

# Mid-South Emergency Planning Coalition

## Non-Hospital Full Scale Exercise

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### After-Action Report/Improvement Plan

October 10, 2019

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Specific to this report, the exercise objectives align with the Assistant Secretary of Preparedness and Response's (ASPR) National Guidance for Healthcare Preparedness and the Hospital Preparedness Program Measures. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

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## EXERCISE OVERVIEW

|   |   |
|---|---|
| Exercise Name                                 | Mid-South Emergency Planning Coalition (MSEPC)<br>Non-Hospital Full Scale Exercise  |
| Exercise Date                                 | October 10, 2019  |
| Scope   | This exercise is a Full-Scale Exercise, planned for multiple non-hospital facility locations within the jurisdiction of the Mid-South Emergency Planning Coalition region.  |
| Mission Area(s)                               | Response  |
| Core Capabilities, Objectives, and Activities | <p><b>Hospital Preparedness Program (HPP)</b></p> <p><i>Capability 1: Foundation for Health Care and Medical Readiness</i></p> <p><b>Objective 2: Identify Risk and Needs</b></p> <p><u>Activity 2:</u> Assess Regional Health Care Resources</p> <p><u>Activity 4:</u> Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, Including People with Disabilities, and Others with Unique Needs</p> <p><b>Objective 4: Train and Prepare the Health Care and Medical Workforce</b></p> <p><u>Activity 1:</u> Promote Role-Appropriate National Incident Management System Implementation</p> <p><u>Activity 3:</u> Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations</p> <p><u>Activity 5:</u> Evaluate Exercises and Responses to Emergencies</p> <p><i>Capability 2: Health Care and Medical Coordination</i></p> <p><b>Objective 2: Utilize Information Sharing Platforms</b></p> <p><u>Activity 1:</u> Develop Information Sharing Procedures</p> <p><u>Activity 3:</u> Utilize Communications Systems and Platforms.</p> <p><b>Objective 3: Coordinate Response Strategy, Resources, and Communications</b></p> <p><u>Activity 1:</u> Identify and Coordinate Resource Needs during an Emergency</p> <p><u>Activity 3:</u> Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency</p> |

**Capability 3: Continuity of Health Care Service Delivery**

**Objective 1: Identify Essential Functions for Health Care Delivery**

**Objective 2: Plan for Continuity of Operations**

Activity 1: Develop a Health Care Organization Continuity of Operations Plan

Activity 4: Plan for Health Care Organization Sheltering-In-Place

**Objective 3: Maintain Access to Non-Personnel Resources during an Emergency**

Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements

**Objective 5: Protect Responders' Safety and Health**

Activity 1: Distribute Resources Required to Protect the Health Care Workforce

Activity 2: Train and Exercise to Promote Responders' Safety and Health

**Objective 6: Plan for a Coordinate Health care Evacuation and Relocation**

Activity 1: Develop and Implement Evacuation and Relocation Plans

Activity 2: Develop and Implement Evacuation Transportation Plans

Exercise  
Objectives

1. Evaluate the facility's Incident Command System (ICS) to effectively respond to a spontaneous emergency by quickly confirming initial alerts, timely activation and notification to staff, effective coordination with facility staff and patients, appropriate management of the incident as it relates to facility operations during the event by utilizing TNHAN, internal communication tools, two-way radios, and other available communication systems.
2. Effectively identify facility resource needs including personnel, medical equipment, medical supplies, food, water, etc. as appropriate to each facility.
3. Effectively communicate facility resource needs to Emergency Operations Center and Emergency Support Function 8 utilizing current communication methods including phone, email, fax, etc.
4. Demonstrate ability to notify staff, patients, and visitors of facility status and safety information in a timely and effective manner including any appropriate evacuation or shelter-in-place procedures.

|                             |   |
|-----------------------------|---|
| Threat or Hazard            | No one specific threat has been identified. Each participating facility has identified their own scenario to effectively evaluate their own internal plans and procedures.  |
| Scenario                    | No one specific scenario has been established. Each participating facility has identified their own scenario to effectively evaluate their own internal plans and procedures.   |
| Sponsor                     | Mid-South Emergency Planning Coalition  |
| Participating Organizations | Participating organizations include all HCC member non-hospital facilities, local emergency management officials, first responder agencies, and public health. A complete list of participating agencies is included in Appendix B.   |
| Points of Contact           | Heather Fortner, MPA, Regional Healthcare Coordinator<br>Mid-South Emergency Planning Coalition<br>Shelby County Health Department<br><a href="mailto:Heather.Fortner@shelbycountyttn.gov">Heather.Fortner@shelbycountyttn.gov</a><br><br>Amy Cox, State Exercise Coordinator<br>Tennessee Department of Health<br><a href="mailto:Amy.Cox@tn.gov">Amy.Cox@tn.gov</a> |

## GENERAL INFORMATION

### Exercise Objectives and Core Capabilities

This exercise involves a number of entities that are governed by Centers for Medicare and Medicaid Services (CMS) rules and requirements. These entities may offer services and operational structures that differ greatly from those in hospitals.

The Exercise Objectives listed in Table 1 are based on guidance and requirements from the Hospital Preparedness Program (HPP) and Public Health Preparedness Program (PHEP) and may not apply to all non-hospital participants equally. Thus far, there is no specific guidance that addresses similar standards for these kinds of providers.

This exercise will require each participating agency to define scenarios and facility specific objectives that are appropriate for evaluating their own internal plans and procedures using these overarching Exercise Objectives as a guide.

**Table1. Exercise Objectives and Associated Core Capabilities**

|   |  |
|---|--|
| <p>1. Evaluate the facility’s Incident Command System (ICS) to effectively respond to a spontaneous emergency by quickly confirming initial alerts, timely activation and notification to staff, effective coordination with facility staff and patients, appropriate management of the incident as it relates to facility operations during the event by utilizing TNHAN, internal communication tools, two-way radios, and other available communication systems.</p> | <p>Capability 1, Objective 2, Activity 2<br/>                     Capability 1, Objective 2, Activity 4<br/>                     Capability 1, Objective 4, Activity 1<br/>                     Capability 1, Objective 4, Activity 2<br/>                     Capability 1, Objective 4, Activity 5<br/>                     Capability 2, Objective 2, Activity 1<br/>                     Capability 2, Objective 2, Activity 3<br/>                     Capability 2, Objective 3, Activity 1<br/>                     Capability 3, Objective 1</p> |
| <p>2. Effectively identify facility resource needs including personnel, medical equipment, medical supplies, food, water, etc. as appropriate to each facility.</p>   | <p>Capability 1, Objective 2, Activity 2<br/>                     Capability 1, Objective 2, Activity 4<br/>                     Capability 2, Objective 3, Activity 1<br/>                     Capability 3, Objective 2, Activity 1<br/>                     Capability 3, Objective 3, Activity 2</p>   |
| <p>3. Effectively communicate facility resource needs to Emergency Operations Center and Emergency Support Function 8 utilizing current communication methods including phone, email, fax, etc.</p>   | <p>Capability 2, Objective 2, Activity 1<br/>                     Capability 2, Objective 2, Activity 3<br/>                     Capability 2, Objective 2, Activity 3<br/>                     Capability 3, Objective 5, Activity 1</p>  |
| <p>4. Demonstrate ability to notify staff, patients, and visitors of facility status and safety information in a timely and effective manner including any appropriate evacuation or shelter-in-place procedures.</p>   | <p>Capability 2, Objective 2, Activity 1<br/>                     Capability 2, Objective 2, Activity 3<br/>                     Capability 2, Objective 2, Activity 3<br/>                     Capability 3, Objective 2, Activity 1<br/>                     Capability 3, Objective 2, Activity 4<br/>                     Capability 3, Objective 5, Activity 2<br/>                     Capability 3, Objective 6, Activity 1<br/>                     Capability 3, Objective 6, Activity 2</p>  |

## **Executive Summary**

This exercise was conducted in response to the need for evaluating current plans and procedures that govern the way that the MSEPC manages its resources and information during a community-wide event that impacts healthcare delivery across our region.

To accomplishing this task, MSEPC requires considerable coordination with governmental and private entities, including local law enforcement, Emergency Medical Services, fire departments, hospitals, communications centers, emergency management, health departments, and other resources. The MSEPC has worked collaboratively to define and explore this process, and this exercise represents a continuation of these efforts.

As for the exercise itself, 88 healthcare and emergency response entities including all types of local non-hospital facilities participated in the process.

## **Mock Emergency Operations Center (EOC) Activation**

To build upon previous exercises and further test the ICS response capabilities of our facilities, MSEPC created a mock Emergency Operations Center to activate and receive facility requests as it would exist during an actual emergency.

Facilities were asked to identify their potential needs at the facility level related to the created scenario and communicate those needs to the Mock EOC. Specific details of facilities that successfully participated in the Mock EOC portion of the scenario are included in Appendix D: Findings from the Regional Healthcare Coordinator.

## ANALYSIS OF HEALTHCARE PREPAREDNESS CAPABILITIES

Aligning exercise objectives and healthcare preparedness capabilities allows for a more consistent approach to exercise evaluation to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team. The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

For detailed associated tasks and activities, refer to “Exercise Overview” section, “Core Capabilities, Objectives, and Activities” and “Exercise Objectives” beginning on page 2.

**Table 2. Summary of Healthcare Preparedness Capability Performance**

| Objective   | Healthcare Preparedness Capability           | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
|---|--|----------------------------------|------------------------------------|-------------------------------------|----------------------------|
| Evaluate the facility’s Incident Command System (ICS) to effectively respond to a spontaneous emergency by quickly confirming initial alerts utilizing TNHAN, internal communication tools, two-way radios, and other available communication systems.                        | Capability 1<br>Capability 2<br>Capability 3 |                                  | X                                  |                                     |                            |
| Evaluate the facility’s Incident Command System (ICS) to effectively respond to a spontaneous emergency through timely activation and notification to staff by utilizing internal communication tools, two-way radios, and other available communication systems.             | Capability 1<br>Capability 2<br>Capability 3 |                                  | X                                  |                                     |                            |
| Evaluate the facility’s Incident Command System (ICS) to effectively respond to a spontaneous emergency through effective coordination with facility staff and patients by utilizing internal communication tools, two-way radios, and other available communication systems. | Capability 1<br>Capability 2<br>Capability 3 |                                  | X                                  |                                     |                            |



| Objective   | Healthcare Preparedness Capability           | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
|---|--|----------------------------------|------------------------------------|-------------------------------------|----------------------------|
| Evaluate the facility's Incident Command System (ICS) to effectively respond to a spontaneous emergency through effective appropriate management of the incident as it relates to facility operations during the event by utilizing internal communication tools, two-way radios, and other available communication systems.  | Capability 1<br>Capability 2<br>Capability 3 |                                  | X                                  |                                     |                            |
| Effectively identify facility resource needs including personnel, medical equipment, medical supplies, food, water, etc. as appropriate to each facility.   | Capability 1<br>Capability 2<br>Capability 3 |                                  |                                    | X                                   |                            |
| Effectively communicate facility resources needs to Emergency Operations Center and Emergency Support Function 8 utilizing current communication methods including phone, email, fax, etc.  | Capability 2<br>Capability 3                 |                                  |                                    | X                                   |                            |
| Demonstrate ability to notify staff, patients, and visitors of facility status and safety information in a timely effective manner including any appropriate evacuation or shelter-in-place procedures.   | Capability 2<br>Capability 3                 |                                  | X                                  |                                     |                            |
| <p><b>Ratings Definitions:</b></p> <ul style="list-style-type: none"> <li>• Performed without Challenges (P): The targets and critical tasks associated with the healthcare preparedness capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Performed with Some Challenges (S): The targets and critical tasks associated with the healthcare preparedness capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</li> <li>• Performed with Major Challenges (M): The targets and critical tasks associated with the healthcare preparedness capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Unable to be Performed (U): The targets and critical tasks associated with the healthcare preparedness capability were not performed in a manner that achieved the objective(s).</li> </ul> |  |                                  |                                    |                                     |                            |

## Exercise Findings

Each participating facility was required to evaluate internal activities, and was required to note their findings on an Exercise Evaluation Guides (EEG) provided by MSEPC.

Findings were provided by facility and organizational representatives and were compiled by reviewing information from all sources, including EEGs, Participant Evaluations, hotwash notes, and summaries compiled by Evaluators in narrative form. For reporting, the format for this report will document the submissions from each individual facility as well as overall findings and observations from a review of the submissions collectively.

In most cases, the findings at certain facilities have no bearing on activities at other facilities, and would be properly addressed in Improvement Plans that the reporting facility should develop for internal use. After the individual facility data, a summary of trends and common issues will be documented for consideration by the HCC in determining what corrective actions might have broad implications for all its members. Such common issues might be of importance as the HCC engages in strategic planning and purchasing decisions.

Findings are recorded and compiled as submitted with only minor editing for clarity. The content or validity of each observation has been left to Evaluator discretion. Irregularities or inaccuracies should be addressed at the facility level during the internal Improvement Planning process.

Any direct improvements or repeated weaknesses observed by the author when compared to previous exercise documents have been added where necessary.

## Findings from Non-Hospitals Sites and Entities

### AHC Applingwood

This facility used a tornado scenario.

#### **Strengths:**

- Understanding of the facility's emergency protocol and steps needed to take to complete tasks.
- Ability to work as a group – teamwork was great and staff members quickly established teams and tasks as needed.
- Flow of communication back to incident command and incident command to the teams.

#### **Opportunities for Improvement:**

- Additional supplies needed for carts with detailed location of all supplies included.
- Better understanding of where the secondary locations will be if primary location is not accessible.
- Ensure all staff understand the generator and how to turn it on and off if needed.

### AHC Harbor View

This facility used a tornado/severe weather scenario.

#### **Strengths:**

- Incident Command Center functioned well, which was conducted by the Director of Nursing and Assistant Director of Nursing.
- The Incident Commander observed the staff moving residents to a safe area.
- All non-nursing staff responded well, and the maintenance department assessed damages for safety and loss of function.

#### **Opportunities for Improvement:**

- Identified the minimal number of backup E-tank and oxygen concentrates as the main pipe in the system was damage.
- There is a need for additional training for all staff on the difference between *Code Gray Alert* and *Code Gray Warning*.
- Internal communication can be improved with walkie talkies and clarifies red plug sockets, especially for oxygen concentrators and food pumps.
- There is a need for additional training on the facility's emergency preparedness plan.

### Allen Morgan Health and Rehabilitation Center

This facility used a tornado/severe weather scenario.

#### **Strengths:**

- Everyone involved took the initiative when it came to helping residents during the drill. (*Huge improvement this time around due to all the additional staff training.*)
- Everyone involved in the drill arrived on time.

- Everyone took over a task and completed it promptly.

**Opportunities for Improvement:**

- Team leads need to stay focused on their assignment. They tried to do too much when they could have delegated tasks to others.
- As a team, we figured out that our triage location and disaster headquarters cannot be in the same area. Many people coming in and out of one door were confused about patients needing to be triage.
- We need to have a better form of communicating when a disaster has occurred. Email works if you are by your computer, but otherwise, it is not an effective method. We also figured out that cell phone service is spotty when down in our parking garage/basement, meaning any staff in either area might not know about the disaster. (*Facility continues to struggle with a better overall communication plan.*)

**Ave Maria Home**

This facility used a tornado/severe weather scenario.

**Strengths:**

- Teamwork
- Knowledge - The team listed all the items the elders would need if we relocated them to another area.
- Used their walkie talkie system positively to call for needs.

**Opportunities for Improvement:**

- Some units did not have easy access to the emergency food/water supply.
- Some units did not have weather radios.
- We are forming a better process to complete the ID forms in the elders' rooms for relocation.

**Baptist Reynold's Hospice House**

This facility used a tornado/severe weather scenario.

**Strengths:**

- Home Hospice and Hospice House communicated well. Available beds were communicated to the home hospice team for potential patient admissions.
- Emergency Preparedness Binder was up to date with all current patient information. Emergency Flip Charts were ready and available.
- Command Center was set up quickly in the conference room. TV was plugged into the red plugin case of power failure. Staff monitored the weather and were ready to take calls from call tree.

**Opportunities for Improvement:**

- Not all portable phones were working for staff on the units. Some batteries for phones were not functional. Baptist IT contacted after an emergency drill on 10/10/19 to check

phones and batteries. IT arrived on 10/11/19. They corrected the issues with several phones and provided several new batteries. They also have plans to offer replacement phones/batteries for ones not working.

- Call tree implemented. Staff needs more instruction on who they are responsible for calling and which number. The call tree's education will be covered in the monthly Staff Meetings on 10/29, 10/30, and 10/31/19. *(This item remains an opportunity for improvement for the facility.)*
- The Kemmons Wilson Family Center for Good Grief is in another building connected to Baptist Reynold's Hospice House. During the drill, staff members were unsure if the Grief Center should be notified by the hospice house or Baptist during an emergency. The hospice house informed the center, and email contacts were sent to Grief Center Director on 10/10/19 to get further details. There will be additional follow up on this process within the next week.

### **Baptist Trinity Hospice**

This facility used a tornado/severe weather scenario.

#### **Strengths:**

- Staff knew who to call for directions and where to report.
- Staff were aware of how-to VPN from laptop.
- All staff have an up-to-date employee phone list.
- Vendor supply list is up-to-date.
- Priority One patient list updated on a regular basis.

#### **Opportunities for Improvement:**

- Field staff do not respond well to calls during patient visits.
- Staff do not know their "role" during an emergency.
- Staff unaware of what vendors to call to temporarily change mailing address.

### **Campbell Clinic Surgery Center – Germantown**

This facility used a tornado/severe weather scenario.

#### **Strengths:**

- Good communication and response from staff members. Incident Commander communicated with surrounding hospitals and surgery centers as well as EOC.
- Quick response from the EOC when a request for resources was made.
- Multiple methods of communication available for use at the surgery center. (Ham Radio, 800 MHz radio, Cell phones)

#### **Opportunities for Improvement:**

- Need back-up manual blood pressure cuffs, O2 sat probes.
- More battery-powered lighting available.

- There is a need for a better way of discharging patients who use public transportation.
- Need to create plans to send a surgery/recovery team with a patient that needs to be transferred to another facility if the receiving facility is not familiar with the cases that the facility handles.

### **Campbell Clinic Surgery Center – Midtown**

This facility used a snowstorm/severe weather scenario.

#### **Strengths:**

- Staff and surgeon's willingness to take direction and communication.
- The clinic had all the necessary emergency equipment.
- All staff and surgeons were aware that they could not work on the generator and immediately start planning for clinic closure by their specific needs.

#### **Opportunities for Improvement:**

- There is a need for more powerful illuminating flashlights and more battery headlights.
- There is a need for emergency kits in the clinic rooms.
- There is a need for more reflective blankets.
- A decision is needed in determining who will be the RN designated to update the business office and family on the progress of surgery.

### **D & S Community Services**

This facility used a tornado/severe weather scenario.

#### **Strengths:**

- All four homes could execute the evacuation plan to relocate safely to the designated location with all emergency food and medical supplies.
- All emergency notifications were completed before and after the drill began and ended.
- Communication to all four locations was received via cell phone and email, which ensured that everyone could evacuate promptly.

#### **Opportunities for Improvement:**

- We have a transfer agreement with a nursing and rehabilitation center in the area. When contacting the facility about transferring our 16 residents, the Admission Director was not even aware that we had an agreement. The Admissions Director shared my call to the Executive Director, who was aware of the agreement but did explain that they would not accommodate all 16 residents depending on their patient census.
- We also have an agreement with an electric company that will provide the agency with a generator and will maintain upkeep and service while in use by facility. When planning to secure a generator in an emergency, the company representative was unsure what size

unit was needed and wanted more clarification on the type of electric hook up required for the unit.

- The designated office location lacks items needed to support clients and employees. The following items would be necessary to provide care: cots for sleeping, bed linen, detergents, washer and dryer, cooking utensils, stove or additional cooking methods for food, and a Hoyer lift.

### DaVita Airways #5001

This facility used a tornado/severe weather scenario.

#### **Strengths:**

- The instructions given by the emergency management and local emergency services personnel were followed.
- Command of the emergency structure was established and utilized to drill the facility staff and patients.
- Staff personnel assumes assignments, as per DaVita Policy 4-07-23.
- A quick facility check was conducted by leadership to make sure no one was left behind.
- All emergency lights were in good working condition.
- All patients knew the meaning of emergency, and the independent ones were able to disconnect themselves from their machines, as per DaVita Policy 1-10-09.
- Assistance was provided to patients who required additional help, as per DaVita Policy 1-10-09.
- Staff and patients were able to verbalize the location of our shelter area.
- Two teammates received the TN-HAN alert via text, email, and clinic phone.
- The clinic has a weather radio that was on due to inclement weather.
- The clinic phones and cell phones were used to alert our medical director and local leadership.

#### **Opportunities for Improvement:**

- While going through the drill, the staff did not know the mobility capacity of each patient. During a real emergency event, we must identify every patient's ability to ambulate quickly. Therefore, we came up with a mobility identification system. Now, we have three different (green, yellow, and red) mini cards hanging on the I.V. tree of each dialysis station. Green is for the patients who can walk without help or any issues; Yellow is for the patients who have some limitations in ambulating (i.e., patients in wheelchairs, patients with a walker or a walking cane, etc.). Red is for the patients who are stretcher or bed bound. If a wheelchair patient is on the dialysis chair, the yellow card is on display on the I.V. tree, and that will quickly let any staff member know the mobility status of that patient. We do the same thing for the yellow and red cards according to the current patient on the dialysis chair and his/her ambulation status. The staff was trained on this method, as per DaVita Policy 4-07-24.
- Two emergency bag kits from two different dialysis stations were missing scissors. Therefore, those who used those stations would not cut their dialysis lines during a real emergency event. We also reminded the patients not to remove scissors from the emergency take-off kits.

- We failed to account for everyone at the end of the exercise.
- Patients will continue to be educated and trained on the emergency take-off process.

### **DaVita Bartlett #6852**

This facility used a tornado/severe weather scenario.

#### **Strengths:**

- Accessibility of supplies and equipment.
- The team quickly identified patients needing assistance.
- Team and patients verbalize take-off procedure.

#### **Opportunities for Improvement:**

- New employees need more training and follow-up on evacuation policy.
- Encourage patients to get more involved with the process so that staff can focus on patients in need.
- Staff checked the treatment floor, but no staff checked the lobby for visitors.

### **DaVita Capleville #04357**

This facility used a tornado/severe weather scenario.

#### **Strengths:**

- All emergency lights were in good working condition.
- Incident command structure was in place and used to alert the drill to teammates and patients.
- Staff members were checking all rooms in the clinic/facility for patients, visitors, and teammates.
- If able, all patients were willing to assist and disconnect themselves from the machine, making patients capable of being evacuated.

#### **Opportunities for Improvement:**

- Failure of staff members to stick to their evacuation assignments caused minimal confusion amongst the team. The leaders corrected this by reviewing and utilizing the policy to identify which team members are responsible for what items or actions throughout an emergency.
- While going through the drill, one of the dialysis machines missed a hand crank from the device's back. Bio-Med was alerted, and the issue was resolved. There is a spare crank located in the bio-med office. Currently, hand cranks are found in the emergency take-off bags and kits. Bags are inspected monthly.
- Patients will continue to be educated and trained quarterly on the emergency take-off process.



### **Davita Central Memphis #6839**

This facility used a tornado/severe weather causing power outage scenario.

#### **Strengths:**

- Great team work from the staff and patients.
- The leader didn't stress out, remained calm, and focused during the chaos.
- The Leader was able to give instruction clearly and understand when tasks were designated.
- The staff and patients were good listeners.

#### **Opportunities for Improvement:**

- Need to train new teammates on evacuation procedures to make sure they completely understand the procedure.
- Need to notify patients' family members or next of kin in timely manner after procedure.
- Need to make sure all new teammates understand emergency procedure.

### **Davita Collierville #3390**

This facility used a power outage scenario.

#### **Strengths:**

- 70% of the patient was able to hand crank blood back with minimal assist. The other 30% was physically unable.
- Staff worked as a team with their assigned task, patients' blood was returned timely and patients returning their own blood assisted as needed.
- Patients were rerouted to the nearest Davita facility during power outage.

#### **Opportunities for Improvement:**

- The patients without transportation were hard to reroute to other clinics, due to transportation appointments, they had to be worked in.
- Batteries in flash lights need to be checked and changed routinely.
- One machine did not have a hand crank, so ensure all machines have cranks.

### **DaVita Downtown #2432**

This facility used a tornado/severe weather causing power outage scenario.

#### **Strengths:**

- The Incident Command Structure that was in place was utilized and all personnel reported to clinical floor.
- The Emergency Operation Plan was active and the incident was managed in a manner consistent with our plan.
- 100% of the clinical Team mobilize.

- 100% emergency lights worked.
- 100% staff and patients were involved in exercise.
- 100% patients that participated were well engaged.
- 100% were able to demonstrate or verbalize the emergency take-off.
- 100% emergency contact's updated.

**Opportunities for Improvement:**

- Patients and/or visitors were not evacuated in the lobby.
- No system in place to check on patients and/or their rides outside.
- All blood cranks worked but were harder than expected to release. Action plan: Biomed to include in machine quarterly inspection to evaluate ease of accessing hand cranks.

**DaVita Galleria #01705**

This facility used a fire drill scenario.

**Strengths:**

- The team worked well together.
- As soon as notified, the team immediately set actions in place.
- Patients and the team remained calm, did not seem overwhelmed.
- Phone and email notifications worked very well.

**Opportunities for Improvement:**

- There was a delay inside door closures to contain a fire.
- Several patients forgot where to meet during internal evacuation.
- There is a need for timely communication of role changes for the team.

**DaVita Graceland #6840**

This facility used a tornado/severe weather scenario.

**Strengths:**

- Patients and teammates are aware of the emergency take of the procedure.
- Patients were able to verbalize and demonstrate taking shelter during an emergency event. They noticed signs acknowledged by staff in the emergency and located the facility's emergency food supply location.
- Teammates were involved and very engaged in the exercise.

**Opportunities for Improvement:**

- One of the emergency bags were missing blue clamps for occlusion of bloodlines. All bags were assessed and ensured. The emergency bags contained all needed supplies for emergency take-offs.

- All teammates acknowledged the required actions but were not fully aware of their assigned duties (An assignment of duty list put in charge nurse book for all teammates to know and understand their task during the event of any emergency.)
- Hand cranks were missing from the machines (Ensured all emergency bags contained hand crank used in the event of need.)

### **DaVita Lamar Crossing #11541**

This facility used a tornado/severe weather causing power outage scenario.

#### **Strengths:**

- The Incident Command structure was in place and used to alert the drill to teammates and patients.
- Staff members checked all rooms in the clinic for visitors and other teammates.
- All emergency lights were in good working condition.
- All able patients could assist and disconnect themselves from the machine, making the evacuation process more smoothly.
- Two teammates received the TN-HAN alert via text, email, and clinic phone.
- The clinic has a weather radio that was on due to inclement weather.

#### **Opportunities for Improvement:**

- While going through the drill, one of the dialysis machines missed a hand crank from the machine's back. We alerted Bio-Med, and the issue was resolved. There was an extra one in the bio-med office. The team decided to place the hand cranks in the emergency bag and the other supplies in the take-off kit. Bags will be inspected monthly.
- Blood pump levers in two of the machines were not quickly released but did work once released. Teammates reported the issue to Bio-Med; now, when monthly PM's are completed, they will be checked.
- Patients will continue to be educated and trained on the emergency take-off process.

### **DaVita Marion #6802**

This facility used a power outage scenario.

#### **Strengths:**

- All teammates worked together to ensure patient's safety was not compromised during the exercise.
- There was a package at each station to assist patients with clamping their lines running from the machines.
- The overhead page was operable so that teammates and patients could hear the announcement.
- The safety leader was instrumental in guiding the teammates and patients through the exercise.

#### **Opportunities for Improvement:**

- Some patients were unaware of the procedure to remove themselves from the machine. Quarterly training is held to educate patients on the correct process to remove themselves from the device in case of an emergency. The safety leader has trained those patients that were unaware.
- Teammates were unsure who should assume which role besides the Safety leader. Effective in November, teammates will be assigned roles in the case of an emergency. Assignments will be attached to the daily schedule.
- One radio was not operable. Radios will be checked during the monthly emergency crash cart check.
- Some teammates were not able to identify the content that is listed in the emergency evacuation plan. The safety leader will assign the monthly emergency preparedness audit to teammates to assist with familiarizing all teammates.

### **Davita Memphis East #3018**

This facility used a power outage scenario.

#### **Strengths:**

- Team alert system functioned as appropriate so that 100% of staff and patients were involved.
- 100% of team mobilized as expected.
- 100% of all emergency lights worked as appropriate.

#### **Opportunities for Improvement:**

- Patients and/or visitors were not evacuated from the lobby as instructed.
- Transportation is the second concern as there is no system in place to identify patients and their transportation accommodations outside the facility.
- The dialysis machine blood crank functioned appropriately, however the degree of difficulty in the hand crank release was not accounted for. An action plan was developed: Biomed will conduct a quarterly inspection of the machine and blood hand crank to evaluate the ease access.

### **DaVita Memphis Midtown #4394**

This facility used a power outage scenario.

#### **Strengths:**

- The facility has a generator, no issues with loss of power, and the team were all aware.
- Patients were able to verbalize and demonstrate emergency takeoffs except for two nonverbal/cognitive declined patients.
- All patients were familiar with the emergency evacuation packs and knew their functions.
- Stretcher patients were aware that moving ambulatory patients first on the list in case of an actual emergency.
- The BFR pump on all machines worked well once lines were set to operate in manual mode.

- The team acknowledged shelter in place signs in the event of an emergency and the emergency food supply location in the facility.

**Opportunities for Improvement:**

- One of the emergency bags were missing scissors for the cutoff. All bags were assessed and ensured. Plus contained all needed supplies for emergency takeoffs.
- All teammates acknowledged the required actions but were not fully aware of their assigned duties. (A duty list was put in the charge nurse book for all teammates to know and understand their tasks during the event of any emergency.)
- Throughout the drill, the leaders discovered that one of the hand cranks was missing from the BioMed office machines. Ensured all emergency bags contained hand crank for patient use.
- 5 out of 49 patients questioned their evacuation zone area.
- Two patients asked how the family would know of their care after evacuation.
- The exam room (one of the evacuation rooms) was cluttered.

**DaVita Midtown Memphis #06841**

This facility used a tornado/severe weather causing power outage scenario.

**Strengths:**

- The Incident Command Structure that was in place was utilized and all personnel reported to clinical floor.
- The Emergency Operation Plan was active and the incident was managed in a manner consistent with our plan.
- 100% emergency hand cranks were available and worked.
- 100% dialysis machines blood cranks worked as expected.
- 100% emergency lights worked.
- 100% staff and patients were involved in exercise.
- 100% patients that participated were well engaged.
- 100% Re-enforced education on evacuation zones.
- 98% were able to demonstrate or verbalize the emergency take-off.
- 100% emergency contact's updated.

**Opportunities for Improvement:**

- Evacuation zones signs need to be more easily visible r/t to seeing impairment of the population of patients we treat. Action Plan: New larger font signs.
- Reinforcement of education on the emergency disconnect, was needed with one patient. Action Plan: Monthly education to include emergency take off procedure.
- All blood crank worked but were harder than expected to release. Action plan: Biomed to include in machine quarterly inspection to evaluate ease of accessing hand cranks.

### DaVita Memphis North #6842

This facility used a power outage scenario.

#### **Strengths:**

- The facility was able to initiate contact with appropriate individuals using cell phone service swiftly.
- The facility did identify if the outage was city-wide or contained to the facility and reached out to the proper utility provider.
- The facility has a tight process for having patients and teams working together to hand crank blood back from dialysis machines to patients in the event of power failure.
- The facility was able to mock the evacuation in the event of immediate danger effectively. All patients requiring assistance are marked with bright colored paper to aid in staff identification.
- The facility did communicate with the medical director, local leadership team, THAN, area risk manager, and ESRD network.

#### **Opportunities for Improvement:**

- Potential failures arose when staff members did not stick to their evacuation assignments, which caused minimal confusion and unnecessary work amongst the team. This was corrected by utilizing the policy in place that identifies which team members are responsible for what items/actions in an emergency.
- Potential failures of the facility to reach out to biomedical services for portable generators in significant power outages. This will be remedied by in servicing team on policy 4-07-13H/ if the facility is not a part of a city-wide power failure.
- Identified several machines lacking supplies in reaching distance for patients who are “able” as evidenced by prior training documented quarterly to have in reach to crank/return their blood in the event the equipment fails. This will be remedied by ordering more blue clamps and placing them in take-off kits at the chairside.

### DaVita Ripley #02446

This facility used a tornado/severe weather scenario.

#### **Strengths:**

- Teammates' daily evacuation assignments and roles were placed in the patients' mobility status cards.
- There was consistent communication between all teammates and patients. Teammates and patients remained calm so that all communication could be useful.
- There was a lot of teamwork due to their willingness to work together to benefit the patients' safety.

#### **Opportunities for Improvement:**

- There is a need for disaster training education for teammates.

- There is a need to purchase a cart for both evacuation kits to allow teammates to roll at one time or assign people to each evacuation kit when exiting the building.
- There is a need for patients' education for self-takeoff procedures.

### **DaVita River Oaks #11283**

This facility used a power outage scenario.

#### **Strengths:**

- The team was fully staffed with nine teammates, and they did an outstanding job at performing the roles necessary.
- Patients were well aware of the meeting place (shelter in place) throughout the drill.
- Teammates were knowledgeable of what actions are required for the drill.
- Phone and email notifications worked very well.

#### **Opportunities for Improvement:**

- Better prioritizing the evacuation order of patients needing immediate care/assistance.
- Time management needs more improvement.
- Staff members not being aware of the designated tasks for each teammate.

### **DaVita Singleton Farms #11284**

This facility used a power outage scenario.

#### **Strengths:**

- The facility was able to initiate contact with appropriate individuals using cell phone service swiftly.
- The facility did identify if the outage was city-wide or contained to the facility and reached out to the proper utility provider.
- The facility was able to mock the evacuation in the event of immediate danger effectively. All patients requiring assistance are marked with bright colored paper to aid in staff identification.
- The facility did communicate with the medical director, local leadership team, THEN, area risk manager, and ESRD network.

#### **Opportunities for Improvement:**

- Potential failures arose when staff members did not stick to their evacuation assignments, which caused minimal confusion and unnecessary work amongst the team. This was corrected by utilizing the policy in place that identifies which team members are responsible for what items/actions in an emergency.
- Potential failures of the facility to reach out to biomedical services for portable generators in significant power outages. This will be remedied by in servicing team on policy 4-07-13H/ if the facility is not a part of a city-wide power failure.
- Identified several machines lacking supplies in reaching distance for patients who are "able" as evidenced by prior training documented quarterly to have in reach to

crank/return their blood in the event the equipment fails. This will be remedied by ordering more blue clamps and placing them in take-off kits at the chairside.

- The facility staff's potential failure to properly utilize emergency exits during the mock evacuation of patients exposed to a potential danger during a power outage. The facility has multiple emergency exits. All staff in serviced on which patients use which exit in an emergency. Leadership identified that POD 1 and 2 would use the front door exit. POD 3 and 4 will use an emergency exit located on the treatment floor.

### **DaVita State Line #03487**

This facility used a power outage scenario.

#### **Strengths:**

- All staff knew the evacuation policy and procedure.
- The clinic was well organized/no obstruction on the clinic floor or hallways.
- Staff knew how to manage within the limited amount of space in the internal hallway (shelter in place).

#### **Opportunities for Improvement:**

- The leaders did notice that all new patients did not receive training on the Emergency Takeoff Procedure.
- Not all staff knew where to find patients' emergency binder for emergency contact information.
- The facility does not have a generator.
- There is a to be prepared for a more extended stay if necessary.
- Have enough non-perishable food items and water on hand to possibly be (shelter in place) for 2-3 days.
- An in-service is underway for teammates to know where patients would have to remain in their dialysis chairs during an emergency.

### **DaVita Memphis Southeast #2382**

This facility used a power outage scenario.

#### **Strengths:**

- There was a strong team collaboration shown throughout the drill.
- The team responded immediately to the alert while being present on the treatment floor.
- Over the intercom, a key phrase was used to warn the staff of the drill not being an emergency.

#### **Opportunities for Improvement:**

- Adjusting the time of the drill is needed to accommodate teammates on lunch and out of the building.
- Ensure that visitors are accounted for when putting patients and team in the shelter in place.
- There is a need for someone to check on all cordless phones charged.



### Davita Wolf River #5013

This facility used a tornado scenario.

#### **Strengths:**

- Facility is prepared to discontinue treatments safely for each patient.
- Facility staff was familiar with the emergency equipment and what staff were responsible.
- Facility knew what patients to escort out of the facility first.

#### **Opportunities for Improvement:**

- Hand cranks were not on the back of each machine. Staff had to go to biomed office to retrieve hand cranks.
- Batteries were expired for the radio.
- Staff wanted to rinse patients back, but needed to discontinue emergently since tornado had touched down.

### East Memphis Surgery Center

#### **Strengths:**

- All staff participated along with medical staff, physicians, and anesthesia providers. Each were knowledgeable of their roles and/or duties with the initiation of the emergency plan.
- The entire staff remained calm and focused as they worked well together and were prompt in their care of patients and family members.
- Our emergency management codes were clearly visible and staff knew where to locate them so they could react quickly and efficiently.
- Managers were knowledgeable and could lead effectively during this mock time of disaster.

#### **Weaknesses/Areas for Improvement:**

- Flashlights may need to be upgraded to LED flashlights in patient care areas. Administrator and Risk Manager will meet to discuss replacements and order by December 31, 2019.
- It was noted in full power failure phone system is inoperable. recommend low frequency handheld radios in all departments. Administrator and Risk Manager will meet to discuss replacements and order by December 31, 2019.
- Even though there were emergency management codes clearly available in each department, suggestions were to have more available in each individual OR/treatment room/IVF lab. The Administrator and Risk Manager will meet to discuss printing/purchase of more and order by December 31, 2019.

### **Fresenius Bartlett #6198**

This facility used a tornado/severe weather scenario.

#### **Strengths:**

- The staff members responded quickly while remaining calm during exercise.
- Charge Nurse took one last glimpse at the front of the facility during exercise before taking cover. He noticed patients attempting to get into the facility. He escorted them to the back of the facility in the designed safe hallway with other staff and instructed them how to kneel and take to cover.
- The staff made patient safety the number one priority and keeping themselves safe at the same time.

#### **Opportunities for Improvement:**

- After the last disaster exercise 2018, it was discovered that an analog telephone was needed in the facility. Getting an analog telephone in the facility was carried out, but there was no dial tone. The unit secretary called the facilities telephone service to come out to complete repair. There is an action plan to check the analog telephone's operation at the end of every month and document findings. This will be the responsibility of the manager and charge nurse.
- Not all staff members were aware of the water, gas, and power shut off valves. Since staff members change from time to time, the plan is to conduct quarterly fire drills for each facility member to participate and show where each facility shut off valves.
- Staff members could not recall how to work the weather radio and unaware of the back-up batteries placed in the disaster cart. The action plan is to hold an in-service on how to operate the weather radio effectively kept on during a disaster. This will be performed quarterly with fire drills. The person responsible for this task is Clinic Manager with a sign-in training sheet.

### **Fresenius Collierville #3390**

This facility used a tornado/severe weather scenario.

#### **Strengths:**

- Our patients were previously trained on emergency preparedness and could simulate self-disconnect safely from the dialysis machines.
- Staff were familiar with ICS and utilized laminated reminder cards kept on the evacuation cart. The cards provide information regarding responsibilities for each in-house position during an emergency.
- Per policy, we have agreements with “sister clinics” in place to meet our patients' needs in the event FKC Collierville is not open. Our emergency binders have been updated with all contact information necessary for staff, patients, and other clinics in an emergency. Our staff is also aware of who to contact for a generator and supply delivery.

#### **Opportunities for Improvement:**

- Our social worker, dietician, and secretary are shared between two clinics. Even though the staff utilized the cue cards and knows their responsibilities, they need to be aware of other duties that could be necessary if all departments are not on the premises.
- Some of the patients are stretcher bound and depend on ambulance services for transportation to and from treatment. In a real emergency, we will still require non-emergent ambulance transportation, which could be a potential challenge.
- When our patients are displaced to “sister clinics” for treatment, transportation, in general, is a problem. In the drill, we simulated terminating treatment and resuming at another clinic. The weakness was securing transportation to the other clinic, even for ambulatory patients. *(Transportation remains an issue from previous exercises.)*

### **Fresenius East Memphis #1775**

This facility used an earthquake scenario.

#### **Strengths:**

- The Medical Doctor's presence was fully engaged in the exercise. All staff remained calm, and therefore, the patients remained calm, taking cover for an earthquake. All staff did a great job in quickly bringing the patients to safety, and everyone was under a large conference room table in the center of the building.
- Everyone knew that the crash cart and the patient’s list should be taken and located. All staff knew the order to take the patients out of the clinic.
- Everyone knew where the cut-offs for water, gas, and electricity were in the building and outside. After the siren has stopped, the fire department had arrived and checked the building for damage or any fires. The fire department had given the all-clear for everyone to be evacuated from the building with the ambulatory patients and family members first.
- Staff showed the ability to organize quickly and work efficiently as a team.
- Patients were very knowledgeable of the emergency preparedness plan throughout the drill.
- Staff kept calm in keeping the patients aware of all the details within the drill.

#### **Opportunities for Improvement:**

- After the alarm was sounded, two staff members wanted to go outside to see what was going on. These two employees had only been with the company for one month and two weeks.
- One staff member stood in a doorway, but there was a window right across from it.
- One of the patient’s bathrooms was left unchecked to see if anyone was in there.
- The review was needed when staff wanted to go and get purses and personal belongings before seeking shelter under the table. Also, since the power was only off for a short time, one staff member wanted to use the elevators to transport patients. The fire department had stated that the elevators were not safe to use.
- Ensuring there are no obstructions of the evacuation route/exit doors.
- There was an area of concern on how to get patients to the backup clinic for treatments.
- Paying attention to the controller and minimizing noise levels throughout the drill.

### **Fresenius East Memphis Home Therapies #6856**

This facility used an earthquake scenario.

**Strengths:**

- Cell phones and battery powered radios were able to reach outside partners successfully.
- Both crash cart and imaging bag fully stocked with nothing expired.
- Medical Director was present and played a critical role in observing staff and patients.

**Opportunities for Improvement:**

- Still an issue with some evacuations since we are on the second floor. Reminder of where utility cut-offs are located
- Safe zones identified besides under conference room table.
- Medical Director had to help keep patients engaged in exercise activities.

### **Fresenius Graceland #1838**

This facility used a community drill event scenario.

**Strengths:**

- Patients were able to perform emergency take-off procedures. They knew to clamp all four lines and disconnect from the machine.
- The secretary obtained the binder with an updated list of patients, the family members' contact numbers, and transportation companies.
- All of the staff members were accounted for that were in the building.
- The clinical manager notified the appropriate personnel (RVP, DO, ATOM, EOC, Backup clinics).
- Biomed turned off and water shut off valve.
- Staff and patients knew the meeting location in case of emergency.
- The social worker assisted in notifying transportation companies and family members.

**Opportunities for Improvement:**

- Registered Dietician grabbed crash cart instead of Emergency Cart. Additional training was required and provided immediately, referencing crash cart is red, and emergency cart is black.
- The staff did not check restrooms for patients. After the drill, the team was immediately educated with in-service.
- Upon initial notification, Clinical Manager notified everyone via a phone paging system. The staff was not able to hear the page due to the noise level of the machines. A new paging system is indicated, and the clinical manager will notify the Director of Operation about acquiring a new system.
- The emergency cart also has a broken wheel. Biomed was notified to purchase another cart.
- Patients were familiar to call a hotline number for facility closure but unsure of the number. The clinical manager provided patients with hotline information and their cell

phone number. The clinical manager came to the floor and gave a verbal announcement of the need for an emergency disconnect.

### **Fresenius Memphis #1624**

This facility used a tornado scenario.

#### **Strengths:**

- There were clear instructions on the game plan to stay alive, be safe, and evacuate to hall if needed.
- There was good team organization.
- Staff ready to respond to the emergency.

#### **Opportunities for Improvement:**

- Staff need to take the situation more seriously.
- All patients need to be told to remain calm in the drill.
- Staff was confused as to whether to evacuate to hallway or front of the building outside.

### **Fresenius Central Memphis #8699**

This facility used a flood event scenario.

#### **Strengths:**

- Fresenius Medical Care and its resources are a generous help/support during disasters. During the flood, the company could send out buses to pick up staff and transport them to clinics that were not affected by the flood to provide treatments for patients. They also offered a community of trailers for staff and their immediate families to stay in if they had damage to their homes. They ensured there would be minimal interruptions to treatments.
- Our sister facilities were cooperative and made room for our patients or allowed us to use their clinic if they had non-treatment days entirely. We were able to continue with our treatments uninterrupted.
- The clinic staff exemplified great teamwork in contacting patients and helping to rearrange treatments. They mixed their schedules to be available at different units to care for our patients. We were able to carry on seamlessly.

#### **Opportunities for Improvement:**

- During the exercise, we realized a need to define and assign roles more clearly. Although we did great as a team, some staff members did not know their role and became stressed due to multiple functions. To minimize confusion and stress, we will more clearly define roles and make more specific assignments.
- Coordinating and redirecting transportation proved to be difficult and, in some instances, impossible. A small number of patients were unable to have their treatments rescheduled due to transportation issues. The transportation companies were unwilling to assist in transporting patients to other clinics out of the flood area due to scheduling conflicts and short notice.

- Being a new clinical manager (less than a month in the role) with the company and in the Memphis area made it challenging to develop a plan of action immediately. A lack of knowledge of resources available within the company and in the Memphis area and not being familiar with the city caused some delay in activating a plan.

### **Fresenius Midtown #4000**

This facility used a flood event scenario.

#### **Strengths:**

- Teamwork – Staff within the center and home therapies staff pitched in to cover both areas. Lobby cleared by both teams. All patients were counted during the drill.
- Communication with patients who are on the next day schedule was able to be reached. (10 out of 10 (of the 72 on the list)).
- All direct patient care staff knew what role they played and discussed their respective job duties.

#### **Opportunities for Improvement:**

- Lack of detailed knowledge of where emergency supplies are kept within the emergency cart.
- The staff not knowing where the emergency phone and list are located.
- Hard to hear emergency calls during a change over on the speaker system.

### **Fresenius Millington #6760**

This facility used a tornado/straight-line winds event scenario.

#### **Strengths:**

- Staff demonstrated excellent teamwork and knowledge of emergency take-off procedure.
- Adequate staff and supplies readily available, and a list of task assignments created.
- Staff stayed with patients during the process.

#### **Opportunities for Improvement:**

- An announcement made over the phone intercom was challenging to hear by the staff members in the restroom but was communicated once staff members made it to the floor.
- Communication with sister facilities if patients transfer is needed during an evacuation.
- The facility needs more emergency kits for patients (snacks).

### **Fresenius Mt. Moriah #6843**

This facility used a tornado/straight-line winds event scenario.

#### **Strengths:**

- Teamwork was shown by all staff members who reported to the nursing station for assignments and followed through with tasks as expected.

- Patients unable to ambulate were moved to a safe area without difficulty and promptly in their dialysis chair.
- All manual hand cranks for the dialysis machine were attached to the device as expected.

**Opportunities for Improvement:**

- Two new employees need more education as they appeared to be confused in the beginning.
- Patients need more education and practice with hand cranking machines—especially the ones who are physically capable.
- The communication room, in the back area, was not checked.

**Fresenius North Memphis #4002**

This facility used a tornado/straight-line winds event scenario.

**Strengths:**

- A Sister facility, which is only 2.4 miles away, is ready as the backup treatment location, which is only open on Monday, Wednesday, and Friday.
- Team members who were off on the day of the drill voluntarily came in to assist and be a part of the disaster drill. Chairs were already disconnected minutes before the forecast warning on the possible tornado touched down.
- Patients were very cooperative and willing to execute the skills they learned in times of disaster. Those who are able bodies took themselves off from the machine and went to the designated area for safety. BioMed pulled the evacuation cart to the site as well. The security guard holds the door for easy entry of patients and patients who use wheelchairs to the safety area (hallway). Other staff calmed the patients as well as instructed them to cover their heads with their hands. Some staff members were able to transport a non-ambulatory patient with the use of a sturdy blanket.
- All patients and the staff were accounted for during the exercise.
- The Director of Operations, Medical Director, and ATOM were notified of the treatment's early terminations due to the destructions caused by the tornado, and the unit is temporarily not operating.
- Biomed called the glass company for the replacements of the shattered glass windows. The secretary called the electric company and was informed that power would be restored in 10 hours.
- Security officers cordoned the unsafe areas for safety.
- Overall, today's drill is far better than last year.

**Opportunities for Improvement:**

- Some staff did not have their PPE during take-off. Some staff was so loud in giving instructions to each other. The red and gray barrels, other carts, and wheelchairs blocked the way to the safety area.
- When the drill begins, staff were scrambling throughout the area. The Incident Commander of the exercise was quick enough to redirect them on what to do.

- The Incident Commander noticed a shortage of supplies in the bin, and a portable scale was not available.
- Transportations were not notified of the incident that would cause the early termination of their treatments.

### **Fresenius Raleigh-Bartlett #100066**

This facility used a tornado/straight-line winds event scenario.

#### **Strengths:**

- The controller already called the staff members opening the clinic about the weather forecast. One staff prepared the evacuation safety area with chairs an hour before the tornado's forecast landing in the area. There are around six prospective patients to be in the building around that forecasted time.
- Treatments had not yet started, nor the shift has not yet started when the actual thunderstorm hit the area, and at the same time, a Disaster Drill called. Four patients were brought to the designated safety area with four staff members. The water system was shut down when the power went out for a minute.
- Biomed and electrician were called. Plus, the ATOM and D.O. were notified.
- Staff and secretary informed the patients of their delayed treatment time.
- Extra staff was called in to help as soon as the clinic is operational on the same day.
- Snacks were offered in the lobby while patients and staff wait until the water system is fixed.

#### **Opportunities for Improvement:**

- Re-educate the patients on the safety measures in times of disaster. Two patients were not receptive when the Controller leading them to the safety area for cover.
- It took a while before the water system was fixed.
- No one pulled the evacuation cart to the evacuation area.
- No staff cordoned the parking lot nor anyone in the parking lot to warn the patients of the debris scattered around.

### **Fresenius Ridgeway #7553**

This facility used a tornado/straight-line winds event scenario.

#### **Strengths:**

- Staff well trained/knowledgeable with removing patients from machines in a power outage.
- Successfully able to contact patients or patient family to inform of plan to dialyze at another clinic if needed.
- Able to coordinate with sister clinics to arrange shift and times for patients if unable to remain at clinic due to power failure.

#### **Opportunities for Improvement:**



- Weather radio and tornado alert will not work in our building since are bottom floor of four stories. Would be no way to receive warning information without power if cell phones are also unavailable.
- Failed to call to check on the availability of transportation for patients to get to another clinic such as a bus or other ways to get disabled patients from home or nursing homes.
- If was found that we had no back-up D-cell batteries for flashlights.
- Lack of evacuation plans established by building management that would allow for the movement of patients to higher floors within the building, if ever necessary.

### **Fresenius South Airways #9257**

This facility used a tornado/straight-line winds event scenario.

#### **Strengths:**

- Our patients were previously trained (quarterly) on emergency preparedness and demonstrated self-disconnect lines safely from the dialysis machines.
- Staff utilized laminated reminder cards that are kept on the evacuation cart to understand their role in an emergency. The cards provide information regarding responsibilities for each in-house position during an emergency.
- Per our D.O. policy, if South Airways is unable to open, the staff will go to a clinic in the region that was not affected. The patients would go to receive care at Fresenius Kidney Graceland. Our emergency binders have been updated with all contact information necessary for staff, patients, and other clinics in an emergency (this is done quarterly by staff). Our staff is also aware of who to contact for a generator and supply delivery (not on-site).

#### **Opportunities for Improvement:**

- We have a home therapy department that has four nurses at the time of the event. The staff needs further training in utilizing the cue cards. They did not know what their responsibilities were during the emergency event. Additional training is required to go over duties that could be necessary if all departments are not on the premises.
- In a real emergency, non-emergent ambulance transportation would take stretcher-bound patients. This may become a challenge because these patients cannot use the buses provided for rides to another clinic. There is a need for improvement in this area.
- In the drill, we simulated terminating treatment and resuming at another clinic. After disconnecting the patients from the machine, we noted that some patients did not understand the next step, moving patients to another safe location. Some patients resisted the idea and wanted to go home. The staff improves communication with patients in the next step in treatment if the clinic is no longer available.

### **Fresenius Summer #6758**

This facility used a tornado/straight-line winds event scenario.

#### **Strengths:**

- We quickly initiated notification of all internal staff and kept regular updates flowing throughout the exercise.
- We effectively communicated needs with other local clinics to support each other through multiple communication channels to simulate disruptions of infrastructure.
- Ensured patients' safety as a priority focus throughout drill and educate on additional steps they will take following a real disaster with disruption of care.

**Opportunities for Improvement:**

- Some equipment was not functioning. Parts were ordered to replace frayed and cut telephone cords on the analog phone.
- Some emergency contact information was not up to date on patients. The leaders could correct and implement the actions as part of the exercise and update them more regularly.
- Unable to locate emergency shut off valves for gas. Valve was located by staff during the drill.

**Fresenius Tipton #1541**

This facility used a severe weather scenario.

**Strengths:**

- All staff very knowledgeable in emergency procedures and able to assist patients without delay.
- Staff worked well as a team and were able to get all patients to the safe area quickly.
- The staff did not panic and was able to keep patients calm.
- Biomed could get to the clinic open and bring extra equipment to get the facility cleaned up ASAP.
- The emergency cart was fully stocked and showed no expired items.

**Opportunities for Improvement:**

- Unable to get all treatment chairs into the safe area. There is a need for folding chairs to keep at the facility for emergency use.
- Some patients got cold in the safe area which we noticed that there was not enough blanket for all patients. There is a plan to order more blankets to keep at the clinic.
- The clinic has plenty of protein supplements and water, but some patients became hungry and refused the supplement. May need to get some non-perishable foods to keep in an emergency, such as soups, cans of tuna, etc.
- A couple of machines were missing emergency hand crank from the back, but there were extra available emergency carts.

**Fresenius Whitehaven #4001**

This facility used a severe weather scenario.

**Strengths:**

- Our sister facilities were gracious enough to allow us to provide treatments in several locations throughout the city, with a smooth transition of the admission process.

- Team members came in that were off to assist with dialysis treatments. Team members who were already at work were readily assisting with making phone calls to transportation and notifying the patients of schedule changes and redirection to a different location for dialysis treatments.
- Several biomedical team members came in to assist our Biomed in getting the facility assessed for damage and disinfected after the flood. The water lines had to be replaced. The isolation room was shut down for the remainder of the week. Patients were redirected to another location until Monday, when the room would be fully operational again.

### **Opportunities for Improvement:**

- It took over an hour to reach the on-call Biomed to get some help to assess the damage to the facility. This incident created a massive delay in re-routing patients and locating facilities to take on extra patients to ensure that treatments were given.
- We identified no clearly defined person who would take the command position and provide clear instructions to the team. Several people were given different directions, and the team was confused about who to follow when decisions being made to expedite treatments. A lack of communication between the management team caused some frustration with directions. It caused staff to travel and then must turn around and come back to the same town area to provide treatments to another facility in the same vicinity as our clinic.
- Coordinating and redirecting transportation was troublesome. Some transportation companies were unable to transport patients to a location that was about 20 miles or so further than our facility. It was too short notice, and re-scheduling was difficult due to staffing needs for other patients.

### **Gastro One – Wolf Park**

This facility used a tornado/straight-line winds event scenario.

### **Strengths:**

- The addition of radios was beneficial to be able to request assistance if needed. ICS reported the status of the center to ESF8.
- Good internal communication and clear directions were by ICS with roles assignments. They helped the visitors away from windows to a safe interior room, case cancellations, area assessments, patient instructions at discharge, etc.
- Staff members pointed out checking exit routes from the center before patients leaving in case roads were blocked.
- Everybody stopped and listened for instructions and verification of the warning siren.
- The staff quickly checked the waiting room & bathrooms for any patients/staff/family members and communicated ‘all clear’ to the remaining team.
- Everyone stayed calm. During the drill, all patients and families were kept calm.

### **Opportunities for Improvement:**

- The radios were received that morning, which made the ICS not as comfortable working with them.

- Due to the high patient volume, the drill was executed in multiple sessions.
- Feedback from staff members was delayed due to the high volume of patients.
- Staff needed to move people further away from window areas initially.
- We need to communicate better and verify that our emergency backpack is taken with us when evacuating the building.
- More assistance is needed to vacate sedated patients versus the non-sedated ones.

### Gastro One - Wolf River

This facility used a tornado/straight-line winds event scenario.

#### **Strengths:**

- Everybody stopped and listened for instructions and verification of warning siren.
- Staff was quick to check waiting room & bathrooms for any patients/staff/family members and communicated 'all clear' to remaining staff.
- Everyone stayed calm and kept patients and families calm.

#### **Opportunities for Improvement:**

- Staff needed to move people further away from window areas initially.
- We needed to better communicate and verify that our emergency backpack is taken with us when evacuating the building.
- More assistance needed to vacate sedated patients verses the non-sedated ones.

### Graceland Rehabilitation and Nursing Center

This facility used a community emergency event scenario.

#### **Strengths:**

- All staff immediately got into action.
- Staff checked for all residents and reported to the command location.
- Staff used handheld radios.
- The staff ensured all windows were closed and pulled privacy curtains in front of windows.
- Staff maned all doors. (*This is an improvement from last year.*)
- Staff gathers all residents' records.
- Staff decided where to relocate the residents in the building.
- The Incident Commander called the maintenance department to remove tree limbs on the building.

#### **Opportunities for Improvement:**

- The hallways were too noisy for orders to being given out by the Incident Commander.
- Pretend residents out of control.
- Staff was holding hands and surrounding an upset resident.
- When the emergency code was called, staff did not recognize the code.
- Some staff did not know how to pull curtains and pulling them in the wrong directions.

## Highlands of Memphis

This facility used a tornado/severe weather scenario.

### **Strengths:**

- Management staff responded expeditiously to the group message stating the emergency plan has been activated.
- Staffs' actions showed that they were highly prepared to handle a disaster of this sort.
- The emergency plan is very detailed and easily followed by the staff.

### **Opportunities for Improvement:**

- Two of their transfer agreement locations did not answer phone calls by the facility.
- There was not an adequate amount of power extension cords.
- Residents and guests were sitting in the lobby during the drill. Huge windows in the lobby area could cause severe injury during a storm.

## Memphis Jewish Home and Rehabilitation

This facility used a tornado/severe weather scenario.

### **Strengths:**

- The Incident Commander gave out explicit instruction, which led the team to act quickly. The team was very responsive.
- The team identified potential issues very quickly and came up with sensible solutions.
- Experienced Incident Command Team. We need to continue to build on that team. There is a need for additional training done with other key leadership roles.

### **Opportunities for Improvement:**

- The new building opened on 9/30/19, and much of the DP does not address this new building area. The plan needs to be updated and additional training to include this building.
- The need for additional training with the Incident Commander regarding paperwork completion, policy, and other key management roles. The front-line staff will be included.
- The facility should consider purchasing and getting trained on HAM radio usage and operation.
- The vent hood in the kitchen is still not on emergency power. Consider getting this completed by 12/31/19. *(This remains an issue from previous exercises.)*

## Memphis Surgery Center

This facility used a power outage scenario.

### **Strengths:**

- Communication by the Incident Commander with staff and the delegation of duties, both internal and external, was direct and concise.

- The Incident Commander instructed all available ASC`s for internal needs and offered aid to local ASC`s, including transportation was arranged through the County EOC to give the countywide emergency.
- Our disaster plan was specific for our location. It was initiated and implemented well, precisely for patients' and visitors' disposition and the safe loading and unloading during this event. *(This is an improvement from last year.)*

**Opportunities for Improvement:**

- Incident Commander was interrupted several times during the exercise by internal staff and on his cell phone for ASC related operational business. The interruptions interfere with the tasks at hand during the exercise.
- The emergency contact list needs to be updated to include University Clinical Health management.
- The Incident Commander responsibility books should include a checklist for all clinical areas and ensure all tasks are completed during various emergencies.
- Need familiarization with the use of UHF two-way radios with monthly staff training.
- Work on selecting a more private location conducive to the operations of the EOC.

**Midtown Center for Health and Rehabilitation**

This facility used a tornado/severe weather scenario.

**Strengths:**

- The exercise was very organized, and the staff knew what to do.
- Adequate supplies were available to treat the injured.
- Communication was effective throughout the facility.
- The transfer of the badly injured to triage.

**Opportunities for Improvement:**

- The flashlights were too small to access damages properly. Larger flashlights are being ordered for each floor and placed on the crashed carts by 10/31/19.
- The triage area did not have a phone for communication with the rest of the building. The Walkie Talkies are needed and being ordered. The Administrator will decide on which area will benefit best for them.
- Overhead paging etiquette is needed. Fatalities were paged overhead, creating panic amongst residents and staff—additional staff training on how to properly communicate information during an emergency.

**Millington Healthcare Center**

This facility used a tornado/severe weather scenario.

**Strengths:**

- Staff members utilized communication resources to announce the exercise, communicate damages, injuries, and location of the tornado from broadband radios, hand talkers, and cell phones.

- First aid equipment is provided to anyone injured during the disaster exercise. First aid site set up in a pretended safe-haven room of the facility and designated nursing provided.
- Residents, employees, and guests responded immediately to moving away from glass areas and into the facility's center part as per policy. Bed-bound residents have moved away from windows. In addition to the census roll call taken to ensure all presence, both residents and employees.

### **Opportunities for Improvement:**

- Staff needs ongoing education on group assignments: who does what?
- There is a need to know who is the designated Safety Officers and their role?
- A few members did not have their hot spots nearby when the main internet is down.
- Upgrade facility's backup internet network.
- Commit to more exercise drills for every six months to quarterly.
- Continue to upgrade employees' roster and phone numbers.
- Educate the employees on their roles and responsibilities in a disaster.
- Reconfirm who are the Safety Officers and their roles.

### **No Place Like Home, Inc.**

This facility used a tornado/severe weather scenario.

### **Strengths:**

- Exercise completed with patients and staff contact or attempts to contact.
- Identified need for patients and staff demographic report due to new operating system; fix has been completed and is in place.
- Patient needs were identified and reported to ESF 8.

### **Opportunities for Improvement:**

The availability of patients and staff demographic reports by map zone and priority (risk) level is needed with the new operating system. The leaders have fixed this item by generating a report with all patients and staff assigned to a priority level map zone.

- Who is calling whom? Clearer guidelines are needed for who is calling whom and what information should be gathered during the call. (*This remains an issue from previous exercises.*)
- A process is needed for when the incident occurs during non-business hours.

### **OrthoSouth Surgery Center – Germantown**

This facility used severe weather resulting in a power outage scenario.

### **Strengths:**

- Everyone remained calm and facilitated open communication.
- Staff participated in assigned tasks and duties.
- Staff kept patients and visitors updated on the situation at frequent intervals.
- The administrator continued to call MLG&W for continued updates.

- Maintenance immediately checked generators and contacted MLG&W.

**Opportunities for Improvement:**

- Several staff members did not report to the staff breakroom (Command Center), staff educated on the internal process for disasters. Will hold more drills to ensure proper understanding of procedures.
- PACU nurses were unable to keep up communication with the command center while caring for patients. There are facility's handheld radios for internal communication that were not properly utilized. Materials Manager designated to hand out handheld radios to each department during future incidents for more effective communication. (policy to be amended by January 2020)
- Identified need for Universal Power Supply (UPS) for red plugs that have critical equipment to prevent a delay in the power supply when generators "kick-on." Clinical Director to identify total numbers needed for Materials Manager to order. Deadline 12/31/2019.
- Chillers not on emergency power resulting in increased humidity for OR and sterile storage rooms. Administrator developing the action plan. TBD.

**Parkway Health and Rehabilitation Center**

This facility used an Ice Storm scenario.

**Strengths:**

- The Rehab gym was utilized as a "Play Area" with games, snacks, sodas, and videos for those employees with small children. It allowed employees to report to work and not have to be worried about childcare during the Ice Storm.
- The Fire Department is located next door to the facility and has several firemen participating in this exercise. The Fire Chief served as our Safety Controller, and the other eight Firemen participated in various roles such as Safety Officer, Evaluators, and Actors.
- Staff challenged, and employees volunteered to come in on their off day to assist with this full-scale exercise.

**Opportunities for Improvement:**

- Maintenance failed to order a two-way radio.
- The facility has new tank-less water heaters, and dietary failed to order enough water (a gallon of water per day, per person) to have on-site for three days.
- An alert resident was unaccounted for, and he was found in the courtyard smoking a cigarette during the drill.
- The exercise started at 9:00 am, and some staff members who were off on this day arrived 30-45 minutes later. The Incident Commander (Administrator) had to pause the exercise play so that those employees could assume their roles and responsibilities. All Participants will be required to arrive 45 minutes early for future exercises.
- A better job with informing family and visitors about our full-scale exercise is needed. Signs were posted throughout the facility, but there were interruptions by families who



were requesting to speak with the social worker and office manager. Letters will be mailed out, and a discussion concerning this matter will take place at the Family Council Meeting for future exercises.

- An email will be sent out three weeks before the exercise to ensure that the managers do not forget their tasks and responsibilities, such as radios, adequate water supply, and other necessary supplies and equipment needed for a disaster and emergency. Each manager will submit their checklist to the Incident Commander one week before the full-scale exercise to acknowledge their duties.

### **Quince Nursing and Rehabilitation Center**

This facility used a tornado/severe weather scenario.

#### **Strengths:**

- The drill was announced by color code, and all staff members knew what disaster was taking place.
- Management staff used 2-way radios effectively.
- Staff responded to the drill expeditiously.

#### **Opportunities for Improvement:**

- There is a need to address the roles and duties of each member of the command center.
- Blankets are needed for residents in therapy during a disaster.
- When called to report to the command center, staff needs to respond faster.

### **Radiosurgical Center of Memphis**

This facility used a tornado/severe weather scenario.

#### **Strengths:**

- Our policy and emergency plan that was in place worked well.
- We were able to change staff around to fit our strengths, but there is a need to work the plan accurately. We have new staff, which allowed us to coordinate and achieve goals quicker, plus delegate more duties.

#### **Opportunities for Improvement:**

- With communications, we rely on Methodist University facility services to handle equipment, damage assessment, and other needs we have since we are on their property.
- Our problem began when we had difficulty contacting their coordinator. Our administrator immediately began developing a different and better contact tree because of this issue. This new contact tree was instantly completed at the end of the drill and placed for the entire staff to utilize.
- We decided to exercise and hot wash at least quarterly now after having this issue and continually trying to update these procedures.

### **Regional One Health Subacute Care**

This facility used an earthquake scenario.

#### **Strengths:**

- Staff appropriately identified evacuation equipment with good triage of patients.
- Sense of urgency/quick actions to the incident
- Strong group participation

#### **Opportunities for Improvement:**

- Staff not immediately protecting self until earthquake subsided – quickly educated during the event.
- Improvement is needed on how patients will be appropriately tracked during evacuation.
- Will complete a follow-up evacuation drill to simulate tracking and other evacuation equipment usage.

### **Satellite Health – Chickasaw Gardens**

This facility tornado/severe weather scenario.

#### **Strengths:**

- Incident Commander was readily established, and the functions fell into place while remaining calm.
- The storm watch person monitors the radio passing information over to the Incident Commander, reporting how the storm was approaching.
- All patients were able to illustrate and demonstrate how to cut and clamp in an emergency.
- All patients who were in the building knew where the safe shelter place was located.

#### **Opportunities for Improvement:**

- The person assigned to close all blinds left a few blinds open. Intervention/in-services will be given to staff.
- Less unnecessary talking to decrease confusion.
- There is a need for in-service to all patients to protect their access by covering with a blanket or pillow.

### **Satellite Health – South Germantown**

This facility used an earthquake scenario.

#### **Strengths:**

- Only auxiliary staff was in the clinic.
- Our offices were in a designated safe zone.
- Communications were successful throughout the drill.

**Opportunities for Improvement:**

- No weaknesses were identified due to the clinic not being open to patients for treatment.

**Satellite Health Wellbound Therapies**

This facility used a tornado/severe weather scenario.

**Strengths:**

- Center Manager and On-Call Nurse will be responsible for assessing patients' safety and informing patients in the event of inclement weather before or after office hours.
- Staff members who reside the farthest will be sent home to ensure their safety. The staff who live near the site will be responsible for reaching out to the patients during inclement weather during office hours.

**Opportunities for Improvement:**

- An updated Patient's Kardex would need to be placed on a crash cart to ensure all patients are notified promptly in case of emergency. The team identified Kardex should be updated monthly to reflect new admissions and updated information.
- Staff identified there was a need to establish another alternate care site for patient safety and convenience.
- There is an evident need for staff to provide patients with continuous education for emergency preparedness throughout the year.

**Spring Gate Rehabilitation and Healthcare Center**

This facility used an earthquake scenario.

**Strengths:**

- Organization
- Timeliness of response
- Cooperation of visitors

**Opportunities for Improvement:**

- Radio/Walkie Talkie batteries are weak. (*Radios were purchased since the last exercise.*)
- Flashlights were small- maintenance to purchase large ones for each station.
- Helping residents understanding it is a drill and keeping them calm.
- Communications that worked well were overhead paging and cell phones. The walkie-talkie batteries were weak. Therefore, communication was not sufficient. The recommendation was for maintenance to check batteries weekly for radios, communication devices, and flashlights. Purchase larger flashlights for each station. The plan is to add education in the resident council of upcoming drills.

## **St. Clare Health and Rehabilitation**

This facility used a tornado/severe weather scenario.

### **Strengths:**

- Everyone operated within their scope of practice and knew their part during the drill.
- All supplies (medicines, blankets, pillows, etc.) were readily available.
- The staff did a great job keeping the residents calm and informed.
- The nurse completed the roll call, and the emergency box was in place.

### **Opportunities for Improvement:**

- There were two handheld radios available for use but need to be in-serviced on how to use them.
- They were tasked with getting blankets and pillows to each resident, but no one was appointed to do so, so everyone was everywhere.
- The staff was slightly slower at gathering the residents than anticipated, but I expect this to resolve itself in an actual disaster.

## **St. Francis Surgery Center**

This facility used a snowstorm scenario.

### **Strengths:**

- Incident Command Center smooth and efficient. Everyone knew their job and did it properly.
- All resources accumulated in a timely fashion.
- Facility staff could communicate with other facilities, hospital, and MSEPC.

### **Opportunities for Improvement:**

- Internal call tree needs to be updated.
- More staff need to be trained on radio systems.
- Incident Commander should be more familiar with resources hospital has onsite and available for use.

## **The King's Daughters and Sons Home**

This facility used a tornado/severe weather scenario.

### **Strengths:**

- Internal communication was done well and effectively. PA system announcements were clear and concise. Calls to other facilities were made to check for resource and bed availability. Cell phones, landline, email, text, and TNHAN were demonstrated during the exercise.
- The facility's Emergency Operations Plan was activated, employees were extremely committed to the drill. Although some staff members acted a little confused, they moved

quickly and worked well as a team once instructed. The residents affected by the “damaged” areas were forced promptly and appropriately.

- Sufficient supplies and equipment were available to manage the incident, the stock was checked, and maintenance personnel passed out necessities.

#### **Opportunities for Improvement:**

- Although the staff is trained upon hire and annually, we continue to see staff who are confused about how to react to a drill. Once instructed, all staff responded quickly. An additional facility in-services and drills will be held during the months of October and November by the Director of Plant Operations.
- All residents affected by the “damaged” areas were moved promptly and appropriately. One hall was seen moving residents to an area that was close to windows. Additional training was necessary for this area.
- The supplies and equipment for emergencies were good; however, some staff was unsure how to obtain supplies during shelter-in-place operations. Staff members were instructed on where to get these supplies covered in the in-services held during October and November by the DPO.

#### **The Village at Germantown**

This facility used a tornado/severe weather scenario.

#### **Strengths:**

- Staff knew what to do during the tornado drill with the residents.
- No one hesitated during the drill. The staff acted very quickly on everything.
- All staff helped each other, and everyone communicated to get the job done very efficiently.
- Staff knew where medical equipment located and all gear needed.

#### **Opportunities for Improvement:**

- Some blinds and doors were left open. Rooms had to be double-checked to ensure it was done correctly.
- The staff could use a refresher on medical skills.
- Need training on radio usage.

#### **University Vascular Access Care**

This facility used a tornado/severe weather with a power outage scenario.

#### **Strengths:**

- The staff was trained and prepared. The staff even knew where to go when the siren went off and how to expedite patients' safety.
- The other two centers next and below us worked together with us to ensure we were covered. The center below was not trained or had ever participated in a drill. They helped cover questions.

- Everyone worked as a team communicating with the patients even with the alarms going off, and patients were terrified.

**Opportunities for Improvement:**

- Other centers pulled the fire alarm at different times. We had our fake tornado siren. With so many centers, there is a need to coordinate warnings at the same time.
- Some items within the process were overthought. Everyone was prepared but kept worrying and looking for issues.
- There is an increased need to improve communication throughout the drill.

**UroCenter**

This facility used an ice storm scenario.

**Strengths:**

- The Emergency Management Plan was activated, it was noted the plan for power outage was not detailed and needed updating.
- Flashlights were being stored in the materials managers' office instead of specific areas and created some confusion.
- The phone system is not on the backup generator. However, cell phones and handheld radio were used. The administrator will discuss with phone technicians the possibilities of having the phones put on a generator.

**Opportunities for Improvement:**

- Radio communications between the other facilities and EFS 8 worked well for us with the UHF handheld radios. (*Having radios is an improvement from last year.*)
- All employees, including physicians, remained calm, got the patients in the ORs out to recovery quickly, and did not start any additional cases.
- Staff worked well with the recovery room staff to help patients until they were ready to be discharged. Since the elevators were not working, two nurses assisted the patients down the stairs.

**West Tennessee Homes – 11443 Arlington Woods Cove**

This facility used an ice storm scenario.

**Strengths:**

- All staff are trained on the emergency preparedness plan, policy, and procedures.
- Evacuation plan is posted in areas for everyone to see.
- Fire extinguishers have been checked and are up-to-date.
- Staff were knowledgeable about what to do to complete the risk assessments of the home and whom to contact with results.

**Opportunities for Improvement:**

- The home had a nurse splitting with other homes in the Cove instead of one dedicated to the home to assist in the response to the emergency.
- Staff needs to be trained on how to use the portable oxygen tanks in case the generator goes out and a nurse or respiratory therapist is not in the home.
- The emergency bags are very heavy and difficult to maneuver.
- Contact information on contact cards needs to be updated.
- Homes needs two-way radios to communicate with other homes.

### **West Tennessee Homes – 11444 Arlington Woods Cove**

This facility used an ice storm scenario.

#### **Strengths:**

- All staff are trained on the emergency preparedness plan, policy, and procedures.
- Evacuation plan is posted in areas for everyone to see.
- Fire extinguishers have been checked and are up-to-date.
- Staff were knowledgeable about what to do to complete the risk assessments of the home and whom to contact with results.

#### **Opportunities for Improvement:**

- The home had a nurse splitting with other homes in the Cove instead of one dedicated to the home to assist in the response to the emergency.
- Staff needs to be trained on how to use the portable oxygen tanks in case the generator goes out and a nurse or respiratory therapist is not in the home.
- The emergency bags are very heavy and difficult to maneuver.
- Contact information on contact cards needs to be updated.
- Homes needs two-way radios to communicate with other homes.

### **West Tennessee Homes – 11455 Arlington Woods Cove**

This facility used an ice storm scenario.

#### **Strengths:**

- Agency is trained and well equipped with medical staff if needed during a shelter in place emergency situation.
- The home has first aid and medical supplies available.
- The home is spacious in the event one area of the home is damaged and not operable. Individuals can be moved around to different areas of the home.
- The calling tree is beneficial in notifying parties.

#### **Opportunities for Improvement:**

- Staff forgot the need to notify conservators.

- Some of the trees around the home may need to be cut down to prevent them from falling on the home during severe weather.
- Practice makes perfect.

### **West Tennessee Homes – 11003 Highway 70**

This facility used an ice storm scenario.

#### **Strengths:**

- The facility has a generator that is operational.
- Building maintenance is onsite to handle any issues immediately.
- Staff worked well together.

#### **Opportunities for Improvement:**

- Should have a single nurse dedicated to the home instead of splitting work between multiple facilities.
- Procure equipment to clean driveway during/after severe weather.
- Homes needs two-way radios to communicate with other homes.

### **West Tennessee Homes – 11005 Highway 70**

This facility used an ice storm scenario.

#### **Strengths:**

- The facility has a generator that is operational.
- Building maintenance is onsite to handle any issues immediately.
- Staff was trained on what to do and when to act.

#### **Opportunities for Improvement:**

- Contact information on contact cards needs to be updated.
- Trim trees on the front and sides of the house and around the power lines.
- Homes needs two-way radios to communicate with other homes.

### **West Tennessee Homes – 10926 Lubov Road**

This facility used an ice storm scenario.

#### **Strengths:**

- All patients and staff were safe.
- Shelter in with generator power.
- Staff communicated well with each other during the drill.

#### **Opportunities for Improvement:**



- There is a need to determine what communication method should occur when the telephone system is not working.
- There is a need to keep the Keeping the patients safe as well as the staff.
- There is a need for additional planning for the appointed person in the homes.

### **West Tennessee Homes – 230 Oak Hill Lane**

This facility used an ice storm scenario.

#### **Strengths:**

- Staff was able to move individuals to a safe area of the home promptly.
- The staff communicated with each other to ensure that everyone was accounted for and let each other know who would contact the emergency personnel.
- Staff was able to contact upper management staff to let them know about the situation and get instructions on what to do.

#### **Opportunities for Improvement:**

- Home Manager to ensure that all staff in the home know where the first aid kits are located.
- There is a need for additional training during a full-scale drill for the staff to know how to respond when they get a phone call.
- The home should consider having smaller emergency bags that would be easier for staff to load or if there is a need to relocate.

### **West Tennessee Homes – 95 Oak Hollow Cove**

This facility used an ice storm scenario.

#### **Strengths:**

- The generator continued to power the home due to being sheltered in, and the home temperature stayed comfortable.
- The ability to be sheltered in place for 72 hours.
- On-call maintenance was onsite to assist with fallen trees.

#### **Opportunities for Improvement:**

- A better communication method is needed with nursing. There is a need for a list of nursing phone numbers to communicate other information with the other homes. This list is helpful when phone lines are down and staff using their cell phones.
- Staff needs to ensure that the conservators and Administrator on Duty are notified.
- The staff outside the facility with the individuals need to know what to do if they would not get back into the home, and individuals needing medication and specific diet food.

### West Tennessee Homes – 7405 Osborntown Road

This facility used an ice storm scenario.

#### **Strengths:**

- The staff ensured that the individuals were safe and warm. Staff communicated well during the exercise.
- The home supplies were available for use at the time of need. Staff monitored the weather from the weather radio.
- Staff monitored the generator to make sure it was running.

#### **Opportunities for Improvement:**

- Another way to communicate if the power lines are down. (*Communication remains a concern from previous exercises.*)
- Neighboring homes should check on each other staff and individuals.
- Preparing staff to be prepared to stay on duty until the weather clears or get coverage.
- Make the training more different and unexpected within the home.

### West Tennessee Homes – 5982 Polk Street

This facility used an ice storm scenario.

#### **Strengths:**

- The staff was knowledgeable.
- The staff worked as a team.
- Staff on support persons and let them know about the ice storm drill.

#### **Opportunities for Improvement:**

- There is a need for smaller duffle bags for the supported person and personal items.
- There is a need for smaller containers for the emergency food to be carried out.
- Making sure the generator is up to par during emergency or power outing.

### West Tennessee Homes – 2960 Schaeffer Drive

This facility used an ice storm scenario.

#### **Strengths:**

- The staff was knowledgeable about what to do during the shelter in the full-scale exercise.
- The home emergency goods and clothing were prepared and ready.
- Staff communicated well with each other in the home.

#### **Opportunities for Improvement:**

- The home staff should have another way of communicating other than the telephone.

- Homes should have a way to check on the Individuals from neighboring homes.
- Gas should always be on full or near full in the vans for emergency exit.

## Findings for Potential Action by the Healthcare Coalition

Numerous issues were identified at participating facilities during this exercise. Many of those pertain only to the way a facility needs to modify their procedures or update their internal plans. Those are noted in the individual facility summaries in this AAR.

There were several issues that were common to most or all the participating facilities. Since these items may represent trends across the entire region, the HCC may wish to consider addressing these in a more strategic approach to improving capabilities for all member healthcare organizations.

### 1. Overall Strengths and Improvement Opportunities

Since the 2018 Full Scale Surge exercise, there have been numerous improvements by the non-hospital entities. Several of these entities purchased radios to help with disaster communication after identifying difficulties with internal and/or external communication. And nearly all facilities now report staff willingness to participate as a strength. Staff and client/patient participation is critical to increasing the realism during an exercise. This participation also allows the facility to test more aspects of their emergency response plans, thus identifying more opportunities for growth and improvement.

Even with the increased participation, there remains an opportunity for improvement with most entities when it comes to Incident Command and understanding individual roles during a disaster. Unfortunately, only a few facilities have reported better organizational control through the Incident Command Structure.

Internal notification systems such as overhead PA systems continue to be issues for many facilities. This is most concerning for those entities that rely on overhead paging as the main method of communicating emergency information.

With many facilities now discussing evacuation as part of their exercises, multiple dialysis centers identified transportation issues for patients as an area of concern. With many of the patients using transportation services, it is difficult to get transportation coordinated quickly during a disaster, especially when there are several patients trying to utilize the same agencies at the same time.

Identifying and using evacuation locations could also create a significant issue for facilities using “sister facilities” to continue services during a disaster. It is likely should a disaster situation occur in the Memphis area, those “sister facilities” would also be affected, rendering them useless for patient care. In addition, if several entities are planning to utilize the same “sister facilities” those entities will quickly become overwhelmed with an influx of patients.

### 2. Incident Command and Information Sharing

Although there were a few entities that reported Incident Command worked well for them in this exercise, most reports indicate a need for additional Incident Command training. This is not a new finding and has been reported in the last several After Action Reports. Several entities reported confusion as to who should be performing certain duties, specifically around safety. There is a general lack of familiarity with the Incident Command process and the roles/responsibilities within that system.

Simple, understandable ICS training should be provided to everyone at the facility and it should be exercised often. Using ICS throughout regular daily activities may be a way to improve the knowledge around ICS and give people an opportunity to learn the basic principles without being in a high stress situation.

As with the last exercise, many hospitals documented problems with getting information to those inside the facility who needed it. Although some seemed to think that this was a radio issue, Participant Evaluations indicate that the problem is more complex. Participant Evaluations are a very effective tool for identifying “task-level” issues. These are very difficult for an Evaluator to capture, primarily because most evaluation occurs at the “function-level.” Examining evaluations at the task level provided enough information to identify that the root cause of many communications issues was the pathway by which information was routed, not the method of transmitting it.

Once again, this appears to be due to a lack of proper application of ICS principles. The two most critical of these issues are Unity of Command, and Span of Control. Unity of Command means that every person reports to only one supervisor. Span of Control means that every supervisor has at least four, and no more than seven people who report to them. Following this principle, ideally the IC should never be contacted by anyone other than a Section Chief or members of the Command Staff in the EOC setting. It appeared that in many cases, this chain of command was usurped by others who attempted to contact the IC directly, creating a situation where calls could potentially come in from anyone. In some cases, it appears that the IC expected this, and even noted when it did not occur. This can create chaos for both the Incident Command Center and the area where the reports originate. Even if two functions are not located near one another, they can be organized so that information flows the same way every time. For instance, Plant Operations may have personnel anywhere in the building or on campus, but they report to the Operations Section Chief every time. If the IC has talked to more than seven people at any point, something may be wrong with the ICS structure.

For a variety of reasons, additional ICS training would clearly benefit all the non-hospital entities in the region. The size of the facility is not a consideration. ICS principles can be applied to operations of every size, and as stated earlier, would enhance all the other capabilities within the region.

Some facilities noted that staffing turnover had caused a gap in training for newer personnel. Where this is the case, some basic training may be in order until more extensive training is warranted for everyone who needs it. Even a very basic class in ICS principles could prove highly effective by providing staff with an understanding of how

the system works, even if they do not train extensively in filling a role. Job Action Sheets and checklists may also serve to make staff more confident in knowing what is expected of them. A surprising number of participants seemed to think that this was an exercise issue, as evidenced by numerous comments that “roles should be identified before the exercise.” This indicates that there is a mindset that the goal is to do well in exercises, but not necessarily to do well in real-life situations. Administrators should endeavor to promote attitudes that recognize the real purpose for conducting exercises.

### **3. Communication**

Some improvements were made regarding radio communication since the last exercise, but overall, the issues were largely the same. Dead or weak batteries were reported by several entities. This is an equipment maintenance issue and should be addressed as such with entities implementing corrective action to safeguard against it happening again in the future.

The overhead paging system issues were a common report to this and previous exercises. Some entities report the overhead paging system did not work, but some reported the system are simply inadequate in volume with the dialysis machine noise and all the other noise from the people.

Several entities reported utilizing cell phones for communication between staff but should use caution planning for cell phone use during a true disaster as they may not be functional.

## APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for the Mid-South Emergency Planning Coalition as result of the Full-Scale Exercise conducted on October 10, 2019.

MSEPC accepts responsibility for assuring that the improvement plan issues identified will be integrated into an exercise in the next budget period.

| Issue/Area for Improvement   | Corrective Action  | Capability Element <sup>1</sup>        | Start Date | Completion Date |
|--|--|--|------------|-----------------|
| <b>Issue 1</b>   |  |  |            |                 |
| Lack of Incident Command System awareness among non-hospital entities                | <p><b>Facility:</b> Previous ICS training has been either ineffective or not availed. Consider having ICS focused drills with actions required from each section.</p> <p><b>HCC:</b> Identify and/or facilitate ICS trainings for non-hospital members. Consider options for on-site training at the facility level.</p> | Training                               | Immediate  |                 |
| <b>Issue 2</b>   |  |  |            |                 |
| Internal radio systems and communications flow (EEI) issues are a continuing problem | <p><b>Facility:</b> Root cause analysis must be done at each entity to determine whether the issues were with radio maintenance (dead batteries), procedural problems. Remedy problems.</p> <p><b>HCC:</b> Facilitate radio tests at the HCC level at least quarterly.</p>   | To Be Determined at the Facility Level | Immediate  | Ongoing         |

| Issue 3   |   |                              |                  |  |
|---|---|------------------------------|------------------|--|
| <p>Lack of adequate patient transportation during evacuations/movement after disasters.</p> | <p><b>Facility:</b> Consider options for ambulatory and non-ambulatory transportation that could be coordinated quickly without notice to the transportation providers. MOUs may be necessary.</p> <p>HCC: Facilitate conversations with potential partners and/or vendors, provide draft MOUs, explore possibilities for HCC level or facility level transportation options.</p> | <p>Planning/Organization</p> | <p>Immediate</p> |  |



## APPENDIX B: EXERCISE PARTICIPANTS

| Participating Organizations  |
|--|
| <b>State</b>   |
| Memphis MedCom (Regional Medical Communications Center)                    |
| Tennessee Department of Health/Emergency Medical Services                  |
| Tennessee Emergency Management Agency                                      |
| West Tennessee Homes 11443 Arlington Woods Cove                            |
| West Tennessee Homes 11444 Arlington Woods Cove                            |
| West Tennessee Homes 11455 Arlington Woods Cove                            |
| West Tennessee Homes 11003 Highway 70                                      |
| West Tennessee Homes 11005 Highway 70                                      |
| West Tennessee Homes 10926 Lubov Road                                      |
| West Tennessee Homes 230 Oak Hill Lane                                     |
| West Tennessee Homes 95 Oak Hollow Cove                                    |
| West Tennessee Homes 7405 Osborntown Road                                  |
| West Tennessee Homes 5982 Polk Street                                      |
| West Tennessee Homes 2960 Schaeffer Drive                                  |
| <b>Local Government</b>  |
| City of Memphis Emergency Management                                       |
| Shelby County Government Emergency Management and Homeland Security Office |
| Shelby County Health Department  |
| <b>Local Healthcare Facilities</b>   |
| AHC Applingwood  |
| AHC Harborview   |
| Allen Morgan Health  |
| Ave Maria Home   |
| Baptist Reynolds Hospice House   |
| Baptist Trinity Hospice  |
| Campbell Clinic Germantown   |
| Campbell Clinic Midtown  |
| D&S Community Services   |
| Davita Airways #5001   |
| Davita Bartlett #6852  |
| Davita Capleville #04357   |
| Davita Central #6839   |
| Davita Collierville #3390  |
| Davita Downtown #2432  |
| Davita Galleria #01705   |
| Davita Graceland #6840   |

|   |
|---|
| Davita Lamar Crossing #11541                |
| Davita Marion #6802                         |
| Davita Memphis East #3018                   |
| Davita Memphis Midtown #4394                |
| Davita Midtown Memphis #06841               |
| Davita Memphis North #6842                  |
| Davita Ripley #02446                        |
| Davita River Oaks #11283                    |
| Davita Stateline #03487                     |
| Davita Singleton Farms #11284               |
| Davita Memphis Southeast #2382              |
| Davita Wolf River #5013                     |
| East Memphis Surgery Center                 |
| Fresenius Bartlett #6198                    |
| Fresenius Collierville #3390                |
| Fresenius East Memphis #1775                |
| Fresenius East Memphis Home Therapies #6856 |
| Fresenius Graceland #1838                   |
| Fresenius Memphis #1624                     |
| Fresenius Central Memphis #8699             |
| Fresenius Midtown #4000                     |
| Fresenius Millington #6760                  |
| Fresenius Mt. Moriah #3843                  |
| Fresenius North Memphis #4002               |
| Fresenius Raleigh-Bartlett #100066          |
| Fresenius Ridgeway #7553                    |
| Fresenius South Airways #9257               |
| Fresenius Summer #6758                      |
| Fresenius Tipton #1541                      |
| Fresenius Whitehaven #4001                  |
| Gastro One Wolf Park                        |
| Gastro One Wolf River                       |
| Graceland Nursing and Rehab                 |
| Highlands of Memphis                        |
| Memphis Jewish Home and Rehab               |
| Memphis Surgery Center                      |
| Midtown Center for Health                   |
| Millington Healthcare Center                |
| No Place Like Home                          |
| OrthoSouth                                  |

|  |
|--|
| Parkway Health and Rehab                         |
| Quince Nursing Home                              |
| Radiosurgical Center                             |
| Regional One Health Subacute                     |
| Satellite Healthcare Chickasaw Gardens           |
| Satellite Healthcare South Germantown            |
| Satellite Healthcare Wellbound Therapies         |
| Springgate Rehabilitation and Health Care Center |
| St. Clare Health and Rehab                       |
| St. Francis Surgery Center                       |
| The Kings Daughters and Sons                     |
| The Village at Germantown                        |
| UCH University Vascular                          |
| UroCenter  |

## APPENDIX C: ACRONYMS

| Acronym | Term  |
|---------|---|
| AAR     | After Action Report                               |
| ASPR    | Assistant Secretary of Preparedness and Response  |
| COP     | Common Operating Picture (VA)                     |
| DOA     | Dead on Arrival                                   |
| ED      | Emergency Department                              |
| EEGs    | Exercise Evaluation Guides                        |
| EEI     | Essential Elements of Information                 |
| EM      | Emergency Management                              |
| EOP     | Emergency Operations Plan                         |
| ER      | Emergency Room                                    |
| HCC     | Health Care Coalition                             |
| HCC     | Hospital Command Center (VA)                      |
| HICS    | Hospital Incident Command System                  |
| HPP     | Hospital Preparedness Program                     |
| HRTS    | Healthcare Resource Tracking System               |
| HSEEP   | Homeland Security Exercise and Evaluation Program |
| IC      | Incident Command                                  |
| ICS     | Incident Command System                           |
| IP      | Improvement Plan                                  |
| MH      | Mental Health                                     |
| MLH     | Methodist Le Bonheur Healthcare                   |
| MSEPC   | Mid-South Emergency Planning Coalition            |
| NIMS    | National Incident Management System               |
| PAPR    | Powered Air Purifying Respirator                  |
| PPE     | Personal Protective Equipment                     |
| RHC     | Regional Hospital Coordinator                     |
| RMCC    | Regional Medical Communications Center            |
| RN      | Registered Nurse                                  |
| SCHD    | Shelby County Health Department                   |
| START   | Simple Triage and Rapid Treatment                 |
| TDH     | Tennessee Department of Health                    |
| TEMA    | Tennessee Emergency Management Agency             |
| VA      | US Department of Veterans Affairs                 |
| VAMC    | Veterans Affairs Medical Center                   |

## APPENDIX D: FINDINGS FROM THE REGIONAL HEALTHCARE COORDINATOR

The following information was submitted by the Regional Healthcare Coordinator to document specific information related to communications and exchanges of Essential Elements of Information. Included are statistical data from TNHAN, facility status updates, and utilization of the Mock EOC.

### TNHAN

- **Percent of persons confirming the TNHAN alert:** (Total confirmed over total sent) (175/348) 50% confirmation rate
- **List of facility types confirming alert**
  - Hospital
  - Public health
  - EMS
  - Emergency Management
  - RMCC
  - Forensic Center
  - Community Emergency Response Team (CERT)
  - Medical Reserve Corps (MRC)
  - Long Term Care
  - Assisted Living
  - Ambulatory Surgery Center
  - Hospice
  - Home Health
  - Dialysis
  - Department of Intellectual and Development Disabilities
- **Breakdown of delivery type for all confirmed**
  - 3 personal email
  - 29 personal text messages
  - 37 business email
  - 1 Everbridge app
  - 47 business text messages
  - 20 business mobile phone
  - 1 alternate email
  - 3 alternate phones
  - 23 business desk phones
  - 9 personal mobile phones
  - 1 home phone

### **Mock EOC Participation**

All facilities were asked to identify resource needs and contact the EOC through email or phone. The following facilities completed the request.

#### **Email**

- Baptist Reynold's Hospice House
- Fresenius South Airways #9257
- Memphis Jewish Home & Rehabilitation
- Radiosurgical Center of Memphis
- The Kings Daughters and Sons Home

#### **Phone**

- AHC Harborview
- Allen Morgan Health and Rehabilitation
- Ave Maria
- Campbell Clinic Germantown
- East Memphis Surgery Center
- Fresenius East Memphis #1775
- Fresenius East Memphis Home Therapies #6856
- Fresenius Midtown #4000
- Fresenius Memphis #1624
- Fresenius Mt. Moriah #6843
- Fresenius Summer #6758
- Gastro1 Wolf Park
- Gastro1 Wolf River
- No Place Like Home
- Regional One Subacute
- West TN Homes – all locations
- University Vascular Access
- UroCenter

### Essential Elements of Information (EEI)

All requested EEI was collected utilizing the Non-Hospital Status Form created by the MSEPC. This action allows MSEPC to provide situational awareness to Emergency Support Function 8 locally, regionally, and the state ESF 8 at the TEMA State Emergency Operations Center. It details information needed during a large-scale disaster and allows all parties to expedite assistance more easily to a facility in need.

All facilities responding to the request for EEI are listed below.

- AHC Applingwood
- Allen Morgan Health
- Ave Maria Home
- Baptist Reynolds Hospice House
- Campbell Clinic Germantown
- Campbell Clinic Midtown
- D&S Community Services
- Davita Bartlett #6852
- Davita Capleville #04357
- Davita Galleria #01705
- Davita Graceland #6840
- Davita Lamar Crossing #11541
- Davita Marion #6802
- Davita Memphis Midtown #4394
- Davita Midtown Memphis #06841
- Davita Ripley #02446
- Davita River Oaks #11283
- Davita Memphis Southeast #2382
- Davita Wolf River #5013
- East Memphis Surgery Center
- Fresenius Bartlett #6198
- Fresenius Collierville #3390
- Fresenius East Memphis #1775
- Fresenius East Memphis Home Therapies #6856
- Fresenius Graceland #1838
- Fresenius Memphis #1624
- Fresenius Central Memphis #8699
- Fresenius Midtown #4000
- Fresenius Millington #6760
- Fresenius Mt. Moriah #3843
- Fresenius North Memphis #4002
- Fresenius Raleigh-Bartlett #100066
- Fresenius Ridgeway #7553
- Fresenius South Airways #9257
- Fresenius Summer #6758

- Fresenius Tipton #1541
- Fresenius Whitehaven #4001
- Gastro One Wolf Park
- Gastro One Wolf River
- Highlands of Memphis
- Memphis Jewish Home and Rehab
- Memphis Surgery Center
- Millington Healthcare Center
- No Place Like Home
- OrthoSouth
- Parkway Health and Rehab
- Quince Nursing Home
- Regional One Health Subacute
- Satellite Healthcare Chickasaw Gardens
- Satellite Healthcare South Germantown
- Satellite Healthcare Wellbound Therapies
- Springgate Rehabilitation and Health Care Center
- St. Clare Health and Rehab
- St. Francis Surgery Center
- The Kings Daughters and Sons
- The Village at Germantown
- UCH University Vascular
- UroCenter
- West Tennessee Homes 11443 Arlington Woods Cove
- West Tennessee Homes 11444 Arlington Woods Cove
- West Tennessee Homes 11455 Arlington Woods Cove
- West Tennessee Homes 11003 Highway 70
- West Tennessee Homes 11005 Highway 70
- West Tennessee Homes 95 Oak Hollow Cove
- West Tennessee Homes 7405 Osborntown Road