Irma - No Clinical Impact

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Disclosure

Donna Lee Armaignac, PhD, RN-CNS, CCNS, CCRN
I am just the reporter/journalist for this presentation
Hurricane Irma – ‘No’ Clinical Impact

Leslee Gross, RN, MHCA, AVP Operations; Louis T. Gidel PhD, MD, Medical Director; Lisa-Mar Williams MSN, RN, Operations Director; Eduardo Martinez DeBouchet, MD, Associate Medical Director; Carlos A. Valle RT, Telehealth Data Analyst; Donna Lee Armagnac PhD, RN-CNS, Reporter

CHALLENGE

Disaster Preparedness Department
Policy: Baptist Health have a responsibility to the community to maintain public health and safety

PREPAREDNESS LEVEL ACTIVATION

9/05 Level 3 monitoring and assessing
9/06 Level 2 - A/B teams notified. Teams are re-randomized planning for 4 Hurricanes per-year
9/07 Evacuate and close Keys hospitals
9/08 Level 1 - Emergency Operation Incident Command Activated

EMERGENCY DEPARTMENTS

• EDs 50% - 100% over capacity per entity over period
• ICUs all full
• Mobile carts constant use
• eMDs – new role overseeing admissions - hospital discharges
• Injuries pre-hurricane – shutters etc

Expecting Families

Refuge for ALL – Employees and their Families

SOLUTION - Not any port in a storm

Telehealth Center of Excellence BEACON for System Transfer Center-Bridge Office of the Watch

• SOP tele-psych and tele-stoke
• Bed placement
• Patient Transports/Transfers
  • ~25% pre-storm % (closed two hospitals)
  • ~75% after all clear
• Transportation of staff et al. after all clear non-emergency vehicles
• Which Docs were in ORs and when we could send cases
• Volume of non-patients in-house
• D/C power mechanically electrical dependent patients
  • Couldn’t send d/c’d patients home to no electricity
• WK/BH auditorium opened for discharged patient accommodation
• FIU secondary location with telehealth remotely
• Hyperbaric chamber knocked out
• Find state facilities CO poisoning

Mobile Hospital set up in the Keys

CONCLUSION - No Hurricane related deaths!
EOC, Experience. Pre-planned systems did not fail, Not a time to think ‘outside the box’

LESSONS LEARNED

• No internet or cell service
• Remember Walkie Talkies??!
• Improved food planning
• Shower sign
• Garbage
• Bathroom
• Create a third team ‘C’

eICU was the Port in the Storm for ALL

• Flexing – Everyone was a Generalist
• eICU cared for non-ICU patients
• WhatsApp communication
• Exponential Teamwork

Philips PCCI Users Summit
October 17-18, 2017

Clinical Innovation
Challenge
Planning

9/05  Level 3 monitoring and assessing
9/06  Level 2 - A/B teams notified. Teams are re-randomized planning for 4 Hurricanes per/year
9/07  Evacuate and close Keys hospitals
9/08  Level 1- Emergency Operation Incident Command Activated
9/09  Team A reports 0700, Irma approaches
9/10  Irma arrives
9/11  Team B reports 0700 after all clear, return to Level 3
9/15  Mariner’s hospital re-opens
9/26  Open field hospital at Fisherman’s hospital site
Emergency Departments

- EDs 50% - 100% over capacity per entity over period
- ICUs all full
- Mobile carts constant use
- eMDs – new role overseeing admissions - hospital discharges
- Injuries pre-hurricane – shutters etc
Expecting Families

Refuge for ALL: Employees and their Families
Telehealth Center of Excellence

BEACON for System
Transfer Center – Bridge Office of the Watch

• **SOP tele-psych and tele-stoke**
  • Bed placement
  • Patient Transports/Transfers
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eICU – *the Port* in the Storm for ALL

- **Flexing** – Everyone was a Generalist
- eICU cared for non-ICU patients
- WhatsApp communication
- Exponential Teamwork
Conference room and offices: a home away from home
Hurricane Debrief

- No internet or cell service
- Remember Walkie Talkies????
- Improved food planning
- Shower sign
- Garbage
- Bathroom
- Create a third team ‘C’
Improved food planning

Whole Foods Market
Coral Gables
DAILY HOURS
8:00 AM – 10:00 PM
Mobile Hospital set up in the Keys

9/15 – Mariner’s hospital re-opens

9/26 – Open field hospital at Fisherman’s hospital site
No Irma Related Deaths – Why No Clinical Impact?

- EOC
- Experience
- Pre-planned systems did not fail
- Not a time to think ‘outside the box’
- Wayne Brackin et al


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