



Presentation by Dr. Karen H. Sexton

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Readiness for Recovery: UTMB Evacuation Model

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Thank you. It really is a pleasure to be here this morning to talk about **UTMB's successful evacuation of its patients**. First I want to thank the Governor for giving us the opportunity to be recognized as a city who responded flawlessly almost. And the Mayor who gave us that opportunity locally to be recognized across the world that we knew how to take care of people. And I'm here then to talk about how UTMB served its patients and its employees well during this time. To put this in context, 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, you know, 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. It's, we're not going to do that.

However, in the opportunity to evacuate our hospital during Hurricane Rita, we did change things a little. And I'm going to talk to you just briefly about that.

And then 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, from me.

But I will say that on Sunday, as Rita began to form in the gulf, I; never in my wildest imagination would I believe that three weeks after Katrina we would have such a storm. I believed that in my heart so strongly that when Dr. Joan Richardson, who is our emergency preparedness officer, wanted to go to Paris, France after Katrina, I said, sure, go. What are the chances? Well, she left on Saturday. The storm formed on Sunday. I'm not sure exactly why all that happened, but as fate would have it, I ended up being the incident commander for UTMB. This was my first hurricane. And one that I'll never forget.

But the three weeks of Katrina set the stage for us. And I don't want to ever forget that people paid a price for us to really be able to do what we did. We cried as we watched those hospitals and nursing homes deal with their patients. And, and we saw the devastation of that. We experienced that personally because of the patients that we received after that storm and our own commitment to the community in providing medical care in the shelter that was established for patients who came here who were homeless.

We also dealt with the fact that we didn't know anything about these patients. They didn't know anything, they couldn't tell us the medications they were on. They couldn't tell us their medical histories. They were in crisis and really, so were we in trying to provide good medical care. And we were all talking about that in that three weeks. *So we had a good opportunity to think, how would we do it differently?*

We didn't have an evacuation plan for our hospital but we had learned in that three weeks and we had had enough discussion about, well, what would; might we do? So on that Sunday I watched the storm approach. I got a little Blackberry message from Dr. Richardson in Paris and she said, watch TS18. Or something like that. And so I turned on the news and there I saw Tropical Storm Rita and, and then things started happening. Monday morning called the team together. We heard that the Governor was going to declare a state of emergency. The state operations center opened and we began to participate. We were in conversations with our partners in the city. We knew what the Mayor was planning to do on Tuesday.

We were working in collaboration with that and Tuesday around noon or so **we opened our incident command center.** We **declared a state of emergency** and we sent our non-essential individuals home, which means our students, our faculty - people who did not need to be on our campus helping us take care of our patients. We also sent our essential people home to give them the opportunity to take care of their loved ones and their house; do whatever they needed to do and send them on their way and then return by 8:00 o'clock the next morning. We stayed in the hospital on Tuesday evening doing what we needed to do just in case we called for an evacuation.

And I kept **asking the State to give me time, because I did not want to evacuate our hospital and our patients if we didn't need to.** Because in many ways we, that was a life and death situation or call for some of our patients who were on life support. And they gave me the opportunity to wait through Tuesday night as long as I would make the call after the weather report at 7:00 a.m. on Wednesday morning. But we didn't just sit there.

We sent word out to our nurses and our physicians to ready our patients just in case we were going to evacuate. Now, we didn't have a plan. But it occurred to me that with **guiding principles**, they could do what we wanted them to do. And why did I think that? Because I know we have great people. They're committed to our patients. We wanted to tell a better story. We wanted the world to see that hospitals could be held responsible and be trusted to take care of patients. *So we simply said, do what's in the best interest of patients at all times. No patient is going to be lost. We are going to move the sickest of the sick first and then we'll take care of you, our employees, and we'll take care of our facilities.* And that was a very simple message. But people got it. I did not have people calling and saying, well, I don't understand why you want us to do this. They just did it. *They copied medical records. They gathered medications. They identified patients on their bodies and every way they could so in the event that we did have to move our patients they went with what they needed so that somebody receiving them would be able to take care of them.*

And at 8:00 o'clock the next morning we called for the evacuation and we moved our first patient out about 9:00 or 9:30. And we were totally evacuated with the exception of one patient by around 6:00 or 7:00 o'clock that night. So we did this all in about a 10 hour span.

We set up staging areas so that we were moving our transport patients; our ground transport out the front door and we were moving our air lifted patients out the back door.

We were asking people to set up these staging areas, **do checklist**, understand that we're going to do **this at the bedside with the physicians and nurses**, that this was, indeed, the *sicker of the sick*. And this was the *mode of transportation*. And this was their *medical record* and we *had notified the families* to the degree that we could that we; *they were leaving and where we thought they were going to*. **And then we also did that at the exit of the hospital.** This is the *patient*, this is the *mode of transportation*, this is the *sickest of the sick*, this is *who should be accompanying them during this transport*. And then **we also did it as the patient was put on that transport one more time.** This is the *patient*, this is the *sickest of the sick*, this is *how they should go and how; who should accompany them*.

And I am happy to say that *we did not lose one patient. Geographically or otherwise*. Thank you. We were commended by the healthcare systems that took our patients of what we sent with them and how prepared they were. And it's just a great story. And there's much too much to tell at this point. But I will say why were we successful? One is that we have great people committed to what they do. We love our institution. We love our patients. *We have a strong culture of preparedness. We didn't have an evacuation plan but we had a great plan to be prepared.*

We usually hunkered down and, and held in place. And we decided not to do that on that day because we had seen what happened to that hospital; *in those hospitals three weeks prior because it wasn't the actual storm that was their problem. It was two or three days later when they had the sickest of the sick patients in their hospital and they lost their infrastructure.* That wasn't going to happen to us. We weren't going to do that, and we didn't. But we were prepared in our mental state of being, being ready and able. We had quick and decisive leadership. Dr. Stobo handed over the reins to me and told me to "do what you need to do, I will support any and all decisions." We had the chancellor calling from UT System saying "get out, close the University, do what you need to do, take care of yourself". **And Dr. Stobo said, "it's in the hands of Dr. Sexton, she will make the decisions in the best interests of the institution".** *I can't tell you what that enabled me to do to know that I had that kind of support.* So that being said, we had a great evacuation. Thursday morn; Wednesday morn; Wednesday night was a bad night.

And the reason that was is because my hospital was empty now and I had a bunch of employees that were now in harm's way unnecessarily because they had no one to take care of. So we **asked the Governor on Thursday morning if he would assist us and he agreed to send two C-130s down and fly the employees out who wanted to be flown out to shelter** to Fort Worth. And there were about 132 employees who wanted to do that.

The other employees wanted to stay. I asked them to volunteer if they wanted. Many of them did. Because we did want **to *keep our emergency room operating at least as an urgent care center*** *because we knew there were people on the island who would need our help* during and after the storm because we were the only healthcare facility between here and Houston that would be open. So we were committed to doing that for our community and we did. And as Steve said, we did have a fire at the height of the storm and we were there to do what we needed to do and save lives. So that's as far as I'm going to talk about. I'm going to show the video now and thank you for your attention.

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