of licensure, disaster medical assistance team ID, Medical Reserve Corp ID, emergency system for advance registration of volunteer health professionals or other state or federal response organization or group, or personal confirmation by a member of the hospital's staff with knowledge of the volunteer practitioners ability to act during a disaster. Did this process work satisfactorily?				
5. Was the hospital able to oversee the performance of each volunteer practitioner as expected?				

6. Based on the hospitals oversight, was the organization able to determine within 72 hours if the volunteer practitioner should continue to provide care?				
7. Was the organization able to perform primary source verification of licensure for volunteer practitioners within 72 hours?				
8. If you were not able to perform primary source verification of licensure of volunteer practitioner within 72 hours, did someone document the reason it could not be performed, the documented evidence of the practitioner's ability to perform their assigned responsibilities, and evidence of the hospitals attempt to perform PSV as soon as possible?				
9. If PSV was not performed within 72 hours for volunteer practitioner, was it eventually performed?				

EM.03.01.01	Score	Action Items and Assignments	Assigned To	Due Date
1. Was an annual review of the 2019 objectives and scope for the EOP conducted prior to this disaster?				
2. Was an annual review of the 2019 inventory of assets and resources conducted prior to this disaster?				
3. Had the 2019 annual reviews been forwarded to senior leadership for review prior to this disaster?				

EM.03.01.03	Score	Action Items and Assignments	Assigned To	Due Date
1. Had two disaster drills been conducted in 2019 and did one of the drills include an anticipated influx of patients?				
2. Was there an individual whose sole responsibility during the 2019 exercises was to monitor performance of the drills and document opportunities for improvement?				
3. During the 2020 pandemic outbreak, did you identify any internal or external communication issues that were not identified in the 2019 drills?				
4. During the 2020 pandemic outbreak, did you identify any resource mobilization, asset allocation, equipment, supplies, PPE, or transportation issues that were not identified in the 2019 drills?				
5. During the 2020 pandemic outbreak did you identify any safety and security issues that had not been identified during the 2019 drills?				
6. What specific deficiencies had been identified and reported to senior hospital leadership after the 2019 drills that were improved as a result?				