

Rapid Response: Hospital Evacuation

OhioHealth Berger Hospital

Casey Liddy, MHA, FACHE

President, OhioHealth Berger Hospital

Lauren Yeagle, CEM

System Manager, Emergency Management

Cesalie Jenkins

Senior Consultant, Emergency Management, Berger Hospital



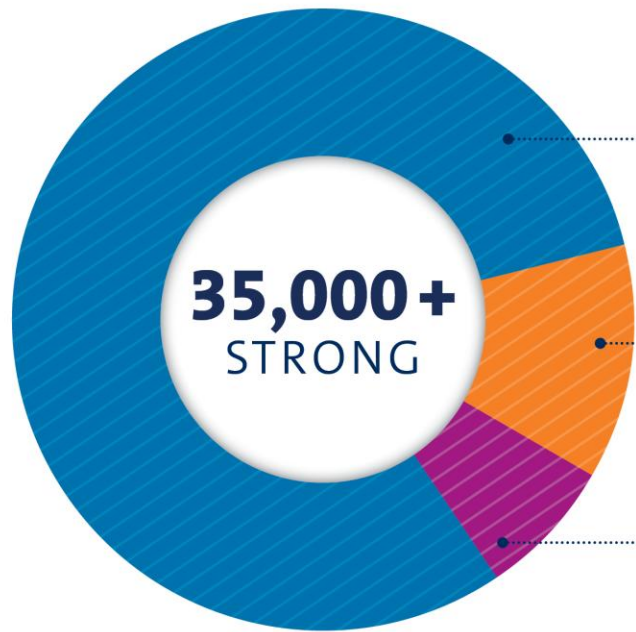
**Everyone has an
evacuation plan.**

**No one expects
to use it.**

Until the day we had to move
an entire hospital in minutes.

Who we are & WHAT WE DO

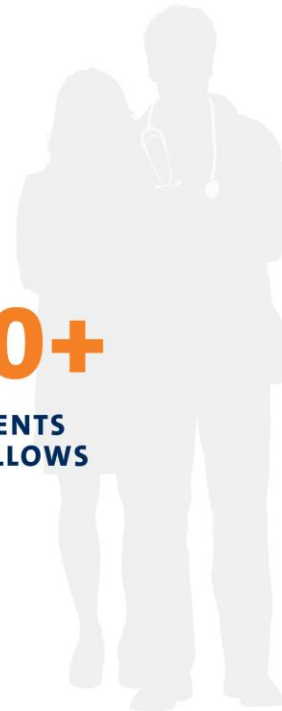
We are a faith-based, not-for-profit healthcare system.



30,000
ASSOCIATES

5,500 } **400+**
PROVIDERS } RESIDENTS AND FELLOWS

1,000
VOLUNTEERS



Represents Fiscal Year 2024 Data

Where **WE ARE**

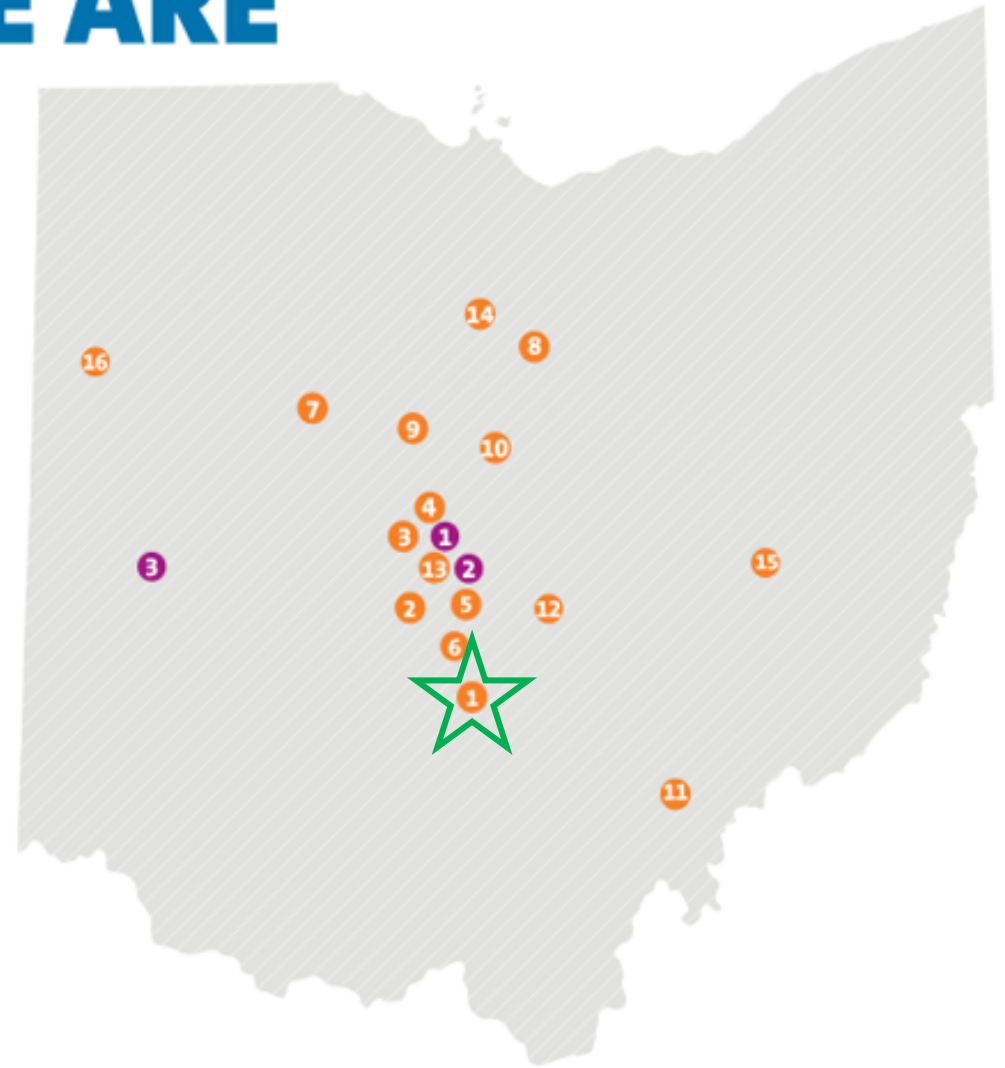
Hospital locations

FULL MEMBER

- 1 BERGER HOSPITAL
- 2 DOCTORS HOSPITAL
- 3 DUBLIN METHODIST HOSPITAL
- 4 GRADY MEMORIAL HOSPITAL
- 5 GRANT MEDICAL CENTER
- 6 GROVE CITY METHODIST HOSPITAL
- 7 HARDIN MEMORIAL HOSPITAL
- 8 MANSFIELD HOSPITAL
- 9 MARION GENERAL HOSPITAL
- 10 MORROW COUNTY HOSPITAL
- 11 O'BLENESS HOSPITAL
- 12 PICKERINGTON METHODIST HOSPITAL
- 13 RIVERSIDE METHODIST HOSPITAL
- 14 SHELBY HOSPITAL
- 15 SOUTHEASTERN MEDICAL CENTER
- 16 VAN WERT HOSPITAL

JOINT VENTURES

- 1 OHIOHEALTH REHABILITATION HOSPITAL-DUBLIN
- 2 OHIOHEALTH REHABILITATION HOSPITAL-VICTORIAN VILLAGE
- 3 OHIO VALLEY SURGICAL HOSPITAL



WE are
SAFER
together



Who we are & WHAT WE DO

Berger Hospital

83

licensed beds

571

hospital associates



171

OPG associate & providers



24

care site volunteers



4,377

patient admissions & observations



359

deliveries



80,706

outpatient visits



2,805

surgical procedures



24,427

emergency visits



Hospital Evacuation by the Numbers

154 Major Hospital Evacuations (2000-2017)

- Natural Disasters 71%
- Man Made Threats 16%
- Fires and Chemical Fumes 13%

Before The Incident: June 16-17, 2025



The Incident: June 18, 2025



Weather: 83°; humid and overcast with forecasted afternoon thunderstorms



Hospital Leadership attending meetings in Columbus



Emergency Manager participating in training in Columbus



Safety Officer on PTO



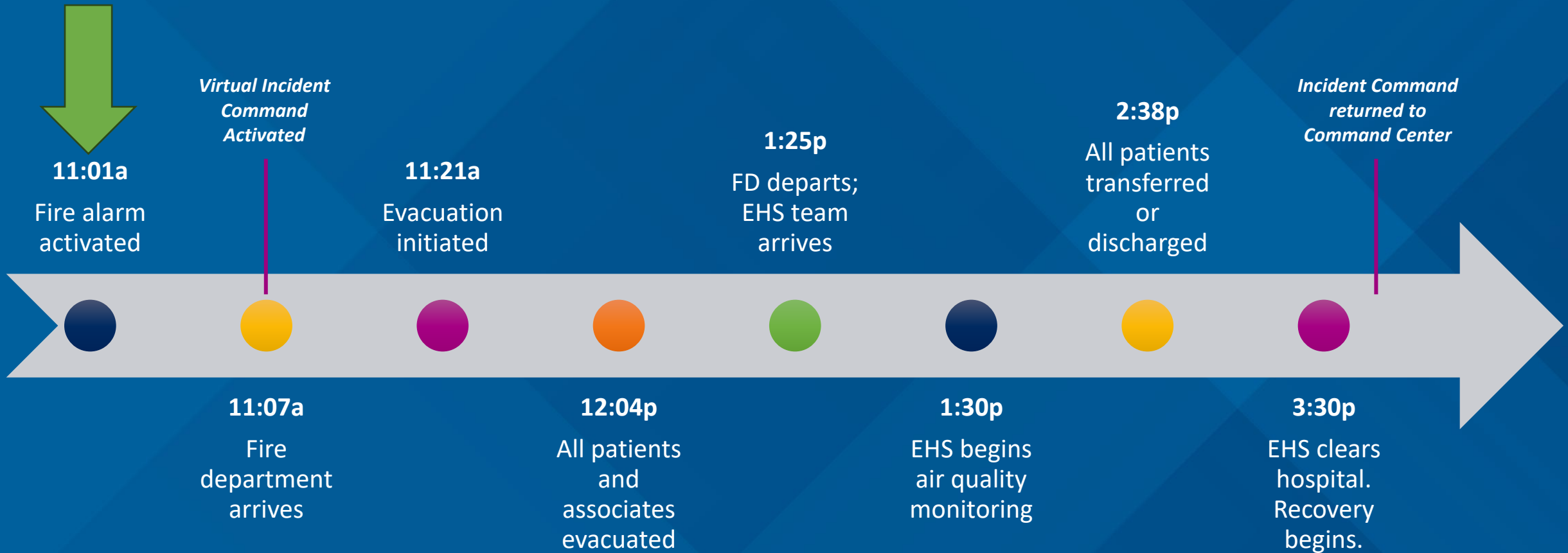
Pickaway County Fair in progress

What Happened?

- Fan blade on medical vacuum system broke
- Oil overheated, causing oil cap to melt
- Med vac system not on building automation system (BAS); delayed recognition
- Smoke accumulated in mechanical room before spreading throughout the building



Incident Timeline



Initial Response

- Fire department arrived within 6 minutes
- Full building evacuation ordered
- Hospital incident command activated
 - Incident Commander – Director of Operations
 - Patient Tracking – Director of Nursing



Response Organization



Fire Department
Staging Area

Transportation
Non-Ambulatory

Incident
Command

Transportation
Ambulatory

Patient Staging
Area

Patient Census
23 Inpatient
9 Observation
11 ED
2 Newborn
22 Surgery

235 Associates

Media Staging Area

Evacuation Process

01

Limited evacuation equipment was not readily accessible

02

All associates and providers were involved in moving patients and equipment

03

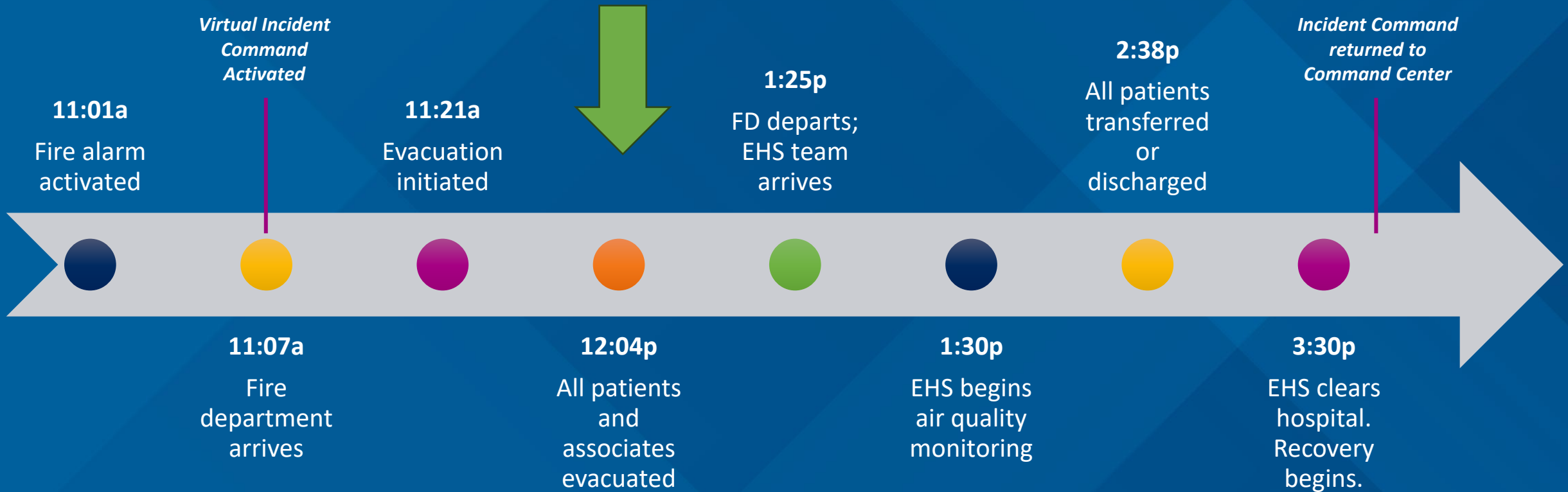
Reverse triage to evacuate ambulatory patients first

Evacuation Staging



- Initial evacuation to main parking lot
- Used pop up tents to identify staging areas and provide shade for patients
- Hospital had some pop-up tents, water, ice, and coolers
- Additional tents and water provided by neighbors

Incident Timeline



Transfer Process

- Most critical patients transferred from hospital
 - EMS agencies from county and region supported transportation
 - Patients were received by five hospitals in region
- Lower acuity patients transferred to secondary location
 - Relief from heat and potential thunderstorms
 - Circleville High School ~1.5 miles away
 - County transit agency provided buses
 - Discharge or transfer from this location

Evacuation Statistics

71
Total
Patients
Impacted

37
Rapid
discharged
from ED and
outpatient
departments

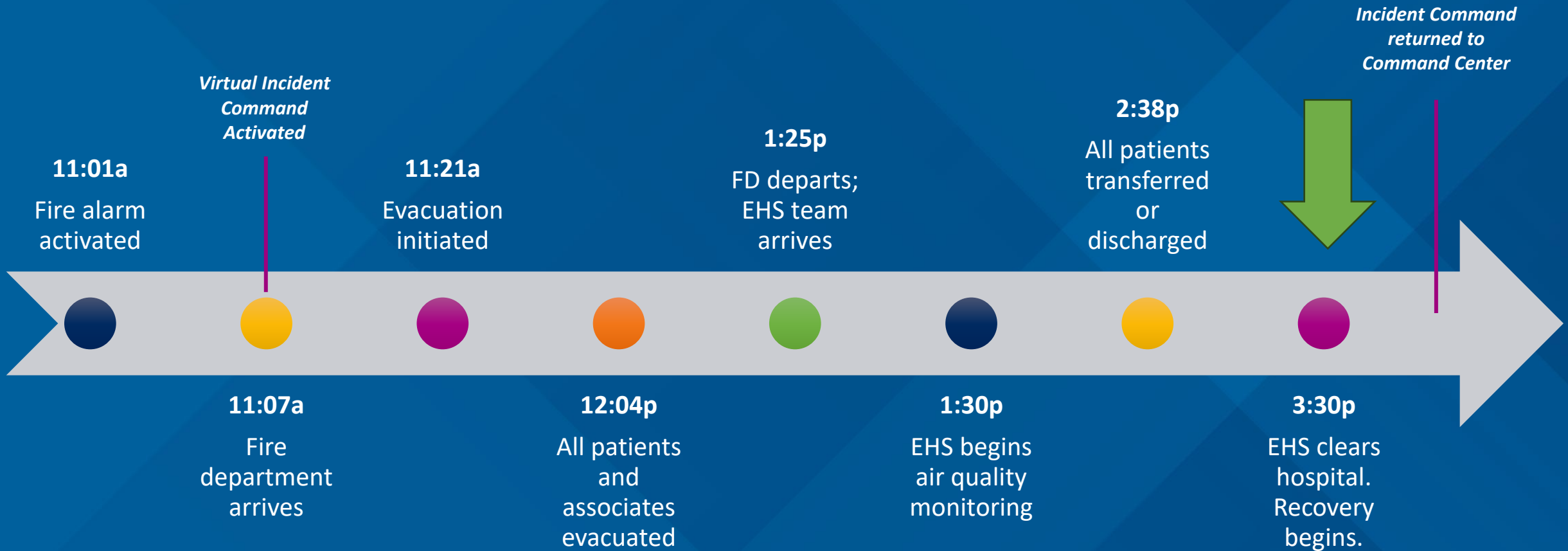
21
Transferred
to other
hospitals

13
Discharged
from
inpatient
units

Transition to Recovery

- Fire Department called to another major incident in community
- Air quality monitoring conducted by OhioHealth EHS team
- Building cleared by Industrial Hygienist
- Significant nuisance odors throughout building

Incident Timeline



Short Term Recovery: 5 Days

Recovery Priorities

- Restore emergency department and surgical services
- Reopen labor and delivery and inpatient units
- Resume outpatient service (hospital based and clinics)
- Return patient belongings and provide well-being support



Immediate Recovery Considerations



- Support departments functional to provide patient care.
 - EVS, SPD, Supply Chain, Lab, Pharmacy
- All equipment moved outside cleaned, stocked, sterilized.
 - Crash carts, linens, nurse servers, O2 cylinders
 - Other OhioHealth hospitals provided SPD support to reduce timeline.
- Building cleaned and ventilated to remove nuisance odors
- Life safety systems tested to ensure overall building safety

Recovery Timeline

Roadmap to Recovery
Strategy Phase 1: Support Department Standup
Operational Period 7am-7pm

Department	Time	Staff	Stuff	Space	Systems
Emergency Department	7a	Need to coordinate staffing for identified opening time (ED and support departments) Providers	Crash cart (min of 1) Nurse servers Portable suction Cardiac monitor Metal detector (protective services) Linen General supply re-stocking	General cleaning and re-organization	X Ray CT Ultrasound
	9a	Associates coming in to support cleaning	List of things to replace in each room is complete Keeping list of supply to dispose of, not many so far Crash cart review and restock in process	Working though cleaning areas – lobby nurse stations etc Wiping down all surfaces and high touch areas EVS is wiping walls and mopping floors	Med vac alarm
	11a	Pulling more staff in	Waiting on crash carts Cleaning equipment is done Restocking and checking supplies Portable suction 1 in ED now Cardiac monitors in place Linen have some unopened but waiting on replacement	General cleaning complete EVS is finishing their work	Water from water machines tastes like smoke
	1p		Nurse servers stocked. Still missing 1; patient rooms are all ready to go. Will replace linen at re-open Waiting on crash carts.		Facilities flushed line in water machine

Wednesday, June 18

- Recovery briefings began at 3:30 pm to assess status and coordinate efforts.

Thursday, June 19

- Incident briefings every two hours to guide operational decisions.
- Emergency Department reopened at 7:00 pm.

Friday, June 20

- Inpatient care reopened at 7:00am
- Well-Being Team met with Incident Command focused on staff support, reflecting attention to human factors during recovery.

Monday, June 23

- Complete restoration of all hospital services achieved. Normal operations resumed.

Berger Hospital fully re-opened on Monday, June 23



Long Term Recovery: 3 Months

Focus Areas

- Provide well-being support to associates
- Submit insurance claims for financial recovery
- Replace missing or damaged equipment
- Absorb financial cost of transportation for patients
- Monitor iCare reports for associate injuries
 - Only 1 minor injury reported
- Offer any additional support needed to patients who were impacted by the event

Team Members

- President
- Director of Operations
- Director of Nursing
- Human Resources
- Risk Management
- Finance Manager
- Communications
- Supply Chain
- Pharmacy
- Quality and Patient Safety
- Customer Experience
- Patient Access
- EMS Coordinator
- Safety Officer
- Emergency Manager

What did we learn?

Overall Strengths



Exceptional leadership from Director of Operations and Director of Nursing to ensure safety of every patient and associate



Incredible teamwork from associates and providers



Successful application of HRO Universal Skills across the hospital



Rapid mobilization of system resources across the OhioHealth enterprise



Collaboration with first responders and community partners



Post-incident well being support for associates and providers

Opportunities: Evacuation Process

- *Evacuation* definition was not clear enough to support a timely evacuation decision
- Access to evacuation and patient care equipment
- Staff propped doors open to move patients, increasing movement of smoke
- Preparing for adverse weather conditions (heat, rain, etc.)
- Accountability and rally point for associates not needed for patient care

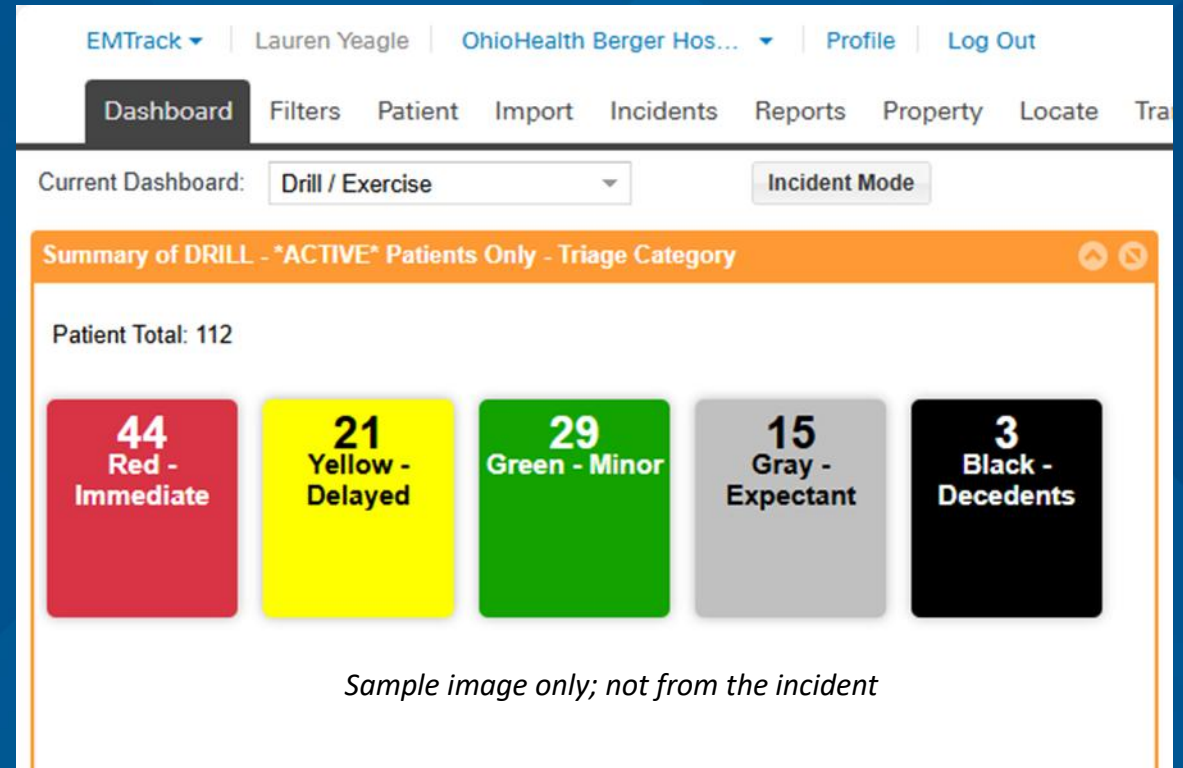
Opportunities: Incident Command



- Limited access to computers and technology equipment
- Not prepared to implement a mobile incident command in the parking lot
- While we collaborated closely with the fire department, we did not have a true unified command
- Public information and media management, including social media

Opportunities: Patient Tracking

- State platform (EM Track) designed for patients coming *to* the hospital, not patients being transferred *from* the hospital
- No immediate access to computers or other tools. Paper and pencil used for first hour.
- Patient transfer happened so quickly it would have been impossible to keep up with tracking in the electronic system.
- Emergency Management team supported patient tracking in EM Track when they arrived on scene ~ 1 hour after incident began



Opportunities: Patient Transfer

- Clarity on authority to determine where patients were transferred: hospital/transfer center or EMS
- Confirmation of process to activate state and regional plans for additional EMS resources
- Communication of patient information to receiving hospital, especially when hospitals utilize different EHR platforms

Opportunities: Associate Well-Being



- Associates experienced many emotional reactions to this incident
 - Stress, anxiety, fear
 - Reactions to false fire alarms
 - Fears over ongoing safety of the building
- Well-Being Team provided incredible support to associates and first responders
 - On site support for associates
 - Hospital and community visits with therapy dog team
 - Counseling sessions available through associate health program

Process Improvement: Moving Forward

- Revise Emergency Operations Plan and Evacuation Plan
- Address flexibility of incident command resources
- Assess evacuation equipment needs and identify accessible storage locations
- Provide additional training on evacuation process and equipment
- Incorporate evacuation into tabletop and full-scale exercises

Questions?



Cesalie Jenkins

cesalie.jenkins@ohiohealth.com



Lauren Yeagle

lauren.yeagle@ohiohealth.com