

SUPERIOR HEALTH QUALITY ALLIANCE PRESENTS:

Strengthening Nursing Homes Emergency Preparedness Response: Supporting Tabletop Exercise Requirements

CHALLENGE

The Centers for Medicare & Medicaid Services (CMS) requires long-term care facilities (LTC) to address emergency preparedness as indicated in the State Operations Manual Appendix Z Requirement for Long-term Care Facilities F0039 (483.73).

- The [LTC facility] must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures.
- A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

SOLUTION

Superior Health Quality Alliance offers facilitated, virtual, tabletop exercises that meet the CMS requirement for one annual, full-scale, community-based exercise to all enrolled nursing homes. The scenario focuses on a cybersecurity threat with information technology failure, a commonly identified hazard in a facility Hazard Vulnerability Analysis.

- Participants are encouraged to act to test a functional element of their plan, such as testing their communications plan (internal or external), completing the Incident Action Plan Quick Start form or contacting community partners for clarification about their roles and responsibilities.
- The exercise is controlled virtually while participants gather in their own skilled nursing facility with their leadership team and invited community partners.
- Participating nursing homes are required to complete an Executive Summary and After-Action Report which are reviewed by subject matter experts demonstrating how they intend to mitigate the gaps identified during the exercise.

6
Separate tabletop exercises facilitated in 2023 (Sept./Nov.)

18
Exercises scheduled through Sept. 2024

OUTCOMES, IMPACT AND VALUE

- Identifying gaps in policies and practices of their current programs.
 - Create solutions and plans for identified needs.
- Improve response appropriateness and capacity.
 - Results in increased resident and staff safety and security during disastrous and emergent situations.
- Compliance with EP regulations for testing requirements.
 - Decrease in EP citations during surveys.
- Integration with local public health and emergency management agencies.
- Improved partnerships and communication with community response partners.

PARTICIPANT FEEDBACK

How will the information from the event be used in your organization?

Received a lot of great ideas from other facilities that we as a group missed. Face sheet binder, closing fire doors to keep heat in, etc.

This event helped alert how not all staff have proper communication and training when emergencies happen. We will use this information by creating annual training on this type of an emergency.

Ongoing training regarding emergency preparedness binder, understanding policies and procedures of events such as this event. Ensuring we have policies and procedures for such events.

OPPORTUNITY

Identified Gaps

- Maintaining the Emergency Operations Plan and creating time to effectively educate, train, and test plans and policies remains a challenge for almost all organizations. Additional opportunities for Incident Command System training. Building depth in leaders who are capable of stepping into a variety of roles is crucial. Incorporating a preparedness component into standing meeting agendas would be a simple way to give staff small pieces of preparedness training on a consistent basis.
- Identifying and working through options prior to the emergency is a best practice.
- Communication via social media and determining appropriate redundant communication tools. Communication between different health care providers and ensuring all providers for an individual or community are aware of their emergency plans.



INITIAL RESULTS

Participation in 2023

81
Nursing Homes

80.2%
of participating nursing homes completed the Executive Summary and After-Action report.

For More Information visit Superior Health at superiorhealthqa.org
Email info@superiorhealthqa.org

Images: peoplecreations on Freepik; macrovector on Freepik

This material was prepared by the Superior Health Quality Alliance, a Quality Innovation Network-Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 1250W-MI/MN/WI-CC-24-03 010424