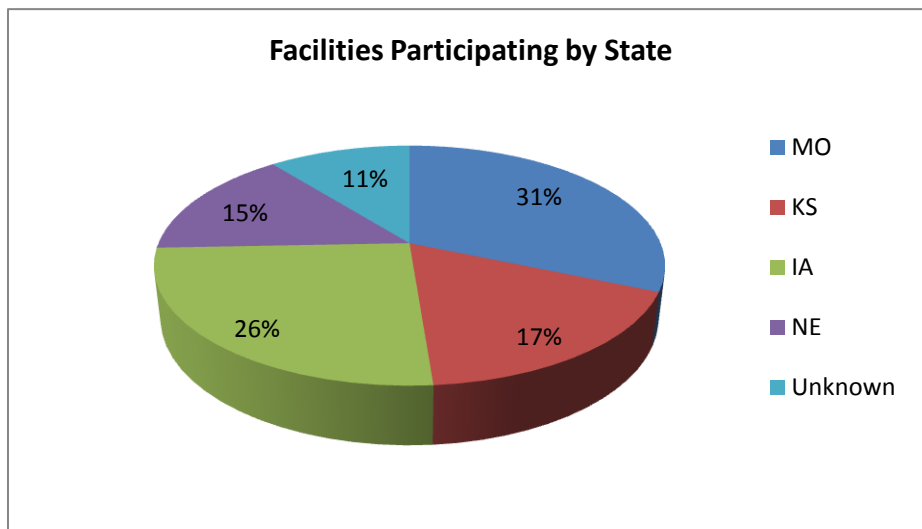




Summary Report: 2011 Post Winter Storm Evaluation

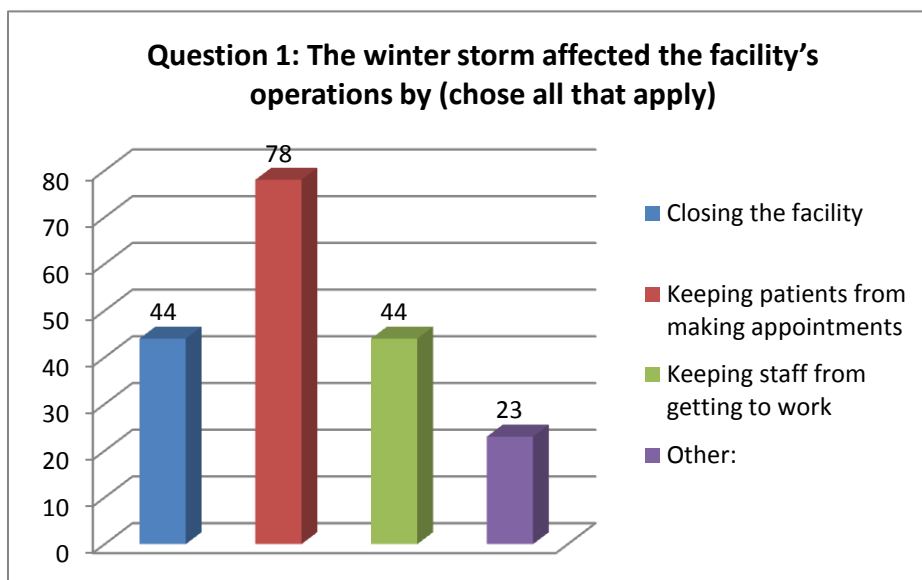
The states included in the Heartland Kidney Network are familiar with harsh winters, and 2011 was no exception. During the winter of 2011, the National Weather Service reported a winter storm of historic proportions, one storm left a 2,000-mile-long trail of snow and ice from the Midwest to the Northeast and two thirds of the nation facing downed power lines, closed highways and thousands of airport cancellations. The nation's heartland took the brunt of the storm, with snowfall totals of a foot and a half or more piling up in parts of Illinois, Missouri, Wisconsin, Indiana, Iowa, Kansas and Oklahoma. Recognizing that an important part of Emergency Planning is continuous evaluation, and following a series of Severe Winter storms, a Post Winter Weather Evaluation was sent out to all facilities. The Heartland Kidney Network received feedback regarding the impact of the winter storms on facility operations to help in identifying areas for resource development and training. Of the questions asked, most were open-ended providing a wealth of information to share and emphasizes the creativity and dedication of the facilities in the Network to the safety of their patients and staff.



126 Evaluations were returned to the Network via fax. Of those received, 31% were from Missouri, 26% were received from Iowa, 17% were from Kansas, 15% were from Nebraska and 11% responding did not indicate a facility number.

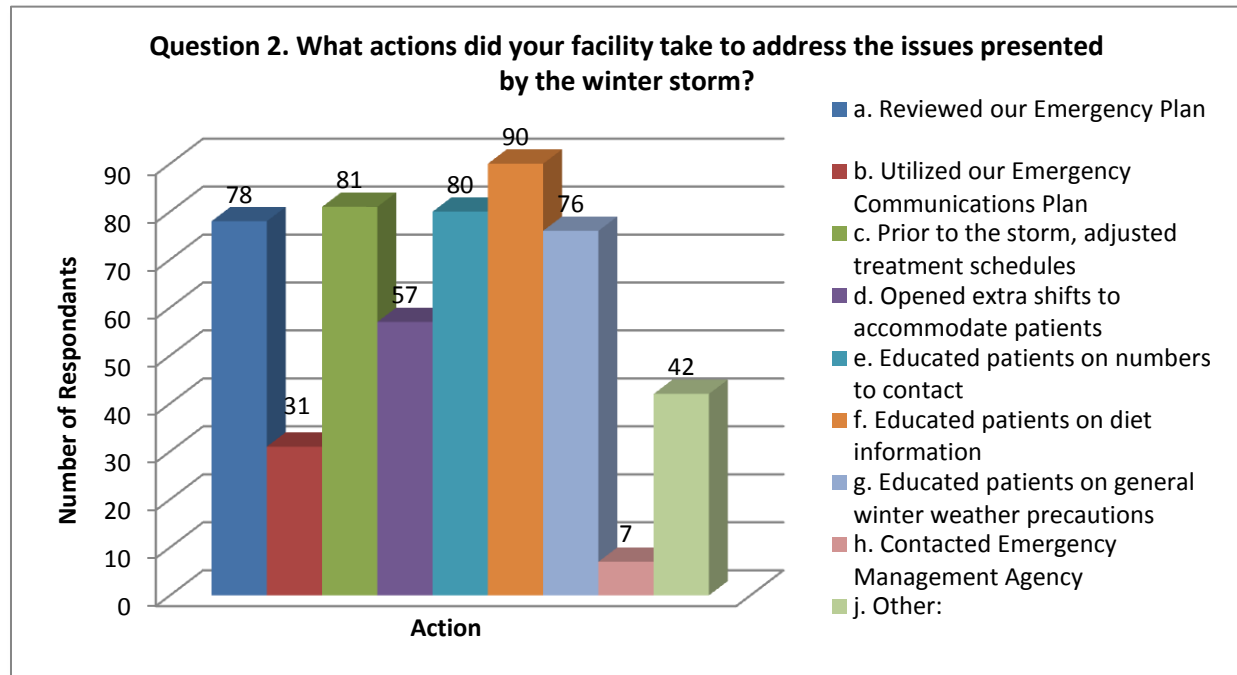
A review of the data provided by the evaluations received

reveals some consistent information about what barriers were experienced during the winter of 2011.

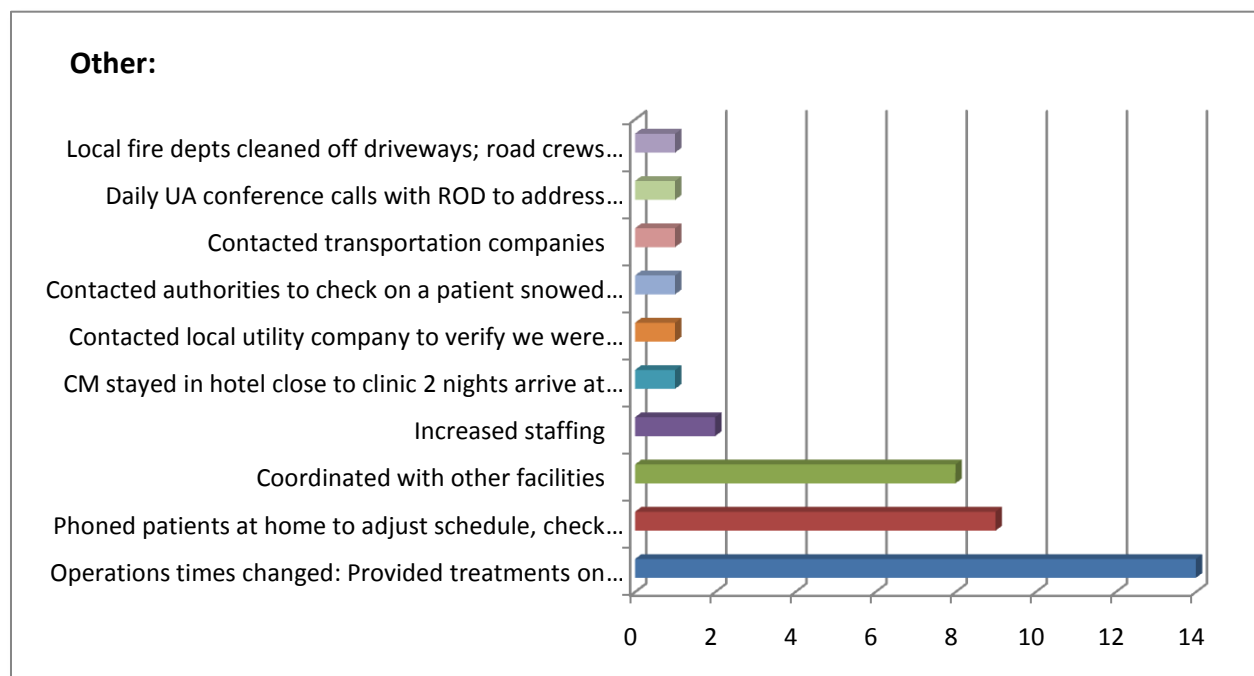


In response to the first question, "The winter storm affected the facility's operations by": 41% reported "Keeping patients from making appointments"; 23.3% reported "Closing the facility" and "Keeping staff from getting to work"; and 12.1% identified other issues. The issues identified included schedule adjustments and issues

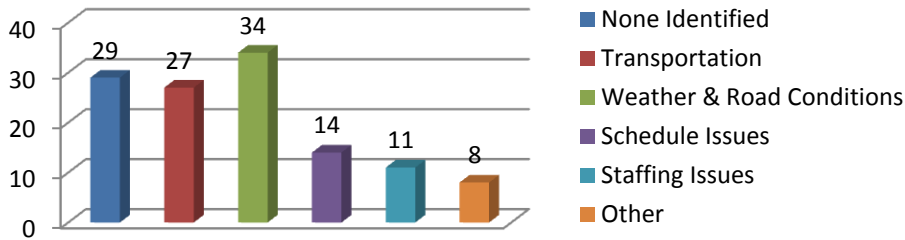
with transportation.



Facilities shared consistent actions in addressing the issues presented by the winter storm. The most common action taken was educating patients about diet information reported by 71% (90). Respondents reported 64% (81) adjusted treatment schedules prior to the storm; 63% (80) provided patients with emergency numbers to contact; 61% (78) reviewed the Facility Emergency Plan; and 60% (76) educated patients on general winter weather precautions. 45% reported opening extra shifts to accommodate additional patients, while 25% (31) reported utilizing an Emergency Communications Plan and only .5% contacted their Local Emergency Management agency with services including National Guard assistance with transporting staff and patients. Respondents shared 42 additional actions which were categorized and shared in the chart below.

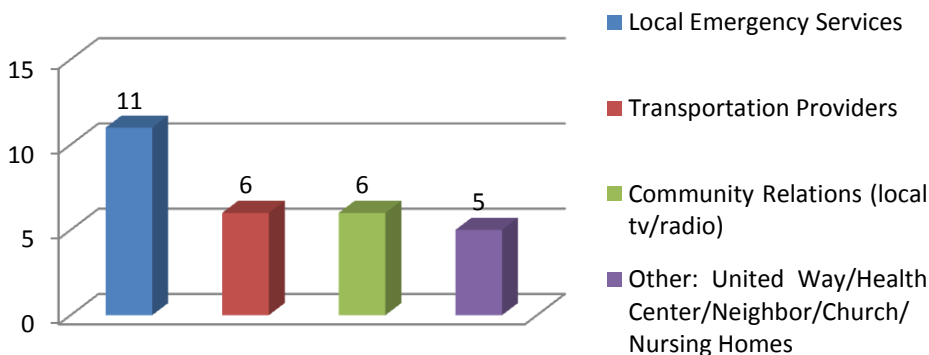


Question 3. Identify the biggest barrier(s) to continuing operations?



28% (34) of respondents reported that Weather and Road Conditions were the biggest barrier to continuing operations; while 24% (29) reported no barriers to operations. 22% (27) of responders reported transportation as the biggest barrier; 11% (14) and 9% (11) reported schedule and staffing issues respectively. 7% (8) identified other barriers including “no emergency generators if electricity goes down”.

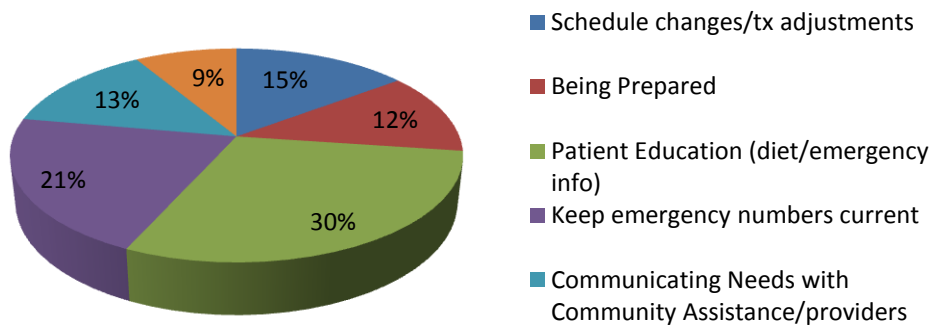
Question 4b: With Whom are New Relationships needed with?



As shown in the chart on Question 4b, most respondents reported no new relationships being formed due to the facility’s efforts with only 22% answering. 9% (11) reported new relationships or existing relationships with local emergency services, and .5% reporting new relationships with transportation providers, and other community organizations including media, volunteers and churches.

When asked what worked well within their emergency plans 30% (24) reported Patient Education worked well; 21% (17) reported keeping emergency numbers for patients and staff current worked well; 15% (12) reported making schedule changes and treatment time adjustments; 13% (11) reported communicating facility needs to community assistance/providers; 12% (10) reported being prepared overall worked well; and 9% (7) reported preparing for staffing needs worked well. Several facilities shared success stories and/or unique occurrences. These included everything from all staff making it to work despite the weather to three patients arriving to the unit with National Guard assistance. Several additional unique strategies were recorded and is presented following the Question 5 chart on the next page.

Question 5. What worked well?



- **“We realize we are a team & it takes all in small ways to cancel & adjust schedules to continue the day after. Have an updated list of all areas needing to be called (cleaning svcs & such)”**
- “We utilized teenage kids to go clear some patient’s driveways and steps so they could get transportation out.”
- **“I shoveled my social worker out of a snow bank so she could get back to work.”**
- “I think it helped to do "late starts" and give time for roads to be cleared and for early shift patients to come when it was light out”
- **“Our team pulled together and gave treatments to everyone who wanted one”**
- “Patients complimentary that we do emergency preparedness frequently”
- **“Rescheduled our patients that had a long distance to travel on roads with black ice”**
- “Staff personally called all patients and reminded them of fluid and food restrictions, rescheduled appointments and follow up calls after the storm”
- **“Staff stayed at a local hotel which allowed all to get to work during a severe winter storm”**
- “The ability to be able to "plan" ahead made the event go much more smoothly”
- **“The success is -4 staff showed up and dialyzed 30 pts successfully. Yeah!!”**
- “We had 4 staff members spend the night at the facility to be sure they were here the next morning to care for the patients”

In conclusion, the wealth and variety of information shared assists the Network in identifying strategies that may be useful for all facilities to consider in their emergency plans. Pre-scheduling patients when a storm is pending proved useful for many facilities as well as the flexibility of adding shifts when the facility had to close for the day. Patient education was important to the success of the emergency response. From the information provided, the Network has developed some additional resources and an opportunity for facilities to share concerns and strategies. These include: an emergency card to all patients via the Heartland Headlines Patient Newsletter in July 2011; a small poster for the facilities to display emergency contacts and numbers for patients to include on their cards; and a Pediatric Emergency Diet brochure. Finally, an Open-Discussion Conference Call “Sharing Challenges & Lessons Learned” will be held in July to offer facilities an opportunity to share mutual concerns and share strategies they have found successful.