CHAPTER 1

TRAUMA

MY PAGER BEEPED early in the morning. It happened all the time and meant there was a problem I had to respond to. But this one was really bad. The electrical supervisor on my staff, Jim Deal, told me that electricity was out in the Shock Trauma Center!

The University of Maryland Medical System's world-renowned Shock Trauma Center treated thousands of critically injured car crash, gunshot, and fall victims, and other life-hanging-in-the-balance cases every year, with a miraculous 95 percent survival rate. The only thing more remarkable is that they performed their life-saving work in a dump of a facility—the old Maryland Institute for Emergency Medical Services Systems (MIEMSS) building—that functioned like a M*A*S*H unit in a combat zone.

For all Jim and I knew, a doctor was in the middle of surgery, and a life was at stake, so we had to move fast. I ran over to Shock Trauma's basement—dusty, noisy, and jam-packed with unused beds, tables, and other old equipment. Storage space was scarce throughout the entire hospital—in the back of one building, I once found cadavers lying out on tables. I had raised hell every time I found a room like this, but today wasn't the day to worry about clutter.

I needed to demonstrate leadership to Jim and my Facilities Management team to assure them I would stand in front of the flak that often came their way. I found Jim and his boss, Charles Courtney, at the MIEMSS building, and they briefed me on the situation.

Jim was competent and dedicated—a steady, reliable hand—but this

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emergency shook him. His eyes widened, and his voice cracked as he told me that the building's breaker had shut off the electricity at the main substation, which was feeding electric current into the building because the downstream load had overloaded it.

I set up a command post in the basement and kept in contact with Jim and Charles by walkie-talkie radio. I had learned in the Navy that being in command means being present. My staff at the hospital wasn't used to their former bosses taking charge of a situation, and when they saw me there, they rallied. *Okay, the boss is here, and he's got my back, so I will give it my best.*

Just 21 minutes after the breaker tripped, Jim and his crew activated the emergency power system, and we all exhaled because the patients were now safe. Jim and Charles updated me as the electricians triaged the problems and worked on a permanent solution.

The senior executives at Shock Trauma hadn't often seen my predecessors on-site fixing problems because hospital staff were generally persona non grata in their building. As I conferred with Jim and Charles on the radio, out of the corner of my eye, I spotted someone in a suit poking around the basement. I recognized him—Shock Trauma's Chief Administrative Officer, John Ashworth—though I had never met him.

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John walked over and asked me what was going on. Was he going to ask me to leave? I gave him a status report, and once he perceived that I was in charge and intended to stay, he disappeared just as quickly as he had appeared. *Wow, he must believe I know what I'm doing!*

Within only ten hours, all the electricity powered back on, and we turned off the emergency generators. This was a defining moment of success for my Facilities Management team. I wrote a congratulatory note to my staff and copied my boss, Rod Rutledge, and other senior executives at UMMS, including John Ashworth and the CEO. I was pleased to receive a note back from Rod acknowledging our effort, and my team was encouraged by the recognition. *Were we on our way to building a better reputation?*

It amazed me how the Shock Trauma doctors and nurses performed their medical miracles in a 1968-vintage building prone to electrical failures and rows of auxiliary trauma bays in portable trailers—"shanty architecture," as

engineering consultant Chuck Meyer dubbed them. I considered the trailers fire hazards and insurance risks that could put Shock Trauma out of business. They needed a new building, which was under construction but still two years away.

The old trauma building exemplified the pervasive sickness at the University of Maryland Medical System (also known as UMMS) when I arrived in 1987. Amid all the dysfunction, everyone did what they had to do to survive. However, too many hospital department chairpersons were at war over too few funds and too little space, which didn't always lead to the best outcomes for the staff or the patients.

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