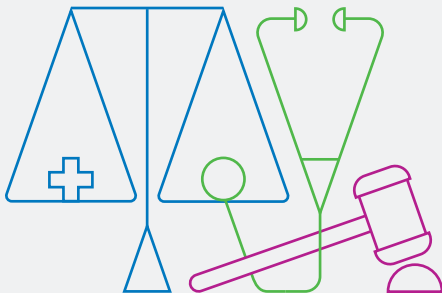


# Tabletop Exercise

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INFORMED  
CONSENT



# 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](mailto: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 that 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

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## CASE SCENARIO:

# Informed Consent

A 32 YOF presented to her physician's office with a small splinter of wood embedded in her left third finger. The patient reported that approximately 4 hours ago, she was repairing her wooden deck when she slid her hand down a worn plank causing a small fragment to break off and penetrate the skin. She put an old work glove on her hand and finished her deck repairs before presenting to the office. On assessment she had stable vital signs, with minimal bleeding and good perfusion of the finger noted on exam. The doctor decided to inject the finger with a local anesthetic to numb it prior to attempting to remove the splinter and suture as needed. The doctor left the exam room as the office team gathered supplies. When the physician returned, he did not inject the finger to numb it as planned but, rather, began immediately trying to remove the splinter with tweezers. The wound began to bleed copiously. The physician applied pressure to the finger to lessen the bleeding and a dressing was applied. On return to the office for a follow-up check, the patient complained that the finger was numb, and she suspected it was infected. The patient stated to the physician, "Had I known this was a possibility, I would not have let you do this."

### How would your office respond to this scenario?

### Specifically, how would you respond to the patient's statement that "had she known" she would not have allowed the procedure?

### How would your office respond if the scenario included any of these alternate fact patterns, reviewed individually or collectively?

- The patient repeatedly verbalized hating needles to staff as they were preparing the anesthetic and gathering supplies.
- The physician was in and out of multiple rooms during this patient visit, and staff did not observe handwashing between patients.
- The patient reports being left-handed.
- The nurse and doctor disagreed that an informed consent was needed.
- The office did not have the physician's preferred anesthetic, but an alternative was available.

## 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 procedures in your office require informed consent?
2. Are all providers and staff aware of procedures that require informed consent? Are staff able to sign the consent form as a witness? If so, which staff members? Are there documented training or competencies confirming that staff members signing as a witness to these forms understand what their signature is verifying?
3. Is a time-out performed before the start of any procedure to confirm there is a signed informed consent for the procedure and anesthetic?
4. As part of the informed consent process, are the risks, benefits, and alternatives to recommended treatment discussed with the patient and documented in the EHR?
5. What is the chain of command process in your office?
6. Who should you contact to assist in conflict resolution if you as a staff member disagree with the provider's plan or the care delivered?
7. Are your consent forms paper or electronic? Who is responsible for ensuring required forms are in the medical record or timely scanned?
8. Are the providers in your office responsible for the informed consent process? Are there any situations where the provider may delegate this duty to office staff?
9. Does your office provide printed patient teaching materials to those that undergo in-office treatments and procedures, as part of discharge instructions. Is the review of these documents and teaching with the patient documented in the EHR?
10. What positions and staff are trained to assist providers with procedures?
11. Who conducts such training, where is it documented, and are related competency checks done on a regular basis? Do you host a skills day or skills fair yearly to update staff training?



## GROUP BRAINSTORMING

# **Suggested Discussion Questions** *(continued)*

### **Other Things to Consider:**

1. How are staff oriented to office procedures, especially those that require informed consent?
2. For in-office procedures, what infection prevention measures are taken and by whom?
3. Aside from a time-out, what documentation is completed before, during, and post-procedure, and by whom?
4. Does your practice perform mock drills for potential emergencies in the office, especially those related to office procedures? In the scenario above, if the bleeding did not lessen or the patient fainted when seeing the blood, who goes for assistance and who stays in the room to monitor the patient?
5. Do all clinical staff have up-to-date CPR training? How is training documented and tracked for renewal dates?
6. What supplies are readily available in all exam rooms? What supplies are kept outside of exam rooms? Is this room locked to prohibit patient and visitor access? Are medications stored separately in a limited access area?
7. Who would address the patient's concerns that she expressed during her follow-up visit?
8. Does your office have an incident reporting system or process? How would this patient's clinical experience be documented within your office?
9. Do you review patient safety events, both those that cause patient harm and injury as well as near misses?

# Additional Resources

See these resources for more information on informed consent:

- “Informed Consent Process and Patients’ Rights” (Risk Management Guidelines) <https://bit.ly/4lgUZQi>
- “Informed Consent Process and Patients’ Rights” (Knowledge Center) <https://bit.ly/41xKW27>
- “Consent for Treatment of an Adolescent: Unaccompanied Adolescents” (Article Library) <https://bit.ly/3Hn50gP>
- “Informed Refusal: The Other Side of Consent” (Rapid Risk Review podcast on Spotify) <https://bit.ly/4le1fbu>

# Post-Tabletop Action Items

| Opportunities Identified | Team Member(s) Assigned | Action Plan/Next Steps |
|--------------------------|-------------------------|------------------------|
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# Attendance Sign In Sheet

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