



# Central Maine Regional Health Care Coalition

August 17, 2017

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# Welcome & Introductions

## Welcome

- Restrooms, Emergency Exits, Cell Phones

## Introductions

- Name
- Organization
- Where you are in CMS EP Rule Implementation, if applicable

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# Mutual Aid Agreement

- Similar to a Memorandum of Understanding in that it is a written, non-contractual agreement between parties
  - Agreement states that parties will assist each other in a emergency or time of need
  - This type of agreement benefits all parties in that they will help *each other* in the time of need
- Provides documentation that you are a participant in community emergency preparedness

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# Document Review

**CENTRAL MAINE REGIONAL HEALTH CARE COALITION  
HEALTH CARE COALITION REGIONAL MUTUAL AID AGREEMENT**

This Health Care Coalition Regional Mutual Aid Agreement (MAA) is entered into as of \_\_\_\_\_ by \_\_\_\_\_  
(Month/Day/Year) (Organization) operating in \_\_\_\_\_  
(Town/City)

Maine, and other participating members of the Central Maine Regional Health Care Coalition (CMRHCC)

**I. Introduction and Background**

As in other parts of the nation, Maine is susceptible to both natural and man-made disasters that could exceed the resources of any individual health care facility. A disaster could result from incidents generating an overwhelming number of patients, a smaller number of patients whose specialized medical needs may exceed the resources of the affected facility (e.g., hazmat injuries, pulmonary, trauma surgery, etc.) or incidents such as building or critical infrastructure problems that may result in the need for partial or complete evacuation. For purposes of this MAA, a disaster is defined as an overwhelming incident that exceeds the effective response capability of the affected health care facility or facilities. CMRHCC is a coalition not only of health care organizations, but also other jurisdictional partners such as public health, emergency management agencies, and first responder organizations. When effectively implemented, the health care coalition provides the mechanisms for individual health care organizations to coordinate information sharing and other response capabilities in order to support one another during disaster.

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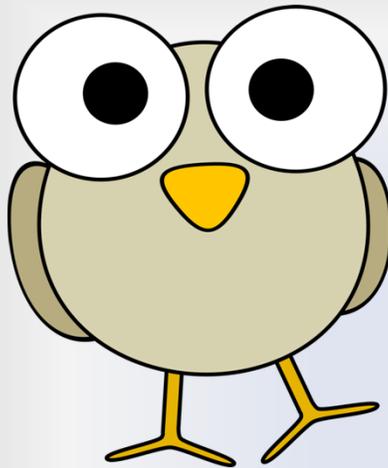
## Next Steps

- Identify the appropriate person to sign for your organization
- Once signed, scan and email to Bill and copy Kara, retain the original for your records
  - Bill Jenkins, [william.jenkins@maine.gov](mailto:william.jenkins@maine.gov)
  - Kara Tudman, [kara.tudman@maine.gov](mailto:kara.tudman@maine.gov)
- Signed copies will be kept on record until they can be transferred to a new coalition lead when identified

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# CMS Training & Testing Requirements Review

- Information presented hereafter is from the Appendix Z, Emergency Preparedness Final Rule Interpretive Guidelines and Survey Procedures
  - “Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan...”
  - **NOTE:** Please review Appendix Z thoroughly to ensure you meet all requirements based on your sector!! These slides are meant to be a summary and provide for discussion regarding the training and testing requirements.

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# Training and Testing Program

An emergency preparedness training and testing program as specified in this requirement must be documented and reviewed and updated on at least an annual basis. The training and testing program must reflect the risks identified in the facility's risk assessment and be included in their emergency plan. For example, a facility that identifies flooding as a risk should also include policies and procedures in their emergency plan for closing or evacuating their facility and include these in their training and testing program. This would include, but is not limited to, training and testing on how the facility will communicate the facility closure to required individuals and agencies, testing patient tracking systems and testing transportation procedures for safely moving patients to other facilities. Additionally, for facilities with multiple locations, such as multi-campus or multi-location hospitals, the facility's training and testing program must reflect the facility's risk assessment for each specific location.

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# Training and Testing Plan

Training refers to a facility's responsibility to provide education and instruction to staff, contractors, and facility volunteers to ensure all individuals are aware of the emergency preparedness program. Testing is the concept in which training is operationalized and the facility is able to evaluate the effectiveness of the training as well as the overall emergency preparedness program. Testing includes conducting drills and/or exercises to test the emergency plan to identify gaps and areas for improvement.

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# T&T Plan Survey Procedures

- Verify that the facility has a written training and testing (and for ESRD facilities, a patient orientation) program that meets the requirements of the regulation.
- Verify the program has been reviewed and updated on, at least, an annual basis by asking for documentation of the annual review as well as any updates made.
- Verify that ICF/IID emergency plans also meet the requirements for evacuation drills and training at §483.470(i).

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# Multi-Year Training and Exercise Plan

Combination of exercises to accomplish program goals and objectives

Progressive approach exposes participants to increasingly complex exercises

Training tied to exercises so training objectives are achieved or validated.

## Central Maine Regional Health Care Coalition

Multi-year Training and Exercise Plan 2017-2020  
June 7, 2017



Supported by the  
Central Maine Regional Resource Center

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# Training Considerations

- 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.
- Provide emergency preparedness training at least annually.
- Maintain documentation of all emergency preparedness training.
- Demonstrate staff knowledge of emergency procedures.

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# Training Survey Procedures

- Ask for copies of the facility's initial emergency preparedness training and annual emergency preparedness training offerings.
- Interview various staff and ask questions regarding the facility's initial and annual training course, to verify staff knowledge of emergency procedures.
- Review a sample of staff training files to verify staff have received initial and annual emergency preparedness training.

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# Testing Requirements

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 [facility] experiences an actual natural or man-made 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 1 year following the onset of the actual event.

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# Testing Requirements

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

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

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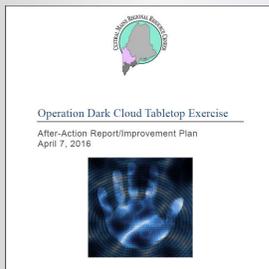


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# Testing Requirements

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



**Central Maine Regional Health Care Coalition  
All Hazards Emergency Operations Plan  
Record of Changes to Base Plan**

Date of Revision	Recommended Change	Revision Number	Initials
09/22/16	Updated name of coalition to Central Maine Regional Health Care Coalition (CMBHCC), updated Hazards Vulnerability Analysis results, updated name of coalition response team to Health Care Coalition Assistance Team	001	kg

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# Testing

Facilities must on an annual basis conduct exercises to test the emergency plan, which for LTC facilities also includes unannounced staff drills using the emergency procedures. Specifically, facilities are required to conduct a tabletop exercise and participate in a full-scale community-based exercise or conduct an individual facility exercise if a community-based exercise is not available. As the term full-scale exercise may vary by sector, facilities are not required to conduct a full-scale exercise as defined by FEMA or DHS's Homeland Security Exercise and Evaluation Program (HSEEP). For the purposes of this requirement, a full scale exercise is defined and accepted as any operations-based exercise (drill, functional, or full-scale exercise) that assesses a facility's functional capabilities by simulating a response to an emergency that would impact the facility's operations and their given community.

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# Operations-Based Exercises



## TYPES

- **Drills**
  - Single agency/organization
  - Provide training/skills reinforcement
  - Validate procedure
- **Functional Exercises**
  - Validate/Evaluate Capability
  - Command-and-Control and Coordination Function(s)
- **Full-Scale Exercises**
  - Complex real-time response
  - Multiagency cooperative – ICS
  - Simulates reality – “as if” real
  - Mobilize and deploy resources and personnel
  - Prop and Actor involvement
  - Requires close control and monitoring

## FOCUS

- **Validate Implementation Of:**
  - **Jurisdiction:**
    - Plans
    - Policies
    - Procedures
  - **Inter-Jurisdictional**
    - Agreements
    - Understandings

## PARTICIPANTS

- Controllers/Simulators
- Evaluators
- Actors
- Players
- Observers/VIPs

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## Testing

A full-scale exercise is also an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional or operational elements. There is also definition for “community” as it is subject to variation based on geographic setting, (e.g. rural, suburban, urban, etc.), state and local agency roles and responsibilities, types of providers in a given area in addition to other factors. In doing so, facilities have the flexibility to participate in and conduct exercises that more realistically reflect the risks and composition of their communities. Facilities are expected to consider their physical location, agency and other facility responsibilities and needs of the community when planning or participating in their exercises. The term could, however, mean entities within a state or multi-state region.

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## Testing

In many areas of the country, State and local agencies (emergency management agencies and health departments) and some regional entities, such as healthcare coalitions may conduct an annual full-scale, community-based exercise in an effort to more broadly assess community-wide emergency planning, potential gaps, and the integration of response capabilities in an emergency. Facilities should actively engage these entities to identify potential opportunities, as appropriate, as they offer the facility the opportunity to not only assess their emergency plan but also better understand how they can contribute to, coordinate with, and integrate into the broader community's response during an emergency. They also provide a collective forum for assessing their communications plans to ensure they have the appropriate contacts and understand how best to engage and communicate with their state and local public health and emergency management agencies and other relevant partners, such as a local healthcare coalition, during an emergency.

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## Testing

Facilities are expected to contact their local and state agencies and healthcare coalitions, where appropriate, to determine if an opportunity exists and determine if their participation would fulfill this requirement. In doing so, they are expected to document the date, the personnel and the agency or healthcare coalition that they contacted. It is also important to note that agencies and or healthcare coalitions conducting these exercises will not have the resources to fulfill individual facility requirements and thus will only serve as a conduit for broader community engagement and coordination prior to, during and after the full-scale community-based exercise. Facilities are responsible for resourcing their participation and ensuring that all requisite documentation is developed and available to demonstrate their compliance with this requirement.

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## Testing

Facilities are encouraged to engage with their area Health Care Coalitions (HCC) (partnerships between healthcare, public health, EMS, and emergency management) to explore integrated opportunities. Health Care Coalitions (HCCs) are groups of individual health care and response organizations who collaborate to ensure each member has what it needs to respond to emergencies and planned events. HCCs plan and conduct coordinated exercises to assess the health care delivery systems readiness. There is value in participating in HCCs for participating in strategic planning, information sharing and resource coordination. HCC's do not coordinate individual facility exercises, but rather serve as a conduit to provide an opportunity for other provider types to participate in an exercise. HCCs should communicate exercise plans with local and state emergency preparedness agencies and HCCs will benefit the entire community's preparedness. In addition, CMS does not regulate state and local government disaster planning agencies. It is the sole responsibility of the facility to be in compliance.

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## Testing

Facilities that are not able to identify a full-scale community-based exercise, can instead fulfill this part of their requirement by either conducting an individual facility-based exercise, documenting an emergency that required them to **fully activate their emergency plan**, or by conducting a smaller community-based exercise with other nearby facilities. Facilities that elect to develop a small community-based exercise have the opportunity to not only assess their own emergency preparedness plans but also better understand the whole community's needs, identify critical interdependencies and or gaps and potentially minimize the financial impact of this requirement.

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## Testing

For example, a LTC facility, a hospital, an ESRD facility, and a home health agency, all within a given area, could conduct a small community-based exercise to assess their individual facility plans and identify interdependencies that may impact facility evacuations and or address potential surge scenarios due to a prolonged disruption in dialysis and home health care services. Those that elect to conduct a community-based exercise should make an effort to contact their local/state emergency officials and healthcare coalitions, where appropriate, and offer them the opportunity to attend as they can provide valuable insight into the broader emergency planning and response activities in their given area.

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## Testing

Facilities that conduct an individual facility-based exercise will need to demonstrate how it addresses any risk(s) identified in its risk assessment. For example, an inpatient facility might test their policies and procedures for a flood that may require the evacuation of patients to an external site or to an internal safe "shelter-in-place" location (e.g. foyer, cafeteria, etc.) and include requirements for patients with access and functional needs and potential dependencies on life-saving electricity-dependent medical equipment. An outpatient facility, such as a home health provider, might test its policies and procedures for a flood that may require it to rapidly locate its on-duty staff, assess the acuity of its patients to determine those that may be able to shelter-in-place or require hospital admission, communicate potential evacuation needs to local agencies, and provide medical information to support the patient's continuity of care.

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## Testing

Each facility is responsible for documenting their compliance and ensuring that this information is available for review at any time for a period of no less than three (3) years. Facilities should also document the lessons learned following their tabletop and full-scale exercises and real-life emergencies and demonstrate that they have incorporated any necessary improvements in their emergency preparedness program. Facilities may complete an after action review process to help them develop an actionable after action report (AAR). The process includes a roundtable discussion that includes leadership, department leads and critical staff who can identify and document lessons learned and necessary improvements in an official AAR.

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## Exercise Documentation by Exercise Type

Document Title	Exercise Type	Distribution Audience
Situation Manual (SitMan)	Seminar (Optional), Workshop (Optional), TTX, Game	All Participants
Facilitator's Guide	Seminar (Optional), Workshop (Optional), TTX, Game	Facilitators
Multimedia Presentation	Seminar (Optional), Workshop (Optional), TTX, Game	All Participants
Exercise Plan (ExPlan)	Drill, FE, FSE	Players, Observers
Controller and Evaluator (C/E) Handbook	Drill, FE, FSE	Controllers, Evaluators
Master Scenario Events List (MSEL)	Drill, FE, FSE, Complex TTX (Optional), Game (Optional)	Controllers, Evaluators, Simulators
Extent of Play Agreement (XPA)	FE, FSE	Exercise Planning Team
Exercise Evaluation Guides (EEGs)	TTX, Game, Drill, FE, FSE	Evaluators
Participant Feedback Form	All Exercises	All Participants

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The AAR, at a minimum, should determine 1) what was supposed to happen; 2) what occurred; 3) what went well; 4) what the facility can do differently or improve upon; and 5) a plan with timelines for incorporating necessary improvement. Lastly, facilities that are a part of a healthcare system, can elect to participate in their system's integrated and unified emergency preparedness program and exercises. However, those that do will still be responsible for documenting and demonstrating their individual facility's compliance with the exercise and training requirements.

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# Testing

1.) what was supposed to happen (narrative - objectives)

2.) what occurred (narrative - performance ratings)

3.) what went well (strengths)

4.) what the facility can do differently or improve upon (areas for improvement)

5.) a plan with timelines for incorporating necessary improvement (improvement plan)

**ANALYSIS OF HEALTHCARE PREPAREDNESS CAPABILITIES**

Aligning exercise objectives and healthcare preparedness capabilities provides a consistent taxonomy for evaluations that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Healthcare Preparedness Capability	Performed without Challenges (Y)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Examine the ability of response entities in Maine to mitigate and prepare for, respond to, and recover from a significant cyber event. Evaluate roles and responsibilities, at all levels, in coordinating cyber response efforts and their nexus with physical response efforts, including allocation of resources.	Healthcare System Preparedness - Healthcare System Recovery		S		
Identify the ability to share information vertically and horizontally across all levels of the response.	Information Sharing		S		

**APPENDIX A: IMPROVEMENT PLAN**

This IP has been developed specifically for Central Maine Regional Healthcare Preparedness Coalition as a result of Operation Dark Cloud FTX conducted on April 7, 2016.

Central Maine Healthcare Preparedness Coalition accepts responsibility for ensuring that the improvement plan issues identified will be engaged in a future exercise.

Issue/Area for Improvement	Corrective Action	Capability Element	Start Date	Completion Date
Exercises and initiatives need to integrate and adhere to constant IT monitoring and annual events.	Provide facilities with additional cybersecurity information to and access to other best practices.	Planning	April 2016	On going
For both facilities and regionally, a needs to be demonstrated and be established and report to levels of response structure.	Seminars regarding the CMRHC EOP and ICS training.	Training	April 2016	June 2016
The challenges for critical staff to be enabled by means other than cellular telephones.	Training regarding use and coding of regional ICS 200 form.	Training	April 2016	On going
Local MOUs need between Organizations and facilities should have inherent resource conflicts.	Those MOUs should be updated and renewed on a regular basis and a regional CMRHC MOU needs to be implemented.	Planning	June 2016	July 2017
No clear defined role for incorporation of FPOCs into a long-term operations and require by permitting acute care when needed.	Engage FPOCs into the coalition and include specifics in a regional medical surge plan.	Planning	June 2016	On going
Organizations and facilities should discuss processing for Continuity of Operations surge and business name.	Approach training offering for Continuity of Operations Planning.	Training	June 2016	On going

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# Testing

Finally, 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; and facility's must be able to demonstrate this through written documentation.

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# Testing Survey Procedure

- Ask to see documentation of the annual tabletop and full scale exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the facility to support the exercise).
- Ask to see the documentation of the facility's efforts to identify a full-scale community based exercise if they did not participate in one (i.e. date and personnel and agencies contacted and the reasons for the inability to participate in a community based exercise).
- Request documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis.

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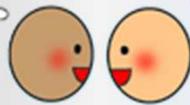


# Discussion

**Think**



**Pair**



**Share**



Next meeting dates:

**Sept. 21** – CMS EP Workshop

**Oct. 26** – Coalition Mtg.

**Nov. 8** – CMS EP Workshop

**Dec. 14** – Coalition Mtg.

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