



The Art of the Drill: CMS-Ready Emergency Preparedness Drills

By Dr. Stephen B. Goldman, Ed.D.







In this paper Dr. Steven Goldman, internationally recognized crisis management and business continuity expert, shares his best strategies for a successful drill.

We will address the following topics in this paper:

- + The CMS Emergency Preparedness Guidelines
- + Resources
- + Getting Started
- + The Great Eight Points for a Successful Drill
- + After Your Successful Drill
 - Now What?

The Art of the Drill: CMS-Ready Emergency Preparedness Drills

Introduction

Emergency preparedness drills are a core concept in emergency planning for hospitals and healthcare systems, and required annually under the CMS Emergency Preparedness Guidelines¹. All hospitals and healthcare facilities must be compliant, and Emergency Drills are critical to ensuring your compliance.

To help ensure your drills are CMS-ready, in this White Paper we invited Dr. Steven Goldman, Ed.D., an internationally recognized expert for business continuity, crisis management, disaster recovery, and crisis communications to share his best strategies for a successful drill. This paper is derived from Dr. Goldman's over 30 years' experience specializing in creating and conducting realistic drills and exercises. Dr. Goldman is the Developer and Senior Lecturer at MIT's "Crisis Management & Business Continuity" professional education course².

Caveat

No two hospitals are the same; even within a hospital, organizations and departments can vary. So please adapt the information in this document to your specific situation / organization / hospital / healthcare facility.

The CMS Emergency Preparedness Guidelines

The best place to start is to review and understand the CMS Emergency Preparedness guidelines. These can be found at: <https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicareand-medicaid-programs-emergency-preparedness-requirements-for-medicareand-medicaid>

Next step is to go to §482.15 "Condition of participation: Emergency preparedness" listed at <https://www.federalregister.gov/d/2016-21404/p-139>.

¹ See <https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirementsfor-medicare-and-medicaid>

² Go to <http://shortprograms.mit.edu/cm> for information on the MIT "Crisis Management and Business Continuity" Professional Education course.

The seven major categories are.

- a) Emergency Plan
- b) Policies and Procedures
- c) Communications Plan
- d) Training and Testing**
- e) Emergency and Standby Power Systems
- f) Integrated Healthcare Systems
- g) Transplant Hospitals

This paper is concerned with subparagraph (d) *Training and Testing*. The Training and Testing category has general obligations and two detailed (training and testing) requirements as listed in the box below.

Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers

(d) Training and Testing

The hospital 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.

(1) **Training program.** The hospital 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 role
- (ii) Provide emergency preparedness

training at least annually

- (iii) Maintain documentation of the training
- (iv) Demonstrate staff knowledge of emergency procedures

(2) **Testing.** The hospital must conduct exercises to test the emergency plan at least annually. The hospital must do all of 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. If the hospital experiences an actual natural or man-made emergency that requires activation of the emergency plan, the hospital 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.

- (ii) Conduct an additional exercise that may include, but is not limited to the 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 hospital's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospital's emergency plan, as needed.



No two hospitals are the same – even within a hospital, departments can vary. Adapt your plans to best meet the needs of your hospital and team.

Resources

In addition to this White Paper, many resources exist to help you in your efforts. A partial listing includes the following.

- + RAND Corporation's 2006 tabletop exercise technical report (http://www.rand.org/pubs/technical_reports/2006/RAND_TR319.pdf)
- + HSEEP Quick Reference Guide provides an overview of the Homeland Security Exercise and Evaluation Program (HSEEP) on several topics http://www.calhospitalprepare.org/sites/main/files/fileattachments/cider_hseep_refgdv3.pdf
- + ASPR TRACIE, an online resource from Health & Human Services with an extensive library of information to help you meet CMS criteria for drills and overall emergency preparedness planning. <https://asprtracie.hhs.gov/technical-resources>
- + A list of online and in-person courses from FEMA for emergency planners. <https://training.fema.gov/is/courseoverview.aspx?code=IS-235>. c escorts the patient to radiology where the CT Scan is performed. The technician then posts the scan back to the conversation which Dr. Adams is still on. Dr. Adams reads the scan, diagnoses an ischemic stroke and calls for tPA to be administered.

Getting Started

As you begin this effort, think about the following concepts and how you will address them:

- + Your purpose – why are you doing this? What do you expect to accomplish?
- + The end result – what does success look like?
- + Management support, including personnel and funding
- + Hospital and department support and participation
- + External (agency, company, resources) support and participation
- + Personnel, materials, permissions, facilities, coordination, donuts, meals
- + An understanding and appreciation that most of the participants are volunteers
- + Carrots (incentives/this makes us prepared) and sticks (penalties/it's the law)
- + Flexibility, leadership skills, teamwork skills, management skills, a file and document organization system, attention to detail, and a positive outlook

The Great Eight Points for a Successful Drill

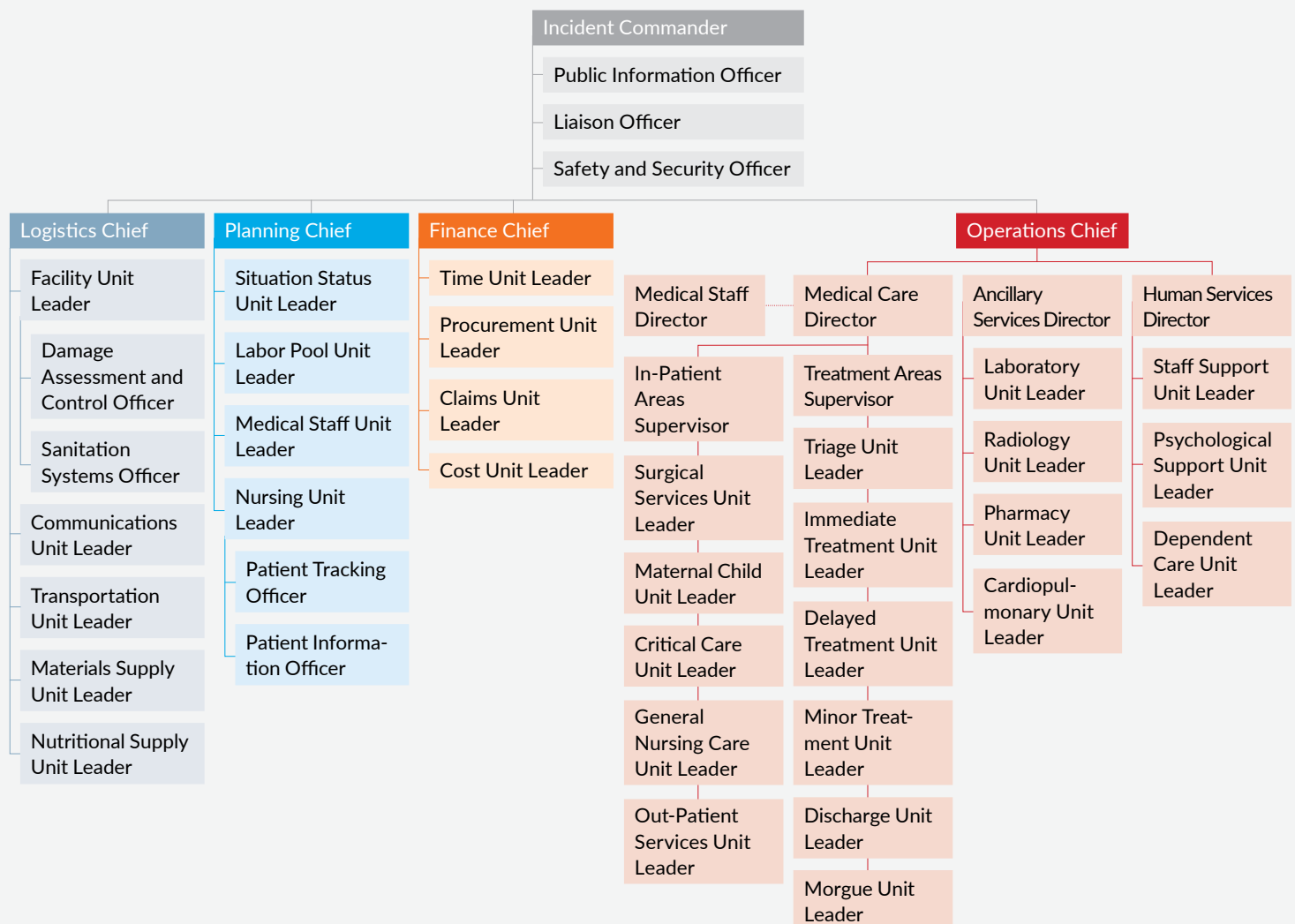
1. Emergency Plan or Emergency Organization

We assume you have an Emergency Plan and an emergency response organization (also part of \$482.15 above). These responders will staff your drill. Your plan should also outline actions, policies, procedures, contacts, equipment, facilities, etc. that you can test in your drill. An example hospital emergency response plan organization³ is shown here.

Please remember: Emergency Plans are of absolutely no use if they aren't known and understood by everyone involved. Emergency Plans must be tested (exercised) periodically to verify that they will work in real circumstances, to verify equipment/processes, and to train responders.

³ From: http://www.ph2dot1.com/2013_08_01_archive.html

Hospital Incident Command System (HICS) Organizational Chart



2. Scope

The Exercise Scope outlines:

- + How large the exercise is
- + Who is participating
- + Who is not participating
- + What facilities/equipment/resources can or cannot be used
- + What parts of the event will be simulated
- + How far events will be played out

The scope defines the exercise and its extent of play. It is important that all involved in the exercise know its scope.

3. Objectives

Drill objectives are based upon the drill scope. They describe the performance you expect from participants to demonstrate competence. If you consider your drill a test, then your objectives are your test questions. Thus, the test answers - performance during the drill – determine whether or not the objective was met.

A best practice is to list objectives in the following format:

Objective	Demonstrate the ability for the Hospital Relocation Team to evacuate patients on the Fifth Floor
How Satisfied	The Relocation Team will develop and obtain approval of a procedure/process for the evacuation of patients on the Fifth floor.
Limitations (if any)	1. Any interface with non-drill participants must be prefaced with “This is a Drill” or equivalent 2. No patients or staff will be moved 3. In-field responders will wear “Drill” vests

Workflow for Non-Emergent Cases

4. Scenario Development Team

Put together a team to help you develop the exercise scenario. Based upon the scenario, scope and objectives, you may need input from:

- + **Internal support:** Communications/Public Relations, Environmental, Health & Safety, Facilities, Finance, Human Resources, IT, Medical staff, Nursing staff,
- + **Risk Management,** Security, others as needed External support: Fire Department, Hazmat Team, Health Department, Local Businesses, Office of the Mayor/Manager, Police Department

Make sure every document associated with the drill/exercise is marked:

For Training
Use Only!

5. Timeline/Scenario

First – a very important warning! Make sure every document associated with the drill/exercise is marked: For Training Use Only!

You do not want anyone believing that the events you commit to paper are real!!

Now develop your timeline matrix with your events, timeframe, and actions expected.

"Typical"	+ <i>Natural disasters:</i> Snow, severe weather, flood, hurricane, tornado, ice + <i>Human-caused emergencies:</i> Fire, flooding, major medical, workplace violence, security threat, major absenteeism, strikes + <i>Technological disasters:</i> Data breach, utility interruption, hazmat, network down, cyber-attack, denial of service + <i>Public health emergencies:</i> Pandemic, mass casualty, disease outbreak
Hospital-specific	+ Patients (e.g., shelter in place, relocation, feeding) + Dedicated rooms (ER, Operations, ICU) + Laboratories + Open campus and open spaces; visitors everywhere + Suspicious activities + Family notifications + Employee scandal + Regulation violations (HIPPA, data, drugs)
Specific Hospital Type	Children's + Research + Special laboratories (e.g., radiation, infectious disease) + Training + Veterans

During the drill, you should post signs: TRAINING DRILL IN PROGRESS! Here are two example signs:



<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyPreparedness/MedicationHealthCareCenters/Signs/ExerciseDrillSigns>



http://www.pnrsmallsigndesign.com/what_we_can_do_for_you

6. Exercise Participants

Responders: Your emergency plan, drill scope and objectives should define drill participants. Try to use primary and backup responders in the drill; the experience will prove beneficial for all.

Controllers: Ensure the drill/exercise proceeds as planned, inject pre-scripted messages, and observe player response to ensure Exercise is on course with the drill scenario

Evaluators: Independently observe the drill/exercise and report compliance with plan, positives and negatives of response. The Evaluator role can be combined with the Controller role.

Observers: Are generally present to watch the exercise and response (with your permission); observers do not interact with responders, only with Controllers.

Non-participants: Inform them about the exercise and keep them out of the way! During the drill, you should post signs: TRAINING DRILL IN PROGRESS!

7. Conduct the Exercise

Prior to the start of the drill, you should conduct the following briefings:

- + Annual Training. Why not meet the requirement “d (1) (ii) *Provide emergency preparedness training at least annually*” just prior to the drill? And you can meet d (1) (iv) *Demonstrate staff knowledge of emergency procedures*” by staff participation in the drill.
- + Controllers and Evaluators – scope, objectives, extent of play, participants, a review of the drill scenario, etc.
- + Responders – scope, objectives, extent of play, participants, etc.

Pre-stage people and props as needed for your drill. This includes moulage for injured “victims”. At the appointed time, commence the exercise as determined by message inject, e-mail, PA notification, event action, whatever you have developed with your scenario development team.

As the drill unfolds, your controllers monitor the drill and make sure it follows the scenario.

At a predetermined time and/or when all the objectives are addressed (met or will not be met), you can conclude the drill.



For an in-depth overview of how your healthcare organization can ensure CMS readiness, download the 2018 CMS Emergency Preparedness Booklet at: www.everbridge.com/2018-cms-emergency-preparedness-booklet/

GET THE BOOKLET >

8. Critique

When: Immediately after the Drill/Exercise, conduct an in-facility Critique. As soon as possible after the Drill/Exercise, conduct a Consolidated Critique. This can be right after the in-facility Critique or within a couple of days.

How: Discuss Critique purpose, format, “rules”, time available, etc. Briefly summarize objectives and scenario. Go around the room and get everyone’s feedback: First Players, then Evaluators, finally you. *Keep it moving!* Do NOT solve problems! Then summarize: “We met 18 of the 19 objectives... overall, things went very well...tough scenario....” *Be honest*; participants know how things went. Conclude with praise, encouragement, action plan, commitment, thanks.

Pointers: Every drill and exercise yields good training; point this out. But you need to internally assess any criticisms: some are valid; some are defensive. So keep an open mind: there may be more than one solution to a problem. Make sure you emphasize positives as well as “opportunities for improvement.”

After Your Successful Drill – Now What?

The Drill Action Plan! Once the drill is complete and the Critique items are compiled, you should set up a Drill Action Plan. This should meet section d (2) (iii) of the regulation “Analyze the hospital’s response... maintain documentation... and revise the hospital’s emergency plan as needed” The Action Plan document lists:

- + The drill critique item or observation
- + The item resolution or recommended action
- + The person and department responsible for item resolution
- + The item completion due date
- + The status of item resolution

You must make visible and tangible progress with your drill action items. Meeting regulations is nice, but what you really want to do is raise the level of emergency preparedness and improve the response skills of your medical facility staff. Otherwise, what’s the point of conducting a drill?

Summary

Developing a successful Drill or Exercise requires:

- + Hard (but Satisfying) Work
- + 1-to-3-to-6+ Months Lead Time
- + Senior Management Support
- + Compliance with the CMS requirements
- + Desire to Really Test Your Program
- + Attention to Detail
- + Creativity, Foresight, Leadership

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