By August 2005, Melissa Guidry RN, BSN, MPH, CNOR, had counted among the year’s accomplishments filling 3 management positions, merging with a community hospital, and integrating and upgrading a computer system.

Her biggest challenge was still to come—Hurricane Katrina.

Guidry had been director of perioperative services at 250-bed Tulane University Hospital in New Orleans for 8 months when Katrina hit.

“We talked for years about what we would do when the ‘big one’ hit. I thought we were prepared, but Katrina showed us where we needed to improve our disaster planning,” she says.

On the Friday before Katrina’s landfall on Monday, Aug 29, 2005, Tulane had the essential personnel it needed to care for 200 patients and run 2 operating rooms.

The team reviewed the disaster plan and decided to be at the hospital by 7 am Sunday with their families and pets if need be.

No one knew the near week-long struggle that lay ahead or that the hospital would not be open again for 6 months. They didn’t know many would lose their homes or that many of their families would be scattered to other states.

‘A jovial mood’

“All day Sunday, everyone was in a jovial mood. For us, it felt routine,” says Guidry. The staff moved supplies, equipment, and instruments from the first-floor central supply to the third-floor ORs just in case of flooding and waited for the storm.

During the storm, damage was minor. The team thought they had fared well.

“We thought we were home free, so we moved the supplies back down to central supply,” Guidry says.

‘The water started to rise’

On Monday at 10:30 pm, Guidry got a call that the water was rising, and the central sterile area needed to be evacuated again. Within 45 minutes, the staff had moved the supplies back to the OR. They also gathered supplies from the distribution department—IV supplies, bottled water, diapers, and baby formula. They moved essential medications out of the first-floor pharmacy to a secure area on the fourth floor.

Meanwhile, the command center was monitoring the rising water and talking with the headquarters of Tulane’s parent, HCA Inc, about a plan to evacuate the patients in helicopters. The HCA division president and hospital’s administrators were at the hospital during the hurricane.

The hospital did not have a heliport, so the maintenance staff made one on the roof of the parking garage on Monday night.

Guidry says she didn’t get to bed until 5 am Tuesday morning. By 7 am, 2 inches of water were on the first floor. Amazingly, she says, the cooks in the cafeteria made pancakes for all the staff.

At 7:30 am, the first helicopter landed to begin evacuating patients. Critical patients were moved first to other HCA facilities. All but 2 were gone when the hospital lost power at 7 pm Tuesday evening.

The decision was made to turn off the emergency generator, located on the first floor, when the water got to a certain point and turn it back on when the water started to go down.
“At that point, we had nothing—no running water, lights, air conditioning, or elevators. You fanned yourself. You fanned the patients. Anything you saw that needed to be done, you did it.”

All of Tulane’s patients were evacuated by early Thursday morning. The hospital then took patients from the Medical Center of Louisiana. After that, they started transporting staff, families, and pets.

‘They were here with us’

Every time HCA sent a helicopter to pick up patients, it was loaded with food and water for those still at the hospital.

Guidry credits Tulane’s administrators and HCA Inc with execution of the disaster plan and evacuation of patients and staff.

Administrators met daily with managers, families, and physicians to update them. They set up a Web site the staff could use to find phone numbers and search for family members.

Guidry says she never felt her life was in danger because of the security force, though she was afraid of the fires and explosions that began around the city from fuel and debris in the water.

About 300 staff, family, and pets remained in the parking garage Thursday night because it got too dark for the helicopters to pick them up. At daybreak, the helicopters flew them out.

HCA paid all of its employees their full salaries until the end of the year, Guidry notes. At that time, employees who could were put to work at Tulane’s sister community hospital, Lakeside in Metairie, La, or at the downtown location to get the hospital up and running. For those who couldn’t come back, their positions were terminated.

Lessons from the storm

Lessons Guidry passes on to other managers:

• **Communication is number one during a disaster.** Have the staff’s cell phone numbers in addition to home and alternate phone numbers, pagers, and addresses. Text messaging also works well. Cell phones won’t work if their towers are destroyed. HCA has set up a satellite phone system at Tulane, and key people carry satellite phones.

• **Consider adding to personal disaster kits.** The hospital’s disaster plan says each individual who will work during a disaster should bring a change of clothes for at least 2 days, flashlight and batteries, pillow and blanket, water, and nonperishable food. To that list, Guidry has added hand wipes, waterless shampoo and body wash, battery-operated fans, fruit in peel-open plastic cups, and granola bars. She’s now asking the staff to gather these items at the beginning of hurricane season and keep them in their lockers or in an office.

Since the hurricane, the hospital has waterproofed generators on the first floor and installed an emergency bullet-proof generator on the second floor of the parking garage with 10,000 gallons of fuel.

The long road back

Nearly 3 weeks after Guidry left New Orleans, she returned to help reopen Lakeside and meet with a core group of managers to set a goal for reopening Tulane’s downtown campus. She had been staying with relatives in Memphis, where her family had gone before the storm. Her house was a total loss.

In February, the downtown campus reopened with 63 beds, the OR, cath lab, and radiology department. Four ORs are staffed with the goal to have 9 rooms operating by the end of the year. The OR staff is down by 8 FTE RNs and 11 FTE STs, but people are starting to come back to New Orleans, Guidry says.

To help ease the transition, the staff is having luncheon get-togethers, and managers are being flexible with schedules. Many of the staff are still meeting with insurance companies and contractors.

“We make changes as we go along. It is so different than it was before the storm,” she says.
One sign that the staff are doing well—when Guidry put out the volunteer list for this hurricane season, staff who were at the hospital during Katrina volunteered again.

—Judith M. Mathias, RN, MA