

## ACHE Fall Newsletter

The Tag Line for ACHE is *Leaders Who Care*. This was evident during the recent disaster of hurricane Katrina. Healthcare leaders who care responded in an exemplary and effective manner to this horrific disaster. During a recent visit to Jackson, CMS Secretary Mark McLellan said that he appreciated the way Mississippi healthcare leaders responded to this disaster by taking care of people first and then asking questions later. This newsletter will be dedicated to all the ACHE members who truly symbolize leaders who care that provided leadership during hurricane Katrina. First, it might be instructive and informative to review the following definition of “disaster”:

Disaster: An event or occurrence—usually sudden and unexpected—that intensely alters the objects and localities under its influence. It results in loss of life and health in the local population, causes severe environmental damage and the destruction or loss of material goods resulting in a dramatic disruption of normal patterns of life. Such disruption...gives rise to the need for immediate intervention and humanitarian aid.

*Principles of Disaster Mitigation in Health Facilities*

From any conceivable perspective, hurricane Katrina fits or exceeds this definition. Hurricane Katrina caused serious problems and challenges to leaders at every level in every organization. Many lessons were learned to enhance our disaster preparedness and how leaders respond in the midst of a disaster. To get a better perspective of some of the events and responses to Katrina, I asked RAC members to list lessons learned and/or personal experiences. Their unedited responses are listed below.

Michael Zieman, Administrator, Memorial Behavioral Health – Gulfport, MS  
President Elect MS Chapter ACHE

*Lesson learned ....you are not as prepared as you think you are if you are a direct hit area!!! Communications short fall - no email, telephones, cell or satellite phones worked but GM Onstar in your vehicle worked if you had that! Resort to VHF and Ham if you could... Fuel was a big problem, both gas for employees to get back to the area and diesel access for the generators over the 8 to10 days we were without city power ... security was a big issue with people coming to the hospital looking for help and looting for drugs ... new patients coming to the hospital and nowhere to send discharging patients, no infrastructure left to send them to....transportation crippled due to debris and curfews ... Employees stressed because they cant get in touch with loved ones and worrying about whether they still had a home to get to and the relief or horror that ensued when you find out!! They still were working 12 on and 12 off staying at the hospital for days on end... BUT they were steadfast in there duties to serve our patients and provide great care in the worst circumstances... professionally you have to keep personnel focused on what they needed to do and then focus them on helping out in other recovery efforts around the hospital just to keep them functional and not dwelling on the bad things going on around us in this war zone... The uplifting experience for me was to see all the support coming into the area from all over America not the FEMA or RED Cross folks per se but the countless others coming with the fundamentals of life like water clothes food personal products etc and they are still coming today!! Also when the email came back up there were hundreds of friends hoping we were alright ... that was a special moment to know people really cared about us!! It gives me faith in the human spirit and humanity in today's world... thank you for your help after the storm.*

Joan L. Exline, Ph.D., FACHE  
College of Health – University of Southern Mississippi – Hattiesburg, MS

*News clips and photos do not adequately describe the destruction and aftermath of Katrina. Although I suffered significant damage to my home in Hattiesburg, nothing prepared me for what I saw on the Gulf Coast when we inspected the Southern Miss facilities on the Coast a few days after the storm. It was like being in a war zone, especially with the presence of military troops and the National Guard stationed in tents and military vehicles along 90. Building remains were scattered everywhere or had been totally washed away, trees were stripped and brown, debris was piled high, and the smell was nauseating. The most distressing thing was to look into the eyes of those who had lost nearly everything and not be able to take away their pain.*

*The pain isn't gone, but it lessens each day. Southern Miss has moved its Long Beach operations into the former Garden Park facility in Gulfport, near Memorial Hospital. Classes began October 10<sup>th</sup>. Southern Miss will survive and move forward, because our faculty, staff, and students are resilient. The lesson I've learned from Katrina is this: No matter what you have lost, recovery is about people who have hope, commitment, and a spirit of renewal. We are fortunate to have such people in south Mississippi.*

Fred J. (Jeff) Noblin, Administrator  
South Mississippi Surgery Center – Hattiesburg, MS

*I run a multi-specialty outpatient surgery center (South Mississippi Surgery Center) in Hattiesburg. Because the majority of our surgical cases are elective in nature, our primary business was shut down during and after Hurricane Katrina. However, that did not stop us from providing hands-on patient care. We are affiliated (same parent corporation) with Wesley Medical Center, also in Hattiesburg. Because of the scope of this natural disaster, we wanted to help out in any way we could. The hospital quickly and effectively established a Central Command unit to centralize all hospital operations during and after the storm. Central Command was in place and operating even before the storm got here and it stayed in tact for about a week-and-a-half after the storm moved through our area. The surgery center was asked to serve as a triage/discharge area for patients who had been discharged from the hospital and were awaiting transportation home or to a longer-term shelter. This was a critical and necessary decision that Wesley's administration made in order to free up existing beds for other patients. Wesley received approximately 41 patients from a hospital in Slidell, Louisiana, as well as many patients from Forrest General Hospital in Hattiesburg (including several NICU patients).*

*Having full power and water within 36 hours after the storm, Wesley never stopped operating and did not transfer any patients to other hospitals. Even during the storm, generator power kept the lights on and the hospital functioning. Our ASC team cared for 26 patients over a 7 day period. In terms of lessons learned, most of my advice is aimed at other hospitals who might experience something like this in the future. In my opinion, the one thing that Wesley did that made everything else easier, was to immediately lock down the hospital. The only way in or out of the hospital during and after this crisis was through the ER. By taking this action, patients coming into the hospital could be more effectively triaged and others could be screened to determine why they were there. Because the hospital was one of the first in the city to have full power and an abundant water supply, it quickly became evident that a number of people just wanted to come into a building that was cooled off and where they might find water, food, etc. An open door policy would have exacerbated Wesley's primary mission, caring for patients and their families. Ron Seal (CEO) and Jim Kendrick (COO) also did an outstanding job in making sure we had adequate generator power and making arrangements for another generator to be delivered prior to the storm so that if any power-related problems came up, the hospital would be*

*ready. Everything is back up 100% at both the hospital and our surgery center, but this would not have happened had we not had effective operational planning. The ingredient that had the most impact however, was the staff and the degree to which we all came together to help one another and get the job done.*

Edward L. Foster, CHE, Chief Operating Officer  
Mississippi Hospital Association – Madison, MS

- *The HRSA Grant for hospital preparedness greatly enhanced the response of Mississippi hospitals.*
- *Leadership at all levels should maintain accurate knowledge of available resources (local, state, federal) at proper request protocols.*
- *Greater public awareness of Personal Disaster Awareness & Planning, including evacuation strategies and shelter procedures.*
- *Communication*
  - *Redundancy is critical*
  - *Satellite phones worked well*
  - *Resort to community and internal agency Bulleting Board and word of mouth communication of critical information*
  - *Pre-event of education of public and response staff that this type location of Bulleting Board communication will be used by officials*
- *Credentialing*
  - *Clearer approval process for personnel requests, placement, deployment*
  - *Improved volunteer personnel management*
- *Fuel*
  - *To run emergency generator*
  - *To fuel transportation vehicles for patients and victims*
  - *To fuel transportation of vehicles for personnel and resource delivery*
- *Water*
  - *On-site water treatment facilities were an asset.*
- *Mental Health*
  - *MOUs with Mental Health/CISM responders from outside of the affected states*
  - *More Mental Health professionals available to respond to short and long-term needs*
- *Resources more readily available with redundant transportation plans*
  - *Generators*
  - *Window air conditioners*
  - *Vehicles*
  - *Portable water filtration units*
  - *Water, food, shelter/housing*
  - *Debris removal*

As you can see, many lessons were learned from leaders in the midst of this storm. All of us are extremely proud of the leadership provided in all the hospitals and healthcare facilities affected by this disaster. Healthcare will play an important role in the economic and social recovery of the Mississippi Gulf Coast and south Mississippi. It is absolutely imperative that all of us work to provide assistance to the affected organizations so that employees and physicians will remain in their respective communities and good jobs will be provided that will stimulate economic recovery as well as provide needed healthcare services for the citizens of their respective communities.

The ACHE Category II Meeting will be held in January 2006 in conjunction with the Health Issues Forum. More information and program brochures will be mailed at a later date.

**2005-2006 GOALS**  
**Regent and RAC**

1. Actively support the Mississippi Chapter in the deployment of programs and services. Educational program being planned for 2006.
2. Achieve the following membership goals:

Goal:	46 new members	To Date:	23 new members
	5 new Diplomates		2 new Diplomates
	2 new Fellows		0 new Fellows
3. Select and present the Early Careerist and Senior Healthcare Executive Awards.  
Emily Young – Early Careerist  
Gerald Cotton – Sr. Healthcare Executive Award  
(see summer newsletter)
4. Produce quarterly newsletter on schedule. On schedule.
5. Explore and implement ways to provide mentorship support for MS affiliates.  
In progress.
6. Explore formation of a Student Chapter in conjunction with MS Healthcare Executives. In progress.