



DAVITA DO TANK

Helping to Build Resilient Communities with Vulnerable Populations



CONTENTS

SUMMARY

FIT with DaVita Core Values About DaVita Bakersfield Bakersfield Demographics Dialysis Statistics

]	DC) T	[A]	NK

3

6

7

9

10

Do Tank Demographics Participant List Design Process Disaster Scenario Personas Solutions

11	FUTURE STEPS
12	Statement of work
13	Areas Participants Enjoyed
17	Improvements
18	Survey Results
19	Comments on Do Tank
22	

30	TEMPLATES	38
31	Invite	39
32	Agenda	40
33	Design Templates	41
34	Name Badges	43
36	_	



SUMMARY



Do Tank 10.18.16

The success of the DaVita Bakersfield Do Tank was illustrated by 92% of participants reporting that they would recommend the activity to their friends and family (survey results in II. Do Tank). One participant, when reflecting on the Do Tank, recorded, "[It was] very inspiring and motivating hearing different aspects of need." Another commented, "This was great; [it was] fun to meet everyone and hear creative ideas." Another wrote, "Love it — Amazing work DaVita gives out to its community."

The DaVita and Global Disaster Innovation Group, LLC team collaborated to put on a one-day innovation workshop with Kern County Emergency Management and members of the surrounding community (listed in the Do Tank section) to raise awareness and catalyze action for designing solutions. This workshop was centered on vulnerable populations, in preparation for a major drought. This event was a simulation only. Workshop participants were taken through a human-centered design approach to prototyping innovative

"[It was] very inspiring and motivating hearing different aspects of need."

solutions. Prototyping is about creatively stretching our thought processes for real-time scenarios in the workplace and beyond.

The goal of the Do Tank was to design an awareness campaign that broadens the dialogue for communities to incorporate planning for dialysis patients before a large-scale emergency. Our team of designers guided participants through the three-step design process, which began with a narrative of whom and for what they are solving. Second, they sculpted a focused challenge statement through our reframing exercise. Third, they concluded by building out one concept to prototype. Solutions for building resilience with vulnerable populations in the Bakersfield region focused on water sources, filtration and delivery; patient transportation; and several other potential areas needed to support disaster survivors during emergencies. The team built relationships and solutions for the emergency management, DaVita and Bakersfield communities.

Field Innovation Team 4



"Love it. Amazing work DaVita gives out to its community."

FIT with DaVita Core Values

Service Excellence: Serving others — our reason for existing. We continually seek to understand the needs of those who depend on us (our patients, doctors, and our fellow team members) and then to exceed their expectations.

After the Do Tank, participants rated their desire to be involved in their local community, helping others, in case of a disaster at an average of 91%. One participant remarked that they would recommend Do Tank participation to others because it fulfills this service value: "It's a very good way to connect into the community — AMAZING." This demonstrated that workshop participants felt a responsibility to be of service and support their community in emergencies.

Integrity: We say what we believe, and we do what we say. We are trusted because we are trustworthy. In our personal, team, and organizational values, we strive for alignment in what we say and do.

Integrity allows for individuals to work with each other in an environment of trust where they feel comfortable with each other. The Do Tank offered participants the opportunity to witness the integrity of those around them and Do Tank collaboration allows for exactly this kind of interaction. When rating their confidence in working with the community members after the Do Tank, participants reported, on average, a confidence level of **89%**. This statistic is also crucial for DaVita's following teamwork goal.

Team: One for All, and All for One! We work together, sharing a common purpose, a common culture and common goals. We genuinely care for and support, not only those to whom we provide care, but also those with whom we work shoulder-to-shoulder. We work together to pursue achieving our mission.

When reporting on how confident workshop participants felt acting as a leader in their local community in case of disaster, participants reported on average a confidence level of **89%**.

Continuous Improvement:

We never stand still; we are never satisfied. Individually, and as teams, we constantly look at what we do, and ask, "How can we do this better?" Then, we use a systematic approach to take action.

Accountability: We don't say, "It's not my fault," or "It's not my job." We take responsibility for meeting our commitments — our personal ones as well as those of the entire organization. We take ownership of the results.

Both Continuous Improvement and Accountability are important for Do Tanks to fulfill their purpose. At the end of the Do Tank we gave opportunities for all participants to help us improve the experience and they helped us by offering valuable insights as together we worked to remain accountable. A participant remarked, "[The] schedule [was] slightly compressed but [it was a] good experience." Another commented: "The activity really needs to have subject matter experts involved." These constructive comments will allow us to further meet the needs of the DaVita village.

Fulfillment: We make a difference. We feel rewarded, personally and as a team, because what we do in our jobs is consistent with our goals and dreams. We believe, "You must be the change you wish to see in the world" (Mahatma Gandhi). And, when you are the change, that's fulfilling!

"I found it incredibly

motiving," commented one workshop participant, reflecting on a renewed desire to be actively involved in creating solutions. This echoes the average level of confidence being 83% when discussing confidence that they can apply the design process to their contributions to disaster relief efforts.

Fun: We enjoy what we do. We know healthcare is hard work; but even hard work can be fun. We take our jobs seriously, but we feel a fun environment delivers better care to our patients while creating a better work environment for our teammates. We strive for excellence and we have fun.

The team strove to ensure the Do Tank reflected DaVita's core values of service excellence, integrity, team, continuous improvement, accountability, fulfillment and fun.



DESCRIBING THEIR DO TANK EXPERIENCE:

- "Helps build relationships. Memorable."
- "An innovative way to learn."
- "Very good and creative sharing!"
- "Excellent, transformative."

LARGEST DAVITA FACILITY IN THE U.S.



ABOUT DAVITA BAKERSFIELD

Notes from touring Davita Bakersfield:

Population:

- High percentage of patients are seasonal farm workers.
- High percentage are Hispanic.

Concerns:

- Obesity
- Diet includes a lot of meats.
- "They don't come in only when they crash and burn."

Patient care:

Many team members are bilingual in Spanish and English.

280 Patients

76

Dialysis stations



3–5 Hours for a typical dialysis treatment



80 Team members

Dialysis facility in the area with a back-up generator; it is at Davita Bakersfield. 48 Hours the back-up generator can run

210 Patients could be treated each night, cycled quickly through in an emergency



6 Clinics in Bakersfield, within a 20-mile range

16 Usual number of dialysis stations for other facilities **13000** High estimate of dialysis patients in the Bakersfield area





BAKERSFIELD DEMOGRAPHICS



If Kern County were a state, it would rank 4th in oil production.

2009 Oil Production (Million Barrels)	
Texas	403.8
Alaska	235.5
California	207.0
Kern County	154.8
North Dakota	79.7
U.S.	1,956

\$6.7B Billions in value of agricultural commodities produced in Kern County in 2013.

42.6% Language other than English spoken at home, percent of persons age 5 years+.

> **886,507** Kern County population, 2016

GREATER BAKERSFIELD CHAMBER OF COMMERCE, U.S. CENSUS BUREAU, CA DEPT. OF FINANCE

KERN COUNTY POPULATION BREAKDOWN



U.S. CENSUS BUREAU, 2010-2014 [FIVE-YEAR ESTIMATES] VIA KERN ECONOMIC DEVELOPMENT CORP.

Map of the percentage of incident dialysis cases using home dialysis, by Health Service Area, 2013

Map of the adjusted* incidence rate (per million/year) of ESRD, by Health Service Area, in the U.S. population, 2013



Data Source: Special analyses, USRDS ESRD Database.

Graphics from U.S. Renal Data System, "2015 Annual Data Report, Vol. 2: End-Stage Renal Disease; Chapter 1: Incidence, prevalence, Patient Characteristics, and Treatment Modalities." Data Source: Special analyses, USRDS ESRD Database. *Adjusted for age, sex, and race. The standard population was the U.S. population in 2011. Abbreviation: ESRD, end-stage renal disease.



DOTANK



Do Tank Summary

A core goal for this Do Tank was to create networks and deep dialogues to benefit patients. The Do Tank workshop participants came from diverse backgrounds, with agencies and organizations listed in this section. This was a highlight for workshop participants and one commented, "I enjoyed the diverse groups tackling problems in such different ways."

Our primary purpose, to design an awareness campaign that broadens the dialogue for communities to incorporate planning for dialysis patients before a large-scale emergency, was accomplished and participants reported gaining exactly that experience from the Do Tank. One of the workshop participants highlighted this point stating, "The experience makes the lives of others "real."

"I never knew how important dialysis is to the functional needs and access populations. [It's] so important we keep them in mind in planning."

DO TANK DEMOGRAPHICS

Ages: From 31 to 79.

Gender: Fairly even proportion of women and men.

Locations from:

Los Angeles Bakersfield San Francisco San Angelo Fresno Visalia Denver, Colorado Park City, Utah Nationalities represented: U.S. Mexican British German Filipino

PARTICIPANTS LIST

Infection Control Coordinator - Mercy Hospital	1
Mercy Hospitals of Bakersfield	1
Dignity Health - Mercy Hospital Bakersfield Care Coordinator	2
DaVita Hospital Services Administrator-RN	1
Group Facility Administrator, DaVita - Region Three	1
DaVita - DaVERT	2
BioMed, DaVita	7
DaVita patient	3
Hall Ambulance Director of Business Development	1
Red Cross - Disaster Program Manager - Volunteer Counterpart	1
Red Cross	3
Bakersfield Council Member, Ward Two (Terry Maxwell)	1
Patient Services Director - ESRD Network Eighteen	1
ESRD Network Eighteen	1
Field Innovation Team	4
Patient Relations Liaison - Patient Pathways	1
Regional Operations Manager - Patient Pathways	1
LA County EMS, Disaster Program Manager	2
FEMA - Region V (observing)	1
V.P. of Emergency Management & Facilitation - California Hospital Association	1
KCER Associate Director Health Services Advisory Group - ESRD	1
Kern Medical Manager Cardiopulmonary Services/Safety Officer	1
Kern County Fire Department	1
Kern County Sheriff's Office, Office Prevention Unit	2
Kern County Office of Emergency Services Program Specialist II	1
Kern Medical	2
211 Kern County	1
Victim Relief Ministries	6
Tulare County Public Health Emergency Preparedness Manager	1
Emergency Services Specialist	1





KEYNOTE: COUNCILMAN MAXWELL







TRUST-BUILDING ACTIVITIES



GROUP TOURS OF FACILITY







The Design Process

Our team of designers guided participants through the three-step design process, which began with a narrative of who and for what they are solving. Second, they sculpted a focused challenge statement through our reframing exercise. Third, they concluded by building out one concept to prototype.

We introduced a new portion to Step 3, through a facilitated brainstorm with expansion of ideas through an exercise called "Six Ups.""Six Ups" involved illustrating as many as six ways to solve the challenge statement that was created in design Step 2. In a short timed period, two participants had filled all six of the squares available for new solutions.

In our first design step, Do Tank participants were guided through a narrative [below] of an emergency: a worsening drought in the Kern County region. They formed teams of 7-8 individuals and subject matter experts representing Kern County Emergency Management, Los Angeles County Emergency Medical Services, DaVita, and dialysis patients.

Present at the workshop were three dialysis patients, two DaVERT personnel, and several Facility Administrators for Bakersfield and surrounding DaVita facilities. DaVERT personnel and Group Facility Administrator Suresh Vemuri rotated amongst the groups to provide insight and perspectives.

To add real life relevance,

Personas used in design Step 2 were presented by actual community members. Each Persona was introduced by members who described what their roles, capabilities and needs would be during a drought emergency. Representatives of Patient Care Technicians, Biomedical Technicians, Facility Registered Nurses, Facility Administrators, DaVERT, and patients told the audience about their positions.

The dialysis patients gave moving statements about their experiences living with dialysis. The ability to understand the experience of a dialysis patient and to have strengthened knowledge on the current water system was essential for workshop participants as they built out what disaster they were focused on within the large-scale emergency.

At the beginning of the day, participants took in-depth tours of DaVita's largest facility. Facility administrators led small groups through the water purification and dialysis treatment areas of the facility, as Biomed Techs and others jumped in to answer questions.

Participants also took part in several humorous trust-building activities in small groups.

As a bonus during the Do Tank, a Biomed Tech named Joe Palacio rose to present products he had invented for dialysis machines, as an example of creating innovations in his field.

The Scene

DISASTER SCENARIO

It's October 2016 and the four-year-long California drought has taken yet another turn for the worse, with pockets of the City of Bakersfield low on water.¹ The DaVita Dialysis Center here in Bakersfield is the largest dialysis center in the region and needs to continue providing services to their patients, but the clinic is now facing challenges with water shortages.

The Field Innovation Team (FIT) has established its command post here in Bakersfield and we need your assistance in carving out potential solutions to increasing demand on water resources and the center in Bakersfield.

CASE BACKGROUND

 \bullet In 2014, the City of Bakersfield came within 60 to 120 days of running out of water 2 *See Index

• "One week of rain doesn't make up for four years of historic drought. We are in a very deep hole," said Mike Anderson, California's state climatologist.

- June 10: Spray Parks throughout the city reopened.
- July 15: A small bush fire hit 11200 Stockdale Hwy.

CURRENTLY

Surpassing the water reserve lows of 2014, the city has pockets of the community with incredibly low water reserves, and with no forecast of precipitation for the next month. Small bush fires have erupted all over the city due to continued lack of rain; this is draining water reserves and occupying emergency services. Due to the need for water to fight the fires, and the reopening of Spray Parks throughout Bakersfield, water resources have been depleted and within the next month all remaining water will be mandated for Emergency Services use only.

THE TASK: Address the Problem with the Design Process

Over the next few hours, working from the FIT Command Post, we will walk through each of the three steps below, one at a time. Stay on each step until advised to move to the next step by ChiefWrangler, Desi.

Water: Each dialysis treatment requires 100 gallons of purified water.³

Bakersfield City: The city has limited resources to ship water in from other locations as it "recently missed the 36% water conservation and was forced to pay \$10,000 daily fines until the target was met."⁴

Ground Water Reserves: "In many places, the additional groundwater now being pumped is of poor quality... Conditions are particularly acute in the Tulare Basin—the major agricultural region that includes Fresno, King, Tulare, and Kern Counties—where groundwater supplies have been declining for decades." ⁵

Economic Consequences:

"Businesses that use water in their production processes... often have less flexibility than households to reduce water use... The new state mandate does not account for the fact that some communities have a much higher share of commercial and industrial water use than others. Although larger utilities generally appear to be avoiding cutbacks that would cost jobs, utilities in some middle-sized, high-water-use communities have imposed acrossthe-board cuts on residents and businesses alike."⁶

Dialysis Recycling: "Dr. Tarrass and associates [in an article

Severe water shortages

State health officials on Tuesday identified 17 small community water districts in 10 counties that are at risk of running out of water in 60-120 days due to the drought.

*Index: 2014 Warning from the Department of Public Health

KERN COUNTY

Camp Condor

Boulder Canyon Water Association

Cypress Canyon Water System

Lake of the Woods Mutual Water

published in the American Journal of Kidney Diseases] analyzed the wastewater from a hemodialysis facility and found that the only problem in reusing hemodialysis wastewater is its high salt content. Otherwise, their measurements showed that the water discharged from the facility met standards set by the World Health Organization and the United Nations Food and Agriculture Organization for use in irrigation and landscape use after desalination.

... Much of the water used to prepare the dialyzer membranes would not even require desalination, and writes that 'facility-based reject water has provided water for sterilizer steam generation, janitor stations, maintenance and landscape care.' It can also be used to supply toilets and laundries.

... 'I estimate that the U.S. is likely to be discarding around 7.13 billion gallons of grade 'A' potable water from their dialysis processes per year,' says Dr. Agar. 'This is water PRE-dialysis rejected by the reverse osmosis process -- not contaminated POST dialysis effluent from the dialysis process. That's about the annual water use for a U.S. city the size of Salt Lake City!' "7

^{1.} CNBC, "California Drought Worsens" http:// www.cnbc.com/2014/07/31/california-droughtworsens-may-have-to-migrate-people.html ² California Department of Public Health, "California Drought" http://www.mercurynews. com/science/ci_25013388/california-drought-17communities-could-run-out-water ³ Kidney Community Emergency Response (KCER), "Save a Life: What you need to know about emergency preparedness for individuals with kidney disease." ⁴ City of Bakersfield, "Drought" http://www. bakersfieldcity.us/

⁵. Public Policy Institute of California. "What if California's Drought Continues?" http://www.ppic. org/main/publication_quick.asp?i=1160

6. Ibid.

Faissal Tarrass, Meryem Benjelloun, Omar Benjelloun. Recycling Wastewater After Hemodialysis: An Environmental Analysis for Alternative Water Sources in Arid Regions, American Journal of Kidney Diseases, Volume 52, Issue 1, July 2008, Pages 154-158

Personas

In our second design step of the Do Tank, workshop participants were given an opportunity to put themselves in the shoes of a persona. At the Bakersfield Do Tank, the personas were presented by actual people:

- Patient: Jim
- Patient: Debra
- Patient Care Technician: Fernando
- Biomed Technician: Jerome
- Biomed Technician Manager: Patrick
- Facility Administrator RN: Dahlia
- Facility Administrator: Grady
- Emergency Responder: Greg

The importance of this step was building empathy as one of the members within the Kern County emergency response community.

In this stage, participants built out their challenge statement of "who" and "why," focusing on the persona's needs. The designers went to each table individually to check on the challenge statements to ensure the exercise allowed for focused statements, in order to build solutions that could support the personas they were solving for in the third design step of the Do Tank.

Additionally, participants shared their challenge statements with all workshop participants, demonstrating the diversity of the Bakersfield area's community and the array of needs that occur during a major drought.

"The DaVita community is my family. My family away from my family."

PERSONA: **Patient**, Debra, a long-time dialysis patient, with several family members also on dialysis.

"I fight to live every day, and am taking every day at a time."

"It is an emergency if we don't get to a dialysis machine — We die."

PERSONA: Patient, Jim

PERSONA: Facility Administrator Grady Dodson

- Operation management
- Annual online training for a disaster situation
- Level 1, 2, 3, 4 responders on staff
- Coordinates emergency response units

PERSONA: **Patient Care Technician** Fernando Rocha

- Assess patients
- 12 hour shifts (2 a.m. 4 p.m.)
- Training for an emergency includes:
 - Exit route procedures
 - The seats used for patients can be detached and rolled outside.
 - The arms from the chairs can be detached if necessary to exit a door.

PERSONA: **Facility RN** Dahlia Ackerman

- Run quarterly mock fire drills
- There is a disaster preparedness binder for protocol and training

PERSONA: **DaVERT Emergency Responder** Greg Adams

- Based in Denver
- Same operation system
- Resources: Generators, Electricians

"Patients are our business. We love our patients."

PERSONA: Biomedical Technician, Jerome Dizon

PERSONA: Biomedical Technician Manager, Patrick Lucas

- In charge of repairs
- Microbial testing and monitoring
- The Biomeds at DaVita are Level 3 responders
- In charge of gas and electric

What: Lack of water in two private residents.Patient needs to wash hands to avoid infectionWho: Dialysis patients

How:

- Deliver portable hand wash stations via drones
- Collaborate with Red Cross
- The "H20 Home Drone"

Feedback:

• "I really like the name 'H20 Home Drone,' and how you talked about dialysis patients at home." – Alexis

- "Great Idea, plausible, and feasible." Suresh
- "It would be great if we could use an app with this to deliver what you need, such as groceries." Greg

What: TransportWho: Dialysis PatientsWhy: Patients need dialysisduring an emergency

How:

- Contact the clinics
- Who can sell open transport
- Determine the emergency groups that would be contacted, if transportation cannot be setup
- Use of ambulances (last resort)
- Use vans with wheelchair accessibility
- Transport dialysis patients with school buses
- Create a collection point for pickup:
- Search for other locations that would accept patients
- Create a monorail to
- transport dialysis patients

Feedback:

"Well organized; right approach" – Alexis
"Really good job. I really liked the school bus idea for transportation." – Suresh
"I am impressed by the monorail idea." – Greg

Who: Biomeds What: In a major drought,

Biomeds need a good reliable source of clean water, otherwise the filter (There are 5 of them.) could break.

How: Create a portable userfriendly filter. The disposable filter can take all water types and run for 48 hours. It is small, has UV radiation, and an electromagnet to spin the water and remove detritus.

First: Unfiltered water enters the system. Second: The electromagnetism removes the biohazard, and the ultraviolet light filters water. Third: The filtered water enters the water tank.

Feedback:

"A lot of fancy science, but a 'portable user friendly filter' are good words." – Alexis

What: Water system that conserves water. The water system, the city only get 500 gallons per tanker. Actively, 3 times a week there is a regeneration of water supply. Goal: Reduce it to once a week, to conserve the water and help the community.

How:

• Find ways to reduce water usage by 30% to be more efficient.

• Maintain the tank every 3 years.

Feedback:

• "DaVita is actively part of a green program. We have reduced water usage by 33% and we have a goal to reduce water usage by an additional 30%." – Alexis

• "Without water we cannot run dialysis. Because dialysis needs the water to be purified, we reject a lot of the water and throw the rejected water in the drain. We are working to reduce the rejection of water and hope to use the rejected water for something else." – Suresh

What: Where do we get the water?

How:

Create an immediate source:

- Create contracts with communities to provide water during a disaster.
- Create a holding tank.Truck picks up water from the tank, and delivers to DaVita, where the water can be filtered.
- Bring an iceberg in on a truck and pump water from that.
- The non-usable water can be given away or sold to farmers - Potential source of income

Feedback:

"We are willing to share and would be glad to be community partners. Right now DaVita has a tanker, a one system, we also share water with other agencies." – Suresh

What: Lack of water. FiresWho: Dialysis patientsWhy: Large amounts of water are needed for the dialysisprocess and for fires.

How:

- Create a pipeline of water from the ocean to wells in Bakersfield.
- Create a sprinkler system via telephone poles to put out fires.
- Create a desalination plant that works on solar power.

Feedback:

"The Saudi Arabia clinic uses desalinization water, and thus the technology is possible." – Alexis

What: Lack of water Who: Dialysis patients

Why: Large amounts of water area needed for dialysis.

How:

• Use a drone to search for water across California and other states that could be "borrowed," or reallocated.

• The water can be transported with a truck driving throughout the night with snow.

Feedback:

"A lot of use of technology." – Alexis

IN-HOUSE INNOVATOR

"I innovate to make dialysis patients' lives better."

— Joe, Biomedical Technician

FUTURE STEPS

RECOMMENDATIONS

Statement of Work

• Ability to run a one-day design-thinking workshop with participants.

- Approach problem solving in a new way.
- Foster creativity and the potential that ideas/prototypes can be carried out within the community.
- Confidence in emergency preparedness capacities.

Additional Goal (Not noted in Statement of Work):

• Build the DaVitaVillage through diverse stakeholders engaged in the workshop.

• Knowledge of emergency management field and the DaVita community.

Areas Enjoyed

•Workshop participants enjoyed having the Do Tank on the dialysis floor to immerse the audience with the technology and machines.

• Speakers were engaging and interactive during the discussions and key learning in between design sessions.

•Workshop participants were passionate about dialysis treatment and emergency preparedness and finding solutions to future challenges.

• Having dialysis patients immersed in the workshop was INCREDIBLY important and gave insight into what it is like to be a patient with the day-to-day challenges. The stories and first-hand experiences gave the groups the opportunity to put themselves in the "shoes" of a dialysis patient, building empathy prior to solution generation. Empathy is a core factor in the design process.

• Workshop participants enjoyed the improvisational activities to get to know one another. The two games that participants played were "snappass" and "name and motion." These exercises were great rapport-building activities for the groups.

• Participants enjoyed the tour of the dialysis center and the water treatment facilities. Many participants did not know how much goes into water treatment for dialysis patients and the technology behind purifying the water. It demonstrated how hard it is to get the standard of purified water patients need and why power and purified water is so important for dialysis patients and the centers that serve these patients. Participants asked a lot of questions during the tour.

• The agenda felt organized and had a steady flow of activity.

• Importance of the core values was expressed throughout the workshop.

• Diversity of workshop participants was strong (See previous Participants chart stating the various backgrounds which include: dialysis experts, emergency management, community advocates, coalition leads, designers, physicians, public health officials, etc.)

• The workshop was interactive and "hands on." Workshop participants were grateful to be "doing" during the event and applying the design concepts to an area of disaster preparedness for the Kern County community.

• DaVita personnel were very proud to showcase the facility, discuss the technologies, and present on the emergency response they provided in past disasters.

• Workshop participants focused on local resources and personnel when developing solutions with and for the Bakersfield area community.

Improvements

INCORPORATED AREAS FOR IMPROVEMENT FROM THE BRONX DO TANK:

• Additional time was made to discuss dialysis, and the technology behind it. The DaVita Clinic gave the audience additional background on dialysis treatment.

• 2-3 representatives from each organization during the Do Tank.

• Representation from local fire, police and politicians demonstrated that the dialysis community is important to focus on for disaster preparedness.

• DaVita team joined the tables to support the teams as they designed solutions.

• Additional networking hosted at the end of the event.

• Duration of the event at 4 hours for the workshop and lunch.

• Integrated DaVita Emergency Response examples into the design facilitation.

• DaVita personnel as subject matter experts rotated with emergency management personnel.

• Explained how the DaVERT team gets activated: A 24 hour hotline to report any interruptions and/or emergencies. Once the incident or emergency is reported, that is sent to the DaVERT team.

• Utilized architectural materials (less bright colors) during prototyping.

• Used large tables, and incorporated clip boards to hold handouts and pre- and postworkshop surveys together.

• Lunch menu included items that were sensitive to a kidney friendly diet, more water (less soda).

FURTHER PROPOSED IMPROVEMENTS AFTER THE BAKERSFIELD DO TANK

• New solutions can also look at chemical spills or a barricade within a facility.

• We could look into modifying the scenario so that the roads cause people to need to stay at the facility.

• Requested a meeting with Alexis Garcia for feedback on areas of improvement from the Bakersfield Do Tank.

INSIGHTS FOR FUTURE DO TANKS:

•Workshop participants sought out the DaVita teams' insights. One reason we are hosting Do Tanks is to pre-establish and reinforce relationships with the DaVita/DaVERT. It was a valuable opportunity to build relationships and partnerships for future collaborations and emergencies.

NEXT STEPS:

• Recommendation to have DaVERT work with GDIG, LLC to follow-up in the weeks to come with participants via email. Followup with Alexis Garcia on this step.

PRE-SURVEY

POST-SURVEY

Participants stating they were here for disaster relief & response: (In the past, participants have mentioned technology, networking, etc.)	100%
Participants who are partaking in monthly engagements to provide volunteer service:	77%
The participation in volunteering ranged from disaster preparedness, donations, comme engagement efforts and other. Many surveys also mentioned work with the homeless populations in Bakersfield and surrounding Kern County.	unity
Participants responded to wanting to help their local community in case of a disaster:	91%
I am confident in my ability to act as a leader in my community in case of a disaster in my local community:	85%
I am confident in my ability to respond to disaster situations using design skills at my local level:	85%
I feel confident collaborating with members of my community:	88%

I want to be involved in my local community helping others in case of a disaster:	91%
I am confident in my ability to act as a leader in my community in case of a disaster in my local community:	89%
I am confident in my ability to respond to disaster situations using design skills at my local level:	83%
I am confident in my ability to respond to disaster situations at my local level:	83%
I feel confident collaborating with members of my community:	89%
I feel confident I can apply the design process to my work and/or day-to-day living:	91%
I feel confident I can apply the design process to community volunteering efforts:	90%
I feel confident I can apply the design process to my contribution in disaster relief efforts:	83%
I am confident I could teach others how to use the 3 step design process:	90%
I am confident I could teach others how to use the 3 step design process in a disaster situation:	91%

92%

Would recommend the Do Tank to their family and friends.

Three participants would not recommend the workshop to their family and friends, and here are their three reasons:

- 1. "It was great for staff, but not necessarily my friends and family."
- **2.** "They would not get it like most of our population that are not accustom to thinking out of the box."
- **3.** "I found it incredibly motivating; the activity really needs to have subject matter experts involved."

91% of participants reported feeling confident they could teach others how to use the 3-step design process in a disaster situation.

COMMENTS ON THE DO TANK

- It was great!
- It was excellent/ productive.
- Great for my family and friends to be prepared.
- Educational and interesting.
- Quite good. Schedule slightly compressed but good experience.
- Open means to communicate with clarity.
- Positive, impactful design/exercise methods.
- •Very good way to connect into the community — AMAZING.

- Excellent.
- Very informative.
- Very interesting.
- Excellent great experience.
- LOVED it! I did not realize the drought was so severe.
- Love it Amazing work DaVita gives out to its community.
- Good.
- Very good experience just overall good.
- It was great for staff but not necessarily my friends and family.

- It's an innovative way to learn — learned new way to deliver education. Transportation and communication are the biggest issues in disasters. Creative and informative — interactive.Very good and creative sharing!
- Fun positive experience.
- The experience makes the lives of others "real."
- Excellent eye opener!
- It's a good learning experience.
- I found it incredibly motivating.
- •Very good technique on teaching and giving

awareness — very pleasant.

- Excellent, transformative.
- Informative and fun.
- Very good way of working together as a team. Fun and challenging, coming up with ideas, putting ideas together.
 Very inspiring and motivating hearing different aspects of need; operation toward one solution.
- Fun way to create a family disaster plan. This was great. Fun to meet everyone and hear creative ideas. I enjoyed the diverse groups

tackling problems in such different ways. It was a learning experience for me — very informative.

- It was fun; it was ok.
- Great learning experience; good.
- Helps build relationships — memorable. At first I was hesitant but I enjoyed it and definitely made some work friends.
- Educational and proactive plans.
- I never knew how important dialysis is to the functional needs and access populations — so important we keep them in mind in planning.

"Positive, impactful design/exercise methods."

THANKYOU

DaVita Bakersfield Dialysis Center

Kern County Emergency Management

Participants, including Red Cross & more

DaVita DaVERT: (DaVita Village Emergency Response Team) personnel Alexis Garcia and Greg Adams.

Field Innovation Team: Chief Wrangler Desiree Matel-Anderson, photographer/ facilitator HyunJu Chappell, facilitator Eric Fischer, and volunteer Aviel Stern.

AFTER ACTION REPORT:

Content by Desiree Matel-Anderson

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