Regarding the CMS Emergency Preparedness Rule's Exercise Requirements

On September 30, 2019, the Centers for Medicare & Medicaid Services (CMS) published the *Medicare and Medicaid Programs; Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction; Fire Safety Requirements for Certain Dialysis Facilities; Hospital and Critical Access Hospital (CAH) Changes To Promote Innovation, Flexibility, and Improvement in Patient Care Final Rule* (84 FR 51732), which revised the requirements for emergency preparedness. As a result of this rule, CMS requires certain participating providers and suppliers to conduct exercises to test their emergency preparedness plans to ensure that they work, and that staff are trained appropriately about their roles and their facilities' processes. Additional guidance was released by CMS in 2020 (and revised in 2022) related to exercise exemptions based on the activation of an organization's emergency plan.

Providers and suppliers subject to this rule include the following:

Providers of Inpatient Services	**Providers of Outpatient Services**
Inpatient hospice facilities	Ambulatory Surgical Center (ASC)
Psychiatric Residential Treatment Facilities (PRTF)	Freestanding/home-based hospice
Hospitals	Program for the All-Inclusive Care for the Elderly (PACE)
Long-term care facilities	Home Health Agencies (HHA)
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	Comprehensive Outpatient Rehabilitation Facilities (CORF)
Critical Access Hospitals	Organizations (which include Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services)
	Community Mental Health Clinics (CMHC)
	Organ Procurement Organizations (OPO)
	Rural Health Clinics (RHC)
	Federally Qualified Health Centers (FQHC)
	End-Stage Renal Disease (ESRD) facilities

NOTE: If, over the course of the year, a facility activates its emergency plans in response to a real-world incident, the response to that event may be used to satisfy the following year's community-based full-scale exercise or individual facility-based functional exercise. **Facilities should therefore consider the activation of emergency plans for all disruptions to normal business**. This can provide the opportunity to test notification and activation procedures, at minimum. **Following resolution of the disruption, complete a brief after-action summary to capture relevant activities, lessons learned, areas for improvement, and corrective actions**. This approach can help limit the number of exercises the facility must participate in.

Specific Exercise Requirements

Exercise requirements related to the rule depend on whether the provider offers inpatient or outpatient services (above).

Providers of **Inpatient Services** are required to conduct **two exercises annually** to test emergency preparedness plans:

- One must be **either** a community-based full-scale exercise **or** an individual facility-based functional exercise.
- The second exercise can be in the form of a workshop, tabletop exercise (TTX), drill, functional exercise, or full-scale exercise, **or** could be a community-based full-scale exercise or individual facility-based functional exercise.
    - If, over the course of the year, a facility activates its emergency plans in response to a real-world incident, the response to that event may be used to satisfy the following year's community-based full-scale exercise or individual facility-based functional exercise.
- The facility **must** complete after-action reports (AAR) for all exercises and real-world responses, documenting:
    - What was supposed to happen
    - What occurred
    - What went well
    - What the facility can do differently or improve upon
    - A plan with timelines for incorporating the necessary improvement(s)

Providers of **Outpatient Services** are also required to test emergency preparedness plans annually:

- **Every other year**, the facility must participate in **either** a community-based full-scale exercise **or** an individual facility-based functional exercise.
- In the opposite years, the facility must conduct a workshop, tabletop exercise (TTX), drill, functional exercise, or a full-scale exercise, **or** could be a community-based full-scale exercise or individual facility-based functional exercise.
    - If, over the course of the year, a facility activates its emergency plans in response to a real-world incident, the response to that event may be used to satisfy the **next** required community-based full-scale exercise or individual facility-based functional exercise.
- The Facility **must** complete after-action reports (AAR) for all exercises and real-world responses, documenting:
    - What was supposed to happen
    - What occurred
    - What went well
    - What the facility can do differently or improve upon
    - A plan with timelines for incorporating the necessary improvement(s)

Notes and Tips

- 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) 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 who may be able to shelter-in-place or require hospital admission, communicate potential evacuation needs to local agencies, and provide medical information to support patients' continuity of care.

- Facilities that elect to conduct a community-based or individual facility-based exercise **should make an effort** to contact their local/state emergency officials in advance, where appropriate, and offer them the opportunity to participate, as they can provide valuable insight into the broader emergency planning and response activities in their given area.
    - **Facilities should also contact the Healthcare Coalition of Rhode Island (HCRI) in advance of the exercise by submitting an HCRI Member Calendar Event Submission at https://myhcri.org/hcri-member-calendar/**
- While the regulations do not specify a minimum number of staff, or the roles of staff, in the exercises, it is strongly encouraged that facility leadership and department heads participate in exercises. If an exercise is conducted at the individual facility-based level and is testing a particular clinical area, staff who work in this clinical area should participate in the exercise for a clear understanding of their roles and responsibilities.
- Facilities can review which members of staff participated in the previous exercise, and include those who did not participate in the subsequent exercises to ensure all staff members have an opportunity to participate and gain insight and knowledge.
- Facilities can use a sign-in roster for the exercise to substantiate staff participation. A sufficient number of staff should participate in the exercise to test the scenario and thoroughly assess the risk, policy, procedure, or plan being tested.
- **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 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.