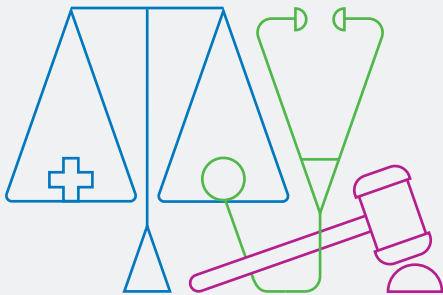


Tabletop Exercise

MEDICATION
ADVERSE
REACTION



Introduction

Thank you for being a valued policyholder. As part of our commitment to provide insureds with practical risk management resources, we have developed this tabletop exercise guide to assist you and your teams with emergency planning and preparedness.

All healthcare organizations should anticipate, plan for, and be prepared to effectively respond to medical emergencies in their healthcare setting. Drills, simulations, and tabletop exercises can highlight knowledge deficits or gaps in expected response. They are useful for subsequent staff training on established protocols and identifying unique role-based responsibilities during emergencies.

Tabletop exercises are used in many industries but can be particularly relevant in the healthcare setting. A tabletop exercise is an informal, collaborative discussion to review emergency scenarios or unexpected situations that could arise in a particular setting. These sessions are intended to help organizations develop the roles that key team members may play and their responses during specific emergencies. They are also meant as a collaborative meeting where leaders and subject matter experts present an emergency scenario and allow the team to work through the organization's response protocol based on organizational policies, procedures, and industry best practices. The key to conducting these exercises is to allow candid, thought-provoking discussion to identify gaps in existing protocols to help your organization build a more successful and situationally appropriate response to emergencies.

Tabletop exercises will help you:

- Identify potential hazards specific to your practice location, patient population, and facility type, including patient emergencies, system disruptions, hostile patient behavior, and weather events.
- Clarify the departments and specific staff roles that will be impacted by an emergency and outline their unambiguous responsibilities and particular duties during an emergency response.
- Develop a written emergency plan outlining the specific steps that staff should follow during an emergency.
- Focus on triage and prioritization of patient care during an emergency based on the availability of supplies and equipment as well as possible transfer needs.

Lessons learned from a tabletop exercise put you in a better position to:

- Establish direct communication channels with staff, patients, families, and external partners to provide updates and coordinate efforts as needed during an emergency.
- Allocate resources such as designated funds, human capital, and other resources to maintain a readily accessible inventory of essential medications, equipment, and provisions for use in an emergency.
- Conduct training sessions for team members to better recognize the triggers for initiating emergency response procedures.
- Conduct training sessions to ensure team members are competent in emergency response, including proficiency in administering first aid, basic life support (BLS), or CPR; appropriately calling 911 for assistance; and understanding evacuation or shelter-in-place protocols.

By engaging key staff in a proactive conversation, the practice can more carefully plan, prepare for, and practice a potential emergency scenario. Medical staff and leadership will then be better positioned to support staff and patients during emergencies.

For additional information, please watch our 2-minute video *Emergencies in the Medical Office Setting* (<https://bit.ly/3ZMsm5l>). For any questions, please contact us at RiskAdvisor@ProAssurance.com or **844-223-9648**.



2-MINUTE
VIDEO

What Is Expected During a Tabletop Exercise?

Tabletop exercises are used in many industries but can be particularly relevant in the healthcare setting. A tabletop exercise is an informal, collaborative discussion to review emergency scenarios or unexpected situations that could arise in a particular setting. These sessions are intended to help organizations proactively develop the roles that key team members may play and their responses during specific emergencies. They are also meant as a collaborative meeting where leaders and subject matter experts present an emergency scenario and allow the team to work through the organization's response protocol based on organizational policies, procedures, and industry best practices. The key to conducting these exercises is to allow candid, thought-provoking discussion to identify gaps in existing practices to help your organization build a more successful and situationally appropriate response to emergencies.

These exercises take place, as the name suggests, at a table (or tables) in a conference room type setting. The typical exercise should only take about an hour to complete.

Who Needs to Be at the Table?

Leadership buy-in, regardless of practice size, is imperative for these exercises to be successful. Depending on the scenario being reviewed during the exercise, participants could include:

- **Front-line staff** such as practice managers, registration, front desk, medical assistants, nursing, practitioners, and lab and radiology techs
- **Administration and management staff** such as CEO, CMO, CNO, CFO, COO, legal/compliance department, human resources, and team managers
- **Organizational support staff** such as call center, maintenance, environmental services, IT, risk management, quality improvement, supply chain, pharmacy, and laboratory

For smaller practices that may not have multiple leadership positions, the list of management or lead personnel attendees may be much smaller and include different role types. In a small practice, the tabletop exercise attendees may include a practice owner or manager, principal provider, and lead nurse. Tabletop exercises are designed to apply to your practice's unique setup and staff ratios.

A constructive part of the discussion may include the realization that certain coworkers or departments valuable to the discussion were not in attendance and should be included in the next session. All participants should record their attendance on a sign-in sheet to capture team members who completed the exercise.

What Is the Focus of the Discussion?

During the exercise, attendees discuss an emergency that could feasibly occur at the practice. Participating individuals should discuss and confirm which departments and specific roles would be impacted and, therefore, should play a part in the response. It is important to discern if participants are aware of the existence of or the need for a relevant governing organizational policy or procedure. Taking these factors into account, the team will seek to lay out the consequences of the emergency, which staff must act, when they should act, and what sequential actions they will need to take individually or in tandem with other departments. Consider providing copies of relevant policies at the time of the exercise for review with the team.

What About Your Specific Practice Might You Learn from a Tabletop Exercise?

The process of presenting a full-blown emergency scenario to relevant staff may yield surprising results. Oftentimes, the organization and staff members themselves realize that there is a learning gap when it comes to awareness of active policies and their content. There may be an assumption that the duty to react is someone else's responsibility, or maybe a misunderstanding of how many and which departments should take action to mitigate the emergency. These exercises are beneficial and eye-opening, pointing out areas for continued or focused training and mindfulness. A tabletop exercise is an efficient preliminary step to a simulation or mock drill.

What Do You Do After the Tabletop Is Completed?

- Consider assigning key tasks to team members along with realistic timelines to complete. Included with this packet is an evaluation form to record opportunities identified during the exercise.
- Review policies and procedures for accuracy and update them as needed based on the results of the exercise.
- Work the improvements into your Quality Improvement program and include any emergency response team members, if applicable.

The information provided offers risk management strategies and resources. Guidance and recommendations contained in these materials are not intended to determine the standard of care but are provided as risk management advice only. The ultimate judgment regarding the propriety of any method of care must be made by the healthcare professional. The information does not constitute a legal opinion, nor is it a substitute for legal advice. Legal inquiries about this topic should be directed to an attorney.

Potential Staff to Include at a Tabletop Exercise

Note: The listed roles are suggestions for inclusion in the tabletop exercise. The list is not exhaustive and you may want to include roles in your practice that are not listed here. Your attendee list may be shorter or longer depending on the staff makeup of your office.

Leadership

- ☐ CEO/President
- ☐ CFO
- ☐ COO
- ☐ CMO
- ☐ CNO
- ☐ Information/Technology Director - CIO
- ☐ General Counsel
- ☐ Board of Director representation

Other Supportive Departments

- ☐ HR
- ☐ Legal/Compliance
- ☐ Risk Management/Quality Improvement
- ☐ IT
- ☐ Materials Management (supplies/equipment)
- ☐ Maintenance
- ☐ Security
- ☐ Medical Records
- ☐ Credentialing (if emergency credentials may be applicable)

Providers and Clinical Support Staff

- ☐ Practitioners
- ☐ Nursing
- ☐ MAs/CNAs/Techs
- ☐ Front Desk
- ☐ Practice/Office Manager
- ☐ Pharmacy staff
- ☐ Radiology staff
- ☐ Laboratory staff

Other

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

CASE SCENARIO:

Medication Adverse Reaction

A 9 YO patient is brought to the physician's office for a sick child visit. The child presents with a sore throat for the past two days and with a 102 degree fever. On examination, the patient has erythema and a throat swab is performed. The swab tests positive for streptococcus. The patient has no known drug allergies. The parents were given the option of a course of oral antibiotics or an injection of penicillin. Parents opted for the injection and were instructed to remain in the exam room and observe the child for 30 minutes prior to departure from the clinic. The nurse instructed the parents on the signs and symptoms of anaphylaxis and the parents were asked to notify the nurse if any of them occurred. Approximately 10 minutes later, the patient reported feeling very hot, complained of shortness of breath, and appeared anxious. The parents immediately called for help to the room.

How would your office respond to this scenario?

How would your office respond if the scenario included these alternate facts?

- The family did not want to wait for the entire observation period, and the patient reported the same symptoms to the parents while walking to the car in the parking lot.
- The family shared the patient's reported symptoms with the medical team, but noted they had previously scheduled plans, said the child was fine, and refused to wait for any further exam or treatment.

GROUP BRAINSTORMING

Suggested Discussion Questions

How to Use These Suggested Questions:

The questions and topics below are suggestions for use by staff members discussing the emergency presented. You can utilize some, all, or none of these questions, depending on how the conversation organically flows.

These questions can be provided to the group at the start of the session, or a facilitator can interject some of the inquiries during the discussion process. The questions may also be used to keep staff focused on the specific scenario or to redirect the discussion. Responses to these questions will help pinpoint potential gaps in patient safety or staff knowledge.

Scenario Considerations:

1. What is the process to review and verify patient allergies prior to medication administration?
2. What is your medical emergency response protocol for medication adverse reactions?
3. Who should a staff member notify first after discovering the situation?
4. At what point should staff notify a physician? And by what method?
5. Which staff roles have specific response duties in this situation?
6. What responsibilities does each staff member have in this scenario?
 - a. Who retrieves the emergency kit?
 - b. Who retrieves the medication needed to treat the adverse reaction?
 - c. Who monitors the patient? What monitoring is done?
 - d. Who absorbs the role(s) of caring for other present patients of a clinician who is actively responding to the emergency?
7. When do you call 911, if at all? Who calls? What information must be known to report during the call?
8. How do you manage the parents during the emergency and rescue of a child?
9. If the patient is taken by EMS, what is the follow up with the patient or family?
10. How is the incident documented in the medical record, by whom, and when?
11. Is there a process to document if the patient or family refuses to wait for an instructed observation period for a potential allergic reaction?

GROUP BRAINSTORMING

Suggested Discussion Questions *(continued)*

Other Things to Consider:

1. Does your practice have an emergency response plan?
2. Are there panic buttons in the patient rooms, patient restrooms, or other patient care areas?
3. Do staff know how to quickly access medication storage? Are keys available for locked cabinets?
4. Do staff educate parents of minor patients on the signs and symptoms of a reaction?
5. Are staff educated on medical emergency protocols? If so, how often?
6. Do you hold mock drills for medical emergencies that involve all necessary staff?
7. Do your protocols consider the location of EMS, its proximity to your office, and whether access or availability issues may be encountered?
8. Does the emergency kit have all available supplies to rescue patients? Is there a process to regularly ensure that emergency kit supplies and medications are not expired, and are replaced after each use?
9. Do the clinicians have the appropriate skills and competencies to utilize the supplies in the emergency cart? Are these skills and competencies verified and documented?
10. Do staff have up-to-date CPR training? If so, is it documented and monitored for expiration?
11. Is staff trained on how to document a medical adverse reaction episode in the patient's medical record and how often to record vitals, conversations, and other details of the incident?
12. Do staff update the patient's medical record with the allergy and the patient's reaction? Is the allergy update placed in such a spot where it carries forward as a future alert?
13. What steps should be taken if the parents of a minor patient refuse to wait for the instructed duration following medication administration and leave immediately?
14. Is there an approved incident reporting system or process?

Post-Tabletop Action Items

Opportunities Identified	Team Member Assigned	Action Plan/Next Steps

Attendance Sign-In Sheet

Name	Department	Signature