Operation Move: A Blueprint for the Safe Transport of Patients and Evacuation Planning

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OBJECTIVES

- Describe the overall inclusiveness and complexity of the planning process, challenges and what worked well in moving 131 patients from two hospitals throughout San Francisco to the new facility
- Demonstrate the use of emergency management functions that include, but are not limited to, Hospital Incident Command System (HICS), volunteer management and Hospital Command Center (HCC)/Incident Command Posts (ICPs), along with high-tech/low-tech capabilities
- Identify lessons learned and apply them to mass evacuation planning from emergency management, patient care and medical perspectives
MISSION BAY

- Self-supporting enterprise with $1.7 billion operating budget
  - Translational research and lifesaving care
  - Landmark for excellence in health care for more than 100 years
  - New UCSF Medical Center at Mission Bay – San Francisco's first new hospital from the ground up in 30 years

WORLD-CLASS MEDICINE/FACILITIES

UCSF Benioff Children's Hospital San Francisco
- 183 beds
- Pediatric care
- Urgent/emergency care
- Specialty outpatient care

Gateway Medical Building
- Outpatient services
- Helipad
- Energy center (central plant)
- Parking

UCSF Bakar Cancer Hospital
- 70 beds
- First step to full cancer services at Mission Bay
- Select adult cancer outpatient services

UCSF Betty Irene Moore Women's Hospital
- 36-bed birthing center
- Select women's ambulatory services
- Specialty surgery
AN INTEGRATED CAMPUS

Mission Bay
New specialty hospitals for children’s, women’s and cancer services

Parnassus
Renewed campus focused on high-end adult surgical and medical services, and emergency medicine

Mount Zion
Remaining the major outpatient hub with a diagnostic and therapeutic focus, and women’s health services

OPERATION MOVE – PLANNING

- Utilization of the Hospital Incident Command Structure (HICS) for emergency management to ensure command, control, coordination and communication
- Multidisciplinary team includes, but is not limited to, patient care staff, volunteer labor pool, physicians and transporters
- Ensure a comprehensive and coordinated effort through unified command
- Minimize patient risk and ensure the utmost safety and care of patients throughout
PATIENT MOVE FACT SHEET

**Week of Monday, January 19, 2015**

**Physical Move to Gateway Medical Building**

<table>
<thead>
<tr>
<th>From:</th>
<th>Where To:</th>
<th>When:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parnassus ACC</td>
<td>Gateway Medical Building</td>
<td>Move Jan 22</td>
</tr>
<tr>
<td>Mount Zion</td>
<td>Gateway Medical Building</td>
<td>Move Jan 23</td>
</tr>
</tbody>
</table>

Most clinics open to patients the week of January 26

Adult & Pediatric Infusion, Pediatric Hematology/Oncology & Bone Marrow Therapy, Pediatric Dialysis and Fetal Treatment Center Clinics will open on Feb. 2, 2015.

**How:**

- Patients will be moved by ambulance and we have contracted with American Medical Response (AMR)
- One family member/visitor will be allowed to ride in the ambulance with the patient
- Complimentary transportation will be available for other family members upon request

**Sunday, January 25, 2015**

**Patient Move to UCSF Parnassus**

<table>
<thead>
<tr>
<th>From:</th>
<th>Where To:</th>
<th>When:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mt. Zion</td>
<td>Multiple Units at M/L</td>
<td>8:00am</td>
</tr>
</tbody>
</table>

**Sunday, February 1, 2015**

**Patient Move to UCSF Benioff Children’s Hospital**

<table>
<thead>
<tr>
<th>From:</th>
<th>Where To:</th>
<th>When:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parnassus</td>
<td>Benioff Children’s Hospital Floors 3-6</td>
<td>7:00am – TBD</td>
</tr>
</tbody>
</table>

**Patient Move to Betty Irene Moore Women’s and Bakar Cancer Hospital**

<table>
<thead>
<tr>
<th>From:</th>
<th>Where To:</th>
<th>When:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mt. Zion</td>
<td>Adult Hospital Floors 4-6</td>
<td>1:00pm – TBD</td>
</tr>
</tbody>
</table>

WHAT WE DID TO ASSIST OUR PATIENTS

- Letters notifying scheduled patients of the location change
- Calling patients to let them know of the location change
- Appointment reminder calls notifying them of new location
- Website
- Signs in the practices (before the moves)
- Signs in the closed locations directing patients to the greeters at Parnassus and Mt. Zion locations to assist with shuttles

- For the first week, all practices operated at reduced schedules – patients could be worked in if they went to the wrong location
BACKGROUND

- Overhead announcement: Start
- Sunday, Feb. 1 – patients from Parnassus and Mt. Zion move to new Mission Bay facility
- 40 AMR ambulances
- 300 staff, 100 Emergency Medical Services personnel
- 131 patients
- 7:00 AM – 3:33 PM (8 ½ hours)
- Overhead announcement: End

OPERATIONS PLANNING BY THE NUMBERS

- 12 transition committee meetings
- 1037 critical tasks
- 201 scopes of service
- 236 policies and procedures
- 350+ operations review tours
- 84 departmental operations plans
- 58 clinic plans
MOVE PREP BY THE NUMBERS

- 5 mock moves during Day in the Life #3
- 2 additional mock moves involving extracorporeal life support (ECLS) and intensive care nursery (ICN) patients
- Development of move plan
- Educational sessions for all staff
- Daily report out of census reduction efforts — admit/discharge
- Daily review of patient move roster
- 5 family informational support events
- Family tour of new facility
- Gifts for each patient
- Parent support event day of the move

CLINICAL OPERATIONS PLANNING TEAM

UCSF Women, Cancer, and Benioff Children’s Hospital at Mission Bay
Operations Planning Organization Chart
TIME TO OPEN: 4-YEAR HORIZON

Evacuation versus Move

- **Evacuation (mandatory or directed):** This is a warning to persons within the designated area that an imminent threat to life and property exists, and individuals **MUST** evacuate in accordance with the instructions of local officials.

- **Evacuation (notice versus no-notice):** These evacuations are also in the context of either a notice evacuation where sufficient planning time exists to warn citizens and to effectively implement a plan, or a no-notice evacuation where circumstances require immediate implementation of contingency plans.

- **Move (noun):** a change of location or residence

- **Move (verb):** to change from one place or position to another; to start off or leave
BRIEF HISTORY OF EVACUATIONS

- Jacques Jaujard, Director of the French National Museums
- Planned, exercised and implemented the evacuation of art from the Louvre during WWII (1940s)

BRIEF HISTORY OF EVACUATIONS (cont.)

- Memorial Hospital - Hurricane Katrina; New Orleans, LA (2005)
- NYU Langone Medical Center – Superstorm Sandy; New York, NY (2012)
MISSION

To ensure a comprehensive and coordinated effort through unified command designed to minimize patient risk and operational disruption during the patient move between Parnassus, Mt. Zion and Mission Bay. It is the goal and commitment of UCSF Medical Center to ensure the utmost safety and care of patients during Operation Move.

- Ensure effective communications to staff, patients; visitors; UCSF community; state, federal and local authorities; and the public.
- Safety and security of facility and all staff, patients and visitors will be established.
- Ensure proper resources and assets are readily available.
- Staff will be knowledgeable about their roles and responsibilities along with clear reporting structure.
- Guarantee all utilities are fully functional for continued business efforts.
- Amplify exemplary patient clinical and support activities.

UCSF Medical Center
UCSF Benioff Children’s Hospitals
ARRIVAL TIME LAPSE

Credit: Jonathan Ho-Wilkenski, Child Life – UCSF Benioff Children’s Hospital

WHAT UNITS MOVED

Track 1 – Critical Care
- Intensive Care Nursery
- Pediatric Intensive Care Unit
- Pediatric Cardiac Intensive Care Unit
- Cardiac Transitional Care

Track 2 – Acute Care
- Birth Center
- Peds Hematology/Oncology and Bone Marrow Therapy
- Peds MedSurg and Transitional Care
- Adult Oncology and Gynecology

Track 3 – Mt. Zion
- Adult Intensive Care Unit
- Adult Acute
Each unit manager is developing a patient move roster for their unit.

The patient move roster is being reported at daily census meetings.

Changes to the patient move sequence on move day will be reported to the Parnassus Command Center.
PATIENT MOVE ROSTER (cont.)

- Includes:
  - Name, medical record number, date of birth
  - Diagnosis
  - From and to locations
  - Transport needs (respiratory equipment, monitoring precautions, accompaniment, etc.)

PATIENT TRACKING

Method 1
- Patients’ progress will be tracked in APEX and via GPS in the command center and command posts
  - Check Point #1 - Leaving unit
  - Check Point #2 - Leaving facility
  - Check Point #3 - Entering facility
  - Check Point #4 - Accept “bed request”

Method 2
- Parnassus Command Center will receive a phone call when patients leave the unit and arrive at the new unit
INTERNAL MOVE ROUTE

LABOR POOL/INTERNAL VOLUNTEERS

- [Link](http://laborpool.ucsfhealth.org/)
- Web-based tool (from Salesforce) to recruit, record skills, sign up/assign to a campaign and communicate
- For internal use only and involves all UCSF employees enterprise-wide
- Roles: Check-in (HR), patient movers, porter and safety observer at all three locations
IMPORTANCE OF EXERCISES

- A need for discussion-based and operations-based exercises
- After-action items and improvement plan done in real time due to the impending move
- In any event, people don’t want to go to places they haven’t gone before/aren’t familiar with or use equipment they’ve never seen
- Important to be exposed to scenarios to test out possible procedures and to problem solve appropriately during the actual event
MOCK MOVES - 2 SESSIONS

- Validate paths and timing for each track
- Test command center logistics and set-up
- Validate sending and receiving move process
- Validate the right people are in the right roles
- Test communication devices and validate numbers and overall communication plan

TABLETOP EXERCISE

- 1 ½ hour discussion-based exercise
- Focused on three main areas:
  - The operation
  - The response
  - The recovery
HOSPITAL INCIDENT COMMAND SYSTEM

HOSPITAL INCIDENT COMMAND SYSTEM (cont.)

LEAD

Sets the incident objectives, strategies, and priorities and has overall responsibility for the incident.

DO

OPERATIONS SECTION

Conducts operations to reach the incident objectives. Establishes tactics and directs all operational resources.

THINK

PLANNING SECTION

Supports the incident action planning process by tracking resources, collecting/analyzing information, and maintaining documentation.

GET

LOGISTICS SECTION

Arranges for resources and needed services to support achievement of the incident objectives.

PAY

FINANCE/ADMIN SECTION

Monitors costs related to the incident. Provides accounting, procurement, time recording, and cost analyses.
HOSPITAL COMMAND CENTER (HCC)  
+ INCIDENT COMMAND POSTS (ICP)

HICS FORMS

- There are a number of HICS forms to ensure accurate documentation and dissemination
  - Objectives
  - Organization
  - Assignments
  - Communications
  - Safety
  - Patient tracking
  - Evacuation tracking
  - Volunteers
HCC/ICPs

- High-tech/low-tech
- Keeping it simple
- Video teleconferencing (VTC)
- Utilization of HICS forms
- Mass communications – Everbridge
- ReadyTalk and conference calling

Hospital Command Centers will be in place at Parnassus, Mount Zion and Mission Bay
- Patients will be assigned to one of three move tracks
- Every 4 minutes, a patient will move from the floor toward an ambulance
- 40 AMR ambulances will be tracked via GPS and their locations monitored
- Trip across San Francisco is 4 miles and 20 minutes
- Multiple routes have been rehearsed: one primary and two secondary
EXTERNAL MOVE ROUTE

- Exit UCSF ambulance bay
- Left on Parnassus
- Ahead on Judah
- Left on 7th
- Ahead on Laguna Honda
- Sharp left turn on Laguna Honda
- Immediate left on Woodside
- Ahead on O’Shaughnessy
- Ahead on Bosworth
- Right on Diamond
- Right on Monterey
- Sharp left on 280N
- Center right lanes
- Follow “Downtown SF Sixth Street 280N”
- Exit Mariposa
- Right on Mariposa
- Left into Mission Bay

AMR GPS CAPABILITY

- Monitoring in real time the location of all ambulances
- Three routes planned avoiding high-traffic areas
- 5–10 miles between facilities
SOCIAL MEDIA

- Primarily used Twitter: ucsfmc_em utilizing the hashtag #MB2015
- Mission Bay avatar

LESSONS LEARNED

- Worked Well: Staff/teamwork; mission/purpose; HICS; technology; video teleconferencing; food; whiteboard; communications; HICS forms; rules; IT presence; mock moves/exercises; patient relations (gifts); clinic move first (to address issues); management of media; communication to staff/families/community

- Challenges: visitor badge to HCC; printer issues; radio communications (floor to HCC/ICP); command at exit to direct traffic; need for more critical care transport (CCT) rigs; temperature control in patient waiting space; waste removal; streamline equipment

- Suggested Areas of Improvement: HICS vests (or identifiers); tip sheets on rigs for each patient; workflow between floor and loading area; Labor & Delivery should have separate track
LESSONS LEARNED:
EVACUATION CONSIDERATIONS

- Understanding the simplicity of the move and ascertaining the complexity of the nuances and details of variable factors that may/may not come into play will increase the efficacy of continued planning and trainings/exercises.

LESSONS LEARNED:
EVACUATION CONSIDERATIONS (cont.)

- Coordination with AMR, and community and other hospitals on the lessons learned of Operation Move.
LESSONS LEARNED: EVACUATION CONSIDERATIONS (cont.)

- Ensure the standardization and efficacy of systems (HICS, HCC/ICPs)

LESSONS LEARNED: EVACUATION CONSIDERATIONS (cont.)

- Determine high-tech/low-tech capabilities
LESSONS LEARNED: EVACUATION CONSIDERATIONS (cont.)

- Tracking of patients/staff along with applicable resources and assets

LESSES LEARNED: EVACUATION CONSIDERATIONS (cont.)

- Leadership
LESSONS LEARNED: EVACUATION CONSIDERATIONS (cont.)

Everything is ready, all we need is YOU!

YOU are the Missing Piece!
Here is a key to your new room at Mission Bay.
(This key fits into a puzzle that will be waiting for you in your new room)

¡Todo está listo, solo faltas tú!
¡TÚ eres la pieza que falta!
Aquí tienes una llave para tu nuevo cuarto en Mission Bay.
(Esta llave cobra en un rompecabezas que te está esperando en tu nuevo cuarto)
OPENING DAY @ MISSION BAY

https://youtu.be/733BJA3Rkcs
Questions?

Thank you

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