

# CMS Preparedness Workshop

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# CMS Preparedness References



\*Note each logo links to the specified reference associated with the corresponding slide content.



# **EMERGENCY PREPAREDNESS TRAINING PROGRAM**

# CMS Final Rule Regarding Testing and Training

- Develop and maintain an emergency preparedness training and testing program based on your facilities:
  - Emergency Management Plan
  - Risk assessment (HVA)
  - Policies and Procedures
  - Communications plan



§483.475(d): Training and testing

# Training Expectations

- Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement and volunteers consistent with their expected roles.
- Provide emergency preparedness training annually
- Maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.
- Training and testing program must be reviewed and updated at least annually.

§416.54(d)(2), §418.113(d)(2), §441.184(d)(2), §460.84(d)(2), §482.15(d)(2), §483.73(d)(2), §483.475(d)(2), §484.22(d)(2), §485.68(d)(2), §485.625(d)(2), §485.727(d)(2), §485.920(d)(2), §491.12(d)(2), §494.62(d)(2).

# What Does This All Mean!



- Your training plan is based on your needs and risks.
  - Your Risk Assessment should identify the risk unique to your facility.
  - Training and Exercises should reflect those risks.
  - Training should be realistic

*Don't Train for a Plane Crash if your number one risk is a fire...*



# Train everyone, and Train them often

- Training is provided to everyone who works, volunteers, or provides services at your facility.
  - When they Start
  - Refresher Training at least yearly
  - Should be documented, i.e. proof that it was done.
  - Staff should be able to speak to it.

*I didn't know, is not an acceptable answer...*





# Review, Adjust, Retrain

- Review your training program at least yearly, to keep it current.
  - Have Risks Changed
  - Have Policies Changed
  - Has Staff Changed
  - Has it met your needs

***We should never rely on the fact that, “Its Always Been Done This Way”...***



# We're All Trained, Now What



# Exercising the Training

All CMS Facilities, except RNHCIs and ESRD, must conduct exercises to test the emergency plan at least annually.



*Training without Exercising  
is like Becoming a Doctor  
and Never Practicing  
Medicine*

# What is an Exercise

- An exercise is simply a test of your plans functionality, application, and process.
- It is used to:
  - Increase Awareness of Hazards and Their Impacts
  - Assess the Capabilities of Resources and Needs
  - Evaluate and Validate the Preparedness Plan
  - Identify Deficiencies
  - Obtain Feed back
  - Validate Training

The Homeland Security Exercise and Evaluation Program (HSEEP) methodology defines four exercise types. They can be divided into two groups, discussion-based and operations-based exercises.

- Discussion Based Exercises involve key players, and takes a “round table” approach to walk through processes, plans, and execution
- Operations Based Exercises involve key players, and in many cases use real or simulated resources

Think of an exercise like a CPR or ACLS Class...

- Some of the course was discussion based, i.e. what works, what does not work, and what can be improved upon...i.e. The Table Top
- Some of the course was hands on scenarios, where you were expected to preform the actions you learned...i.e. The Operational



# Exercise Types and Time Lines

Exercise Type	Purpose	Player Action	Duration	Real-Time Play?	Development Time
Tabletop (TTX)	Assist staff with the ability to understand and assess plans, policies, procedures, and concepts	Nominal; Discussion	4 – 8 hours	No	2 -3 months
Drill	Test a single operation or function	Actual	2 – 4 hours	Yes	2 -3 months
Functional (FE)	Test capabilities, functions, plans and personnel of command/operations center	Command staff actions are actual; other resources can be simulated	4 – 8 hours Can run multiple days	Yes	6 – 9 months
Full Scale (FSE)	Implement and analyze plans, policies, procedures and agreements through functioning operations	Actual	1 or more full days	Yes	12 months or more

# CMS Exercise Requirements

PROVIDER TYPE	TRAINING AND TESTING
Hospitals Critical Access Hospitals Long Term Care Facilities PRTF ICF/IID Transplant Centers Hospice PACE Home Health Agencies CORF CMHC Clinics, Rehabs and Therapy Centers RHQ/FQHC	Annually participate in two drills: <ol style="list-style-type: none"> <li>1. A full-scale exercise that is community- or facility-based;</li> <li>2. An additional exercise of the facility's choice.</li> </ol>
Ambulatory Surgical Centers	Community Based Drill Not Required
OPO	Only Required to Conduct Tabletop
RNHCI	No Requirement to Conduct Drills
ESRD	Only Required to ensure staff competency



# Wait, I'm Expected to Do What!

Yes, CMS Expects you to Plan, Prepare, and Execute Drills in order to test your plan.

**DON'T PANIC!**

Believe it or not, you have already done this numerous times throughout your career, you just didn't know it.



## Every exercise starts with a goal...

- Identify what you want to evaluate.
  - Can we do “X” or Does “Y” work
- Is what you are evaluating a plausible risk to your facility
  - Ok, So lets conduct a Bear Attack Drill!
- Is your goal realistic
  - Is your goal reasonable, and prudent, with available resources
- Can your goal be tested through discussion, or does it need to be operational
  - Do I really need a full scale exercise, when a table top will do

## Every Exercise Goal needs to be SMART...

- Are my expectations realistic to what is being tested
  - Don't expect staff who have never seen the plan, to know what their role is.
- Does my planning include all the players needed to facilitate achieving my goal
  - Don't call the local EMS provider the day of the exercise and let them know they are playing in your drill.
- Are the goals of my exercise aligned with my plan
  - Are we exercising our training, or “the rule of thumb”

## How is success and failure of those goals measured...

- Draft an **Objective** After Action Report
  - Get input from everyone involved, sometimes the wisest person in the room is the janitor...
- Identify Successes...and most of all Failures...DOCUMENT EVERYTHING...
  - Failures are great! They let us know what we need to improve upon.
- Describe course of action to correct issues, and implement them
  - Action Plans are only as good as their follow through, and you don't want to be the person who knew it was an uncorrected issue.

# The 2 Drill Rule

- You are required to conduct two Exercises annually, within your calendar year.
- One must be a full scale exercise that is community based or when community based exercise is not accessible, individual, facility-based (Unless Exempted, Then Two tabletops are required)
- Conduct a second exercise that may include, but is not limited to, a second full-scale exercise that is individual, facility based; a tabletop exercise that includes a group discussion led by a facilitator using a narrated script that is designed to challenge the Emergency Management Plan.

- If the facility experiences an actual natural or manmade emergency that requires activation of the emergency plan, the facility is **exempt** from engaging in a community based or individual, facility based full-scale exercise for one year following the onset of the actual event.
  - Power Outage at facility
  - Medical Surge
  - Activation of Alternate Care Site or Facility
  - Disease Outbreak

# Putting it All Together

- Identify your Top Hazards
- Develop a Plan that addressed the Hazards
- Train staff on their roles when the Emergency Plan is Implemented
- Plan Drills that are based on your Hazards
- Analyze your facility's response to drills and actual events
- Maintain documentation of all tabletop exercises, Drills, and Emergent events
- Revise your facility's emergency plan as needed, based on your After Action Reports
- Rinse, Wash, Repeat...



# Avoiding Pitfalls

- Failing to identify tangible risk
- Failing to prepare for new risk
- Failing to document training, and reviews
- Unrealistic Training and Exercises
- Overtraining Staff on items they don't need to know
- Exercises that don't test the plan
- Failing to document Drills or Actual Events
- Failing to identify key failures in an after action
- Failing to revise plan to facilitate process improvements





- ASPR Exercise Program (Design, Evaluation, Facilitation)
  - <https://asprtracie.hhs.gov/technical-resources/7/exercise-program-design-evaluation-facilitation/6>
- AHEPP Healthcare Preparedness Resource Center
  - <http://www.ahepp.org/page/PreparednessTools>
- FEMA Preparedness Toolkit (HSEEP Templates)
  - <https://preptoolkit.fema.gov/web/hseep-resources/home>