CHCANYS EM Team

CMS EMERGENCY PREPAREDNESS FINAL RULE: ONE YEAR LATER

Part III – Training & Testing

October 25, 2018

CHCANYS

Welcome

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Webinar Series Structure

The webinar series consists of 4 parts with the following schedule:

October 4 — **Part I - Overview of the CMS Rule**

- *Background, structure, FQHC requirements, relevant updates*

October 18 — **Part II – Risk Assessment, Planning and P&Ps**

- *Risk assessment process, emergency planning, policies and procedures; updates*

Today

October 25 — **Part III – Training & Testing**

- *Staff training, exercise design, practicing / testing plans; relevant updates*

November 1 — **Part IV – Communications / Integrated Systems**

- *Emergency communications, communications planning, integrated healthcare systems; relevant updates*

Today's Objectives

- Review CMS requirements for training and testing
- Overview Homeland Security Exercise and Evaluation Program (HSEEP)
- Discuss designing and conducting emergency preparedness exercises
- Offer tips for implementation
- Provide relevant updates and resources

Community Health Care Association of NYS

- As the Primary Care Association (PCA) for New York State, CHCANYS educates, and advocates on behalf of more than 70 Federally Qualified Health Centers (FQHCs) across New York.

Health Center Support	Policy & Advocacy	Quality & Technology Initiatives
• Training and Technical Assistance • Emergency Management • Primary Care Workforce Initiatives • Americorps	• New York State Policy • Federal Policy • DSRIP Resources • Outreach and Enrollment	• Health IT • Clinical Quality Improvement • Data & Research

Subpart A — FQHCs Conditions for Coverage

- 491.1 Purpose and scope.
- 491.2 Definitions.
- 491.3 Certification procedures* (self-attestation for FQHCs)
- 491.4 Compliance with Federal, State and local laws.
- 491.5 Location of clinic.
- 491.6 Physical plant and environment.
- 491.7 Organizational structure.
- 491.8 Staffing and staff responsibilities.
- 491.9 Provision of services.
- 491.10 Patient health records.
- 491.11 Program evaluation.
- **491.12 Emergency preparedness.** CMS EP Rule Addition

An All-Hazards Approach

The rule establishes criteria for Medicare-participating providers and suppliers to develop effective and robust emergency plans and responses utilizing an "all hazards" approach for disruptive events such as earthquakes, hurricanes, severe weather, flooding, fires, pandemic flu, power outages, chemical spills, shootings, and nuclear or biological terrorist attacks.

Four Core Elements

- The CMS Emergency Preparedness Final Rule outlines four core elements of emergency preparedness:

(a)	Risk Assessment & Emergency Planning	Policies and Procedures	(b)
(c)	Communication Plan	**Training and Testing**	(d)

491.12 Condition for Coverage: Emergency Preparedness

- The Federally Qualified Health Center (FQHC) must comply with all applicable Federal, State, and local emergency preparedness requirements.
- The FQHC must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

(d) Training and Testing

The FQHC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section.

The training and testing program must be reviewed and updated at least annually.

(d) Training and Testing

1. **Training program.** The FQHC must do all of the following:

   (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.

   (ii) Provide emergency preparedness training at least annually.

   (iii) Maintain documentation of the training.

   (iv) Demonstrate staff knowledge of emergency procedures.

(d) Training and Testing

2. **Testing.** The FQHC must conduct exercises to test the emergency plan at least annually. The FQHC must do the following:

   i. Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based.

NOTE: If the FQHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the FQHC is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.

(d) Training and Testing

ii. Conduct an additional exercise that may include, but is not limited to following:

   A. A second full-scale exercise that is community-based or individual, facility-based.

   B. A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

iii. Analyze the FQHC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the FQHC's emergency plan, as needed.

(d) Training and Testing

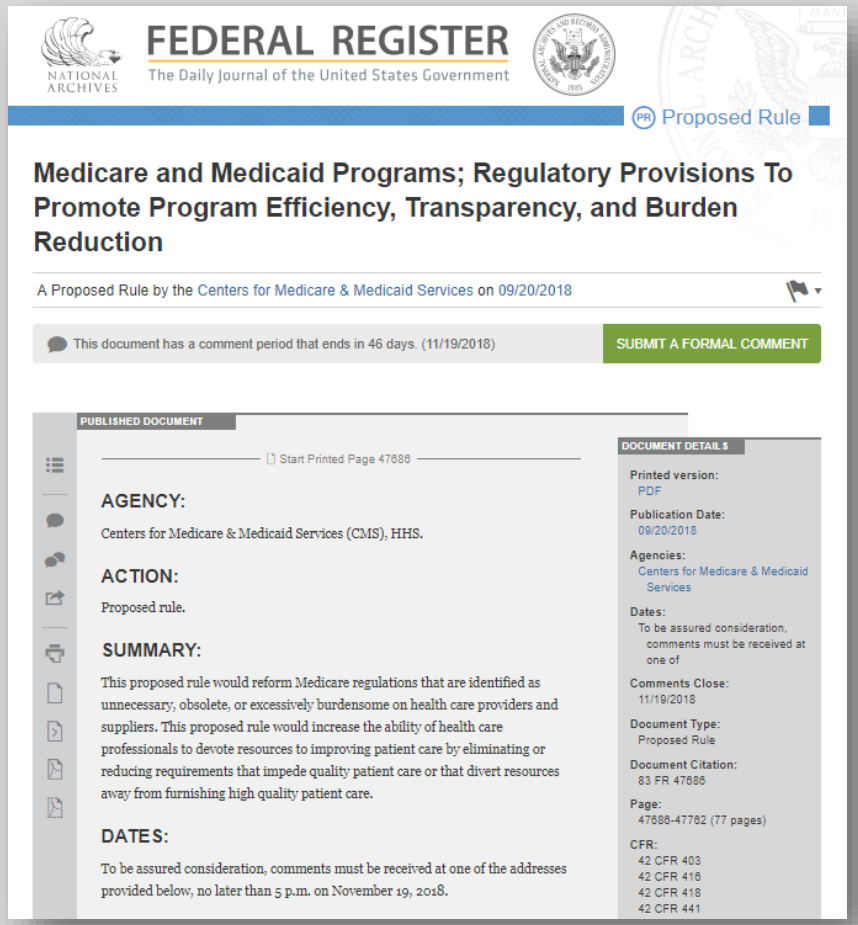
An actual emergency event or response of sufficient magnitude that requires activation of the relevant emergency plans meets the annual exercise requirements and exempts the facility for engaging in the required exercises for one year following the actual event.

A facility must be able to demonstrate the actual emergency event or response of "sufficient magnitude" through written documentation.

NOTICE ON TRAINING & EXERCISES: If a facility activates their emergency plan due to a disaster, the facility is exempt from one full-scale/individual based exercise for that year. However, the secondary requirement for a table-top exercise or exercise of choice still applies. Facilities must demonstrate completion of two exercises per annual year.

New Proposed CMS Rule

- Medicare and Medicaid Programs: Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction
- Published on: September 20, 2018. Comments close on November 19, 2018,
- Proposes changes to emergency preparedness requirements on Medicare and Medicaid facilities conditions of participation codified in 81 FR 63680: Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, published on September 16, 2016.



FEDERAL REGISTER
The Daily Journal of the United States Government

Proposed Rule

Medicare and Medicaid Programs; Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction

A Proposed Rule by the Centers for Medicare & Medicaid Services on 09/20/2018

This document has a comment period that ends in 46 days. (11/19/2018)

SUBMIT A FORMAL COMMENT

PUBLISHED DOCUMENT

Start Printed Page 47686

AGENCY:

Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION:

Proposed rule.

SUMMARY:

This proposed rule would reform Medicare regulations that are identified as unnecessary, obsolete, or excessively burdensome on health care providers and suppliers. This proposed rule would increase the ability of health care professionals to devote resources to improving patient care by eliminating or reducing requirements that impede quality patient care or that divert resources away from furnishing high quality patient care.

DATES:

To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on November 19, 2018.

DOCUMENT DETAILS

Printed version: PDF

Publication Date: 09/20/2018

Agencies: Centers for Medicare & Medicaid Services

Dates: To be assured consideration, comments must be received at one of

Comments Close: 11/19/2018

Document Type: Proposed Rule

Document Citation: 83 FR 47686

Page: 47686-47762 (77 pages)

CFR: 42 CFR 403, 42 CFR 416, 42 CFR 418, 42 CFR 441

CMS - Omnibus on Burden Reductions Proposed Rule

CMS Regional Office

Omnibus on Burden Reductions Proposed Rule

Join the Centers for Medicare & Medicaid Services (CMS) for national webinars hosted by the chief medical officer of regions V, VI & VII. Both webinars will discuss changes proposed in the Omnibus proposed rule, each followed by a question and answer session. Registration is required.

Omnibus on Burden Reduction NPRM Option 1	Mon, October 29	12:00 p.m. – 12:30 p.m. CT
Omnibus on Burden Reduction NPRM Option 2	Thu, November 8	1:00 p.m. – 1:30 p.m. CT

For more information on the proposed rule, visit Press Release and Fact Sheet

Note: The same material will be presented during both webinars.

Once your registration is processed, you will receive a confirmation email with instructions for joining the session. Note: You will need to register for each webinar individually. If you have already registered for a session, you do not need to register again.

We look forward to having you join us!

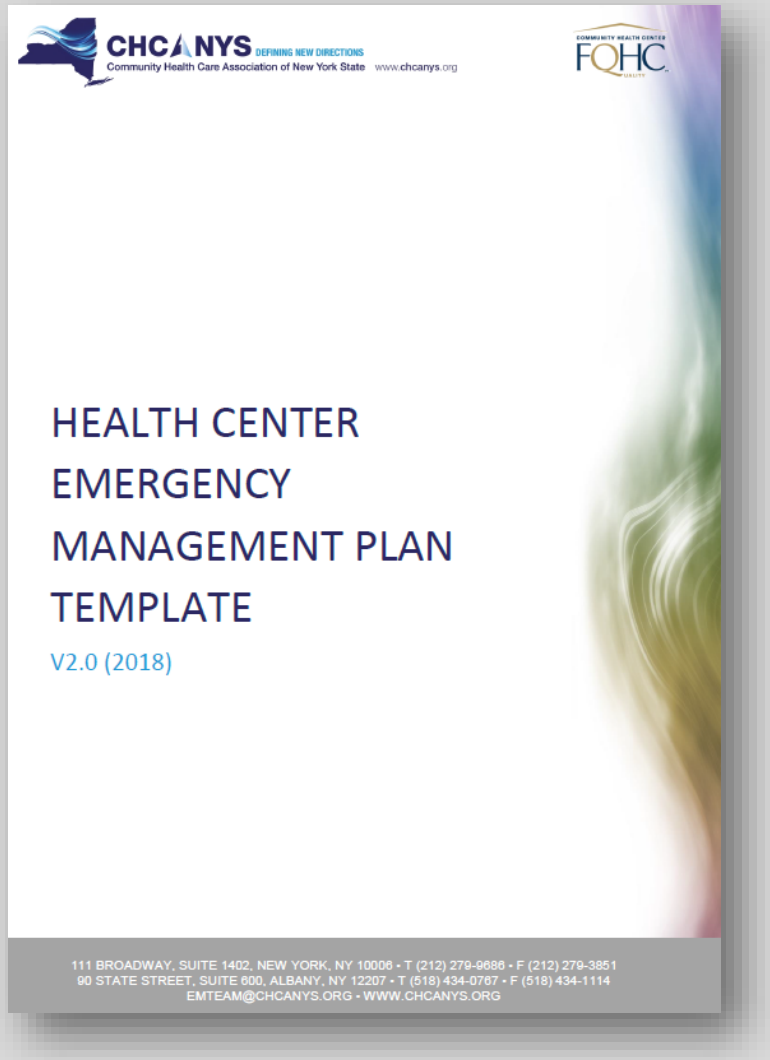
Regards,

CMS Region V, VI & VII

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CHCANYS

CHCANYS EMP Template



- Available for free by request to all New York FQHCs
- Contact emteam@chcanys.org to request a copy

CHCANYS

Plan Section for Training / Testing

- ✓ Introduction
  - *Authorization, revisions, distribution*
1. Program Administration
   - *Summary, Purpose, Scope, EMC*
2. Situation and Assumptions
   - *HVA, key assumptions*
3. Command and Control
   - *ICS, authority, (de)activation, roles & responsibilities*
4. Continuity of Operations
   - *Essential functions*
5. Communications
   - *Risk communications, notifications, partners*
6. Buildings, Utilities, Safety and Security
   - *Facilities, evacuation, utility, safety & security*
7. Finance, Logistics and Staff Care
   - *EOC, supplies, volunteers, staff scheduling and care, HR, payroll*
8. Community Integration
   - *Partners, coalitions, agreements, MH*
9. Plan Development and Maintenance
   - *Development, review, storage, training, testing*
10. Hazard Specific Plans
11. Standards, Regulations and Guidelines

TRAINING PROGRAM

Tips for Implementation

Suggested Training Program Components

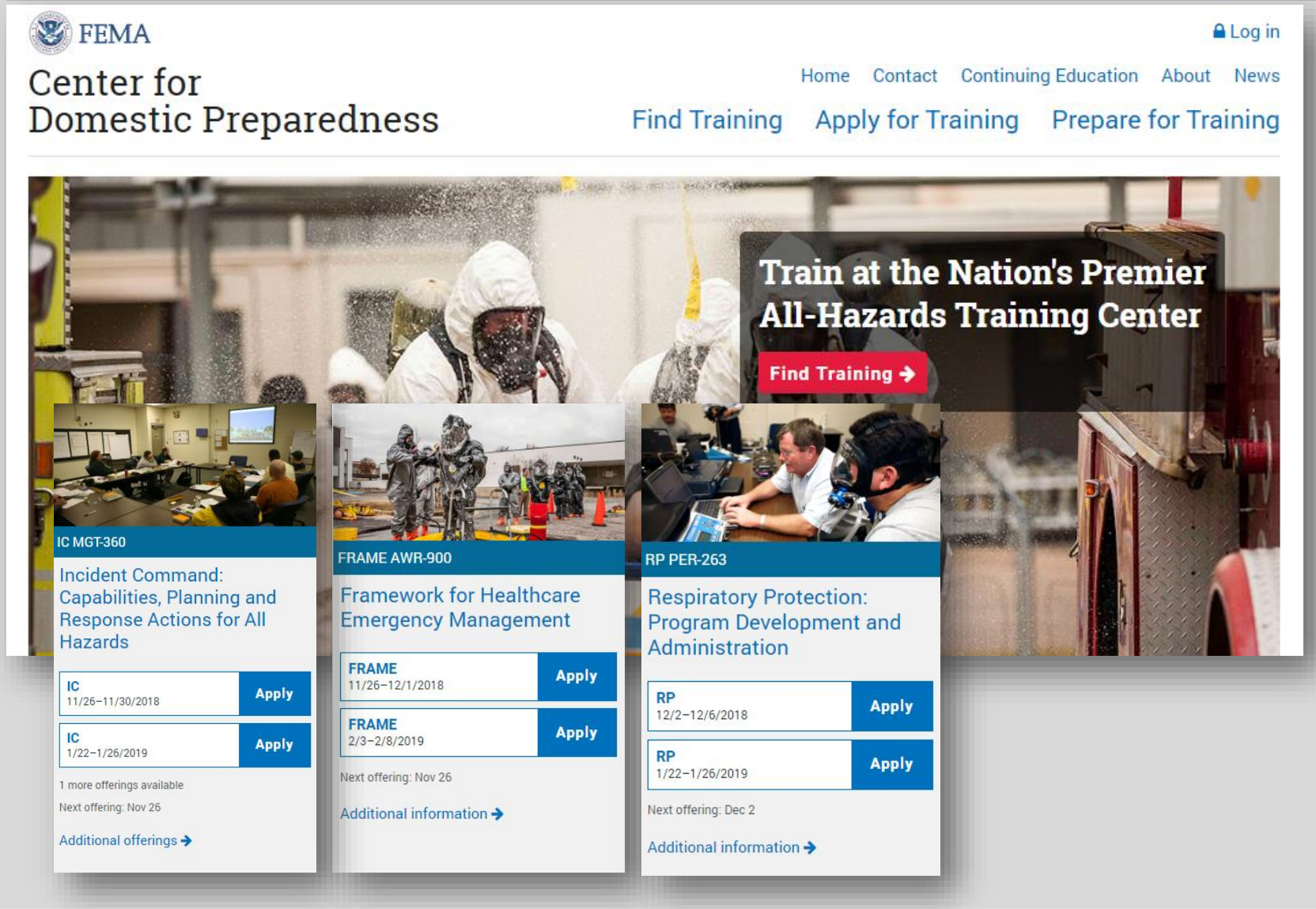
- **General Introduction (EM-101)**
  - *What is Emergency Management? Why is it important?*
  - *Emergency Preparedness Plan, Policies, and Procedures*
  - *Roles & Responsibilities (Leadership & Staff)*
  - *Personal Preparedness*
  - *Communication Protocols*
- **Hazard Specific Plans**
  - *Site & Job-specific risks*
- **Guidelines for Exercise Participation**
  - *Purpose & Objectives*
  - *Expectations for Participation*
  - *Exercise Evaluation*

Demonstration of Knowledge

- You have flexibility in ways to demonstrate staff knowledge of emergency procedures. The method chosen should be based on the training delivery method.

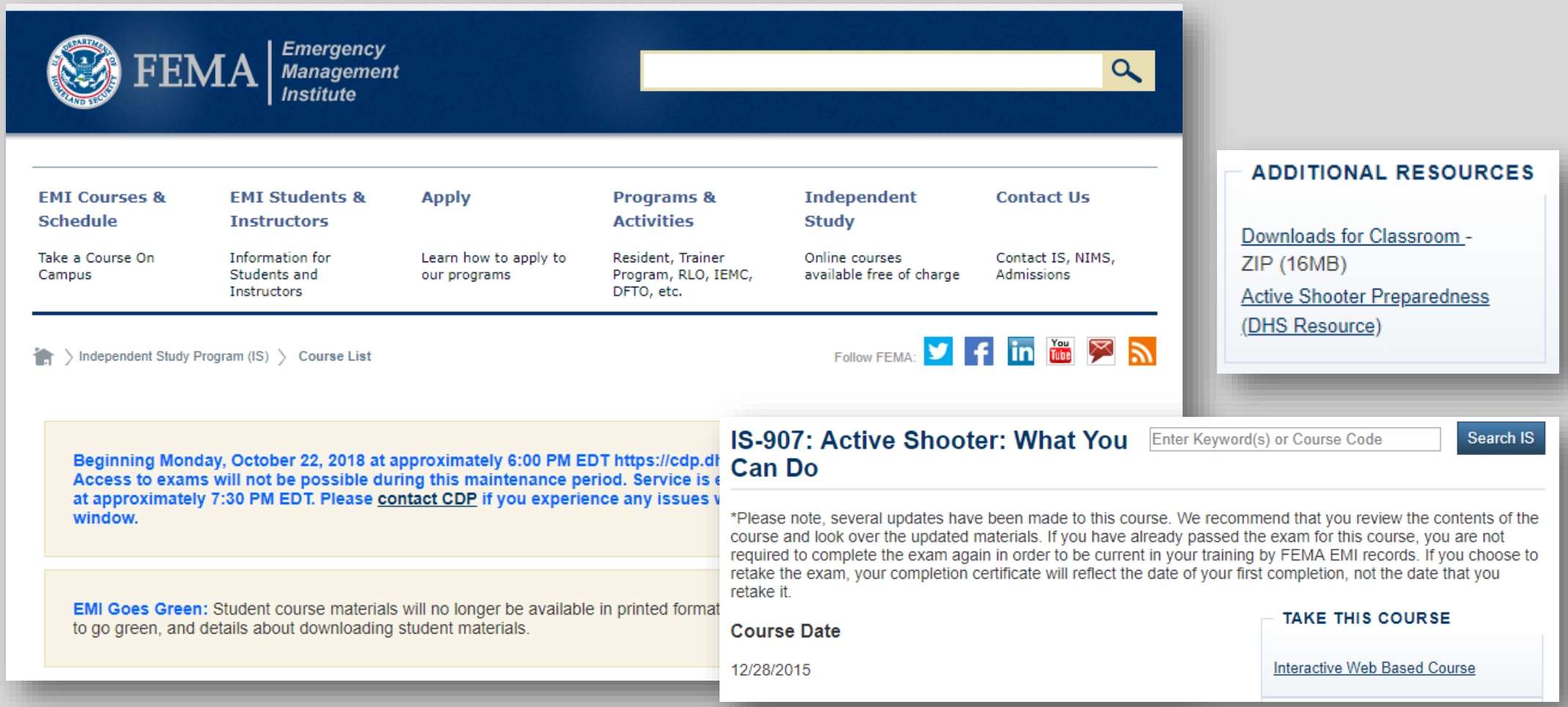
- Regardless of the method, you must maintain documentation that training was completed and that staff are knowledgeable of emergency procedures.

FEMA Center for Domestic Preparedness



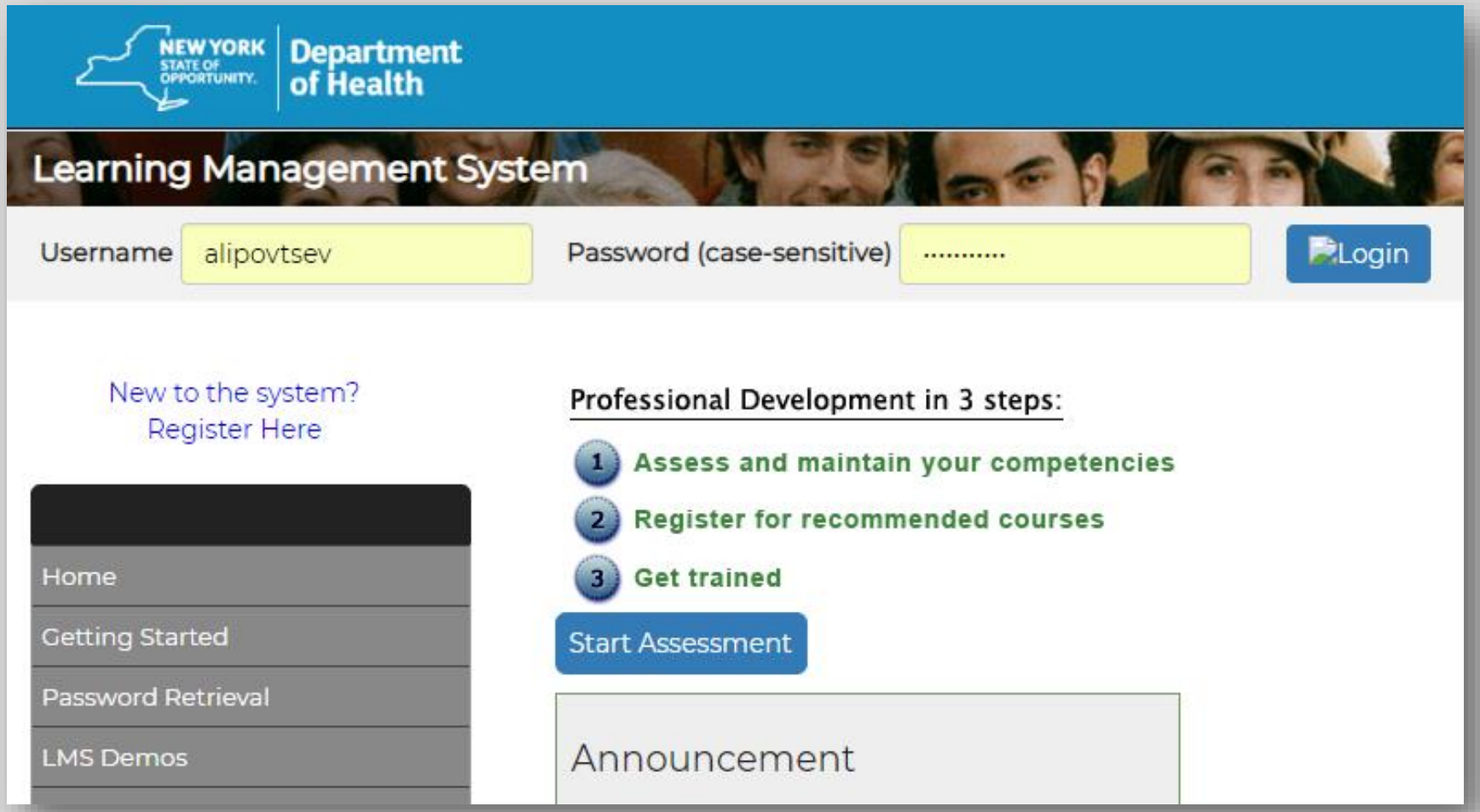
https://cdp.dhs.gov/

FEMA Emergency Management Institute



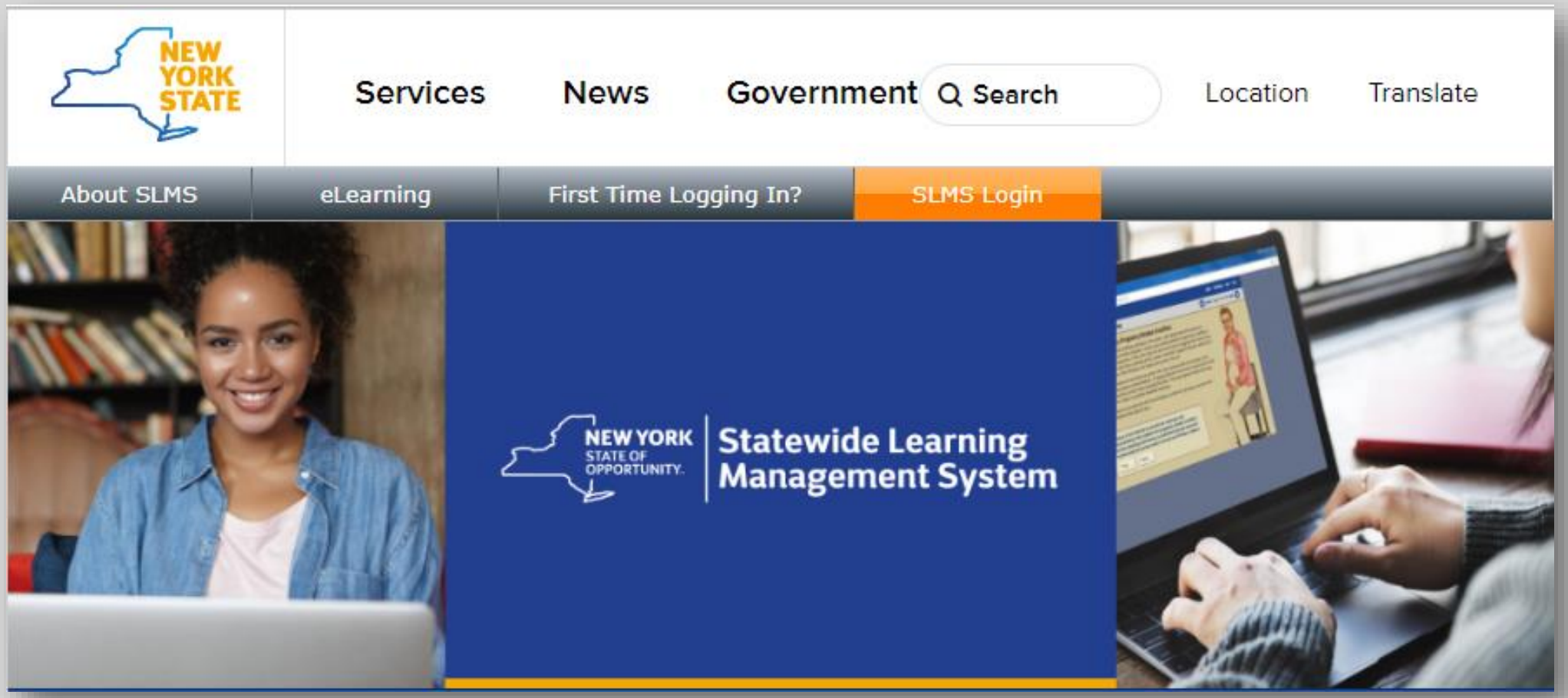
https://training.fema.gov/is/crslist.aspx

SDOH LMS



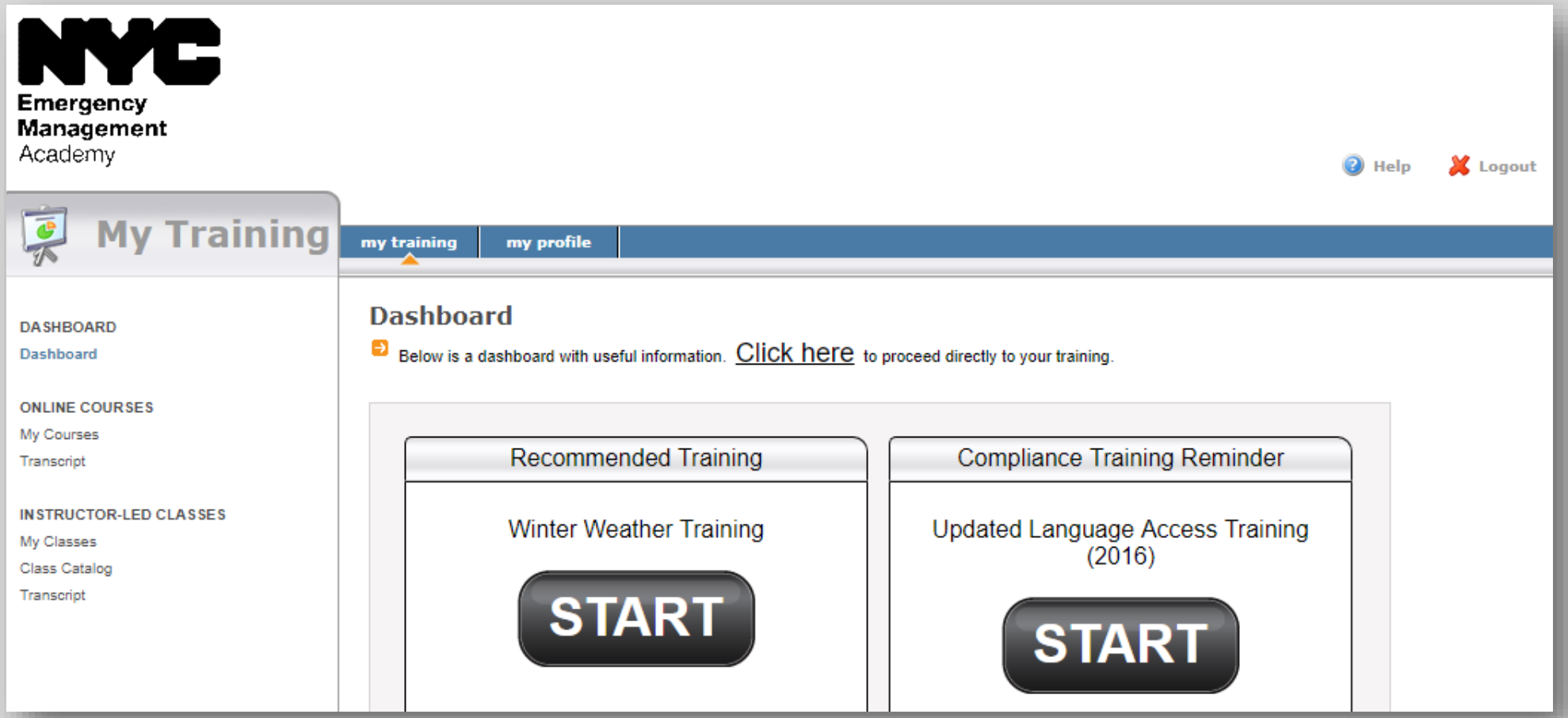
https://www.nylearnsph.com

Statewide Learning Management System



https://nyslearn.ny.gov/

NYC EM LMS



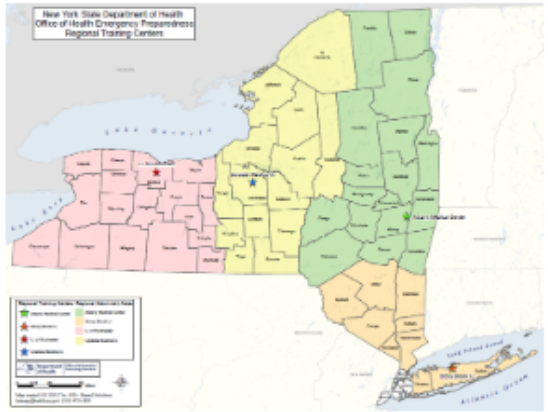
http://oem.rapidtraining.com/lms/learnerDashboard

Regional Training Centers (RTCs)

Regional Training Centers

In 2014, the national HPP funding was drastically reduced. As a result, NYSDOH OHEP made the decision to reduced the number of funded RTCs through a competitive RFP process. Three agencies (URMC, AMC & SBUH) were selected to provide training to the HEPC regions during the time period of July 2014 - June 2017. In July 2017, SUNY Upstate received an award.
University of Rochester Medical Center: Western HEPC Region
SUNY Upstate Medical University: Central New York HEPC Region.
Albany Medical Center: Capital District HEPC Region
Stony Brook University Hospital: Metropolitan Area HEPC Region (Long Island & Mid-Hudson).

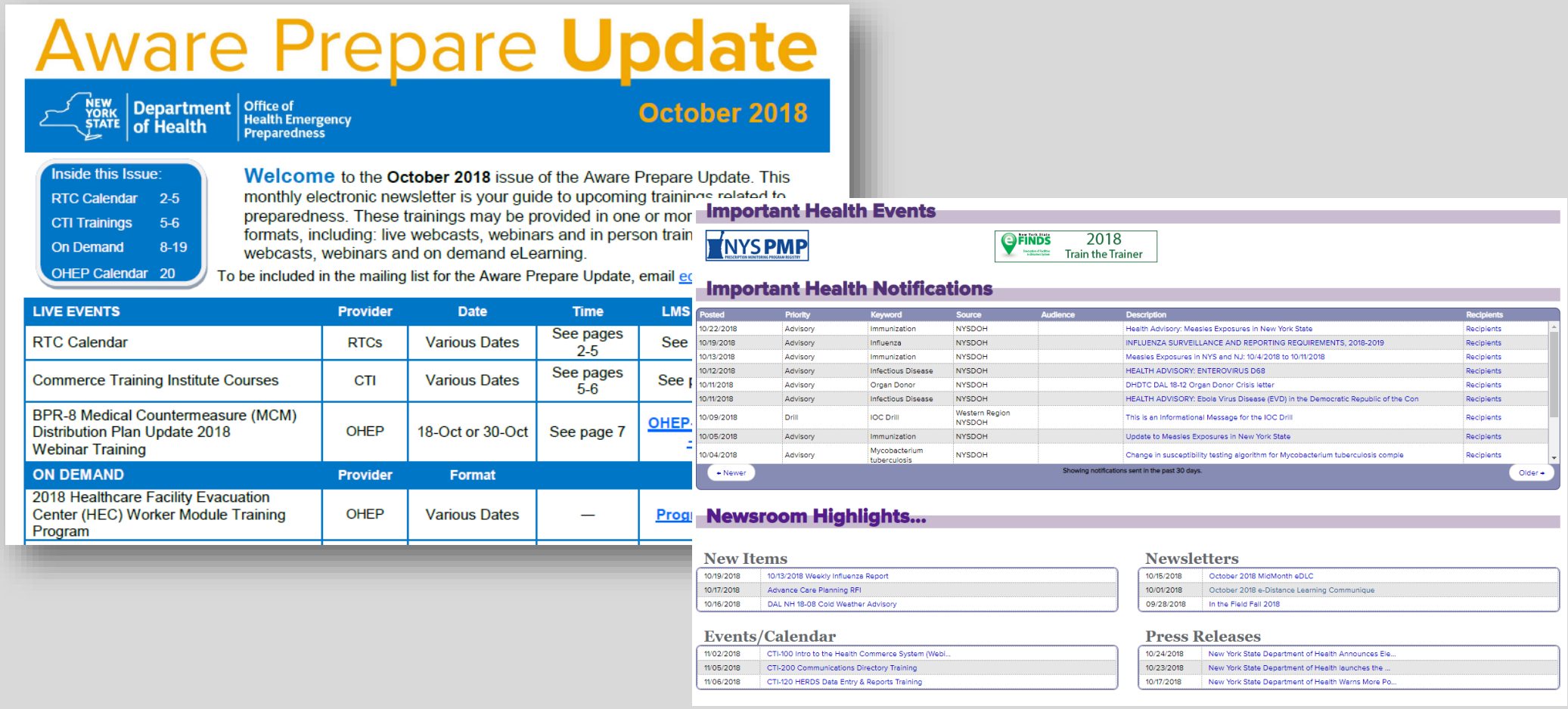
Regional Training Centers (RTCs) are grant-funded entities tasked with identification, coordination, development, delivery, and/or evaluation of emergency preparedness training for members of the Healthcare Emergency Preparedness Coalitions. RTCs are funded by the New York State Department of Health (DOH) through the national Hospital Preparedness Program (HPP) grant.



This website is maintained by the URMC - Finger Lakes Regional Training Center to support the HEPCs.

https://www.urmc.rochester.edu/emergency-preparedness.aspx

SDOH Newsletters



Aware Prepare Update

NEW YORK STATE | Department of Health | Office of Health Emergency Preparedness — October 2018

Inside this Issue:

RTC Calendar	2-5
CTI Trainings	5-6
On Demand	8-19
OHEP Calendar	20

Welcome to the **October 2018** issue of the Aware Prepare Update. This monthly electronic newsletter is your guide to upcoming trainings related to preparedness. These trainings may be provided in one or mor formats, including: live webcasts, webinars and in person train webcasts, webinars and on demand eLearning.

To be included in the mailing list for the Aware Prepare Update, email ed

LIVE EVENTS	Provider	Date	Time	LMS
RTC Calendar	RTCs	Various Dates	See pages 2-5	See
Commerce Training Institute Courses	CTI	Various Dates	See pages 5-6	See
BPR-8 Medical Countermeasure (MCM) Distribution Plan Update 2018 Webinar Training	OHEP	18-Oct or 30-Oct	See page 7	OHEP
ON DEMAND	**Provider**	**Format**		
2018 Healthcare Facility Evacuation Center (HEC) Worker Module Training Program	OHEP	Various Dates	—	Progr

Important Health Events

NYS PMP — PRESCRIPTION MONITORING PROGRAM REGISTRY

eFINDS — 2018 Train the Trainer

Important Health Notifications

Posted	Priority	Keyword	Source	Audience	Description	Recipients
10/22/2018	Advisory	Immunization	NYSDOH		Health Advisory: Measles Exposures in New York State	Recipients
10/19/2018	Advisory	Influenza	NYSDOH		INFLUENZA SURVEILLANCE AND REPORTING REQUIREMENTS, 2018-2019	Recipients
10/13/2018	Advisory	Immunization	NYSDOH		Measles Exposures in NYS and NJ: 10/4/2018 to 10/11/2018	Recipients
10/12/2018	Advisory	Infectious Disease	NYSDOH		HEALTH ADVISORY: ENTEROVIRUS D68	Recipients
10/11/2018	Advisory	Organ Donor	NYSDOH		DHDTC DAL 18-12 Organ Donor Crisis letter	Recipients
10/11/2018	Advisory	Infectious Disease	NYSDOH		HEALTH ADVISORY: Ebola Virus Disease (EVD) in the Democratic Republic of the Con	Recipients
10/09/2018	Drill	IOC Drill	Western Region NYSDOH		This is an Informational Message for the IOC Drill	Recipients
10/05/2018	Advisory	Immunization	NYSDOH		Update to Measles Exposures in New York State	Recipients
10/04/2018	Advisory	Mycobacterium tuberculosis	NYSDOH		Change in susceptibility testing algorithm for Mycobacterium tuberculosis comple	Recipients

◂ Newer — Showing notifications sent in the past 30 days. — Older ▸

Newsroom Highlights...

New Items

10/19/2018	10/13/2018 Weekly Influenza Report
10/17/2018	Advance Care Planning RFI
10/16/2018	DAL NH 18-08 Cold Weather Advisory

Newsletters

10/15/2018	October 2018 MidMonth eDLC
10/01/2018	October 2018 e-Distance Learning Communique
09/28/2018	In the Field Fall 2018

Events/Calendar

11/02/2018	CTI-100 Intro to the Health Commerce System (Webi...
11/05/2018	CTI-200 Communications Directory Training
11/06/2018	CTI-120 HERDS Data Entry & Reports Training

Press Releases

10/24/2018	New York State Department of Health Announces Ele...
10/23/2018	New York State Department of Health launches the ...
10/17/2018	New York State Department of Health Warns More Po...

To be included in the mailing list for the Aware Prepare Update, email edlearn@health.ny.gov

EXERCISE (TESTING) PROGRAM

Tips for Implementation

Why Do We Exercise?

- You HAVE to
- Improving specific emergency operations or procedures
- Correcting deficiencies and problems
- Development and implementation of a new plan
- Ensure training is efficient
- Staff turnover

Exercise Planning and Execution Standards

The Homeland Security Exercise and Evaluation Program (HSEEP):

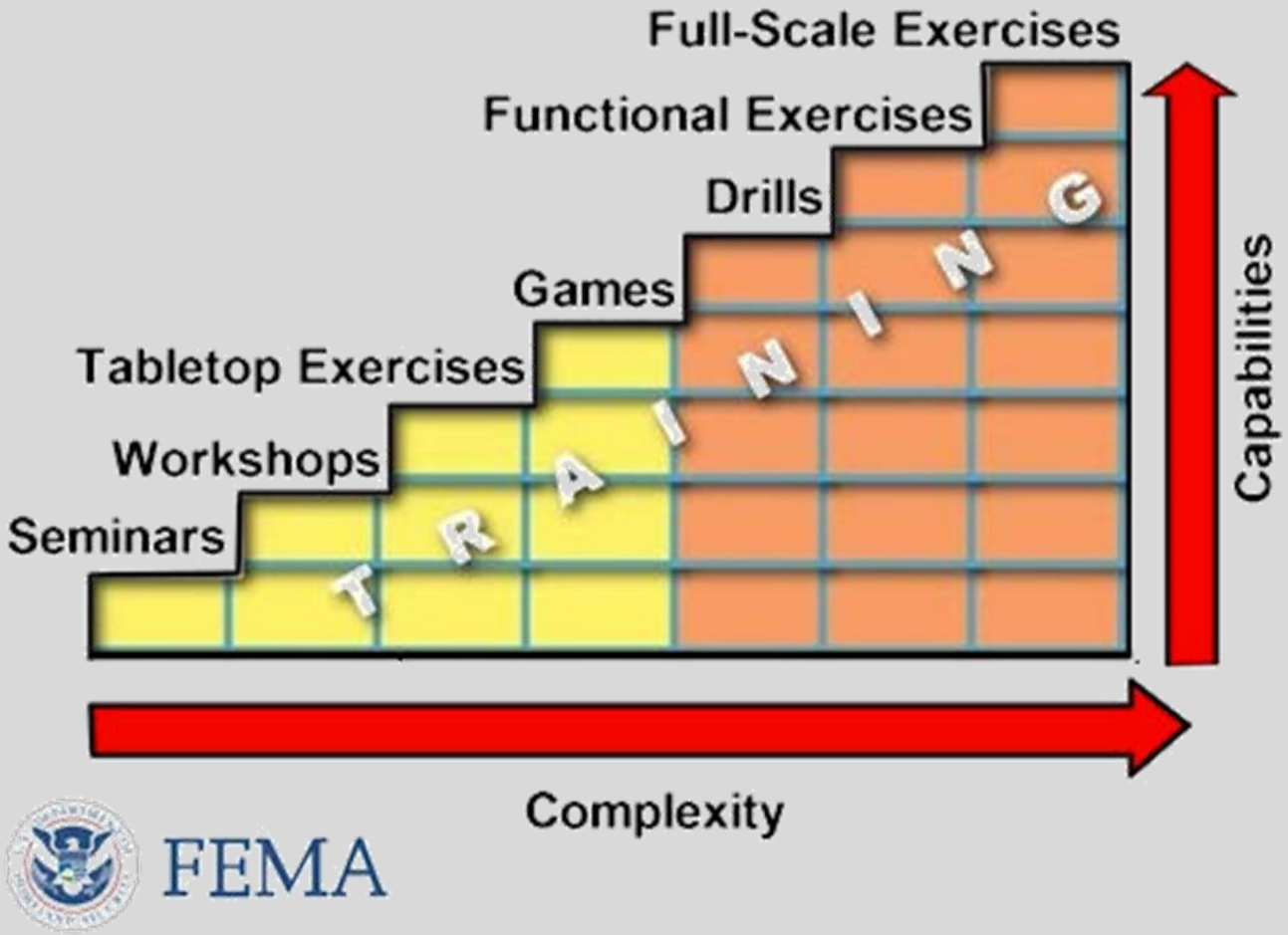
A standard model for planning, executing, and evaluating emergency management exercises

Image: Department of Homeland Security HSEEP Program

Common Types of Exercises

Discussion Based Exercises	Operations Based Exercises
Seminars	Drills
Workshops	Functional Exercises
Tabletop Exercises	Full Scale Exercises
Games/Simulations	

“Building Block” or Progressive Approach



Discussion-Based Exercises

- **Seminar** – A lecture-based, informal discussion-based training used to teach or familiarize participants with new or existing plans, policies, procedures or equipment or to discuss a specific topic.
- **Workshops** – A formal, discussion-based training led by a facilitator or presenter. Information is collected or shared and used to refine or develop a product (such as the EMP, policies and procedures). Workshops involve more participant discussion and may use break-out sessions.

Discussion-Based Exercises

- **Tabletop (TTX)** – A facilitated analysis of a hypothetical emergency situation in an informal, stress-free environment. Participants take part in group discussions to examine and resolve problems based on existing operational plans and identify where plans need to be refined. Participants also become familiar with roles, procedures, or responsibilities. Participant feedback is key to a successful tabletop exercise, which aids in the revision of policies, plans and procedures

Discussion-Based Exercises

- **Games** – a simulation of operations using rules, data, and procedures designed to depict an actual or assumed real-life situation. Does not involve the use of actual resources and often involves two or more teams. An example of a game would be an interactive video game that provides virtual simulations.

Operations-Based Exercises

- **Drills** – A supervised activity that tests a specific operation or function. *Drills involve a single function* (such as practicing one aspect of the EMP). Although there is no activation of the Incident Command Center, it does involve the deployment of resources and personnel.

Operations-Based Exercises

- **Functional Exercises (FE)** – A simulated, interactive exercise designed to evaluate capabilities and multiple functions of the EMP. A functional exercise does not involve the deployment of actual resources. This type of exercise will normally take place in the EOC/Incident Command Center. Simulators are used to deliver messages to the players, who then have to respond in real time.

Operations-Based Exercises

- **Full-scale exercise (FSE)** – Simulates an actual emergency and typically tests the clinic's entire EMP and may involve other agencies or organizations. A full-scale exercise makes use of a carefully planned and scripted exercise scenario and takes place in a realistic (and stressful) environment involving the use of actual resources. Because full-scale exercises are expensive and time consuming (both to develop and execute), they should be reserved for the highest priority hazards and functions.

HSEEP Exercise Types That Meet CMS Requirements

Discussion Based Exercises	Operations Based Exercises
Seminars	Drills
Workshops	Functional Exercises
Tabletop Exercises	Full Scale Exercises
Games/Simulations	

Multi-Year Training and Exercise Plan

ORGANIZATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Coalition		*Tabletop Exercise*										
Hospital 2					*Surge Exercise*							
North Site 3								*Code Pink Drill*				
South Site 4			*Code Pink Drill*									
Fire Drills 5	*All Sites*						*All Sites*			*All Sites*		

Exercise Planning Team

The Exercise Planning Team should include:

- A **team leader** responsible for directing and coordinating all exercise planning activities.
- A **subject matter expert** (SME), e.g. practice manager, nurse manager, to help develop the scenario.
- Someone to compile and develop all **exercise documentation**. This person will be responsible for reviewing all of the plans and policies that will be tested in the exercise.
- Someone responsible for logistics, **arranging the resources** (supplies, materials, services) and facilities needed for the exercise.
- **Administrative support** in the form of the coordination of schedules, planning of meetings, and registration of participants the day of the exercise.

Exercise Planning Overview

C & O — Concept and Objectives Meeting (C & O)

- Identify exercise planning team and members' roles and responsibilities
- Define scope and objectives

IPC — Initial Planning Meeting (IPC)

- Develop scenario and evaluation plans; define player involvement
- Determine logistics and other resource needs

MPC — Midterm Planning Conference (MPC)

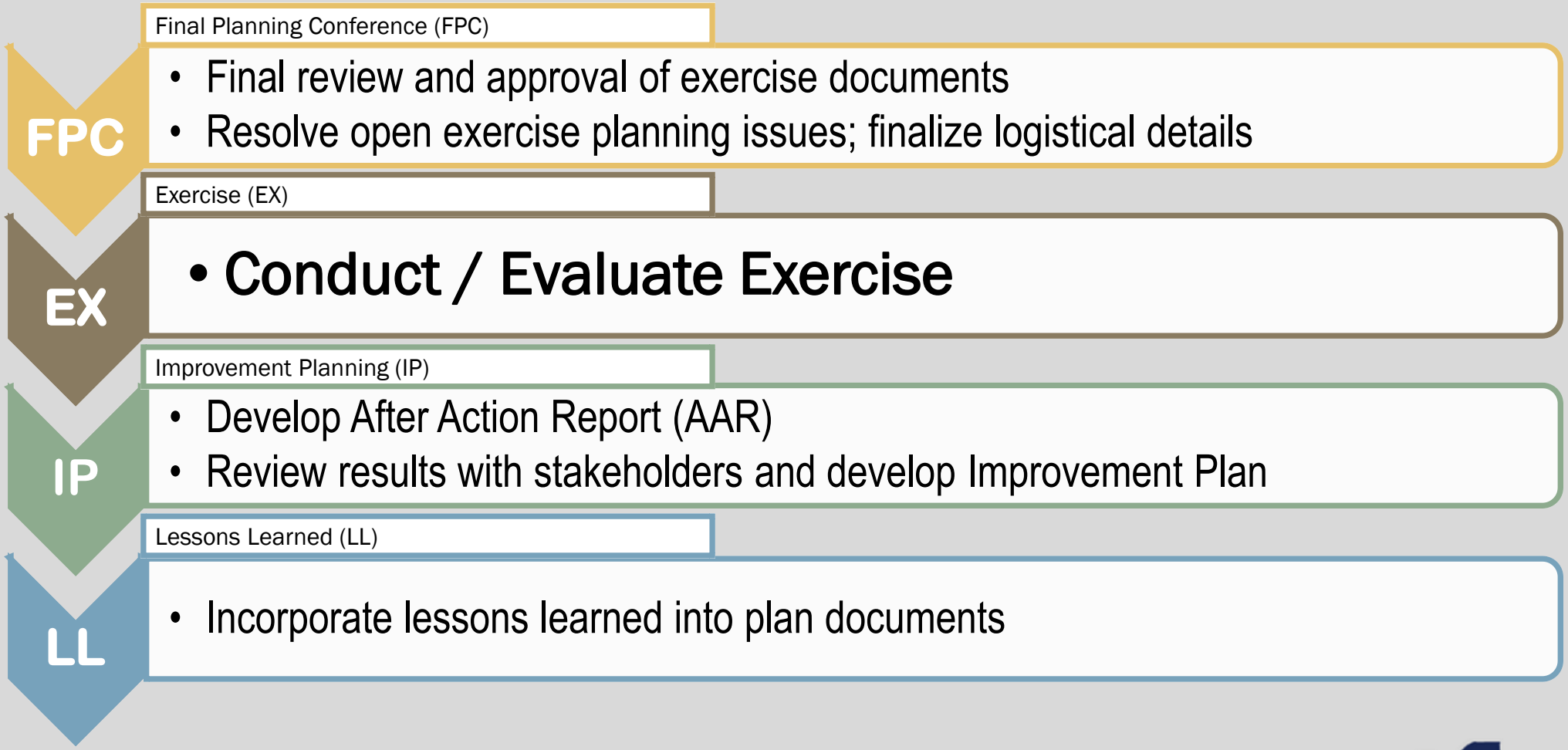
- Review draft exercise documentation

MSEL — Master Scenario Events List Meeting (MSEL)*

- Develop MSEL for complex exercises to describe key events and expected outcomes

* Operations-based exercises only

Exercise Planning Overview



Don’t Forget Your HVA

- Your exercises should test plans and procedures that address your organizational top hazards that you identified during the Hazard Vulnerability Analysis (HVA) / Risk Assessment Process.
- For example – you should not be doing an exercise on earthquakes, if this hazard is not a top priority for your FQHC.
- There are some hazards that should be considered for exercises universally:
  - *Cybersecurity*
  - *Workplace Violence*
  - *Power Outage*
  - *Infectious Control*
  - *Severe Weather*

Exercise Scope & Objective

- **Scope**
  - *An indicator of extent of the exercise (e.g. exercise type, participation level, exercise duration, exercise location).*

- **Objective**
  - *a distinct outcome an organization wishes to achieve during an individual exercise. Objectives should reflect the exercise sponsor's specific needs, environment, plans, and procedures, while providing a framework for scenario development and a basis for evaluation.*

Source: HSEEP

Exercise Scenario

- **Scenario**
  - A scenario provides the storyline that drives an exercise to test objectives. The scenario selected for an exercise should be informed by the actual threats and hazards faced by the exercise stakeholders.
  - ***Three basic elements:***
    - Context; Conditions; Technical Details
  - ***Based on:***
    - Realistic; Plausible Threat; Challenging
- Mechanism for assessing objectives and capabilities

Source: HSEEP

Finishing Up Planning

- Develop narrative / modules / questions / key issues (based on scope, objectives and scenario)
- Create exercise documents
- Confirm exercise personnel / team

Bringing Documentation Together

- Situation Manual (SitMan) or Exercise Plan (ExPlan)*
- Master Scenario Events List*
- Exercise Evaluation Guide (EEG)
- Hotwash Questions
- Participant Feedback Forms
- After-Action Report (AAR)

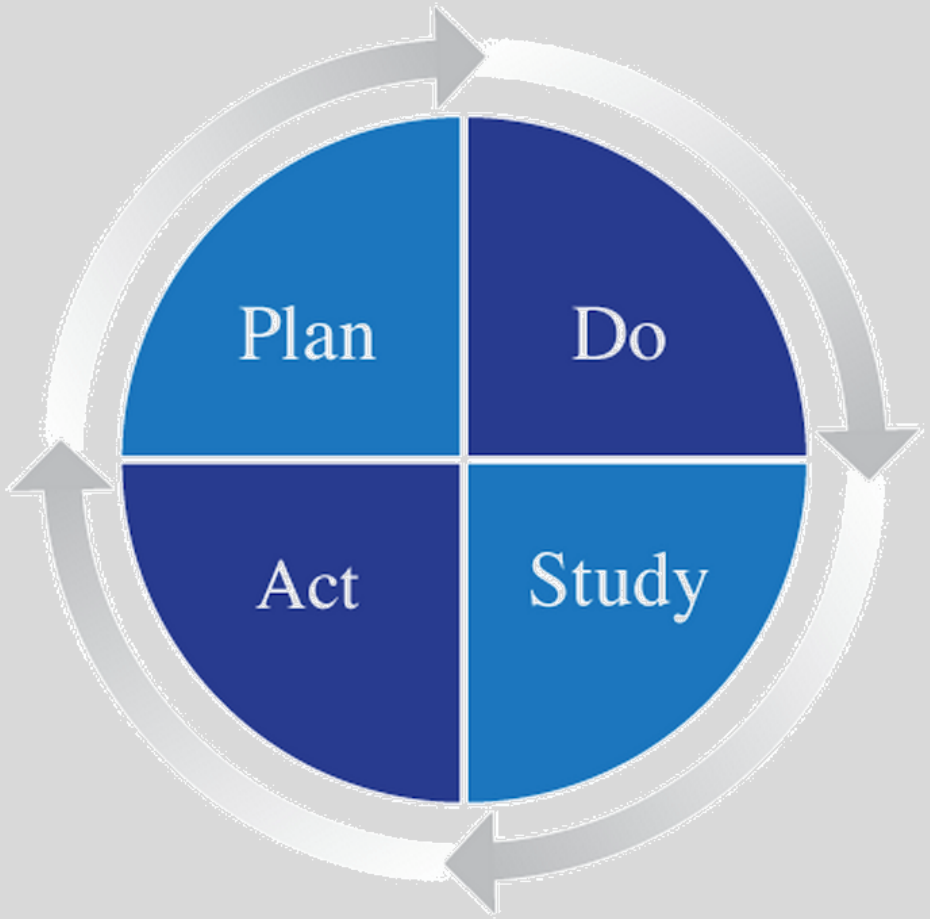
* Operations-based exercises only

Exercise Personnel / TEAM

- **Players/Participants** - respond to the scenario as presented
- **Facilitators** - lead, focus, and moderate group discussions
- **Evaluators** - observe and record discussions during the exercise, and also participate in data analysis
- **Observers** - watch the exercise and preparedness processes
- **Controllers*** – manage exercise play, direct pace, provide key data to players, insure safety
- **Actors*** – simulate specific roles to add realism

* Usually operations-based exercises only

Quality Improvement



What went well?

What went wrong?

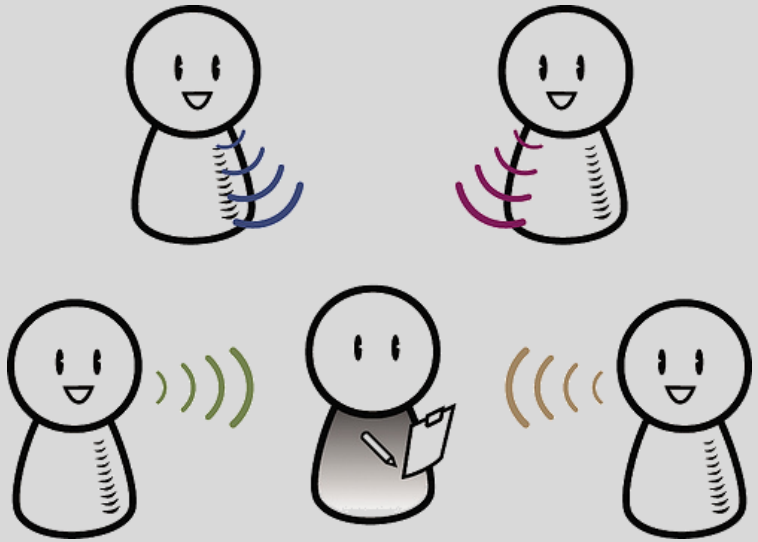
Where was the plan inadequate?

Hot Wash

- Allows players the opportunity to provide immediate feedback – participant feedback forms
- Enables controllers and evaluators to capture events while they remain fresh in players' minds
- Ascertains players' level of satisfaction with the exercise and determine any issues or concerns and proposed improvement items.

Exercise Evaluation

- Participant Feedback
- Evaluation Team
- Exercise Evaluation Guide
- After-Action Report



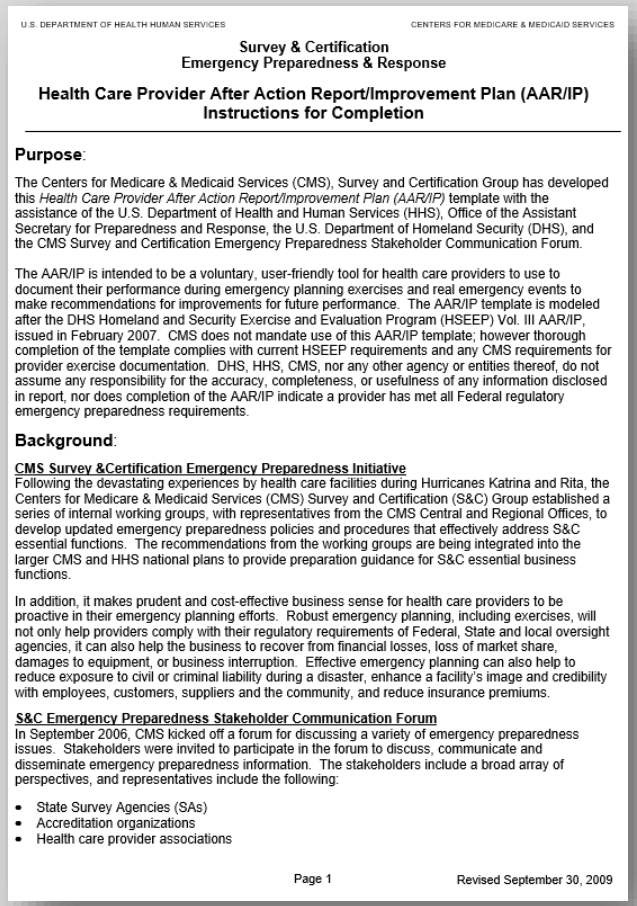
After-Action Review (AAR)

- A document that details your exercise and lists the highlights and areas for improvement that were noticed
- Aligns with the initial objectives set for the exercise
- Describes strengths and areas of improvement that were observed

Improvement Plans

- An action list of things to do
- Details who needs to do them
- Establishes a timeframe when the actions will be completed
- Important for planning the next exercise

CMS After Action Report / Improvement Plan Template



U.S. DEPARTMENT OF HEALTH HUMAN SERVICES — CENTERS FOR MEDICARE & MEDICAID SERVICES

Survey & Certification
Emergency Preparedness & Response

Health Care Provider After Action Report/Improvement Plan (AAR/IP)
Instructions for Completion

Purpose:

The Centers for Medicare & Medicaid Services (CMS), Survey and Certification Group has developed this *Health Care Provider After Action Report/Improvement Plan (AAR/IP)* template with the assistance of the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response, the U.S. Department of Homeland Security (DHS), and the CMS Survey and Certification Emergency Preparedness Stakeholder Communication Forum.

The AAR/IP is intended to be a voluntary, user-friendly tool for health care providers to use to document their performance during emergency planning exercises and real emergency events to make recommendations for improvements for future performance. The AAR/IP template is modeled after the DHS Homeland and Security Exercise and Evaluation Program (HSEEP) Vol. III AAR/IP, issued in February 2007. CMS does not mandate use of this AAR/IP template; however thorough completion of the template complies with current HSEEP requirements and any CMS requirements for provider exercise documentation. DHS, HHS, CMS, nor any other agency or entities thereof, do not assume any responsibility for the accuracy, completeness, or usefulness of any information disclosed in report, nor does completion of the AAR/IP indicate a provider has met all Federal regulatory emergency preparedness requirements.

Background:

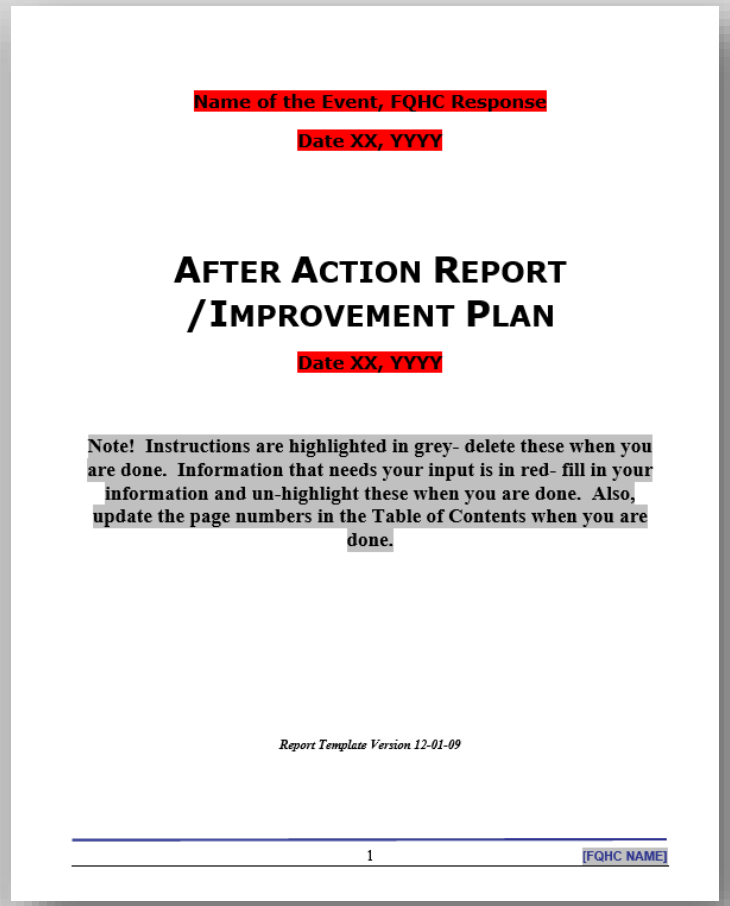
CMS Survey &Certification Emergency Preparedness Initiative
Following the devastating experiences by health care facilities during Hurricanes Katrina and Rita, the Centers for Medicare & Medicaid Services (CMS) Survey and Certification (S&C) Group established a series of internal working groups, with representatives from the CMS Central and Regional Offices, to develop updated emergency preparedness policies and procedures that effectively address S&C essential functions. The recommendations from the working groups are being integrated into the larger CMS and HHS national plans to provide preparation guidance for S&C essential business functions.

In addition, it makes prudent and cost-effective business sense for health care providers to be proactive in their emergency planning efforts. Robust emergency planning, including exercises, will not only help providers comply with their regulatory requirements of Federal, State and local oversight agencies, it can also help the business to recover from financial losses, loss of market share, damages to equipment, or business interruption. Effective emergency planning can also help to reduce exposure to civil or criminal liability during a disaster, enhance a facility's image and credibility with employees, customers, suppliers and the community, and reduce insurance premiums.

S&C Emergency Preparedness Stakeholder Communication Forum
In September 2006, CMS kicked off a forum for discussing a variety of emergency preparedness issues. Stakeholders were invited to participate in the forum to discuss, communicate and disseminate emergency preparedness information. The stakeholders include a broad array of perspectives, and representatives include the following:

- State Survey Agencies (SAs)
- Accreditation organizations
- Health care provider associations

Page 1 — Revised September 30, 2009



Name of the Event, FQHC Response

Date XX, YYYY

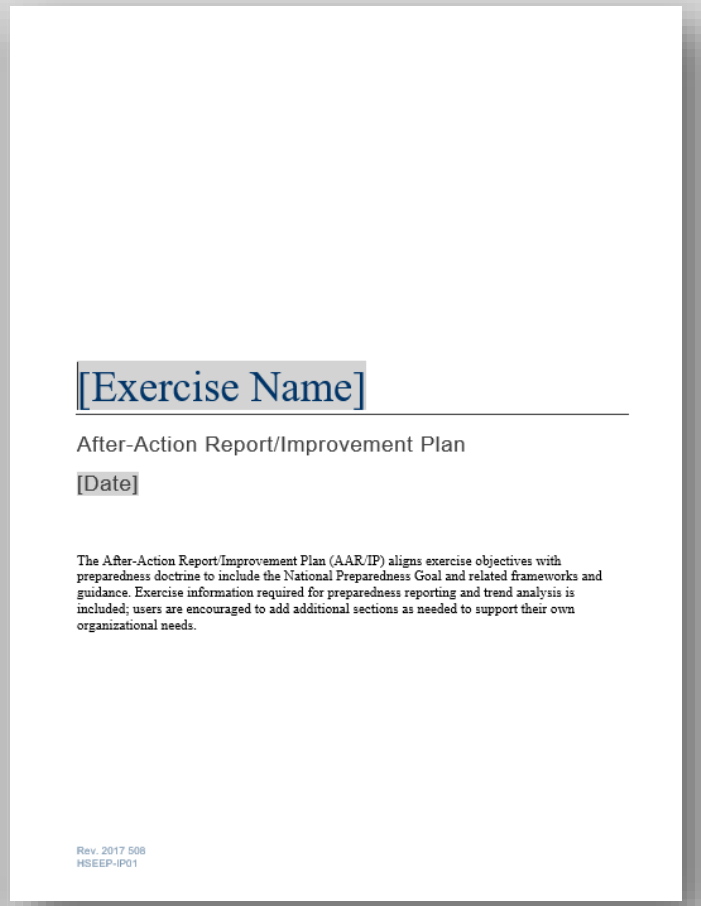
AFTER ACTION REPORT /IMPROVEMENT PLAN

Date XX, YYYY

Note! Instructions are highlighted in grey- delete these when you are done. Information that needs your input is in red- fill in your information and un-highlight these when you are done. Also, update the page numbers in the Table of Contents when you are done.

Report Template Version 12-01-09

1 [FQHC NAME]



[Exercise Name]

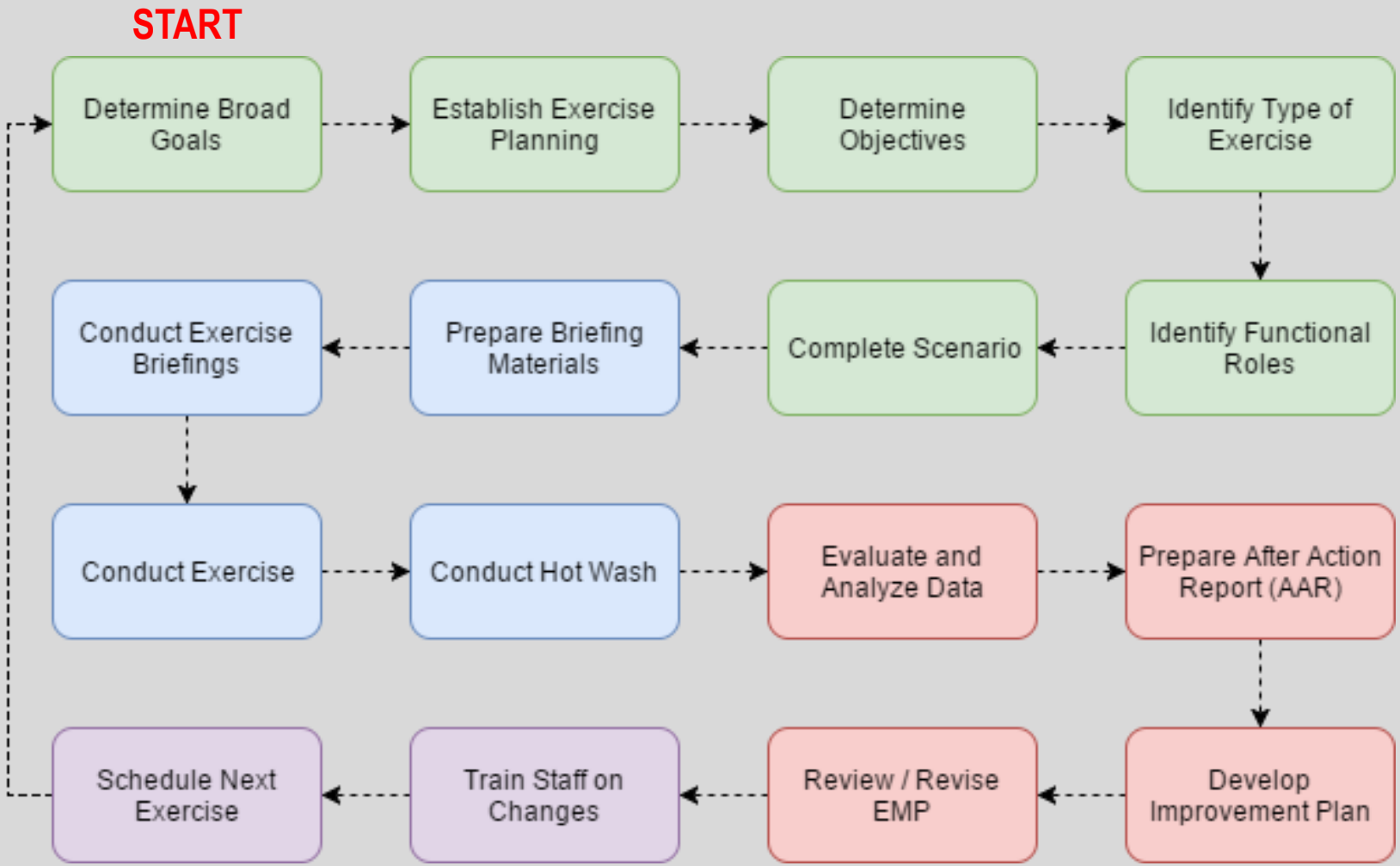
After-Action Report/Improvement Plan

[Date]

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

Rev. 2017 508
HSEEP-IP01

Exercise Development Flowchart



Common Exercise Pitfalls

- Exercising without a plan
- Exercising without a program
- Exercising in a vacuum
- Not allowing enough time for planning
- Too many objectives
- “Wrong” attendees
- Insufficient facilitators and/or evaluators
- AARs without specifics
- Lack of follow-through in the Improvement Plan

Exercise Opportunities for NYS and NYC

- **For NYC - Functional Exercise** for primary care centers (26 FQHCs already recruited)
  - *In-person educational session - **November 14, 2018***
  - *Day of the Exercise –April 12, 2019*
  - *Ongoing exercise planning / execution support*
  - *Improvement planning / after-action reporting*
- **For NYS - Interoperable Communications (IOC) + Coalition Surge Exercise**
  - *More information coming - Spring 2019*

FEMA Virtual TTX

Emergency Management Institute (EMI) Virtual Table Top Exercise (VTTX)

VTTX Testimonials:

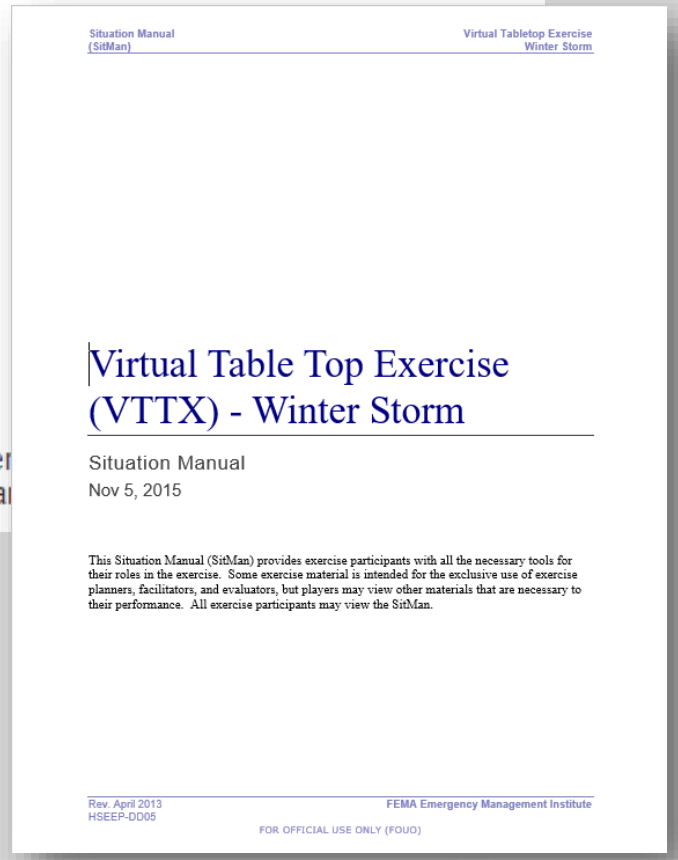
"Thank you for putting this on. It was a great TTX. Really got us talking about our plans"

Erik Hackmann, Senior Manager
Security Seattle Mariners

"Thanks for hosting this exercise. The Padres walked away with valuable learning points"

Leonard Davey, Senior Director of Security & Transportation
San Diego Padres

Background: The VTTX is a series of Virtual Tabletop Exercises that are offered monthly by the Emerger
VTTX program was launched in September of 2012 as an initiative to leverage technology and reach a la



https://training.fema.gov/programs/emivttx.aspx

Coming Up

November 1

Part IV – Communications / Integrated Systems

- *Emergency communications, communications planning, integrated healthcare systems + updates*

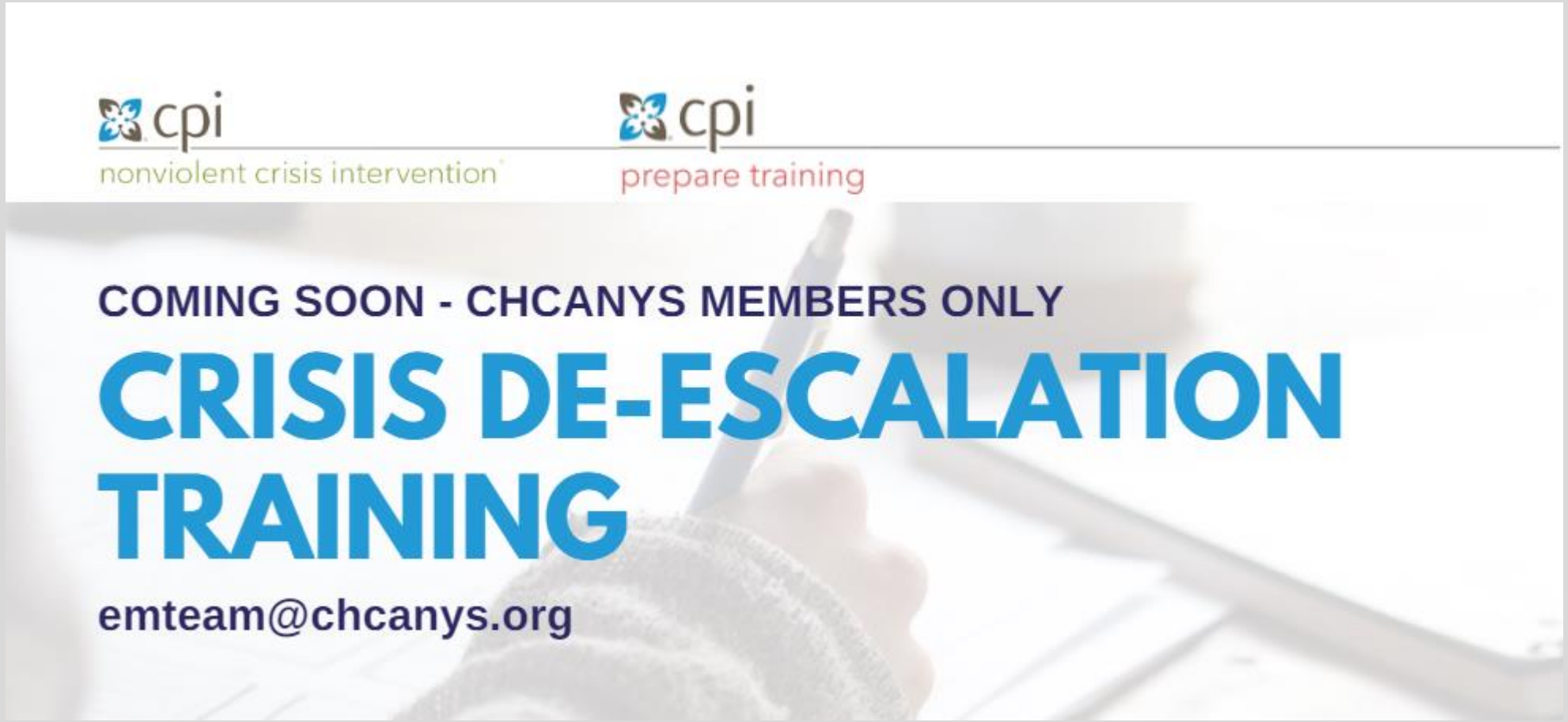
On-site T/TA*

To Register:

https://www.surveymonkey.com/r/YP9LBZM

***Note:** Only for FQHCs outside of NYC

CHCANYS CPI Training Available Soon!!!



PLEASE LET US KNOW IF YOU ARE INTERESTED!

CHCANYS

Upcoming “Meetups” – Save the Date

Quarterly Emergency Management Meetups

- January 22, 2019
- April 23, 2019

REGISRATION - https://bit.ly/2yuuKkH

RESOURCES

Resources

- CMS Rule - https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid
- *Centers for Medicare and Medicaid Services (CMS):*
  - *Survey & Certification- Emergency Preparedness Regulation Guidance - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html*
- HHS Office of Assistant Secretary for Preparedness and Response:
  - *Technical Resources, Assistance Center, and Information Exchange (TRACIE) - https://asprtracie.hhs.gov/cmsrule*

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

CHCANYS

Resources

- The Homeland Security Exercise and Evaluation Program (HSEEP) doctrine - https://preptoolkit.fema.gov/web/hseep-resources
- HSEEP Quick Reference Guide - https://www.calhospitalprepare.org/sites/main/files/file-attachments/cider_hseep_refgdv3.pdf
- Harvard EPREP Exercise Evaluation Toolkit - https://www.hsph.harvard.edu/preparedness/toolkits/exercise-evaluation-toolkit

Resources

- FEMA IS-120.A: An Introduction to Exercises (also see IS-130: Exercise Evaluation and Improvement Planning) https://training.fema.gov/is/courseoverview.aspx?code=is-120.a
- CMS After Action Report/Improvement Plan Template and Instructions- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/aartemplateinstructions.zip
- Healthcare Cyber Tabletop Exercise Package - https://www.hsdl.org/?view&did=789781
- Mystery Patient Functional Exercise Package - https://www.dropbox.com/sh/fysy1p58sntdrr2/AACQ-jDzHr10eHRmq9AXbxSoa?dl=0

Questions?

EM Team

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