**Federally Qualified Health Center (FQHC) Communications Drill Toolkit**

Developed by the Community Health Care Association of New York State (CHCANYS)

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# Introduction

Successful response to an emergency or disaster requires effective communication planning; staff that understand plans and their role in implementing them; and the identification and application of lessons learned from exercises to enhance health center preparedness. The Centers for Medicare and Medicaid Services (CMS) require health centers to have communications plans as part of their comprehensive emergency management programs (CEMPs). In addition, 2016 [CMS EP Rule](https://www.federalregister.gov/d/2016-21404/p-2659) and 2019 [CMS EP Rule revisions](https://www.federalregister.gov/d/2019-20736/p-1510) require health centers to test their emergency plans through a full-scale, community-based exercise or an individual, facility-based functional exercise every 2 years, and an additional exercise of the health center’s choice on alternate years. \* Individual states and the federal Health Resources and Services Administration (HRSA) also have various emergency preparedness requirements/expectations for health centers.

This toolkit was created to support FQHCs’ ability to test protocols and identify planning gaps related to message development, approval, and dissemination to their employees through a communications drill. A drill is one type of operations-based exercise and is usually conducted to test a single, specific operation or function within a single entity. Additional exercises to support preparedness should be conducted as part of a broader strategy that applies a progressive approach to testing health centers’ plans and building capabilities, i.e., each exercise should support the overall preparedness goals of the organization and build on the one before it.

*\*Note: real-world activation of a health center’s emergency plans satisfies the requirement for the next scheduled full-scale or functional exercise. For more information on CMS exercise requirements, please review 2016*[*CMS EP Rule*](https://www.federalregister.gov/d/2016-21404/p-2659)*and 2019*[*CMS EP Rule revisions.*](https://www.federalregister.gov/d/2019-20736/p-1510)

# How to Use This Toolkit

This toolkit is organized to take the user through a series of steps to develop, conduct, and evaluate a communications-focused drill, and apply lessons learned through an improvement planning process. While this document provides exercise guidance and templates adapted from the [Homeland Security and Exercise Evaluation Program (HSEEP)](https://preptoolkit.fema.gov/web/hseep-resources) that may be applied to the development of any type of exercise, it is not intended to be a comprehensive review of HSEEP. The draft exercise and evaluation templates, including sample objectives, scenarios, and messages, should be modified as needed to meet each health center’s preparedness goals. [Bracketed areas shaded in gray] indicate where organizations may customize the content. A glossary, acronyms, and references/resources are included for additional information.

# Step 1: Prepare for a Successful Exercise

* Secure executive-level approval for the exercise before starting the planning process.
	+ If feasible for your organization, use the Integrated Preparedness Planning Workshop (IPPW)/process from HSEEP to devise your health center’s training and exercise program strategy.
* Designate an Exercise Director to oversee the exercise process. The Exercise Director should understand and know how to apply the HSEEP guidance and is responsible for exercise program management, including the use of consultants to support the exercise.
* Convene an Exercise Planning Team (EPT) that includes stakeholders from across the organization to support and provide input into exercise development, evaluation, and related improvement planning.
* Review the plans, policies, and/or procedures to be tested to ensure they are complete enough to achieve the exercise objectives the EPT sets.
	+ The exception to this is when the exercise is being conducted with the goal of exploring issues to create new plans, policies, and/or procedures, e.g., through a discussion-based exercise such as a workshop or tabletop exercise.
* Unless the exercise is intended to test “just-in-time” training and materials, staff should be trained in the plans, policies, and procedures (including use of any materials or equipment) to be tested before the exercise.

# Step 2: Develop the Exercise

Follow the HSEEP Exercise Cycle (Figure 1. [HSEEP Policy and Guidance 2020](https://preptoolkit.fema.gov/web/hseep-resources)) and associated guidance for each phase to plan individual exercises.

* Conduct a series of meetings with defined goals and outcomes, adapting the provided templates for all documentation to meet your organization’s needs.

**Figure 1: HSEEP Cycle**

* Schedule more development time for more complex exercises. A straightforward communications drill may be planned in 1-2 months, if plans, etc. are in place, and staff can be prepared in time.
* If multiple locations from the organization will participate, determine if objectives will be the same for all sites, and/or if each will have unique objectives.
* Conduct exercise planning meetings in the order below to achieve the primary objectives noted for each. (Figure 2) To streamline exercise development when possible:
	+ Combine the Concept & Objectives (C & O) Meeting with the Initial Planning Meeting (IPM).
	+ Combine the Midterm Planning Meeting (MPM) with the Master Scenario Events List (MSEL) meeting. (Note: this may be done for other operational exercises, as appropriate.)

**Figure 2. HSEEP order of exercise planning meetings and primary objectives for each (adapted from** [HSEEP Policy and Guidance 2020](https://preptoolkit.fema.gov/web/hseep-resources))

# Step 3: Develop an Exercise Evaluation Plan

Exercise evaluation planning occurs in coordination with exercise design and development.

* Design an Exercise Evaluation Plan that consists of the observations compiled by evaluators in Exercise Evaluation Guides (EEGs), as well as the feedback provided by participants during the post-exercise “Hotwash” and through their Participant Feedback Forms.
	+ All evaluation should occur in real time while an exercise is in progress.
* Adapt the sample HSEEP Exercise Evaluation Guides (EEGs), based on the specific exercise objectives and capabilities being tested in your organization’s exercise.
* Design data collection tools to meet the exercise goals.
	+ Craft questions to be as objective (i.e., closed-ended) as possible. Objective data is easier and faster to analyze and develop conclusions from.
	+ Subjective (i.e., open-ended) questions are better for evaluating a newer plan or capability because responses may offer more nuanced information than objective data. It takes longer to analyze subjective data.
* Collect data electronically for efficiency (e.g., online survey tools).
* Build in time for data analysis when determining after-action review timelines.

# Step 4: Conduct the Exercise

## Pre-exercise Preparation

* Identify exercise evaluators no later than 1-2 weeks before the exercise.
	+ Evaluators should have little to no involvement in exercise planning but should understand enough about the plans being tested to assess the exercise using the Exercise Evaluation Guides (EEGs).
	+ Consider staff that regularly perform evaluation or quality improvement functions.
* Finalize outstanding logistics issues with internal teams and/or vendors, as needed, no later than 1-2 weeks before the exercise.
	+ This could include space for exercise-related activities; food and/or beverages; document photocopies/printing; collation and/or delivery of participant materials, etc.
* Incorporate any final changes to the Exercise Plan, as needed, no later than 1 week before the exercise.
* Train evaluators 1-2 days before the exercise.
	+ Review the Exercise Plan and Exercise Evaluation Guides (EEGs).
	+ Review and confirm communication-related plans, and test equipment, as applicable.
	+ Review information and documentation that evaluators must submit for after-action reporting and improvement planning, including when to submit, how to submit, and to whom they must submit.
	+ Depending on their knowledge of your health center’s EM-related plans, evaluators may need to be provided with additional, targeted training on emergency plan content to ensure they understand the response expectations for the exercise.
* During the week of the exercise, place signs in the facility to let staff, patients, and visitors know that an exercise will be conducted some time that week.

## Day of Exercise Tasks\*

* Ensure that all exercise materials are ready and where they need to be, e.g., that players have briefing materials.
* Review schedule and conduct final communications check with controllers and evaluators.
	+ As applicable, discuss coordination of activities and communication protocols across participating sites.
* Conduct a Player Briefing prior to the start of the exercise.
	+ A single briefing may be offered virtually by the Lead Controller if multiple sites are participating, or each respective Site Controller may conduct their own using the materials provided by the EPT.
* Ensure that players, controllers, evaluators, and any observers are in place and ready before officially starting the exercise.
* Evaluate the exercise in real time.
* Use the MSEL to track timing and apply injects to support exercise play, as planned, or needed.
* Conduct a Hotwash (i.e., feedback session) at the end of the exercise.
	+ Keep it to no more than 30 minutes.
	+ Have the evaluator(s) take notes.
	+ Ask participants to complete a Participant Feedback Form via hard copy, or electronically, by the end of the day.

*\*Note: If any portion of your exercise includes staff that are not physically on site, make sure that materials may be accessed electronically.*

# Step 5: Perform an After-Action Review and Apply Lessons Learned Through Improvement Planning

Improvement planning is critical to “completing” the HSEEP Cycle, and a round of the Integrated Preparedness Cycle (IPC) (Figure 3; from [HSEEP Policy and Guidance 2020](https://preptoolkit.fema.gov/web/hseep-resources).)

* Engage stakeholders from across the organization to provide input during the after-action process, and to apply their experience and expertise to improvement planning.
* Compile and analyze evaluation results against objectives to identify strengths and areas for improvement.

**Figure 3. Integrated Preparedness Cycle**

* Document findings in an After-Action Report (AAR) and suggested corrective actions in the Improvement Plan (IP).
* Present evaluation findings and share the draft AAR/IP for comment during an After-Action Meeting (AAM).
* Stakeholders should come to agreement about the corrective actions listed in the final Improvement Plan (IP), ensuring that each task is clearly defined, and includes target timing for completion, an expected outcome, and a stakeholder assigned to complete it.
* Disseminate the final version of the AAR and IP to stakeholders.
* Add the corrective actions from the exercise to the larger list of corrective actions from other exercises and real emergencies being tracked by your health center until they are completed.
* “Begin” the next round of the Integrated Preparedness Cycle (IPC) by updating emergency plans, policies, procedures, tools, etc. to reflect lessons learned and corrective actions for your health center.

# Communications Drill Tools and Templates

The draft tools and templates in this toolkit should be modified and customized by health centers to meet their individual exercise goals and preparedness priorities. These materials are [attached](#Attachments) and include:

* Agenda for conducting a combined Concept & Objectives (C&O) and Initial Planning Meeting (IPM)
* Agenda for conducting a combined Midterm Planning Meeting (MPM)/Master Scenario Events Listing (MSEL) Meeting
* Agenda for conducting a Final Planning Meeting (FPM)
* Exercise Plan
* MSEL
* Player Briefing Slides
* Controller and Evaluator Training Slides
* Exercise Evaluation Guides (EEG)
* Participant Feedback Form.

# References and Resources

ASPR TRACIE. (2021). [Rural Health Clinic / Federally Qualified Health Center Requirements: CMS Emergency Preparedness Final Rule (Updated).](https://files.asprtracie.hhs.gov/documents/aspr-tracie-cms-ep-rule-rhc-fqhc-requirements.pdf)

Centers for Disease Control and Prevention. (2018). [Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](https://www.cdc.gov/cpr/readiness/capabilities.htm).

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Federal Emergency Management Agency. (2020). [HSEEP Policy and Guidance.](https://preptoolkit.fema.gov/web/hseep-resources)(Including Preparedness Toolkit)

Federal Emergency Management Agency (FEMA). (2018). [IS-120.C: An Introduction to Exercises](https://training.fema.gov/is/courseoverview.aspx?code=IS-120.c).

National Nurse-Led Care Consortium. (2019). [Health Center Communications Plan Template**.**](https://www.nurseledcare.org/documents/item/568-health-center-communications-plan-preview.html)(Free registration necessary to download Word version of template.)

Office of the Assistant Secretary for Preparedness and Response. (2016). [2017-2022 Health Care Preparedness and Response Capabilities**.**](https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf)U.S. Department of Health and Human Services.

# Acronyms

|  |  |
| --- | --- |
| AAM | After Action Meeting |
| AAR | After Action Report |
| CEMP | Comprehensive Emergency Management Program |
| CMS | Centers for Medicare and Medicaid Services |
| C&O | Concept & Objectives (Meeting) |
| EEG | Exercise Evaluation Guide |
| EM | Emergency Management |
| EOP | Emergency Operations Plan |
| FPM | Final Planning Meeting |
| FQHC | Federally Qualified Health Center |
| HSEEP | Homeland Security and Evaluation Program |
| IP | Improvement Plan |
| IPM | Initial Planning Meeting |
| MPM | Midterm Planning Meeting |
| MSEL | Master Scenario Events List |

# Glossary

| **TERM** | **DEFINITION** |
| --- | --- |
| After Action Review | A structured review or de-brief process for analyzing what happened, why it happened, and how it can be done better. |
| After Action Report (AAR) | A detailed critical summary or analysis of a past event (such as an exercise or actual emergency response) made for the purposes of re-assessing decisions and considering alternatives for future reference. |
| After Action Meeting (AAM) | A meeting that serves as a forum to review the revised AAR and the draft IP. Participants should seek to reach final consensus on strengths, areas for improvement, draft corrective actions, concrete deadlines, and owners/assignees for implementation of corrective actions. |
| Capability | Means to accomplish a mission, function, or objective. |
| Controller | Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants. |
| Disaster | Escalated emergency that is typically large-scale and crosses geographic, political, and academic boundaries. Disasters require a level of response and recovery greater than local communities can provide. |
| Discussion-based (exercise) | A type of exercise that can be used to familiarize players with, or develop new, plans, policies, agreements, and procedures. It focuses on strategic, policy-oriented issues. Facilitators and/or presenters usually lead the discussion, keeping participants on track towards meeting exercise objectives. |
| Drill | An operations-based exercise that is usually conducted to test a single, specific operation or function within a single entity. |
| Emergency | A small-scale, localized incident which is usually resolved quickly using local resources. |
| Evaluation | Process of examining, measuring and/or judging how well an entity, procedure, or action has met or is meeting stated objectives. |
| Evaluator | Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs). |
| Exercise Evaluation Guide (EEG) | A document that captures information specifically related to the evaluation requirements developed by the exercise planning team. The EEG provides evaluators with a standardized tool to guide data collection and capture performance results. |
| Homeland Security Exercise and Evaluation Program (HSEEP) | A document that provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. |
| Hotwash | A meeting that provides an opportunity to discuss exercise strengths and areas for improvement immediately following the conduct of an exercise. |
| HSEEP (Exercise) Cycle | The HSEEP, or Exercise Cycle describes the four (4) key steps for testing and improving plans: Design and Development; Conduct; Evaluation; and Improvement Planning. These steps are performed in coordination with Program Management activities.  |
| Improvement Plan/Planning | An element of the After-Action Report process, the Improvement Plan lists the corrective actions that will be taken, and the responsible individual or organization, and expected completion date for each. |
| Injects | A MSEL event introduced to a player by the control staff, representing nonplaying entities, to build the exercise environment based on the exercise scenario and to drive operations-based exercise play. Injects may be pre-scripted to generate or prompt player activity or used when an expected action by a player did not occur as planned, to provide an additional opportunity to meet exercise objectives (contingency injects). |
| Integrated Preparedness Cycle (IPC) | The IPC of planning, organizing/equipping, training, exercising, and evaluating/improving is a continuous process that ensures the regular examination of ever-changing threats, hazards, and risks, and the development of plans to address them. |
| Master Control Cell (MCC) | A location where overall coordination is managed between venue (site) control cells, simulation cells, and other control areas. |
| Master Scenario Events Listing (MSEL) | A document or system that is a chronological timeline of expected actions and scripted events to be injected into exercise play by controllers to generate or prompt player activity. It ensures necessary events happen so that all objectives are met. Larger, more complex exercises may also use a procedural flow, which differs from the MSEL in that it contains only expected player actions or events. The MSEL links simulation to action, enhances the exercise experience for players, and reflects an incident or activity meant to prompt players to action. |
| Operations-based (exercise) | A type of exercise that can be used to validate plans, policies, agreements, and procedures; clarify roles and responsibilities; and identify resource gaps. Operations-based exercises are characterized by actual reaction to an exercise scenario, such as initiating communications or mobilizing personnel and resources. |
| Preparedness | One of the phases of emergency management. It includes planning, training, and educational activities for events that cannot be mitigated. |
| Progressive Approach (to exercise planning) | A series of increasingly complex exercises, with each exercise building upon the previous one. |
| Public Health Emergency | An occurrence or imminent threat of an illness or health condition that (1) is believed to be caused by any of the following: bioterrorism; appearance of a novel or previously controlled or eradicated infectious agent or biological toxin; natural disaster; chemical attack or accidental release; nuclear attack or accident; and (2) poses a high probability of any of the following harms occurring in a large number of the affected population: death; serious or long-term disability; widespread exposure to infectious or toxic agent posing significant risk of substantial future harm. |
| Redundancy | Additional or alternative systems, sub-systems, assets, or processes that maintain a degree of overall functionality in case of loss or failure of another system, sub-system, asset, or process |
| Response | One of the phases of emergency management. Occurs in the immediate aftermath of a disaster. Immediate actions to save and sustain lives, protect property and the environment, and meet basic human needs. Response also includes the execution of plans and actions to support short-term recovery. |
| Risk Communication | The process of providing concise, comprehensible, credible information, as needed to make effective decisions regarding risks. |
| Scenario  | Hypothetical situation comprised of a hazard, an entity impacted by that hazard, and associated conditions including consequences when appropriate. |
| Simulation Cell | A location from which controllers deliver messages representing actions, activities, and conversations of an individual, agency, or organization that is not participating in the exercise. |
| Venue (Site) Control Cell | A location where controllers manage individual injects designed for their relevant players. |
| Situational awareness | A person’s state of knowledge or mental model of the situation around the individual and/or his/her operating unit, including an understanding of the evolving state of the environment. |

# Attachments

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## Exercise Plan

## MSEL

## Player Briefing Slides

## Controller and Evaluator Training Slides

## Exercise Evaluation Guides (EEG)

## Participant Feedback Form