**West Central Minnesota Healthcare Preparedness Coalition**

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**Exercise Design Toolkit**

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**FINAL DRAFT**

Table of Contents

[I. Introduction to the Exercise Design Toolkit 3](#_Toc534652548)

[II. Before You Plan an Exercise 4](#_Toc534652549)

[A. Regulatory Requirements for Exercises 4](#_Toc534652550)

[B. Homeland Security Exercise and Evaluation Program (HSEEP) 5](#_Toc534652551)

[C. Using the Hazard Vulnerability Analysis (HVA) for Exercise Design 5](#_Toc534652552)

[III. Exercise Design and Development 5](#_Toc534652553)

[A. Exercise Planning Team 5](#_Toc534652554)

[B. The Four Steps to Exercise Design 5](#_Toc534652555)

[C. Exercise Planning Meetings 9](#_Toc534652556)

[Appendices 10](#_Toc534652557)

# Introduction to the Exercise Design Toolkit

The purpose of the West Central Minnesota Healthcare Preparedness Coalition’s Exercise Design Toolkit is to provide a standard resource for Coalition members looking to design an exercise to comply with the standards set forth by the Centers for Medicare and Medicaid (CMS). Although there are many types of exercises (see Chapter 1), this toolkit focuses on an “community-based, full-scale” exercise to comply with the CMS requirements as of the creation of this toolkit. Subsequent changes in requirements may necessitate changes in this toolkit.

This toolkit is broken into two main sections:

* **Chapters I–III: Exercise Design Basics**

These chapters will outline considerations for planning, conducting, and evaluating exercises. Links included in the document may refer the user to additional resources.

* **Appendices: Exercise Design Worksheet and Templates**

Chapters I-III will refer the user to the exercise design worksheets and templates provided in the Appendices. The user can customize these templates based on their desired exercise.

# Before You Plan an Exercise

Before beginning exercise planning efforts, there are a few things to consider.

1. Regulatory Requirements for Exercises

Depending on your facility or agency type, you may have different requirements for exercises. These agencies provide the most common regulatory requirement for exercises.

* + - 1. The Centers for Medicare and Medicaid (CMS)

On September 8, 2016, the Federal Register posted the final rule Emergency Preparedness Requirements for CMS Participating Providers and Suppliers. All 17 types of healthcare providers and suppliers affected by this rule were to comply and implement all regulations on November 15, 2017. See the CMS website for the complete list of requirements, interpretive guidance, and other resources.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

* + - 1. The Joint Commission

The Joint Commission accredits the full spectrum of health care providers – hospitals, ambulatory care settings, home care, nursing homes, behavioral health care programs, and laboratories. For emergency management, many of the standards that apply to hospitals apply to other settings across the care continuum. As such, the Joint Commission’s emergency management standards provide a valuable foundation and guide for health care organizations to coordinate planning and response efforts and establish health care coalitions. See the Joint Commission Emergency Management Portal for more information on the standards.

<https://www.jointcommission.org/emergency_management.aspx>.

In 2009, The Joint Commission created a separate chapter within their survey for Emergency Management. See the standards listed below.

<https://www.jointcommission.org/assets/1/6/EM_Stds_Collaboration_2016.pdf>.

* + - 1. DNV GL

DNV GL was authorized by CMS to begin to survey hospitals in 2008. DNV GL surveys hospitals, critical access hospitals, and ancillary providers such as home health, hospice, and additional services include pharmacy, behavioral health, and convenient care clinics. See the DNV GL site for more information.

<https://www.dnvglhealthcare.com/>.

DNV GL includes Emergency Management as part of the Physical Environment Standards. See the specific standards below:

<https://www.dnvgl.es/publications/standard-interpretive-guidelines-and-surveyor-guidance-for-hospitals-8441>.

1. Homeland Security Exercise and Evaluation Program (HSEEP)

The HSEEP provides a framework for exercise programs and a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. Since many grant programs are funded with federal funds, use of HSEEP can be a requirement. This toolkit uses HSEEP as a guideline but has intentionally adjusted some of the resources to be applicable for a user from a healthcare organization. For more in depth considerations and compliance, see the [HSEEP Program](https://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf) and [HSEEP Toolkit](https://preptoolkit.fema.gov/web/hseep-resources) for more information.

HSEEP Defines two categories of exercises:

1. Discussion-based Exercises: Discussion-based exercises include seminars, workshops, tabletop exercises (TTXs. These types of exercises can be used to familiarize players with, or develop new, plans, policies, agreements, and procedures. Facilitators lead the discussion through a series of scenarios and questions.
2. Operations-based Exercises: Operations-based exercises include drills, functional exercises (FEs), and full-scale exercises (FSEs). In Operations-based Exercises, participants complete portions of their response plan during exercise play.
3. Using the Hazard Vulnerability Analysis (HVA) for Exercise Design

The cornerstone of an exercise program is based on the HVA. The HVA can be used to guide an exercise as it can be used to create a plan. If an event is rated high on the HVA, the agency should have a plan for that hazard. And if there is a plan for a hazard, that plan (or portions of the plan) should be tested in an exercise. Refer to your agency HVA when considering an exercise.

# Exercise Design and Development

As you begin your exercise design efforts, follow the steps listed here. These steps correspond to Appendix 1: Exercise Design Worksheet.

* 1. Exercise Planning Team

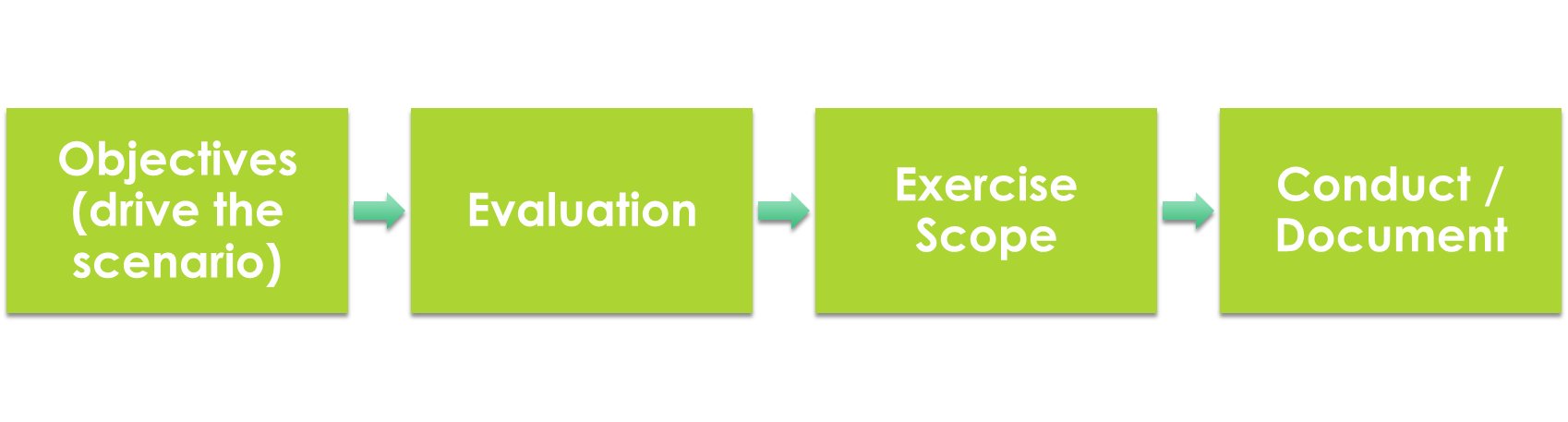
The exercise planning team provides input on the exercise design, development, conduct, and evaluation. The team determines exercise objectives, scenario, and develops supporting documentation.

One person should be designated at the Exercise Director to coordinate the planning efforts. For the type of exercise covered in the toolkit, consider a planning team of 3-7 people based on the number of departments or organizations participating. The size of the planning team may be adjusted based on the size of your exercise. If any outside agencies / community partners are participating, include a representative on the planning team.

* 1. The Four Steps to Exercise Design

The steps below offer the basics for the design of a “community-based, full-scale” exercise as required by CMS as of the creation of this toolkit. While there is a nod to the design concepts provided in HSEEP and there are many other types of exercises, this toolkit is altered to be practical and applicable to a CMS-type exercise.

Follow the steps below and use the Exercise Design Worksheet to design the exercise.



1. Exercise Objectives, Tasks, and Scenario

To begin exercise design, discuss with the planning team the objectives you want to accomplish during your exercise. These tasks and activities can come from your HVA, your previous events, or suggestions from staff and the planning team. Consider 2-5 objectives for an exercise.

After the objectives have been selected, use the planning team to determine the tasks or activities that will be performed during the exercise. Each objective should have 2-5 tasks.

Finally, choose your scenario. The scenario should be 2-4 sentences that sets the stage for the exercise. Be creative with the scenario but not unrealistic. Depending on the size of your exercise and number of objectives, you may want to include scenario updates in your exercise. Including an update or two during your exercise can provide participants with updated information that could continue to drive exercise play.

See [Appendix 1: Exercise Design Worksheet](\\\\schfs\\shares$\\Bioterror\\All Clear Projects Folder\\Completed Membership Toolkit  Exercise Documents\\Appendix 1_Exercise Design Worksheet_1.4.19 FINAL.docx)

1. Exercise Evaluation

There are three main evaluation methods described in this worksheet. The Exercise Evaluation Guide (EEG) is used by the Evaluators to document participant actions during the exercise. The hotwash (or exercise debrief” is held directly after the exercise to gather immediate feedback from the participants. The third method is a Participant Feedback Form that can be used to gather information directly from the participants. Evaluator notes and comments will be combined with notes taken during the exercise hotwash and participant feedback to compile the After-Action Report (AAR).

For the Exercise Evaluation Guides (EEGs), use the planning team to decide on evaluation criteria for each task. Based on this evaluation, you will be able to assess your strengths and areas for improvement for the exercise. Consider evaluation criteria like:

* 1. Was the task completed?
  2. What time was the task completed?
  3. Who completed the task?
  4. What challenges were identified?
  5. What resources were needed to complete the task?
  6. What suggestions were made to make the task easier?

Combine tasks and evaluation criteria into an Exercise Evaluation Guide (EEG) to be used in the exercise.

See [Appendix 1: Exercise Design Worksheet](file:///\\schfs\shares$\Bioterror\All%20Clear%20Projects%20Folder\Completed%20Membership%20Toolkit%20%20Exercise%20Documents\Appendix%201_Exercise%20Design%20Worksheet_1.4.19%20FINAL.docx) and [Appendix 2: Exercise Evaluation Guide Template](file:///\\schfs\shares$\Bioterror\All%20Clear%20Projects%20Folder\Completed%20Membership%20Toolkit%20%20Exercise%20Documents\Appendix%202_Exercise%20Evaluation%20Guide%20Template_1.4.18%20FINAL.doc)

An exercise hotwash (or debrief) conducted immediately following the exercise will provide for immediate feedback from participants following exercise play. The hotwash should be limited to 30 minutes and focus on identified strengths and areas for improvement.

See [Appendix 5: Exercise Hotwash Template](file:///\\schfs\shares$\Bioterror\All%20Clear%20Projects%20Folder\Completed%20Membership%20Toolkit%20%20Exercise%20Documents\Appendix%205_Exercise%20Hotwash%20Template_1.4.19%20FINAL.docx)

In addition, gathering feedback from the participants is important to the exercise. You can develop a short Participant Feedback Form to gather input after exercise play concludes.

See [Appendix 3: Participant Feedback Form Template](file:///\\schfs\shares$\Bioterror\All%20Clear%20Projects%20Folder\Completed%20Membership%20Toolkit%20%20Exercise%20Documents\Appendix%203_Participant%20Feedback%20Form%20Template_1.4.19%20FINAL.docx)

1. Exercise Scope

Consider the exercise scope to be the logistical component of exercise design. With the planning team, decide:

* 1. Exercise Schedule

Based on your scenario and objectives, determine the date and time of your exercise. Consider off hours and weekends or holidays for a challenge to your plans and staffing. Exercise play should be 1-2 hours, but should be determined by the number of objectives and tasks. As part of this, consider adding time before and after exercise play for the exercise briefing and debriefing.

* 1. Exercise Location(s)

Decide the location of your exercise. This could include a meeting place prior to the exercise as well as other locations where exercise play would happen. Locations should be determined based on your objectives and tasks.

* 1. Exercise Staff

Based on the size of your exercise, you will need to recruit exercise staff that are not participants in the exercise. Typically, you will need at least one Evaluator for the exercise, but you may need more based on the number of locations.

Based on the size of you exercise, you may want to assign a person to be the exercise Controller – the person that manages the exercise flow. This would be applicable for larger exercises with multiple exercise play locations. You should have an Evaluator for each area of exercise activity.

* 1. Exercise Participants

Exercise participants should be dictated by your objectives and tasks. If you need to have a “community-based” exercise, be sure to include community partners in your exercise. Finally, using Actors to take the place of your patients or other roles may add realism to your exercise. Consider recruiting volunteers to participate as Actors.

* 1. Safety Considerations

Every exercise should include Safety Measures of some kind. Determine with your planning team any exercise safety considerations to be in place during exercise play. Consider:

* + 1. Patient / Resident Safety – what limitations would you implement to ensure your patients / residents are safe during exercise play?
    2. Staff Safety – what limitations would you implement to ensure your staff are safe during exercise play?
    3. Communications – are there restrictions to the communication methods and/or messages during exercise play?
    4. Real World Emergency – what procedures should participants follow if there is a real emergency during exercise play?

1. Exercise Conduct

On exercise day, all participants and exercise staff will report to the designated meeting place at the decided upon time. Prior to beginning the exercise, all participants should receive an Exercise Briefing. This briefing includes all of the elements of the design: objectives, scenario, scope, and safety considerations.

After the briefing, the exercise play begins. All staff will work on their exercise tasks and Evaluators will document their performance.

When exercise play is complete and all objectives have been met, participants and exercise staff should re-convene for the exercise “hotwash.” This is an opportunity for a quick review of the exercise, objectives, and to identify areas for improvement. The Participant Feedback Forms can be completed at this time.

See [Appendix 4: Exercise Briefing Template](file:///\\schfs\shares$\Bioterror\All%20Clear%20Projects%20Folder\Completed%20Membership%20Toolkit%20%20Exercise%20Documents\Appendix%204_Exercise%20Briefing%20Template_1.4.19%20FINAL.pptx)

See [Appendix 5: Exercise Hotwash Template](file:///\\schfs\shares$\Bioterror\All%20Clear%20Projects%20Folder\Completed%20Membership%20Toolkit%20%20Exercise%20Documents\Appendix%205_Exercise%20Hotwash%20Template_1.4.19%20FINAL.docx)

1. Exercise Documentation (After Action Report)

After the exercise, one of the most important tasks it to compile the exercise After Action Report and Improvement Plan (AAR/IP). This is a record of the exercise design process as well as the results of the evaluation. Strengths and Areas for Improvement should be documented in the AAR/IP as well as a plan to address the areas for improvement.

See [Appendix 6: AAR-IP Template](file:///\\schfs\shares$\Bioterror\All%20Clear%20Projects%20Folder\Completed%20Membership%20Toolkit%20%20Exercise%20Documents\Appendix%206_AAR-IP%20Template_1.4.19%20FINAL.docx)

* 1. Exercise Planning Meetings

For the type of exercise covered in this toolkit, consider 2-3 planning meetings (the IPM and an FPM) to determine the objectives, tasks, evaluation, and scope. Meetings can be conducted in-person or virtually, based on the planning team and the scope of the exercise.

* + 1. Initial Planning Meeting (IPM)

The IPM is the formal beginning of the planning process. It is held to identify the scope and objectives of the exercise. Use [Appendix 1: Exercise Design Worksheet](file:///\\schfs\shares$\Bioterror\All%20Clear%20Projects%20Folder\Completed%20Membership%20Toolkit%20%20Exercise%20Documents\Appendix%201_Exercise%20Design%20Worksheet_1.4.19%20FINAL.docx) to work through the elements of exercise design.

* + 1. Final Planning Meeting (FPM)

The FPM is conducted to ensure that all elements of the exercise have been addressed prior to exercise day. At the end of the FPM, all of the elements of the [Appendix 1: Exercise Design Worksheet](file:///C:\Users\jenny\Dropbox\_All%20Clear\Projects\Minnesota%20-%20Central%20and%20WC-MN\WC%20and%20C%20Toolkits%202018-2019\Exercise%20Toolkit\Appendix%201_Exercise%20Design%20Worksheet_1.4.19%20FINAL.docx) should be completed and approved by the exercise design team.

# Appendices

1. Exercise Design Worksheet
2. Exercise Evaluation Guide (EEG) Template
3. Participant Feedback Form Template
4. Exercise Briefing Template
5. Exercise Hotwash Template
6. After Action Report / Improvement Plan (AAR/IP) Template