UGA Libraries' Undergraduate Research Award

Hurricane Forecasting and Coastal Healthcare Facility Evacuations

When I began my research my freshman year, I scheduled a meeting with Ian Thomas in order to learn more about the resources the library provides that would enhance prospective research in the health sciences. He provided me with an introduction to GALILEO, Web of Science, PubMed, and Google Scholar. He recommended that I use these search engines to find review articles for accessible and comprehensive overviews of potential research areas. When I began my research with the Institute for Disaster Management, I used Web of Science's "most cited" filter to browse for influential articles concerning the ethics of disaster medicine. I came across an article reporting the story of Dr. Anna Pou, a physician that faced criminal charges for the deaths of several patients awaiting rescue from a New Orleans hospital during Hurricane Katrina. After discussing this case with my research mentor, I began a project evaluating Georgia's emergency plans for evacuations of coastal healthcare facilities threatened by hurricanes.

My research assesses the feasibility of Georgia's evacuation plans with regard to the accuracy of current hurricane forecasting models. The evacuation of hospitals, nursing homes, hospices and other healthcare facilities is complicated by the medical and access needs of their patients and residents. These evacuations require a number of complex tasks such as coordinating transportation, matching patients to beds in inland healthcare facilities and special shelters, and transferring medical records, medications, and any necessary equipment. Because of the vulnerability of patients and the complexity of these evacuations, facilities are expected to evacuate far in advance of the general population. My review of Georgia's current emergency management planning revealed that healthcare facilities are expected to begin preparations for an evacuation more than four days in advance of the predicted landfall of a hurricane. However, as the amount of time in advance of a

hurricane increases, the likelihood of having an accurate forecast of its future location and intensity decreases. My project examines the implications of the reliability of early hurricane forecasts on coastal healthcare facilities' compliance with evacuation plans.

I started my research project by looking for data on hurricane forecasting. My search of GALILEO's Weather and Climatology databases led me to the U.S. National Oceanic and Atmospheric Administration (NOAA) Storm Events Database, which I used to confirm that Georgia has not faced a major hurricane in the past twenty years. Continuing my search with NOAA resources, I found the National Hurricane Center's official error trends for Atlantic Basin storms and hurricanes. This data indicated that forecasts several days in advance had large margins of error in predicting a hurricane's path and intensity. Current methods of forecasting hurricanes are not accurate enough to consistently support Georgia's healthcare evacuation plans.

After characterizing the imprecision of early hurricane forecasts, I wanted to examine the consequences of the failure to evacuate in advance of a hurricane. With the case of Dr. Anna Pou in mind, I decided to search for lawsuits involving healthcare providers following hurricanes. I visited the Law Library in order to learn more about legal sources that could aid me in my research. There, I was instructed to try the Lexis Nexis database. With some help from the reference team at the law library, I found several lawsuits involving healthcare facilities and hurricanes. One case was a wrongful death suit involving the owners of a New Orleans nursing home in which many patients died during Hurricane Katrina. Another was a class action lawsuit against the City of New York for violating the Americans with Disabilities Act for failing to accommodate for the needs of medical patients and other disabled residents in the city's response to Hurricane Sandy, during which officials failed to evacuate healthcare facilities prior to the storm. These cases provided me with extensive, detailed records of incidents that demonstrated the results of healthcare facilities not adhering to evacuation plans.

After finding these cases, I wanted to see if I could find any information on recent healthcare evacuations specifically in Georgia. The last major evacuation was in 1999 for Hurricane Floyd, a storm that ultimately spared the state. My online searches for information on this evacuation yielded few results, and little that pertained to the evacuations of healthcare facilities. I had a breakthrough when I visited the microfilm section of the Main Library in order to view newspapers published in coastal areas of Georgia around the time of the hurricane. When I viewed microfilms of the Savannah Morning News from the week of the evacuation for Hurricane Floyd, I found several articles that described the evacuations of area nursing homes and hospitals. I discovered one major detail about the evacuation that I had previously missed: the only fatalities in the state of Georgia attributed to Hurricane Floyd were those of two nursing home residents who died during the evacuation, which was greatly prolonged due to a failure to depart prior to the evacuation of the general population.

Going forward, I plan to interview healthcare providers about their emergency plans and their awareness of hurricane forecasting error. Also, I am working to identify specific examples of hurricanes whose forecast inaccuracies would violate the assumptions of current evacuation timelines. With my research, I aim to draw attention to the gaps in Georgia's current hurricane plans. I hope to develop recommendations on how to improve the evacuations of healthcare facilities in order to increase their resilience in the face of disasters, and most importantly, the safety of their patients.

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