

Sister Carlos McDonnell

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Following is an article written by Philip N. Eskew, Jr., M.D., currently retired medical staff, Ascension St. Vincent Hospital, published in the Journal of the Indiana Medical Association February 1975.

Operation Carlos—
Move St. Vincent Hospital 10 Miles—Safely

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IN March 1973, I was the only member of the 337th General Hospital Army Reserves on the House Staff at St. Vincent Hospital, Indianapolis. Col. Robert C. Gardner, chief of plans and training for the 123rd ARCOM (Army Reserve Command located in Indianapolis), attended the Planning and Development Committee meeting and offered the services of the Army Reserves to assist St. Vincent Hospital in the move to a new building on the north side of Indianapolis. How well I remember his words that evening when he learned that I was also in the Army Reserves: "I've got a job for you!"

On April 4, 1973, Col. E. Dale Habegger, 123rd ARCOM surgeon, called and informed me that, instead of attending my regular reserve weekend meeting, I should plan to drive to Muskegon, Mich., with Lt. Col. William T. Orth, assistant chief of plans and training, to observe the moving of Mercy Hospital by an Army Reserve unit. This was to give me on-the-site instruction as to how I could relate their move to the one planned at St. Vincent. From 7:30 a.m. to 2:30 p.m. on Saturday, April 7, 1973, using only 3 Army ambulances, 1 Army van and 2 private ambulances, members of the 394th Station Hospital at Grand Rapids, Mich., not only moved 55 patients, but also moved all the hospital equipment. Observing this move proved to be extremely beneficial to me and provided the basis for my plans for the patient move at St. Vincent.

The old St. Vincent Hospital was located at 120 Fall Creek Parkway, West Drive, and had approximately 300 beds. On March 31, 1974, 102 patients were transferred to the new 509-bed St. Vincent Hospital located at 2001 West 86th Street. The logistics of this move were really quite simple and this article will relate how the relocation was accomplished, for the benefit of any hospital contemplating such a move.

St. Vincent Hospital is under the gifted leadership of Sister Carlos McDonnell. She appointed Fred J. Snoy, assistant administrator, to be in charge of preparing the hospital for the move and of coordinating the hospital's efforts with those of the Army Reserves and North American Van Lines. Colonel Gardner was appointed the project officer for the 123rd ARCOM. He, in turn, asked the 337th General Hospital Army Reserve Unit located at Ft. Benjamin Harrison to move the patients. The 337th, in turn, named me as the liaison officer between St. Vincent and the Reserves planning the patient move.

In order to reduce the number of seriously ill patients in the hospital at moving time, the admitting and scheduling policy was altered. Super-major surgical operations such as esophageal resection and major vascular procedures were not scheduled at the old hospital for one week before the move. The same operations were not scheduled at the new hospital for the same length of time after the move, to insure that the surgery teams were accustomed to the new surroundings.

A four-day policy was applied to major operations such as hysterectomy and cholecystectomy. A two-day policy was applied to surgical procedures such as hernioplasties and appendectomies. No multiply injured patients were admitted during the week prior to the move and hip fractures and major long bone fractures were not admitted during the four days prior.

The various acute and dangerous medical conditions were categorized and listed in the 7-day, 4-day, and 2-day cutoff schedule for admission.

All ambulance services were advised of the pre-move admission policy and other general hospitals in the city were informed of the policy and absorbed the emergency admissions.

Despite these policy changes, it was planned to accept and treat all patients who arrived at the old hospital on moving day. Patients arriving at the new hospital were accepted as early as seven o'clock that day.

All personnel, including the medical staff, were provided with identifying badges for the move. No one except hospital employees, the medical staff, the military personnel and authorized members of the press was permitted in either hospital until the move was completed.

Commercial parking lots adjacent

On July 31, 1974, Dr. Eskew was awarded The Army Commendation Medal for "his outstanding and meritorious service, while assigned to the 337th General Hospital, Fort Benjamin Harrison, Indiana, in both the planning and co-ordination of the entire concept of the relocation of St. Vincent Hospital . . . ."

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to the old hospital were made available for hospital personnel and staff parking on moving day to clear the parking space nearest the hospital for patient transportation.

The hospital move was originally scheduled for Dec. 16, 1973, but construction delays forced a change to March 31, 1974. This was also to be my last day of residency in obstetrics and gynecology—what a date to remember!

Our unit went on active duty training at Fitzsimons Army Hospital, Denver, during February 1974. The men and women of our unit who were to be involved in the hospital move were given individual training in handling patients.

A staff meeting was held at the old hospital on March 27th and the team leaders were told in detail how the move was to be performed and were also given a brief orientation to the old St. Vincent Hospital. On Saturday, March 30, the people involved in transferring patients from the old hospital were oriented there and those that would be receiving patients at the new hospital were oriented at the new one. The fact that we had Saturday to put our equipment together and orient our people one day before the move was of great benefit to us. Sunday morning was best suited for the project because of traffic control and the likelihood of fewer spectators along the planned route.

The equipment and supplies were moved by several Army Reserve Units on March 16, 17, 23 and 24. Our Unit also provided the manpower to assist Lt. Col. Patrick G. Fitzgerald, liaison officer for the equipment move, on March 30 and 31. North American Van Lines was called upon to move a large amount of the equipment, beginning with daily loads on March 14th. After their initial instructions, the Reservists worked hard and efficiently to move all the equipment assigned to them. In retrospect, much equipment moving could have been done by Army Reservists in Army vehicles; but, because the unit had no prior experience, the hospital felt that a professional mover should be given the bulk of this detail.

We estimated the number of patients to be moved at 125, plus or minus 25. Our schedule planned for the ambulances, buses and manpower to move 175 patients between the hours of 7 a.m. and 12 noon. Anything less than 175 would make our job that much easier.

In October a mock single patient transfer was practiced moving a patient from a bed on the third floor of the old St. Vincent Hospital onto a litter, down the slow elevator and into the waiting Army ambulance. By traveling three different routes and following the traffic lights and signals to the new hospital, the trip took between 22 and 23 minutes by each route. We then allowed 10 minutes for loading at the old hospital, 10 minutes for unloading at the new hospital and 25 minutes transit time each way; thus the round trip time to move two patients would be 70 minutes. Although 20 ambulances originally were requested, only 11 were obtained. One was to be the alternate and 10 ambulances would carry the patients on a strict every-five-minute schedule.

All Employees Briefed

During the final days prior to moving day many employees expressed a desire to know how the move would actually occur. A week prior to relocation, I gave eight lectures to more than 400 employees, representing all three shifts, explaining the plan in detail. The talks at two and three in the morning were especially important, since employees on this shift would be the last to reassure the patients prior to their move. These talks served several purposes: First, the employees were told that they were extremely important in the preparation of the patients because, having learned how the move would occur, they could, in turn, assure the patients that it would be a comfortable move; second, several questions were asked which prompted me to check out more details; third, it was a good public relations venture for the Army Reserves.

One patient needed to be moved as little as possible because she had bilateral fractures of the femurs, had a chest tube in place, and was on a respirator. Arrangements were made with the Parr-Lance ambulance service to use an ambulance that would accommodate her bed. On Saturday, I took a bed (similar to the one she was in) from the intensive care unit to the surgery elevator, where it fit with only one inch to spare; thence down to the exit, where it fit by two inches, and out onto the parking lot. Nothing could be left to chance and every detail was checked and rechecked.

We attempted to prepare for every possible problem. Any woman in labor was to be evaluated by her physician at 6:30 a.m.; if she could be moved before delivery, she would have first priority; if not, she would remain at the old hospital, be delivered and moved later. Patients in the intensive care unit and coronary care unit were moved first to give the private ambulances more time for their third round trip. MEDIC II ambulance from Marion County General Hospital was equipped to care for any possible emergency. Three patients were to be moved that had cardiac pacemakers in place. Two premature infants weighing 1 pound 14 ounces and 5 pounds 3 ounces were to be moved in the AID Riley Hospital Pediatric Intensive Care Mobile Unit.

Police motorcycle escorts were to be available and the National Guard Military Police and Indianapolis Police were to monitor the routes, with the Indianapolis Police Department stopping traffic when needed at key intersections. The Marion County Sheriff's Department handled the traffic and intersections along the last half of the route and near the new hospital.

Each patient, prior to the move, was asked to sign a special consent form pertinent to the move, and to indicate consent or denial for publication of pictures which might be taken by newsmen. Arrangements were made to furnish suitable prominent placards for those patient

who did not agree to news pictures.

Each patient was examined by a physician of the attending staff a few hours before the move for the purpose of preparing a certificate as to capability for transportation without harm or undue risk.

On Saturday, March 30th, a wet snow was falling. I spoke with several Sisters about praying for good weather and they told me that they were saving all their prayers for Sunday, March 31st.

Schedule Prepared Day Before

On Saturday afternoon a meeting was held to prepare the patient move roster, sequence, time and new room numbers. With the aid of Mrs. Marie Connelly, director of nursing, Miss Gertrude Bauer, head of reservations, and Mr. Wiley A. Green, assistant administrator in charge of admissions, this task was completed by 4 p.m. This schedule was then typed and copied for all floors and nursing personnel. An analysis of the patients, diagnosis, precautions and method of transit on a floor-by-floor basis was also prepared. The litters or stretchers were readied for the next morning and placed in the preparation area along with extra linen carts, cardiac monitors and emergency drug carts. Three patients delivered babies during the afternoon, changing the roster at the last minute. (It had earlier been made clear to all physicians when I spoke to the General Staff about the move that no patient was to be dismissed from the hospital on March 31st.)

That same Saturday afternoon the ambulance drivers cleaned their vehicles and put numerical signs on the doors to facilitate identification by the route monitors. The heater in one ambulance did not work and that driver waited until the other drivers had gone and switched his number with that of another ambulance. The next morning, when the driver (who had worked hard to clean his ambulance) discovered his heater out of order, he worked all morning on the heater. At 9:30 a.m. it was fixed and, with tears in his eyes, he asked if he could please just make one trip with patients instead of merely carrying the extra litters back to Ft. Harrison. This driver was given the honor of carrying the last two patients to the new hospital.

I left the hospital at 11:30 p.m. Saturday hoping that all would go as well as we anticipated. We had 102 patients to move unless somebody went into labor. I arrived back at the hospital at 3:30 a.m., met with the night nursing supervisors to see if there were any changes in any patients. On reviewing charts it was noticed that one patient who had been scheduled to ride a bus had a diagnosis of a severe nosebleed. Since he had orders of strict bedrest, he was transferred by Army ambulance.

House Staff members arrived on Sunday morning at 6:00 a.m., their day off, eager to help. Coffee and doughnuts were provided by the hospital for all personnel involved in the move. Assignments were given and some of the House Staff were teamed with a driver of one of the 10 private ambulances donated for that morning by the AID and Parr-Lance ambulance companies. Other members of the House Staff were sent to the floor to perform pre-move physical examinations on all patients.

I became more nervous as I awaited the Army Reserves. They arrived at 6:45 a.m. and I began reinstructing them in preparing the blankets on the litters, where to go to begin moving patients and many other important details. Suddenly I realized that no one was paying much attention to me, but they were all doing their respective jobs. I headed for the coffee and worried no more.

Specialist 4 Charles R. Waggoner, a civilian Indiana State Policeman, was put in charge of directing traffic in the parking lot of the old hospital. He not only directed the 10 Army ambulances and 2 Army buses but also the 10 private ambulances and arranged with the Indianapolis Police Department for the various motorcycle escorts. This was an example of a man taking complete charge of the situation and doing an outstanding job.

The patients being moved in Army vehicles were assigned a specific time on the transfer list. After all patients had been given a pre-move physical examination by the interns and residents, a preparation team consisting of an Army Reserve medical officer, a nurse and two corpsmen moved down the halls lifting a patient every five minutes. One preparation team was on the West wing while the other was on the East wing on a similar time schedule. This procedure presented two patients to the departure teams at the emergency room exit every five minutes as each team used the elevator on its wing. The departure team, consisting of an Army Reserve medical officer, a nurse and a St. Vincent Hospital intern and nurse, checked the patients to be sure they were warm and comfortable and they also supervised the loading procedure.

Communications were set up between the hospitals by stationing an Army Reserve dental officer at the respective information desks. A telephone line was kept open during the move and they were continuously relating which patients were in what ambulance and when they left and when they arrived. The patient to be moved in the bed left promptly at 7:00 a.m. as scheduled with an anesthesiologist and a medicine resident along. She did beautifully! The labor room was empty after Saturday evening; we were indeed fortunate, for the staff had at least 12 patients that were overdue.

Patients Met By Nurses

At the new hospital a nurse from each floor was in the lobby to meet the patient going to her floor and directed the Army Reserve corpsmen to the patient's bed. A receiving team, made up of Army and hospital personnel, examined each patient briefly on arrival at the new hospital to be sure that he was still in good physical condition at the completion of the trip. After the patient was placed in bed by the corpsmen, the House Staff interns and residents performed a post-

move physical examination to complete the transfer record which became a part of their medical record. Army Reserve Medical Officers rode in the Army ambulances and Army buses to monitor the patients and completed the middle portion of this record. This meant that every patient was seen by at least six physicians from the time they left their bed at the old hospital until they were safely in their new beds at the new hospital.

The weather was beautiful—sunny, mid 40's, clear, with dry roads.

According to plan, the last patient of 102 should arrive at the new hopsital at 10:15 a.m. It was recorded on television that the last patient arrived at precisely 10:15 a.m. followed by a police escort carrying Sister Carlos, Col. Gardner, Lt. Col. Orth, Lt. Col. Fitzgerald and myself. I must admit my eyes were rather misty as we pulled out of the parking lot of the old hospital. All that had happened at the old hospital, all the wonderful care given to so many, and it was over so suddenly.

In three hours and fifteen minutes 17 patients were moved by Army bus, 29 patients were moved by private ambulance and 56 patients were moved by Army ambulance.

I maintain that the key to this successful move was the esprit de corps that developed in the Army Reserves as we came closer to Move Day. Staff officers warned that many of the men would not show up at 5:30 a.m. on Sunday and we would be at half strength in some areas. In the briefing at Fitzsimons Army Hospital I simply stated that I wanted the men to think of this move as if they were transporting a member of their family. If the men would show up and move just one patient, I felt sure they would become enthusiastic. This is precisely what happened. The Army Reservists were laughing with the patients, caring for them, and very proud to participate in a community project.

Many people—Sister Carlos, Col. Gardner, Fred Snoy and hundreds of hospital employees, my fellow medical officers, the 200 men and women of the Army Reserves and several of the Attending Staff and House Staff—all participated and cooperated in the successful move of St. Vincent Hospital with not one of 102 patients changing his physical status.

The House Staff and Army Reserve personnel, most of whom are under 30 years of age, deserve special recognition. Their sense of responsibility and dedication reflects favorably on them and others of their generation. My reward came from the fact that patients were moved with little disruption of hospital routine. One patient took the time to write a note on April 22nd. She was Mrs. K. V. Ammerman, the 80-year-old widow of the former principal of Broad Ripple High School:

"Being under sedation, I fear I was not very alert. The ride was an easy one and I wish to thank you and the other officers for your kindness. You did a great job in moving patients. I am leaving the hospital soon. My best wishes to you and the officers." ◄

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