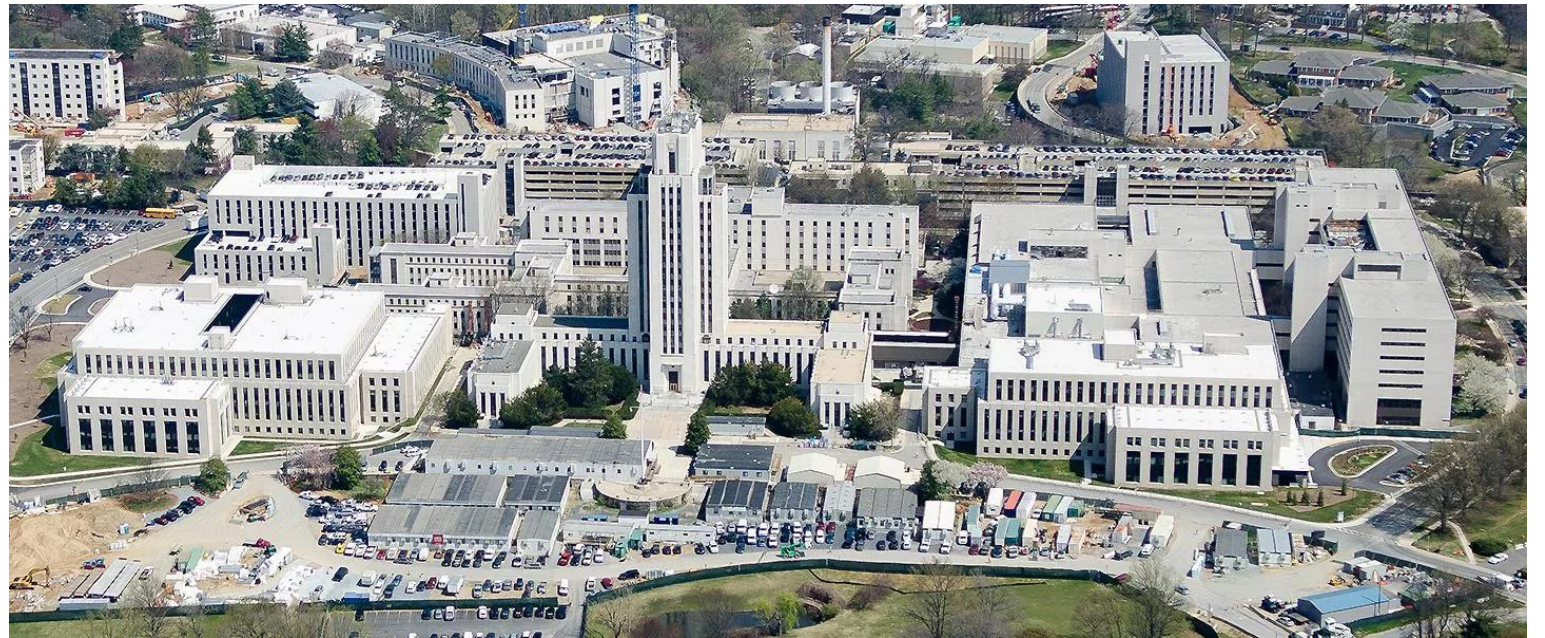


# Crisis as a Catalyst for Change

COL (R) Anthony Meador

COO – Ascension Seton Medical Center Austin

Walter Reed  
National Military  
Medical Center  
(WRNMMC)  
“Where the  
Nation heals it’s  
heroes”





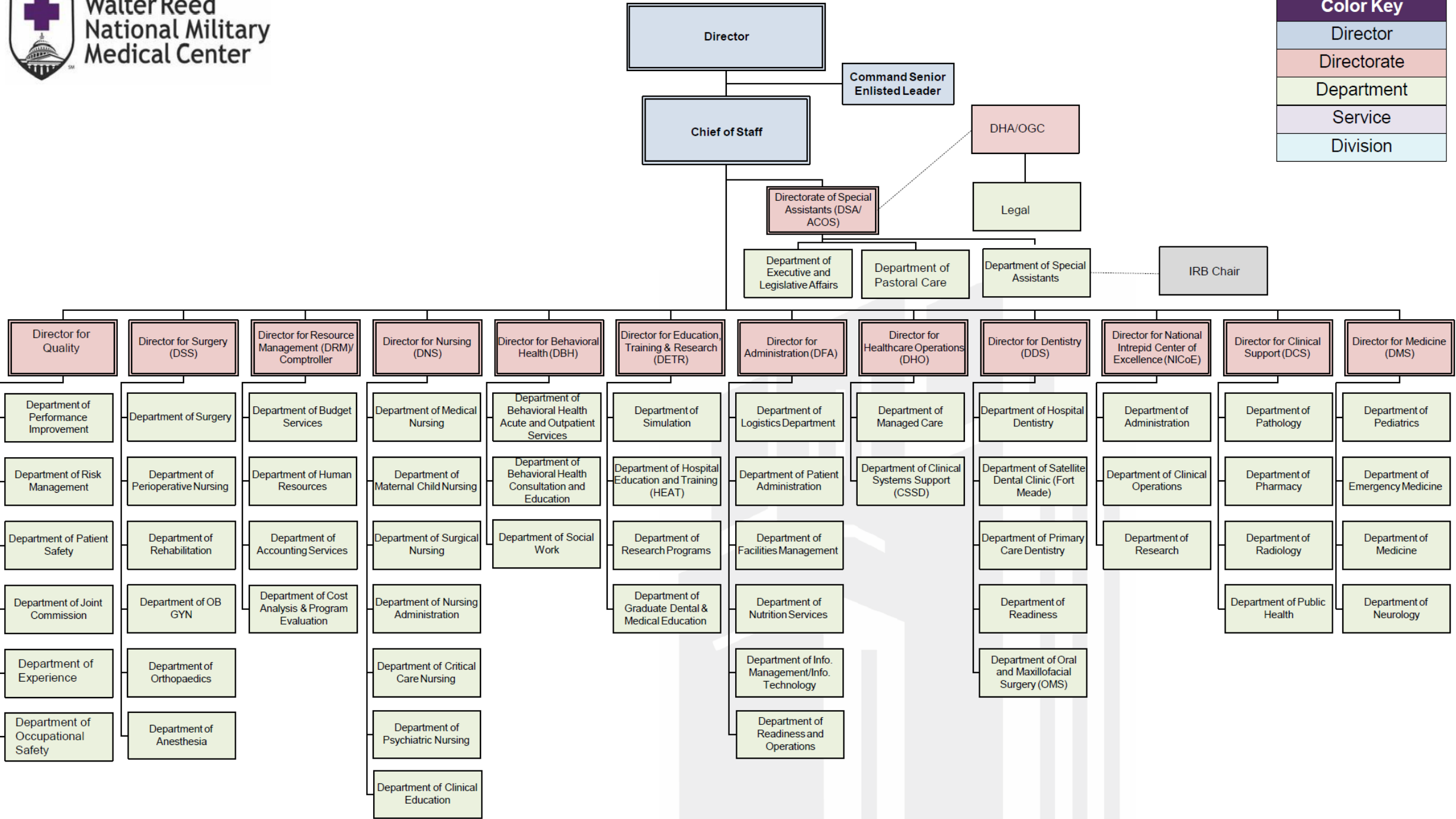
## Scenario:

- In 96 hours, receive US servicemember and Afghan refugee casualties along with Afghan refugee family members unvetted by the US State Department or US Customs and Border Control.

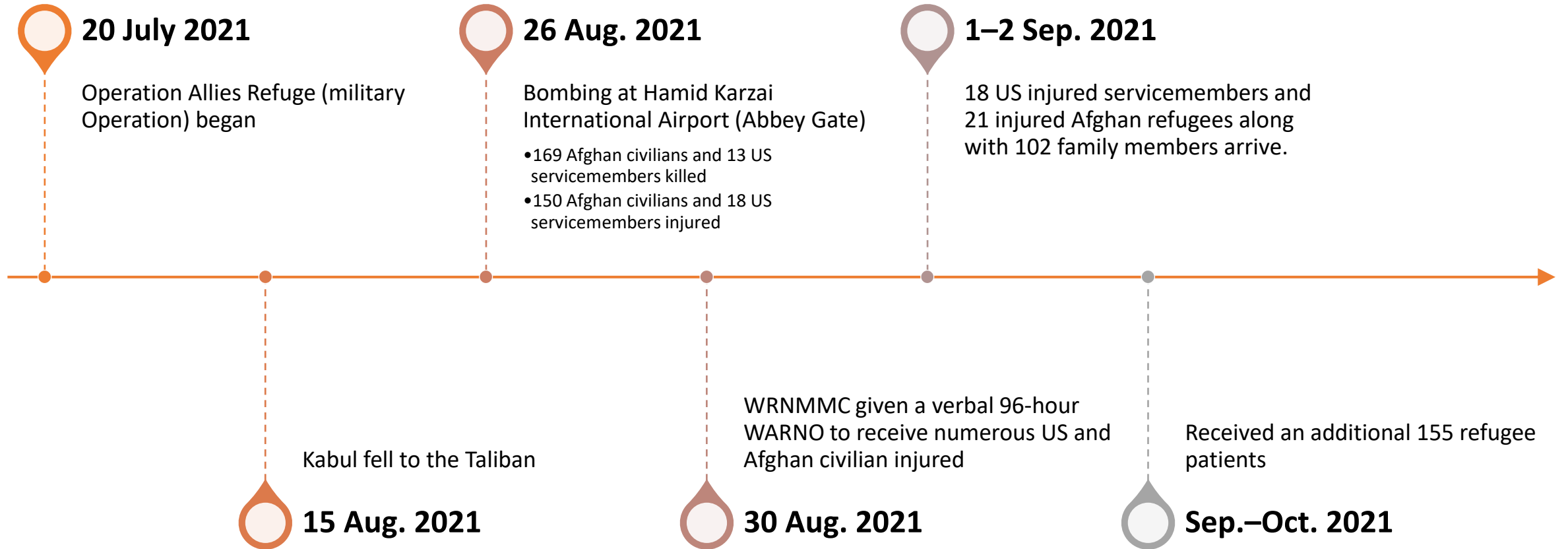
# What is the WRNMMC?

- “DOD’s largest joint (Army, Navy, Air Force) academic medical center
  - 650 Residents & Fellows annually across 55 programs
- DOD’s medical research center
- Receives wounded, ill, and injured from around the globe
- Approximately 6,000 Active Duty, GS, and contract employees
- 250 Bed (staffed); 1000 bed (wartime footing).
- Home to the National Intrepid Center of Excellence (NiCOE), John P. Murtha Cancer Center, and the Military Advanced Training Center (MATC)

Color Key	
	Director
	Directorate
	Department
	Service
	Division



# Timeline of Events:



# Key Questions

- How were we going to secure non-cleared inpatient refugees?
- How would patient refugees and their families, not cleared by US Customs and Border Patrol be transported to our facility?
- How were we going to provide end to end support (housing, food, clothing, money, etc.) for refugee family members?
- How would we provide refugee visitation for unvetted family members?
- How was the State Department going to assist us? US Customs and Border Patrol?
- How would we be reimbursed for all associated medical and living support costs for refugee patients and family members?

# What happened?

- Received all US and refugee injured, with family members
- Also received many other ill and injured Afghan refugees from North Carolina, Virginia, Maryland, and Pennsylvania
- Refugee support
  - Housed all family members on base
  - Registered all refugee members
  - Provided donated clothing
  - Provided gift cards for onsite PX purchases
  - Obtained authorization for various privileges on base
- Max capacity within the makeshift barracks – 330





# What made us a better hospital because of this event?

- Understanding what the other directorates did and how they functioned. We were too siloed. My VPs didn't have a good understanding of colleague responsibilities
  - Updated onboarding of senior leaders to include a "day in the life" of colleagues
- The task of accounting for completed end to end costs, reengineered our cost reimbursement methods.
- Security support three dimensionally; Access to/from refugee patients, access to hospital, and separation between refugees and servicemember patients
- Relationships with other hospitals – Reinforce cross hospital ties and recognize when to reach out
- Do not wait to be told "how to..."
- Leader evaluation; who performed well under time constraints? Resourceful/creative under pressure?
- What scenario can you envision that can't possibly happen to your organization?



# Questions