



Critical analysis of components of CMS-defined “Full Scale, Community Based exercise” and their alignment to CVHC Winter Weather VHASS Exercise details

From CMS Interpretive Guidance, this is a full 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 fullscale exercise as defined by FEMA or DHS’s Homeland Security Exercise and Evaluation Program (HSEEP).*
- 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.*
- 3. A full-scale exercise is also an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional or operational elements.*
- 4. 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.*
- 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.*
- 6. 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.*
- 7. 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.*

Survey procedures as stated in CMS Interpretive Guidance and Surveyor Training Modules:

- 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 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).

10. Request documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis.

CVHC's Winter Weather VHASS Exercise will address each of these as follows (numbers correspond to those on page 1):

1. No analysis needed.
2. CVHC's regional exercise will be a functional exercise that will simulate a region-wide winter storm event and will assess the capability of the facility to operationalize their facility command structure, and activate their emergency operations plan in response to the scenario.
3. CVHC's exercise will include participation and communication sharing between the following organization types in the healthcare community:
 - a. Acute care hospitals
 - b. Local and state emergency management
 - c. Local and state public health
 - d. Emergency medical services
 - e. Long term care facilities
 - f. Home health agencies
 - g. Hospice agencies
 - h. Behavioral health agencies
 - i. Dialysis facilities
 - j. Ambulatory surgery centers
 - k. Regional healthcare coalitions
 - l. All other interested healthcare emergency management stakeholders

The functional and operational elements will include regional communication of facility status, operational status, resource needs, capacity for surge, 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."

5. Each facility will be required to document facility-specific lessons learned and improvement plans. This documentation will be guided by CVHC 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 CVHC to ensure it is accurate and complete in a manner that is valuable to the facility and meets typical exercise AAR standards.

7. This documentation will be guided by CVHC to ensure it is accurate and complete in a manner that is valuable to the facility and meets typical exercise AAR standards.



8. This documentation will be guided by CVHC to ensure it is accurate and complete in a manner that is valuable to the facility and meets typical exercise AAR standards.

9. 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.

10. CVHC will guide facilities in translating their AAR/IP into a meaningful evolution of their emergency plans and capabilities. Continued participation in CVHC programs will ensure continued evolution of same.

Considering the above, CVHC feels confident in stating that meaningful participation in the CVHC Winter Weather VHASS Exercise meets the standard set forth by CMS for a “Full Scale Community-Based” exercise.