Ochsner Health on helping patients & community post-Hurricane Ida

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today’s episode of Moving Medicine, a discussion with Ochsner Health President and CEO Warner Thomas and Chief Medical Officer Robert Hart, MD, about the impact of Hurricane Ida and Ochsner’s efforts to safeguard its patients and community in the aftermath.

Speakers

- Warner Thomas, president and CEO, Ochsner Health
- Robert Hart, MD, chief medical officer, Ochsner Health

Transcript

Unger: Hello. This is the American Medical Association's Moving Medicine video and podcast. Today we're joined by Warner Thomas, president and CEO of Ochsner Health and Dr. Robert Hart, chief medical officer of Ochsner Health.

Warner, you're calling in from Washington. I know you're on Capitol Hill today looking for funding as part of the effort to clean up after the hurricane. Dr. Hart, you're in New Orleans where the action is. I'm going to start first by asking Warner, how's it going on Capitol Hill as you look for funding for this effort?

Thomas: Well I think there's obviously a lot of support for supporting all the disasters that have been happening across our country over the past year. Certainly there's a lot of folks that understand Hurricane Ida was a very significant storm. The second largest storm to hit Louisiana in its history. So certainly we definitely see our delegation has a lot of support. Obviously there's a lot happening in
Washington these days. So we understand that's a complicated agenda but we are optimistic that we will get support. We think it's important to support the hospitals and all the infrastructure that was impacted by Hurricane Ida. And once again, you need to remember, it's really not just the Louisiana issue. Hospitals in New Jersey and New York were significantly impacted by Ida as well. So this is really a multi-state support package that we are trying to seek support for here in Washington.

**Unger:** And Warner, I can't imagine a worse combination. You're already facing a huge surge in terms of COVID and then you find out we're expecting a natural disaster approaching. Take us back to that time when you are thinking about that. What's going through your mind in terms of how to prepare for something like this.

**Thomas:** Well, I have to first say that the resilience of our team is simply amazing and what they've done over the past year and a half with COVID has been incredible based. They certainly are health care heroes. I'd also say at the same time, we've got very specific systems and protocols in how we prepare for a hurricane. Our team immediately moved into that system and that preparation, which has been perfected over the last decade and a half since Katrina in 2005. So we have systems, protocols, approaches that get put into place and the team did an absolutely incredible job preparing for Hurricane Ida and the response has been outstanding. It was a very challenging storm, challenging in a number of different ways. And certainly it was complicated with the pandemic but the team was outstanding and our plan worked extremely well. We did have to evacuate from some facilities, which we can talk about. But the ability to move people around in our system, the ability to get resources to where people needed to have those resources and to support each other across the system was executed extremely well.

**Unger:** Well, Dr. Hart, why don't we dig into that a little bit I mean, you've got some pretty sick patients. The COVID pandemic on top of your normal things that you would be facing. You've got people on ventilators, very sick people. How do you protect the sickest patients like that when a natural disaster is about to hit? And can you really be fully prepared under those circumstances?

**Dr. Hart:** Well, I think, again goes into the planning that we've had for years for this. And I will add on this one. As you recall, this storm blew up pretty quickly. A lot of times we've got weeks to watch some of these storms come across and develop in the Gulf. This one showed up and it was like, hey gang, four days, this thing's going to be there. And so knowing that we had the COVID patients as well that we were taking care of, we do have a lot of redundancy in our system, which again comes back from the preparation that we've made over the years. And Warner will probably hit on just improvements that we've made since Katrina with some of our generators that can run the whole hospital in addition to backup generators.

So having that in place is huge. So we were able to keep a lot of those patients just in place with the people in place. And we've done this enough where we have teams that come in at certain times and they're here for the duration of the storm. And so it does make it having done this before, makes it
easier to at least know what's expected. But to your point of being completely planning, it's difficult as we've gotten larger across different geographic areas. One area may get hit a lot differently than the other. So you have to plan differently.

**Unger:** Warner you mentioned you had to evacuate some locations. Some of your hospitals sustained damage. Can you talk about the extent of that, that you've experienced?

**Thomas:** Yeah, certainly. Our Bayou facilities where the storm made landfall did receive significant damage in Houma, in the Raceland area in the Bayou. We had to evacuate both of those facilities the day after the storm made landfall. We did keep the ERs open at both of those facilities but the inpatients were evacuated to other facilities within the Ochsner system.

Yeah, I will come to the preparation. It really goes down to three or four major components. One is infrastructure and that really is about power and water. If you've got power and water, you can figure a lot of other things out. But if you lose power and water, then things get difficult very quickly. All of our systems have redundancy around backup generation and not just having a generator that can run part of the facility but run whole facilities. And that is extremely important. Having redundancy with those generators is important.

The second thing is most of our campuses, not all, most of them have wells. So they can run off of well water. And although that's not drinkable, you can flush toilets. You can have your water systems work and that's critically important. And then the third piece of infrastructure is people. Having our team A teams that are in place, having facilities people that get distributed across our systems, electricians, other types of facilities folks. I mean, those three components of infrastructure are very important.

So now that we had the damage in the Bayou, we knew that we needed to relocate patients to other parts of our system. We've got a rhythm of calls multiple times per day. So we know immediately what's happening at a system and we know what the status is at other parts of the system, so we can move patients. So I would say that, that preparation, that infrastructure was critical to our success in dealing with this storm.

**Unger:** Is there anything that this particular storm through at it you that you were not expecting or prepared for?

**Thomas:** Well, it moved on us. So we thought it was going to make land in one place and it moved East. So one facility we thought we may have to evacuate is actually now really the key facility in the Bayou. A place in Morgan City, Louisiana. It moved East and ended up the morning of the storm when it was going to make landfall during Sunday, we decided to evacuate a facility in what it's called St. Charles Parish. And that was done before the storm made landfall. So that movement of the storm was an issue. The duration of the storm was much longer. I mean, we had 80 to 100 mile an hour
winds for well in excess of 10 hours and gusts to over 100 miles an hour. So in our Bayou area, those winds were much higher than that. So, that sustained wind for that period of time, certainly created a significant amount of facility and roof damage and water intrusion at the facilities.

**Unger:** Dr. Hart, Warner mentioned the ER. Even under normal circumstances, it's a very intense place. But boy, when you have an influx like this of patients, how do you manage that?

**Dr. Hart:** So the ER was one of those situations where in the height of the storm, no one there. Everyone was away hunkering down in their bunkers, wherever that might be. Immediately after the storm though, you began to see all the people with their chronic problems show up, for instance, dialysis patients began to show up. And then all of the patients that for instance, get out right after the storm, they go out. They're either sight seeing or they're cleaning up, obviously, because this was a bad storm. We had roofs off, trees down everywhere. So people go out with their chainsaws, start working and of course injuries happen, falling off roofs, cerebral bleeds, bleeds in the head, heart attacks. Those started coming in that next day and we went from very little activity in the height of the storm to just a crescendo of business in that next 24 hours. So really planning for that makes it difficult. But we keep that team in the hospital to be able to prepare for that as they come in.

**Unger:** Warner, you mentioned, one of those three key ingredients you outlined and so important that what Dr. Hart just said, it's people. What kind of assistance do you provide all of the employees in your health system, both during, and after this hurricane and how did the community pitch in as well?

**Thomas:** Yeah. So you have to prepare folks. And once again, this planning starts months before hurricane season. People basically denote they're going to be team A, where they essentially will be on location, stay during the storm or team B where they'll evacuate and then come in and days after the storm to relieve team A or team C folks that just remain remote. And our team A people came in this Sunday morning that the storm is going to make landfall. And basically we were in lockdown for multiple days. And we provide housing, food, all the support that they need through that situation. And the team B folks came in about four days later. But it's after the storm when you have people that have physical damage to their homes, they've evacuated and they've had the economic impact of that. So we have about 1,500 people that are in hotels now whose homes have been impacted. We've delivered almost 4,000 employees, employee assistance payments to help them in the transition. Big issue right after the storm was gas. Not being able to have gas. And so we opened up about 10 gas stations, if you will, at our Ochsner facilities, delivered 250,000 gallons of gas to our employees and no charge to help them to be able to come back and forth to work. Pete November, our chief financial officer, Tracey Schiro, our chief human resource officer ran a lot of these initiatives around our employees to help support them. We opened up what's called Ochsner, and these were donations and also supplies that we bought. Personal items, toiletries, things that people need, that if they hadn't impact of their house or if they need to stay at our facilities multiple days, they run out, we provide these types of services to them.
So that is all part of our system. It's part of how we prepare. It's part of how we anticipate coming out of the storm. And I'd get back to that ... The other piece with this is resilience of how you re-ramp up out of the storm. And I'll say this week, we're close to back to being 100% of our services. Just being a few weeks out from the storm. And that's our team rescheduling patients, getting folks back in, working the phones and just being very disciplined about how we take care of patients. Because we had a lot of folks that got displaced and whose cases got moved. We need to get them back in. And that re-ramping back up and rescheduling patients is also part of our plan about how we address any sort of disaster that we face.

**Unger:** I was wondering. I mean, you must have literally thousands of procedures, canceled appointments. I mean, how long does it take you to get back to normal with that?

**Thomas:** I know Robert, you're in the middle of rescheduling the surgeries and our patients. I mean maybe you can hit a little bit the details on that.

**Dr. Hart:** Sure. So it is a combination of coming back from the storm but also coming back from COVID. And let me step back just a minute. Another little nuance with this is when you bring in that team A during a storm that Warner talked about, little different trying to do that in the middle of a pandemic. Because in the past you've got a lot of people. It may be a lot of people in the same room close together, that sort of thing. So we had to do some different planning for this one. Had to begin to add a little bit more room, little more distance between people, trying to make sure people were still being safe with the other measures that we need to take with the COVID planning.

So again, with the surgeries that you asked about, we were certainly down on surgeries because we had to do as our census grew with COVID patients, we had had to redeploy people from our operating rooms into other areas of the hospital to take care of all of our COVID patients. That led to a lot of canceling surgeries, only doing those surgeries that were very time sensitive.

And then the storm hits and patients leave. We're at team A, not able to do surgeries right at that moment. And then bringing them back. It requires a lot of work on the part of the surgeons to prioritize the different surgeries and not talking 100. Like you said, we're talking thousands now. How do you prioritize those time sensitive to get those people back, get them in surgery. And then again, are the patients back? They may be tier one but they may be out of town. So again, it's circling back, making sure that work is done and it becomes a gradual growth because we're bringing employees, redeploying them back into their normal operative area, redeploying the ORs themselves, and then getting the patients back in. So it's a gradual growth but they've been able to do that here over the last three weeks. Almost to back to ... We're sitting about 85% to 90% in nearly all of our facilities. Some are back completely.

**Unger:** That's an amazing pace. One question I have for you Dr. Hart, I mean, vaccination was a challenge in Louisiana even before the hurricane hit. I know that your mitigation efforts have included
a vaccine mandate for Ochsner employees. Can you talk about how that was received and how vaccination efforts were affected by the pandemic?

**Dr. Hart:** Sure. So throughout the pandemic, we've been very aggressive with our testing, with our monoclonal antibody infusions, with our vaccinations and really got off to a great start with the vaccinations. And then in the springtime, I will say that just like across the rest of the country, vaccinations seemed to plateau a little bit. When that third surge that we had, the third surge came and went. I think there was a sense for people that maybe this is it, this is over. As we all know the Delta variant hit and it has just really raged throughout the South. And so the vaccines went up as we saw more and more people come into our hospitals. We began to see more and more sick people. I think the urgency around the vaccine increased. So it came up.

So we had been talking for months. Warner did a great job of letting people know that, look, we get FDA approval, this is vital that we have vaccinations mandatory for our workers because we're in the health care business. We've got to keep people safe. The other part of that is we need all of our employees at work. We can't have them out sick with COVID. So very important the day that the FDA announced that they approved it, the next day we came out and said, vaccines are going to be mandatory. So I had a big lift right after that. Now there is a little bit of a plateau right now as we come down the stretch. So we're having one-on-one conversations now. We had the big open forums. We've got people on board there but now it's really one-on-one conversations trying to get one person at a time to understand and really combat so much of the misinformation out there about the vaccine. So, we've still got work to go but we're getting there.

**Unger:** Well, last question for both of you and Warner why don't you start. I mean, obviously preparation has been the key to dealing with something like Hurricane Ida. Do you have any other advice for health care leaders out there about what you've learned from this particular incident or those before it and anything that you might change going forward?

**Thomas:** It's interesting. I often get asked, how does auction respond so much to the changing market, to disaster is that sort of thing. And it really comes back to our leadership and we've got a very defined leadership and talent management structure and process that we go through every single year to help make sure we train our people and that we do the right succession planning and that we help move people around our system. I really think that system has been the core to our success as an organization. And I give the success of our Hurricane Ida response, our COVID response, our success as an organization in a relatively tough region, is because of our leadership and the way that we problem solve, the way we work together. So it is about adaptability. It is about problem solving and taking on challenges, whatever it is that get thrown your way. And we have excelled at that. And I really think it's about our people, our leadership, and that ties back to how we develop people, how we move people around our system and how we provide training and education to people.

**Unger:** Dr. Hart, any other advice?
Dr. Hart: I would just add the adaptability and frequent, frequent communication. Because as this storm blows through, again, all the planning you can have, you're not sure which areas, which facility, which area might be hit the worst. Is it going to be the wind? Is it going to be rain and flooding? So we were on the phone and had system wide meetings twice a day, sometimes more to make sure everyone was updated on what was going on. And then the local campuses too, are having their meetings. So the frequent communication, people know what to do but it's getting the message out there, making sure we've got the plan, carrying out the plan but then being able to adapt on the fly in different areas.

Thomas: And Todd, I think just real briefly I'd say that the other piece now, I mean, it's important to say, we're only out about three, three and a half weeks from the storm and we're back to many areas at 100%. More than half of our surgeries are rescheduled. Our clinic patients are now more than half rescheduled and our volumes of people that we're taking care of just continued to get back on track. So that's part of the resilience and the leadership and the adaptability is being able to act that quickly and bring our organization back so quickly as well.

Unger: I hear those words, preparation and resilience. It's really impressive what you've been able to do there. Warner, Dr. Hart, thank you so much for taking time out of your incredibly busy schedules to join us here, and thanks for your perspective. A huge and heartfelt shoutout to all the folks at Ochsner for taking good care of the people of Louisiana. That's it for today's Moving Medicine video and podcast. We'll be back with another segment shortly. You can join us for future episodes of Moving Medicine by subscribing at ama-assn.org/podcasts. Thanks for joining us, please take.

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