

“Our organization felt like we were ready for any disaster that might happen, but no place was ready for what happened in New Orleans and we were certainly no exception.” This was how Susan B. Greco, MSN, RN, CRRN, Director of Rehabilitation Nursing at Touro Rehabilitation Center in New Orleans introduced her address for the American Association of Spinal Cord Injury Nurses called “SCI, Hurricane Katrina, & Evacuation: Applications to Rehabilitation.”

“We met all the standards for the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF) for hurricane evacuation and preparation, we participated in state and local disaster drills and all our employees had to practice every year and demonstrate their competence in the evacuation of out patients.” Nothing, however, worked as planned and Greco and her team found themselves improvising their way through the worst hurricane to hit New Orleans in 100 years.

Greco explained that Touro, a 154-year-old institution, had been closed only once before and that was during the Civil War. After Katrina, “we closed our doors for 28 days. That was the longest time that Touro has ever been closed.” She noted that Touro and Children’s Hospital were the only hospitals open in New Orleans parish until February, 2006 and “eight major hospitals are still closed.” The SCI rehabilitation unit was on the ninth floor of a 10-story building in the 6-building Touro complex and the hospital’s heliport was on the roof of a 4-story parking garage.

Greco said they discharged as many patients that they felt were safe enough to leave and those that could tolerate a 12- to 14-hour car ride to evacuate from the city. “When you try to evacuate a million people and there are only five or six avenues out of town it takes a long time to get out of there.”

Communication was Touro’s biggest problem, she said. “Communication was a nightmare. Cell phones didn’t work, landlines didn’t work, we couldn’t call outside, we had no way to communicate with anybody. The only way we could communicate among ourselves was through a walkie-talkie we used for our escort service. That was the only thing that worked.”

By Wednesday, August 31, “We weren’t feeling much like a hospital at that point in time and we just started evacuating all of our incubated babies and our ICU patients.” With 22 babies to fly out of harm’s way, “We had a helicopter full of babies,” Greco said. They also allowed employees to bring their immediate family members (and pets) to the hospital for shelter and Greco said that a lot of people volunteered simply to have a safe place for their families. “I personally brought my mother who is 84-years-old,” she said.

“We identified everybody with an arm band. Everybody had different colors—patients, family members, workers, medical staff, etc.” By Thursday, September 1st, everyone had been safely evacuated and they closed and locked the doors.

Touro has made a number of changes to their operation in the wake of Katrina, Greco explained. They had a well dug for cooling the building and also for other non-potable uses such as bathing. They doubled the capacity of their power generation system to include five backup generators for each of the five existing generators. A 1,500-gallon fuel tank was installed to allow the generators to run for five to six days. Additional onsite security officers were hired; plans were developed to reduce patient volume by early discharges; train more volunteers; revise the distribution protocol for drugs to give patients their medication for a longer period of time; they purchased more hands-free lights such as lanterns and glow sticks; and many more MREs (Meals Ready to Eat) were purchased. Agreements have been struck with other facilities to send the most critical patients and a decision was made that having employee family members and pets at the facility didn’t work out well and, henceforth, only essential personnel and volunteers will be allowed to stay at the facility during an emergency.

Greco also had high praise for the “Evacusled” which is an evacuation device built into the patient’s bed. When deployed, it “cocoon” the patient and mattress together and the patient, mattress and Evacusled are then pulled off the bed deck. With 25 wheels on the underside of the Evacusled, the rescuer rolls it down hallways and stairwells. It involves no lifting, only pulling and one person can evacuate one patient Greco said that “every staff member in the hospital has been taught to use this device; every housekeeper every dietary person, people in finance, everyone.”

For more information of the Evacusled, visit [www.evacusled.com](http://www.evacusled.com).