



## Critical analysis of components of Centers for Medicare and Medicaid Services (CMS) defined “Full-Scale, Community-Based exercise” and its alignment to SVHC Exercise VHASS details.

### CMS Interpretative Guidance: this is a complete list of the components of the CMS-defined “Community-Based Full-Scale Exercise.”

1. *As the term full-scale exercise may vary by sector, facilities are not required to conduct a full-scale exercise as defined by Federal Emergency Management Agency (FEMA) or Department of Homeland Security (DHS’s) Homeland Security Exercise and Evaluation Program (HSEEP). (Page 90 of 108, Section Titled Full-Scale and Community Based Exercises paragraph 1)*
2. *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. (Page 90 of 108, Section Titled Full-Scale and Community Based Exercises paragraph 1)*
3. *A full-scale exercise is also an operations-based exercise that typically involves multiple agencies, jurisdictions and disciplines performing functional or operational elements. (Page 90 of 108, Section Titled Full-Scale and Community Based Exercises paragraph 1)*
4. *In many areas of the country, State and local agencies (emergency management 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, identify potential gaps, and ascertain 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. (Page 90 of 108, Section Titled Full-Scale and Community Based Exercises paragraph 2)*
5. *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. (Page 94 of 108, Section Titled After Action Review paragraph 1)*
6. *Facilities should also document the lessons learned following their tabletop, full-scale exercises and real-life emergencies and demonstrate that they have incorporated any necessary improvements in their emergency preparedness program. (Page 94 of 108, Section Titled After Action Review paragraph 1)*



7. *The After-Action Report (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. (Page 94 of 108, Section Titled After Action Review paragraph 1)*

**Survey procedures as stated in CMS Interpretive Guidance and Surveyor Training Modules:**  
*(8-10 are from Page 96-97 of 108 Section Titled Survey Procedures)*

8. *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).*
9. *Ask to see the documentation of the facility's effort to identify a full-scale community-based exercise if they did not participate in one (i.e., date, personnel and agencies contacted and the reasons for the inability to participate in a community-based exercise).*
10. *Request documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis.*

**SVHC's Full Scale Exercise will address each of these as follows (numbers correspond to those on Page 1):**

1. *No analysis needed.*
2. *SVHC's regional exercise will be a functional exercise that simulates an organization's response to a scenario that prompts it to assess its capability to operationalize its facility command structure and activate its emergency operations plan.*
3. *SVHC's exercise will include participation and communication sharing between the following organization types in the healthcare community:*
  - Acute care hospitals*
  - Local and state emergency management*
  - Local and state public health*
  - Emergency medical services*
  - Long-term care facilities*
  - Home health agencies*
  - Hospice agencies*
  - Behavioral health agencies*
  - Dialysis facilities*
  - PACE Programs*



- k. *Ambulatory surgery centers*
- l. *Rural Health Clinics*
- m. *Federally Qualified Healthcare Centers*
- n. *Regional healthcare coalitions*
- o. *All other interested healthcare emergency management stakeholders*

*The functional and operational elements will include regional communication of facility status, operational status, resource needs, memorandums of understanding/agreement, etc.*

- 4. *Each facility will “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.” (CMS Emergency Preparedness, Appendix Z; Rev.204, Issued: 04-16-21). (Page 91 of 108 first complete paragraph)*
- 5. *Each facility will be required to document facility-specific lessons learned and improvement plans. This documentation will be guided by SVHC to ensure it is accurate and complete in a manner that is valuable to the facility and meets typical exercise AAR standards.*
- 6. *This documentation will be guided by SVHC to ensure it is accurate and complete in a manner that is valuable to the facility and meets typical exercise AAR standards.*
- 7. *The AAR documentation will include a full list of all agencies that participated in the exercise as well as documentation of the demonstrated ability to share critical, facility-specific information across all stakeholders in a simulated disaster.*
- 8. *SVHC will guide facilities in translating their After-Action Report/Improvement Plan (AAR/IP) into a meaningful progression of their emergency plans and capabilities. Continued participation in SVHC programs will ensure continued evolution of same.*

**Considering the above, SVHC feels confident in stating that meaningful participation in the SVHC Exercise in VHASS meets the standard set forth by CMS for a “Full-Scale Community-Based” exercise (Rev.204, Issued: 04-16-21).**