ASPR TRACIE Technical Assistance

On December 14, 2023, ASPR TRACIE hosted the webinar, *Lessons Learned from the Signature Healthcare Brockton Hospital Fire*. In this webinar, hospital representatives shared their experience navigating a complete utilities failure during a fire emergency and discussed their successes and challenges of patient movement, transfers, and discharge; maintaining patient and staff safety; managing cascading events; collaboration with local/state/regional partners; and how lessons learned impact facility plans, protocols, and training.

Due to time constraints, speakers were not able to respond to all the questions received during the question and answer (Q&A) portion of the webinar. ASPR TRACIE sent the remaining questions to panelists and their answers are provided in this document. All other questions from the audience that were asked during the webinar are captured in the webinar recording.

1. Did you have any regulatory agencies (e.g., The Joint Commission, OSHA, EPA, CMS) visit after the fire and are there any lessons learned that can be shared so other hospitals can plan for that part of the recovery?
    - Answer from Melissa DeMayo: Our immediate work began with the MA Department of Public Health which had quickly set up their remote command center, and a representative was deployed to the scene. (I have leaned on the team at DPH tremendously since that day. There is no script for all of this recovery work. They have been tremendous in moving our recovery forward and helping us continue to serve our patients.) The day of the fire, their priority was tracking the patients with us. A reunification phone line was set up for the families, but they were very concerned about the patient count to be certain everyone was out and accounted for. This was a process that went on for hours after the fire. After we went over our patient counts internally (nursing, social work, case management, patient access, and quality) and were certain we had made contact with all of the sites and confirmed the location of all of our patients (4:30 pm) DPH was anxious to get the list, which I faxed from a local police station, as we, had lost all telecommunications and electricity on the entire city block. Prior to my leaving that night, we ensured we had the entrances of the hospital blocked off with illuminated signs. An ambulance detail was placed at the closed entrance of the Emergency Department to assist anyone coming through looking for the ED (which there were over the course of a couple of weeks). The next morning, DPH Drug Control Program was onsite, and the Director of Pharmacy and I went floor to floor with them throughout the hospital, and drugs were identified for embargo. We moved all of the drugs into secure locations as approved by DPH, and worked with them, our insurance company, a 3rd party vendor for inventory counting, and another for transport out of the state for destruction. (This took many weeks to accomplish). Within days, we were in contact with CMS (state/fed), TJC to notify them of the fire and hospital closure. (Months out we seek Extraordinary Circumstances Exemption for reporting, etc. This is on-going quarter by quarter.) OSHA contacted us the day after the fire, as they thought it to be an industrial event, but once they realized no one had been

working in the electrical room at the time of the fire, they were satisfied. To my knowledge, we did not hear from the EPA.

2. What part of the hospital patient care area was the last to depart the facility?
    - Answer from Kim Walsh: There were a number of simultaneous efforts that we did not get a chance to discuss during the webinar. One of our night nurses on the 5th floor decided to move 20 ambulatory patients down the stairway in pairs of two, supported by staff. Once outside, it was very cold, so she then made the decision to walk the patients to our School of Nursing which was located on the hospital campus. Those patients (many were waiting long-term placement or were waiting for COVID to clear) were truly the last patients placed. In regards to the evacuation plan, the priority list took into consideration the unique patient risk and the environmental status. The five floors of med/surg were receiving the most smoke and noxious odor. Med/Surg patients were moved out of the building to a safer area for triage.
        1. Laboring patients and Level II nursery babies
        2. Pediatric patients
        3. Critical Care Patients
        4. Medical Surgical Patients-those being discharged were moved out quickly
        5. Patients on dialysis were monitored closely and transferred after a minimum treatment was completed
        6. Patients on the inpatient psychiatric unit were stable and the environment was safe, so they were evacuated toward the end of the event.

3. What role did your support services play (e.g., housekeeping, kitchen staff, maintenance) and how can we work to integrate them into future plans and exercises?
    - Answer from Kim Walsh: We had a number of staff willing and available to help. We asked the department heads to man an area at our Cancer Center on site. They were able to run supplies and equipment for us. For example, local hospitals were dropping off oxygen canisters for us. They were able to transport that equipment. Maintenance was working with the Fire Department, accessing the hospital, and working with the external agencies such as National Guard. In the future, we will make sure that the hospital designates an external site where staff will report. A Director will be responsible for deploying any identifying the needs of those in the facility. For example, in the absence of telecommunications, finding pharmacists that had access to override the Omnicells, or access to master keys.

4. Can you speak to any support services such as mental health support provided to staff and patients after the incident?
    - Answer from Kim Walsh: The organization has an EAP service that was activated after this event. The Director of Social Work and her team were available to patients and assisted in the coordination of belongings and communication. We received a great deal of support from our community partners including Senators, the Governor and Mayor.

- Answer from Melissa DeMayo: Middle and Senior Management met often in person, and our support of each other was really important. I worked with our Wellness Department to get employees together within a few weeks after the fire. Senior leaders hosted information sessions for Q&A at the event, and we had food and gathering spaces for people to see each other. Counselors from our EAP mingled with the crowd and offered support. Staff updates were sent out via text messages through managers in the early weeks until we could get normal communications up and running.

5. You mentioned the white erase boards and the hospital maps at the beginning of the webinar. Is it possible to expand on how you used them and what your lessons learned are?
    - Answer from Claire Sears: The white boards shown in the photos were part of the fire department's cache of resources that they deployed with and allowed for them to track their staff while on site at the hospital. They also were utilized to track ongoing issues or outstanding requests/concerns, almost like a situation status board. Hospital maps were a key item that we did not originally have enough of, as each of the operating areas required a few sets and we could not make copies in the hospital due to the systems already being offline/no power/no access to IT. Having a pre-printed collection with a few sets of the maps would have been helpful, as we only had one set in each of our Knox boxes (resource for first responders at the main hospital entrance and back entrance). One lesson learned was the importance of having paper copies of important response documents/resources.

6. Where did you set up the Joint Information Center (JIC)? How many PIOs were involved? How often was the media updated on efforts (i.e., was there a regular briefing schedule)? Had media partners previously participated in exercises prior to the incident?
    - Answer from Claire Sears: The Joint Information Center was set up in one of the large command trailers brought on site by the fire department. As we could not safely occupy or use space within the hospital, all briefings were done either remotely or outdoors. The media on site was kept in one main staging area and provided with briefing times as early as possible. One of the fire chiefs on site had immense experience as a public information officer (PIO) and working with the media. He was given all of the fire department's social media information, which he used to provide constant updates over social media throughout the incident. The PIO chief also set up media staging and kept the media apprised of any upcoming briefings. There wasn't a regular briefing schedule per se, but we made sure the media was aware in advance of any briefings and that pertinent information was shared with them as it was validated and verified. The establishment of a dedicated patient information phone line greatly assisted with the management of information for families, which was shared during the briefings to the media.