



CMS/Healthcare Exercise Series  
“I’m out of Stuff” Supply Chain Interruption  
Situation Manual (SITMAN)  
October 2019



## EXERCISE OVERVIEW

<b>Exercise Name</b>	2019 Supply Chain Interruption Tabletop Exercise
<b>Exercise Dates</b>	October 8th from 1:00 p.m. – 4:00 p.m. (Tuesday) October 9th from 9:00 a.m. – 12:00 p.m. (Wednesday) October 11th from 9:00 a.m. – 12:00 p.m. (Friday)
<b>Scope</b>	This table top exercise is planned for three hours at the Vinton War Memorial in Vinton, VA.
<b>Mission Area(s)</b>	Mitigation, Response, and Recovery
<b>Core Capabilities</b>	ASPR: <ul style="list-style-type: none"> <li>• Health Care and Medical Response Coordination</li> <li>• Continuity of Healthcare Service Delivery</li> </ul> FEMA: <ul style="list-style-type: none"> <li>• Supply Chain Integrity and Security</li> <li>• Long-Term Vulnerability Reduction</li> <li>• Risk and Disaster Resilience Assessment</li> </ul>
<b>Objectives</b>	Objective 1: Identify potential supply chain limitations Objective 2: Evaluate or construct emergency operation plan (EOP) or annex to address short- and long-term supply shortage Objective 3: Evaluate current continuity of operations (COOP) plan with respect to a supply chain interruption
<b>Threat or Hazard</b>	Short- to long-term supply chain interruption to healthcare facilities across the Near Southwest (NSW) Region of Virginia
<b>Scenario</b>	Healthcare facilities located within the NSW Region, due to widespread supply shortages locally, regionally, and globally, find themselves looking for options for short- to long-term reduction in their supply obtainability.
<b>Sponsor</b>	Near Southwest Preparedness Alliance (NSPA)
<b>Participating Organizations</b>	This tabletop exercise is designed for all NSPA members and partners to include participants from hospitals, local emergency management, public health, long-term care, home health, dialysis, hospice, behavioral health, public safety, OCME, and any other regional stakeholders.
<b>Point of Contact</b>	Robert Hawkins, Executive Director, Near Southwest Preparedness Alliance, 540-562-3482, <a href="mailto:rhawkins@vaems.org">rhawkins@vaems.org</a>

## GENERAL INFORMATION

### Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

Exercise Objective	ASPR (HPP) Capability	FEMA Capability
Objective 1: Identify potential supply chain limitations	<ul style="list-style-type: none"> <li>• Health Care and Medical Response Coordination</li> <li>• Continuity of Healthcare Service Delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Supply Chain Integrity and Security</li> <li>• Long-Term Vulnerability Reduction</li> <li>• Risk and Disaster Resilience Assessment</li> </ul>
Objective 2: Evaluate or construct emergency operation plan (EOP) or annex to address short- and long-term supply shortage	<ul style="list-style-type: none"> <li>• Health Care and Medical Response Coordination</li> <li>• Continuity of Healthcare Service Delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Supply Chain Integrity and Security</li> <li>• Long-Term Vulnerability Reduction</li> <li>• Risk and Disaster Resilience Assessment</li> </ul>
Objective 3: Evaluate current continuity of operations (COOP) plan with respect to a supply chain interruption	<ul style="list-style-type: none"> <li>• Health Care and Medical Response Coordination</li> <li>• Continuity of Healthcare Service Delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Supply Chain Integrity and Security</li> <li>• Long-Term Vulnerability Reduction</li> <li>• Risk and Disaster Resilience Assessment</li> </ul>

**Table 1. Exercise Objectives and Associated Core Capabilities**

### Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all

exercise participants.

- **Simulators.** Simulators are control staff personnel who role play nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles. (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
- **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

## Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation.

### Assumptions

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

### Artificialities

During this exercise, the following artificialities apply:

- Exercise communication and coordination is limited to participating exercise organizations, venues, and the Regional Healthcare Coordination Center.

## POST-EXERCISE AND EVALUATION ACTIVITIES

### Debriefings

Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

### Hot Wash

At the conclusion of exercise play, a facilitated Hot Wash will allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The Hot Wash should not exceed 30 minutes.

### Participant Feedback Forms

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design. Participant Feedback Forms should be collected at the conclusion of the Hot Wash.

### Evaluation

#### Exercise Evaluation Guides

EEGs assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned core capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled with Participant Feedback Forms and Hot Wash notes, are used to evaluate the exercise and compile the After-Action Report (AAR).

#### After-Action Report

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of core capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic exercise information, including the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and POC.

#### Improvement Planning

Improvement planning is the process by which the observations recorded in the AAR are resolved through development of concrete corrective actions, which are prioritized and tracked as a part of a continuous corrective action program.

#### After-Action Meeting

The After-Action Meeting (AAM) is a meeting held among decision- and policy-makers from the exercising organizations, as well as the Lead Evaluator and members of the Exercise Planning Team, to debrief the exercise and to review and refine the draft AAR and Improvement

Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss and validate the observations and corrective actions in the draft AAR/IP.

### **Improvement Plan**

The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. It is created by elected and appointed officials from the organizations participating in the exercise, and discussed and validated during the AAM.



# PARTICIPANT INFORMATION AND GUIDANCE

## Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
- The entirety of this exercise occurs within the venue. No emergency communication outside of the venue should be made related to this exercise.

## Players Instructions

Players should follow certain guidelines before, during, and after the exercise to ensure a safe and effective exercise.

### Before the Exercise

- Review appropriate organizational plans, procedures, and exercise support documents.

### During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.
- Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise's trusted agents to balance realism with safety and to create an effective learning and evaluation environment.

### After the Exercise

- Participate in the Hot Wash at your venue with controllers and evaluators.
- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a controller or evaluator.
- Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

## EXERCISE SCHEDULE

### October 8<sup>th</sup>, 2019 (Tuesday: 1:00-4:00pm)

<b>Time</b>	<b>Activity</b>
12:30 – 1:00	Registration
1:00 - 1:15	Welcome and Exercise Briefing
1:15 - 3:00	Module Discussions and Report Outs
3:10 - 4:00	Debrief & Hot Wash

### October 9<sup>th</sup>, 2019 (Wednesday: 9:00am-12:00noon)

<b>Time</b>	<b>Activity</b>
8:30 - 9:00	Registration
9:00 - 9:15	Welcome and Exercise Briefing
9:15 - 11:00	Module Discussions and Report Outs
11:10 - 12:00	Debrief & Hot Wash

### October 11<sup>th</sup>, 2019 (Friday: 9:00am – 12:00pm)

<b>Time</b>	<b>Activity</b>
8:30 - 9:00	Registration
9:00 - 9:15	Welcome and Exercise Briefing
9:15 - 11:00	Module Discussions and Report Outs
11:10 - 12:00	Debrief & Hot Wash



## Pre-Module Activity

On the large sticky-note pads located on your table, please list what you have identified as potential supply chain interruption problems from your facilities. Please write them large enough to be read by others in the classroom. Once you have written the supply chain problems from your table, place the sheet on the wall directed by the facilitator. You have 15 minutes to complete this assignment.

## MODULE 1

### (Scenario)

On this date, at approximately 4:00 pm, current weather is 42°F outside and storms have moved into the area. Information received from the NOAA/NWS is that storms are causing significant high winds and heavy rains in the area. The NOAA/NWS states these storms are rare and are to persist for the next few days; flood and high wind warnings have been issued for your locality.

### **What measures are being taken from your organizations perspective to prepare for the weather event?**

It is about 24-hours into the event and the NOAA/NWS advises these storms are continuing and that there is a hurricane just off the eastern coast heading straight for your area. The forecast states the hurricane is to merge with the existing storm and potentially cause significant 500-year flooding across the state and eastern seaboard. Power outages, disruption of transportation infrastructure, and significant flooding is occurring. Large scale injuries and illnesses are already becoming commonplace. Thinking from YOUR organizational perspective, and from the pre-module activity, discuss with others the impacts to your specific organization. Utilizing identified supply chain disruption possibilities, work through the following questions from YOUR facility's perspective.

## QUESTIONS

### For ALL

- Does your Emergency Operations Plan (EOP) / All-Hazards Plan / Continuity of Operations Plan (COOP) include procedures specific to supply chain interruption/disruption?
- Do you initiate your Emergency Operations Plan? and if so, does it include the establishment of an incident command center and its location?
- How will a supply chain interruption / disruption affect your organization from an administrative standpoint? a clinical standpoint? a facilities standpoint?
- How will your organization/facility respond in accordance with licensure guidelines (CMS, etc)?

- What information are you communicating with staff, patients, residents, families, volunteers, community agencies, and media? How is this communication taking place?
- What challenges, specific/unique to your facility, would you have to consider?
- Do you have MOUs/MOAs/Vendor Contracts in place for supplies when needed? How about backup plans? If so, who are they with?
- Are you aware of competing vendor commitments with other organizations being impacted?
- Have you identified your public and private sector partners?
- What are your systems or processes for purchasing or acquiring supplies (short term and long term)?

### Behavioral Health

- What are the specific considerations/needs for In-patient Behavioral Health patients? How will those be affected?
- Regarding patients being held on Temporary Detention Orders (TDO's) or Emergency Custody Orders (ECO's,) what are some considerations for your organization?

### Dialysis

- What plans are in place if unable to get supplies within a timely fashion?
- What procedures are in place for finding alternate services for patients when your facility is not operational?
- What are your processes for reporting information to outside organizations? (ESRD network, Emergency Management, Healthcare Coalition, etc)?

### Emergency Medical Services

- What plans do you have in place for replacement of supplies? If unable to obtain at the station? If unable to obtain from local hospitals?
- What are your alternate standards of care?

### Funeral Services

- What stuff, space, systems would affect your business procedures? Details!

## Home Care/Hospice/PACE

- What procedures are in place for finding alternate services or vendor contracts for patients, if needed?
- Is staffing an issue for your organization (outside of normal operations)? If an issue, how do you manage that challenge?

## Hospitals

- What are your alternate standards of care?
- Adding to the MOU question from the section above; once you have determined who you have contracts with, define if they are local, regional, national, etc.
- If you are part of a health system, how does internal sharing of resources work?
- How would you communicate these resource shortages to your community, staff, and other organizations?
- Is staffing an issue for your organization (outside of normal operations)? If an issue, how do you manage that challenge?

## Law Enforcement

- What supplies would you potentially lose during this disaster?
- How will this disaster affect your ECO/TDO Processes?

## Local Emergency Management

- What are your relationships with organizations in your jurisdiction that would suffer from supply chain interruptions? Do you have plans that would help assist?
- Do YOU have any specific supply chain issues? If so, who do you communicate those with?
- Are there any other considerations you may need to consider?

## LTC and other Residential Facilities

- Are you a signed member of the Virginia LTC Mutual Aid Plan? If so, how would you activate this plan within your facility?
- Is staffing an issue for your organization (outside of normal operations)? If an issue, how do you manage that challenge?

- If you are in a health system, how does internal sharing of resources work?
- How would you communicate these resource shortages to your community, staff, and other organizations?
- Adding to the MOU question from the section above; once you have determined who you have contracts with, define if they are local, regional, national, etc.



### **Pharmacies**

- What can you bring to the table during an emergency event?
- Who are your local partners? Compounding pharmacies?
- How do you track your supply? Re-supply?
- Who are your decision makers?
- How do you work with local jurisdictions?
- How do you communicate shortages with staff, other organizations, other pharmacies and the community?

### **RHCC**

- What is your role and responsibility to help assist with supply issues in the region/state? What action triggers your activation?
- What entities do you get communication information from? How do you share that?
- What is the process in place to share critical information across the region to all stakeholders?

### **Surgical Centers**

- What procedures are in place for finding alternate services for patients when your facility is not operational? Can you curtail your services?
- How could you assist other organizations?

### **Public Health**

- What is your public messaging during this current situation?

## MODULE 2

### (Event Continuation: 3-10 days into the event)

You are currently finding that your organization is beginning to become short on the supplies for which you have identified. Discuss what plans and procedures your facility has in place to manage the disruption of supplies. What organizational impact will occur if unable to get the necessary supplies? Where do you turn?

## QUESTIONS

### For ALL

- What are the immediate actions, concerns and priorities for...
  - Administration
  - Clinical operations
  - Facility operations
- Have you activated your EOP? If so, Describe your command structure.
- If incident command was initiated previously, what is your organizational relief plan for the ICS staffing levels?
- Have you started receiving updates from your suppliers? Are you following up?

## MODULE 2 (continuation)

### (Moderate-term – Regional Issues: 10 – 45 days into the event)

You are currently finding that your organization is very short on the supplies for which you have identified. Discuss what plans and procedures your facility has in place to manage the disruption of supplies at the regional level where it is 10-45 days into the event and finding regional shortages of supplies is scarce. What organizational impact will occur if unable to get the necessary supplies? Where do you turn?

### (Long-term – National/Global Issues: 2 – 12 months into the event)

You are currently finding that your organization is in very short supply of the items for which you have identified. Many of the suppliers you have agreements, and their suppliers, have been affected by the storms and unsure of when operations, much less shipping of supplies will be available. Discuss what plans and procedures your facility has in place to manage the disruption of supplies at the national/global level where it could be 2 – 12 months before the requested supplies are available. What organizational impact will occur if unable to get the necessary supplies? Where do you turn?

#### **For Nursing Homes/Hospitals and other Residential Facilities**

- Discuss your plans and procedures to assist other facilities who request specific, at risk, or short supplies for population usage.
- What concerns do you have in regard to additional resources needed to care for the additional residents? How do you reevaluate your resource burn rate?
- What is your process to receive/on-board additional staff who are implemented under the Mutual Aid Plan? If using travel staffing solutions, do you have contracts/MOUs in place?
- If your business closes, where could you send resources?

#### **For Home Care/Hospice/PACE**

- Is your organization still operating? What does that look like?
- What are your alternate standards of care?
- If your business closes, where could you send resources?

#### **For Dialysis/Surgery Center**

- What arrangements do you have in place to ensure your patients are cared for if you are unable to meet their needs?

- What are your current arrangements for transportation of your most vulnerable patients to other treatment facilities? What are the liability concerns about facilitating transportation?
- What are your abilities to accommodate patients at this point?
- Do you have adequate supplies? What would you consider adequate supplies? Sufficient staffing?
- If your business closes, where could you send resources?

### **Behavioral Health**

- What arrangements do you have in place to ensure your patients are cared for if you are unable to meet their needs?
- What are your current arrangements for transportation of your most vulnerable patients to other treatment facilities? What are the liability concerns about facilitating transportation?
- Do you have adequate supplies? What would you consider adequate supplies? Sufficient staffing?

### **Local Emergency Management**

- Regarding your plans and relationships with organizations, at what point do you escalate these requests for further assistance?
- Who has the authority at a local level to escalate the request?

### **For RHCC**

- What is the process in place to share critical information across the region to all stakeholders?
- What is your process for collecting information to send up to state and federal agencies?

### **Follow Up For All**

- How are you communicating with staff, patients, patients' families, media, and the public?
- What is your messaging? Are you participating in regional situation reports?
- What is the importance of providing/acquiring a regional status report?
- How are you staying engaged and in communication with your Healthcare Coalition?
- Are you utilizing the VHASS Event Log for updates and situational awareness between other partners in the region?



- What external relationships do you have with similar facilities, local emergency management professionals, corporate structures, or the healthcare coalition to assist you in an incident such as this?
- What steps can you take now to enhance these relationships in advance of a supply interruption / disruption?
- What role do you think the Healthcare Coalition serves in regard to its efforts to assist all regional partners in these types of events?

## MODULE 3

### (RECOVERY)

Finally, your supply chain is beginning to reestablish itself. You are able to start replenishing items for your organization. What steps need to take place in order to regain full facility operations? Discuss the recovery process in regard to the issues identified in Module 2.

What challenges would you likely face as you begin restoring your facility back to normal operations?

Have you revisited your policies in regards to regulatory compliance?

At what point will you resume your normal standards of care?

What documentation will be needed to ensure billing is appropriately accounted for?

Did you receive supplies? Do you have processes developed to return/replace those items?

Who is responsible for tracking all aspects of the recovery process?

What are your immediate actions, concerns and priorities for administration, clinical, and facilities operations leadership regarding the recovery process? When would you close EOC?

How have you handled multiple staffing adjustments over a period of time?

How will you relay to the public that operations are back to normal? Or new normal?

**FINAL QUESTIONS:**

- What external relationships have you established with similar facilities, local emergency management professionals, corporate structures, or the healthcare coalition to assist you in an incident such as this?
- What steps can you take now to enhance these relationships in advance of a loss of critical supplies to your organization?
- What role do you think the Regional Healthcare Coalition serves in regard to its efforts to assist all regional partners in these types of events?

## Appendix A: Exercise Participants

To be compiled from attendance sheets at completion of exercise

## Appendix B: Acronyms

Acronym	Term
AAM	After Action Meeting
AAOS	National Oceanic and Atmospheric Administration
AAR/IP	After Action Report/Improvement Plan
CMS	Centers for Medicare & Medicaid Services
COOP	Continuity of Operations Plan
ECO	Emergency Custody Order
EEG	Exercise Evaluation Guide
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
HVA	Hazard Vulnerability Analysis
ICS	Incident Command System
LTC	Long Term Care
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NSPA	Near Southwest Preparedness Alliance
NWS	National Weather Service
OCME	Office of the Chief Medical Examiner
PACE	Program of All-Inclusive Care for the Elderly
POC	Point of Contact
RHCC	Regional Healthcare Coordination Center
SitMan	Situation Manual
TDO	Temporary Detention Order
TTX	Tabletop Exercise
VDEM	Virginia Department of Emergency Management
VDH	Virginia Department of Health
VDOT	Virginia Department of Transportation
VHASS	Virginia Healthcare Alerting and Status System

## Appendix C: AAR Documentation

### Instructions

Please review the following sections with information specific to your facility. This information will be used to complete your AAR for this TTX.

*(You will complete this information again for another AAR at the conclusion of your FSX.)*

### What was supposed to happen:

(In an ideal situation, how would your facility have handled this scenario?)

### What actually occurred:

(Compared to ideal, what were you actually able to do?)

### What we did well:

(Select the most important 3-5 items)

### What we need to improve:

(Select the most important 3-5 items)

### Plan for improvement:

(For each area of improvement from above, who will address and on what timeline?)