Strong Medicine 2-14-2014 Interview with Ann Prestipino

EMILY HARRISON: So this is Emily Harrison and today is February 14, 2014. I am here with Ann Prestipino in Mass General to conduct the interview for the Center of History of Medicine. We're going to record this interview as part of the Strong Medicine Oral History Project. Ann, do I have your permission to record this interview?

ANN PRESTIPINO: Yes you do, Emily.

HARRISON: OK, thank you. So we're conducting this interview to create a permanent historical record of the Boston Marathon bombings and their aftermath. We'll spend much of our time together today talking about your experiences of what happened that day and in the weeks, months and year that followed. We also want this interview to make sense to people years from now so we'll start, if it's OK with you, by talking about you and giving people a bit of background on who you are, where you came from and what your educational background is.

PRESTIPINO: OK, OK. All right. Well, let's start there. I'm Ann Prestipino. I'm currently one of the senior vice presidents at Mass General and the Mass General Physicians' Organization, and included in my responsibilities is emergency medicine and emergency preparedness for the

organization. And as part of that role, it really relates to making sure that we are prepared at all points in time for any type of untoward event that might happen, and that includes events exterior to the hospital that may result in patients needing our care and services. It also includes events that may happen internal to the hospital where we need to, for example, a physical structure kind of issue, a flood, those kinds of things that we also have to respond to appropriately to make sure to assure the safety of our patients, etc. My personal background includes undergraduate work in human biology. I've always had a very strong interest in the sciences, and I was at Brown University for that work and then received my Masters in Public Health at Yale with a concentration in health services administration; and I had the fortunate opportunity to come to Mass General as a brand new, newly minted MPH if you will and had a chance to (inaudible) the organization. So I've had opportunity to work in many of the different areas in the institution in an administrative role but administratively helping to support all four of our missions including clinical care, research, education and our service to communities.

HARRISON: Wow. So that's a great start and a good amount of background on you. Before we start talking about what

happened on the day of the marathon, I'd love to get a baseline sense of what an ordinary day looks like for you here.

PRESTIPINO: So as one of the senior administrators for the organization, my day is pretty full with a wide range of activities largely meeting in nature but that involves representative players from all parts of the organization. A lot of my work is related to working with physicians in the surgical, anesthesia, emergency medicine domain as well as the areas where they conduct most of their practice, namely the operating room environment, the emergency department as well. So we can be discussing anything from, you know, new program planning and development, finances, human resource issues. Oftentimes and one of the fun parts is, when we do have the opportunity to build something new in terms of physical structure or renovate, you get to play architect and interior designer sometimes. And what I love about the opportunities in terms of the course of the day is that it's very diverse and it's literally working with people throughout the organization. I think the other thing that is a hallmark of Mass General, and it's been this way since I've been here and I hope it certainly continues in the future, is that it is a very interactive organization. So although there is structure and hierarchy

to ensure, you know, the right vision is set and we can actually proceed in an organized fashion, we work very interchangeably at all levels of the organization. So it is very comfortable to have the CEO, you know, a secretary, a physician, and a nurse all sitting in the same room.

HARRISON: Cool. So if that's sort of the typical day's work in the organization, what would a typical Marathon Monday before 2013 look like for you here? What would you usually do during the day?

PRESTIPINO: OK. Well, let me just [bring?] out a little bit more in terms -- so I gave a little bit of a sample of a representative day for myself. In the organization I would say the natural ebb and flow of the organization, especially in the clinical venue and maybe focus there because that's what relates most to what happened on that fateful day, [05:00] is that we, you know, would be starting the day with usually a full house of patients since we are running at almost 100% occupancy all of the time. We would have very busy clinic schedules beginning and where people are coming on an outpatient basis to any one of a variety of specialists, and our emergency department of course is one of the -- if -- I think at this point does hold the position of being the busiest in Boston with over 100,000 visits a year, and so all the clinical

activities would be ramped up and rolling and then the whole patient flow obviously begins in terms of -- or continues I should say, but maybe during the -- certainly the prime time hours if you will when our operating rooms are functioning, all of our diagnostic laboratories, other therapeutic places in the institution such as our endoscopy lab, our catheterization laboratory, etc. are all, you know, coming up to full speed. And that starts pretty early in the day and goes pretty late into the evening. So that's sort of a typical day on the clinical side of Mass General.

HARRISON: OK, and when you say starts pretty early and goes pretty late, what -- could you just (overlapping dialogue; inaudible)

PRESTIPINO: You know, I mean, think in the 6:30, 7:00 a.m. kind of time frame that, you know, our first cases are starting in the operating room around the 7:30 time frame, so people are here prior to that as an example to make sure that everything is prepared and ready to go and patients that are in-house are brought down, patients that are arriving are checked in and appropriately prepared for surgery, those kinds of things.

HARRISON: OK. I think it's great that you make the distinction between your typical day and then also talking about the

organization. So do you think you could do that for a Marathon Monday which is a special day in Boston, and a lot of organizations operate slightly differently on that day.

PRESTIPINO: Well, on that -- so Patriots' Day is no longer an official Mass General holiday, but many people elect to use it as a vacation day and so -- and also just because of the ebb and flow of patients sometimes shifts a little bit that day just because of the fact that, you know, if some of the other activities are going around the city, we are fully open for business if you will, and our numbers may be a little bit softer on a typical marathon day in terms of, say, the number of operations we're going to do or the number of patients that come through the emergency department. But we are, you know, up and operational and in my day it may seem a little lighter because some of the larger meetings might be cancelled because different people have elected to take that as a day off to enjoy the Red Sox game, the marathon, etc. But other than that, it's pretty much a typical day. What we have seen in past years with marathon is sometimes runners ending up coming to us because of problems like dehydration, that sort of thing, you know, from the medical tent, or even subsequent to the race maybe just are having some effects and -- but it's very small numbers that come in, and it's something that we

just accommodate as part of our normal flow of patients.

HARRISON: OK. So then that is a good way to segue into what happened on April 15th, 2013.

PRESTIPINO: Right. So April 15th, 2013 started as, again, a -- what I had anticipated would be a typical Marathon Monday. I had elected to work that day and, you know, did have some meetings and other activities scheduled. And I received a phone call actually from our chief nursing officer who had elected to take Marathon Monday off, and she and her husband traditionally go to the baseball game and then try and catch, you know, the end of the marathon. And she called and she said, "Something is going on, Ann." She said, "There's been these loud sounds that sound like explosions or gunshots or something." She said, "I just went over to one of the police officers. They won't let me near it. They said don't go in that direction; go in a different direction. I explained I was a nurse. They said don't go in that direction." She said, "I'm on my way back to the hospital. Can you try and find out what's going on? Call me back on my cell." At the same time we were having a conversation, the chief of emergency services who had heard about this through our system of emergency notification was calling me to explain what was going on. I immediately made the decision on behalf of the

institution that we would go into what we call full disaster mode and we would quote "turn on" our disaster plan. And that's --

HARRISON: This is still at the stage of having a sense that something was going on without knowing what was going on?

PRESTIPINO: Something is going on. At this point we had confirmation that we thought it might be a bomb. We weren't entirely sure. So I notified my key people who helped turn on the system if you will and immediately -- and [10:00] spoke to Jeanette, our chief nurse, and let her know we were, you know, starting to begin preparations. The way our system works is that we set up an emergency operation center, which is our Trustees Room. And as the chairman of our committee, if I'm in town, I'm usually the one that would serve as the incident commander, although we try and make sure we have great redundancy and that many of our senior leaders can and have played that role. But I was here. Some of my other colleagues were not. I just assumed that role. Our president happened to be away on business that particular day, and so I think it was even more important that, you know, anybody who was senior step in and try and help. While that was going on upstairs to really try and get ourselves organized, patients actually started arriving. And our chief of emergency services and

our emergency department team, including physician leaders and nursing leaders, were immediately able and prepared to take on the challenge of dealing with those first victims who were very, very severely injured.

HARRISON: How did they arrive?

PRESTIPINO: Actually, the very first person arrived via a police car who had been -- I think it was a police car, and you know, was literally carried in; and our chief of emergency medicine actually thought she was in extreme, extreme state and she went virtually, immediately to the operating room. I should also footnote that one of our anesthesiologists in the operating room [environ?] happened to be -- received a text from either a family member or a friend who said something is going on. And he was smart enough to hold certain cases that were going to be starting so that we would have ORs immediately available and that were fully staffed because we were expecting we were going to be doing scheduled cases during -- into those rooms, and so postponed those cases and it created a wonderful, flexible situation for us to immediately get those patients into operating rooms that needed it. And we would have done that. We would have [pauses] -- we always have some flexibility in our operating room schedule to accommodate, you know, maybe one major trauma at a time. It's not that

we hold a room per se, but there's enough flexibility in the schedule in terms of when cases are ending and other cases beginning that we certainly could have accommodated one major trauma. We had I think five or six people in the operating rooms within the first 30 minutes, which is extraordinary. And I think one of the things that is amazingly impressive about what happened with all of this, and I know there's been lots of articles and public press about it but, you know, at the scene, the fact that people chose to run in as opposed to run away and do everything they could to help, the fact that there was such a huge number of medical personnel immediately available and the emergency medical system who runs triage at the scene, which is a sorting of patients, did a beautiful job not only sorting in terms of dividing up the numbers of patients but sorting by acuity of patient so that all of the trauma centers basically got fairly equal distribution in terms of numbers but also in terms of how critically injured these patients were, which made it I think wonderful for all of the patients and I think why we had such a wonderful survival rate and wonderful, you know, prognosis for so many of the victims. Had all 30 gone to one trauma center or another, let's say, of the most critical ill, the outcome might not have been the same. So

the distribution and taking advantage of the resources in the Greater Boston environment, it -- I mean, they are the unsung heroes in my mind because that's what gave everybody the best possible chance. So they quickly organized at the scene, and one of the things that was obviously very advantageous as I said was not only the medical personnel there but ambulances there immediately got things under control and organized and started -- so then we started receiving patients by ambulance. And part of our disaster system is that when patients come in, even at Mass General, even though they've had preliminary triage at the scene, we will take a quick look to say, "Yup, this one is absolutely critical, needs to go this direction" versus something that's a little less urgent, versus something that might be, you know, ambulatory or more a [worried well?] kind of situation, depending on the disaster. So we were able to quickly put our own systems into play, deal with the immediacy of needs that patients had coming into us in the emergency department and then quickly get them to the operating room. Our trauma team came -- sent representatives down to the emergency department to help assess and immediately, you know, staffed up in the ORs and kept the flow going as necessary. [15:00] We -- our plan also calls for different members of our medical community

here, and when I say that I mean nurses and doctors and technologists, pharmacists, etc., to report to different areas. And this is one (laughs) -- we also ask people to wait and we will call them in as necessary. I think one of the beauties of a place like Mass General -- and I'm sure it happens at some of the other places but I'm particularly proud of this community -- is everybody came in anyway. And tons of people came to the emergency department, which initially is a problem. You don't want that many people there. You want the true experts who know what they're doing and can start everything in play for a given individual. Our medical director for our emergency preparedness, Dr. Paul Biddinger, did a wonderful job knowing he couldn't really kick people out of the emergency department that easily by putting them in teams so that every single patient bay had, you know, basically a surgeon, an emergency medicine doc, a nurse, in some instances a pharmacist, all of whom could devote their total energy and attention to each individual patient as they were coming in. So he did a wonderful job I think really creating order out of what could have been chaos in that environment. The other thing I would say is that because we practice so much and we go through mock disaster situations, everybody knew exactly what they were supposed

to do, those that are in that department specifically. So they were able to also help direct other people who descended (laughs) upon them to try and help, and so it made the whole beginning part of the process flow. And then obviously, the excitement and drama moved to another section of the hospital. One other thing that I should footnote because it was particularly important at the time that the bombings happened, we already had about 80 or 90 people in our emergency department, some of whom just had minor injuries but some of whom were waiting for inpatient admission, beds to open up and reports to happen so the team that was going to take care of them upstairs was informed what was going on. The Department of Medicine, another unsung hero, took it upon themselves working with the emergency medicine docs to move all of those patients to their beds much more smoothly and quickly than ordinarily it would have happened so -- and made up for the fact if any, you know, steps were skipped, nobody was ever put in harm's way by virtue of doing this but, you know, attended to some of the details after the fact because they knew we needed help in clearing out the emergency department. So those were some of the beginning stages. (clears throat)

HARRISON: So you mentioned -- I have a couple things I wanted to

just note. One is it's clear that -- the sense of teamwork here because just about everything you said was, "We did this, we did that." The other thing that I wanted to say is that you mentioned that because you had trained so much this was all -- these were all things you had trained for. Can you talk a little bit more about what training for a disaster looks like around here?

PRESTIPINO: (clears throat) So, you know, incorporated in our plan is sort of an overall approach to how the institution is going to deal with any kind of -- we call it an all hazards plan. So as I said at the outset, it can be anything from we're going to have a really bad snowstorm to something as terrible as the bombings. And the plan is meant to be very generic so that we can respond to any one of those kinds of situations. Each department also has their own specific plan. So for example, the dietary department plan might say if we are going to get to a point where, let's say, there's a water situation, we can quickly move from china to paper or plastic ware. You know, those kinds of details are all built into every single departmental plan. When we practice or when we have an exercise, sometimes we do it institution wide so everyone is testing their plan and literally practicing their plan. We will create a mock scenario, and we will pretend that

it's really happening. And sometimes we actually use volunteer victims. So we are going to be participating, for example, in a citywide plan in May of this year that actually involves evacuation from hospitals. In a hospital, that's very vertically oriented like Mass General, that in and of itself, just a physical transportation, let alone the logistics of organizing what the patient needs before they're taken out of the institution and figuring out where they're going to go. Hundreds and hundreds and hundreds of logistical details. And we will practice that using volunteers that we will, you know, bring downstairs and -- and part of the scenario development in any one of these practices is usually trying to throw in a few curveballs to see how people will respond and, obviously, good judgments and experience comes into play in many of these [20:00] situations. And then we do a full debrief afterwards and say, "OK, what did we learn from this? What worked really well, and where are there elements of our plan that we just really need to strengthen because, you know, it just didn't play out as smoothly as we had hoped?" And by doing that, first of all, people realize that there is an overall construct and framework to work within and I think become more comfortable, so when the real thing happens, it's almost like muscle memory.

You know? People just are able to respond in a way that gives them comfort, that they know they're doing the right thing for their particular role in the whole situation.

HARRISON: Right, and so do you feel like there were -- first, is there a name for the plan? Just that people are trying to research in the future.

PRESTIPINO: We call it our -- the MGH Emergency Preparedness Plan.

HARRISON: OK, and is there a specific one that was activated on the day of the marathon?

PRESTIPINO: As I say, our whole plan is generic.

HARRISON: Just the whole thing, OK.

PRESTIPINO: OK? So we invoked (pause) virtually all aspects of our plan that day.

HARRISON: OK, and did you have a sense of particular things that were done outside of the plan or that deviated from the plan, things that just -- it was --

PRESTIPINO: Yeah.

HARRISON: -- clear if something else was going on than had been prepared for.

PRESTIPINO: Right. So I would say a couple of things, and part of it relates to what I would say also some places in the plan where it's a little softer than I personally would like see. So one was the example that I just sited in

terms of, I mean, we -- our plan does not call for hundreds of people to report to the emergency department, but people did anyway. How Dr. Biddinger chose to manage that was a wonderful kind of invention that he created on the spot to let people be involved but in an organized way that was actually going to be helpful to patients. So that was one. The second area I would say that we learned from and that we really need to -- and we are addressing, and this actually comes into play in terms of some of the things that happened later in the week with the shelter in place [day?] really was our ambulatory plan, that it is a little too decentralized and people were making decisions that might have been right for their particular unit or their division but were not really hanging together as a whole for the organization and made us a little bit nervous about making sure we were doing the right things first and foremost in protecting patients and families but also staff. So we really learned we need to tighten up that plan, so we needed to improvise a little bit and we used a lot of sneaker net and a lot more phone calling and double-checking than we probably should have to if we had this a little bit more routinized and built into our plan.

HARRISON: It was an unusual thing to need to do so.

PRESTIPINO: It really was. I think -- and one other thing

that I would cite, and it kind of goes back to triage, the fact that triage happened so well at the scene by definition meant that many families were separated because there might have been two members of the family that both had traumatic injury. And so a better job -- we did it all sort of after the fact, you know, later in the evening of the 15th in terms of lots of phone calls to different institutions. People were looking for their husband or their wife, and so the leaders in the emergency preparedness arena throughout the city were really trying to coordinate, "Well we have the husband, you have the wife" so to give comfort to patients and their families like, "Yes, she's safe. She's, you know, at another organization."

HARRISON: Yeah. That's a very compassionate thought to put in there. I guess on the level of compassion one of the questions that we like to ask people or invite people to answer is sort of how you -- what you were thinking and feeling that day as this was all going on. You talked about sort of the muscle memory thing but.

PRESTIPINO: Yeah. It's a really good question, and I personally tend to be, or I have the kind of personality that when something like this happens I can go into a very objective leadership kind of role, I know what needs to be

done, I know that my ability to stay calm if I am serving as the incident commander is going -- or no matter what role I might be playing, is going to help others stay in the same mode. And so I, and for whatever reason, I find it -- I can compartmentalize I guess is the best way to describe it and stay focused on what I need to do and what I'm expected to do and I feel responsible to do on behalf of the organization in working with my other colleagues. I find that my emotional reaction always comes later, when I let my -- when it's finally time to go home, when I have an opportunity to, you know, finally step away from it and then allow it to kind of wash over is sort of how I have been able to deal with it. So I mean, I'm horrified by what I'm seeing and what I'm hearing and certainly, the influence and another issue we're trying to learn how to cope with by the way is, you know, the media. And whether it's social media or, you know, television crews arriving before we even know what's going on definitively from expert professionals at the scene, you're seeing all of this and one part of your brain is obviously just incredibly horrified and feeling, you know, just so -- how could this be happening in our city, what is happening to these people, how -- we've got to take care of these people, and we've got to make sure that they're going to be

all right, we're doing our very best for them. And what I was most worried about quite frankly when we got started was this was just the beginning, that there were -- yes, there were the two bombs, this was horrible, the marathon was definitely, you know, impacted in a way none of us will ever forget. But then there was another situation that took place at the Kennedy Library. And you know, my thought immediately was this is just beginning. I -- we've got, you know, you've -- you have to stay calm and you have to stay focused and you have to think about the balance of resources because how longitudinal is this going to be, how big is this going to be? You're always worried about the denominator. I mean, as horrific as we knew what was happening at the marathon, can you imagine if there were 10 more of these set off across the city, and not knowing when it was going to end or where it was going to happen next? And so until we had confirmation that the situation at the Kennedy Library was unrelated, there was a major worry. It still gnawed at me until we had much more information about the fact of, you know, understanding that this was an isolated incident. And even then, without knowing who had caused it, you know, what was behind all of it, it was a nagging worry that, you know, certainly stayed with me and I think many of the rest of our team throughout the rest of

the week until the situation was resolved.

HARRISON: Yeah. I think, yeah, we're almost a year out from that right now as we're doing this interview, and there's -- it's easy to forget how -- now sort of having a story for what happened, how little story there was at the time for what was going on so.

PRESTIPINO: Yeah.

HARRISON: You mentioned the media, and that's one of the other points we wanted to invite you to talk about in this interview is the role of social media. Positive, negative, neutral ways to use it.

PRESTIPINO: Right. Yeah, it's really interesting. I think we're trying to figure out ways to use it as positively as possible; and we've always taken approach, even with the more traditional media, you know, our colleagues in journalism and TV and whatnot, that we want to be partners in this and that we want to work with them as opposed to set it up as a contentious sort of situation. And my colleague, Peggy Slasman, who's our chief news and public affairs officer, I think has really set a wonderful philosophy and framework for all of us to work with. It is beneficial, I have to say, that they -- oftentimes you are getting as much of your informa -- we literally have televisions now in our emergency operation center so that

we can be tracking what the popular press is saying, what people are hearing in their own living rooms (clears throat), what patients may be seeing on televisions in their inpatient rooms, and try and utilize to the extent we possibly can any vehicle to gain more information about the situation but also try and validate it with the people really in the know. And the good news -- again, another one of our back channel is security. And our chief of security, Bonnie Michelman, does a wonderful job coordinating with public officials and we've been -- Mass General has had many folks -- I was one of them at one point in time, and our nursing director in the emergency department played this role for a number of years, but there's this Conference of Boston Teaching Hospital Disaster Committee, which has been one of the places, and it was largely the instigation of the Boston hospitals, this goes back 30 years, to bring together hospital leadership, emergency medical services, and other types of public agencies, fire, police, you know, name your favorite one, together in the same room to say, "How do we think about this collectively?" as opposed to each independent agency or group making their own plans but having yet a very silent approach, because we're totally dependent on one another, right? In this circumstance. And because of

that, it's another one of these practice issues. Not only do we practice internally at Mass General, but we practice as part of an overall city plan. And again, it was one of the things that I think led to, you know, in this horrible tragedy, a pretty successful outcome when all was said and done because [30:00] of those years of relationship building and understanding what the priorities were of each one of the agencies, etc. So when we come back to media, the social media component -- I mean, we lauded whoever it was that texted the anesthesiologist so that they kept the rooms open. We have I think basically just put our own foot in the water around how we're going to use that. We also want to be careful about, obviously, the accuracy of information and I think that's our basic obligation to anybody that, you know -- again, patients, family, staff. How do we make sure we have the most up-to-date and accurate information? And what's the best way to get it out to people? And so those are things that we are working on. We have much better employee notification systems using social media type approaches to that. And I think, you know, it's going to be a major component going forward, and we have to figure out the best way to utilize it. Final thing about the press that I would say is that one of the things we have found very helpful is to say to the

press, “We are more than happy to meet with you with regular intervals, and if we promise to do that will you stop like trying to break down the door or trying to sneak around? We’ll put our best people forward for you. We’ll let you ask questions, etc.” And I have to say that the press have been very respectful about that, and we usually try and have little press meetings with them. And we’ll have it kind of outside the hospital sometimes, and we did that during this situation and had our chief of trauma, our chief of emergency medicine out talking to them at regularly scheduled times so they knew they were going to get a complete update. I think it made their life a little easier trying to, you know, chase down the interesting stories and keep everybody aware. It certainly made our life a lot easier, too.

HARRISON: Better for patients, which should --

PRESTIPINO: Right.

HARRISON: -- be everybody’s priority that day, yeah. Is there anything else you want to say about the day of the marathon before we move on?

PRESTIPINO: I think the only other thing about the day of the marathon is just that it was important for us to also remember and understand that there were many of our staff that had either been there or had family, friends, others

that were there and dealing with the emotional interplay of everything that was going on was an important component that we have built into our plan. Psychiatry, social work, nursing have done an amazing job, really paying attention to that and making sure that we provided as many opportunities, you know, for support, counseling, just groups coming together to talk about it was important. And that work was even beginning that day, whether it was immediate intervention because someone was terrified that, you know, their child or loved one hadn't called in yet and they weren't sure or whether it was more longitudinal and some of the things we did later in the week.

HARRISON: Yeah. That's a question that I had just bracketed for later on but this question of how does -- in what ways did it matter being members of the Boston community as well as being health care professionals on that day.

PRESTIPINO: Yeah. And yeah, I think it mattered a lot.

HARRISON: If more comes to mind about that day, please --

PRESTIPINO: Yeah, we can talk, OK.

HARRISON: Please --

PRESTIPINO: Yeah.

HARRISON: -- bring it up, but I just wanted to make sure we move on and --

PRESTIPIONO: Sure.

HARRISON: -- talk a little bit about the rest of that week from --

PRESTIPINO: Yeah. (laughs)

HARRISON: -- the perspective (laughs) of your desk.

PRESTIPINO: Yeah.

HARRISON: Yeah, can you talk about sort of the week after the marathon and how that played out?

PRESTIPINO: Sure. So a couple of other things I should also footnote on the day of and certainly dur -- until he could get back, our president, Dr. Slavin, was in constant communication to make sure that everything was going along, and he has a wonderful leadership style in terms of, you know, trusting and respecting other members of the team, so he was very glad to hear that everything was moving along well. Dr. Torchiana, the president of our -- or the CEO of our physician organization was onsite, and he was great about, you know, came by the emergency operation center really just to help provide additional leadership and support, which was incredibly helpful as did many of the chiefs of service, you know, how could their services help. You know, at one point in time, we needed more surgeons just to help with minor lacerations that were coming in, into the emergency department. Next thing we knew, four plastic surgeons -- I mean, let alone -- we were, you know,

we'd take in surgical residents. Four plastic surgeons were downstairs helping with minor wounds and that sort of thing, so that kind of support and help was enormously helpful. In the days that follow, once there was -- certainly first and foremost, from the patients that we were taking care of, there was very, you know, great concern and the trauma services both in general trauma, orthopedics, burns were all involved. Nursing was doing extraordinarily good work, so [35:00] that was all under control. We had ongoing, you know, monitoring just like I think every other human being in Boston in terms of who caused this and, you know, what do we know, etc. So we were tracking that story as well. And then I would say one of the things that was another -- it wasn't really a challenge but something that had to be carefully thought out was the arrival of dignitaries, OK? So there's always, first and foremost, we're going to protect our patients and families, and it's if and only if they want to see people, no matter who might want to come visit and how important that would be. So the first person I think that -- among the first I should say -- I'll just footnote too in particular the governor and the president. So Governor Patrick came to visit in a very quiet, very just thoughtful, caring way and said to Dr. Slavin who's

bringing a couple members of his staff, he just wanted to meet with some of the people who'd been involved in getting things organized here and kind of MGH first responders if you will in terms of taking care of patients primarily just to say, "Thank you, and how can we help at a state level?" So there was about 20 of us that gathered in a room with he and Dr. Slavin, and it was rea -- it was incredibly thoughtful of him to do. I think people really rallied and felt very good about the kind of attention they were getting and the support, and he -- it was very quiet, very discreet. It was not any big show or anything like that at all. The other thing that started was in the in-pouring of help and support: How can we help? How can we support? And everything from, you know, cards and letters and, you know, things for the patients. I mean, some people were sending in baked goods and, you know, the -- things like that are little challenging, you know, because you can't really give them to patients. You just never know. But the staff were also getting a tremendous amount of support. So one of the kind of fun stories that happened is that -- remember, at the same time, there was that major fertilizer explosion going on in Texas.

HARRISON: That's right.

PRESTIPINO: And one of the members -- a group from California

sent I think it was 20 pizzas to the emergency department, OK? Just saying, "We heard about the marathon, we're emergency medicine professionals, too, we know what you're going through, here's a little thank you from us" which was lovely. So one of our docs followed suit, did the same thing, sent pizza, to colleagues in Texas. Next thing we know, we have -- and it was a little, tiny hospital in Texas who couldn't believe the Mass General was sending pizza.

HARRISON: Yeah. What a great story.

PRESTIPINO: And this is just one of the fun stories. And so they called up, and they were like, "We are coming to Boston and we are going to feed you Texas barbecue."

HARRISON: No. (laughs)

PRESTIPINO: Yes. So this became a little bit of a debate. It's sort of like, "This is wonderful but, you know, this is a very solemn time. We can't be having a party" sort of thing. These people -- and we said, you know, "This is very nice, but thank you" but they were absolutely insistent. We said, "Fine, but we can make it a little quiet event. Fine." They had a ball with it. About 100 people from emergency medicine and around the hospital quietly came to a place and, you know, the people from Texas felt great and our staff -- it was a very nice little

break in the action for our staff to have that kind of reprieve. It's also at that point in time that we started doing more, you know, for the staff, for families, quite frankly for anybody who wanted to participate, some opportunities for, you know, quiet reflection and prayer in the chapel, some music in the lobbies, thing -- just to -- to make sure that people felt a sense of calm, a sense of peace. Now, external to the hospital because the manhunt if you will was still going on, all of a sudden we also had every kind of protective agency known to man, all of the initials if you will, standing outside. And so, what was very eerie and our -- again, Bonnie Michelman, our Director of Security, did a magnificent job. You would walk outside the front door of the hospital and you would run into kind of group after group of, you know, people that looked like soldiers, people with guns. That is not something we are used to on our campus at all. And many of our -- our visitors and staff felt very nervous about that. Ver -- I mean, on the one hand, they felt very protected; on the other hand, what does this mean about what's going on, that we're -- we've taken these kind of extreme measures?

HARRISON: Yeah, symbolically, it's hard to --

PRESTIPINO: Right, and in a hospital environment. And so that was -- that in and of itself caused a little bit of

anxiety and emotion that, you know, we -- we tried to cope with as well. Then we got word that President Obama was coming to visit and (laughs) our, again, [40:00] our security department and a few other folks literally spent 24 hours preparing for the visit. There was going to be the -- the lovely kind of prayer service and memorial on the other side of town, and then he was coming to Mass General, and Mrs. Obama was going to the Brigham. And so -- oh, and the mayor was going to come and the governor was going to come, and so there were all kinds, again, millions of logistics, but I think done in such a respectful way. This was -- had nothing to do in terms of, you know, he is the president, is a political candidate, there -- he wanted absolutely no focus or attention on himself. When they came after the prayer service -- there are all these Secret Service rules, and we're very used to the Secret Service here because we tend to be the hospital of choice should anything happen when the president or vice president is in the Boston area. So they have, you know, full knowledge of our entire physical plan, our own security plans, etc., which makes it a little easier; but it's still, you know, a daunting enterprise. And of course, we wanted to make sure that patients and families had an opportunity, if they wanted, to meet the president, but we couldn't talk much

about it beforehand. So patients and families were told literally only about two or three hours before his arrival, and they had the opportunity to invite a family member or two to be there with them, with enough time so they could be there. So he arrived. Dr. Slavin, Dr. Torchiana, and the chairman of our board met him. Came in through one of our quiet -- quieter areas, and he and the mayor and the governor had a little lunch. So our -- and then they had -- proceeded to -- to come to two units in the hospital, and it was two of our ICUs. Now at this point, some of the patients had moved out of ICUs and were in general care areas, but the nurses in their own wonderful way managed to make sure to bring all those patients to a conference room so that they would still have the opportunity to meet and greet, because he really could only go to two units. And I have to say, it was just amazing! He -- he came in and Dr. Slavin was kind enough to say, "Ann, you've been leading this thing all week. You deserve to meet him, so put on a white coat because the only way you're going to get upstairs is wearing a white coat." And I'm not a doctor or a nurse and just, you know, see. So I was there with the chief nurse and also the chief of trauma. And quite frankly, we were just trying to stay out of the way a -- because he came in with his staff, and Governor Patrick is

with him. The major chose not to come. He was still recovering from, you know, some of his own personal health issues at that point. And he was very, very friendly, very focused on the patients. And one of the trauma surgeons and the trauma nurse coordinator walked with him, and they went room by room and they would give him a briefing about the patient and the injuries and a little bit about the patient as a human being before they went into the room. And we were standing in the hallway, again, trying to stay out of the way and -- but you could hear a little bit of the conversation, and he was just wonderful and personalizing it for each patient and family. A White House photographer was there, so if they wanted pictures. And then at the -- he came out of like his second or third room and said, "Who are all these people? Let's go mar -- let's go meet these people!" And that's when he came over and talked to us. And I have to say, he -- we were having the -- the picture that's behind you with he and I is -- we introduced ourselves and I said, "You know, I had the privilege of serving as incident commander" and the minute I mentioned that, he was so knowledgeable about disaster planning and how you needed to approach these things. I mean, we had a little conversation and it was wonderful. He was just wonderfully engaging, and then, you know, kept

moving, paused at the end of each unit to gather all members of the staff to have a picture together with him, and you know, took his time talking to different people. There was one lady on a unit that...

END OF AUDIO FILE 1 of 3

HARRISON: OK, you can talk (overlapping dialogue; inaudible).

PRESTIPINO: OK, so as I was saying?

HARRISON: And this is testing the second mic.

END OF AUDIO FILE 2 of 3

PRESTIPINO: So just to finish this little story, a non-marathon related patient on one of the units had been having a very difficult sort of time of things, and the staff asked him if he wouldn't mind stepping in and saying hello. And you know, he very willingly did so. I mean, it w -- it just incredibly grace -- gracious I should say, and it was just a nice opportunity and a very nice boost for everybody. So there was that. And then the final day was shelter-in-place day, Friday.

HARRISON: That's right. This is the 19th?

PRESTIPINO: This -- whatever that --

HARRISON: I think so. Yeah.

PRESTIPINO: -- Friday was, yeah. So we, on the night before,

there had been all of the situation in Cambridge and, although we were not impacted by receiving the officers that were involved, one of whom ultimately died, or the first brother, clearly we're tracking the situation and, you know, received notification very early in the day that, you know, the governor was basically shutting the city down and that we needed to shelter-in place. So the first question was what does that really mean? And it was a little bit challenging because everybody had their own interpretation, and people in Boston are being told, you know, if you're in Boston or any of the surrounding neighborhoods you should stay in your home, you should not go out, you should not go to work. So if you thought -- think about it in our context, we might have a nurse, for example, that lives on Beacon Hill who's basically being told don't go in and yet we might have a nurse driving into town from Concord or Southern New Hampshire, you know? So Mass General staff, being Mass General staff, most everybody showed up! And the challenge for us [in?] the first go-round, and this gets back to hospital operations. So one of the first things you need to think about is patients that are supposed to go home that day. Well, ambulances were trying to obey this order. And we're saying unless people live like really far away and we're

driving out of the city, we're not going to go to local communities or around the city. So what that meant, when you had a lot of people, and Friday's a big discharge day. A lot of people that were supposed to go home. We also had a lot of people that had still come in expecting to have their operations that day. Well, we didn't want to start the ORs if we weren't going to have beds for these patients afterwards. Meanwhile, the emergency department is still accepting patients and now, what do we do with the ambulatory side? You know, some people have waited six months for an appointment with a particular specialist; so for all we knew, they're sitting, waiting for the doctor and yet has our ambulatory staff actually shown up to help open the clinic. So the first thing we needed to do was make sure everybody was in place and, as I said, most people -- it's not that they ignore these kind of mandates, but they figure, you know, I'm a health care professional, I have to show up for people who are depending on me. So staffing was not an issue anywhere, but we did decide ultimately that in many of our ambulatory arenas we would close at noon time. We would see the patients that were there for noon time, but we really wanted to not make people feel nervous that they had to come in for their afternoon appointments. So we called everybody and

basically said, "We promise, we'll reschedule for as soon as you want, but don't come in this afternoon. Try and obey this order." And then we kept everybody for as long as we could keep them. Some people, you know, at this point now, things are starting to open a little bit. People who were willing or who still were not supposed to be leaving? We put into play our labor pool which basically is a gathering point for everybody who's willing to stay or who needs to stay to say, "If you can help us someplace else, you know, you may be a secretary in an ambulatory clinic, but you could pass a food tray or you could move a wheelchair. We're not going to ask you to do something you're not, you know, licensed to do but you could -- we might need you." So people were wonderful and stayed, and then we had the final -- the lifting if you will. Ambulances started to come. So what -- the bottom line and what happened is, with the exception of the ambulatory side, which as I say we made provision in the afternoon to close, everything else was just delayed. And so we went late in the operating rooms to make sure everybody who was going to be operated on was operated on. We had a lot of late discharges, but beds freed up and everything kind of was back to normal operation at that point. Then of course, there was -- you know, the way

things played out that Friday night. And I hap-- I finally left the institution at about 7:00 that night and went home, didn't have plan for the evening, just really needed a little personal decompression time and was watching television. And I had alr -- we had already checked that if the police were right in -- and that they really thought [05:00] this individual was going to be found probably in the Watertown area that he would not be coming to us, depending on the nature of his injuries, you need to go to the nearest appropriate trauma center, and that was going to be the Beth Israel. And meanwhile, television is saying -- at least the channel I was watching, you know, "Rumors are that the person will be going to the Mass General." And I'm like OK, maybe better think about going back in. And in fact, our chief of emergency medicine who lives in Marblehead did, in fact, do that. He just thought, "I'm not going to chance it. I'm going to come back in just in case." But as we all know, the person did end up going to the BI. So that's basically how the week ended.

HARRISON: OK. And then the past year? Since then? How has --

PRESTIPINO: The past year s --

HARRISON: -- your role changed or have you reflected differently on how you do your role here, your job?

PRESTIPINO: I -- I wouldn't -- I would say that over the past

year, you know, when I've thought back on it time and time again, I'm just like enormously proud of this organization. I mean, it ju -- and everything that they'll, you know, all of those years of -- and to see it play out, you know, acro-- I'm proud of my colleagues at other organizations as well, but particularly here and because, having lived it, and many of us have been asked to speak to this issue at a variety of different conferences from our various vantage points. And even with that, people are being enormously collaborative about it. Myself and the chief of emergency medicine have just been invited to give this special conference at a big deal event coming up in June and, you know, already people are talking about, "Well, you know, here's my slide dat from when I talked about it at ano -- you know, everyone -- it's just sort of the -- kind of the classic MGH way. People are sharing the information, sharing the opportunity to tell the story and, more importantly, hopefully the lessons learned so that others can benefit from it. And as I say, we've learned a lot and a lot about ways that we can tweak our plan and be more prepared. So that part is very strong. It's still traumatic to think about, and I actually have a niece that's running in this year's marathon with the Tufts running team. And I'm already trying to figure out where

I'm going to be and trying to figure out how I can be in both places, there to support her but I can't not be here this year in particular. And we've already started, just yesterday, we were at a meeting talking about, quietly, how we will prepare in a little bit different way, have a little bit more depth, a little bit more focus. And quite frankly, subsequent to the marathon last year, for example, the Fourth of July and the concert, you know, on the Esplanade and whatnot, we had a depth and breadth of preparedness that went deeper than it has in prior years just in case. And any time now we know there's going to be large gatherings in the city for any kind of thing, we do that now. That's different than what we had done before. The other thing I think that has been particularly compelling, and this is a whole 'nother story that you might want to talk with Jeanette Ives Erickson, our chief nurse, about is one of our nurses that was a victim, she and her husband. He ended up at I believe the Beth Israel. She ended up at Boston Medical Center. The nursing community here did wonderful things during her hospitalization, and it does -- the CEO at Boston Medical Center is a very dear friend and used to be a colleague that worked with us here. And so, it was very ironic the way this all tied together. But the long and the short of

it is that Jeanette, in her role along with all of the nurses at Mass General, have been just so incredibly supportive of this young woman, Jan Kensky and her husband. They were newlyweds, you know, just happened to both have the day off, decided to go to the marathon, and both suffered these -- those both had amputations. And you know, their journey and their story has been remarkable and -- for example, Mass General has a policy where people can give of their earned time, their vacation time, to another colleague who might have a sickness, an illness. Three years worth of earned time were generated for -- I get emotional just even thinking about it. I mean, this young woman doesn't have to work for three years and knows that she'll be paid her full salary through the generosity of her colleagues. And Dr. Slavin invited her and her husband to come to I think it was the Board of Trustees Christmas Party, and Jeanette and her husband were kind of their escorts. And you know, just wonderful testimony to, you know, just how MGH embraces its own. You know? And many of the patients, you know, we've -- people in our community have [10:00] continued to follow, you know, as they go through their rehab and re-entry kind of back into hopeful -- a very different life but, hopefully, a very fulfilling life.

HARRISON: Yeah. It's a great story.

PRESTIPINO: Yeah.

HARRISON: The other question, just to tag onto the goals of this particular interview, is could you talk a little bit more about how the disaster training has changed? You say it goes deeper now on days that there are larger events here?

PRESTIPINO: Right. It really, the preparedness. What it really -- what we really try and do is make sure that somebody who is very expert in our plan is onsite and that staffing levels -- those are probably the two biggest things. And you know, and just that people are aware of it. Just that people are thinking about is there anything else special that we might need to do? Security I think, you know -- when I -- so it's not just the clinical staff. It's some of the other staff that are supportive to the overall effort, security being, you know, another example, news and public affairs, people that we would need immediately, right away, should anything, God forbid, happen.

HARRISON: Yeah. And the person who's onsite, that's now instead of being an informal employee who maybe texts in there's something going on, there's now somebody who's intentionally put at the sites of large gatherings? Is that --

PRESTIPINO: Well, not -- no, not at the sites of large gatherings. What I mean by -- but -- it's one of -- like either Dr. Biddinger -- there's two other individuals that are laypeople, myself would be onsite at Mass General just in case anything happened because they would know how to turn on the situation and how to deal with any of the incoming, so yeah.

HARRISON: OK, OK. This has been a really full interview.

PRESTIPINO: Thank you, Emily.

HARRISON: And I wonder if there's anything else you would like to talk about on the record before we --

PRESTIPINO: I would just say thank you for the opportunity to kind of keep it for posterity.

HARRISON: Yeah. Thank you for -- thank you for sharing.

PRESTIPINO: My pleasure.

HARRISON: And that will conclude our recorded portion of the interview.

PRESTIPINO: OK, thank you.

HARRISON: OK, thank you.

END OF AUDIO FILE 3 of 3