

Mike Wargo Discusses How Hospitals are Preparing for Emergencies – Hospitals In Focus Transcript

Chip Kahn: [00:10] Today's topic is emergency preparedness. We're coming to you from the new Emergency Operations Center at HCA headquarters in Nashville. Our guest is Mike Wargo, Vice President Enterprise Preparedness in Emergency Operations here at HCA. HCA is one of the nation's leading providers of healthcare services, and is made up of locally managed facilities that include 178 hospitals and 119 freestanding surgery centers located in 20 states and in the United Kingdom.

Mike Wargo is really a unique individual, not only as I said is he hold an important vice presidency position here at HCA, but he has a vast resume in the areas of counter terrorism as well as emergency preparedness and operations, and also has experience as a flight nurse.

Currently, he serves as co-chair of the United States Health and Public Health Sector Coordination Council of the National Critical Infrastructure Protection Program, which is sanctioned by the United States Department of Homeland Security and Health and Human Services. In this role, he serves as a trusted advisor to both federal secretary level leadership and private industry executives on readiness, response, and recovery initiatives impacting the U.S. healthcare national security system and healthcare system.

Now, Mike, as we prepared for this podcast, it became clear that because of the scale and size of HCA, your facilities have been in the eye of the storm literally and figuratively when it comes to disasters, both national and natural, and manmade, throughout the United States. Just last year, you had hospitals that were hit by hurricanes Harvey and Irma, and your team at Sunrise Medical Center in Las Vegas treated 100s of those affected by the tragic mass shooting at a concert there in Las Vegas.

But frankly for HCA, it's nothing new. There were also the recent Austin package bombings. Then going back, the Virginia Tech shooting, the Oklahoma City bombing, and even the anthrax attacks in Florida, which were actually identified at an HCA hospital. Of course, as a native of new Orleans, I am all too familiar with Hurricane Katrina. I think in terms of laying out our program today, I'd like to start there and ask you to talk about Katrina as not just an American tragedy, but in a sense as a watershed event for American preparedness and meeting disasters.

Mike Wargo: [03:17] Thanks for having me, first of all. Absolutely, the experience that not only HCA experienced during Katrina, but really the nation as a whole, healthcare globally as a whole, toward readiness was really appreciated. Or maybe the lack of preparedness at the time, or appreciation for what was needed, was really appreciated. We all know the devastation that it caused, the magnitude of the storm. But it really brought together the concept of having dedicated resources, really focusing on infrastructure and looking at infrastructure not just at utility failures, but looking at natural hazards like storms, and where do we put our generators, are they best served to be elevated or ground level.

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With Katrina, certainly the experience was we need to move them higher for flood prone areas. Even the resources, what needs to come to bear when something of magnitude happens. Certainly for HCA, prior to my arrival, long before my arrival here when Katrina happened, it was a moment where they realized that it's important to preplan and have playbooks, to bring resources together for any type of incident, small scale, large scale, et cetera. So that we can continue to provide that patient care in our communities, not just during a disaster, but immediately following and managing the continuity of healthcare.

Chip: [4:27] Well, Katrina was many years ago. Since then, much prep has been done along the lines that you described. I guess in terms of these recent events, the playbook came out somewhat different with Harvey and Irma?

Mike Wargo: [4:42] Much different. Playbook is the key term because we literally have a library of playbooks for natural and manmade type disasters or potentials that we assess, hurricanes being one of them. That playbook, for example, starts 120 hours prior to the impact of a storm. It focuses on all the functional areas of our organization. It starts with, "How do we get ready once there's a notice?" 120 hours out, we start with staffing plans. We start to mobilize resources into an area.

This is way different from the Katrina days in a sense that we certainly are much better prepared because we've learned through experience. We pre-position resources into facilities, into communities, including things that most healthcare systems don't think of. Remediation teams, if there's storm damage to our structure, we have teams that are sheltering throughout the storm onsite to rebuild the facility, to make sure the plant operates, et cetera.

We also have on retainer a contract with a fleet of helicopters and planes to not only move patients, what we call de-risking, meaning moving those higher critical patients out of a risk area for a known event prior to the event. We also use those resources to shuttle equipment into areas.

For Harvey, for example, the contract that we had was with a company that also owns tourism helicopters. We found it more valuable to use the tourism helicopters to fly our nurses in from staging areas into hospitals that weren't accessible due to flooding, and get the staff that was in the area out so they can go assess their homes and get their lives back in order. For us, we had zero days of business closure because we were able to replenish our staff through these resources that we have.

It also includes playbooks for events like cyber. It wouldn't be in our favor that there was a cyber event on our wire. How do we go from the digital world to the analog world? That's a big challenge because one technical system, take an electronic health record, brings so many efficiencies. We can assess our patients and record it. Physicians

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could automate orders, laboratory results, diagnostics. Things that years ago would take dozens of people to accomplish in a very analog or manual process. Newer staff, younger staff, who have never experienced that, this presents a challenge.

The playbooks are now built to give them an illustration of here's a scenario. Here's the expected actions or considerations that we need to take in advance of, as I said, a natural or manmade type event.

Chip: [07:19] Mike, and you begin to hit on this, can you catalog for us what the principles are that are really generalizable in these kind of situations that... Frankly, I'm not sure it's just healthcare organizations, but any critical community services have to go through when they think about how to be ready and how HCA gets ready?

Mike Wargo: [07:44] Sure. There's a national framework. It really consists of four modules, very often considered mitigation preparedness response and recovery. Here at HCA, we have a slight iteration change where it's responsible leadership, which really talks about our leadership's commitment to preparedness in general. Having the resources in place, organizing an instant command structure. Then we have readiness response and recovery. For us, readiness includes preparedness, but it's also the immediate ability to respond.

Three tenets that we promote, not just in a response phase, but communication, coordination, collaboration. As you can imagine, nearly 200 hospitals, numerous physician offices, it's really important for us to maintain situational awareness. What's going on in the various local communities? What resources might be needed by our facilities or by the communities that we serve?

That's where the communication and the coordination comes into play. The collaboration really speaks to are we good community partners? Are we meeting with our healthcare coalitions, our neighboring hospitals that every day might be healthcare competition. In emergency operations, it's not competition, it's collaboration. There are the three tenets that we focus on.

Then most importantly, all our actions are really driven by the potential impacts. The potential impacts are the life safety impact, the physical or emotional impact on our patients and their family, our staff and their family, or the community. The priorities for our actions always start with life safety.

Followed by infrastructure. We look at hardening our facilities prior to a storm. We look at putting preparedness mechanisms in place to defend and prevent cyber intrusions. That's the infrastructure protection. Then the operations actually, delivering the care, maintaining healthcare operations within the community.

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Lastly, is the mission. What are we doing to maintain the operational integrity of the company based on any type of impact or insult? We look at the greatest risk, and that's how we also prioritize our actions.

Chip: [09:50] You know, when I was growing up, it's not so true today, but I don't want to show my age. You'd go around to different places and they would be these nuclear whatever signs-

Mike Wargo: [10:01] Fall out shelters.

Chip: [10:02] Fall out sheds, someplace in the basement. They were rusting cans and boxes of whatever. I guess for that period that defined preparedness, which was everybody put it in the basement and put up the signs on the sides of the buildings and that was it. Fortunately, nothing ever happened. On the other hand, would that have worked even though you could have said there was preparedness? How do you, in an ongoing dynamic world, keep yourself ready to actually respond when preparedness can so easily become routinized?

Mike Wargo: [10:42] We talk about really goes back to cold war civil defense. Part of us is we're living that again, the threat overseas to Hawaii, those duck and cover stories come back out. Civil defense has really matured from civil defense to emergency management. Now specific to healthcare, it's a maturing model or industry within healthcare, emergency operations. Part of what we do is focus on our core business, number one, being healthcare in the community.

When you look at any great impact to a community, somehow healthcare's always involved. Whether it's an industrial fire or an explosion in a community, there's always life safety and healthcare. There's traffic ways, railways, and those type of accidents, accidental or unintentional manmade events like a train derailment present different challenges.

Then you look inside and we are an organization where industry that's very much people driven, we care for people, we're managed by people. That brings its own threat, be it you're traveling and you don't have good hygiene, and you catch the flu. Now we're interacting with patients and patient family members. We want to prevent them from being impacted by the flu.

We really look at a broad spectrum of what can impact our core business to deliver care to the community. That's where we start to prioritize what has a direct patient impact, what has an interdependent or collateral impact on patient care. Then what's the likelihood of something to happen within a community?

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There's various assessments that we do called hazard vulnerability analysis. We look at our top human risks, our top technological risks, chemical risks. From that risk assessment, we gauge what's the impact on direct patient care, financial integrity of the industry, not just the company, but the industry as a whole. Then we look at what counter measures do we have that if something impacts us, how can we respond to it, mitigate the impacts, manage the core business of patient care? Really the vulnerability's translated to where we don't have a good countermeasure or good ability to respond. That's where our greatest risk is.

That's where we focus quite a bit of planning toward readiness. Looking at the training and the education for our staff. Even simple briefings, making folks aware that a risk exists. Guiding them, what can they do as individuals and what can they do as healthcare providers? A big component of that is also focusing on the staff themselves to ensure that they have their own personal preparedness and readiness plans.

We talked a short while ago about Katrina versus Harvey and Irma last year. A major focus of not only our company but the responders in general was is your family prepared. We know many days in advance the storm was coming. We recommended to folks if your family can leave the area and seek shelter out of the impact area, it's advisable. Certainly, within our facilities, many family members came in and sought shelter there. We weren't even focused not only on the patients but now community members that needed to shelter in hospitals.

There's a broad spectrum of risk. It's really identifying where your inability to respond or have the greatest impact is without additional preparedness. That's where our focus goes.

Chip: [14:09] Are there any differences in the way you think through man-made versus these large events as hurricanes or major weather events that sometimes you can see coming, but are community wide versus something that might be incredibly destructive but limited in the sense, but make great demands on the hospital like the event at Sunrise Medical Center, or the event in Las Vegas that obviously affected Sunrise Medical Center and the other hospitals there at Las Vegas at that shooting?

Mike Wargo: [14:41] Absolutely. There's a difference in readiness related to manmade versus natural events. More importantly, I would categorize it as notice events versus no notice events. There's no notice events that are natural like tornadoes. They pop up. They go through a community and have widespread destruction, to a no notice event like the Route 91 or what is known to be One October Shooting in Las Vegas. The risk is there. It's a known unknown. We know things will happen like mass shootings. We know tornadoes are going to hit. When and where exactly, we don't know.

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There are readiness plans that can go in place for tornadoes. Having a communication plan that when the warning goes out from the National Weather Service or your local, that we pull our patients away from the glass windows into hallways or we prepare the facilities the best we can in the event of a direct impact.

The no notice events like a mass shooting, it's difficult to prepare in the communities where it's going to happen but hospitals considered soft targets to domestic terrorism. Many hospitals do active shooter planning. Hospitals are very prone to violence because we care for victims of violence. That brings violence to healthcare facilities. Our hospitals, as well as the great majority of hospitals, put a lot of time into how can we prevent the violence on the every day.

In the event that violent act happened on our property or within our walls, how do we respond? Again, communication, coordination are key. Collaboration with our local law enforcement. Communicating to the staff that an incident's happening. Having gone through exercises and practice with them that if the overhead for an event like happens, how do you take care of yourself, number one, personal safety, and then your patient. Ensure that that we're protecting them and our visitors as much as we can, as the collaboration with our security force and the local enforcement really go after that direct threat.

The notice versus the no notice events guides our readiness a little bit differently. The notice events like a hurricane, we've got reports 72 to 120 hours from impact, we can start to position and have a different cadence of readiness activities and coordination. There is definitely a cadence difference. There's definitely an anxiety that's different when you know something is going to impact you versus you've got to get into gear and respond like at a shooting like Las Vegas.

Chip: [17:17] Yeah, the Las Vegas was an amazing event to me. In Sunrise alone, there were 199 patients treated in under six hours, which is just staggering, and that was just one of the hospitals in Las Vegas that was treating 100s of patients.

Mike, I should note that you and I are not just sitting in another office building. We're actually sitting in the emergency center that's been developed by HCA. Can you give us some sense of what went into the thinking when you built this center and some of its characteristics that people might consider unique?

Mike Wargo: [17:53] Absolutely. We talked about the scale of HCA. Part of the challenge as a company as large we are is, if you look at the board out there, our interns started a little checklist and says, "Days since last incident." It's hit two days at its max. It's at zero again today. Every day the company is faced with a different emergency in the various communities that we serve. This really serves to maintain situational awareness toward our corporation, be it responses to the community, be it infrastructure issues that we

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have that we have to support throughout the country, to just coordination of preplanned events goes on here.

You have a series of three conference rooms here that are tied together through pretty advanced technology. The suite itself is on segregated utilities, power, heating, ventilation, air conditioning, internet, phone service. It's got redundant communications for satellite communications. We're below ground for a reason. Nashville is at risk for tornadoes, so we're not above ground so that if the local community's impacted, this facility itself is secure. We don't have the risk of the natural threats like tornadoes and the flooding that traditionally has gone on here.

More importantly, it's a dedicated center that during a time of crisis, we don't have to take the resources to transition a conference room into a command center or a coordination center. The technology sits in here in a readiness state every day. We're well connected through social media, moderating platforms, incident management systems that we're logged into the communities in our facility. At any given time, you can look at these dashboards and have a pulse for what's happening from an emergency perspective across the company.

We really pride ourselves in the name preparedness and emergency operations because it's not just about emergency preparedness. The state where do your assessments and put things in a readiness state. It really is about functioning every day and ensuring effective situational awareness and communications every day. It's about bringing all the various business functional units together to have a state of mind that no matter what we're challenged with, we come together as a team to work through the operations itself, to ensure that each of our facilities we can maintain patient care and are ready every day.

Chip: [20:14] Before we close out, Mike, I guess one thing I'd like to return to Harvey and Irma. One of the things that was unique about that, at least from my observation relatively unique, was that those storms hit over a short period of time, but vastly different areas of the country. Ironically, HCA was engaged with hospitals in both areas. It would stretch any organization, even if it was the government, and you had to face that. What are your observations in closing from that?

Mike Wargo: [20:51] The hurricanes of 2017 were really unprecedented because it was back to back large scale storms with tremendous magnitude. Harvey, as lessons from Katrina taught us to prepare, respond and coordinate. What it surprised us with, not just us at HCA but the community, was the storm stalled. What we thought to be a hurricane which is certainly a rain storm with high winds became a major flooding event. The plans for major flooding are very different from a hurricane event.

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That challenged resources in the sense that air operations were on hold for many days because the storm stalled for three days. Accessibility to healthcare services to get to our staff and into the community was challenged because roadways were flooded. Our company got creative. One of our security managers, Kevin Cleveland, suggested we should get those duck boats that they tour in. We actually did to shuttle supplies from roadways across some waterways that were flooded that weren't free flowing. We moved resources. Innovation is absolutely key.

The challenge was that it was so widespread across all of Texas, from a local to a state to a federal response. Then those same responders and those same critical resource re-suppliers for generators and pharmaceutical supplies, et cetera, were challenged to now move from Texas into Florida. There's time to move resources. There's time to take response assets and personnel. Now they're fatigued responding to Texas. We're moving resources into Florida. Not just HCA again, but as a nation as a whole. The same people were exhausted. The manpower became an issue for many. That's where the collaboration of what resources do we have, what resources do other companies and services have, and how can we support one another and the community came into play.

Challenges certainly in many cases were answered by innovation. In times of crisis, a lot of barriers come down, and a lot of bureaucracy comes down. People can think on their feet and get access to resources pretty quickly. We're really proud to see how our company and the community really rallied to support the needs in the community and to support one another with the various challenges that we were faced with.

Chip: [23:11] One of the nice things about podcasts is flexibility. We originally recorded this podcast with Mike last August. However, since then, there have been two major storms, Florence on the Atlantic coast, and Michael on the Florida panhandle, that have affected HCA hospitals and patients.

They offer us an opportunity to ask an additional question to Mike, which is looking at the 2018 storms and noting as you pointed out talking about preparation for storms in general, that you've seen one storm, you've seen one storm. What was unique and what was the experience with Florence and Michael that you think would be most illustrative of how HCA has to have contingencies to prepare for different kinds of storms?

Mike Wargo: [24:13] Thanks for having me back. That's an excellent question. I've got a lot to share, but I'll keep it pretty brief. The framework that we deploy for emergency operations hasn't changed. The constant in terms of readiness and response has been the point of success for the company and for the communities.

When we look a Hurricane Florence, we had plenty of notice, well over 120 hours that a hurricane, high tropical storm, was coming off the coast of Africa heading in our direction, to the point that we almost had too much time and notice that people... We

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engaged our readiness with our cadence as typical, and the storm was still out there, and it was still out there.

We knew at the point of Florence getting closer by 72 hours out that within the Myrtle Beach area, we would either sustain a direct strike on our facility that's right on the water in Myrtle Beach, or we would sustain a very nearby strike. We made a decision quite early in that process, and early in the decision process is about 72 hours from impact, that we were going to fully evacuate the Myrtle Beach, the Grand Strand Medical Center. Right around 200 patients give or take a few, were either early discharged appropriately or transported in the masses by ground to both HCA and non-HCA facilities outside the risk area.

Then for our critical patients that required critical care transport in ICUs, it presented a very unique challenge to us in the sense that typically we use helicopters or rotor wing air medical to move those sick patients. The proximity of Myrtle Beach to the majority of the receiving hospitals that were outside of any risk area where it was safe to de-risk our patients to, was not a close proximity. It challenged us in the sense that we had to use fixed wing or airplane medical transport for all of those sick patients.

Logistically, that was a new challenge for us that rotor wing could not be used in the sense that it was all fixed wing. We had the right partner that brought those aircraft in and were able to safely move those patients out of the area.

The other component to Florence was the magnitude and the broad scope of where it was going to hit. It was pretty well known from the southern portion of North Carolina to the norther portion of South Carolina, that strike zone was clearly identified within the path. There was tremendous collaboration amongst the healthcare facilities, the state, and our partners at HHS in terms of readiness.

We look at the response to Hurricane Michael, that we're highly engaged in. Hurricane Michael was very much like Harvey in the sense that it was going into the Yucatan Peninsula as a high tropical storm. Then made this right turn into the Gulf late into the season, such that the waters were warm, the evenings were beginning to cool off. Typically, what that means for us is storms intensify significantly overnight, and that held true.

Where it really paralleled Harvey was it was a tropical storm that we knew was on its way, but it turned into hurricane conditions much quicker than expected, but also much further into our readiness timeline. We didn't have the typical five to seven days of known significant storm coming at us. It was that low grade tropical storm that very quickly intensified to cat one, cat two, and some would argue that in some sense it could even truly have been a cat five in certain areas. It was the highest end of cat four in terms of wind impact on the facilities.

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Where it hit in the Gulf Coast Panama City area, there were two primary hospitals very close to the water. Our Gulf Coast regional medical center in Panama City being one of them. Another community hospital just a few miles down the road. Both of them sustained significant structural damage. The other community hospital much more than us, primarily because of its proximity closer to the eye of the storm. Then our facility that sustained structural damage, mostly superficial structural damage.

Then broader impact on the overall healthcare system was truly related to the community impact of no power, no water, no sustainable utilities within the community. Both facilities, and the only two in Bay County, are out of service in terms of acute care. I'm not sure the status of the ER at the other facility. At this point, our ER facility, our Gulf Coast Medical Center, is operating as a freestanding emergency department, transferring any patient that would need admission outside that region.

Chip: [29:33] It sounds like the two storms really were unique. One you had time to plan, and the other one was on top of you before you knew it. Is there anything that you could say about rain and water versus wind because it sounds like in the Michael situation, it was really the strength and power of the storm itself, not the water that made the big difference. Is there anything that you prepare for and learned from your Michael experience?

Mike Wargo: [30:06] Your observation's spot on. You said it before, you've seen one hurricane or one storm, you've seen one hurricane or one storm. The Florence was similar to Harvey in the sense that it was almost that stall storm again. The wind impact was significant, but not catastrophic. Where the water impact as it went up the coast, the storm slowed and stalled and dumped significant amounts of water on northern South Carolina and then pretty much throughout North Carolina into the capital region.

That created a tremendous challenge because once the storm passes, it doesn't mean the risk and the threat is over. It actually gives us almost a false sense of security because what happens, particularly with the Florence event and that rain and stall like Harvey, was the northern waterways and tributaries surge and have flash flooding and sustained flooding. That water goes south and it goes toward the coast. We have to very strategically look at where our staff lives, where our tributaries of waters lie, what the flood plains and tables are. Not just during the event, but the weeks following the event because that water's coming back down.

We again look at Michael, that stall and that significant water event really impacted us for two almost three weeks where the threat of community-wide flooding and infrastructure outages existed from a mass flooding event or a major flooding event. This is something that can be predicted in the sense that there's population growth, there's community growth, with hard space from an infrastructure standpoint that we need to be much more aware of. We're dealing with the same crisis this past week in

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the city of Austin where all of healthcare was greatly impacted from the rain events that contaminated the water supply. A totally different scenario, but again lessons learned from these storms that contribute to more events.

Looking at Michael, Michael was almost like a widespread tornado that came through with such high magnitude of wind shear and impact on the community. If you had the opportunity to go down there or just watching the media reports, to see the impact from the wind on that community was absolutely devastating.

The challenges there initially are, one, it's not safe to transverse the community, the roadways, because there's power lines that are down. There's trees and debris everywhere. Pre-staging remediation resources within our facility was a key element to us rapidly getting back to the restoration of that facility. We did that with the anticipation of this looks like a high category storm, which translates to high wind impact. We did bring remediation teams that sheltered in our facilities. Literally the next morning, once the storm had passed, they were on site clearing debris, doing immediate repairs to the facility, and cleaning the space up itself so that we can restore healthcare operations as quick as we can.

Two different considerations to go into play. You go back into the Carolinas with Florence and that significant rain storm, some of the lessons that we brought from there and truly this is the mindset, and the genesis was from our emergency planners from across HCA. We bring some folks here to the corporate Emergency Operations Center. During the storms and pre-storm, we put them in a conference room, and we give them as much information and intelligence on our facilities as we can provide to them. To me, they're a catastrophic impact assessment team. We give them worst case scenario while we're managing the readiness. They're in a separate room saying, "If we have a direct strike, what are the priorities we need to be concerned about? How do we manage the patients if there are any in-house? How do we respond so that if we have that hardened strike, we already have a team that has studied the facilities, that knows what the properties need to be, is in communication with the facility and onsite, and we can immediately respond and react."

The lessons learned that they provided to us from Florence and the flooding event was we need to re-look at our hurricane and our major storm playbooks, and have a flood push pack, which essentially would be flood mitigation, be it sandbags or some new technology that as the water hits it, it self-inflates and prevents flooding. Looking at areas that traditionally have flooded on property, and marking the ground so that we know our high risk areas prior to a flood, and we can just do different mitigation strategies to prevent water from going in the facilities.

That same team that I spoke of during the response to Michael was here in Nashville and throughout the pre-storm and into the storm, they did that catastrophic planning

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for us. We knew what our priorities would be. We knew how many patients remained onsite. We knew what resources it would take and where those patients would go immediately post storm if we had a significant impact. We had a pretty moderate impact to that facility, but had a significant community impact which forced us post storm to evacuate.

We immediately deployed that catastrophic planning team as an incident support team the very next day by plane down into the community so that they then went boots on the ground and they assisted that leadership team with a list of... We've rehearsed this. We feel the priorities are, we are going to present them to you. If you concur, let's take action and make this happen.

That was another best practice I really believe that came out of both of these storms that will inform the future readiness and response of HCA to future events.

Chip: [36:07] You've described how you're going to treat these storms and move into the future on the facilities themselves and capacity. On the employee side, on the caregiver side, obviously they're impacted because they lie in the community. What kind of things did you do with the healthcare workers in both the Florence and the Michael situation? In terms of those who provide the care, do you have any lessons there going forward?

Mike Wargo: [36:42] Absolutely. First of all, this is what makes me most proud to be a member of HCA is to see not only how we care for our patients, but how HCA stood up to care for every single one of our staff members and their family, not just pre-event but post. It's truly shown as a company what we've done with them in mind.

What we do pre-storm is continue to communicate to them. Every Enterprise and regional call we have for readiness always ends with prepare yourself, prepare your family. If you are part of A or B team that is committed to be onsite to ensure that quality care continues for our patients, we will assist in sheltering your families as needed, in some case, the pets as well. We have plans to manage that because we know continuity of direct care needs to go on, and we need to invest in our staff. That means we need to take care of them and help protect them as well.

We do offer those resources in that [inaudible 00:37:49] storm. For those that are not working on a high impact event, we encourage them ready your house, ready your property. If you can, throughout the event, relocate to an area outside the direct impact zone so that you're safe, you don't have the worry about your family, the structure of the property. We'll get through together post storm once we're engaged in [inaudible 00:38:11].

As the storm came through, we used our mass notification system that's pretty new to the company to push messages, in this case for Hurricane Michael, to 6,700 employees

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that live in that region, saying HCA emergency operations is engaged in preparing for the storm. You will receive additional messaging from us with resource availability or resources that are available to you post storm. We're also going to check on your status to ensure you're safe and you're okay. We did continue to use that mass messaging system for that throughout.

Post storm, we had an overlay from the National Oceanic Service. I think most people may be familiar with this that they did satellite images pre-storm and post-storm that showed the devastation and the impact. One of the systems that we used was our HR system to look at every employee address. Not who lives where, but just the physical address of our employees. We did a heat map that we overlaid on that impact map that NOAA provided. We were able to quickly assess where we needed to focus on employee residence in terms of what resources can we get to them, where can we set up shelters. Our Human Resources Department set up employee shelters for those that may have had a direct impact. It gave us an assessment of what percentage of our workforce have sustained a tremendous loss or a tremendous impact on their life.

That simple innovation really gave us the ability to understand how much of an impact on the workforce there would be. We continued those processes throughout until we had 100% accountability from every single one of those staff members that number one, they were safe. Then we began the process of what impact have you had? Can we help you get through the FEMA assistance application process, which is number one after we get life safety taken of.

Number two, we have an internal system called Hope Fund, where it's employees helping employees. So far as teams from across HCA deploy to that hospital and set up an employee commissary where those that had loss can come in and get a backpack. That backpack has all the basic essentials, toothbrush, deodorant, sweat pants, [inaudible 00:40:43] that if they have absolutely nothing after the storm, they have the basic essentials to life. Then the commissary had cleaning supplies and diapers for babies and formula, you name it, the company thought of it and provided that as a benefit to our staff to take care of them.

Chip: [41:02] Well, that's really impressive, Mike. I know it's so important that the staff be ready to take care of patients. Knowing that HCA is going take care of them and their families in the process is just so important.

Mike, we've spent a lot of time focusing on what you have done as a company to make sure that the patients and the caregivers come first at the hospitals. Obviously, in terms of the larger community and the role that HCA hospitals play in the larger community, there's the governmental entities, the other first responders. In terms of these recent storms, what was the level of cooperation, how did you feel about the coordination?

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Was it where we needed to be as a nation when we faced these tremendous weather challenges?

Mike Wargo: [41:59] Chip, I've been in emergency operations for well over 20 years related to healthcare. I would say that this has been the most collaborative and effective response and coordination that I've experienced in the majority of my time. Not just by HCA to the other facility in Bay County, but more so the collaboration that we had with the State of Florida and their responsiveness, the collaboration that we received from the Office of the Assistant Secretary from Preparedness Response at HHS, the ASPR. We engaged with them very quickly at the state, at the coalition of regional level. Our federal partners, unlike prior years have taken an approach of a forward lean where they pre-deployed federal assets into the Jacksonville and Mobile, Alabama area. Looking at the high potential.

That communication with our state partners and coalition and the feds, each morning we stood up, what I defined as a unified leadership call. That call was the three HCA facilities in the direct impact zone, any local healthcare coordinators, the State of Florida, the ESFA or the Emergency Support Function Aid, which is health and medical of the state emergency operations center. Then the regional emergency coordinators from ASPR were on that call. It started every day with the State of Florida and the Hospital Association giving us essentially an overview. The state of wellness of healthcare in the community and impacts are pretty tremendous every morning. Our facilities on what's your direct impact, what needs do you have?

We very quickly realized that the community impact was tremendous. Both of the acute care hospitals had direct strikes. That we could not get through this alone, even with the resources that HCA as an enterprise has, we still required the resources and collaboration from the state to provide to the community. In turn, our federal partners stood up. We requested federal assistance to DMAT, disaster medical assistance teams, to respond to our emergency departments for the mission of decompression. What that means is we knew that we can operate an emergency department, but we didn't have the surgical services, the cardiac services, all that needed services or admission. With that, our emergency department quickly would be overwhelmed.

This has been the quickest federal response to have federal boots – on the ground that I've experienced in my career where we had within less than 36 hours a fully established DMAT base of operation. A special thank you to Massachusetts One, who was the DMAT team at Gulf Coast Regional and Delta One from Mississippi that was at Fort Walton Beach, and our colleagues from Michigan One. Some shout outs here, but they absolutely deserve it because these are colleagues from all across the country that we collaborate with in a routine basis that come together as intermittent federal employees. They were there and without their assistance, we would have been crippled. We would have been overwhelmed.

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They were able to take on a high portion of the ER volume that came in. They would stabilize. We'd also stabilize. Then we'd use the local resources, either the helicopters to fly the critical patients out to other receiving centers, or the FEMA EMS [inaudible 00:45:42] two days to transport them by ground. It wasn't unique to our facility. The other community hospital in Panama City was in the same circumstance, where we had to do this.

What I would say is collaboratively local, state, federal and us as a private service coming together, there was no interruption in healthcare services to that community. There continues not to be because of the collaboration. I think that's pretty important because there's a lot of commentary and rhetoric that goes on that talks about systems not effective and not working. I'd say in my experience and my observation, it was pretty tremendous how they've come together to work collaboratively for the community.

Chip: [46:24] Thanks terrific, Mike, and really good to know that you can depend on the government and the other officials at all those levels and other institutions to all row in the same direction when we're dealing with some kind of challenges that we are.

Mike Wargo: [46:43] Absolutely.

Chip: [46:44]With that, Mike, it really has been a great opportunity to talk with you and learn about how HCA faces these kinds of challenges. Particularly, as I mentioned, having the unique aspect of a podcast where we come back in and experience with you the most recent events before the podcast actually plays during our season. We had really a good discussion that should open a lot of eyes about being ready for as well as meeting head on these challenges that hospitals and communities face when there's a major event whether it's weather or manmade. With that, I just want to appreciate you taking time this afternoon.

Mike Wargo: [47:30]Thanks for having me.

Chip: [47:31]Thanks for listening to Hospitals in Focus. Please be sure to subscribe to us on Apple Podcast, Google Podcast, your favorite podcast platform, or by visiting us at our website, FAH.org. We hope you will share your reviews and tell a friend about us. Thanks so much for listening.