

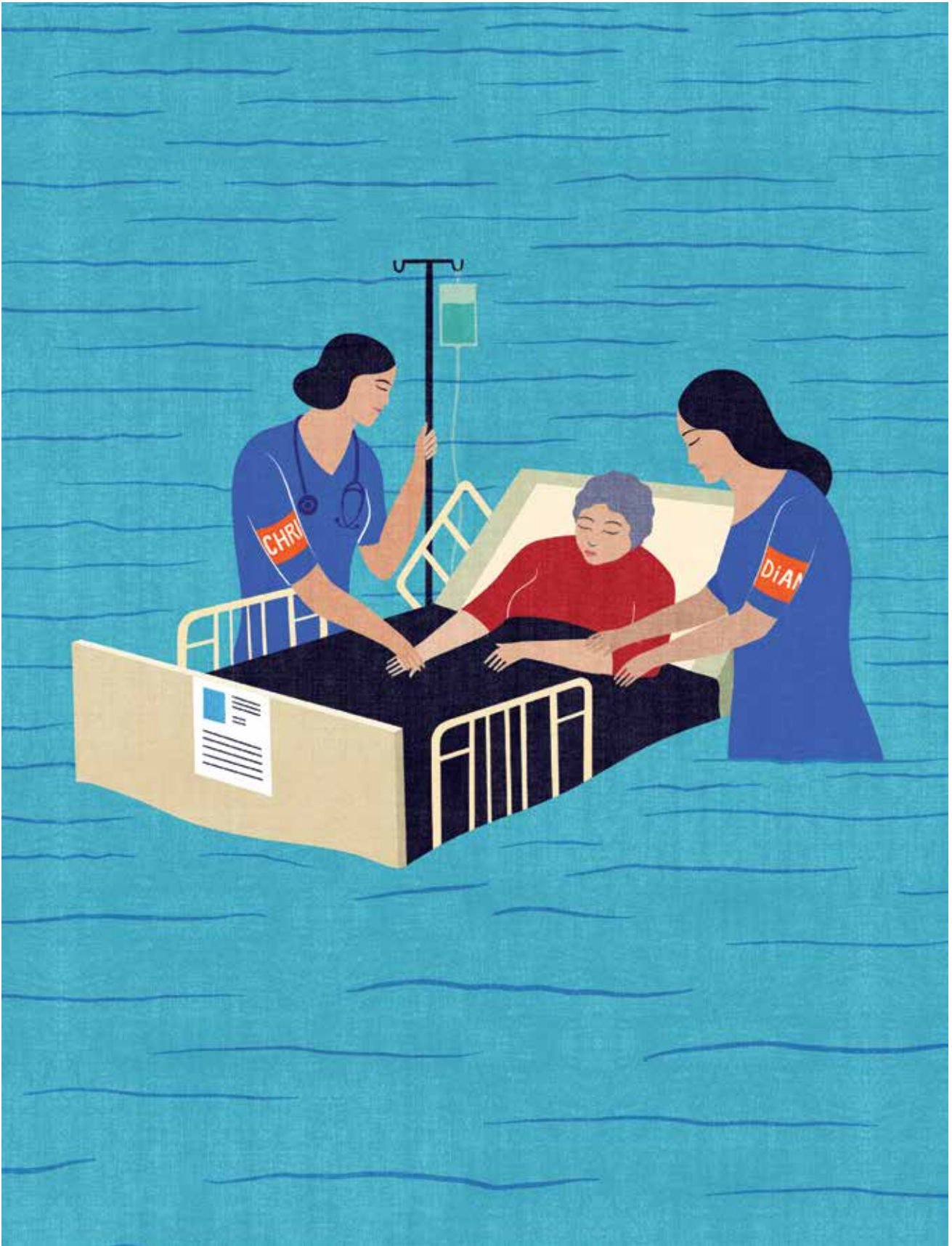
Flexibility, Staff Generosity Key to Weathering Storm

LANCE MENDIOLA, MS, CHFM, CHSP, CBO

Tell me what you need, and we'll get it there." For three-and-half weeks in 2017, I found myself saying that over and over as we orchestrated a massive response to Hurricane Harvey. It took a team of dedicated people to get us through the storm, which devastated so much of the state of Texas and affected so many of the communities we serve. It stretched our strength. It challenged our employees. And the millions of gallons of water that fell for days on vulnerable towns and cities in Southeast Texas really tested us all.

Everyone knows that in times of disaster, preparation is key. But at CHRISTUS Health, we learned from previous storms that preparation also requires a much broader approach than many might realize. We do prepare our resources, from food and water to fuel for our generators, to ensure our potentially affected facilities will have enough to weather a storm, and we have planned as far ahead as possible, spending the last 10 years focused on strengthening our buildings to withstand Category 5 storms. But we also know we'll have to decide quickly if we will cease non-essential medical procedures or move patients. We learned the hard way during Hurricane Rita in 2005 that when the federal government makes an emergency declaration, all patient transportation options are then controlled and directed by the government. We could no longer control when patients would be moved or how, or tell their families where they might end up. So now we begin discussing the possibility of and planning for the need to move patients as soon as a storm appears imminent.

Our preparations for Hurricane Harvey began when the storm was still out in the Gulf of Mexico and forecast to make landfall near our six CHRISTUS Spohn facilities in Corpus Christi, Alice, Beeville and Kingsville, Texas. The three hospitals in Corpus Christi were expected to take a direct hit. Following our emergency plan, we activated our emergency operations and opened command centers in each of these hospitals and in our system office in Irving. We also created a plan for system leaders about when they could expect updates from the system command center. We learned that many new leaders, who wanted to be helpful and supportive, were reaching out to local leaders in affected areas, which was taking valuable time and energy away from their clearly designated emergency roles. This correspondence made clear that any communication for affected CHRISTUS Health facilities should be funneled through the system command center. Our communications from the command center included the latest weather information, as well as updates from the system office and CHRISTUS ministries.



Local facility management, security, operations, supply chain and clinical teams committed to working around the clock. They secured our campuses (including a tower under construction), inventoried supplies, transported patients to consolidate them to a few select wings of the hospitals and leveraged resources, including additional staff, to serve those expected to be in harm's way. They closed clinics and urgent care centers and canceled non-urgent surgical procedures, transferring patients who would be most difficult to care for if the storm persisted while we still could, namely our NICU and dialysis patients.

A team of staff and physicians arrived at the six CHRISTUS Spohn hospitals and were checked in. Each received an armband, which is a harrowing and humbling experience. Associates write their names on these bands, so they can be iden-

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tified should the hospital sustain major damage and they are among the casualties. As a veteran, I know what it's like to put yourself in harm's way for a greater cause. But each time we go through the process of issuing armbands to our associates, I am in awe again of our amazing health care providers and their unending commitment to the patients we serve.

On Friday, August 25, Hurricane Harvey made landfall at 9:45 p.m. between Port Aransas and Port O'Connor, both on the Gulf of Mexico and about 90 miles apart. It was farther north than the original forecasts. We avoided a direct hit to our hospitals in South Texas, but we did not escape unscathed. The community hospitals in Kingsville, Beeville and Alice retained power, with the exception of a few surges and flickers. The Corpus Christi hospitals lost power but operated on generators. In the light of the following day, we saw that the damage to our CHRISTUS Spohn facilities was generally minor.

But Hurricane Harvey was not finished with

the CHRISTUS community yet. Prior to the storm's landfall, CHRISTUS Santa Rosa Health System in San Antonio and The Children's Hospital of San Antonio, along with CHRISTUS Health Shreveport-Bossier in Northern Louisiana, had accepted nearly 100 patients from South Texas, including some of our more vulnerable dialysis and NICU patients. Harvey would pound San Antonio briefly with rain, affecting some of our staffing levels, before moving on and sitting for an extended time over Southeast Texas.

Most memorable for many was the effect to the Houston area, which received days of rain from Harvey. In downtown Houston, floodwaters covered part of the CHRISTUS St. Mary Clinic's floors. But Sr. Rosanne Popp, DC, MD, and Sr. Kim Xuan Nguyen, DC, remembering the spirit of the sisters during the 1900 storm in Galveston, kept the clinic open daily.

In Beaumont, close to 30 inches of rain fell in one day, and rainfall along the upper Texas coast totaled some 60 inches in some parts. The flooding, which was catastrophic, shut down Interstate 10, isolating the community and our hospitals in the area. Yet, we never closed. Following our emergency plans, we set up a command center in Beaumont in the belly of CHRISTUS Southeast Texas-St. Elizabeth Hospital. Between daily status calls, people slept on cots, ate emergency food supplies and cared for patients.

We had to monitor not just critical infrastructure and water intrusion, but also the availability of a precious resource. Harvey caused the city of Beaumont to lose water supply, which was not restored for three-and-a-half weeks. Without water, we would be unable to clean rooms, flush toilets, sterilize equipment, maintain daily operations, provide patient care services and offer showers to staff or patients who were sheltered in place.

Luckily, years earlier, a local leader had applied for a FEMA grant to place two water wells on the campus of CHRISTUS St. Elizabeth. However, the wells were not created to support the water needs of an entire hospital and would require some serious engineering work to meet our needs. It took a large team including our facilities managers and our vendors and quite a bit of trial-and-error with additional holding tanks to develop a temporary system with enough water pressure. An auxiliary water distribution system also was developed to store and pump transported water to the hospi-



tal. Once the wells were connected to the hospital to provide non-potable water for infrastructure operations, we needed to continue to replenish the water in them to supply our needs. Fortunately, a local city government provided an additional 12,000 gallons of water via U.S. Army Corps of Engineers mobile tankers on a rotating schedule. Sometimes it was difficult to find enough licensed drivers to operate them and enough mobile tankers to meet our needs during a crisis — challenges we had not anticipated. Potable water had been stored on campus before the storm made landfall, but other supplies such as food, linens and pharmaceuticals had to be replenished through careful coordination. Some of our leaders in other locations wanted to proactively order or send supplies they had on hand, but I continued to remind them that when a need for a certain type of supply was expressed, we would find a way to get it there. Our teams on the ground who were working round-the-clock to respond to this crisis did not need trucks showing up at their loading dock at all hours, diverting their attention from more critical tasks.

When supplies were requested, our supply chain team worked with our vendors and other local facilities to send what was needed. However, the roads around the hospital remained flooded, and the available routes were largely unavailable because of local disaster declarations. In these cases, our central command center had to supply letters signed by our CEO to each vendor transporting supplies, detailing what they were bringing and why we needed it so they could pass through various traffic checkpoints on their way to deliver their cargo.

The flooding also prevented many of our employees from reporting to the hospital to care for patients. After a few days, we were in dire need of nurses to relieve the staff in-house. So we put out a call system-wide for nurses, prioritizing those who were located close by and trained on the electronic medical record in the hospital. Over the following weeks, on just a few hours' notice and with little idea of what they would face, a contingent of 50 registered nurses from across CHRISTUS boarded planes and other aircraft bound for various CHRISTUS facilities in need. This included hospitals on the Texas Gulf Coast as well as those in San Antonio, which accepted

patients from hospitals in the path of the storm and then required additional nursing support to care for them. Of course these arrangements required careful logistics and a variety of transportation solutions in the air and on the ground. The system team coordinated travel for each wave of nurses, then followed them virtually, using GPS and other digital monitoring, to ensure they arrived safely and were connected upon arrival to the right departments and the right nurse supervisors. We even went so far as to follow up with their families to make sure they were aware where their loved ones were located since at times communication was limited.

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Not only did we work together to ride out the storm, but our local teams remained focused on continuing to meet the needs of our communities. Sometimes, however, we had to balance our limited resources with needs that seemed unending. Before the storm hit, St. Elizabeth created a discharge lounge, a special part of the hospital to accommodate patients who were fully discharged but could not get to a safe location.

As local rescue crews (comprised of both professionals and volunteers) ventured out in boats and helicopters to rescue Southeast Texans stranded in their homes, we experienced this phenomenon once again. Rescuers continued to drop community members in need of shelter, food and water in an open space next to St. Elizabeth hospital. Unfortunately, though, we were limited on space, resources and staff to manage and care for an influx of our neighbors in need of non-medical support. We couldn't just turn them away, however. So we instead provided transportation for them to local shelters, where they could find the support they needed.

And in some cases, we provided a bit more. One day in the midst of our hurricane response, a 10-year-old and a 14-year-old were delivered alone to St. Elizabeth, and staff provided dry clothes and activities and oversight for them as we moved to find their father. We were able to locate him

through our efforts on social media, and the family was reunited at the hospital that evening.

Unfortunately, the storm did more than just touch our communities; it touched our CHRISTUS family as well. A large number of our associates were impacted, from those who had to discard the contents of a full freezer due to power loss to those who lost every material possession they owned. Local leaders estimated that approximately 30 percent of associates' homes were affected by the storm or flooding. Speaking with employees in the latter group was humbling—many of them came to work anyway, because they wanted to care for our patients. “It’s just stuff,” they said. “The important thing is that everyone in my family is safe.”

Many of our associates wanted to help their colleagues and assist with meeting the needs, as well as our partners and other generous Catholic health systems. So human resources, finance and legal quickly set up a fund and a donation mechanism to accept financial contributions and donations of paid time off, as well as an application process for those in need. We mobilized additional HR and spiritual care resources to provide support for those impacted as well. The needs at times felt overwhelming, but so was the response.

Our associates committed almost \$30,000 from their paychecks to support their CHRISTUS colleagues affected by the storm and donated almost 4,000 hours of time off. And when our employees' needs eclipsed these amounts, associates donated again.

Our facilities helped in other ways too. CHRISTUS Spohn organized post-storm cleanup volunteer days. The CHRISTUS St. Patrick Regional Cancer Center in Lake Charles, La. (which is close to Southeast Texas) opened up extra appoint-

ments to treat cancer patients who needed their treatments and routine visits, but had been displaced by the storm. And many of our CHRISTUS ministries in Texas and Louisiana extended special employment offers and support to the displaced.

All in all, our response to Hurricane Harvey—or “Hurricane CHRISTUS” as we called it—lasted almost a month and touched almost every domestic CHRISTUS market. Luckily, damage to the CHRISTUS facilities was not severe, but some of it did require additional months of remediation.

In the end, the hurricane highlighted what makes our system, and Catholic health care, exceptional: our teams came together to serve our communities in their times of need, regardless of what these individuals may have been experienc-

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ing in their own lives at the time. One by one, they forged ahead to live out our mission to extend the healing ministry of Christ in visible and exceptional ways, displaying the courage and commitment that sets Catholic health care apart each and every day of the year.

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