

Lessons Learned Post Flood Recovery

“Putting it Back Together”

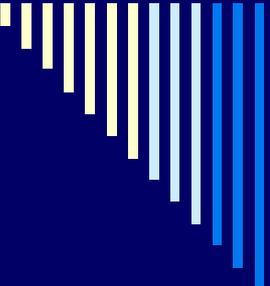
Kevin Bernard-MOL, EMT-P, CHEC III

Director, Safety-EM

Presence Saint Joseph Medical Center.

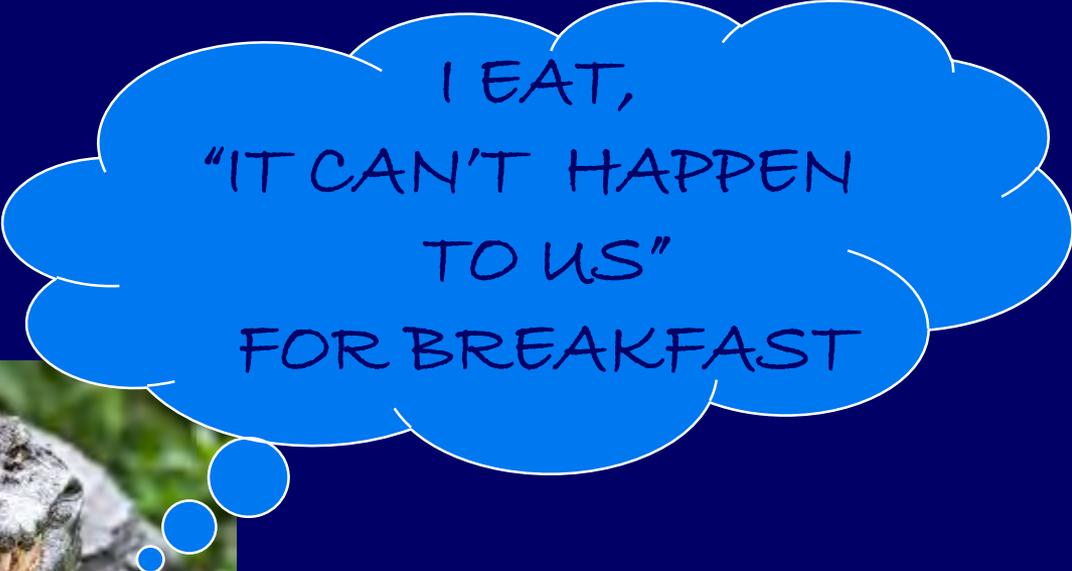
Joliet Illinois.





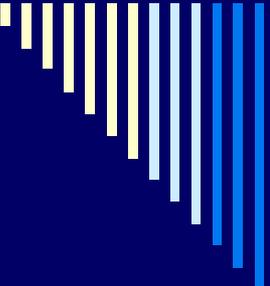
Q: What do you call an alligator that sneaks up and bites you from behind?

A: A tail-gater.



I EAT,
"IT CAN'T HAPPEN
TO US"
FOR BREAKFAST



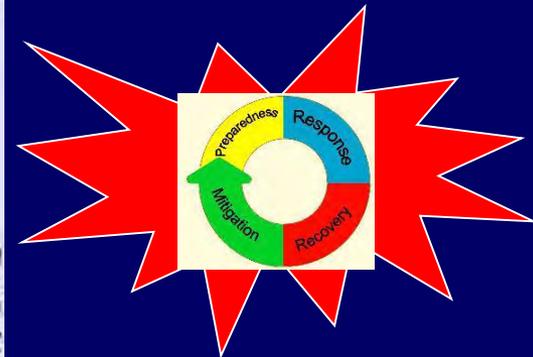
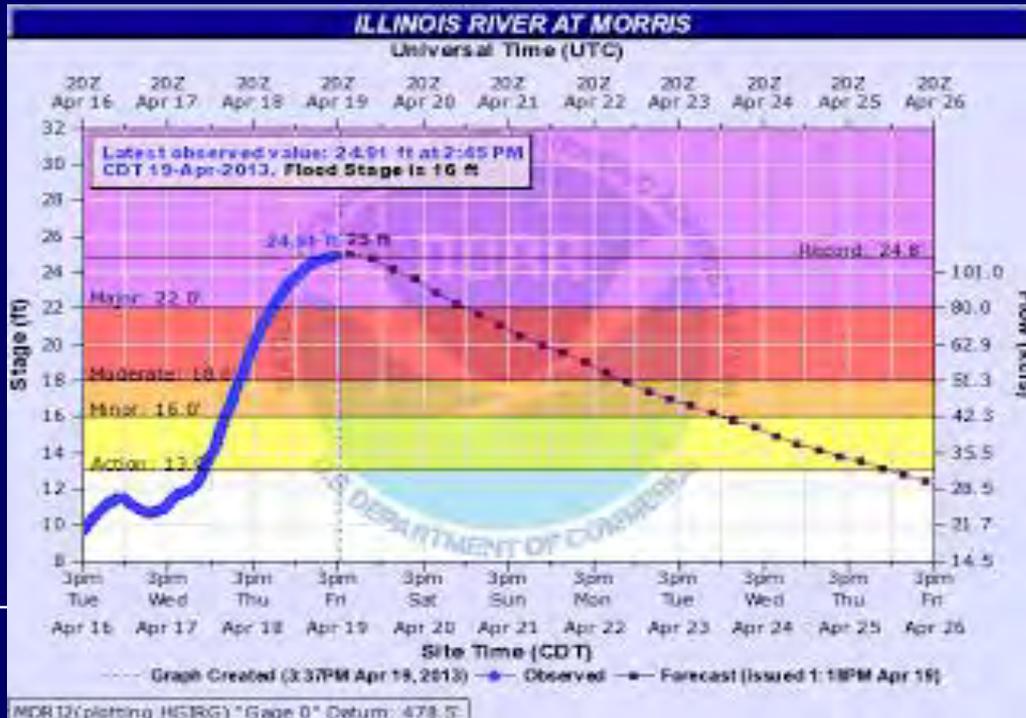


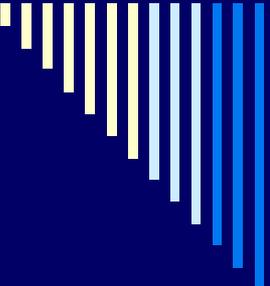
Agenda

- History
- Mission
- Timeline
- Decision Factors
- Planning
- Evacuation
- Lessons Learned
- 2013 Flood Success



- On April 18, 2013, Flash flooding closed Morris Hospital causing the urgent evacuation of 44 patients.
- This presentation will discuss Life Lessons and opportunity for improvements while getting the Hospital back to patient care levels.....





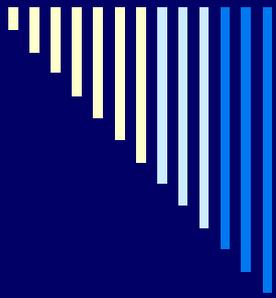
Goals - Objectives

□ Goals –

- Enhance knowledge of core concepts and actions to restart hospital operations due to evacuation/flooding.

□ Objectives –

- Provide a background of what worked well and where opportunity for growth was identified.
 - Provide factors influencing hospital rebuild
 - Provide information regarding Contracted Services
 - Enhance knowledge of why NIMS and Interoperability are required.
-



**“If you wish to
control the future,
study the past.”**

-Confucius (551 B.C. to 479 B.C.)



Morris Hospital: Demographics



89 Bed, Community Hospital serving Grundy, Will, LaSalle, Livingston and Kendall counties in Illinois.

180 physicians on staff.

Level II Trauma Center.

Level II Nursery.

Radiation Oncology Center.

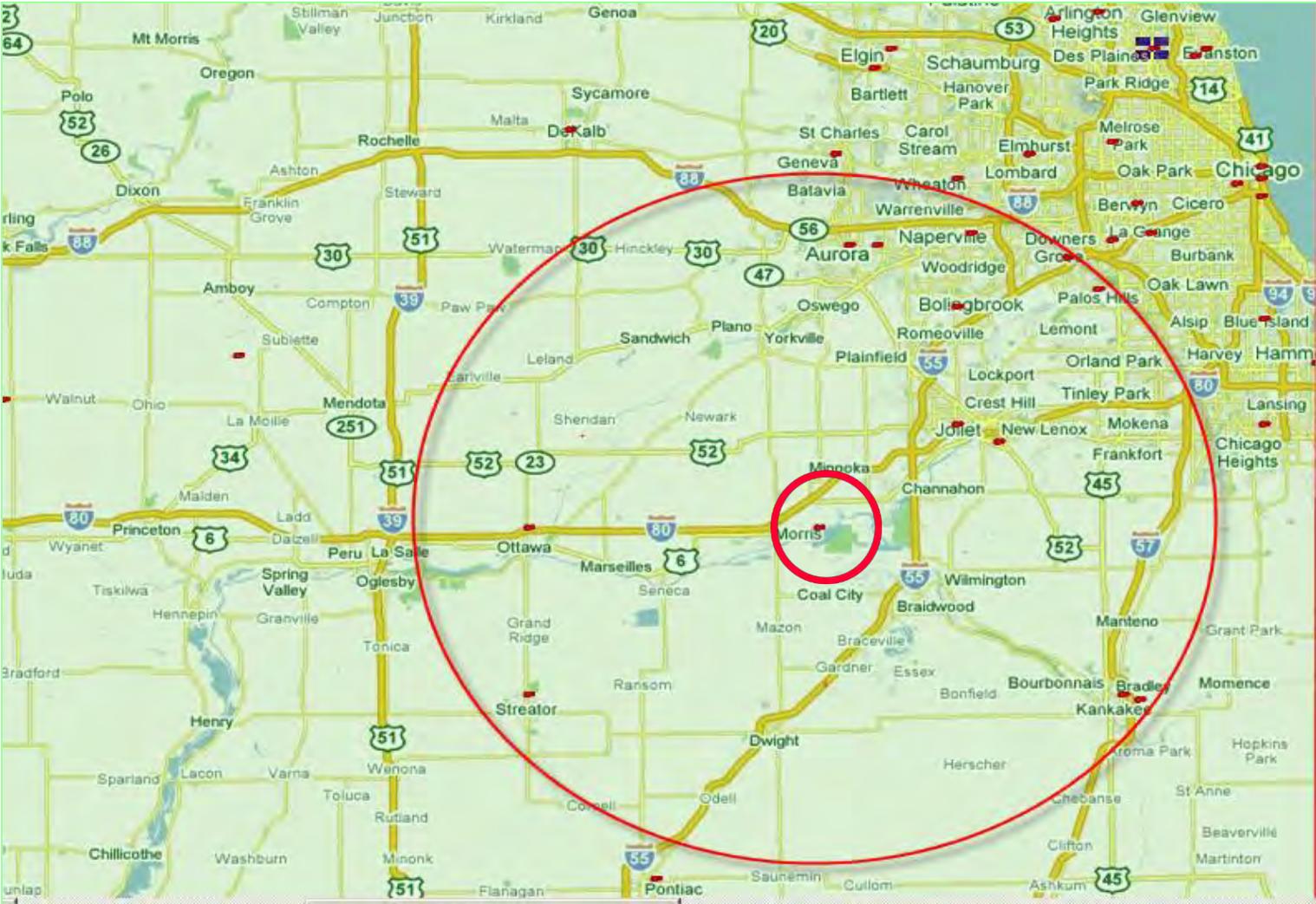
ICU

Cardiac and Imaging Programs

Intermediate Care Center

50,000 Residents in Grundy County

Location



- The Illinois River is formed by the confluence of the Kankakee River and the Des Plaines River in eastern Grundy County.
- Both the Illinois River and the Illinois and Michigan Canal flow within a half mile of the Hospital.



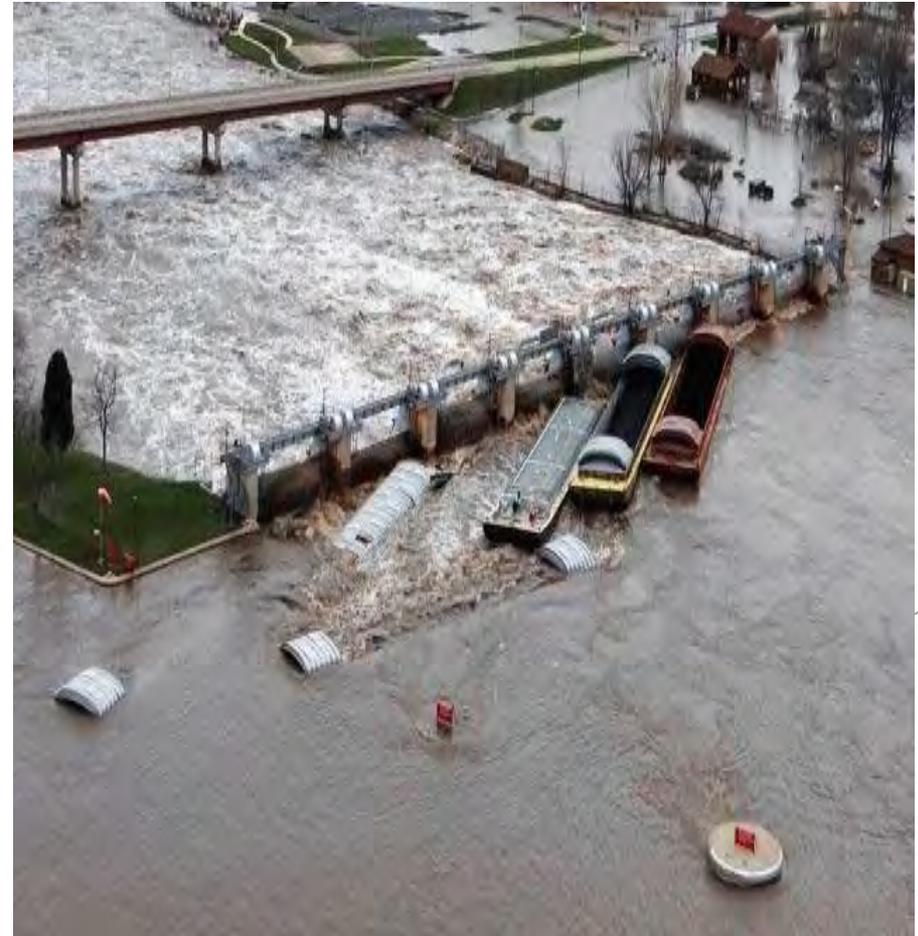
A Perspective on Lessons Re-Learned

- **Flood Categories (in feet)**

- Major Flood Stage: 22
- Moderate Flood Stage: 18
- Flood Stage: 16
- Action Stage: 13

- **Historical Crests**

- (1) 24.91 ft on 04/19/2013
- (2) 24.84 ft on 09/16/2008
- (3) 23.91 ft on 07/14/1957
- (4) 23.90 ft on 02/21/1916
- (5) 23.13 ft on 11/29/1990



Multi Tiered complexities...

External  Internal EM

- Hey, Did Ya Know, water is out on the street - 0730
- Save the Cars.... 0800
- Call EVERYONE!!! 0900
- Water is WHERE? 0915 (Thinking about thinking about I.C)
- Sand, Gravel, Baggers, Loaders,....Damn!!.....1030
- Lab, Dietary, Med Records, Pharmacy, Receiving, Sterile Supply, Purchasing, EVS, I.T., Finance, Computer Banks, Elevator Shafts, Bio Med, Morgue, Maintenance.... 1100
- Evacuation.....1230-1630
- Remediation
- Putting it all back together



We often make our own trouble!



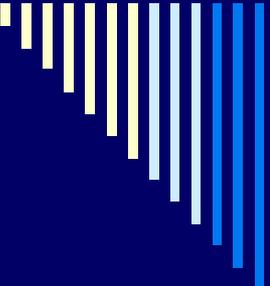
Some days we just get stuck, and bogged down.
Some days all you can do is smile and wait for someone to kindly
remove your butt from the hole you find it wedged into.

Know and Act upon your HVA

- 1. Do we have a plan for each disaster identified by HVA?**
- 2. What is the purpose of each plan?**
- 3. What are the goals of each plan?**
- 4. How are we going to educate staff about the plan?**
- 5. Have we ever tested the plan?**
- 6. What internal resources are needed to accomplish the plan?**
- 7. What external resources are needed to accomplish the plan?**



‘It will not do to leave a live dragon out of your plans
if you live near one’
-J.R.R Tolkien, The Hobbit



Who needs to be involved?

Safety Officer

Finance

Public Relations

Security

Risk Management

Infection Control

Administration

Plant Operations

Bio-med Engineering

Public Health Department

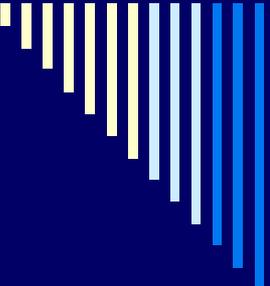
Emergency Management

Police and Fire

EMS

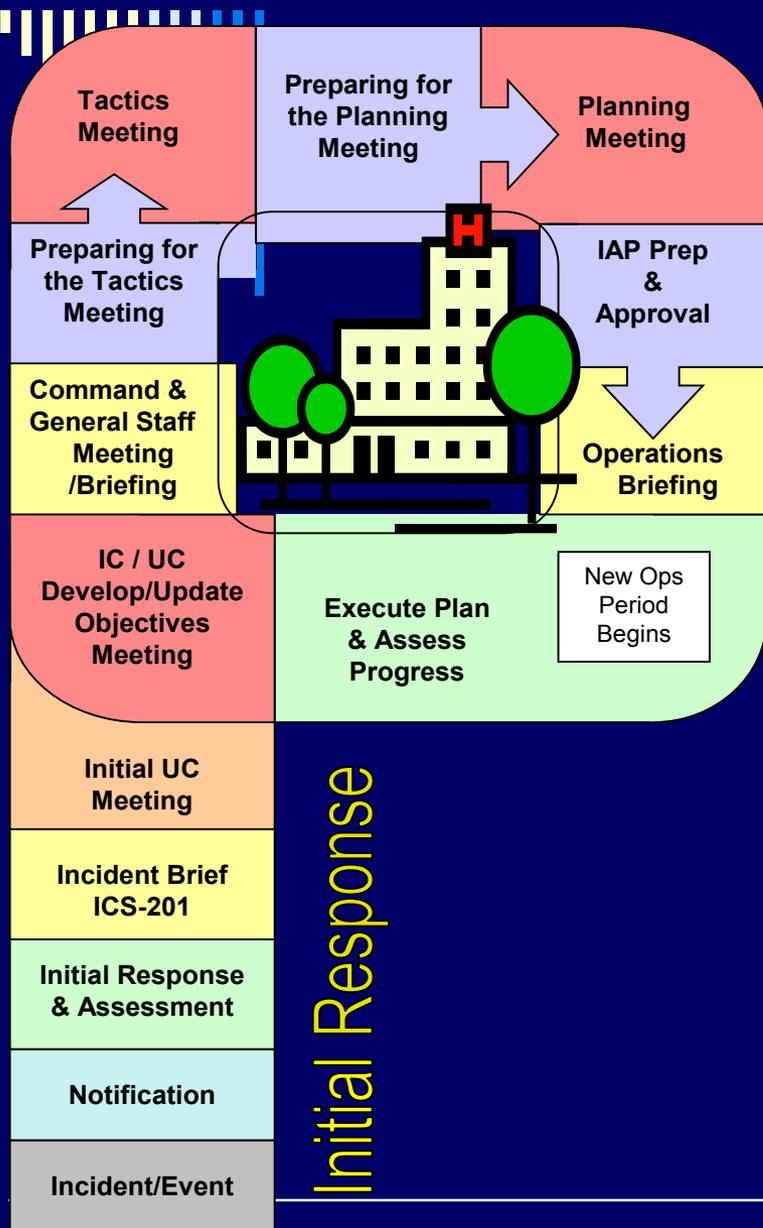
Haz-Mat

LEPC



Who and how many know how to open I.C.?

- ❑ Checklist for opening
 - ❑ Training
 - ❑ Practice
 - ❑ Equipment
 - ❑ Add one more to the command staff section: I.T.!!
-



Planning “P”

- Deliberate Planning Cycle/Process
- Complete a set of actions from Incident Action Plan
- Operational period: Normally 12 - 24 hours
- Determined by Incident Commander

Quick!!! Where is your Evac Equipment?



- Use of evacuation devices decrease physical strain on employees-provide a safer means of transport for the patient
- Devices require training
- Devices have weight limitations
- Manual carries may still be required



Electronic Registration (Evacuation Take away)

PATIENT BELONGINGS

PATIENT GO BAG

PATIENT WRISTBAND

Medical Records

Destination: _____ Via: _____

HOSPITAL Evacuation Tag

PERSONAL INFORMATION

MRN: _____

DOB: _____

CITY: _____

STATE: _____

ZIP: _____

APR: _____

POST SURGERY: _____ SURGERY DATE: _____

EVACUATION PRIORITY

1 2 3

EVACUATION PRIORITY

Remove "EVACUATED RECEIPT" Below ONLY After Patient Has Been Evacuated

EVACUATED

Patient's Name: _____ Room: _____ Bed: _____

EVACUATED

DESTINATION RECEIPT

DISPATCH RECEIPT







7

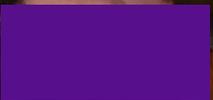






EXIT

SANDWICH
FIRE
DEPARTMENT



Hyker



CLEARANCE 13' 6"

ATTENTION
PLEASE
TURN OFF YOUR VEHICLE
WHEN MAKING DELIVERIES

THOMSON PUMP

4582

4973

THOMSON PUMP

THOMSON PUMP
800-723-3200

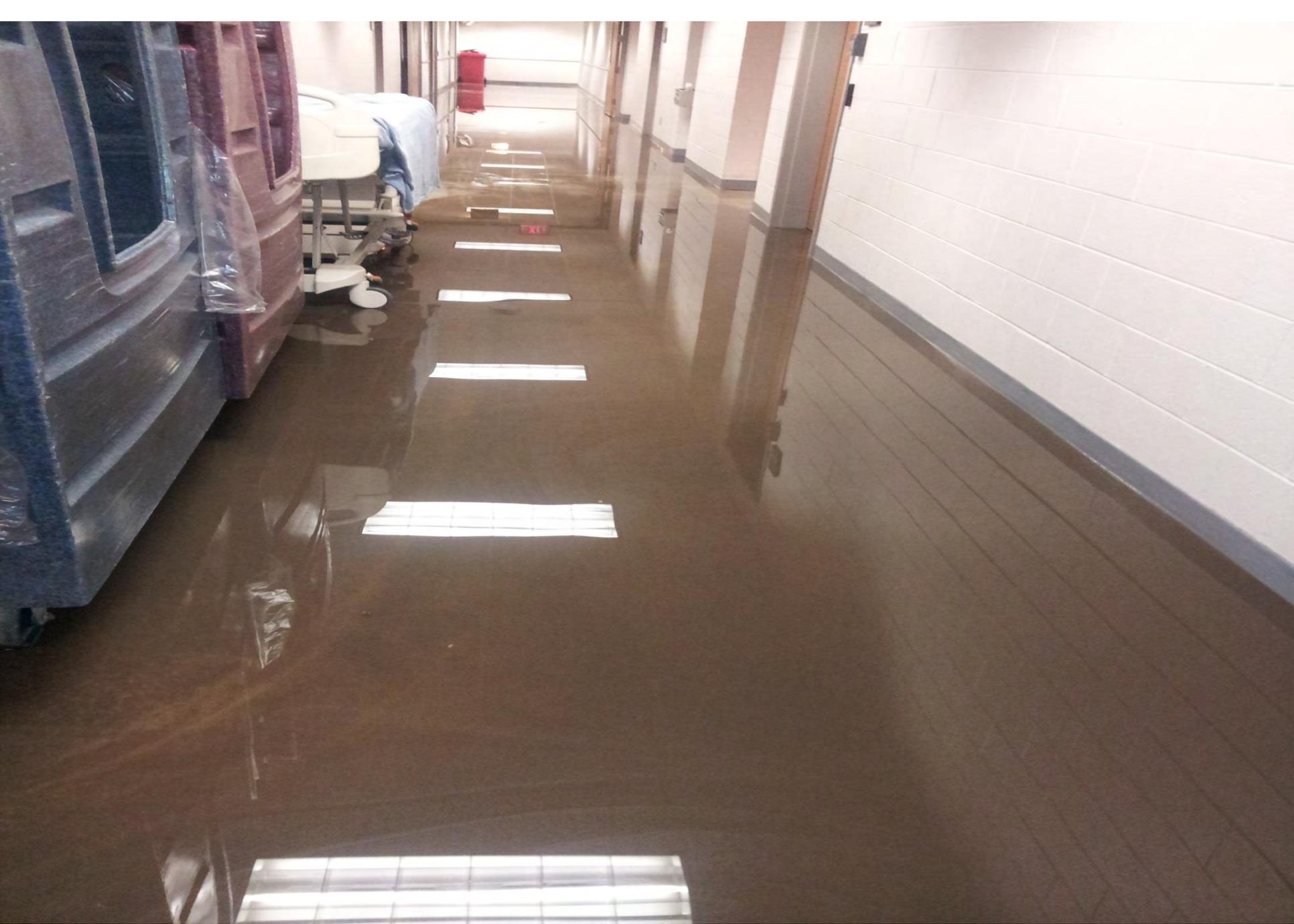












- 75,000 sq. ft. significant damage from flooding
- 89 beds closed for 13 days
- Walls Flooring, Electrical, IT, Insulation and garbage out of the building
- Two departments remained semi- functional...FBS (OB) and the E.D.
- Request of food (cold), laundry/linen and specialized labs from external sources..Pharmacy and Lab moved up to first floor





Know the plan, be part of planning

Avoid the “*Paper Plan Syndrome*”

Use of HICS, *and documentation.*

Use the Planning sector!!

Q-TIP...

Interoperability is a MUST!! No Silos..



If it's foggy in the Pulpit.....
It will be hazy in the Pews...

INCIDENT COMMAND DOES NOT END WHEN THE
FLOOD SUBSIDES.....



One Voice from Command

Involve all administration and operations personnel in exercise planning and response. –

Use the NIMS Process. It works!!!

Ensure key messages are “SMARTER” specific, measurable, attainable, relevant, time-bound, evaluated and re-evaluated.

Realistic goals drive Morale....

Be honest & consistent.

You need soldiers, generals on front lines

Logistics Operations Planning and Finance

Damage Control- What Works / What Doesn't?-

TAKE PICTURES!!

Select an employee to document all damage and work in progress...

(Have spare batteries and cards)

Employees- Who do we need vs. who do we have?

Contractors- Floor, Walls, Electric, Insulation, Painters, Clean-up, Contamination.

IDPH- All contacts- Site visits-phone updates

Politicians-



Damage reversal updates

Complete the HICS 251 Facility Systems Status Report

Structural / Non-Structural Damage

Know what your Insurance Policy
will and will not cover!!

HICS 251 – FACILITY SYSTEM STATUS REPORT			
1. Operational Period Date/Time	2. Date Prepared	3. Time Prepared	4. Building Name:
5. SYSTEM STATUS CHECKLIST			
COMMUNICATION SYSTEM	OPERATIONAL STATUS	COMMENTS <i>(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)</i>	
Fax	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Information Technology System (email/registration/patient records/time card system/intranet, etc.)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Nurse Call System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Paging - Public Address	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Radio Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Satellite System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Telephone System, External	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Telephone System, Proprietary	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Video-Television-Internet-Cable	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS <i>(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)</i>	
Campus Roadways	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Fire Detection/Suppression System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Food Preparation Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Ice Machines	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Laundry/Linen Service Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Structural Components (building integrity)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		



Contracted Services

Safety.

Security..Security..Security.

Productivity.

Diversity and Sexual Harassment concerns.

Clear understanding of Hospital Regulations...

Industrial Hygienist will be your BFF.

IDPH will request and require testing results

Logistics Operations Planning and Finance

Inspections- County - State DPH

Rebuild- planning- mitigation plans

Equipment- Where is it? does it work?

Priorities- Not every one agrees

Community – Patience and Patients

Finances---Good Lord!!!



Impact Management

Industrial Hygiene monitoring of each area to ensure IAQ is in parameters- refrain from further entrance once cleared..

Contractors/Engineers and internal staff rebuilding process

Work with FEMA, Federal & State agencies in addition to your insurance carriers to recoup some of the costs associated with the Flood

Checklist to Reopen

Management-

1. Health and Safety of Patients/Staff.
2. Adequate resources, personnel, and supplies are on site
(inpatients and/or outpatients)
3. Approval of applicable government authorities prior to use.
4. Buildings decontaminated of mold/fungi.

Questions to Ask:

1. How will you notify the public that the hospital is reopened?
2. What will you do to repopulate the hospital facility?
3. What process will you follow to enhance future local response?



Immediate Reactions in Days Following

How Finance & Supply Chain will support the recovery efforts:

Cash conservation is pivotal

Forecasts

Budgets need to be re-defined

Provide information quickly to your rating agencies

New vendors established in vendor master

Find alternative spaces for EVERYTHING

Operations

Track where departments and labs were being relocated- orders directed to the appropriate locations

Central distribution and central sterile areas needed to be cleaned out, losses quantified and ultimately restocked

Develop and refine communications for employees regarding pay, timekeeping, tracking of expenditures, logistics, procurement, etc...Town Meetings!

Lessons Learned – Looking Back

FINANCE

Reach your vendors and avoid credit hold situations

Make general ledger, accounts payable and payroll sub-ledgers agile enough to accommodate specialized activity tracking?

Accounting for disaster recovery activities is complicated and dynamic.

ALL agencies expect you to be able to break activities into disaster related versus recovery period.

Consider creating account codes and pay codes in advance to track expenditures and labor.- O.T. is reimbursable

Lessons Learned – Looking Back

SUPPLY CHAIN MANAGEMENT

Get your Relationships with specialty vendors in place now. (MOU'S) (dry ice, document restoration, disaster recovery consultants, Industrial Hygienists, etc...).

****Consider these your corporate services insurance policies!****

Practice evacuating or relocating high dollar/hard-to replace supplies/Equipment.

****Know where they will go in the event of a disaster (on and off site locations)****

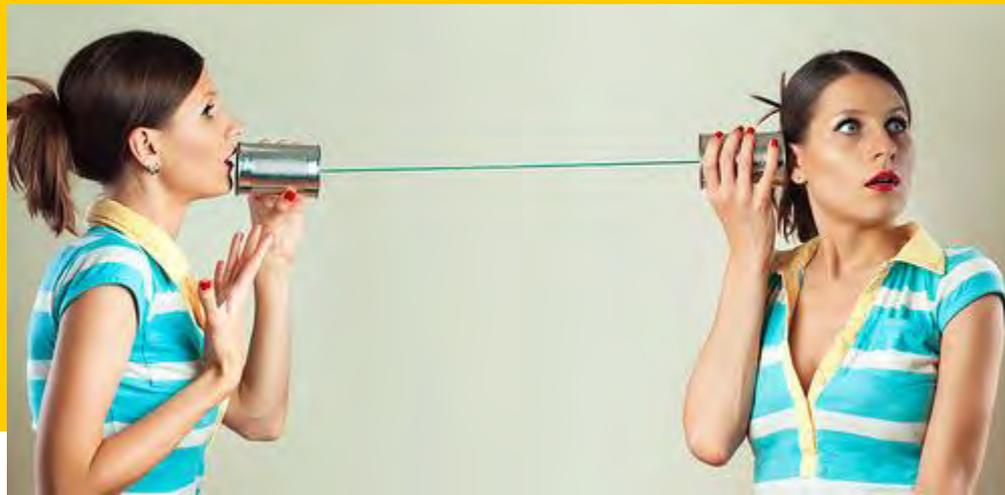
What would you do if you lost your loading dock ?

Lessons Learned – Looking Back

COMMUNICATION

Create a comprehensive communications plan as part of your emergency preparedness plan that covers employees, vendors, customers, creditors, funding agencies, etc...

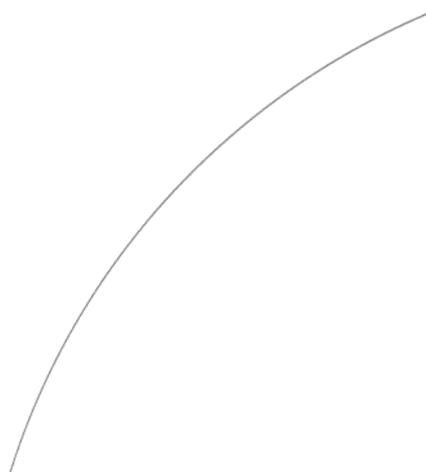
Create, regularly update and circulate (in various mediums – electronic and paper) phone and e-mail communication chains. These should include emergency contacts for everyone.



Lessons Learned – Looking Back

Create a social media (Twitter, Facebook, LinkedIn, etc..) presence. It may be your only way to communicate outward.

Get ahead of the media – make sure they're prepared to assist you if necessary.



ATTENTION.. WE INTERRUPT
THIS EMERGENCY BREAKING
NEWS BULLETIN WITH AN
EVEN SCARIER EMERGENCY
BREAKING NEWS BULLETIN..

MIKE
PETERS



Lessons Learned – Looking Back

PREPAREDNESS

Review and **actually practice your emergency evac.**

Protocols with Clinical areas and Admin at the same time.

Think about your work space like you do your home – what would you **ABSOLUTELY** want or need to take with you!

Keep this “GO Bag” of items easily accessible and portable.

Make sure to test your back up / alternative work locations periodically to make sure that people have the access and supplies that they need.

Recovery

48 hour to max census when reopened

Recovery teams

- Flood response
- Evacuee/family reunification
- Hospital operations
- Clinic operations
- Employee assistance
- Financial management
- Documentation
- Public information
- Incident command (learning and planning)
- Community relations
- Gratitude



Lessons Learned

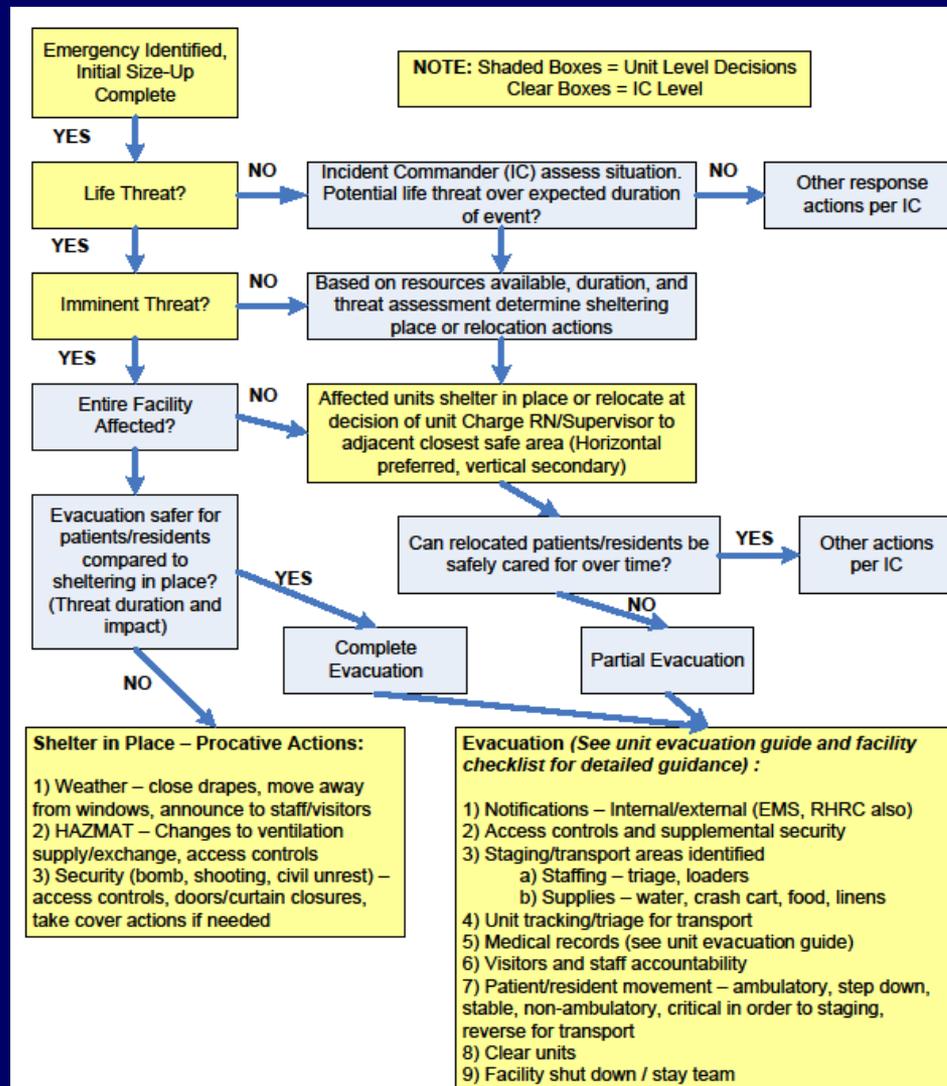
A good plan is tempting to use. Use it – be flexible

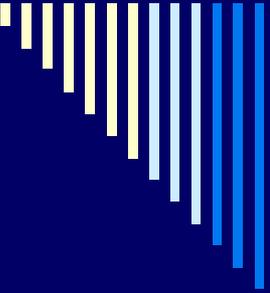
Incident Command... *if allowed... can become* an incubator for dooms-day thinking.

Incident Command demands your attention.

FIND YOUR SUBJECT MATTER EXPERTS!

Wait 1 hour after receiving new information before acting on your decisions. It will change 60% of the time.

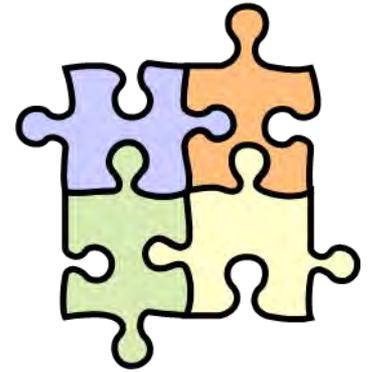




SECURE YOUR EOC



Unified command means we work together



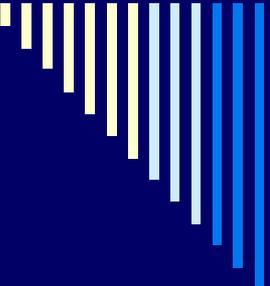
Interoperability-

Do not ask your MABAS Fire-EMS- Law Enforcement and public works professionals to leave your EOC

Know and understand NIMS & ICS

Drill and Exercise with you Local Professionals

Adrenaline + competence + clear goals = Empowers people to excel in unexpected ways



Opportunities of Improvement

Phone numbers phone numbers phone numbers....

Trained staff

Call it early

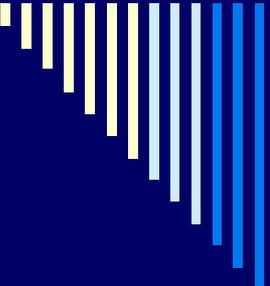
Side bar secret squirrel conversations

Planning sector

Dr's need to know where their Pt's went

Do the Docs have privileges?





Long term- Continuing

- Established Action Plan
- Based on Flood Levels
 - Identified “Triggers” for Facilities/Patient Care
- Revised Evacuation Plan
- City Meetings
- Local Fire / Law Enforcement

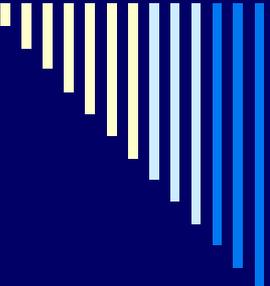
Continuity of Operations Plan

COOP is an event driven, all-hazards and long-term survivability plan that ensures the sustainability and reputation of an agency.

VERSUS

An EOP is a plan that reacts during a disaster that focuses on life safety, property damage and mitigation.

Establish your COOP now..... Form a team ...use the outlined format.



Business Continuity Planning

- ❑ Be operational no later than 12 hours after activation.
- ❑ Be able to maintain sustained operations for up to 30 days.
- ❑ Include regular testing, training and exercising of personnel, equipment, systems, processes, and procedures used to support the agency during an EP event.
- ❑ Locate alternative site facilities in areas where the ability to initiate, maintain and terminate COOP is optimal.

Nine elements to COOP Planning

Essential Functions

Delegation of Authority

Alternate Facilities

Interoperable

Communications

Vital Records and

Databases

Personnel

Tests, Training,

Exercising

Devolution

Reconstitution

construction

PREPAREDNESS

Have established meeting locations and conference lines.
(don't keep it a secret)

Make sure your staff have remote capabilities - and not just the ones you think need it! Have everyone test their access from home and alternate locations on various devices to be sure it works as expected.



An alligator is shown in a natural setting, likely a swamp or marsh. The alligator is positioned in the lower half of the frame, facing left with its mouth wide open, revealing its sharp teeth and pinkish-red interior. Its body is covered in dark, scaly armor. The background is filled with tall, brownish reeds or grasses, some of which are out of focus. The ground is covered in green grass. Two yellow text boxes are overlaid on the image: one at the top left and one at the bottom center.

Why shouldn't you taunt an alligator?

Because it will come back to bite you in the end

THANK YOU!!!

It took ingenuity, common sense, flexibility, and most of all, people working together with a common goal to make it work. The **OUTSTANDING** response and support of Region VII Hospital's made it possible to safely care for all 44 patients who required transfer or discharge. The immediate response of Fire, EMA, Municipalities and volunteers made for a safe and quick evacuation.

In Summary...



It can happen to you.
Please be prepared!



Questions?



Kevin Bernard

kevin.bernard@presencehealth.org