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CMS Do Tank Workshop

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The Center for Preparedness Education  
All Participants
The Center for Preparedness Education and FIT has partnered together for a one-day Do Tank workshop with the public health and emergency management personnel from Kearney and Lincoln, Nebraska, which integrates the new CMS regulations that will be effective later this year.

The workshop focuses on helping hospital personnel and vulnerable populations that could be affected by drought and wildfire-related emergencies, and aims to encourage participants to create innovative solutions from the ground up that are inclusive of the new CMS regulations.

The goal of the Do Tank is to generate innovative ground up solutions that encourages creative problem solving at the local level before a large-scale emergency.

The Do Tank guides participants through a Three Step Prep that breaks down the problem-solving process into three distinct parts.

The Do Tank focuses on the doing, which asks participants to tackle creative problem solving in a hands on method, while encouraging dialogue between participants through ideas represented through their workshop prototypes.
ABOUT
The Center for Preparedness Education and the Field Innovation Team (FIT).
THE CENTER FOR PREPAREDNESS EDUCATION

In 2002, in response to Federal and State initiatives to establish and improve the public health system’s response to biological events, Nebraska Health and Human Services commissioned the state’s two medical schools—The University of Nebraska Medical Center and The Creighton University School of Medicine—to join forces to form The Center for Preparedness Education, which is under the direction of the Chiefs of the Infectious Disease Departments at both medical centers and a multi-agency consortium.

Although the Center’s audiences have traditionally been health care, public health, and first responders, as preparedness needs change and the disaster scenarios faced evolve, the Center’s programs and other offerings also evolve to meet emerging needs.

As a result, the Center serves a broad base of professionals involved in preparedness activities at all levels of their organizations and their communities.

This diverse mix of professionals will continue to grow as the Center expands its program offerings into the business/industry and educational sectors.

The Center for Emergency Preparedness Education
preped.org
MISSION STATEMENT

Purpose
To provide an all-hazards education that optimizes emergency preparedness for organizations and communities.

Mission
To enhance community resilience through innovative educational programs, exercise design services, and preparedness consulting.

Core Values
To promote collaboration, excellence, and innovation, by focusing on the community, blending real world and educationally sound information in a novel and timely manner to plan innovative solutions, while building partnerships and sharing opportunities.
The purpose is to establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, in coordination with federal, state, tribal, regional and local emergency preparedness systems.

About

**FOUR CORE CMS REGULATIONS**

On September 8, 2016 the Federal Register posted the final rule emergency preparedness requirements for Medicare and Medicaid participating providers and suppliers.

Health care providers and suppliers affected by this rule must comply and implement all regulations one year after November 15, 2016, by the following year on November 15, 2017.

By November 2017, each provider and supplier must have its own set of Emergency Preparedness regulations incorporated into its set of conditions or requirements for certification, and must be in compliance with Emergency Preparedness regulations to participate in the Medicare or Medicaid program.

---

**1. Risk Assessment and Emergency Planning**

Hazards likely in geographic areas / Care related emergencies / Equipment and power failures / Interruption in communication, including cyber attacks / Loss of all or portion of facility / Loss of all/portion of supplies / Review plan and update annually.

**2. Communication Planning**

Well-coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies / Complies with federal and state laws.

**3. Policies and Procedures**

Complies with federal and state laws.

**4. Training and Testing**

Maintains and updates (at a minimum) annually / Complies with federal and state laws.
FIELD INNOVATION TEAM (FIT)

FIT is a non-profit organization that responds to crises while simultaneously working on disaster preparedness and disaster risk reduction at the local, state, national, and international level.

FIT uses the Three Step Prep in workshops called Do Tanks in order to understand the needs of the survivor or stakeholder in disaster scenarios, working with communities to brainstorm a myriad of solutions to build prototypes, or working solutions, that best meets the needs of the survivors or stakeholders in each simulated scenario.

The Do Tank creates a space for communities to start a dialogue around the core issues and needs not addressed under typical standard procedure.

The Do Tank empowers communities to tackle issues related to disaster risk reduction, response, preparedness, and recovery through collaborative problem solving.

The Do Tank aims to create ground up solutions that are sustainable, adaptable, open source, and implemented in real-time through dialogue, ideation, and prototyping.

FIT’s focus on thinking by doing, or making prototypes, through the Three Step Prep in Do Tanks supports the value of co-creating with communities as a way to promote innovation one neighborhood at a time.

About the Do Tank:

Desi Matel-Anderson, the Chief Wrangler and Founder of FIT, developed the Do Tank as an interactive workshop for disasters and emergency situations after running the FEMA Think Tank for a year in the United States.

The Do Tank was born from communities who have experienced the FEMA Think Tank and expressed the desire to do more interactive, hands-on workshops that focus on creating and building ground up solutions in creative ways.

FIT empowers humans to create cutting-edge disaster solutions, bringing together community and transdisciplinary leaders justice, technology, and design for impact oriented collaboration.

About

Desi Matel-Anderson / FIT
fieldinnovationteam.org
# THE THREE STEP PREP

The Three Step Prep is a three-step design process utilized in emergency preparedness, response, recovery, and mitigation. The Three Step Prep is a problem-solving method that encourages creativity, and champions the use of creativity in the belief that all individuals are creative.

The word, *creativity*, is representative of a collective toolbox of methods and prompts for doing, making, and thinking. This toolbox asks participants to think in new ways about a given problem, concern, or issue through strategy and empathy.

The *Mind Guide*, a guide of creative exercises developed by Hyunju Chappell during a United Nations Do Tank, asks participants to use their imagination to empathize with the survivor's or stakeholder's for out-of-the box solutions.

### Step 1: WHAT

Understand the given scenario in order to identify a list of *whats*—or the problems, concerns, and issues—presented within a given scenario.

After identifying a list of potential *whats*, teams share to choose one *what* to solve in order to *ideate*, or brainstorm, for possible *hows* after understanding the persona.

### Step 2: WHO + WHY

Understand the *persona*, or subject, that represents the stakeholder(s) and/or survivor(s) within a given scenario.

Generate a *why* statement to solve for a persona prior to prototyping in order to have a clear idea of *who* and *what* is being solved for.

### Step 3: HOW

The *why* statement provides a clear direction for the *doing*, or making, process that results in a prototype to be shared with all participants.

A *prototype* is a visual model that serves to quickly and compellingly communicate a complex idea that can transcend linguistic and cultural barriers.

---

**Montessori School of Thought:**

The focus on doing in order to learn takes cue from the Montessori Method of education which is based on self-directed activity, hands-on learning, and collaborative play, encouraging individuality and independence in learning. Adapting the "hands-on approach" asks Do Tank participants to actively engage in their own learning process while voicing and showcasing their ideas in a safe and collaborative platform of peers.

CMS DO TANK GOALS

The Center for PREPAREDNESS Education

To provide an emergency preparedness education to enhance community resilience through ground up innovative solutions in partnership with FIT.

To use the Three Step Prep in order to create ground up solutions with communities that can range from physical products and/or software creations to social system changes that can empower community members, assist first responders, and support on-the-ground agencies.

CMS.gov
Centers for Medicare & Medicaid Services

To prepare to comply and implement all new CMS regulations by the 2017 deadline by generating and processing new ground up solutions with the targeted 4 Core CMS Regulations in mind.
KEARNEY + LINCOLN

Working with communities to develop innovative solutions.
The Center brought an incredible pool of talent together from hospitals, public health, universities, ambulatory clinics, and the community to support disaster preparedness in Nebraskan communities.

Desi-Matel Anderson
Chief Wrangler
Field Innovation Team
Exploring the beautiful cities of Kearney and Lincoln, Nebraska.

Left Side: Yanney Park in Kearney. Bottom right photo from Suwanne, a famous Thai restaurant loved by locals.

Right Side: Haymarket in downtown Lincoln. Bottom right photo from Indigo Bridge Books.
THE DO TANK

CMS Overview + The Three Step Prep
At the Do Tank, participants impacted by the new CMS Emergency Preparedness regulations took away key concepts to plan for preparedness in a creative and collaborative environment.

Elayne Saejung
Assistant Director
Center for Preparedness Education
**CMS Overview**

Elayne Saejung, the Assistant Director of the Center for Preparedness Education, leads the Do Tank workshops with a CMS Overview activity, giving each team a mission looking at different aspects of the new CMS regulations.
Facilitator Leslie Scofield reviewing the 4 Core CMS Regulations.
**THE THREE STEP PREP**

**Teams** tackle the Disaster Scenario with the mission to identify, ideate, and problem solve for their personas, using the Three Step Prep.

<table>
<thead>
<tr>
<th>STEP</th>
<th>WHAT</th>
<th>WHO + WHY</th>
<th>HOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Understand the given scenario in order to identify a list of whatst—or the problems, concerns, and issues—presented within a given scenario. After identifying a list of potential whatst, teams share to choose one what to solve in order to ideate, or brainstorm, for possible howst after understanding the persona.</td>
<td>Understand the persona, or subject, that represents the stakeholder(s) and/or survivor(s) within a given scenario. Generate a why statement to solve for a persona prior to prototyping in order to have a clear idea of who and what is being solved for.</td>
<td>The why statement provides a clear direction for the doing, or making, process that results in a prototype to be shared with all participants. A prototype is a visual model that serves to quickly and compellingly communicate a complex idea that can transcend linguistic and cultural barriers.</td>
</tr>
</tbody>
</table>
The Center for Preparedness Education and the Field Innovation Team (FIT) establishes its command post for the exercise.

We need your assistance in carving out future solutions to respond to the wildfire simulation utilizing the new CMS regulations focused on risk assessment and emergency planning, and communication planning.
The 2017 wildfire destroyed homes nearby Lake McConaughy.

Photo Credit: Kim Sizer
It's Spring 2017 and Nebraska is facing a multi-year drought due to lack of precipitation causing low water reserves and creating dry conditions for the City of Kearney, City of Lincoln, and statewide.

Extreme drought conditions exist in western portions of the state with parched crops, grass and shrubs that blanket the golden Great Plains with twenty-five percent of the topsoil containing little to no moisture.

Communities are concerned that the parched landscape may take a turn for the worse with combustion of dry vegetation or an uncontrolled burn causing a wildfire in combination with strong western winds to gust over the plains towards Kearney, and along major interstate highways running both cities where highway travelers, transportation, and properties could be damaged.

Emergency managers are monitoring the current situation closely with wildfire exercise simulations that include scenarios with a wildfire on trajectory to engulf the cities of Kearney and Lincoln, spread rapidly alongside Highway 30 (Old Lincoln Highway), the Union Pacific Railroad, and the Burlington Northern Railroad (the second largest freight railroad network in North America) that carries coal, corn, oil, chemicals, and so forth.

Additionally, Interstate 80 and the I-180 are major thorough fares that could be impacted by the wildfire endangering highway travelers, a handful of hotels, and attendees at the conference center in Kearney, and sports fans driving in for a game at the Pinnacle Bank Arena in Lincoln.

There is also deep concern that the CHI Health Good Samaritan Hospital would need to close, along with impact to Kearney Regional Medical Center, the ambulatory clinic, apartments hosting elderly and machine-dependent populations and other community services. As well as concern that the Saint Elizabeth Regional Medical Center would need to close, along with impact to Madonna Rehabilitation Hospital.
GEOGRAPHICAL CONTEXT

The most recent U.S. Drought Monitor does not show drought conditions for Lincoln. Kearney is also not experiencing drought, but is experiencing abnormally dry conditions.

Dr. Deborah Bathke
drought.unl.edu

With Nebraska under “abnormally dry” conditions, the Do Tank prepares for future drought and wildfire-related emergencies with communities in Nebraska.
HISTORICAL CONTEXT

In the middle of the 19th century, Kearney named after a United States Army outpost and located along the Oregon Trail, settled on the north side of the Platte River.

The city grew in population due to the nearby railroad, considered a modern fixture of the time.

In the 1890s, Nebraska’s drought destroyed crops due to drought and hot winds compounded with an economic depression causing a decrease in population growth in several of the cities and towns.

In 2012, Nebraska experienced a severe drought described by the University of Nebraska-Lincoln as, “one of the worst droughts in the state’s history.”

Campaigns included “Make Every Drop Count”, “Water Wise” and “Recycle Gray-water to Conserve Water.”

In 2017, wildfires in Western Nebraska with wind gusts of up to 40 miles per hour and dry air (10 percent humidity) claimed eight homes near Lake McConaughy, the Yucca Heights and Arthur Bay.

With 800 acres ablaze, evacuations and road closures occurred with the belief that the fire was ignited by overheated wheel bearings.

“Conditions are primed for a bad fire year in Nebraska because of the abundance of dead grasses and dry wind conditions. I have to admit I’m a little bit nervous about it, simply because it has been so dry, and it’s been windy, warm and with low humidity. That’s a recipe for disaster.”

John Erixson, Deputy Director for the Nebraska Forest Service (2017)
WHAT
Identify the Whats.

Smoke causing poor visibility.
Strained resources.
EMS and fire fatigue.
Patient evacuation.
Displaced persons due to wildfires.

No water in wells in residences.
Respiratory issues due to smoke inhalation.
Loss of food for cattle.
Threat to available public resources.

Isolated communities due to wildfires.
Potential train explosions.
Compromised evacuation routes.
Property destruction and lack of shelter.
Power failure due to wildfire damage.
Identifying the Whats.

Participants in Kearney and Lincoln identify the whats, or the problems, concerns, and issues, identified within the drought and wildfire Disaster Scenario given.
WHO and WHY
WHO

Understand the Personas.

YOUR

IT Facilities Manager  Hospital Administrator  Dialysis Patient  Patient Care

PERSONA

Cattle Owner  Newly Married  Community Member  Single Mother
PERSONA:
FRANK

AGE:
54

OCCUPATION:
IT Facilities Manager

DUTIES
Oversees all functions of technology, keeping computers up and running, handling updated software programs and a team of individuals to ensure mobile technologies are all working for physicians, administrators, nurses and technical assistances.

Has a significant role in IT continuity and secondary storage facilities (physical and the cloud).

Information at stake is access to the electronic medical records of patients.

Works a flexible schedule (mostly days) but on call in disasters.

PERSONAL CHALLENGES
Outside of calling 911, does not know how to work with community partners in emergencies.

Divorced and has a ranch outside of town with several hundred heads of cattle.

Has an affinity for red staplers.

Photo Credit:
Marit and Toomas Hinnosaar | Flickr

Kearney Persona Facilitator:
Leslie Scofield

Lincoln Persona Facilitator:
Leslie Scofield

The Center for Preparedness staff role-played each of the personas for the participants to Q&A who they were solving for. Role-playing naturally draws on empathy for the persona, and allows participants to add onto the persona being presented to them.
PERSONA:
KAREN

AGE: 48

OCCUPATION: Hospital Administrator

DUTIES
- Has worked for the hospital for 5 years.
- Originally from New York City where she was trained and supported coordination with the healthcare coalition.
- Responsibilities include staffing, budgeting/finance, program management, quality improvement, patient safety.
- Her background includes handling medical surge units during special events while working on the east coast.

PERSONAL CHALLENGES
- Concerned about kids at home. She works long hours as a single mother and concerned about her kids at home.
- Is concerned about insufficient resources and overburdened hospital staff.

Kearney Persona Facilitator: Dr. Sharon Medcalf
Lincoln Persona Facilitator: Tonya Ngotel

The Center for Preparedness staff role-played each of the personas for the participants to Q&A who they were solving for. Role-playing naturally draws on empathy for the persona, and allows participants to add onto the persona being presented to them.
PERSONA: SAM

AGE: 62

OCCUPATION: Dialysis Patient

DUTIES
Kidney Dialysis Patient, every other day 4–6 hours, twice a week.
Recent complications after 7 years of dialysis.
Uses Medicaid support for transportation and currently has no living relatives in the area.

PERSONAL CHALLENGES
Concerns include: mobility challenges over the past year has rendered him wheelchair bound, diabetes challenges and concerned about ensuring he is able to continue his dialysis every other day.
Has never been in a disaster before, but has a transportable preparedness “Go Kit” that he carries in his backpack at all times.
Concerned about power capabilities and staying on schedule with his dialysis.
Proud of taking care of his health with a sense of resiliency by himself.
Is a community member.

Kearney Persona Facilitator: Tonya Ngotel
Lincoln Persona Facilitators: Barbara Dodge, Dr. Gary Gorby

The Center for Preparedness staff role-played each of the personas for the participants to Q&A who they were solving for. Role-playing naturally draws on empathy for the persona, and allows participants to add onto the persona being presented to them.

Photo Credit: Mike Hunt | Flickr
PERSONA: LUCY

AGE: 34

OCCUPATION: Patient Care / Med Surge

DUTIES

12 years in the hospital system and has worked in multiple emergencies.

Provides direct patient care.

Works 12-hour shifts 5 days a week.

Responsible for planning and training exercises as well as emergency response.

Concerned that hospital has been under-reacting to past disasters, including the 2014 floods that impacted Good Samaritan Hospital.

PERSONAL CHALLENGES

Newly married and currently no kids (that we know of).

Volunteered for the Hospital Decontamination Team.

Working on her personal preparedness after watching the Walking Dead Series.

Fatigue, overload of general duties at the hospital making it difficult to switch gears to external emergencies.

Photo Source: www.prlog.org/12175669-med-surg-nursing

Kearney Persona Facilitator: Elayne Saejung

Lincoln Persona Facilitator: Elayne Saejung

The Center for Preparedness staff role-played each of the personas for the participants to Q&A who they were solving for. Role-playing naturally draws on empathy for the persona, and allows participants to add onto the persona being presented to them.
Understand why for your Persona:
(     ) needs a way to (     ) because / in order to (     ).
Participants in Kearney and Lincoln reframe the why statement, identifying what needs to be solved for their given persona within the context of the Disaster Scenario.
MIND GUIDE

Participants use the Mind Guide to generate ideas without self-censorship.

Time Travel
If you lived 100 years ago or 100 years into the future.

Teleportation
If you were from a different country.

Inverse
If you wanted to make the opposite happen.

Super Power
If you had any super power.

Anti-Hero
If you were an evil-doer.

Scale
If the problem were nationwide or just for one household.

Role Storming
If you were someone else you know.

Iconic Figures
If you were a famous person or your choice.

Gateway
If you had access to any opportunity in the world.

Abundance
Incorporate way more resources than necessary.

Mind Guide Credit: Hyunju Chappell | MagnaCitizen Studio
Participants in Kearney and Lincoln use the Mind Guide to help problem solve for their why statements.
HOW
Making, Doing, Sharing Prototypes
"The best part about bringing in FIT and working through the Three Step Prep was getting to see the *ah-ha moments* of the participants. As with any new concept there was hesitation in the beginning, but by the end you could see the "Oh, I get it!" moments.

Tonya Ngotel
Director of Exercise Programs
Center for Preparedness Education
Participants choose one idea from the pool of ideas gathered during the Mind Guide session and collaborate to create a prototype demonstrating their ideas.

**HOW**

<table>
<thead>
<tr>
<th>Prototype</th>
<th>Do</th>
<th>Make</th>
<th>Create</th>
<th>Visualize</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubber Bands</td>
<td>Popsicle Sticks</td>
<td>Styrofoam Balls</td>
<td>Pipe Cleaners</td>
<td>Clothes Pins</td>
</tr>
<tr>
<td>Construction Paper</td>
<td>Colored Markers</td>
<td>Post-Its</td>
<td>Play-Doh</td>
<td>Foam Sheets</td>
</tr>
</tbody>
</table>
Participants in Kearney and Lincoln dive into the making process to create prototypes that demonstrate their creative problem-solving for their persona.
TEAM ONE: CLINIC COALITION

WHAT
To maximize efficiency and delegate tasks in the event of a wildfire.

WHO and WHY
Lucy needs a way to delegate in order to maximize efficiency and create an end plan.

HOW
By creating a clinic coalition with the greater community in order to better support patients' needs.
TEAM TWO: S.A.M. DRONES

WHAT
The closure of I-80 causing transportation issues.

WHO and WHY
Sam needs a way to receive care in order to live effectively and not die!

HOW
Through S.A.M. (Safety and Medical) drones that can fly to homes with care related emergency supplies and instructions based off the contact list from hospitals and facilities.
TEAM THREE: PORTABLE DIALYSIS UNIT

WHAT
Limited access to dialysis unit due to a wildfire.

WHO and WHY
Karen needs a way to secure resources, supplies, and personnel in order to care for surge of patients and assist staff.

HOW
To provide child and pet care for staff by finding a way to prepare needed resources, supplies, and personnel in case of an emergency.
TEAM FOUR: CALL SERVICE

WHAT
Tackling wildfire concerns such as smoke inhalation, burns and injuries, displaced people, and limited access to resources.

WHO and WHY
Frank needs a way to delegate and reassign his responsibilities to other employees while attending to his cattle during the wildfire.

HOW
By creating a list of Frank's responsibilities and doing a gap analysis to see how his responsibilities would compare to other IT employees. Crosstrain where these gaps are identified, and outsource the responsibilities that remain through a service that can fulfill these gap responsibilities.
TEAM FIVE: NEIGHBOR CALL SERVICE

WHAT

Drought.

WHO and WHY

Frank needs a way to prioritize needs versus wants in order to meet the needs at the ranch and at the hospital.

HOW

Create a community network of help that can jump into assist during emergencies.
<table>
<thead>
<tr>
<th>Location</th>
<th>Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>BROWN COUNTY HOSPITAL</td>
<td>Connie G.</td>
</tr>
<tr>
<td></td>
<td>Marla G.</td>
</tr>
<tr>
<td>CENTER FOR PREPAREDNESS EDUCATION</td>
<td>Raymond H.</td>
</tr>
<tr>
<td></td>
<td>Beckie M.</td>
</tr>
<tr>
<td></td>
<td>Sharon M.</td>
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<td>Tonya N.</td>
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<tr>
<td></td>
<td>Elayne S.</td>
</tr>
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<td></td>
<td>Leslie S.</td>
</tr>
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<td></td>
<td>Angelia W.</td>
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<tr>
<td>CHADRON COMMUNITY HOSPITAL</td>
<td>Cheryl C.</td>
</tr>
<tr>
<td>CHI HEALTH ST. FRANCIS</td>
<td>Dale B.</td>
</tr>
<tr>
<td>COMMUNITY ACTION PARTNERSHIP OF WESTERN NEBRASKA</td>
<td>Mat B.</td>
</tr>
<tr>
<td></td>
<td>Danielle R.</td>
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<tr>
<td>COMMUNITY HOSPITAL</td>
<td>Sharon C.</td>
</tr>
<tr>
<td></td>
<td>Dari O.</td>
</tr>
<tr>
<td>GORDON MEMORIAL HOSPITAL</td>
<td>Hannah G.</td>
</tr>
<tr>
<td>HOWARD COUNTY MEDICAL CENTER</td>
<td>Kathy B.</td>
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<tr>
<td>KEARNEY COUNTY HEALTH SERVICES</td>
<td>Connie L.</td>
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<tr>
<td>KEARNEY REGIONAL MEDICAL CENTER</td>
<td>David C.</td>
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<td></td>
<td>Brandy D.</td>
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<td>Travis G.</td>
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<td>Josette M.</td>
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<td>LEXINGTON REGIONAL HEALTH CENTER</td>
<td>Hawley L.</td>
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<td>MEMORIAL COMMUNITY HEALTH INC.</td>
<td>Leeta C.</td>
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<tr>
<td>MOSAIC AT AXTELL</td>
<td>Curtiss D.</td>
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<td>Ryan R.</td>
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<td>Rochelle S.</td>
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<tr>
<td>PANHANDLE PUBLIC HEALTH DISTRICT</td>
<td>Kendra L.</td>
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<td>Melody L.</td>
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<td>PEOPLES HEALTH CENTER</td>
<td>LaDonna H.</td>
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<td>PERKINS COUNTY HEALTH SERVICES</td>
<td>Laurie W.</td>
</tr>
<tr>
<td>REGIONAL WEST GARDEN COUNTY</td>
<td>Tricia D.</td>
</tr>
</tbody>
</table>
SOUTH HEARTLAND DISTRICT
HEALTH DEPARTMENT
Jim M.

SOUTHWEST NEBRASKA PUBLIC
HEALTH DEPARTMENT
Helena J.
Heidi W.

TEAM RUBICON
Amanda S.

OTHER
Christina B.
Alison F.
Gena N.
Courtney O.
“People rarely get the opportunity to learn how to innovate and think out of the box. The Do Tank was a great way to expose people to a different way of thinking and to do it in an active way. Visualizing those out of the box ideas with a prototyping process in the context of CMS requirements.”

Dr. Gary Gorby
Co-Director
Center for Preparedness Education
THE DO-ERS: SURGE FLOW CHART

WHAT

Evacuation and medical surge in the event of a wildfire or poor air quality.

WHO and WHY

LUCY needs a way to receive a surge of patients if the hospital closes.

HOW

Medical surge patient flow chart for receiving patients at the clinic. The flow chart includes a moving walkway that would bring patients to an electronic station for triaging (using ipads was discussed). Triaging would place different patients on moving walkways according to dead on arrival (DOA), critical, and non-critical.
B.O.B. (Be Our Buddy): BOB’S HOUSE

WHAT

Water shortage and concern for hospital staff's family's well-being during emergencies.

WHO and WHY

KAREN needs a way to provide water for immediate and extended family members in order to maintain family, staff, and patient safety.

HOW

By sheltering family members and pets and by caring for them in times of crises.
THE HERBIES: I.T. ISSUES

WHAT

Drought fire hazards with pending evacuation threatening capacity of the hospital's computer systems.

WHO and WHY

FRANK needs a way to back up the system and meet capacity in order to prevent a crash and provide continuity of care to patients.

HOW

Using the Blackboard Connect/Alert One system and all employee communication systems in order for a systematic department-by-department print backup to occur. All new points will have paper records.
SMALL TOWN OMAHA: MOBILE SYSTEM

WHAT

Limited access to dialysis unit.

WHO and WHY

SAM needs a way to receive dialysis and care in order to stay alive at the same level of care.

HOW

S.A.M.S. (Sam’s Awesome Mobile System) was designed to take dialysis to the home of the patient when the patient is unable to travel to a fixed facility.
Lincoln Participants

Annie Jeffrey Health Center
Chris G.

Avera St. Anthony’s Hospital
Deborah T.

Burwell Family Practice PC
Brenda H.

Carl T Curtis Health Education Center
Mashelle I.

Center for Preparedness Education
Beckie M.
Barbara D.
Gary G.
Mariah M.
Tonya N.
Elayne S.
Kristi S.
Leslie S.
Angelia W.

Chi Health-Immanuel
Michael R.

Country Clinics PC
Jenna B.
Lisa K.

Dakota County Health Department
Jennifer A.

Elkhorn Logan Valley Public Health Department
Melanie T.

Lincoln Surgical Hospital
Suzette B.

Louisville Care Community
Kendra T.

Ortho Nebraska
Lori J.

Saunders Medical Center
Lynn B.

Seward Family Medical Center
Terri L.
Southeast District Health Department
Amanda D.

Tabitha Health Care Services
Shawn M.

Visiting Nurse Association
Teresa B.
Joan M.
Bridget Y.

Other
Raymond H.
Rachel L.
Annette M.
Donald T.
NEXT STEPS: PROTOTYPES 2.0

**Trend 1**
**MOBILE TECHNOLOGY**
Drones
Vehicles
Transporting products and services to vulnerable populations and when facilities are out of reach or closed.

**Trend 2**
**COMMUNICATION SYSTEMS**
Call Service
Community Network
Creating a reliable network of members (hospital personnel + community members) when normal communication channels are unavailable.

**Trend 3**
**INFRASTRUCTURE**
Flowcharts
Labor Division
Strategizing the how-tos of delegating tasks during emergencies and creating a more efficient management of patient flow in case of surge.
NEXT STEPS: A CLOSER LOOK

Point One
Resource

It takes lots of water to dialyze one patient.

S.A.M.S. is designed to carry 100 gallons of water, and includes a water filter extraordinaire that will quickly filter the water so that it can be reused either for the same patient or other patients, reducing the need to dispose of “used” water and the need to carry more water or refill after every couple of stops.

Point Two
Technology

The other special feature of this truck is its state of the art equipment that is able to complete dialysis in less than 2 hours, even for the most complicated cases.

The dialysis machine is also able to provide dialysis for more than one patient at a time. Thus saving time and money for both the company and the patient.

Point Three
Socialization

One of the reasons for a multiple patient dialysis, besides efficiency, is the desire/option to have the usual cohort of patients who usually get dialyzed at the clinic to be able to be dialyzed together in mobile unit.

This socialization and support component develops between patients in adjacent dialysis chairs, which during a disaster, could be help to have each other’s support.

In Memorium:

The truck is named after Sam.

Had S.A.M.S. existed at the time of the grass fires in his community, he could have been saved.

But Sam was unable to get to the dialysis unit and became one of the casualties of the disaster.

For Prototype 2.0 --

How can we prototype the next iteration for a “water filter extraordinaire” or a “state of the art dialysis machine”?

Thank you to Barbara Dodge and Dr. Gary Gorby for a “Closer Look” at Small Town Omaha’s S.A.M.S. dialysis truck!

Note

The horns are from a large Buck in western Nebraska. The Buck was a pet of Sam’s and died of old age on Sam’s farm. The horns are connected to the actual ‘horn’ of the semi-tractor and will actually honk as needed, or as desired for special effect.
KEARNEY: SURVEY

A. I want to be involved in my local community helping others in case of a disaster.
   - Pre-Survey: 90.0% / 90.2%
   - Post-Survey: 90.0% / 90.2%

B. I am confident in my ability to understand the use of CMS regulations within my organization.
   - Pre-Survey: 68.0% / 79.0%
   - Post-Survey: 68.0% / 79.0%

C. I feel confident collaborating with members/colleagues in my organization on CMS.
   - Pre-Survey: 74.6% / 85.0%
   - Post-Survey: 74.6% / 85.0%

D. I am confident in my ability to respond to disaster situation at my organization.
   - Pre-Survey: 79.0% / 86.0%
   - Post-Survey: 79.0% / 86.0%

E. I am confident in my ability to act as a leader in my organization in case of a disaster at my local level.
   - Pre-Survey: 74.0% / 82.0%
   - Post-Survey: 74.0% / 82.0%
KEARNEY: POSTSURVEY

89% 84%

Do Tank participants would recommend this activity (Do Tank) to colleagues.

Do Tank participants feel confident to teach others how to use the Three Step Prep.

Do Tank participants feel confident that they can apply the Three Step Prep to community volunteering efforts.

Do Tank participants can apply the Three Step Prep to their contribution in disaster relief efforts.

Do Tank participants feel confident in their group's idea/prototype.

Do Tank participants feel confident in implementing their idea/prototype.

Do Tank participants feel confident that their solution was creative/innovative.
LINCOLN: SURVEY

A I want to be involved in my local community helping others in case of a disaster. 90.0% / 90.0%

B I am confident in my ability to understand the use of CMS regulations within my organization. 69.0% / 77.0%

C I feel confident collaborating with members/colleagues in my organization on CMS. 77.0% / 85.0%

D I am confident in my ability to respond to disaster situation at my organization. 80.0% / 84.0%

E I am confident in my ability to act as a leader in my organization in case of a disaster at my local level. 77.0% / 86.0%
LINCOLN: POSTSURVEY

86% 77%

Do Tank participants would recommend this activity (Do Tank) to colleagues.

Do Tank participants feel confident that they can apply the Three Step Prep to community volunteering efforts.

Do Tank participants feel confident that their solution was creative/innovative.

Do Tank participants feel confident to teach others how to use the Three Step Prep.

Do Tank participants can apply the Three Step Prep to their contribution in disaster relief efforts.

Do Tank participants feel confident in implementing their idea/prototype.

Do Tank participants feel confident in their group’s idea/prototype.
Lincoln participants excitedly share each other's ideas after the workshop.
Thank you to Dr. Gary Gorby, Dr. Sharon Medcalf, and Elayne Saejung for making the Do Tank possible.

Thank you to Rebecca McCaw for making sure everything at the Do Tanks ran smoothly.

And thank you to all the facilitators at the Do Tank: Dr. Gary Gorby, Dr. Sharon Medcalf, Elayne Saejung, Barb Dodge, Leslie Scofield, Tonya Ngotel, Angelia Wimberly, Kristine Stubbe-Sanger, and Mariah Morgan.

Participants from Kearney and Lincoln:
Thank you for caring deeply about your communities, and coming down to the Nebraska Do Tank in order to spend an afternoon learning the Three Step Prep, and applying the process to solve challenges potentially faced by your communities with us!

By participating, you have all become “Do-ers,” making a difference in the lives of the patients, personnel, neighbors, and communities that you serve.

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