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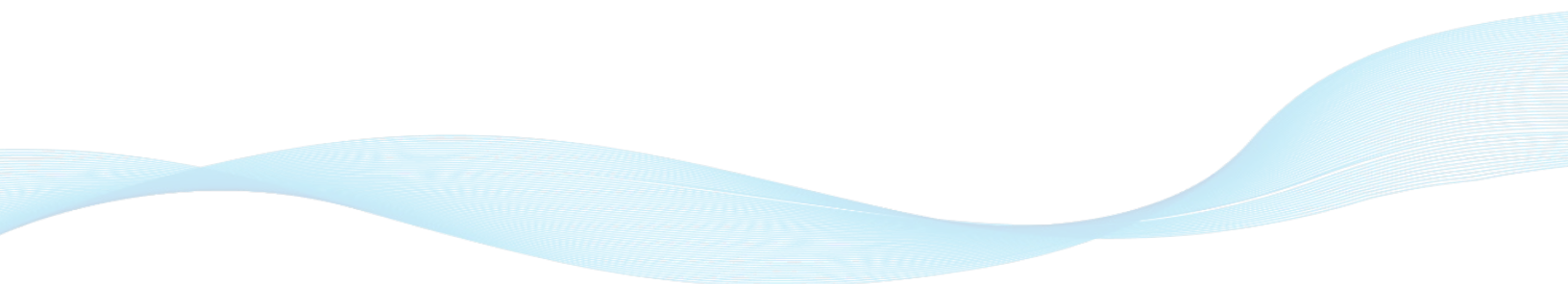
**Quality Alliance**

Great Lakes Region

# Regional Exercise Preparedness Packet

Facility “Get-in-the-Mindset” and Hotwash Workbook

Last updated 5/27/2026



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## Instructions for Use

This packet is designed to help your facility prepare for, participate in, and reflect on the regional emergency preparedness exercise.

### Before the Exercise

Complete Sections 1-5 to ground the scenario in your facility’s operations.

### During the Exercise

Use Section 6 to capture real-time observations.

### After the Exercise

Complete Sections 7-10 to document lessons learned, plan updates, and training needs.

### Submission

Submit the completed packet to your designated regional contact.

# 1. Facility Information

Facility Name: \_\_\_\_\_  
Facility CCN/TIN: \_\_\_\_\_  
Primary Contact and Role: \_\_\_\_\_  
Phone / Email: \_\_\_\_\_  
Exercise Name and Host: \_\_\_\_\_  
Exercise Date: \_\_\_\_\_

# 2. Facility Profile

## Population Characteristics

- **Nursing Homes:** Use the Resident Population section of your CMS Facility Assessment to complete this portion.
- **Hospitals:** Use the Patient Population section of your CMS Emergency Plan and your facility-based risk assessment to complete this portion.

**Below each prompt indicate how they apply to your setting:**

### Acuity Mix

Consider patients/residents requiring complex medical oversight such as frequent wound care, IV therapy, unstable chronic conditions, or high fall-risk profiles. Higher-acuity populations may require additional clinical staff during an emergency response.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Mobility Considerations

Include patients/residents who need bariatric equipment, Hoyer or sit-to-stand lifts, two-person transfers, wheelchair-dependent patients/residents, or those who cannot self-evacuate. These needs significantly increase staffing requirements during shelter-in-place or evacuation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Behavioral Health or Memory Care Needs

Identify patients/residents with dementia, wandering, or elopement risk, agitation during environmental changes, or those who may resist instructions. These populations often require additional staff for redirection, safety monitoring, and emotional support during an emergency.

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### Special Medical Dependencies

Account for patients/residents who rely on continuous oxygen, CPAP/BiPAP, ventilators, feeding pumps, dialysis schedules, or time-sensitive medications. These dependencies require backup power planning, equipment redundancy, and staff trained to manage interruptions in care.

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### Key Services Provided

Behavioral Health       Other: \_\_\_\_\_

### Critical Infrastructure Dependencies

- Power: \_\_\_\_\_
- Water: \_\_\_\_\_
- HVAC: \_\_\_\_\_
- IT/Communications: \_\_\_\_\_
- Supply Chain Vulnerabilities: \_\_\_\_\_

### Known Operational Vulnerabilities

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### 3. Scenario Translation

#### Regional Scenario Summary (from exercise materials):

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#### Facility-Specific Impact Assessment

- How would this hazard affect our patients/residents?

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- What operational disruptions would we expect?

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- What decisions would leadership need to make in the first 30 minutes?

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- Which partners would we need to contact immediately?

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### 4. Response Actions and Decision Making

#### Activation Level and ICS Roles

- Activation level we would initiate: \_\_\_\_\_
- Key ICS roles and assigned staff: \_\_\_\_\_

#### Communication Pathways

- Internal notifications: \_\_\_\_\_
- External partners (EMS, hospitals, emergency management, public health):

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#### Operational Actions

- Shelter-in-place or evacuation considerations:

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- Staffing adjustments or surge needs:

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- Resource deployment (supplies, equipment, transport):

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## 5. Cross-State Collaboration and Partner Engagement

- Out-of-state partners or systems affected:

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- Mutual aid or health system connections:

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- Information needed from regional partners:

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## 6. Exercise Observations (During Exercise)

### Strengths Observed

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### Challenges or Delays

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### Communication Gaps

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### Unexpected Issues

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## 7. Facility Hotwash

*This happens with Superior Health Quality Alliance*

A hotwash is a brief, real-time debrief held immediately after an exercise or incident to capture observations, strengths, and improvement needs before moving into a full After-Action Review.

### Top Three Strengths

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Top Three Improvement Opportunities

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Support Needed (state, QIO, health system, emergency management partners)

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## 8. Emergency Preparedness Plan Updates

### Sections of Our Emergency Preparedness Plan That Need Revision

- Policies or procedures requiring updates:

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- Communication or notification processes needing revision:

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- Evacuation or shelter-in-place components needing improvement:

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- Resource or supply planning updates:

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- Coordination with external partners requiring changes:

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### Timeline for Completing These Updates

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Assistance needed making these updates?

- Yes       No

## 9. Staff Training and Competency Needs

### Training Needs Identified During the Exercise

- Skills or competencies staff need to strengthen:

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- Departments requiring targeted training:

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- Additional drills or tabletop exercises needed:

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### Preferred Training Format

- In-person     Virtual     Tabletop     Hands-on     Just-in-time modules

## 10. Lived Experience Reflection

### How does this scenario compare to real events we've experienced?

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### What lessons from lived experience should inform our planning?

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