

## **Case 15: An Emergency Decision**

You are one of three members on the Nursing Advisory Committee at Good Hope Hospital. Your location near the Puget Sound is a tranquil waterfront site. You have worked in a very structured, regimented organization, whose leadership has included teams and advisory boards of lawyers, doctors, administrators, and members of a nearby university medical school. All this represents your 28 year career in a progressive, caring institution.

On April 5th, threatening storms required the entire Emergency Management Decision Team, of which you are a member, to place the Hospital into Restricted Function. After a week of continuous storms and flooding, the emergency status was increased to the level of Closed and Secured Isolation, Highest Security. This means that passage in and out of the hospital is no longer possible, and you are among the people who have been stranded at Good Hope for three days thus far. Family members of patients are unable to get to the hospital for care or removal of their loved ones. Communication by cell phone is spotty, often non-existent. As the entire Puget Sound region has endured severe flooding and storm damage, there are no additional external resources or rescue efforts coming to help from outside the hospital.

The stories of the last four days in the hospital are haunting. They include evacuations without life support systems, patients whose prognoses are deteriorating due to lack of functional care, and withdrawal of life support for patients that were designated with irreversible damage. 48 patients, 4 nurses, 1 doctor, 1 building manager, and 1 representative of the hospital's owner remain stuck in the hospital building.

On April 15, you are called to a meeting at 4:00am as a member of the Decision Team. A rescue crew will be coming by with a two hour window during which they can transport 15 people by boat (or fewer, if large equipment is transported as well). The storm and flooding are expected to worsen for two more days, and afterwards conditions are expected to remain severe but stable for four more days until finally lessening. Predictions of time until the hospital returns to functional are indeterminate.

No Emergency Management Plans dictating how to decide who is evacuated have been written for this level of catastrophe, and so it is up to the Decision Team to decide which patients and/or staff members will be evacuated. Three members of the decision team remain trapped in the hospital: one doctor, a representative for the hospital's owner, and yourself. The owner's representative votes for the removal of herself, the building manager, 2 nurses, and 11 patients. The doctor votes for removal of 15 patients and no caregivers. You are the last member of the decision team to propose a solution.

### **Study Questions:**

1. Which people do you think should be given priority for evacuation? Should it be all patients, or should some caregivers be evacuated as well?
2. How should you choose between patients to decide who is evacuated and who stays? Consider that, if one patient has a lot of necessary equipment, they may take up the space of more than one person. Does this make a difference in who you choose to evacuate?
3. What are your professional responsibilities to the staff you lead? To your patients? How do these differ?
4. How should you weigh considerations of who to evacuate against considerations of who it is necessary to leave behind? What factors go into this decision?