



“No One’s Ever Worked Through Something Like That”

How System Executives Supported Their Local EDs Through Harvey, Irma, and the Las Vegas Shooting

Healthcare is an industry where lives are at stake every day, something that’s never far from providers’ minds. When major catastrophes, be they man-made or natural, occur, those patients and their care take on even greater importance, as does the support given to those who are providing that care.

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Last fall, healthcare systems in the Houston area, all of Florida, and Las Vegas were put to the test in different ways following hurricanes Harvey and Irma, the resultant flooding from Harvey, and the horrific mass shooting during a country music festival on the famed Las Vegas strip.

"All the planning notebooks, the drills, and the team meetings went from theory to action—in the case of Las Vegas, within minutes. In every case, facilities and providers responded to rapidly changing events, and those charged with overseeing systemwide crisis response moved nimbly as well," says Dr. Robert Frantz, president of TeamHealth's West Group Emergency Medicine, who also brings the experience of an ER physician to his duties.

"We cover 16 states in the western half of the United States, an interesting situation from a disaster planning standpoint because my job ultimately is to support all those people who are taking care of patients," Dr. Frantz says. "I have to make sure that they have all the resources they need to do their job on a day-to-day basis."

That multifaceted task alone is a challenge just in terms of ensuring that the proper levels of staff are being maintained during everyday operations. Put an unprecedented natural or man-made disaster into the mix, and those duties are compounded.

"Your normal city prepares for a fire by having fire departments that are scattered all around the city, Dr. Frantz explains. "They put in a lot of infrastructure in the form of fire hydrants, training, and having firefighters standing by. That's difficult to do, much less to plan for a surge that might be required by a disaster such as a hurricane or a mass-casualty incident like the Las Vegas shooting. You can't really have a bunch of physicians or APCs waiting in the wings for something like that. But where hurricanes are concerned in particular, you can do some advanced planning. You do have an advanced warning, so you can prepare."

Well before Hurricane Harvey made landfall, Dr. Frantz and his team were talking with providers not only in the Houston area, but also in northern Texas and even surrounding states so they could be ready to assist

should flooding become a significant issue.

"We wanted to have relief providers down there in the Houston market, and we had time to prepare for that," he says.

In Las Vegas, however, there was no advance warning. Even so, having well-qualified providers in place who could respond to the immediate need was just as essential.

"We did not have any opportunity to prepare for [the shooting]," Frantz says. "You try to get the very best people that you can, especially in these local leadership positions, that feel empowered to make rapid decisions without respect to having to worry about financial concerns or those sorts of things in order to deal with the demand at that time."

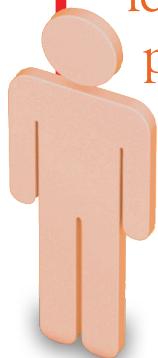
Communications framework is key

That clarity of purpose for those in charge of the front lines comes from strong internal communication, which has to be developed in a deliberate manner across the system or network.

"Develop a culture beforehand where everybody understands that they're empowered," Dr. Frantz explains. "You can't have a leadership structure thinking, 'Boy, I've got to go ask permission before I do this, or this could be a problem,' but rather one that says, 'How many providers do you need?' The people there are in the best position to decide. They know to mobilize the resources they need to deal with the problem that they have, and we'll support them. We've got their back."

Beyond emergency support, local teams are well cared for by TeamHealth in many ways thanks to the company's size and scale. Resources can be brought to bear on many areas of concern beyond physical protection and staffing, for instance, that have a major impact on daily operations and patient care.

"We have large national resources in the form of connections to other areas of healthcare," Dr. Frantz says. "For instance, one of the big issues after the hurricane hit were dialysis centers; patients who were on dialysis showed up to the emergency department because they didn't have anywhere else to go because



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the dialysis centers were closed. We have a CEO in our company who knows the leaders in the various industries associated with outpatient-dialysis units who was able to utilize his personal relationships, along with our local insight into the needs of these patients: Where were the patients, how can we distribute the patients? We were able to rapidly bring the resources that we needed to deal with this very small but significant high-need population.”

Those relationships were critical, he notes, because it gave TeamHealth the opportunity to leverage its physical and financial resources to provide the best care for patients at a critical time.

Another example of TeamHealth’s speedy and effective response came through the air. The company flew a corporate aircraft full of providers into Houston’s William P. Hobby Airport, who were then carried to flooded facilities by locally provided helicopters to relieve providers that had been there for three days. “That was pretty significant,” Dr. Frantz says. “It was a very big deal to the providers who had been in those hospitals for three straight days.”

Constant assessments and updates were vital

The ability to pivot quickly and make such rapid deployments happen, as well as the myriad other activities that were going on to help providers on the ground, were enhanced by a steady stream of calls, meetings, and other communications routed through a national command center.

“The command center is sort of like a MASH unit,”

explains Rob Evans, executive vice president of TeamHealth Southeast. “You do a tremendous amount of preparation ahead of time, but the reality is as the storm evolves, no matter how much experience you have and how many times you have been through this, new crises emerge and have to be taken care of quickly. There’s a lot of activity and action and quick decisions that need to be made.”

Everyone in the command center is aware of what’s happening on the ground, but they also know that situations can change instantly, adds Matt Stapleton, executive vice president of TeamHealth Anesthesiology.

“We always intend to make the best decisions and be there for the providers, and sometimes you just don’t know,” Stapleton says. “At the end of the day it all worked out and everybody got what they needed. But during the storm, that not knowing what the providers are going through is really hard. You need to be where you are to give them what they need, but it’s such a tough place to be sometimes.”

That global approach to system operations allowed TeamHealth to create rapidly evolving strategies for continued employee relief, as well as other post-event activities that would need to take place. For the Harvey recovery, providers were brought in waves that expanded out from Dallas to Oklahoma City, Las Vegas, and Phoenix. Manpower wasn’t an issue. The administrative team was fielding dozens of requests from providers who wanted to help. At the same time, it was focused on speaking with local providers and

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seeing what could be done to help those who had property and family concerns as a result of the storm, Dr. Frantz says.

“Every single provider that we had in Houston was contacted by our HR department during this time: ‘How are you? How is your home? How is your family? Are they safe? Do you need anything? Do you need a hotel? Can we get you a rental car? I heard you lost your car in the flood on the interstate,’” Dr. Frantz explains. “We had to keep in mind that the providers were also in the middle of this disaster. They’re not external to it. They were right in the middle of it. Many times, they were affected as well. We had to bring resources to them immediately, all the while recognizing the emotional, the financial toll this is going to take on them.”

TeamHealth rolled out the same comprehensive emotional support effort in Las Vegas, putting critical incident stress debriefing teams onsite within 24 hours to talk with “every provider, every scribe, every person that worked for us, that was dealing with this, that worked in any of the facilities that accepted patients and cared for those people because we recognized that this is a uniquely emotionally stressful situation. No one’s ever worked through something like that.”

Throughout each situation, Dr. Frantz added,

TeamHealth was in constant contact with its clients as well, because HCA Healthcare and Dignity Health in Las Vegas, and Memorial Hermann in Houston, also were bringing their own resources to bear — and no one wanted to interfere with anyone else’s operations. “They have a lot of resources and brought those in,” he says. “The lesson we learned was that these events are so big and they’re so complicated, you don’t want to duplicate resources. Communication always turns out to be the most important thing.”

Preparing for an unpredictable future

Many other lessons were learned as well. Hospitals have well-formed disaster plans that involve communications and many other strategies, but the unknown is just that — unknown. Even so, many issues came to light during these recent events that will enhance collaboration and patient care going forward.

“Our clients in Houston were unaware that we had relationships with the people who are managing the dialysis units down there,” Dr. Frantz says. “That’s something that we could take off their plate and do. Coordination and communication is not just within the hospital, but also with vendors, with the people who are providing the services for you. Communication with those outpatient providers, partners and affiliates, becomes absolutely critical because you may find out that the hospital needs a resource that you happen to have, and then it solves a major problem.”

It would be impossible to be completely prepared for any event, but Dr. Frantz and many other TeamHealth executives say that the company continues to do a solid job of being ready to spin up operations at a moment’s notice. “What I have found is that if you have the right people in the right position, then they are ready to respond to these events,” he says. “They’ll often surprise you, overwhelm you with their response.”

And because those providers do rush into situations other people are trying to escape, they can spend days and weeks in high-pressure scenarios. That’s why TeamHealth has also remained committed not only to patient care, but also caring for the caregivers themselves.

“Burnout, for me, has become a large issue,” Dr. Frantz says. “It’s something that I think about a lot with our providers, and not just the providers but also the people that support them. I’ve heard some heartbreaking stories from the shooting. We had a recognition dinner for the providers and scribes who responded, and it was very hard to hear the stories. We have a PA that was at the concert with his wife. She came up and told me how he shielded her with his body during the shooting three or four different times while they made their way to the medical tents so he could take care of patients. She watched him. She went to the hospital with him and stayed in the emergency department while this went on.”

After more than 30 years in emergency medicine, including 10 years as a paramedic, Dr. Frantz says he understands the toll that kind of experience takes.

“I couldn’t listen to that story without crying,” he says. “It was absolutely heartbreaking. I can only imagine what it would be like to respond to that. I’m pretty convinced that this is an experience that will forever

change the people who responded, that this is something that they won’t ‘get over.’ They have to cope with it and go on. I tell them all the time that vulnerability isn’t weakness. In fact, many times, it’s just the opposite.”

“As a large organization, we have the ability to create a culture of care for our caregivers, and we have to do that,” he continues. “Keep the dialogue open, keep it fresh, continue to talk about it, acknowledge the pain, acknowledge that it can happen again anywhere and that we’re prepared to deal with [these incidents]. Every one of these people is a candle in a dark room. They choose to be a candle. The COO that’s providing comfort or patting a patient’s hand in a hallway; the nurse who came in when she didn’t have to; the scribes who just want to go to medical school. They’re all there, helping to the very best of their ability. The best thing I can do for them is to support them while they are doing the work, and support them after the fact because they will need it.”



Best Practices for Disaster Preparedness

In addition to his time as a paramedic and in the ED, Dr. Frantz also was a police officer and SWAT team member. He brings all that to bear when it comes to emergency planning and offers these tips for better preparation:

Hospitals should plan for all types of events.

Many hospitals only plan for the most likely event. For example, a California facility might plan for a building collapse or an earthquake. A good plan should cover more, such as active shooter events. In Las Vegas, TeamHealth had disaster plans where we had dealt with surges of 50 patients. Nobody had a disaster plan for dealing with a surge of 212 patients that showed up over the course of two or three hours, he says.

Plans should be as comprehensive as possible.

What do you do with this? How do we respond to that? A good plan should have fixes and workarounds for every situation, and at every level, he says. Everyone thinks about having enough supplies, but do you really have all the resources you need? What happens if your communication system fails? Your first line? What’s your backup? How are you going to communicate to housekeeping? Expand the plan and go deeper and broader.