

Overcoming Disaster: Thibodaux Regional Medical Center Takes Action in the Aftermath of Hurricane Katrina

Like all medical facilities across the country, Thibodaux Regional Medical Center is bombarded by healthcare emergencies every hour of every day. On the day Hurricane Katrina made landfall, Thibodaux Regional—just 55 miles southwest of New Orleans—put its doctors’ and nurses’ dedication to the test.

The 185-bed non-profit acute care hospital treats patients in many specialized areas including cancer, diabetes, heart and vascular, sleep disorders, physical rehabilitation, women’s health, neurology and more. Thibodaux Regional is well known in the New Orleans area as the top hospital for quality patient care—it’s ranked in the top 1% in patient satisfaction in the US and has been recognized by QHR as the ‘Best Hospital in the US’.

Emergency Response to Hurricane Katrina

On August 28, 2005 the National Weather Service office in New Orleans issued a warning bulletin predicting massive damage to the area. Winds reached 175 miles per hour and New Orleans Mayor Ray Nagin ordered a mandatory evacuation. More than a million people fled the city to the suburbs and outlying areas. On August 29, the Category 3 storm came ashore and hit New Orleans, flooding and wiping out homes, businesses, community centers, roads, and hospitals. The area was declared a disaster zone.

The mass exodus hit the outlying areas hard. Not only were many evacuees injured during their escape, other hospitals— including Charity Hospital, New Orleans’ public hospital and only trauma center—were shut down. Thibodaux Regional Medical Center responded to the need for help.

To treat a massive overload of patients, the hospital teamed up with the Louisiana Department of Public Health Region 3 Office and created a makeshift hospital at Nicholls State University, the local university. The improvised hospital became a place to triage patients arriving from the surrounding areas. It became a safe haven for all sorts of cases, from recent organ donation recipients to people with asthma and heart conditions. Groups of patients arrived—most without medical records—by air and ambulance, even on foot. Thibodaux Regional Medical Center and the “university hospital” became a distribution point for thousands who needed hospitalization.

What Victims Faced During Hurricane Katrina

A young man and woman walked into the shelter, the woman carrying a plastic bag. The young man had two catheters protruding from his neck. Evacuated by boat from Memorial Hospital in New Orleans, they were dropped off on dry land and told to walk until they found transportation. Fortunately, a bus picked them up and brought them to the special needs shelter at Nicholls State University.

How it Worked: Treating Patients from the Makeshift Hospital

Once the temporary hospital was up and running, medical supplies began to arrive from Thibodaux Regional, neighboring hospitals and the Red Cross. Doctors, nurses, pharmacists, respiratory therapists and clerical people showed up at the university to volunteer.

Still, treating patients from an improvised hospital posed some serious challenges. A major obstacle would be accessing patient medical records from a remote location that wasn't connected to Thibodaux Regional's network. Fortunately, Thibodaux Regional was already equipped with remote network access technology called a Secure Sockets Layer virtual private network (SSL VPN). An SSL VPN lets users access internal data and applications from any standard web browser from any location. Thibodaux Regional uses a solution from AEP Networks that also enables IT departments to set up users and group policy enforcement to ensure better security and comply with HIPAA privacy and security standards.

Thibodaux Regional originally decided to put remote access technology in place as a way to give referring and consulting physicians access to its MEDITECH Healthcare Information System. Using a remote access solution, doctors could securely sign on to the hospital network and applications from any location—from private practices, other hospitals or from home. That meant no matter where they were, doctors could view rounds reports, imaging and laboratory results, conduct patient care inquiries, monitor patient progress or access the MEDITECH system.

When Thibodaux Regional set up the triage hospital at Nicholls State University, it made remote access available to the doctors working there. Physicians signed on to the Thibodaux Regional network to access patient records and applications just as if they were at the main hospital. Because doctors got quick access to patient information and laboratory results, turnaround time for patient care was a lot faster than one would expect at an ad hoc field hospital.

“Being able to connect to Thibodaux Regional's network from the makeshift hospital was key,” says Terry Evans, Chief Information Officer at Thibodaux Regional. “Emergency response after the hurricane hit was critical. If it hadn't been for remote network access, doctors wouldn't have been able to connect with the hospital. By setting up remote access, we lessened the life or death situation.”

Lessons Learned in Disaster Preparedness

The temporary hospital created during Hurricane Katrina was dismantled shortly after the storm. Still, Evans said it was a real lesson in disaster recovery. “During Katrina, hospitals were under siege trying to provide victims with medical attention,” he said. Having the right set of network technologies already in place at Thibodaux Regional made it possible for medical staff at the temporary hospital to connect back into Thibodaux Regional's system for critical information. Without having an easy way for doctors to access medical applications and data, the process would have been significantly slower, making it harder to treat the thousands of patients that needed help.

After seeing the number of patients displaced during Hurricane Katrina, Evans said having the capability to establish a hospital anywhere during an emergency is a requirement. “We have the capability to establish access anywhere. Because there are other local hospitals using AEP Networks’ NSP/MEDITECH environment, we could quickly port our data and provide access through their network in the event our facilities are ever affected by other storms.”

“Hurricane season begins again June 1, and I am reminded of how helpful remote access was during the aftermath of Hurricane Katrina in 2005,” said Evans.

After the storm dissipated on August 31, 2005 the full scale of what happened to New Orleans and its residents was clear. Hurricane Katrina was the costliest and one of the deadliest natural disasters in US history. The death toll was over 1400, and damages are estimated as high as \$200 billion. With the director of the U.S. National Hurricane Center predicting a busy Atlantic hurricane season in 2007, Thibodaux Regional and other Louisiana medical centers are preparing for emergency and disaster situations, hoping they’ll never have to live through another Katrina.