



## **Abstracts of Presentation by Dr. Karen H. Sexton**

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*Readiness for Recovery: UTMB Evacuation Model*

January 18, 2007

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### **UTMB's evacuation of its patients during Hurricane Rita:**

In September 1900 when the big storm hit Galveston Island, as you know, it's still the largest disaster in loss of lives in our country. And that still stays with us, it's our history. It's who we are. But at UTMB the then-president of UTMB sent a telegraph to UT System in Austin and said "there's five feet of water in our basement. We recommend canceling classes". The chancellor sent back a telegraph and said, "UT stops for no storm". And we didn't. And we have yet to stop for a storm. It's who we are. We're not going to do that.

However, in the opportunity to evacuate our hospital during Hurricane Rita, we did change things a little. I have a **DVD** that really is the heart of what happened with our people and I wanted you to hear from them, not really from me.

*(UTMB Video: please check National Blueprint to view)*

### **Abstracts of Dr. Sexton's UTMB evacuation best practice presentation**

**Convert lessons learned or observed from other disasters into best practices or your emergency preparedness plan:** Think about implementing a preparedness or response plan differently or adapting a plan when observing or experiencing inefficiencies in disaster preparedness or response. Improve procedures and policies related to a critical issue such as sending hospital evacuees with complete medical records. Train citizenry who evacuate of their own free will to travel with one's personal medication record.

**Send evacuees with medical history and medication information:** To enable the receiving medical team to properly care for a patient, especially the sickest of the sick, develop a system for sending critical medical records and medication information with every evacuee.

**A hospital should open an incident command center and declare a state of emergency at the time of evacuation:** Send non-essential individuals home such as students and faculty. Send essential people home to give them the opportunity to take care of their loved ones and their living accommodations and ask them to return by 8:00 o'clock the next morning. Stay overnight in the hospital as needed to prepare for possible or imminent evacuation.

**Do not evacuate the hospital and patients until necessary:** Avoid evacuation until necessary especially given the critical care required for patients on life support.

**Send word to nurses and our physicians to prepare the patients in case of evacuation with guiding principles:** The guiding principles of the Galveston Evacuation were: Do what's in the best interest of patients at all times. No patient is ever to be lost. Move the sicker of the sick first and then take care of employees, and facilities. Copy medical records. Gather medications. Identify patients on their bodies and other appropriate ways so that in the event of evacuation the patient is accompanied with proper identification and medical records so that the receiving party is able to take proper care.

**Set up staging areas to move transport patients:** Set up staging areas for both ground transport from one door and another staging area at another door for patients who are to be air-lifted.

**Establish and perform patient checklist at three junctures before evacuating:** Conduct the checklist to establish the patient identification; status of the patient such as sickest of the sick, mode of transportation, transport companion if any, medical record, family notification record, and evacuation destination. Conduct checklist three times; at the bedside with the physicians and nurses, again at the exit of the hospital, and one final time as the patient is put on that transport.

**Maintain emergency preparedness plan flexibility:** A plan may call for hunkering down and staying in one place. Yet when considering how to care for the sickest of the sick post disaster, without infrastructure, it may be best to adjust the plan and evacuate.

**Delegate to those with decisive leadership skills:** Delegate authority to those with decisive leadership skills to ensure a successful evacuation each step of the way.

**Request the State's assistance with aircraft to evacuate remaining employees:** After the sickest of the sick have been evacuated from the hospital contact the Governor to request an airlift for remaining employees after the sickest of the sick have been evacuated.

**Assign volunteer employees to keep emergency room operations open:** Assign volunteer employees to provide emergency operations, at least the services of an urgent care center, for those remaining behind.

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