

1st PERSON



All Hands on Deck

Mary Ann Osborn, RN

This past June brought flooding and devastation to the Mid-West. *Oncology Issues* spoke with Mary Ann Osborn, RN, vice president, chief clinical officer at ACCC-member institution St. Luke's Hospital in Cedar Rapids, Iowa, to learn how they were able to help the community during the worst of the flooding and its immediate aftermath.

Q. *How was St. Luke's affected by the flooding in June?*

A. We were watching the water crest rise on Wednesday [June 11] and Thursday [June 12]. On Thursday morning we had an incident command meeting. We were stable, there was no water coming in, and everything seemed to be going well. We left the incident command center and five minutes later we lost electricity. Our [emergency] generator came on. We had enough diesel fuel to be independent for five days, and the city was telling us to plan on that. In fact, Alliant Energy got us back on an alternate source of power in about 48 hours. They actually set up a transformer in the parking lot not far from us. [In addition to electricity], we were very concerned about water. The city was down to about 25 percent of its water source. Although we had plenty of bottled water for drinking, it was possible that we might not have enough water for hygiene or waste, so we were making arrangements to bring in our own water tankers.

Q. *Was St. Luke's the only hospital up and running at this point?*

A. On Thursday, both Mercy Medical Center and St. Luke's were up, but we were hearing reports that Mercy Medical Center, which is closer to the river than we are, was starting to get water. Mercy's CEO and I were in conversation multiple times throughout the day. By Thursday evening, Mercy Medical Center made the decision to evacuate. Mercy began

ER diversion at 6 pm, and between midnight and 8 am Friday morning, [June 13] they evacuated all patients. We received 52 Mercy patients.

Q. *How was St. Luke's able to step up and help the community?*

A. Throughout Thursday and Friday, people were evacuated from their homes. Shelters were set up at some schools, but we had medically fragile residents who did not need to be hospitalized but were too fragile to be in shelters. St. Luke's freed up some of our social workers to help place these patients. Our staff worked very carefully with long-term care facilities to help shelter these patients.

Another major contribution took place over the next few days as people started getting ready to go back into the flood environment. We started to give tetanus shots at our occupational health department. Over the course of about a week, we gave 12,000 tetanus shots. That weekend [Saturday, June 14 and Sunday, June 15] St. Luke's staff made a tremendous effort to help the community. Many of our physician offices were flooded, so we helped several physicians re-locate their offices temporarily at St. Luke's. We also helped some non-profit organizations with temporary space. At the same time, we were seeing increased activity through our emergency department, so we set up an ancillary ER as well. Thursday and Friday were all about infrastructure stabilization; Saturday and Sunday were about helping our community.

Q. *What about in the following weeks?*

A. The following two weeks were all about capacity management. We were the only inpatient OR in town, the only cath lab, the only emergency room, so our volumes were ramping up immediately. Normally, we see 140 patients in our ER, and we were seeing 280 in 24 hours. And we saw

our inpatient [census] increase by 100 more a day.

Monday morning [June 16] we opened up a new medical unit, converting our endoscopy suite into a medical unit and moving our endoscopy cases over to our OP surgery center. We also had an "all hands on deck," asking all of our non-direct clinicians to sign up to work wherever they were comfortable. Our non-clinical staff transported patients and delivered meals.

We also worked with Mercy Medical Center. They sent us between 12 to 18 nurses a day, and they worked side by side with our staff which was terrific. We were all in this together with one purpose: to serve the community.

Q. *And St. Luke's staff was facing flood challenges of their own?*

A. Of our own staff, 135 lost their homes or part of their homes. And many of them didn't even tell us. St. Luke's immediately gave a \$500 gift card to all the people who had been impacted so that they could start to get some needed resources. Since that time, we've raised hundreds of thousands of dollars in either paid leave transfers or cash donations. We are part of the Iowa Health System, which made a generous donation to our associates as well.

Q. *Do you have any lessons learned to share with other community hospitals?*

A. The incident command structure—setting that up and having a "war room" so to speak—was critical, as was having excellent leadership dynamics before you ever get into [an emergency] situation. We have a very cohesive, engaged leadership team and extremely committed staff throughout the organization. That made the situation easier for us, and I think [the experience] really solidified our sense of family and team. ☐