



Katrina *A Call to Arms*

Two ACCC-member institutions join forces to treat displaced cancer patients

by Zachary D. Smith RT(R)(T), MBA

On August 29, 2005, Hurricane Katrina struck the Gulf Coast and became one of the worst disasters in U.S. history. New Orleans hospitals prepared for the storm's fury, not realizing the hurricane would only be the starting point for a destructive onslaught that would last nearly a week. In the end, about 400,000 people were forced to flee the city.

Displaced Patients

As soon as our Radiation Oncology Center at Baton Rouge General Medical Center opened on August 30, calls from New Orleans cancer patients started streaming in. Patients were seeking to initiate or continue cancer treatments prescribed by New Orleans physicians. The process was not easy. Baton Rouge itself had sustained a significant amount of wind damage from Katrina. Power and telephone service was disrupted in the city, and *no* communication was possible with any New Orleans cancer treatment centers. Instead, we took patient information and contact numbers and began connecting cancer patients with local healthcare providers.

Radiation oncology patients displaced by Hurricane Katrina were hard hit by the evacuation. Not only were they anxious about delays in receiving treatment, but also—as is the case in many radiation oncology centers—these patients have separate and distinct records related to their radiation treatment planning and daily care. In addition, each treatment regimen is tailored to individual patient variables and the prescribing physician's experience.

Tracking Down MDs

Obviously, the lack of phone contact with New Orleans made the prospect of gaining patient records impossible; however, it also kept us from reaching prescribing physicians. Many patients contacted our cancer center to ask if

we could call their doctor. All I could say was, "We have the same contact information you have, and we are not having any more success in reaching your doctor than you are." By September 2, it was clear that the New Orleans physicians were either in an unknown or unreachable location or simply had no idea where to call to help their patients.

Baton Rouge General Medical Center was at a crossroads—should we continue care or put the treatment of these displaced cancer patients "on hold"? Altering any treatment regimen without necessary patient records could be devastating to the patient's health, but delaying treatment could have an equally deleterious effect. To achieve the best treatment outcome, we *needed* to reach each patient's physician.

At this point, I contacted the Louisiana state Office of Emergency Preparedness (OEP) to request a public appeal for displaced physicians to call in with their contact information. The response was disheartening. With several levees breached and millions of gallons of water flooding into New Orleans, I was told all efforts were aimed at saving those at risk of immediate death or injury. No resources were available to find displaced doctors. In retrospect, the response was not surprising. Even Baton Rouge General Medical Center, with two separate hospitals, was pushed to the limit triaging and treating the thousands of evacuees.

Developing a Plan of Action

Joining forces was our solution to this unprecedented healthcare crisis. Baton Rouge General's command center suggested that we collaborate with the Mary Bird Perkins Cancer Center, our long-standing competitor in Baton Rouge.

I made the call and spoke with Brenda Truxillo, Vice President of Patient Care at Mary Bird Perkins

Cancer Center. We immediately realized that *both* our centers faced the same dilemma of finding displaced physicians and caring for the New Orleans patients arriving every day at our facilities. A second phone call and a meeting with Todd Stevens, CEO and President of Mary Bird Perkins Cancer Center, quickly laid the groundwork for a website to catalogue physician contact information: www.GulfSouthOncologists.com.

Mr. Stevens used his resources to find website designers and volunteers who updated the website and manned the phones. Working together, we were able to put in place critical resources for healthcare providers affected by Hurricane Katrina. Through the website and phone system, physicians could now make the necessary contacts to facilitate cancer patients' treatments in a timely and informative manner. To spread the word about these resources, many professional organizations, such as the Association of Community Cancer Centers (ACCC) and the American Society for Therapeutic Radiology and Oncology (ASTRO), sent out mass email alerts and posted information to their websites.

And the system worked. One hospital system administrator called me to say that he was unable to reach one of his physicians. I informed him that I had already found the physician to which he responded, "Could you give me that number?"

Baton Rouge General Medical Center and Mary Bird Perkins Cancer Center may compete in the marketplace, but during this disaster, our institutions willingly came together and kept Katrina from taking treatment options away from the New Orleans patients. ☐

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