

Post Exercise Assessment Form (Hotwash /Debriefing) Participants and Summary

November 02, 2017 Full Scale Exercise

LTC/Ancillary/Outpatient Tornado and Evacuation Exercise

Facility Name	First Name	Last Name	Entry Date
Amedisys Home Health	Debbie	Roy	11/06/17
Amedisys Home Health – Jefferson City	Divina	Bowlin	11/02/17
Amedisys Home Health – Knoxville	Kim	Messer	11/02/17
Amedisys Home Health – Morristown	Julie	Wilder	11/03/17
Amedisys Home Health – Sevierville	Jacque	Colclasure	11/02/17
Amedisys Home Health- Harriman	Ann	Pennycuff	11/02/17
Amedisys Home Health- Harrogate	Kim	Brunsma	11/02/17
Amedisys Home Health- Newport	Sharon	Denton	11/02/17
Amedisys Home Health- Oak Ridge	Misty	Collins	11/02/17
Amedisys Home Health- Tazewell	Jodi	West	11/06/17
Amedisys Hospice- Knoxville	Brenda	Weatherly	11/02/17
Amedisys Hospice- Morristown	Arista	Metcalf	11/02/17
Amedisys Hospice- Sweetwater	Peggy	Hayes	11/03/17
Beech Tree Manor	Jamie	Brown	11/06/17
Beverly Park Place	Don	McCarty	11/02/17
Camellia Home Health	Amy	Boles	11/02/17
	Evelyn		
CareAll Homecare Services	Dianne	Whittaker	11/03/17
Clinch River Home Health	Robert	Kendrick	11/02/17
Covenant Home Care	Gina	Hollenbeck	11/06/17
Cumberland Village Care Genesis Healthcare	Robert	Flowers	11/02/17
Dialysis Clinic, Inc- Maryville	Connie	Harig	11/02/17
Dialysis Clinic, Inc.- Holston River	Angela	Miracle	11/02/17
Dialysis Clinic, Inc.- Knoxville	Tabitha	Morgan	11/02/17
Dialysis Clinic, Inc.- Maryville	Connie	Harig	11/02/17
Dialysis Clinic, Inc.- Sevierville	Michael	Tascione	11/02/17
Diversicare of Oak Ridge	Britney	Reid	11/06/17
East Tennessee Children’s Hospital Home Health Care	Ronald	Phillips	11/02/17
Fort Sanders Sevier Nursing Home	Brennan	Mitchell	11/03/17
Fresenius Kidney Care – Cedar Bluff	Robin	Nelson	11/02/17
Fresenius Kidney Care – East Knox	Amalisha	DeLoughary	11/03/17
Fresenius Kidney Care – LaFollette	Dana	Rose	11/02/17
Fresenius Kidney Care – Loudon	BRENDA	LEE	11/06/17
Fresenius Kidney Care – Newport	Lea	Laster	11/02/17
Fresenius Kidney Care - Powell	William	Ivey	11/02/17
Fresenius Kidney Care – West Knox	Debbie	Harman	11/02/17
Fresenius Kidney Care- Athens	Amy	Hill	11/02/17
		Finlay-	
Fresenius Kidney Care- Bradley	Wendy	Maxwell	11/02/17
Fresenius Kidney Care- Crossville	Hannah	Hancock	11/02/17

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Fresenius Kidney Care- Fort Sanders	Sandra	Ferguson	11/06/17
Fresenius Kidney Care- Knoxville	Susan	Rains	11/02/17
Fresenius Kidney Care- Morristown	Peggy	Eldridge	11/05/17
Fresenius Kidney Care- New Market	Loretta	White	11/02/17
Fresenius Kidney Care- North Knoxville	Bonnie	Cupp	11/02/17
Fresenius Kidney Care- Oak Ridge	Denise	Flanders	11/02/17
Fresenius Kidney Care- Roane County	Amy	McLarty	11/02/17
Fresenius Kidney Care- Skyway	Katherine	Welda	11/02/17
Heritage Center- Morristown	Robert	Breeden	11/03/17
Holston Health and Rehab	Bill	Fox	11/03/17
Huntsville Manor	Carla	Buttram	11/02/17
Intrepid USA Healthcare Services	Ted	Bingham	11/06/17
Island Home Park Health and Rehab	Mary Ellen	McAfee	11/02/17
Jefferson County Emergency Management Agency	Tim	Wilder	11/02/17
Kingston Family Practice	Rhonda	Flanagan	11/02/17
Knoxville Orthopaedic Surgery Center	Cynthia	Collard	11/05/17
LaFollette Medical Center, Baker Cancer Center	Missy	Turner	11/02/17
LaFollette Medical Center, Health and Rehab Center	Missy	Turner	11/03/17
LaFollette Medical Center, Rural Health Clinic	Missy	Turner	11/03/17
LaFollette Medical Center, Rural Health Clinic South	Missy	Turner	11/03/17
LaFollette Medical Center, Senior Behavioral Health Unit	Missy	Turner	11/03/17
LaFollette Medical Center, Tennova Physician Services	Missy	Turner	11/03/17
LaFollette Medical Center, Wound Healing Center	Missy	Turner	11/03/17
Life Care Center of Morristown	Steve	Fuller	11/06/17
	Larry		
Madisonville Health and Rehab	(Steve)	Blair	11/02/17
Newport Health and Rehabilitation Center	Jessica	Babb	11/06/17
NHC Healthcare Fort Sanders	Steven	Gardner	11/02/17
NHC Healthcare- Farragut	Tony	Dalton	11/02/17
NHC Healthcare Knoxville	Thomas	Shuford	11/02/17
NHC Healthcare- Oak Ridge	Jeff	Tambornini	11/03/17
NHC Home Care- Knoxville	crystal	williamson	11/02/17
Norris Health and Rehab	Jeff	McLeod	11/03/17
Oneida Nursing & Rehab Center	Jessica	Shepherd	11/06/17
Parkwest Surgery Center	Judy	Van Dyke	11/03/17
PCEP Surgery Center- Knoxville	Alana	Booth	11/02/17
Pigeon Forge Care & Rehabilitation Center	Michelle	May	11/03/17
Roane County Emergency Management Agency	Traci	Cofer	11/02/17
Rural Medical Services, Inc.	Lindsey	Shults	11/02/17
Serene Manor	Rita	Griffin	11/06/17
Smoky Mountain Home Health & Hospice	Jan	Sneed	11/06/17

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Summit View of Farragut, LLC	Joe	Strawn	11/02/17
Summit View Rocky Top, LLC	Richard	Lawrence	11/02/17
SunCrest Home Health	Teresa	Walker	11/02/17
Sweetwater Hospital Home Health	Karen	Eller	11/02/17
Tennessee State Veterans' Home	Doug	Ottinger	11/03/17
Tennessee Valley Eye Center	Philip	Hipps	11/03/17
The Endoscopy Center- Main	Allison	Miller	11/02/17
The Endoscopy Center- North	Julie	Sharp	11/03/17
The Endoscopy Center- West	Heidi	Woodby	11/02/17
The Eye Surgery Center of East Tennessee	Ashley	Archer	11/02/17
The Waters of Clinton	Chad	Hill	11/02/17
TriState Health and Rehabilitation	Charles	Wheeler	11/02/17
U.T. Hospice	Tonya	McCarty	11/02/17
West Hills Health and Rehab	Claude	Mapp	11/05/17
Westmoreland Health and Rehab	Bud	Sexton	11/02/17
Willow Ridge Center	Rebecca	Mills	11/02/17

Incident Command:

Please list up to three things that went well with your organization's use of the incident command system during the exercise.

Drill performance was efficient and prompt performed by staff.

The flow of the exercise was a lot smoother.

The staff new the role or roles and responsibility's.

The Incident Command communicated well with staff.

1. Office contacted of severe weather approaching
2. Notifications of bad weather approaching
3. Phone numbers provided for assistance

1. Staff was able to communicate need for residents, supplies, and power outages well.

2. Controller was notified immediately for critical patients from staff.

3. Resident remained priority throughout exercise.

Communication was immediate and helpful to continue with the drill having specific instructions.

1) Staff was well prepared for the exercise

2) All hands were on deck and all knew what to do once the exercise started

3) Administration was able to use this to prepare also

emergency response was activated in a timely manner with the weather reports

notifications occurred as needed

staff was able to identify patients needs and incident commander able to coordinate with sim cell

All employees were accounted for, all high risk patients were able to be contacted thru mock phone calls to homes or emergency contacts provided. Agency able to remain in contact with nurses, patients, sister agencies and emergency responders thru use of back up systems.

Department managers knew the central location to report. Able to give assignments quickly. Reported back timely with assessments and needs.

Timely notification of employees and patients by staff

The Emergency Preparedness plan was successfully activated

Wasn't chaotic (thought it might be)

1. Teamwork to remove patients to safe area
2. Immediate response to evaluate each clients needs
3. Adequate supplies to treat each patients needs

1. Internal communication with call tree of employees

2. Checking on patients in a timely manner.

3. Employee participation & involvement.

Organization of request for help from Sim Cell, sister facilities

Organization of response to injured

Collection of information related to impacted areas, patients and their needs

Staff remained calm and took direction well during the drill

Excellent communication was maintained between IC and liaisons during and after incident.

Drill prompted staff to ask questions and provide valuable feedback .

Phone was answered promptly and representative was patient. Guidance was provided by the command center. Support for critical people was scheduled to arrive through the command center.

Incident command was established timely

Effective communication between incident command, participants, and staff

Staff showed coordination and teamwork.

Communication

Coordination with command center, coalition and RMCC (simcell)

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Pre-existing training for staff and management

Participation in prior drills

Communication

Coordination with command center with coalition and RMCC (simcell)

pre-existing training for behavioral unit staff and management

participation in prior drills

Prior participation in EM and IC

Communication with hospital based IC

Prior training on incident command

Communication with hospital based IC

Communication

Designated jobs/assembly line made for a quick evacuation and less confusion.

Staff able to identify protocol for disaster i.e. headcount of patients and staff/visitors, securing items, and communicating completion of tasks.

Staff knew appropriate communication and chain of command, used well and effectively, developing back up plans for issues i.e. Large patient chair does not fit through door frame, how to transfer a full assist obese patient and what they would need to safely and quickly complete the task.

Ongoing alerts to keep information available for facility

Ongoing resources available

Able to stay in contact with facility resources for status of structure and other buildings "on campus"

1. Set up and organized quickly.

2. Teamwork and knowledge sharing.

3. Effective utilization of resources.

1. Provided a detailed chain of command for staff to follow.

2. Set guide lines for exercise.

3. Span of control was maintained for section.

Activation of phone tree

Activation of patient roster for implementation of future disasters including current Priority Codes

Staff was highly engaged in there assignments and followed instructions

Command System was set up timely

Command system help staff organize tasks

Facility's Emergency Response/Operations plan was activated and followed

Staff exhibited coordination and teamwork

Staff assessed residents and injuries quickly

Communication was calm, clear, concise

1. Roles were identified

2. Resources were identified

3. Contingencies were identified

Team Work

Communication

Skills/knowledge

1.the ED was unable to participate and the 2nd in charge stepped in and filled his role.

2.All staff assisted in the roles of the incident

We were able to use our communication plan to determine which hospitals we needed to send injured visitors. Also we have a form called "emergency tracking log of facility occupants" this worked well to determine the location or future location of our occupants.

Staff used great teamwork.

All TEC staff knew where our emergency binder was located and accessed the facility damage report forms after I called the all clear.

Communication between hospital based command center and wound center

Our communication plan worked well.

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We all learned about Next Radio which helps if cell service is out.

Facility personel were notified in a timely manner

Facility emergency response was activated and followed

1. The nurse called the Sim Cell number, easily gave information of clinic affected by tornado, the number of patients that needed immediate transportation to ER & additional patients that would need ER transport when available.

2. I know that our local EMA would get any additional help for us that we may need during a disaster.

2. FKC would provide support/help for our staff/patients and get the patients to dialysis treatments.

Staff was calm, responsive, nursing accounted for all patients on the effected floor.

1) For the most part there was good communication among our team.

2) The command team and facility staff were very involved and engaged.

3) Facility wide participation was really positive, across departments.

We have had very little training in regards to incident command and actually performed the drill at all 6 of our sites - normal people who would take over incident command were actively participating in drills

Easily accessed

Knowledgeable EMA personnel

Helpful

We were able to keep key people centrally located.

Contact with outside help went well.

Good communication within different departments

Communication

Patient Flow

Good Communication

Good Instruction

Good Team Work

I.C. System was well organized and thought out in general. The IC system generated thought in addressing emergency readiness for our population. Encouraged prioritization in assessing our patients and addressing their medical needs.

staff knew to go to supervisor and proper chain of command.

1. Group text alerting worked well to get information to staff quickly.

2. Drill was well organized- staff knowledgeable of steps to take.

3. Good utilization of community resources.

Placement of residents, Quick response to Weather alerts

1-Staff responded quickly and calmly.

2-Prioritized patients according to acuity and need.

3- Emergency equipment available on hand.

Everything went as planned. No problems at all. It was well planned out and organized very well also. All of my staff and actors were prepared for the exercise. We had a successful and safe exercise this morning.

Immediate needs identified and appropriate staff assigned

Timely notification to staff of incident

Impromptu assignments/roles were quickly incorporated to assess environmental, personal, and pt. casualties

Team work within the staff

Communication during event with the staff in admin level

Fast response

The incident commander quickly took command.

The IC gave clear directions and assignments.

Organized well due to having a lot of disaster preparation in advance annually.

Teamwork, training, supplies on hand

1.Coordination of information to ICC

2. Coordination of discharges

3. Coordination with Medical Director

1. Teamwork

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2. Triage of injured employees

3. Phone calls were handled by admin on call appropriately

All of the staff were proficient and knew their duties. All of the patients were quickly brought back to the safe area.
Great communication with staff inside and outside facility.

1) Clear direction as to what was required by the exercise

1. Effective communication notifying staff of potential event occurring

2. Field staff notified timely and quick response from field staff to check in after disaster hit

1. Rapid assessment of structure damage

2. Rapid response of employees and assessment of injuries

3. Rapid response of area teams to assess their patients

- Staff worked together to move patient

- Staff worked together to triage patients.

- Staff worked together and brought all supplies needed to safe area(Crash Cart, Fire box)

1. Communication between IC, appointed Officers, and staff went well.

2. Staff performed duties well.

3. Staff worked well together as a team to keep the residents safe and to treat the injured.

Facility personnel were notified in a timely manner.

Job Action Sheets were used and patients were triaged.

Good teamwork between staff

Teamwork

Sense of Urgency

Prepared properly

1. Teamwork

2. Actual evacuation of residents

3. Securing the Facility

1. Our Incident controller personnel (DON) has directed and handled the situation accordingly.

2. "Players" (RN's LPN's CNA's) have simulated the drill correspondingly and attended to their responsibilities proficiently.

3. Patient evacuation simulation was enacted timely and effectively.

The incident commander asserted command of the situation and communicated well.

Section chiefs helped during disaster.

1. Staff responded well to information provided and prepared clinic and patients for possible tornado at the "watch" stage.

2. The staff was able to move all patients to safe are in less than 5 minutes, and in that time triage / assessments were started.

3. Staff worked well as a team and fully participated and thought of more items to anticipate in an emergency / disaster situation, and acted upon it.

upon activation the staff followed the incident command system to the letter.

using ICS there seemed to be less confusion.

the commander was able to concentrate on the big problems other than being pulled in different directions.

1. The incident command system used direct communication.

2. The incident command system was timely according to the exercise directions.

3. The incident command system used an efficient flow for disseminating information.

The incident commander and charge nurse effectively activated the incident command system and emergency plan.

They worked well together to clearly define roles and delegate duties to staff.

Immediate response

Confirmation of needed information for our facility

Relay of information about emergency response time to our facility

Staff worked together as a team

Staff were calm throughout the exercise, showing professionalism.

Clinical staff were able to treat injured staff and patients per their critical thinking and assessment skills.

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- Effective communication skills among team members
- Easy access to adjunct facilities for placement
- Patients and staff safety ensured within a timely manner

FMC has a corporate number for disaster reporting and a disaster team response plan in place.

Also, communication with local county emergency office was good.

1. evacuating patients - patients identified that need staff assistance to evacuate, pts that were able verbalized how to disconnect and evac
2. Damage assessment - team leader evaluated pts for injury and addressed the most critical. Technical did building assessment for damages
3. Identifying resources to maintain facility function and stabilize the injured until help arrives

Clinical triage was accurate and appropriate given patient scenarios

Given assignments were completed in a timely and efficient manner

Notification of Sister offices and Corp was seamless with offered support

Good team work

Updated on call/emergency books assisted w/ triaging patients

Team Work

Medical Director Support

Outside resources

1. Office personnel followed all commands given by the incident commander accurately.
2. The office had an emergency preparedness kit that had items in case of power outage.
3. Office had an emergency preparedness book with patient information listed by acuity and location.

Agency's Emergency Plan was activated & followed timely and without incident

Staff was in place and worked as a team to completed drill objectives

Emergency Notifications

Staff were notified of Tornado watch and instructed them to notify all their Pts and review emergency takeoff procedure.

1. Incident commander was present in command center/designated safe room where all staff and patients could get be treated appropriately.
2. All staff knew where command center was located.
3. Communication was effective with all participants.

Timely notification of Event progression.

1. incident command was established in a timely manner
2. Staff exhibited coordination and teamwork
3. progress/status reports relayed to appropriate personnel

Good communication from Knox County. We have weather radio that would alert patients and staff of emergency.

Implementation of call down tree was very effective.

Implementation of relocation plan/procedure of office in the event of a natural disaster.

Effective communication with patients and CG.

1. Our staff pulled together and worked as a team
2. The staff that needed to took initiative to lead others, appropriately
3. Even though it should have already been in place, staff took initiative to know the cut-off valves for water, electrical, and gas prior to exercise
4. Exercise initiated conversation with staff and patients as what to do in case of a true emergency, good conversations

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Incident Command:

Please list up to three things that need improvement with your organization's use of the incident command system during the exercise.

Clarification of number and who to contact timely.

Who to contact after evacuation

External Communications

Call down list needs improvement

Operational plan needs to be more detailed.

1. An assigned individual to make all outgoing calls for assistance.

2. Due to tornado hitting medication room, we struggled with solidifying medication delivery.

3. Some emergency supplies were not readily available. Gauze, bandages, tourniquet should be on crash cart.

Communication with more walkie talkie available for staff to use.

1) Exercise could have been larger

2) We could have included more "resident injuries"

3) We could have included more extensive damages to the building

Incident commander needs improvement in assigning staff members to roles during the emergency

During evacuations became chaotic and was difficult for incident commander to regain control without prompting during triage incident commander had to be prompted to record injuries to be able to report to EMS system

Timeliness in reaching all staff due to covering such a large rural area with limited cell service. Establishing a primary emergency contact for patients outside their home or approx. 1 mile outside their immediate area. Ability to know which staff members are in the immediate area of the emergency.

Need keep a "notebook" with pertinent information in a secure area at the "incident command center" location. Schedule to review contents on a regular basis. Management positions cross reference to Incident Command Center positions ensure minimum "required" personnel report quickly to location. Consider a paging "code" for to notify "command center" staff to report to designated location.

Communication

Appropriate roles were assumed and taken care of timely

1. power out and lack of oxygen containers

2. issue with phone connections out

1. We should have a back up plan for communication if cell and land line are not an option. Possibly long range walkie talkies or CB's.

2. The number of patients contacted was 94% so we need to ensure we keep an updated emergency contact list as current as possible.

3. Employee participation was good but it took some time to reach all employees so having them call us will be added as an expectation to our plan.

Incoming notifications couldn't get through Covenant firewall

Need for updated tornado plan specific to our building (upstairs - no inside route to lower level)

Need to incorporate standard tracking and coordination forms

Clarification of when to call Code Green in actual tornado.

Which staff member would be IC if executive director was out of facility

Coordination with business office staff on second level as far as where to go in facility

We need to gather more details in order to communicate effectively when the call is placed to the command center. We need to better understand what services are supported through the incident command system. We need to ensure the right person is communicating with the incident command system.

Unable to communicate with outside agencies post disaster. The cell towers and main communication hub was damaged.

Handing off report between floor and safe zone to better assist triage of patients.

Need training on what to do if all communication (cell phones/analog phone) are down and what/how to use a weather radio to assist in operations and tasks.

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How to arrange patients in safe zone to best accommodate everyone/needs.

Contact information at command center not accurate (at first) for our facility (typo)

Ensure communication available to "on campus" OR Surgical Area at Hospital

Utilization of command system for ASC participation for future county-wide drill

1. Communication from Hospital Incident Command to the scene. We recognized a need for a dedicated communication liaison whose primary role is relaying communication to and from the Hospital Incident Command. The on-scene leader had a difficult time hearing radio calls from the Command Center.

2. Need for additional large TV monitors. Hospital Incident Command only has one TV monitor. Staff recognized the need to monitor multiple news outlets in a weather event like this and have the ability to project information on a monitor for everyone to see.

3. Education on faculty specific task and Section Chiefs responsibilities. The HICs documents provide a good overall guide but staff realized that additional checklist may need to be added to their Section Chief binders for quick reference.

1. ICS training needed for all who participated in incident command.

2. The ability to set up incident command during off hours.

3. Ensure command centers are equipped with telephones and radios.

First Aid/Safety Kits unavailable for staff Resolution: plans for providing in process

Procedure for updating phone tree and roster Resolution: both will be updated every Monday

Digital accessibility to phone tree and roster Resolution: Digital accessibility put into place

All Staff want more training on Incident command system

We need to review our emergency boxes at least 2 times per year

More communication about the damage that happened, so staff is more prepared of what the damage was. This could be better communication from the Incident Command.

Training on how to announced overhead an emergency. Some staff did not know how to page.

More information on the HICS positions

unable to contact Anderson county EMA center, staff to have a rally point for directions, establish sub commanders for each geographic wing of facility

1. Staff response

2. Communication

Complete staff list readily available on paper at all times

Knowledge of where emergency numbers for contact available on paper at all times

Have a group text of staff on DOO/Clinical Manager/BOM phones for communication

1.Communication , 2.order, 3.knowing your role

Procedure room staff were unsure of their duties- during a code blue.

Communication between the procedure area and the waiting room area could be more efficient.

We need to identify a part of our own service area to perform the drill efficiently.

More incident command training is needed

Better command post needs to be established in facility

All personal involved with command center needs a handheld walkie talkie. Command center needs weather radio. All staff needs to be aware when in a disaster, or when command post is in play normal business needs to stop until we have accounted for everyone and have all systems working though the disaster plan.

1) We need to educate staff on where the incident command will be located to centralize communication. Nursing supervisors need additional training on their roles in the absence of facility leadership (Administrator, Director of Nursing, etc.)

2) Among incident command system members our center needs to do additional incident and command training, specifically related to the specific roles, responsibilities, and necessary communication.

3) In the establishment and transfer of command, we need to complete thorough debriefings. It was challenging to translate the theory of incident and command that we have learned into managing the real life situation. We need practice to improve in this area.

Incident Command training

Needed quicker access to patient information, book with information was available however employee didn't have info ready to give to EMA once they answered the call.

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Need a better plan for alternate form of communications when phones are down.

Need to designate specific people as decision makers during off hours. Will do some training for those people.

Implement new area of safety

need more portable oxygen tanks

need more supplies in shelter in place bin

Consider alternate means of communication between IC system and organization to avoid delays due to time discrepancies. ie Have time designated to begin exercise and each participant call or email in at those times.

some staff was unaware who to contact regarding data security.

1. Need better way to locate patients by "geographic" area. Our system currently lists the address and there is no way to filter patients that live in certain areas. Had to manually look at addresses to determine patients in particular area affected.

2. Staff need more training on their role in the incident command system to feel more comfortable.

communication, all departments participating

1- Evacuation area cluttered with stock. Not enough room for 19 patients.

2- Clinical Manager failed to call DO when tornado warning was issued.

3- Staff has lack of knowledge regarding how we use weather radio and analog phone.

We didn't have any problems at all this morning. The email didn't come to me on time but, that may have been due to many emails being sent to all of the facilities at the same time.

Better system for acuity listings

More pt. education on emergency plan

Alternative means of communication between agency and outside organizations

communication to other staff

knowing the steps of what needs to happen during disaster

systematic checks need to be trained to staff

All HICS positions were not activated during the exercise.

Job actions sheets were not activated.

None at present due to always remaining ready and prepared for disaster on an annual basis.

Equipment failure

2. How to rapidly move residents in a safe manor (bed or sheet drag)

3. communication.

1. Upstream communication was good downstream communication could improve

1. No one stepped up to be incident commander

2. Communication from one area of the building to the others was lacking and delayed notification of disaster by about 10-15 minutes

3. Staff didn't check out areas of building for others that could have been affected.

4. No one notified building manager of damage or KUB to alert that power was out.

We need a bigger emergency box, it should be big enough to hold supplies for 16 patients. We also need to make sure stock is stored in one area of the strage area instead of being spread out. This gives more room for patients and their recliners as the hallway will only fit 10 patients.

1) This is the first year participating in the drill, I and my clinic needed more time preparing. It felt very rushed.

1. Additional means of communication in the event that there is no power and no phone service including cell phones.

1. Improved means of communication access in the event of electricity and cellular failure.

2. Improvement of communication after patient assessment to agency command post to assure safety of employees.

3. Being proactive with Oxygen patients to assure they have portable oxygen in the event of power failure.

- Add more saline for emergency box

- Bring more chair to the safe area.

- more flashlights and weather radio

1. Need triage levels for prioritizing acuity of victims.

2. Need identified runners on each hall to obtain human and material resources as needed by triage team.

3. Not all staff knew their roles in this drill.

Staff needed to speak up and communicate faster.

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Staff need to be aware of the emergency agency numbers and where to find them in clinic.

Better Communication on who goes where.

Color of Code For Emergency Code Guide needs adjusted.

Order of processes

1. Reconciling of the census list and employee schedule.
2. Assigning who is actually in charge in absence of Administrative Staff
3. Timely assessment and triaging of victims

1. Staff must collaborate in a more unified manner.

Incident Commander needed to delineate control to section chiefs to avoid overload

Section Chiefs needed to assert control over section and have one point of communication with the incident commander

Reporting during drill was not great

1. The staff was aware that there was a need for more supplies such as blankets, wheel chairs and sheets.
2. Wheel chairs could have been brought in the clinic at the watch stage rather than waiting until needed.
3. Time was wasted deciding the definition of "watch" and "warning" which should have been made clear before the exercise started.

being a new system it will require a little more training and needs to be included on all shifts and new hires

1. The incident command system could improve efficiency through an additional weather alert radio within their office.
2. The organization must improve definitions for incident command roles for relevant staff during actual incidents.

Not all staff were aware of their roles prior to beginning exercise. Not all staff were aware of the location of the emergency supplies.

Staff needed clarification of who to notify first, EMA, 911 or SIMCELL.

Did not know if the staff should notify police department or the incident command system would. (We had a patient that was missing)

Staff not sure of the timing, during the exercise) of calling the command system.

Alternate means of communication other than cell phones.

EPC form does not have DME company listed in patients online records.

Some confusion on the triage and priority of patient care needs.

- No proper follow up for medication needs
- Structural damage not assessed in a timely manner
- Pathway to facility not cleared for emergency personnel

potential problem- communication with public transportation for pts.

1. Staff unable to verbalize who to notify after the disaster besides 911 or who to call for assistance with potential disaster
2. No verbalization or understanding of who to call for back up generator, gas, and supplies if technical is not available
3. Pts unable to verbalize secondary transportation or communication if facility is unreachable via roads or phone

Communication around call tree due to poor cell signal and clinicians being with patients and educated prior to exercise not to answer phones during pt care

Notification did not come in that disaster had occurred

Need to remember to include our non Medicare division with all notifications

having schedule book updated

make sure all staff are connected on medioprocity- our alternative means of communication

Need to specify timeframe for staff to respond to messages sent

Phone Tree

Photos of staff and patients

1. Agency could improve with communication with local emergency management regarding shelter locations.
2. Agency could improve on communication with prn staff.
3. Agency should consider different method of communication with clinicians instead of phone tree due difficulty in reaching clinicians.

Agency needs additional development of communication with ALF's, Senior Housing Apartments, etc. r/t assessing/accessing their patients in emergent situations

Dead areas is communication -phone service unavailable in EMA conference room

No delegation to turn off Water, Gas, and electric

Remember to grab the Emergency Weather Radio

Notifying non-medical staff of situation

1. No intercom system present in ASC. Recommendation for secretary to be trained to utilize phone intercom system that is networked throughout ASC and CCTH.

2. During drill make sure all patients are aware that drill will be conducted prior to start.

1. Communication between clinics during the event was not established to have a wider understanding of the overall affect of the storm.

2. In the event of a storm warning, communication with the clinics needs to be undertaken

Narrowing down Emergency Preparedness Code Report in the event of an actual emergency. Multiple employees to set filters for report and save to computer.

Recommend another form of communication in the event of power and cell phone outage. IE: 2 way radio &/or HAM radio.

1. Need to designate items for EMERGENCY USE ONLY so they do not "walk" away, i.e. door stops

2. Discovered we need include certain items with our Emergency Kit to the triage area, i.e. oxygen tanks, AED

3. Need retrieve the list of employees as well as the patients

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Structure, Staff and Resources:

Please list up to three things that went well with your organization's ability to assess your structure and identify staff and resource needs

Staff is well trained and has practiced on several occasions evacuation drills to be efficiently prepared.

Maintenance has knowledge of building layout and patients that are currently in house.

Having a good plan in place to assign someone to assess structure.

Having success in contacting resources.

Resident identification.

1. we were able to assess the structure easily

2. we had Rn's on staff to assess the injured

3. We had good inter-office communication

1. Maintenance director assessed damage immediately.

2. Maintenance director called EMA to inform of power outages and back up generators not working on affected portion of building.

3. Three day supply of food available for residents.

Facility staff were willing to conduct drill with participation. Facility Staff were educated on most aspects of drill procedures. Emergency plan support system worked.

1) Maintenance identified structure damage promptly and took appropriate steps to safely take care of the damage

2) All resources need to safely secure the area were on hand and available

3) Staff was very quick to access needs and voice what resources would be needed

staff able to turn off water and gas supply

able to split up with assignments to maximize ability to provide care and continue the evacuation

firebox and code cart was brought to area

All employees accounted for and needs addressed thru emergency responders. Although time line needs addressed due to rural areas. Patient needs were met due to ability to use EMS and county emergency management.

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Plant Operations able to assess and identify as well as secure area quickly. Direct care staff responded quickly to safely relocate residents from affected area. Necessary supplies on hand to temporarily secure area. Facility's emergency generator able to supply 100% of power needs to facility.

Staff stepped up to needs and contacted appropriate personnel within company with a couple of exceptions
Proud that our mass communication system did not crash

-
1. immediate response for needs
 2. plan in place for disaster
 3. plan in place for aftermath

-
1. Having an organized & updated employee list made contacting employees more efficient.
 2. Having an updated patient listing with the location's EPP made contacting patients more efficient.
 3. Having a large amount of employees to participate helped in contacting patients in a timely manner.

Quickly identified help within the group to aid victims
Able to secure supplies quickly from sister facility for patient needs
Notification of staff to avoid office area and report to other areas if needed.

Staff was able to quickly assess damage so we knew where to house patients until they could leave with family
Staff was able to quickly identify any injuries requiring transport to hospital.

No team established to complete this task.

Structure and facility damage assessment was accurate and timely.
Staff provided care for the patients with the emergency supplies. Two separate emergency supply boxes were available for use.
Staff were able to communicate with walkie talkies.

Onsite staff availability
Additional community resources
Additional facility resources

Onsite staff availability
Additional community resources
Additional facility resources

Coordination with internal hospital based resources and pre-established community based resources.

Hospital based Plant Ops on site
Coordination with community resources

Staff were able to hand down chain of command quickly in patient area so specific members could assess damage safely.
Damage reported was thorough and concise with facts.
Problems were located quickly and steps were developed to handle both the situation at hand and the process to prevent potential hazards.

Schedules and sign in sheets assisted with identification of on site patients - help anticipate needs
Visitor log assisted with identification of on site
Able to stay in contact with facility resources for status of structure and other building on "campus"

-
1. On scene assessment was completed quickly and resources were requested from Hospital Incident Command.
 2. Nursing home staff determined the need for full scale evacuation due to loss of essential utilities.
 3. Staffing resources were adequate to accomplish evacuation quickly.

-
1. Staff was very familiar with the facility utilities.
 2. Contact phone numbers were up to date.
 3. Planning with local emergency management.
-

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Office staff inspected parameters of the facility post disaster. Office staff inquired with staff if they needed any immediate assistance.

The maintenance and dietary department heads shared the Logistics Section Chief duties and that allowed for a quick response back to incident command

Two nurses share the role of Operations Section Chief

So in conclusion, the next drill we will assigned up to 3 staff to each roll in order for them to gain experience

Staff responded quickly to the damage and identify which residents needed to be sent to the hospital

Maintenance responded quickly on getting the gas turned off and the generator kicked in quickly

Staff from the other wing of the building responded quickly to the needs of the wing that was affected to help assist residents

accurate, thorough, prioritized

1. Leadership knowledge
2. Facilities Manager on-site
3. Contained site

All internal staff assessed area they were located in and office damage to BOM and DOO

Supplies on hand to triage any/all injuries that occurred

everyone was aware of where everything was at

We assigned 1 scope tech to do a facility fire watch patrol and completed the form. No fires were found.

We used our communication plant to identify proper resources to contact.

We have a "facility shut-down checklist" that was completed by the lead RN prior to closing the facility.

Plants Ops was able to assess needs. Communication was key in assessing needs of staff and resources.

We need to be more proactive in having our patients and families to be conscious of the need for emergency preparedness.

Maintenance immediately identified damaged mechanical and electrical systems and shut them down to prevent further damage or injury.

Facility staff communicated with service providers to restore utilities and systems.

1. 2 staff members walked through full facility evaluating damage.
2. No additional clinic staff needed at this event.
3. Staff knew they could not assess any damage outside the building until they received OK from fire department.

At the time of disaster we had plenty of staff on hand for any jobs needing to be carried out quickly. Maintenance had 3 people available for assessing the structure/building. We used housekeeping floor techs for traffic control. Receptionist was at front desk controlling entry to the building during disaster letting anyone know what was going on at that time. Nursing was able to pull staff off of assisted living side for moving and caring for patients.

- 1) Overall there was a very quick response time by our staff, refuge locations were identified quickly.
- 2) As the scenario unfolded there was really good adaption to the needs dictated by the situation.
- 3) There were plenty of resources and sufficient staff available to manage the incident, all willing to pitch in.

ability to assess the structure with our staff seemed to be an easier task because so many of our employees are long term employees and truly know the ins and outs of our facilities

Identifying staffing and resource needs went well because our teams all communicated well together and were very vocal in regards to concerns and needs

Building evacuated in an organized fashion

Employee's were able to leave building safely to assess damage

Employee's calmly assessed damage and injured

Immediately designate persons to do a complete walkthrough of the facility.

Fire dept could assess the damaged for safety.

Communication with Incident Command and flow of information to identify needs.

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ABLE TO IDENTIFY A MORE ACCESIBLE AND SAFE AREA FOR THE "SAFE PLACE" AREA
ABLE TO DETERMINE TO DETERMINE THE NEED FOR MORE PORTABLE O2 TANKS
ABLE TO DETERMINE THE NEED FOR ANOTHER TORNADO PRACTICE DRILL IN THE SPRING

This facility used Disaster List for patient accountability. The Facility Safety Inspection Document was utilized to assess structural damage.

It was discovered during the drill that necessary supplies needed to be considered in the event of a disaster.

staff knew where the safest place to be in building for tornado.

1. Organization structure for incident command was intact with electricity which aided in communication ability with staff
2. Group text messaging got information to staff quickly so that patient's could be contacted and staff could check on patients in community.

1-Biomed attended and assessed structure for safety. 2- Back up plans to place patients at sister facilities is in place.

All went well. The staff was identified without any problems. We had all the resources we needed.

We did agree on one thing, which is, that because our safe place in our facility is our basement, we should have on hand a Basic Care Food and Drink Package in the basement in case we have a real tornado and some of our patients that may be fasting or a Diabetic may have to be in the basement for a long time. That would be very helpful to them.

Structure evaluated 6 mins. past event

Environmental and structural knowledge exhibited by all office staff

Nursing staff triaged pts. appropriately and called 911 for emergency cases

The activation of the exercise meeting with all staff on premises was effective in determining the roles and expectations of exercise.

The center's EPP was reviewed prior to the exercise and was communicated to players prior to the exercise.

The staff's knowledge and compliance of going into the agency's assigned safe area "vault", in case of disaster.

Some staff taking cell phones to the agency's assigned safe area.

1. We had staff inform the Incident Commander of the damage and any injuries that were located.
2. Staff located and addressed any medical issues that were located.
3. Our facility is located 1 block from a Medical facility, for transport and medical attention that was not able to be handled in house.

1. Quick response from clinical staff

2. Building assessment and staff assessment completed quickly

3. Staff took direction well in unfamiliar roles worked well as a team

Staff worked together and in assigned roles and assessed needs quickly and accurately

1. All staff were aware where supply closet was

Great communication. Once the warning lifted facility was immediately assessed for damage before moving patients out of the obviously undamaged area.

1) Staff responsibilities are clearly defined

2) Staff and patients remained calm during the exercise

3) Communication remained concise and informative

1. Office staff aware of their responsibilities and carried them out in a timely fashion.

2. Each staff member helped assess each area within the facility and one person assigned to assess the outside of the facility reported back to DOO within 5-10 minutes,

1. All skilled nurses carry basic car stock with wound care supplies

2. we have an organizational chart with our coverage areas divided among employees for patient checks. This allows all areas to be covered and everyone knows their role in an emergency.

3. Excellent communication and response times

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- By observing staff was noted that there was enough staff to carry out assigned task.
- scheduling of staff
- Assigned someone to take notes.

1. Immediately recognized that there was damage to the building with exposure to the outside elements.
2. Residents were immediately evacuated from the area.
3. The power was down and the facility was on generator back-up. Staff got the extension cords to plug in life safety equipment to the red generator outlets in a timely manner.

Staff was aware that building was damaged and stayed with patients until Biomed gave the OK that it was safe.

Able to secure damaged area in a timely manner.

Residents/Victims were safely removed in a timely manner.

And all supplies were readily available.

1. Maintenance responded quickly to the audible breakdown of structure.
2. All departments came together to assure the safety of residents in a quick and safe manner.

1. Assessing all the exiting doors for potential threats.
2. Analyzed different aspects for safety around the site which hypothetically was hit by the tornado.
3. Gas, sewer system, water, electrical was double-checked for damages or breakdowns.

Attention to patient scenario's was deemed a priority and resources were allocated to stabilizing and getting them to the appropriate level of care.

Staff throughout the building took appropriate steps for the disaster according to the procedures without direction.

Key Staff were able to locate emergency supplies if needed

1. Patients' safety was the staff's primary concern.

staff followed proper procedures and within 15 minutes we had a complete assessment of the building.

1. Administrative staff was willing and available to assess census issues.

Staff member delegated to assess damage, returned quickly with an update of the structural damage. Sim cell notified of damage, injuries, and needs of the facility by charge nurse, in a timely manner.

Staffing sufficient

Staff communication (physical and material needs) of needs went well

Visual inspection and able to isolate areas with damage

EPC call tree initiated, staff aware of their role in the emergency.

Supplies readily available through supply closet for injured office staff and car stock for injured patients.

Office staff able to lock file cabinets, remove all patient information, contact IT and DME companies.

-Communication among staff regarding patient needs

-Properly educated on policy and procedures prior to drill

FMC corporate and local EMS response

1. Manager or team lead on site to assess initial damage and call Director of Operations to report
2. Director of Operations supports staff and patient needs with external resources for housing, transportation and food
3. Technical manager will do full building assessment for continuing needs, repairs and habitation

Implementation of call tree was immediate

Staff responded timely and accurately to pt needs/request for further resources

Day before high risk patients where contacted and pt on O2 were contacted to ensure back up canisters available

staff knew roles and had back up supplies

Team Work

Medical Director Support

Outside resources

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1. Local emergency management contact numbers were listed in emergency preparedness book.
2. Emergency preparedness kit had items such as flash lights, batteries, water to assist the personnel during times with power outage.
3. Office personnel relocated to established safe location in office during the tornado watch.

Building able to assessed quickly.

Landlord would be onsite within the hour and repair any damage by end of the business day as able.

Staff responded to "emergent" text within 15 minutes giving the "all clear"

Documentation of requests and response actions

Crash Cart & Emergency Supplies were first things brought into evacuation area during Watch.

When Staff were notified of Tornado watch and instructed them to notify all their Pts and review emergency takeoff procedure. Cleared path for evacuation

1. Staff assigned to Logistics Section Chief (Matt Thomas) assessed building structure, electrical, medical gas, and HVAC.

2. Assigned damage left structure functionable thus patient care not interrupted.

3. All facility contractors, resources, and outside vendors' contact information was available.

Staff was well informed of procedures regarding movement of patients to safe areas.

Use of walkie talkies helped staff stay in contact when evacuating office spaces, bathrooms, and parking lot.

Staff were able to identify improvements needed for actual Disaster Event.

The staff was able to determine at the conclusion of the event that additional staff resources were needed to assist with patient care. Staff was able to communicate via cell with staff members to advise them to come to the clinic if it was safe to do so.

Corporate and local communication excellent and they will provide needs as they are needed. Local Bio-med in charge of damage and assessment. Have flashlights and generator on site.

Once the storm had passed the area, the incident commander and safety officer assessed the area for damages. Reported back to the staff the areas damaged and areas to avoid.

Incident commander and safety officer assessed for staff injuries and provided immediate medical care as indicated.

1. Lead tech took initiative to turn off water, electrical and gas

2. Charge Nurse took initiative to direct staff during triage

3. All staff pulled together to rinse patients back during the "warning" to get them to safety

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Structure, Staff and Resources:

Please list up to three things that needs improvement with your organization's ability to assess your structure and identify staff and resource needs

Nursing needs to be more involved with patients conditions and urgent needs such as oxygen during evacuation.

Assessing could have been a little quicker.

Resource needs call list could have been spelled out clearer.

This process could have been more organized.

1. Have phone numbers readily available when first notified of weather problems

2. Make sure all office staff have employee numbers available

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1. We should have designated more people to assess damage.
2. Initially, no staff was assigned to doors that are normally locked down.
3. Staff needs more education on solidifying medications if our pharmacy and back-up pharmacy are unavailable because of the storm.

Facility needs more walkie talkie radios. Facility needs more flashlights. Resident needs information on census to include code status.

This really went well for us.

need more room in the evacuation area

need to know where outlets are located for oxygen needs

chairs need to be available for pts that are walked to the evacuation area

Employees ability to reach management and express needs from rural areas. Improve time of response for patients with limited emergency contacts when patient does not have phone service in their immediate area.

Need a basic list of supplies in a secure area for identified staff to access on a 24/7 hr basis.

Communication with all community resources (all staff need to know- not just a few)

Realized that better communication within offices needs to take place...(no one contacted Corporate to announce disaster since it was initiated by Corporate)

-
1. staff available to access structure needs- staff in unit tending emergency of patients and staff

1. We realized that not all of our employees have a key to access the building if they were the 1st to arrive. Emergency Hidden Key will be left outside.

2. Knowledge of employees with 4 wheel drive capability needed to be know and a list will be formed and kept up to date.

Need better way to track all individuals in the building

Identified that we would use a different corporate facility in the event we had to remain evacuated from our building

No one onsite really expert at knowing where necessary utilities are in our building (maintenance offsite)

Knowledge of post incident protocol. Who would inspect the building to let us know it was safe to re-enter.

We need to designate staff to complete this assessment.

Communication to outside agencies.

Staff need training on use of analog phone/weather radio in the event other communication is down.

Staff established that food/drink/glucometer/glucose tabs would be needed in a true event with symptomatic patients.

Staff need further training to be comfortable in technical situations i.e. turning off main water lines and energy sources.

Assignment for someone to check kitchen, dressing/locker rooms and rest rooms

Locking containers needed for transportation of medications to designated safe area

Locking containers needed for transportation of medical records of patients not meeting discharge criteria

1. Responding staff need education on where to report. Although text and pages instructed staff to report to the Hospital Incident Command for staging, some staff still reported directly to the scene.

2. Hospital Incident Command should prioritize the assignment of staging managers. The staff who did report to the Incident Command were sent to the scene without direction.

3. We realized the need for identification of additional outside resources. Our Emergency Operation Plan does identify evacuation locations close to the nursing home but these locations would likely have been damaged as well. Also, the need to identify mass transport resources to aid in moving residents quickly.

1. The need for more qualified staff in areas of structural repairs.

2. Facility recall for staff needed updating.

3. Ability for outside contractors to respond in a timely manor.

Follow up calls to staff that did not answer calls

As above assign up to 3 staff for educational purposes

We will begin the task to Identify, map and label all water shut off valves in our building.

Make some actual calls to off duty staff for back up

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Was a little hectic at first with making sure all residents were accounted for
More training could be used to the floor staff on how to determined which priorities come first
division of assignments for assessment, knowledge of what items to be assessed, ensure safety first

1. Mixed use building
2. Multiple levels

Quicker response time

Increase of knowledge of supplies/resources on hand with Clinical Managers/DOO in addition to the BOM knowledge
giving the maintenance staff adequate time to assess the building and report to the command post in a timely manner

We need to decide what to do about involving prn and on call staff in drills.

Additional training for individuals relating to their responsibilities during a structural damage event

1. Patient code status needed to be available during disaster.
2. 1 additional blood pressure cuff & 2 additional stethoscopes needs to be placed in emergency box.
3. Ensure monthly updated patient/emergency contact in emergency box.
4. Blue barrier pads needing placed in emergency box for use in pulling patients needles after emergency over.

We need several more people that know how to use our mass communication system instead of only 1 or 2 for letting out staff know we need them during a disaster. During a drill we have several staff members from dietary we could use for extra hands. Communicating to the person controlling traffic where emergency vehicles should go and where non emergency vehicles should go.

- 1) Need to establish a more organized call structure to ensure that all available resources are deployed. Identify specifically who needs to call who.
- 2) One resource that is needed is to have working weather radios available to hear weather status updates in the event of a real emergency.

improve communication with EMA if outside resources are needed

Need to assign 1-2 people to do assessment instead of all staff attempting to assess

Didn't really have an issue with this area.

OUR SAFE PLACE WAS FOUND TO BE SMALL AND INACCESABLE FOR ALL PATIENT NEEDS
WE DID NOT HAVE ENOUGH O2 TANKS IN THE EVENT OF AN EVACUATION OR LONG TERM SHELTER
IN PLACE

DUE TO CHANGING THE SAFE AREA, THE STAFF WOULD TO PRACTICE ANOTHER TORNADO DRILL
THIS SPRING USING THE NEW SAFE AREA

It was discovered that current patient list included with the Disaster List for patient accountability. A current Staff Directory with emergency contacts should be maintained on Emergency Cart at all times.

There are a lot of windows at our facility, in an emergency, would be hard to quickly get everyone to a safe place.

1. Staff need number to community support resources- had issues getting to patients due to downed trees and staff unsure of who to call for assist.
2. Identification of staff with 4wheel drive vehicles would have been helpful in some rough terrain areas.

lack of communication, The ability to assess the situation

1. Consider extra portable seating for the safe zone to keep patients off the floor if evacuated from treatment floor.

We may need certain areas of our basement cleared to allow for more space for staff or patients in case of a real tornado.
Which we will work on that.

Identify specific staff to oversee in house staff health/safety

Updated phone list for area utilities companies

Delegate responsibilities more clearly

no resources/emergency supplies stocked

no working flashlights if we needed

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Center determined that further training was needed for all nurses on the incident command system.
Center determined that triage color tags were needed as well as more defined staging areas for victims.

In case of extended times reaching staff:

All staff to bring cell phones to agency's assigned safe area.

Drinking water stored inside agency's assigned safe area.

Nutritional bars with extended expiration dates place inside assigned safe area.

1. Better routine equipment checks.
2. Better communication between staff located on the same floor. (Checking the same areas 2-3 times after tornado)

1. Clarification of non-clinical staffs function/role with improved direction including security of the building
2. Prep box in the event of walk ins
3. Better clarification of existing patient location

Staff were unsure of exactly what to assess in the structure.

Flashlights in emergency box in case the generator does not come on so someone can assess the facility.

- 1) Supplies and patient emergency information was not kept in one convenient and accessible location
- 2) Patient medical transfer forms were not easily available in the event a patient had to be transported to the hospital
- 3) Still lacking necessary supplies to cover and protect the computers and dialysis machines in the event of water entering the building

1. Need resources to contact in the event that our structure is damaged. We have had a recent change in ownership of the building.

I can't think of anything at this time.

- 2 doors with key pads that you have to go in and out when checking area and moving patients.
- All staff have name badges on so that you know what role that they can handle
- Need to keep key to communication room in emergency box so that you can acce

1. Need tarps available to cover openings in the structure made by the storm.
2. Need to implement staff call tree to obtain extra staff during a disaster event.

More education and training is needed for staff to feel comfortable in notifying the appropriate resources needed.
Transfer/discharge area was not identified for EMS when they arrived.

Drills/In service more often.

All Staff were not wearing proper ID's.

Agreements with other facilities need updated.

1. Need outdoor furniture to be moved to different area and tie down.
2. Nursing staff needs additional training in responding to structural area to search for possible victims and the injuries.
3. Emergency cart needs to be more accessible and meds carts to remain in secured area. Staff forgot to remove objects from areas evacuating patients.

1. Threat assessments such as gas leakages or electric breakdowns must be done in a more instantaneous manner.

Staff need to take action to insure security for visitors, media and wandering patients in the event of major power/generator failure.

Communication needed to be improved if internal communication fails, walkie-talkies volume not great during drill in busy areas.

Emergency Plans not accessed until prompted

1. We need a member of technical staff to participate in such an exercise.

the only issue I saw was more training on utilities, this will be added to our training program.

1. Organization needs to provide a follow-up educational session on where staff must place necessary medical equipment during emergencies.

No areas of improvement identified.

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Within the organization there was a lack of communication on facilities status and what staff were in need of at the time of drill

Lighting in the facility was an issue that interfered with assessment of structure in certain areas

Safety for staff

Staff to plan to notify patients POA and injured office staff's next of kin.

Staff needs more education on recovery location and when to meet at that location.

Staff needs more education on safety while out in the field during an emergency.

-Facility structure needed to be assessed in a timely manner to determine safety of staff in building

-Assess emotional needs of staff during the event

1. Staff needs to know who to contact and what resources are available if manager not on site

2. Need back up for Director of operations if unavailable to meet support requirements for staff and patients. Who will provide for staff during recovery

3. How will we communicate if phones, internet unavailable. Radios, sat phones?

Once call tree initiated-message to be sent out via text/instant messaging service with high priority alert in case clinicians are with patients and unable to answer phones

Implement strategies to include assistance from PRN staff and to check of PRN staffs well fair

having everyone on the alternate means of communication

setting time frame for response

Phone Tree

Photos of staff and patients

Process for missing staff

1. Office needs battery powered, weather radio.

Educate all staff on how to turn off Generator, Electric, Gas, and water

Order more BP cuffs, O2 cylinders w/ regulators.

Need new Emergency Supply cart

1. Identify more than one person that could be trained on facility needs and issues in case designee is unavailable.

More cleared space needed in the designated evacuation area. Additional chairs or sitting space needed for patients moved into the evacuation area. Additional oxygen tanks needed in the event of power failure. Need to notify patients in transient to the clinic, to stay where they are and not come to the clinic until cleared.

Due to the storm and mass communication within the area, it was difficult to reach staff members via cell phone calls. therefore text messaging was utilized to assist in communication. A emergency plan of staff members who are not working that to try and reach management within the clinics if available to come and assist.

Notify utility companies quickly.

Notify Building realtor/owner timely.

1. Need to designate items for EMERGENCY USE ONLY so they do not "walk" away, i.e. door stops

2. Discovered we need include certain items with our Emergency Kit to the triage area, i.e. oxygen tanks, AED

3. Need retrieve the list of employees as well as the patients

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2. Discovered we need include certain items with our Emergency Kit to the triage area, i.e. oxygen tanks, AED

3. Need retrieve the list of employees as well as the patients

Communications:

Please list up to three things that went well with your organization's internal and external communications systems and your ability to coordinate with outside agencies

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Cell phone was readily available to make the quick call.

EMA is close in proximity to building.

Connectivity.

Agreements updated

Radios worked well.

1. clinical staff contacted immediately to notify of oncoming weather problems, as well as office staff

2. Clinical staff immediately contacted to inform them of Warning

3. Numbers available to contact for patient transport

1. We were able to communicate effectively with outside agencies.

2. Internally, we were able to communicate needs of critical residents and staff responded promptly.

Coordination with outside agencies and our support system was excellent.

We didn't have to coordinate with any outside emergency agencies this time. We will next time when we do an even larger exercise.

incident commander assigned social worker to notify the director of operations of company

analog phone available for outside land line

sim cell utilized

internal system back ups and emergency protocol being able to reach high risk patients. contacting sister agency a few miles away and coordinating care of patients to cover all areas in need with staff already in the area.

Full emergency power also includes power to telephone system and internal paging system, Walkie talkies on hand for communication i.e. nursing and maintenance staff.

Contacted and received assistance from local Emergency Management Director

Contacted local hospital and received information

1. staff aware we can use text to reach out to other areas for needs

2. staff aware of plan to meet needs of unit in disaster

1. Employees initiated the EPP call tree from the updated list kept with the EPP timely.

2. Communication with emergency services went well as they were needed.

Use of Sim cell was quick and easy

Connection with off site leadership to assist in communication with staff, patients and corporate

Quick ability to transfer phones from corporate to answering service

We were able to promptly notify the Sim Cell that we had an injured nurse.

Open communication with IC and liaisons and then to staff.

We designated staff to be "communication runners." Internal communication was organized. We also designated a staff member to communicate with external agencies which helped streamline needed assistance.

Weather radio was used to establish weather conditions.

Internal communications - staff used walkie talkies.

The clinic lost ability to use cell phones and texting was unavailable for several hours after the disaster. Post disaster staff were able to notify EMS by texting before full recovery of cell phone.

Internal Communication went well

Internal Communication went well

Internal communication with hospital based system and participation with IC.

Communication and coordination with hospital based internal command center.

Radio communication

Command Center structure and coordination

Staff acknowledged proper use of transportation agencies.

Established a plan to halt patients being brought in during event and evacuation.

Were able to assess where a patient would need to be taken with injuries and how they would be transported.

Able to text surgeons on lower floor to assess their status and assistance support

Able to stay in contact with facility resources for status updates

Emergency List Available as resource for vendors to notify for need of additional/new supplies

1. Radios. Staff were able to effectively use the disaster radios and the Command Center has an adequate supply.

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2. Communication from outside agencies was effective. Key staff received notifications via text or email alerting them to the upcoming threat.

3. Internal text paging and overhead announcements were clear and concise. The text paging to staff cell phones was greatly improved from prior drills and received praise from multiple participants.

1. Telephone system was on generator back up.

2. Over head paging system was on generator back up.

3. Meetings were conducted with all staff prior to the exercise date.

Updating patients and employees on weather status changes

SIM CELL worked well

Internally we communicated via one on one and group

Communications between incident command and Operations Section Chief went well.

EMA was contacted very quickly on what the damage was and how many residents were injured and what our needs were

Staff communicated very well with other staff making sure residents were assessed quickly

phones worked, have backup paper records and chart

1. Phone lines cleared

2. Leadership established

Sim Cell and EMA communication excellent without any issues identified

communications were still working, cell phones still operable

Since phones were down we used our cell phones to communicate with each other and outside facilities -this worked great.

We used our emergency contact list to determine numbers for disaster agencies, vendors, doctors, and administration.

Command Center.

Our effort to communicate to all staff went well.

Ham Radios were operationally tested

Communication to Sim Cell was conducted

Communication to Facility Administrator and Executive Director was successful via cell phone

1. We have new walkie talkies for staff to use while in different areas.

2. We have the phone (that works when power is out) connected in area near tornado safe area that staff used.

3. I have EMA cell number that I could also text if needed.

Each member of the command center had their personal cell phones with them at time of disaster giving us several lines of communication outside of facility. Internal we had a list of all locations with extension number so we could communicate anywhere we needed to. Activities director was acting as our runner from affected area and triage bringing back updates.

1) There was a very quick and helpful response from our Campbell County EMA.

ability to use all call with our phone system to make needed announcements

Intercom used for evacuation of building

Ease of use to EMA

Phone lines remained open and cell phones available

We had good communications with outside agencies. Internal communications were satisfactory within department heads.

Overall flow of communication.

THE SIM CELL NUMBER WAS AN EXCELLENT TOLL AND WE LIKED THE UPDATE OF THE ETA OF THE EMS TRANSFER TO UT MEDICAL CENTER

IN REAL TIME, THE USE OF OUR BATTERY BACKED UP WEATHER RADIO IS AN EXCELLENT TOOL FOR KEEPING OUTSIDE COMMUNICATION UPDATES ON WEATHER EMERGENCIES

THE USE OF CELL PHONES OR BATTERY BACKED UP COMPUTERS ARE A TOOL WE CAN USE AS A METHOD FOR EMERGENCY BACK UP COMMUNICATION

Staff was motivated and open to the emergency disaster process. Use of onsite briefings and planning made this a productive learning experience for staff. Patients were assessed after "all clear" and dialysis treatments were rescheduled at area facilities. Communication was established with healthcare facilities and families. Chain of Command was notified to include Area Administrator and NetWork8.

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staff coordinated well and went through proper chain of command when communicating. system in place for communications was properly used.

1. Internal coordination went well- group texting for quick communication with staff in the field. Upper management contacted without problem via land line.
2. Coordinated with rescue squad to clear trees so staff could reach patients in affected area.

Cell phone usage for external

- 1- Internal communication with staff members and patients was excellent.

I didn't have to communicate with the outside agencies at all. I feel like if I did have to, it would have went well.

Staff readily identified the appropriate agency to meet a specific need

Staff exhibited ability to accurately express the type and extent of help needed to contact and intervene with identified pts

Overall, effective teamwork

everyone communicated well

IC called the sim cell as appropriate and the response was a realistic response.

IC called all staff to the EOC to activate missing resident search.

IC called all staff to the EOC to conduct the "all clear" announcement and to account for all resident staff and visitors.

Multiple cellular phones were readily available and functioning well.

1. Floor/Area to Incident Commander went well.
2. Communications with Medical facility Ft. Sanders Regional Medical Center

1. Good communication to ETCH

2. Resulting in good communication with EMS

Use of analog phone

1. Team leaders called/texted teams to let them know of disaster and to check in for safety

Cell service was fine, phone lines were down. Able to use the fax line with a phone.

- 1) Good communication between staff and employees concerning the events happening and what was expected
- 2) Contacting Tracy Cofer, the Roane EMA point person, was easy and convenient
- 3) There was no difficulty with contacting my immediate supervisor, Brigetta Nethery, and the Medical Director for the clinic, Dr. Gary Wells

1. Ability to quickly notify EMA and local DME.

2. Additional resources such as local hospital, hospital coordinator contact number, Newport Utilities, and 911 services available and contact numbers in a location easily accessible.

3. Able to contact all field staff timely via text and received quick response from all field staff.

1. No loss of cell service for this area.

2. Medical records obtainable through cell services.

3. Chain of command worked well for patient and employee report for rapid response.

- The table top exercise.

- The meeting with the colliation

- Do sending reminders of plans to complete exercise

1. Overhead announcements were made to inform all staff of impending tornado.

2. IC was able to contact EMS for transport of 9 residents to local hospitals, however, EMS was unavailable.

Staff communicated timely and effectively with external communication.

Nurse communicated with EMA for additional help needed.

Nurse called in report to local hospital (which we were notified that hospital was down) Nurse then called back local EMA for additional help needed.

Phones, Computers, etc. were all still properly working.

Able to reach the SimCell to transport victims.

Overhead paging system worked well for announcing warnings/etc. to staff.

1. Alerting visitors as to what was going on and keeping them informed.

2. Emergency Management aware and informed of disaster drill and kept up to date of status with progression.

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1. The call was done in a timely manner.

2. At the beginning and at the ending of the call the statement "This is an exercise" was stated.

Determination to call for injured residents done seamlessly with NP on site.

Determination to use Cell Phones was done without prompting

Extensive walkie-talkie use was utilized during drill

1. There were no problems. Staff did discuss alternative plans if phone service had not been available.

we utilized the sim number which worked flawlessly and also using the website we filled out the facility Status update form

1. Organization's proper filing systems allowed for immediate, direct contact to designated emergency shelter facilities.

Landline was unavailable, cell service was available. Staff were able to use cell phones to communicate with outside agencies. Internal communication between the team was effective and constructive.

We had hand held communication devices that were used between treatment areas

Weather radio in use during exercise

Staff used the paging system prior to the damage to facility to alert everyone in building

SimCell was called by multiple employees regarding specific patient needs.

Clinical staff called affected ALF to see if they needed assistance, spoke with Shannon Gitgood LPN.

Office staff aware of departments, companies to notify in an emergency situation.

-Good relationship with ancillary facilities to establish emergency placement for GIP and respite (Lakeway Regional, JMH, Cock Co)

-DME company continuously has drivers and equipment in area in the event of a disaster

texting if cell phones don't work

1. Use of cellphones to communicate with emergency services and other essential personnel.

2. all weather solar radio for continuing alert notification

3. Analog phone that can be plugged in if power is out.

Implementation of call tree was immediate

Once call tree initiated-message to be sent out via text/instant messaging service with high priority alert in case clinicians are with patients and unable to answer phones

we have an internal system meant to communicate w/ all staff - including field staff - this system worked but some staff were not connected

have emergency numbers available

Team Work

Medical Director Support

Outside resources

1. Local emergency management contact numbers were listed in emergency preparedness book.

Agency was able to coordinate with Senior Living Facility to effectively care for patient having a "Psychotic Event" brought on by the emergent event. We were able to incorporate their emergency plan into our Plan of care for the patient.

Cell phones were back-up for clinic phones

1. Center has multiple landline phones to utilize in calling internal and external agencies.

2.. Incident commander also has cell phone present.

3. Shelter in place preparedness box has battery powered emergency radio for outside communication if power is out.

Cell phones used to communicate with local EMS (simulated). ALL staff had access to cell phones for communication purposes. Simulated land lines and internet outage during event. Able to communicate with FKC Safety and Compliance Office, local Director of Operations, and Medical Director of facility

The organization was able to communicate with outside agencies without difficulty at the initial start of the incident.

Excellent resources from corporate on who to call and from there they handle the needs. We have an emergency Preparedness binder that has all phone numbers in to make calls.

Internal emergency call down tree activated timely and effectively.

Corporate office notified of emergency disaster and structural damage.

Communications:

Please list up to three things that needs improvement with your organization's internal and external communications systems and your ability to coordinate with outside agencies

Please list up to three things that need improvement with your organization's internal and external communication systems and your ability to coordinate with outside agencies.

Phone service if electricity goes out.

We need to add portable radios to our plan.

Need to update some external phone numbers.

Need to add a few agencies to our plan.

1. Communication good, but did not hear back from all employees
2. Weather approaching area where clinician was, and could we not reach her
3. Call tree needs to be updated

1. Designation of staff members (Ex. 1 person designated for outgoing calls, 4 people to assess damage of facility)

Internal needs are more walkie talkies

We need to coordinate and include more of our surrounding agencies.

easier identification in manual on where phone numbers are located
staff needed to before drill hook up land line analog phone to be familiar with this
all staff need to be familiar with company's disaster line number

Need more structure on who employees report to. Some made multiple contacts when only one is required by our emergency plan. Staff to obtain emergency contact information for patients for caregivers outside their immediate home and area if available.

Need to keep an updated list of outside agencies with emergency phone numbers in the "notebook" located in the designated "Command Center". Add additional walkie talkies with batteries to command center basic supplies. Need to acquire a

Need to have numbers posted for ARC shelters/Emergency Management Directors/possible escape routes

Need to be more familiar with other businesses in immediate proximity to give/receive assistance

updated list of local agencies to request needs

1. Communication with land lines often are not available after an natural disaster so back up plan is needed.
2. Communication with cellular phone are often not available after an natural disaster so back up plan is needed.

Identified need to ability to deploy IT equipment/resources to maintain workflow outside our building

Knowledge of who to call in actual event other than 911.

Communicate with cell in the event phone system is down.

Our internal communication needs to be more prompt. Our external communication needs to be more prompt. We need a single listing of our external agencies.

Clinic needs alternate way of communicating with outside agencies immediately post disaster.

Need for additional radios established

Need to for additional radios established.

Training on use of communication in the event phones are down.

A log in the emergency supply box that lists our ambulance patients and who they ride with.

A list of local transportation agencies and their phone numbers in the emergency box who would be able to assist in the event of an emergency.

Improved method to account for how many family members - and their names - are on site with patients in OR/PACU

Provide communication to vendors/visitors who are scheduled to arrive after

Ensure communication available to "on campus" OR Surgical Area at Hospital

1. Communication from Hospital Incident Command to the on-scene leader. Suggestion to purchase a noise canceling ear

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bud for the radio to allow those on scene to better hear request from the command center.

2. Identification and user guides for resource websites placed in Section Chiefs binders. Some Section Chiefs were unaware of the resources like HRTS and KETHC.

3. Insure key personnel have access to TNHAN, Internal Paging, and HRTS. All identified Incident Command personnel should be added to text paging group.

1. Facility needs more radios for emergency situations.

2. Need to have a back up plan for when local EMS can not respond due to high volume times.

3. Need for more staff to become runners in the event communication is down.

Need identified for battery powered radio

Need more radios and make sure they are recharged daily

Better communication from our Incident Command on what occurred once the alarms went off

need armbands for ID, need a plan for no phones, need to be able to reach EMA center.

1. Ability to hear overhead announcements limited

need 2 way radios for internal communications in the event of an actual emergency

Need updated transfer agreement with the local hospital.

Will need to update our facility emergency call list has we have had a change in staffing since September.

Will need to get plan in place to update and review our communication plan at least annually if not more often.

The call tree needs to be more detailed.

Improve coverage of PA system

Reduce Lag time for communication

1. Staff reminded they need to always have on name badges.

Adding a direct telephone line to our command center instead of only having an extension. Have all available walkie talkies brought to the command center for handing out to key personal. Adding a weather radio to command center. We could not hear overhead page in classroom or the kitchen could not hear overhead page.

1) Discovered limited community resources necessary to transport large number of residents from our facility if evacuation is required. Identified need to secure additional outside resources / contacts to facilitate the needed transportation.

2) Related to our internal communication, there is limited ability to hear the overhead paging clearly at multiple locations. The extent of this issue was not recognized until completing this drill.

3) Our own delay in contacting EMS was an issue identified, initial call requesting help, then need for updates as the situation was assessed and reported (more progress and status reports were needed).

external communications at one site proved to be difficult if power outage due to no cell service at the site - need to obtain landline with extended phone cord for safe area

internal could be improved through possible use of handheld devices

improvement in knowledge of number needed to be dialed for non emergent emergency

Need a plan for better communications if facility phones are down.

WALKIE TALKIES ARE A FUTURE CONSIDERATION FOR OUR ENTIRE ORGANIZATION

Internal communication systems worked well/ no deficits noted./

If cell phone service is down, unsure how to communicate with outside agencies.

1. All staff need copy of resource numbers in the community for easy access

lack of internal department communications

1- Ensure all staff knows to contact Director of Operations of Emergencies.

Need updated list of emergency phone numbers in a central location

Secondary communication system if cell tower out

Established policy identifying which agency to contact for a specific need

calling codes when needed

The phone paging system was not adequate during the exercise. When the exercise got noisy the announcements could not be heard.

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There was a slight delay in contacting the sim cell to notify EMS of the tornado hitting the center and requesting ambulances

Evaluate for walkie talkies for emergency communication

None known at present

1. Better communication between staff located on the same floor/area. (Checking the same areas 2-3 times after tornado)

1. When cell towers became "full" and landlines down communication lost with ETCH ? 2 way at this location rehab as a relay?

May still need radio communication if event of actual disaster

1. Team leaders forgot to call some employees not on their teams.

2. No one notified our contracted companies

Better posting of emergency contact numbers, place them where all staff can easily find them.

I did not experience any difficulties concerning internal nor external communication during this exercise

1. Need for additional communication system in the event landlines and cell phones do not work.

1. We have a need for alternative communication in the event of emergency, such as a Ham radio.

2. Increased need for 4x4 vehicles in these rural areas.

3. Need to review patients with Oxygen to assure they have portable oxygen in the home in the event of electricity failure.

- Text or calls instead of email. Was difficult to watch for email

- a mock exercise that all staff could have logged in on and watched

- A call with all staff

1. Need runners on halls to inform staff and IC of material and human resource needs.

Need to have alternative transportation available. ex Local church vans etc... to help transfer patients.

More educational training needed for staff to feel more comfortable with procedures.

Simcell said all ambulances had been dispatched and would get us one asap. We need a better way to transport in case of that happening.

Announcements made to staff not in proper sequence and needs improved. (In services will be done.)

Our agreements with outside agencies need updated.

1. Current phone numbers for all staff.

2. Up to date names and contact numbers for outside agencies that assist in emergency disasters.

3. Think ahead of what all utility services that could be impacted by structural damages.

1. The "caller" must work on NOT allowing the emergency climate paralyze with fear and anxiety.

Internally, radios not loud, need to evaluate if louder walkie talkies are available

Facility needs to train everyone to change walkie talkies to one Channel during disaster, and determine how long they will run without power.

Cell phone use was only way to communicate if phones were down. No-one checked to see if faxes worked to call out

1. Although alternative forms of communication were discussed, a practice session would be beneficial.

we need to update our cell contacts numbers and distribute to all nurses stations

1. Organization's internal paging system procedures need updated educational sessions for announcements.

If cell service and landline are unavailable, there are no other options to contact outside agencies.

No analog phone in center

With just two hand held communication devices we were limited to communication between two areas

Two weather radios for separate areas

Need to provide more education on alternative communication in an emergency situation.

Demonstration of ability to coordinate with outside agencies.

Utilization of information Command Center

-Improve communication with surrounding pharmacies for medication needs

-Improve communication with infusion companies for pain pump, tube feeding needs

potential need for analog phone

1. Staff did not know where analog phone is stored or where to plug in

2. No cell phones, not landlines how do we notify emergency services

3. If no internet, cell phones, or landlines how will we contact our internal emergency response team

Communication around call tree due to poor cell signal and clinicians being with patients and educated prior to exercise not to answer phones during pt care

Notification did not come in that disaster had occurred

Need to remember to include our non Medicare division with all notifications

making sure we have everyone connected on internal communications

and have expected response time

realized the staff need to be sure check patients on O2 and portable tanks on regular basis - also see if need to alert the power company of medical equipment in home

Phone Tree

Photos of staff and patients

Process for missing staff

1. Office should consider different phone tree method to improve communication between the office and road staff.

2. Agency could improve with communication with local emergency management regarding shelter locations.

Agency needs additional development of communication with ALF's, Senior Housing apts, etc. r/t assessing/accessing their patients in emergent situations.

Need Analog phone

None identified

No Issues

With the loss of power, the facility was required to utilize cell phones to communicate with other agencies

Another form of communication.

Get the realtor/land owner involved quickly.

1. Discussed the need to contact the businesses next door and across the street about Emergency Evacuation of our patients and the possible need to use their facility as a safe place and to get our patients out of the weather elements

2. Make sure that we have a cell phone and list of EMS and Corporate leaders phone numbers to contact

3. Make sure that as EMS and patient family members arrive, we have a process to know what patient has left the scene and where they went, i.e. home or the hospital

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Patient Transport:

Please list up to three things that went well with your organization's ability to safely transport and place patients in an appropriate alternate care structure/facility.

No residents sustained any skin tears, distress, etc. during drill

2 vans available for quick transport

Staff followed procedures pretty well.

Safely moved residents to safe area.

Transported residents safely to different facility.

1. RN's on staff, immediately assessed injured employee. RN's on staff, treated injuries. Also have medical supplies on hand.

3. Family member transported injured employee to hospital

1. Residents removed from affected area and into a safe area of the building.

Transportation and outside resources were helpful. with no complications anticipated in the event of a real disaster

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requiring Residents to actually be relocated safely.

well organized with simulating emergency takeoff

able to walk/wheelchair/ or use dialysis chair for transport

all staff understood where evacuation area is located

able to contact EMS and Emergency management for patient transport or give instructions on alternate routes when needed for them to get to patient homes.

Facility has van and wheel chair capable bus able to transport 10-12 "ambulatory" residents and 4 W/C confined residents, if needed currently have four licensed CDL drivers. Sufficient size and lay out to safety relocate resident from a "damaged area" to a safe area in facility.

Contacted local hospital to verify ability to function (had they sustained damage), relocate patients from homes/NH's/ALF's/ etc.

1. Plan in place which educated patients place to meet and area for each disaster

2. plan in place for patients to call who are not in unit to see next step if issue with unit/ alternate units listed to advise patients which unit to attend for care

3. emergency plan with diet and medications for each patient

1. All 911 were available when needed so any patient that needed transport seemed to be able to be easily arranged.

2. Our organization's EPP / developed patient lists with addresses and phone numbers made checking on patients more efficient.

Ambulatory victims were moved to safer area in building.

We did not move to alternate structure. We did move patients from our Pre-op area and our post-op area to the Operating room hallway which is the most secure area in our facility with no windows ,secured by heavy doors, and all brick.

We had resources enabling safe transportation. We had an accommodating designated alternate care structure/facility. We promptly placed residents in an appropriate alternate care structure/facility.

When patients were safely transported to a evacuation facility- staff were able to contact family members. Clinic keeps an updated copy of patient's and staff's emergency contacts in the emergency boxes. Biomed employees came within 2 hours after the disaster.

Location of unit within hospital enables additional staff to be available if EMS transport unavailable.

Location of unit within hospital enables additional staff to be available if EMS transport unavailable..

Communication and coordination with IC. Additional resources available within community when EMS transport delayed.

Location of clinic allows for manual transport if EMS transport is delayed.

Mutual Aid within organization

Staff were able to configure a plan to move patients to a sister facility,

were able to identify all forms that would be needed for a sister facility to run the patients,

Staff were able to organize a plan on how to run all patients affected by event within a timely manner at another facility utilizing all staff and transport available.

Able to identify patients in PHA that could be moved to designated safe area

Able to move OR patients to PHA for Post Op Care

Able to move PACU patients to designated safe area when "ready for discharge"

1. Alternative structures were identified in the Emergency Operation Plan.

2. Short term facility was facility was identified early.

3. Transportation of critical patients was accomplished timely.

None we sheltered in place.

Contact with EMS for transport of patient with Hi-Flow Oxygen and not enough back up tanks for greater than 2-3 hours

Staff teamed up to move volunteers without much direction from the Operations Section Chief

Staff also reviewed census and discovered "Missing Resident" and responded appropriately

Operations section chiefs questioned nurses about injuries and situations

Residents were assessed quickly so EMA was called in a timely manner to make sure the residents who were severely injured was sent to the hospital quickly

Residents who were unarmed were moved off the damage wing quickly by Social Service, Nursing staff, and

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Housekeeping

several residents were not in room at time of drill but were in other areas of the facility, able to move most with wheelchairs, brought all necessities with residents

1. Stretchers available

2. Evacuation location identified and staff aware of it

Sim Cell response timely with injuries minimal understood delay in transport d/t patient stable and surrounding area damages greater than ours

we did not have to transport

Need to educate the staff which hospital we transfer patients to that need further care. Only 5 of the 9 knew this information.

Most of our patient were able to go home because they were unharmed.

We used our "Disaster/event Medical Record" to document for those that were to go to the hospital.

Internal communication

This part of the exercise did not apply for our agency.

Staff moved quickly in identifying areas within the facility to move residents to areas not impacted by the storm.

Staff were appropriate in finding alternate facilities for transfer of residents.

1. Through FKC we have 3 additional clinics that will dialyze our patients while the facility is being repaired. Our staff would go to those clinics caring for our patients.

2. EMS transported any patients needed medical attention.

3. Patients families picked them up & patients that drove was able to return home.

Having a large Tv lounge and activities area away from affected area helped with staging non injured patients. Having wheel chairs assigned to every patients for easy transport. Having assisted living facility connected to our Healthcare center gives us lots more options on moving and using other areas for patients.

1) Everyone quickly identified the correct alternate care structure, and confirmed that it was available.

2) We have good resources available in our multi-location organization. Community resources were accessible and available.

3) In future drills this is an area that we can focus additional attention and scrutiny.

excellent relationship with local hospital

One employee transferred by private car

One patient received assistance by EMA at her home

Sheltering locations are close by.

EMS is close by. Good response.

Arrangements went well to place patients.

WE TRIAGED OUR PATIENTS WELL TODAY

WE WERE STAFFED WELL IN ORDER TO BE ABLE TO PHYSICALLY MOVE PATIENTS SAFELY TO THE APPROPRIATE DEVICE FOR TRANSFER

SUPPLIES WERE ADEQUATE FOR PATIENT CARE

Post drill patients were transported appropriately as planned. Coordination of transport uneventful.

staff knew where to find the form that went with patients that were being transferred.

1. SN contacted 911 to have patient transported to ER due to head injury without incident.

2. Patients with damaged homes places with family members.

Timely, Followed instructions

1-All patients were temporarily transferred to sister facilities to obtain treatment while facility repair is in process.

2- Injured patients were taken to Park West Hospital

We didn't have to transport any patients.

All staff voiced understanding to call EMA should transport from home become necessary

communication with EMS

Patients were placed in a staging area for ambulance transportation but local EMS did not participate in exercise.

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N/A

1. Direct communications with medical facility Ft. Sanders Regional Medical Center, relaying information back and forth.
2. Medical Center is located 1 block from our facility if the need to transport is needed.

Triage area set up in lobby with "tx" in conference room

EMS notified of patients at an office building staff allocated resources well staging patients in different areas based on needs

Patients were transported to safe area in hallway, one ambulatory, one in dialysis chair, one in wheelchair. no damage to facility or patient injury.

Team was able to ensure that co-workers/victims were stable and move them to safe area.

Patients were prepared as they all go through a drill quarterly. Chairs easily fit through doorways to the safe area.

1) With this exercise, there was no need to transport patients from the facility nor to place them in an alternative care facility

2) However, we do have a plan in place for contacting and ensuring emergency shelters are in place for dialysis patients

We are unable to transport patients in home health. However, we are able to contact local EMS in cases where transportation is needed.

1. We were able to reach patients in a timely manner via phone and in person.

2. We reviewed our emergency cards per patient and triaged based on most urgent need.

3. We have community resources which allowed assist of emergency placement of displaced, skilled patients.

- Staff moved patient by wheelchair

- Walked stable family members

1. Transport not necessary. Displaced residents sheltered in place.

Staff did hand off method to help get patients off dialysis machines and back to hallway.

Followed instructions and good teamwork.

Staff was able to safely move/transport patients to a safe area.

Plenty of materials were available to transport victims.

A safe area was established in a timely manner.

1. After assessment of residents in damaged area able to relocate timely to a safe area.

1. Staff transported all residents to the safe-zone immediately and effectively.

2. The coordinator (DON) was well acquainted with every patient care and effectively orchestrated the transition to the safe-zone.

Since residents were in hall, according to our policy, when the tornado hit, triage was quick.

The NP was called within 5 mins of the drill starting to treat patients on the unit. They made the determination as to who was sent to ER

Adequate Wheelchairs were there for drill, unable to determine if whole building was to be evacuated if we would have enough transport chairs

1. Staff was able to immediately assess which patient needed to be sent to another facility by severity such as a hospital.

2. Simcell was called immediately for transport to hospital.

3. Staff initiated conversation of how to keep patients stable while waiting for transportation / EMS.

we were able to address all critical issues in house and communicated the need for transport via the sim number

Patients were safely transported to interior hallway and away from damage. Injured patients moved to safety and triaged.

Sufficient amount of wheel chairs for evacuation to safe area

Sufficient staffing

Three local EMS departments to assist with transportation

We do have a loading area in the back of facility to help with access to patients during evacuation

Ability to safely transport injured employees to hospital.

ALF facility to transport their residents to a nearby shelter per their facility.

Emergency Preparedness Report gives information on need for assistance to shelter

Plan already in place for a back up facility if our facility is unable to dialyze pts.

1. EMS unable to reach facility, hospital less than 0.5mile away, could roll in chairs or use litter

2. If facility unable to operate back up agreement with other facilities for care until facility restored

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3. Work with local transportation, cabs, volunteers to transport patients to back up center until facility restored

N/A Home Care does not transport patients but staff identified appropriate needs and agencies to transport patient that exhibited continued needs

had triage books updated since computers were down allowed nurse to correctly assess patient dx, meds, and ER contacts

Team Work

Medical Director Support

Outside resources

1. Office was able to contact all patients by acuity and location using the emergency preparedness book.

2. Office coordinated transport of bed bound patients to other facility using EMS.

Contacting Emergency 911 for evacuation assistance

1. Contract present with Fort Sanders Regional Hospital and local EMS for patient transfer. Utilization of other hospitals would be addressed if applicable per emergency preparedness plan.

2. Staff are trained in proper body mechanics to assist in loading patients into EMS vehicles if needed.

3. Portable Oxygen and monitors present with four movable stretchers and two wheelchairs.

Adequate equipment such as wheel chairs and patient treatment chairs.

Code Cart and Emergency evacuation box moved with patients to the safe area.

Safe Zone in an area easily accessed by EMS.

The clinic was able to communicate with the medical director and other DCI facilities in the region to accept patients.

We have emergency phone numbers in emergency box and in the Emergency Preparedness binder that we can use to call family members to make them aware that we would be using a back up facility for treatments as needed.

Patients and CG with special needs were contacted. Assistance offered with transportation needs if necessary.

ALF's in affected area were contacted. Evacuation plan was reviewed in the event of structural damage.

Patient Transport:

Please list up to three things that needs improvement with your organization's ability to safely transport and place patients in an appropriate alternate care structure/facility.

Please list up to three things that need improvement with your organization's ability to safety transport and place patients in an appropriate alternate care structure/facility.

Alerting alternate care structure that residents will be arriving

Alerting family members that residents will be evacuated to care structure.

Timing of transportation vans could have been better.

Assigning more people to transporting residents would have helped.

Doing better job at having a clearer path to exit.

1. no wheelchair assessable

2. Need to access emergency phone numbers if needed for transport

1. More staff would be useful to move and care for residents more efficiently.

2. Front lobby is not a large enough area to triage and keep residents while awaiting for transport.

3. Staff unsure of what to do when SIM Cell instructed facility to find alternate modes of transport because ambulances were backed up.

Need to compile an emergency list of staff to call who may possibly be available to provide extra hands in the event of a disaster and a person assigned to make these calls.

N/A

need more wheelchairs

need chairs available for patients that are walk to the evacuation site

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need more space in the evacuation area for patients and staff

we are not a facility

Obtain additional transport agreements i.e. Anderson transport for use of there W/C and stretcher vans during a disaster related incident requiring additional transport.

Realize alternate routes/hospitals in the event they are needed

1. Lack of ambulance number for entire area with possible more injuries then can be handled

1. In the event of heavy community use of 911 services during a real disaster could cause communications disruptions.

2. We need to have a list of all employees that have 4 wheel drive vehicles to aid in transport if needed.

Transporting injured out if EMS not available.

Unable to move victims that were non-ambulatory.

Assessing traffic patterns to ensure quickest route to OR hallway for each dept. including the lobby.

Designated internal alternate care areas can be organized better. Better coordination of the resources that are available to safely transport.

External communications during the drill were difficult. Clinic was unable to communicate with EMS timely to move critical patients to the ER or move patients to a secure facility.

No communications were made to family timely.

Communication amongst facilities and chain of command in other facilities being followed when utilizing them to run patients.

Need to ensure adequate seating for patients/visitors in designated safe area

Need to separate patients in PHA not ready to move to designated safe area from OR recovery patients

Locking containers needed for transportation of medications to designated safe area

1. Identification of additional alternative care facilities and structures in the event the closest ones to the facility are also damaged.

2. Obtain current memorandums of understanding with identified facilities and structures.

3. Identify and obtain MOUs with mass transit companies (Trolley, school bus, ETHRA) to aid in quickly transporting residents during a disaster.

1. Need back up to local EMS.

Need for list of EMS, Hospitals, and other Emergency Contacts for each county of the home health facility

Operations Section chief didn't get the report from the staff regarding the missing resident, which didn't get passed on to the incident command, good news is staff took it upon themselves to search and find the missing resident.

Need to add more "Volunteer Victims" to challenge the staff

Didn't appoint someone to call families for those needing transport to ER

Everything went really well with this, don't see much for improvement in this area

need armbands for ID if transferred out, plan for if hallway was not passable in bed or wheelchair, without power beds cant be moved must have long extention cord

1. Multiple levels

Delay understood as stated above

did not transport

none identified

None

We need to add our drivers to our command center anytime it is activated instead of having them wait to be contacted if needed. Have extra wheel chairs available in different areas in case during the disaster we are not able to reach any do to damage. Train more with staff where holding areas would be in different areas of the building. Communicating with our sister facilities at the time of disaster so they can work on letting us know how they can help if an evacuation was ordered.

1) Due to the size of our facility and high number of residents, we need to establish more external resources to facilitate resident transportation in case of evacuation.

backboards are needed at all sites

Need an agreement with a sheltering facility that is farther away and not likely to be affected by the event.

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Need a better identification method for patients once they leave the premises.

N/A

DUE TO THE ACUITY LEVEL OF OUR PATIENTS, WE CHANGED OUR LOCATION OF THE DESIGNATED "SAFE PLACE"

staff did not know what hospital to transfer staff to in case of an emergency.

1. Need to build closer relationships with area SNF's and ALF's for possible placement should larger scale disaster occur.
nursing assessment of injuries

Evacuation with the staff is easy - plenty of exits and main areas to meet outside.

The center identified that more defined staging areas should have been identified.

Local EMS participation would improve the centers ability to assess effectiveness.

We are located within a block of a major medical facility. "You can walk to their facility in less than a minute"

breakroom needs to be added as safe place due to minimal space in hallway , home therapy dept and supply room

Need a little more space in the storage area to get all patients situated.

1) With this exercise, there was no need to transport patients from the facility nor to place them in an alternative care facility

2) However, we do have a plan in place for contacting and ensuring emergency shelters are in place for dialysis patients

1. Additional EMS services needed in the area.

2. Need more community contacts to assist with non-emergent transport of patients

1. Need increased community contacts for assist with non emergent transport of patients.

2. Need to expand community resources for alternative placement.

3. Need to assure if patients have alternative transport upon admission if its a non medical need.

- 1 staff rolled dialysis chair that took up alot of space

- Did not have any chair for all patients to sit in

1. No transport available

2. Displaced residents sheltered in place

Not enough room in hall way for all of our patients. Some patients needed to be placed in interior bathrooms, which created a problems with only having 4 staff members available.

one patient hard to transfer (sheet needed to be under patient for better transfer).

Simcell was called and all ambulances were dispatched, we were told they would get us one as soon as possible.

Agreements with outside facilities need updated.

Alternative transportation needs to be figured out.

1. Need updated changes with the re-opening of the hospital.

2. Nurses need to do a better job of searching for victims to assess in the area of structural damage.

1. Nurses Station are (safe zone) does not have enough "red plugs" to sufficiently supply energy to meet all care needs.

Wheelchair/bed inventory to see how many patients could be transported through the building if we had to evacuate

List of bed-bound residents per unit may need to be developed in case of emergency

1. We needed more supplies to keep patients warm such as blankets.

based on the layout of the facility there are areas in which it could become problematic in the event of an actual disaster. The facility management will address each of these key areas going forward.

Alternate care structure unavailable in close proximity of clinic. Sister clinics and hospital to be used for alternate care.

Patients without transportation would be unable to leave clinic. Social worker not available at this time to help with transportation needs.

Wider door openings to evacuate patients in dialysis chairs to safe areas

Partial obstructed evacuation routes due to over stocking of supplies

Over burden of EMS transport staff during emergencies

Plan needed for severely injured office staff/residents that can not be transported per vehicle and needs ambulance.

During SimCell call, staff was notified that ambulance services were delayed due to tornado and high need for ambulance services.

Ability to triage highest acuity of injuries to determine type of transportation needed.

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All EPC/EP info is located in computer chart, unable to access all patients emergency plan in a emergent situation. No paper forms.

transportation for pts to sister facility

1. May not have enough staff to transport patients to hospital, need food water and other supplies on hand to support until all evacuated

2. Not enough gas on hand to maintain generator after a few hours

3. Patients updated, correct phone numbers for contacting for instructions

verify all of the acuity codes are correct in order to summon appropriate level of help in time frame.

Phone Tree

Photos of staff and patients

Process for missing staff

1. Agency could improve with communication with local emergency management regarding shelter locations.

Agency needs additional development of communication with ALF's, Senior Housing Apartments, etc. r/t assessing/accessing their patients in emergent situations - i.e. where will there patients be located in the event of an emergency, what will be the protocol for Home Health agency access to the patients in an emergent event?, How will their patients be transported in an emergent event, ambulance, facility van, private transportation?

Need more bottled water, blankets, food

1. Narrow hallways leading to ASC make maneuvering slow and difficult when exiting the building. Side of building exit might need to utilized if needed.

Need for additional First Aid supplies.

Safe area needs more space and cleared of supplies and clutter.

Needed to conduct parking lot sweep earlier in the progression of event.

Due to insurance compliancations, several patients had a more difficlut time in changing transportation locations due to the facility being outside of the patient's jurisdiction.

Public transportation is going to be the issue to have patients that use them to get back and forth to treatment. But we always tell the patients to have a back up plan if needed.

Filter internal Emergency Preparedness Report to list patients with special transportation needs. Prioritize these patients in the event the disaster is within the area of living, contact these patients first. If transportation needs are warranted, TEMA or other community transportation resources will be notified to assist with transportation or other needs.

1. Discussed the need to contact the businesses next door and across the street about Emergency Evacuation of our patients and the possible need to use their facility as a safe place and to get our patients out of the weather elements

2. Make sure that we have a cell phone and list of EMS and Corporate leaders phone numbers to contact

3. Make sure that as EMS and patient family members arrive, we have a process to know what patient has left the scene and where they went, i.e. home or the hospital

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Recovery:

Please list up to three things that went well with your organization's recovery plan to return to normal operations following the event.

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Residents continued care with no interruption in services was key.
Staff to continue with job duties with little/no interruption.

Internal communications
Staff following procedures
Contact numbers

-
1. Remainder of staff contacted
 2. Electricity restored
 3. All communications restored

-
1. Back-up generator arrived to restore electricity in affected portion of facility.
 2. Per CEMP, the elementary school was notified and was prepared to take residents for transport.

Recovery posed no problems. Medical Facilities are used to a certain amount of trauma at any given point and are trained to respond accordingly keeping Residents safe and happy.

-
- 1) Damaged area was evacuated a secured quickly to assure no more residents were injured
 - 2) Center ran on generator power so that care could continue as normal
 - 3) All hands were on deck to make sure everyone had enough help

staff understood medical director gives the ok to resume treatments
staff understood that biomed would evaluate the safety of the building
staff understood if biomed absent then clinical manager would evaluate safety of building

sister agency available to house staff. 95% of staff able to work remotely if needed all systems provided from remote locations to resume patient care.

Resources and personnel i.e. plant operations staff able to access area for damage, isolate and secure area. Emergency power generator able to provide 100% power to facility minimum of 72 hours. Fuel vendor able to resupply fuel in 4 minimum to 12 maximum time frame. Sufficient size and lay out to safety relocate resident from a "damaged area" to a safe area in facility with or without need for relocation. LCCA has operation plan in place to

Offices with our company having the ability to access computer (EMR) and see patents
Office managers @ other locations have ability to take over and keep business running as usual

-
1. quick response team for FMC

1. Our patient records are electronic so accessing patient information in mobile situations was beneficial to employees and patients.

2. Having a back up plan of the power being out and having an updated patient list was beneficial to employees and patients.

Employees directed to work from alternate location with good success

In this drill we identified that all patients could be discharged with family as soon as adequately recovered so we would not be providing extended shelter.

We maintained generator power at all times so we were able to monitor remaining patients without difficulty

Transportation of residents. Delivery of routine care post event. Coordination of restoring equipment to normal position.

Facility recovery plan was established. Water and power returned quickly. Patients could be re-routed to another entrance not damaged by the Tornado.

Communications with patients that have no home or cell phone- use radio station announcements and TV announcements.
Required documents printed and accessible to staff

Coordination between facility staff and community resources (in addition to preplanning) would enable unit to begin normal operations as soon as possible post event).

Coordination between facility staff and community resources (in addition to preplanning) would enable unit to begin normal operations as soon as possible post event.

Pre-established plan.

Coordination with community and external resources.

Community Resources and internal departments.

Staff knew to process and procedure for safety and inspection prior to patients returning,
Staff had a plan in place to resume patient schedule and to arrange transport as necessary,

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patient information was readily available in emergency box.

Able to utilize resources from vendors for replacement of supplies

Reassessment of patients deemed ready for discharge to continue with discharge plan after "all clear"

Able to utilize resources from Off site computer back up system to return to normal operations

1. Hospital Incident Command identified the need for a Critical Incident Stress Management assessment.

2. Hospital Incident Command and response personnel were scaled down slowly as the need decreased.

3. Improvised staging and care areas were returned to their prior state.

1. Contractors responded quickly

2. Resource contact phone numbers were current

3. Great team work.

Ability to plan, correct, and proceed in a timely manner

Staff cleared areas and proceeded to bring things back to "normal" without much direction

Incident command didn't proceed with "ALL Clear" until all section chiefs had reported

Residents who were unarmed were moved quickly from the damage wing

Damage wing was closed off in a timely manner and generator kicked in

Once the damage area was closed off- and rest of the building was checked for damages- gas and electricity was turned back on. Normal operations followed

able relocate residents with in facility, able to assess and treat residents in facility, list of contact phone numbers for utility restoration easily available

1. Clear line of authority

2. Policies in place

Recovery site identified in the event our office inoperable with staff informed of location

AVP notification timely

structure had minor damage

We used our "reoccupancy start up list" as a guide to follow to see if we could re open. Was determined we would close for the rest of the day.

Assigned a person in each area (pre-op, post-op, and procedure room) to assess their own areas and communicate the damage to incident command.

Effective Communication and pre-planning.

Calls to report the "all clear" were done effectively.

Temporary measures were taken to restore facility sprinkler,electrical,HVAC systems,allowing undamaged portions of the building to be habitable.

1. We knew we would not be able to operate until damages were repaired & medical director approved re-open.

2. I (CM) have access via laptop at home for all patients contact information to relay re-open date & alternate facility information if needed.

3. Our staff is always willing to do what it takes to ensure every patient is taken care. They all are willing to work extra hours if needed.

4. Public transportation would be kept updated for assistance with patient transportation.

Having list of vendors made for supplies repairs etc, ready. Having a great team of leaders willing to help. Social services quickly started working on census for freeing up any beds we could for patients rooms that was affected for new placement. Having so many extra hands for returning patients back to their rooms.

1) We quickly assessed damage and established objectives and priorities.

2) Safety and loss mitigation were a key part of the response activities.

3) Recovery resources were available and in place. We were able to initiate and engage the resources that we needed.

all knew not to return to work area until all clear was given

Employee's able to use computers and phones were operational

After the event was handled and more help was available, it was easier to return the facility to normal.

Normal operations established.

WE HAVE IMMEDIATE ACCESS TO OUR GOVERNING BODY

WE HAVE IMMEDIATE ACCESS TO OUR PROPRTY MANAGEMENT

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WE HAVE IMMEDIATE ACCESS TO OUR MEDICAL DIRECTOR

Dialysis treatments were as scheduled by coordinating with area dialysis clinic's until water treatment issues resolved.

there are checklist that we use that make sure everything is back in order before we proceed with normal operations.

1. Staff were able to make contact with their patients from highest to lowest acuity to ensure everyone's needs were being met. Staff have the patient list with EPC code, address and phone numbers and are given an updated list to keep weekly. keeping the residents calm

1-All staff and patients were relocated to sister unit until normal operations were returned.

It all went very well. We have a small physician's office so, we didn't do a large drill exercise. We followed all of the rules and directions. I had 2 of my employees as patients and all went well by using the Dementia and Emotional Stress scenarios.

Off site service for medical records

Appropriate agencies identified regarding restoration of utilities and structural integrity assessment

Alternative, out of facility area identified as "safe place" in case of evacuation

everyone was able to get back on track easily

Followed EPP for announcing all clear and accounted for all residents, staff and visitors.

The hallway was cleared and access was maintained.

All patient information was maintained with the on-call Registered Nurse from the previous day.

We have multiple vendor set in place that are able to address any problems that might arise.

1. Pharmacy services transferred to ETCH

2. F/U with existing patients and staff location

staff knew where to schedule patient treatments in event that the building is damaged

1. All staff knew to evacuate to Morristown office

2. phones were rolled to admin on call.

Plastic was placed over damaged windows and area roped off as soon as warning was lifted. Patient treatment area was not affected so treatments immediately resumed. Biomed scheduled window repair. Landlord notified of damage and the DO.

1) Normal operations were not disrupted

2) Emergency generator engaged with power outage

3) Minor roof damage and tree limbs in the parking lot

1. We were able to return to normal operations with 1 1/2 hrs. All field staff resumed patient care within 2 hrs.

1. All staff were accounted for and reported back to their person in command in a timely manner.

2. All patients were accounted for in affected area with emergency interventions obtained as needed.

3. We were able to speak with corporate regarding loss of agency structure in 3 minutes after the tornado as well as the building owner.

4. We were able to move our computer equipment to an alternate agency and reach all patient info through their services.

#NAME?

1. Staff worked well as a team to evacuate residents from the damaged area of the building to a safe zone.

2. Immediate plans for sheltering in place were made.

Staff verbalized that back up clinic's were notified and reports were given.

Patients were notified and given emergency plans.

Had a maintenance worker check exterior of building.

Had a maintenance worker check interior of building (including resident rooms, all electrical, and plumbing, etc)

CNA's and Nurses returned residents to their normal activities.

1. Once all cleared staff immediately began to assist residents back to their room in a timely manner with dietary department providing hydrations.

1. The recovery operation took place effectively and efficiently. Within a period of 20 minutes the facility returned to its normal operation.

Maintenance were able to talk with incident commander and communicate facility status within 30 mins of drill since it happened during normal hours.

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Open beds in facility would be used for damaged rooms.

Communication was person-to-person which increased speed so a quick decision could be made

1. Staff smoothly moved patients back into safe area of facility.

2. Patient contact information was readily available to contact family as needed.

The staff began conducting their daily tasks upon the completion of the drill.

1. After the patients were triaged and the incident patients were stabilized, all staff returned to normal operating procedures without prompt.

N/A

Contacted utility services and building contractors to begin recovery process. Sister clinics notified of need for services. Patients divided among clinics to receive treatments.

Plan to drape machines to keep them from damage

Gave patient handouts of pertinent medical information (patient specific) to use at other facilities and supplied Hotline number for further patient needs

Plan in place of who to contact regarding structural damage

Able to return to normal operations

All patient information was undamaged and locked up.

Ability to move from crises mode to routine daily responsibilities.

FMC corporate disaster team

1. Manager has updated information for all staff

2. Technical has the ability to assess for damage and resource for repair.

3. Director of operations in communication with facility for needs.

Ensured all patients had safe housing and resources

All clear message sent via internal messaging system

Corporate notified of needs and alternative site was available if needed.

Team work

Staff participation

Clinicians resumed normal operations following the disaster while observing safety.

All staff accounted for with 15 minutes.

Building damage to be repaired by end of business day.

Injured staff member was triaged and back to work within 30 min.

Biomed contacted ATOM & TOM for resources to recover structure

1. Recovery plan is in place per emergency preparedness plan.

2. Addressed how an "all-clear" would need to be issued per IC before reentering building for operations.

3. IC would include Medical director and other administration officers to collaborate on recovery plan working to reopen to normal operations once issues resolved.

Patient Contact list with emergency contact numbers in place.

Emergency generator in place to supply power in case of outage.

Alternate "sister clinics" in place to care for patients in the event clinic is not operational.

Dialysis orders, Allergies, ,medical history, current medication list, and insurance information all listed on printed transfer sheet for patients to take with them in case of inability to return to home clinic.

the facility was able to effectively communicate with a general contractor agency to make necessary repairs to be up and running as soon as possible

Will work with local and corporate to evaluate the needs. Patients will be taken care of in another facility until we could get back in the clinic.

Office relocated to Oak Ridge Amedisys office within 45 minutes. Minimal down time. Office phones were rolled to Oak Ridge office with no complications.

1. DCI Corporate in Nashville has a command center in place that we would notify in case our facility was not operational

2. Patients have a 1-800 number they are to call in the event the facility is not operational

3. We have 3 other clinics in the area that would serve as dialysis providers for our patients

1. DCI Corporate in Nashville has a command center in place that we would notify in case our facility was not operational

2. Patients have a 1-800 number they are to call in the event the facility is not operational
3. We have 3 other clinics in the area that would serve as dialysis providers for our patients

Recovery:

Please list up to three things that needs improvement with your organization's recovery plan to return to normal operations following the event.

Needs to be more timely.

Need to add a few Agreements

Need to update a few procedures

1. Keep patient contact numbers available in a binder if network is down
2. Update Call tree in order to contact employees
3. Keep all employees informed

1. Educate staff to contact Serve Pro to isolate damaged portion of facility.

Outside resources such as building repair to be timely responsive and quickly get us up and going again.

1) We need more places to relocate residents to another wing off of the damaged wing

all staff need to know the disaster hot line number for the company or where to locate in the manual

all staff need to be familiar on the patients emergency information or where to locate in the manual

need to remember to return the water and gas back to operational

staff education on information needed to work from remote office.

Method to secure "glass" exit areas to prevent flying glass, explore if possible to apply shatter resistant film to these areas.

look at other supply agreements i.e. vendors to quickly supply plywood, very large tarps for securing damaged areas. for

Communication is always a key component in any event whether it is a disaster / weather related event / etc

1. For our area a plan to transport patients to another area for dialysis with their clinic out of service

1. Having a plan to access alternate power as in a generator to provide power to our office.

2. Have a hot spot back up available to use for possible option to internet connection.

Did not do an all clear announcement at end.

Again, who to call to secure facility and who to inspect post event in order to re-enter.

Communication indicating the status of the event internally. Communication indicating the status of the event externally.

Coordination of resources providing routine care post event.

Improve internal and external communications and establish communication timely. Improve communication with Corporate management team after the disaster timely.

Who to contact to receive clearance to reopen.

Need to ensure that all staff aware of "all clear"/return to normal announcement

Locking containers needed for transportation of medications to designated safe area

Locking containers needed for transportation of medical records of patients not meeting discharge criteria

1. Identification of Critical Stress Debriefing resources.

2. Offer Critical Stress Debriefing resources to responding agencies, families, and residents.

3. Plan for quick resupply of expended resources.

1. Need more security control for building areas.

2. Security control for outside parking areas.

3 Need a place for local media set up.

Need for identification of an evacuation site

The staff started the recoverTy prior to the "All Clear" codes being paged. I think this was due to a number of reasons: ie. preparing residents for lunch to name one

Not much needed to be improved in this area.... everyone was prepared and residents were moved quickly off the damage wing.

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plan for no phone, plan for immediate water / debris removal, ensure adequate laundry supply if no water.

1. Staff knowledge of policies

Notification to staff of office closure with recovery site needs to be reviewed monthly for information to flow effectively for all to be informed

Call tree updated to include additional staff contacts to check in for safety if DOO/Clinical Manager/BOM unavailable d/t injury or unforeseen circumstance

accessibility to building materials following an actual event

Staff need education on who to contact for data security and recovery.

Specifics on calling prn and on-call staff need to be clarified.

We need a few more vendors available in case of a disaster if main ones are not available. Before calling all clear have department heads or leadership do a walk thru of affected areas making sure everything is safe and ready for normal business.

1) There are status forms that we needed to have available with quick, simple access.

2) We need to revisit our processes for assessing facility damage, although we had some confusion from how it was controlled from our center (internally).

smoother relocation for residents returning to different rooms than before due to facility damage.

some staff was unaware of checklist and protocol for what to do before proceeding with normal operations.

1. Need adequate PRN staff to be able to handle a larger scale disaster.

census, staff

Coordination of staff activity without a central location

Updated policy and procedure regarding recovery plan

Staff education

good relationships with local ems/first responders

The census list was not distributed appropriately when accounting for all residents, staff and visitors.

The exercise did not include full recovery demonstration. The tornado only effected one area of the facility and the exercise only included loss of phone lines.

An off site building to restore normal operations needs to be identified.

1. Inventory count (manual) lost supplies

2. How quick would we be restocked

remember to communicate with patients and families as to status of facility

1. No one notified KUB of outage

2. No one notified building management of structural damage.

Difficult to get in touch with the land lord. Need a direct number to reach him.

1) the dialysis machines and computers were not covered with plastic to prevent water damage

1. Possible need for back up generator in the event of power and internet failure.

1. We need a land line service as our phones are internet based.

2. Office staff are to be cross trained in their roles for coverage in one's absence.

3. Purchase of a Ham radio for emergent situations.

1. Need necessary supplies available for quick temporary repair of building damage (tarps, etc.)

Additional transportation between clinic for patient's and staff.

How are supplies being delivered to back up clinics.

Everything went well with our recovery plan to normal operation.

1. Instead of just putting in rooms staff didn't assess the room for any structural damage like broken glass, etc... staff should have assessed the room prior to taking them into it.

1. Due to residents who anxiously desire to return to their rooms restoring resident's room to its norms must be quicker .

Formalized review of all operations should have been done before all clear was announced, use of a check list.

Every section chief should have been consulted prior to all clear.

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1. In the future, we will need to practice a follow-up until all patients and facility are back to "normal".

Educate staff on getting all equipment out of resident rooms and corridors in a timely fashion.

1. Organization's staff need to be re-educated on triage assessment.

Recovery plan is regulated at a corporate level. No areas of improvement identified.

Need plan in place for follow up needs for staff such as transportation, medical needs and housing

Communication with Hotline on facility status

No plan for an alternate facility until home facility deemed safe

Clinicians need more education on when to meet in the Recovery Location.

Staff to remain in contact with CM or DOO when in the field

Education on documentation of emergency events in order to provide evidence of proper care of patients during an emergency.

-Assess the spiritual and psychosocial needs of staff

-Increase ability to reach employees and patients in areas with limited cell phone coverage

1. Company has national disaster response team, that isnt local so could be delay in response for long term assist

2. Most repairs are contracted out, response time from contractors undetermined.

3. Several patients do not have working phones at this time, how will they be notified

Need to notify Sister/Corp that all operations are clear and running as usual

Need to notify Corp IT person that resides in East TN

the need of updated schedule book in order to verify all patients were seen

Phone tree

Phone list

Each employee needs an Emergency Card on file listing Medical Conditions, Allergies, Emergency Numbers in case emergent care/transportation is needed.

1. Including building management if needed for structural assessment.

Unclear of time frame for structural engineer to clear building for use following event.

streamlining the process to expedite the return of the clinic to normal functionality.

Exercise Design:

Please list up to three things that went well with the overall exercise design.

Flow of exercise.

Organization of process

Improved preparation.

1. Good communication

2. Office staff was able to alert traveling staff

1. Staff members worked fluidly to meet needs of affected residents and staff.

2. Affected residents were moved expeditiously to safe zone (main lobby, main dining room).

3. Facility structure was assessed promptly and needs were communicated to EMA.

Identifying resources we need to have on hand, as stated above, for future exercises or events.

1) Exercise was well explained

2) Exercise was well layed out and TONS of resources given

3) Exercise covered most all scenarios and gave great examples

staff enjoyed the exercise and feedback that occurred

patients accepted the educational information and disaster hotline wallet cards and participated in the discussions

was real enough exercise to identify improvement areas

Staff accounted for and patients cared for by staff or EMS and were able to be transported by personal car or EMS.

Having the "community" involved i.e. various other health care entities will I hope result in more ideas for improvement and give each facility more options and suggestions they can utilize.

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Not chaotic

All locations assisting others

1. emergency management alert to area watch and warning
2. teamwork in removing patients from machines timely
3. disaster plan process in place

1. Contacting all of our employees went well.

2. The number of employees that participated help in the success of the exercise.

3. The community participation an availability give our organization resources to contact if needed.

Good participation from "victims"

Using the Sim cell

Coordination from the Health Dept was vital to the success of the exercise

Pre- meetings were informative and thorough

This drill was a great way to open communication and prompt staff and leadership to ask questions and get real time answers. Staff remained calm and knew their roles during event. The planning meetings were invaluable. Without these we would have struggled for direction. I feel our staff appreciated the hands -on approach and provided great questions.

Timing of the disaster event and the various stages of it. The response of the staff to ensure resident and staff safety. The planned injuries and triaging.

Staff and patient cooperation.

Emergency supplies were in a designated area.

Required documents printed and accessible to staff.

Communication

Prior IC training

Communication

Prior IC training

Coordination of resources

Communication

Coordination with hospital and community resources

Great teamwork and order of operations throughout, organized supplies and great patient communication.

Stayed on top of alerts and made sure everyone was accounted for in the building as a whole.

Staff getting supplies to safe area of building

Good communication with Ors in response to updates

Good communication between areas for patient status updates in order to safely move them to designated safe area when meeting discharge criteria

1. Planning and preparation for exercise was well coordinated.

2. Utilization of KETHC website for documents and information was well organized.

3. Participation from outside agencies was beneficial.

1. Great team work.

2. Access to written protocols as needed.

3. Response time of staff and setting up ICS.

Activation of phone tree and patient roster for implementation of future disasters including current Priority Codes office staff inspected parameters of the facility post disaster. Office staff inquired with staff if they needed any immediate assistance.

We slow walked the exercise and we felt better after it than before. Section Chiefs responded and did there jobs as asked

Staff responded well

We had 3 different things going on which made the staff think and use there previously taught skills. "Code Orange"

"Code Black" "Missing or Elopement resident"

Staff assessed residents and injuries quickly

All residents were evacuated timely

Staff were knowledgeable and prepared

Participants were calm, cooperative areas of improvement identified

1. Unified leadership effort

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Team Work

Communication

Skills/knowledge

Quick response from staff, Quick care/ transport of injured from damaged area to triage

Was glad to have the training classes that were offered. All 3 of the controllers at each facility were able to discuss what worked at their place and what didn't work. Very helpful.

Educational for all staff involved.

It was well structured.

Timeline was realistic

Sim Cell was beneficial

Prefacing all communication with this is an exercise was good.

1. Staff members were well educated in emergency procedures & worked well together. They did self emergency training through FKC education site. On the daily patient assignment sheets I type what steps to take for tornado watch & what steps to take for tornado warning. We review procedures for emergencies throughout the year.
2. Emergency boxes, crash cart, oxygen canisters moved to safe area when watch announced.
3. Quarterly staff review with patients the quick disconnect from dialysis lines for emergencies. They know the patients that need the most assistance.

Staff willing to step-up and get the task at hand handled. Leadership communicating too labor pool on jobs needing to be completed. For the first time I believe our center did well with responding to the needs at hand. Of course everyone knowing it was coming helped but this is the first part of getting prepared.

1) This was a great starting point for learning and improving. As a center, our staff really came together and enjoyed the learning process.

2) The exercise was well coordinated and incorporated the key learning of incident command standards.

3) The paper patients / casualties were detailed and relevant. Our staff enjoyed this and it was great learning.

staff were engaged

very realistic event that has happened in past 5 yrs

ease of use and ability to make it site specific

Organized evacuation

Smooth interaction with EMA

We were able to learn of needed adjustments to be made to handle actual events more effectively.

Communication

Incident Command

THE DESIGN OF THE EXERCISE WAS RELEVANT TO OUR ACTUAL SETTING
PARTICIPATION ALLOWED US TO MEET THE MEDICARE CONDITIONS OF COVERAGE
IT CREATED A TEAM "BUY-IN" AND EXCITEMENT FROM OUR STAFF AND GENERATED ALOT OF
POSITIVE FEEDBACK AND GOOD SUGGESTIONS

Teamwork

Communication among team members during drill

Having supplies and equipment readily available during drill.

good communication between staff.

1. Exercise design was very realistic, good practice for staff.

2. Job roles well defined.

volunteers,

1- Utilizing real people as patients made the exercise more realistic.

2- Staff willingness to brainstorm to assist with needs and better processes.

Ample time frame regarding preparation

Excellent response time and information from Coalition leaders

Current and follow-up documentation readily available and adequately explained

communication for the most part

The weather announcements and sim cell use.

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The timeline of the events helped keep the exercise on track.

Agency safe area is very well designed to allow adequate oxygen to sustain until help arrives.

1. We had staff inform the Incident Commander of the damage and any injuries that were located.
2. Staff located and addressed any medical issues that were located.
3. Our facility is located 1 block from a Medical facility, for transport and medical attention that was not able to be handled in house.

1. Stretched limits of an office staff when disaster was in our backyard

1. Key staff knew and understood role. Sec, Tech, Manager

Communication of events went well

Victims were made first priority

The meetings and trainings made me feel prepared for the exercise as well as being able to view documents online.

1) Communication

2) Calm, positive actions of the staff

1. Increased knowledge of what our agency and staff should be prepared to handle in a timely manner.
2. Increased teamwork and participation in planning
3. Increased knowledge of community resources available.

- Moving patient

- Communication of staff members

1. The exercise was planned in stages and built up to a full scale disaster. This gave participants a chance to use all of the weather emergency procedure steps.

2. Having the external agencies participate in the exercise was more efficient use of their time.

Staff worked well together with the hand off method for getting patient's back to hallway.

"911" called in a timely manner and local EMA notified of additional needs.

Teamwork

Safe Area that was established

Assesment of victims went great!

1. Teamwork

1. The evaluation process of the exercise were openly discussed and issues were resolved.

2. Learned more of facilities' technical limitations and problems.

3. The exercise has brought a sense of collaborative identity within facility's personnel.

Multiple scenario's were great to challenge staff.

interface on website worked well during the drill

Self reliance was key to conducting the drill

1. Confidence of staff was increased in actually seeing how well they worked together in an emergency.

2. Triage was effective because all staff participated as needed.

easy to follow instructions

rollout went extremely well

easily personalized

1. Organization benefited from the outlined structure of the exercise design.

2. Organization benefited from the timeline of the exercise.

3. Organization appreciated the exercise's design of being timely and not interrupting our patient care schedules.

Unable to ascertain any information. No calls were received by the EMA office.

Well organized, staff was educated on procedures and worked well as a team. Staff was able to follow instruction and manage delegated duties well. Leaders were able to delegate and facilitate progress through the exercise. Sim cell provided a realistic response to our needs. Staff volunteered to play as patients/victims and this enhanced the realness of the exercise.

Pre exercise meetings

Table Top meetings, staff from other facilities giving ideas

Hotwash, instant review

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Patient needs assessed and addressed.

Staff utilization, emergency preparedness team aware of their roles/responsibilities.

Teamwork within all staff to provide care to injured staff and patients.

-Staff up to date on policy and procedures

-Excellent communication skills

-Staff better prepared for actual disasters

1.Placement/ organization of emergency supplies and emergency binder with phone numbers and emergency contacts.

2. Staff are knowledgeable and competent in emergency preparedness and evacuation.

3. Pts were well educated and handled emergency situation well.

1. Patient involvement to increase understanding of actions in an emergency.

2. Staff able to verbalize or act on what to do in an emergency for patients

3. Direct communication with Medical director, director of operations, emergency services.

Clinical triage was accurate and appropriate given patient scenarios

Once call tree initiated-message to be sent out via text/instant messaging service with high priority alert in case clinicians are with patients and unable to answer phones

everyone knew role and how plan was to supposed to be implemented

It was wonderful. Gave us opportunity to find things to improve

1. The office followed commands from the incident commander accurately and completely.

2. All patients were contacted in a timely manner according to safety and acuity.

3. Clinicians knew method of relocating patients.

Good planning for the overall exercise. Agency had adequate time & information to plan event.

Good communication of the timeline events.

Staff organization and Pt safety

1. Communication was successful in all areas.

2. Everyone remained calm and focused.

3. Nursing and physician care was appropriate for patient needs.

Staff knowledgeable of roles and duties during exercise.

Supplies available for patient care.

great communication between staff

ensuring to patients that they were safe

ability to rinse back patients and transport them to a safe locations done in a timely manner

Planning went well. Very well informed and the handouts or internet site were extremely helpful in planning the event.

Extensive much needed training provided by county to help prepare for the mock disaster.

Excellent communication with the outside organizations.

1. Good Team Builder

2. Helped teach new employees about Emergency Preparedness

3. Provoked conversations with patients as to what to do in case of an emergency

1. Good Team Builder

2. Helped teach new employees about Emergency Preparedness

3. Provoked conversations with patients as to what to do in case of an emergency

Exercise Design:

Please list up to three things that needs improvement with the overall exercise design.

1- Remember to Call Director of Operations per policy when evacuation is required

1) Further practice for staff with future emergency drills

1) More outside agencies involved in our area

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1) There was suggestion that we have less time between the tornado watch to warning to tornado touch down. We also had some confusion about the tornado hit timing. We expected it would come from / through an email and we did not receive. We think there should be more clarity on this, and more frequent updates. We made it work though.

1. The email received led me to believe that the Tornado Warning was only in Knox and Sevier Counties and I was awaiting on another email.

2. We need to improve our training and more department specific to their role.

1. More communication from coalition team on natural disaster response than just annually

1. Staff ask that we have a check off in emergency box for all the possible disasters for steps that they should take.

2. Use volunteers as patients for reality scenarios for subsequent annual disasters. Play patients (paper) moved to safe area too quickly.

3. Slow down the rate of play. It was not realistic compared to the time it would actually take to react.

4. Staff did not move hooyer lift away from hall going to safe area. This would have made patient being moved in chairs easier.

1. supplies in unit to be able to take care of all emergency needs

2. oxygen needs not met

1. Work to include whole building (at least CCTH on 1st floor) in future disaster drills if possible.

2. Make sure all patients are aware of drill prior to starting.

3. Educate staff between differences in tornado watch and warning.

1. Continue to expand on the participation from outside agencies like EMS, FIRE, Police, and EMA. Consider inviting them to the planning meetings.

2. More time between full scale exercises. For facilities who have both Long-term care and hospitals, try to insure full scale exercises are spaced more than a few weeks apart (I'm sure this was stressful for you as well).

1. If there is an wide scale power outage, that would effect gas pumps being non functional so as a home health organization our staff would have a difficult time locating sources for gas or diesel. Information of where our employees could access an emergency supply would be very helpful for future exercises or if there were to be an actual emergency.

1. Medical emergent supplies

2. DME equipment

3. Prioritize patients by severity

1. Minimize advance notification to staff

1. More education on role/functions of incident command

1. Office had difficulty reaching prn clinicians.

2. Phone tree was not very effective due to prn clinicians working at other jobs.

1. Perhaps attempting such an exercise using more actual patients.

1. Phone lists needs to be updated

2. Call tree needs to be updated

3. Emergency numbers need to be readily available at all times

1. The need of more radios for communication.

2. Off hour response time.

3. Alternate transportation methods.

A bit difficult to play out patient scenarios in the home health setting.

a lot of information for staff in a short amount of time.

A more home care specific exercise would be beneficial

ALL employees need to have the opportunity to participate, i.e. reconstruct the scenario multiple times to allow this

ALL employees need to have the opportunity to participate, i.e. reconstruct the scenario multiple times to allow this

all in all well designed

As a first time participant would have liked more time in the presentation (planning of exercise), lots of information presented in a short amount of time.

As stated, the resources indicated able: more Radios, Flash lights, and code state of Resident condensed to the census report which indicates ambulation status.

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As this was the first time doing this type of facility wide exercise I believe it went well. We had a slight delay in receiving our emails which caused everyone moments of panic. If this is something other facilities experienced then letting them know this may happen would be good.

Communication

Updated Agreements

Training

communication and back up plans for failures.

schedule books updated regular basis

realized better evacuation place

Communication internally and externally.

Staff to plan to notify patients POA and injured office staff's next of kin.

Staff needs more education on recovery location and when to meet at that location.

Staff needs more education on safety while out in the field during an emergency.

Communication with non Medicare division

Communication with Corp IT staff that lives in East TN

Notification of all clear to Sister/Corp

Communication

leadership

Communication

Need to solidify alternate locations to shelter

communications access, equipment for emergency triage, available ER transfer to hospital.

Complete staff list readily available on paper at all times

Knowledge of where emergency numbers for contact available on paper at all times

Have a group text of staff on DOO/Clinical Manager/BOM phones for communication

Create an emergency container with ID bands, labels, extra flashlights, and emergency med supplies

Couse use more training on the HICS positions

Additional training on emergency shut offs and phone paging

EMA un available, plan for no phone, too involved

Evacuation space

Chairs for patients to sit in within the evacuation site.

Additional oxygen tanks needed in case patients needed to stay in clinic longer after event.

Exercise design was very good. I do not have suggestions to improve.

facility did not receive email at the time posted therefore had to initiate the plan manually

First Aid/Safety Kits unavailable for staff Resolution: plans for providing in process

Procedure for updating phone tree and roster Resolution: both will be updated every Monday

Digital accessibility to phone tree and roster Resolution: Digital accessibility put into place

Follow up calls to staff that did not answer calls

Hand off report when moving patients, training in technical areas and emergency supplies, contact lists for transport/operations/ect in emergency box.

Have addresses for patient's available when calling for EMS

Have designated employee's for assessment of damages

I have no real criticism of the exercise design except to say it is difficult to fully participate when surgical cases are in process.

I have no suggestions. I think it was well planned and the meetings prepared us for today.

I think that a licensed bed/capacity box should be on the website form, so that if multiple facilities are damaged a quick census can be determined to make it easy to find beds for residents, even if they are home care/ assisted living and can stay in a SNF for a week.

Text Alerts for the drill would be better than email.

Text Alerts for any potential disaster would be good to get from TEMA, by using the HHAN.

I think that the exercise could have been more realistic, if ample time for preparation had been available. I believe that

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this would enhance the learning experience and would provide better assessment of our ability to respond to emergency situations.

leadership, all departments participate, communication

Meetings can be held via webex.

More communication with local emergency departments

Meetings smaller with facility specific information (NHs, Dialysis, Hospitals)

Provide check-off list of to do's to follow

more hands on training before actual drill

more time to obtain the necessary information from patients to prepare for the drill

was difficult to send email during the drill, got caught up with drill

More training and education is needed for staff for feel more comfortable.

Staff forgot to call 2nd shift to tell them not to come in.

Additional supplies needed for emergency box.

More Training, More Training, More Training

Time For more training.

Add more victims.

Need Analog phone,

Need to be better prepared for events that could happen in the middle of the night or on weekends when staffing is greatly reduced.

Need to include more staff in the planning stages of the exercise. Need to better communicate roles and responsibilities.

Easier access to care plans for non-direct care individuals.

-No proper follow up for medications

-Assess for structural damage in a timely manner

none identified.

Noted additional supplies that may be needed: supplemental oxygen during power failure, more manual BP cuffs, 5-6 folding chairs for pts in tornado safe area during evacuation from treatment area.

Nothing

Once lobby evacuated, person needed to monitor any new people entering ASC through small window from safe area

Improved method to account for how many family members - and their names - are on site with patients in OR/PACU

Contact information at command center not accurate for our facility (typo)

Phone list

Phone tree

Phone number was incorrectly published in call list. Verification of all numbers used prior to distribution could be helpful.

Plan to rotate all staff members to do Mock drill for additional training.

Potentially a flow sheet for criteria expectations.

preparedness

systematic steps during disasters

communication with ALL STAFF

Staff needs more in services and drills.

Better examples of what is expected in the exercise.

Strategies for in-home care agencies need to be more developed.

The exercise design assumes more agencies are participating. It was difficult to "play" when we did not have outside participation.

More training on how to "play" with structural damage and recovery efforts.

The questions on the forms required to manually complete did not match this information. In other words, as an evaluator that gained information from the team had to come up with more information after the disaster evaluation was complete.

Too much redundancy in questions, need to narrow down some questions.

The overall evaluations are way too much.

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There are no general areas that need improvements.

time line, ability to contact caregivers outside the patient home

Train floor nurses more about supplies and oxygen available during a disaster. Come up with a quick check list of items all departments for preparing quickly. Obtain list of visitors and volunteers in the building. Medical director needs to respond to triage during disaster.

Walk ways need to be free of clutter- wheelchairs , trashcans and chairs.

Clinic may need more than one portable O2 tank.

Have one staff member to stay with patients while other patients are moved to safety.

WE DID NOT RECEIVE OUR EMAIL UNTIL @9:17 AM . WE EXPECTED ONE AT 8:45, THEN AT 9:00.

Exercise Design:

Additional community partners might be Community Shelter Agencies for assistance & access in locating patients in the event of evacuations.

Thank you for all your hard work in planning & putting this event together!!

Drill overall was a great success. Staff enjoyed participating.

for the first exercise the drill was perfect hopefully everyone that participated saw the need and look forward to more

For the first full scale exercise, it went well. Forms and instructions were readily available. Definitely a great exercise for finding areas of improvement before a "real natural disaster" occurs.

Great experience. Event helped clinic staff identify problems that may occur in an actual event.

I plan to discuss tornado emergency with the 4 staff left out on the floor during this exercise. I will walk them through what to do in tornado watch & warning. I will show them where water cutoff is coming into building, main power cutoff & generator cutoff is. We will review safe areas for patient's family to go in the building. I will show them floor seating area for patients able to walk & where to place wheel chairs & dialysis chairs during warning. I will discuss with them required that 2 staff walk through building together after tornado gone to evaluate damage. I will discuss with them when safe to evacuate patients from clinic.

I think all went well this morning for my office's exercise. We enjoyed participating in this drill. My Operations Manager was here with us and she said, it all went very well.

Knox county did an excellent job in preparing us for the exercise.

Over all this was a great learning experience. KETHC was very helpful .

Overall a good learning experience for our facility personnel.

We came up with several good ideas for the immediate future.

overall successful drill and great learning process. found strengths and weaknesses

Overall the staff did fairly well. All staff would benefit in more exercises and education to be more comfortable with decision making.

Thank you

Thank you for all of the work that it takes to coordinate this. We appreciate it!

Thank you for all of your help and effort in putting this exercise together, It was truly helpful to our Center

Thank you for assisting us in this drill and a wonderful learning process.

Thank you for your hard work. We look forward to participating with you in more emergency exercises in the future. It was a great learning experience for us. As a result we will be doing more training of staff on emergency preparedness.

Thank you Knox County for all of your time and dedication with this exercise. Great learning experience.

Thank You! I have received multiple compliments for your thorough preparation for the exercise. Staff and residents from the Nursing Home were pleased that we were participating and planning for disaster management. I know without the Coalition exercises to this scale would be very difficult to accomplish.

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Thanks for all your help

The company as a whole have Disaster Management team who respond quickly after disaster to any area.

The drill went great. We all feel like we have learned something and feel like we worked like a team. We were able to find strength and weaknesses in each other!

This has been a great learning experience and it really makes you think about things you normally would not consider. I appreciate the opportunity. I would also be interested in quarterly meetings.

This has been a helpful and learning process for the whole team to ensure we know our roles in the event of an actual disaster.

This helped our facility to think in terms of the needs to be prepared in the event of any future disasters

this was excellent exercise. the fact it was community wide was good as we could test ability to reach out in testing format

We appreciate being included in this exercise it will help us to continue our EPP training and implantation.

We appreciate the informative meetings and accommodations made during this training period. It was useful and areas to improve identified and updated with an updated plan established.

We had several people state after the drill it was "fun" and nice to know Knox county's healthcare coalition is working to better prepare ourselves in case of a disaster. Having a good solid foundation is key for moving forward. Thanks again for all the leg work and getting everyone involved to help make our community a little safer!

We really enjoyed the opportunity to participate in the exercise. We're blessed to have KETHC!

WE THINK THAT OVERALL THIS WAS A GREAT WAY TO GET THE STAFF ON BOARD AND EXCITED ABOUT PARTICIPATING IN AN OTHERWISE ROUTINE "DRILL". ALSO, THE HOTWASH TURNED OUT TO BE THE BEST PART OF ALL AS WE WERE ABLE TO DISCUSS AREAS THAT TRULY NEEDED IMPROVEMENT AND ALLOWED OUR STAFF A TRUE VOICE AS THEIR SUGGESTION HAS COME TO PASS. THANK YOU FOR ALLOWING THE ASC'S TO PARTICIPATE!
